

**DEFENDING
CHILDHOOD**
PROTECT HEAL THRIVE

**Briefing Binder for
The Attorney General's National Task Force
on Children Exposed to Violence**

Public Hearing #4: Protect, Heal, Thrive

**Bernath Auditorium, David Adamany Undergraduate Library
Wayne State University
5155 Gullen Mall
Detroit, MI 48202**

April 23–25, 2012

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**The Panels:
Witness Biographies and Written Testimony**

How Detroit Is Preventing Youth Violence

How Detroit Is Preventing Youth Violence

Introduction

Panelists will discuss their involvement with the National Forum on Youth Violence Prevention and other efforts they and their colleagues are involved in to stop youth violence in Detroit.

Chief Ralph L. Godbee, Jr., Police Department, City of Detroit

Chief Godbee, a Detroit native, is the 40th Chief of Police of the Detroit Police Department.

Lawnya Sherrod, Youth Representative, National Forum on Youth Violence Prevention, Founder of Glimpse of Hope and Youth Voice

Ms. Sherrod began her journey as a community organizer at the age of 14 when she co-founded Youth Voice, a group that strives to inspire youth to become community organizers. Ms. Sherrod recently started Glimpse of Hope, where she works with ex-gang members, foster youth, and teen mothers. Glimpse of Hope helps ex-gang members find safe places to go when they want to leave the gang, and helps foster youth achieve financial independence when they leave home, and supports teen mothers to graduate from school so they can provide healthy, safe, and productive futures for their children.

CHIEF RALPH L. GODBEE, JR.
Police Department, City of Detroit

Chief Godbee, a Detroit native, is the 40th Chief of Police of the Detroit Police Department. Godbee was appointed to the Detroit Police Department on May 18, 1987. During his tenure at the Detroit Metropolitan Police Academy, he was awarded the high scholastic award, top marksman award, class president, and was selected to recite the Law Enforcement Code of Ethics at the graduation of class 87-R.

Among the achievements that Chief Godbee is proudest of in his career is the oversight involved in hiring over 1,200 police officers from January 1999 to July 2002. Close to 30% of the Department's over then 4,200 sworn members were hired under Godbee's leadership in the Recruiting Unit and the Personnel/Recruiting Section.

Chief Godbee received his associate of arts degree from Wayne County Community College District, graduating with honors in 2000. He also was concurrently working on and received his Bachelor of Applied Science degree in criminal justice/law enforcement administration from Siena Heights University in 2000, graduating with honors. Chief Godbee recently received his M.A. from Siena Heights University.

LAWNYA SHERROD

Youth Representative, National Forum on Youth Violence Prevention, Founder of Glimpse of Hope and Youth Voice

Ms. Sherrod began her journey as a community organizer at the age of 14 when she co-founded Youth Voice, a group that strives to inspire youth to become community organizers. Ms. Sherrod recently started Glimpse of Hope, where she works with ex-gang members, foster youth, and teen mothers. Glimpse of Hope helps ex-gang members find safe places to go when they want to leave the gang, helps foster youth achieve financial independence when they leave home, and supports teen mothers to graduate from school so they can provide healthy, safe, and productive futures for their children.

Written Testimony of Lawnya Sherrod

My name is Lawnya Sherrod. I was born in Detroit, MI, and spent my whole youth in and out of the gang lifestyle. I was given a pat on the back when I did things like sell drugs and steal cars.

Finally, my grandmother got sick of it and told me she believed in me, even if I was too stupid to believe in myself. I didn't understand what that meant at the time, but I knew she wasn't going to tell me just anything.

By high school I had mastered stealing cars instead of mastering math. I had completed my ranks in the gang instead of completing my work in school. It was hard to keep hearing from my teachers that I was going to die at a certain age and I wasn't going to amount to anything, yet these were the same people I sold drugs to. They never gave me a chance—they only looked at my background and saw me as another statistic.

I found myself giving up, not caring about anything. I felt like school wasn't for me. I knew I could get the grades, but what else could I do? I played sports, but that's the common thing to do when you're in high school. I didn't see people coming to the schools to help the youth out.

I started going to a program called Alternatives for Girls, and they helped me tell my story in a positive way. From there I became a youth organizer, working on education and safety. Working with so many programs and learning things from CEOs really helped me.

From there I knew what I wanted to do: start my own organization working with gang members and ex-gang members, foster youth, and schools.

We help the youth understand that you can come from nothing to something or something to nothing. We help gang members find a safe place to go when they leave the gang, since you can't get out of a gang without either doing something for them or them trying to kill you. We take them out to see other things than their block, helping them get into schools and to find jobs.

We help foster youth find a solution in the courts, and we get foster parents to understand that the checks they get need to be put in a bank account so when the foster child gets older, the child will have something to get started.

The youth I work with in my program, Glimpse of Hope, help me understand it doesn't matter what hood you're from or how much money you make. You still can have a dream—and it only takes one person to make that dream come true, and that is yourself.

Looking to Leaders: National Experts Share Models of Success

Looking to Leaders: National Experts Share Models of Success

Introduction

Panelists will describe successful models for addressing children's exposure to violence. These models include a program to empower and guide fathers; an innovative trauma-treatment model; strategies to overhaul troubled juvenile justice systems; and a juvenile justice system that has restructured social services with a focus on healing.

Sandra Bloom, M.D., Associate Professor, Health Management and Policy; Co-Director, Center for Nonviolence and Social Justice, Drexel University School of Public Health; Distinguished Fellow, Andrus Children's Center

From 1980–2001, Dr. Bloom served as founder and executive director of the Sanctuary programs, inpatient psychiatric programs for the treatment of trauma-related emotional disorders. In partnership with Andrus Children's Center, Dr. Bloom has established a training institute, the Sanctuary Leadership Development Institute, to train a wide variety of programs in the Sanctuary Model[®]. The Sanctuary Model is now being applied in residential treatment programs for children, domestic violence shelters, group homes, and homeless shelters and is being used in other settings as a method of organizational development.

Héctor Sánchez-Flores, Executive Director, National Compadres Network

Mr. Sánchez-Flores is an expert on male involvement and parent-engagement program development, as well as the development of locally based assessment measures that lead to programmatic improvements. His National Compadres Network and the National Latino Fatherhood Family Institute (NLFFI) are launching the California Fatherhood Initiative to focus on fathers' varied needs and to build the capacity of services for families to include fathers.

Tadarial Sturdivant, Director, Wayne County Child and Family Services

In 2010, Mr. Sturdivant was appointed Director of Children and Family Services. The department consists of the following divisions: Juvenile Services, Prevention Services, the Juvenile Detention Facility, Community Corrections, Alternative Work Force, Michigan State University Extension, and the Warrant Enforcement Bureau Unit of the Wayne County Sheriff Office. Prior to his appointment as Director, Mr. Sturdivant served as Deputy Director of the department and as Director of the Michigan State Police. He served in the police department for 28 years, rising from the rank of colonel. Mr. Sturdivant has also served as State Director of Emergency Management and as Michigan's Homeland Security Director.

Vincent Schiraldi, Commissioner, New York City Department of Probation

Mr. Schiraldi was appointed Commissioner of the New York City Department of Probation in 2010, bringing nearly 30 years' experience working with troubled youth and juvenile justice systems to New York City. Commissioner Schiraldi came to New York from Washington, D.C. As the District's first-ever director of the Department of Youth Rehabilitation Services, Schiraldi launched major reforms to the justice system in the nation's capital. He also founded the nonprofit organizations Center on Juvenile and Criminal Justice and the Justice Policy Institute.

SANDRA BLOOM, M.D.
Associate Professor, Health Management and Policy
Co-Director, Center for Nonviolence and Social Justice
Drexel University School of Public Health;
Distinguished Fellow, Andrus Children’s Center, Yonkers, NY

Sandra L. Bloom, M.D. is a board-certified psychiatrist and founder of the Sanctuary Model, an evidence-supported, developmentally grounded, trauma-informed organizational change method focused on caregiving organizations of all kinds. To date, over 200 programs nationally and internationally are formally adopting the Sanctuary Model. Dr. Bloom is the founder of the Sanctuary Institute, Distinguished Fellow at the Andrus Children’s Center, and a past president of the International Society for Traumatic Stress Studies (ISTSS) and in 1998 received the Sarah Haley Award for Clinical Excellence from the ISTSS. From 1980–2001, Dr. Bloom served as Founder and Executive Director of the Sanctuary[®], inpatient psychiatric programs for the treatment of trauma-related disorders in adults. Her first book, *Creating Sanctuary: Toward the Evolution of Sane Societies*, tells the story of the creation of one of the nation’s first inpatient programs for the treatment of adults who were abused as children. In 2006, Dr. Bloom became a recipient of the Temple University School of Medicine Alumni Achievement Award for her work. She is the past president of the Philadelphia chapter of Physicians for Social Responsibility (PSR) and during her tenure Dr. Bloom co-authored a second book, *Bearing Witness: Violence and Collective Responsibility*, the first book to focus on the intersection between traumatic experience and public health. In 2010 Dr. Bloom co-authored *Destroying Sanctuary: The Crisis in Human Service Delivery*, which focuses on the impact of organizational stress in human service organizations. The third volume of this series, *Restoring Sanctuary: Transform Your Organization and Change the World*, is currently in press. Dr. Bloom is currently Co-Director of the Center for Nonviolence and Social Justice and Associate Professor of Health Management and Policy at the School of Public Health at Drexel University.

Written Testimony of Dr. Sandra Bloom

I am Sandra Bloom, founder of the Sanctuary Model and Co-Director of the Center for Nonviolence and Social Justice at Drexel University’s School of Public Health in Philadelphia. I am honored to be invited by the Attorney General and this task force to provide testimony about my work in helping children to heal from the adverse conditions that affect so many young people today. I first came to understand what trauma and adversity do to children’s brains, minds, and souls through my experience treating several thousand adult survivors of childhood abuse. The most important lesson I learned from them, one I hope this task force is able to constantly emphasize, is that most of the damage being done to children in the United States today—and most of the physical, mental, and social dysfunction they will experience as adolescents and adults—is PREVENTABLE.

However, by the time children are in need of our services in the mental health, health, special education, child welfare, and juvenile justice sectors, their suffering has not been prevented but instead, toxic stress has already affected their bodies, brains, and development. Our job then becomes reducing the continuing spread of toxic stress while providing them with the tools we

know now are necessary for healing and recovery. As I understand it, my role today is to describe the Sanctuary Model, an evidence-supported, developmentally grounded, trauma-informed methodology for helping all members of staff and whole organizations to become healthier while achieving better outcomes for the children in their care. The present training program and implementation process, initiated in 2005, has been a joint project of the author and Andrus Children's Center in Yonkers, New York. The Sanctuary Model is currently being used as a systematic organizational-change process for over 200 human service delivery systems around the country and internationally, many of them serving children and adolescents.

Challenging Children

As many previous witnesses at these hearings have pointed out, the challenges most of the children who enter our services are up against are complex and originated in exposure to childhood adversity. In brief, (1) they have difficulty with maintaining safety in interpersonal relationships largely due to disrupted attachment experiences and the erosion of trust that accompanies such experiences; (2) they have significant challenges in adequately managing distressful emotions in ways that are not self-destructive, including exercising the capacities for self-discipline, self-control, and willpower; (3) cognitive problems beset them, particularly when stress occurs and the development of essential cortical functions has not gone as smoothly as it should; (4) as a result, open and direct communication at home and at work pose significant challenges and they frequently communicate through behavior, not directly, openly, or in words; (5) they feel helpless and powerless in the face of a world that they perceive has been unjust and cruel and as a result may be repeatedly bullied or become bullies themselves; (6) living under adverse conditions, these children frequently do not develop a clear sense of social responsibility even into adulthood, and moral development may have been affected by disrupted attachment experiences and inadequate role models; (7) they are likely to have experienced significant loss while lacking the capacity to grieve secondary to the emotional management problems, are likely to repeat the experiences that are a part of their past, and often lack any hope that the future will be any better than the past, while their emotional and cognitive challenges interfere with the capacity to plan ahead and tolerate delayed gratification.

Challenged Staff

All of this means that in the context of the treatment/intervention setting, much is demanded of managers, therapists, caregivers, and educators. We must teach, role model, and support the development of (1) safety skills and significant improvements in the capacity for interpersonal trust; (2) emotional management skills, including self-control, self-discipline, and the exercise of willpower; (3) cognitive skills, including identifying triggers and problematic patterns while still being able to think in the presence of strong emotion; (4) communication skills that include rehearsals in what to say and how to say it; (5) participatory and leadership skills; (6) judgment skills, including socially acceptable and fair behavioral schemas; and (7) skills to manage grief and plan for the future. This work is complicated, complex, interactive, and demands much of those who work to change the minds and brains of children suffering from the problems associated with trauma, adversity, and exposure to toxic stress.

What characteristics best describe people who are able to do this complex work? They need to be secure, reasonably healthy adults, who have good emotional management skills themselves. They must be intellectually and emotionally intelligent, and the latter is probably even more

important than the former. They need to be able to actively teach new skills and routines while serving as role models for what they are teaching. There are constant demands on them for patience and for empathy, so they must be able to endure intense emotional labor. To balance the demands of home and work, managers and supervisors, children and their families, they must be self-disciplined, self-controlled, and never abuse their own personal power.

Workforce Crisis

Given this description it becomes easier to understand why we are facing a workforce crisis. As a national report has stated, “A growing proportion of the U.S. workforce will have been raised in disadvantaged environments that are associated with relatively high proportions of individuals with diminished cognitive and social skills”(p.10155) [1]. Given the rates of exposure to childhood adversity in the general population, staff members at all levels of social service organizations are likely to have their own past histories of experiences that are not entirely dissimilar to the people they are supposed to help and may have unresolved interpersonal challenges that are also not dissimilar. This is an important part of the workforce crisis that confronts us [2].

But there are additional factors playing a significant role in this crisis. Extraordinary demands are placed upon social service workers in the face of low salaries and inadequate funding for the organizations within which they work. Job complexity and ambiguity is high while the payoff is low, particularly for those in any type of institutional setting where the least educated, trained, and supervised staff spend the most time with profoundly injured children. There is often a lack of cultural diversity and cultural sensitivity in the staff, whose composition may be ethnically and racially very different from the children in care.

And staff members are not safe. Forty-eight percent of all non-fatal injuries from occupational assaults and violent acts occur in health care and social services [3]. In fact, after law enforcement, persons employed in the mental health sector have the highest rates of all occupations of being victimized while at work or on duty [4]. Actual rates of violence expose the problems with physical safety. But there are other safety issues as well that can be thought of as threats to psychological, social, and moral safety.

Research in other industries has recorded the top workplace stressors and although insufficiently studied, anyone working in the health, education, social services, or mental health sectors can easily identify with these: too much to do in too little time; unnecessary and meaningless paperwork; random interruptions, such as telephone calls, walk-in visits, text messages, emails; demands from supervisors; pervasive uncertainty as a result of organizational problems; unsatisfactorily explained and unannounced change; decreased funding; mistrust, unfairness, and vicious office politics; unclear policies and lack of organizational direction; career and job ambiguity resulting in feelings of helplessness and lack of control; lack of feedback, good or bad; absence of appreciation for work done; lack of communication up and down the chain of command [5].

Looking at this list, it is clear that the main causes of workplace stress cannot be laid at the feet of the children and their families. In fact, as this list demonstrates, “The main sources of stress for workers are the ways in which organizations operate and the nature of the relationships that

people experience within the work setting” (p.70) [6]. This is not an individual problem but a social one, partly due to controllable but severe dysfunctions within those organizations, and largely related to inadequate and unscientific paradigms for intervening in the lives of traumatized people, families, and communities.

Organizational Culture, Parallel Processes, and Management

Just as a computer has an operating system that is a master program that controls a computer’s basic functions and allows other programs to run on a computer IF they are compatible with that operating system, organizational culture represents the operating system for an organization. Every organization has an organizational culture that represents long-held organizational patterns, routines, and habits that although remembered and taught to every new employee, are largely unconscious and automatic, as most habits are. The nature of the organizational culture largely determines whether or not the organization is able to fulfill its mission and reach its stated goals. Organizational culture may or may not be aligned with the actual values and mission that the organization claims to follow [7]. Alignment of values is usually seen as management driven, if it is referred to at all, and mental health and social service organizations are here at a distinct disadvantage.

Within social services and mental health organizations, there is no universal requirement for anything that resembles management training. CEOs and CFOs may have had appropriate management preparation in their background, but usually only if the organization is large and if they came up through the ranks of some other business sector. They are also more likely to have MBAs or some administrative degree that at least academically qualify them for the job of managing other people. But the key middle managers who actually set in motion the routines that guide daily interactions with staff, clients, and families usually are promoted from within the organization or at least from within the social service, education, and social service professions. The training they typically get is whatever experience they have had being managed by other people in similar circumstances beginning, of course, with their own parents.

Contrast this with an organization like Starbucks where even a newly hired high school drop-out working as a barista in his first year will spend at least fifty hours in Starbucks classrooms, and dozens more at home with Starbucks’ workbooks and talking to the Starbucks mentors assigned to him. Or the Container Store, where employees receive more than 185 hours of training in their first year alone. They are taught to recognize what to do when confronted with an angry coworker or an overwhelmed customer, and rehearse routines for calming shoppers or defusing a confrontation [8].

Not so for staff in our caregiving institutions, who must engage in the emotional labor of spending 8 to 12 hours a day trying to help some of the most wounded, suffering, and sometimes dangerous children and adults on the planet to heal and recover from the adversity that life has dealt out to them. This startling contrast sums up the problem that is more of a social, political, and economic problem than a professional problem. Starbucks is selling coffee and the company is enormously profitable and they realize that their continuing profitability has as much to do with the good service of their employees as it does to the quality of their brew. We, on the other hand, are trying to change not just minds, but brains, and our society has not yet awakened to the fact that not changing those brains is costing all of us uncounted billions of dollars every year.

The Centers for Disease Control estimates that child abuse and neglect alone costs \$124 billion a year [9].

Compound the lack of adequate education, preparation, and training with breaches in basic safety; diminished funding; an unstable reimbursement system; social devaluation of caregiving work; and an inadequate theoretical framework for delivering services and we end up with hauntingly parallel processes where symptomatic behavior is replicated at every level—clients, staff, management, organization [10].

As our understanding of trauma survivors has grown, we recognize that exposure to severe and overwhelming trauma, particularly when it begins in childhood, disrupts the individual’s “operating system,” resulting in profound “software” problems as described above, and a personality that has become “trauma-organized” [6]. A similar process affects organizations that are chronically stressed and frequently traumatized by tragic events that occur within the institution. When this happens, organizational cultures become “toxic” for everyone.

Rebooting the Organizational Operating System: The Sanctuary Model

The fundamental rationale for the Sanctuary Model is to create parallel processes of recovery by radically altering the operating system for organizations as a whole and everyone who has contact with that organization. That means intervening at the level of organizational culture in order to change the habits and routines of everyone in the organization and the organization as a whole.

The Sanctuary Model is structured around a philosophy of belief and practice that creates a process enabling organizations to dramatically shift their approach to traumatized children, adolescents, and families. To do so they must identify the habits and routines that are no longer compatible with developmentally grounded, trauma-informed care, while learning new and more useful habits. This kind of organizational change requires radical alterations in the basic mental models upon which thought and action are based and without such change, treatment is bound to fall unnecessarily short of full recovery or fail entirely. Mental models exist at the level of very basic assumptions, far below conscious awareness and everyday function, and yet they guide and determine what we can and cannot think about and act upon [11]. This change in mental models must occur on the part of the clients, their families, the staff, and the leaders of the organization.

Key Features of the Sanctuary Model

The Sanctuary Model is built upon what we call the Four Pillars of Sanctuary: trauma theory, the Sanctuary Commitments, S.E.L.F., and the Sanctuary Toolkit. Trauma theory provides the scientific underpinning for the Sanctuary Model. The Sanctuary Commitments provide the anchoring values and are tied directly to developmentally grounded, trauma-informed treatment goals as well as the overall health of the organizational culture. S.E.L.F. is a simple and easy-to-use conceptual framework that provides a “compass” that allows everyone to navigate the challenges of complex interventions, while the Sanctuary Toolkit offers practical, grounded tasks that support implementation. “Creating Sanctuary” refers to the shared experience of creating and maintaining physical, psychological, social, and moral safety within a social environment—any social environment—and thus reducing systemic violence. The process of “Creating Sanctuary” begins with getting everyone on the same page—surfacing, sharing,

arguing about, and finally agreeing on the basic values, beliefs, guiding principles, and philosophical principles that are to guide attitudes, decisions, problem solving, conflict resolution, and behavior [12].

Trauma Theory

The study of trauma gives us a lens into the workings of people under extreme conditions, but we are learning much about the entire stress continuum and the extent to which stress, particularly repetitive and toxic stressful conditions, can impact normal development. Along with the expanding field of interpersonal neuroscience this knowledge is leading to the recognition that most of our behavior is determined by previous experiences that may have occurred even before we were born. We are learning how limited our freedom really is at a neurological base. As it turns out, what we call “free will” is not nearly as free as we would like to believe it is [13]. At the same time, we are learning how much our social milieu can influence the brain, now known to be more malleable and “plastic” than was once assumed, and how important belief, faith, meaning, and purpose are to changing the brain. [8]

In the Sanctuary Model, everyone in an organization needs to have a clear understanding about how the impact of toxic stress and trauma has affected the children we work with and often the staff as well. It is also vital that everyone recognizes that stress causes us to revert to old habits that we may have overcome in the past. Learning about the psychobiology of stress, toxic stress, and trauma is liberating for people. It gives us explanatory reasons for some of the puzzling behaviors we engage in and the feelings that can come to dominate us.

To help programs accomplish universal training without having to invent those trainings on their own, we developed one training manual and accompanying training materials for all of the staff who have direct contact with children and families and another for all of the indirect care staff such as board members, regulators, administrative assistants, finance officers, maintenance and food service staff, and all the other people who are necessary to keep an organization functioning.

Our expanding understanding about the impact of disrupted attachment, toxic stress, adversity, and trauma represents the possibility of being able to base helping and caregiving work on outcomes, a concept that has only been rarely expected from social service and mental health organizations. Embedded in the notion of services that truly understand the complex biopsychosocial impact of traumatic experience is the underlying premise that all people can change, even if it is a little bit, and that if change is not occurring maybe it is because the service provided is not adequately matching their needs and that means *we* need to do something different.

The Sanctuary Commitments

The Seven Sanctuary Commitments represent the guiding principles for implementation of the Sanctuary Model, the basic structural elements of the Sanctuary “operating system,” and each commitment supports trauma recovery goals for children, families, staff, and the organization as a whole. The Sanctuary Commitments structure the organizational norms that determine the organizational culture while helping the organization as a whole to promote and sustain growth and change.

The Sanctuary Commitments are designed to create a parallel process of recovery:

(1) *Commitment to Nonviolence* to build safety skills, trust, resilience in the face of stress; (2) *Commitment to Emotional Intelligence* to teach emotional management skills, build respect for emotional labor, minimize the paralyzing effects of fear; (3) *Commitment to Social Learning* to build cognitive skills, improve learning and decisions, expand awareness of problematic cognitive-behavior patterns and how to change them; restore memory; and develop the skills necessary to create and sustain a learning organization; (4) *Commitment to Open Communication* to overcome barriers to healthy communication, discuss the “undiscussables,” overcome alexithymia, increase transparency, develop conflict management skills, reinforce healthy boundaries and enable skills for resolving collective disturbances; (5) *Commitment to Democracy* to develop civic skills of self-control, self-discipline, the exercise of healthy dissent; to learn to exercise healthy authority and leadership; to develop participatory skills that overcome learned helplessness; to develop skills for wrestling with complexity, and to honor the “voices” of self and others; (6) *Commitment to Social Responsibility* to harness the energy of reciprocity and a yearning for justice by rebuilding restorative social connection skills, establishing healthy and fair attachment relationships, and transforming vengeance into social justice; (7) *Commitment to Growth and Change* to promote the ability to work through loss in the recognition that all change involves loss; to cease repeating irrelevant or destructive past patterns of thought, feeling, and behavior; and to envision, be guided by, skillfully plan, and prepare for a different and better future.

S.E.L.F.: A Compass for the Recovery Process

In the Sanctuary Model we use S.E.L.F. as a habit-changing compass for many different tasks. When faced with the complex problems that are typical of the children and families that we serve, it is easy as a helper to lose your way, to focus on what is the most frightening or the easiest to understand, and manage that rather than what may be the true underlying stumbling block to progress. Similarly, our clients are most likely to pay attention to whatever problems are causing the most pain for them in the immediate present, even though from a helper’s point of view, what they are doing or not doing is likely to cause them even greater suffering in the long term.

S.E.L.F. is an acronym that represents the four key interdependent aspects of recovery from bad experiences. S.E.L.F. provides a nonlinear, cognitive-behavioral therapeutic approach for facilitating movement through the Sanctuary Commitments, regardless of whether we are talking about individual clients, families, staff problems, or whole organizational dilemmas. S.E.L.F. is a compass that allows us to explore all four key domains of healing: safety, emotions, loss, and future. Using S.E.L.F., the clients, their families, and staff are able to embrace a shared, non-technical and non-pejorative language that allows them all to see the larger recovery process in perspective. The accessible language demystifies what sometimes is seen as confusing and even insulting clinical jargon that can confound children, families, and staff, while still focusing on the aspects of pathological adjustment that pose the greatest problems for any treatment environment.

The Sanctuary Toolkit

The Sanctuary Toolkit comprises a range of practical, routine skills that enable individuals and organizations to develop new habits and more effectively deal with difficult situations, build community, develop a deeper understanding of the effects of adversity and trauma, and build a common language and knowledge base. Community meetings and universal safety plans promote a focus on social responsibility, democracy, and nonviolence on a routine, daily basis.

Many of our tools are organized around S.E.L.F. so that we teach S.E.L.F. treatment planning, S.E.L.F. psychoeducational groups, S.E.L.F. team meetings, S.E.L.F. organizational assessment, and use S.E.L.F. to structure red flag reviews. It helps us stay on track, keeps our focus, and provides a shared language and meaning system for anyone, regardless of their training, experience, or education. It also helps us see the parallels between what the clients have experienced and what is going on with the staff and the organization and intervene when we notice that a “collective disturbance” is unfolding. In doing so we are able to see the interactive and interdependent nature of our shared lives.

The Sanctuary Toolkit continues to expand as we gain more knowledge about the practical needs of many different kinds of caregiving environments. We teach about the dynamics of reenactment using what we call a Reenactment Triangle. We have developed Sanctuary-based interview, orientation, supervision, conflict management, communication, self-care, and leadership modules as programs recognize existing gaps.

Implementing the Sanctuary Model

The Sanctuary Institute is a five-day intensive training experience.¹ Teams of five to eight people, from various levels of the organization, come together to learn from our faculty, who are colleagues from other organizations implementing Sanctuary. Together teams begin to create a shared vision of the kind of organization they want to create. These teams will eventually become the Sanctuary Steering Committee for their organization. The training experience usually involves several organizations and generally these organizations are very different in terms of size, scope, region, and mission. This diversity helps to provide a rich learning experience for the participants.

Participants look at the change process itself and are asked to anticipate the inevitable resistance to change that is a fact of life in every organization. They look at management styles and the way decisions are made and conflicts resolved. In the process of these discussions, they learn about what it means to engage in more democratic processes on the part of leaders, staff, and clients, especially in terms of the simultaneous increase in rights *and* responsibilities. They evaluate the existing policies and procedures that apply to staff, clients, and families and ask whether or not they are effective in achieving their shared goals. They are asked to learn about and become thoroughly familiar with the psychobiology of trauma and disrupted attachment and the multiple ways that PTSD, complex PTSD, and other trauma-related disorders present in the children, adults, and families they work with. They are challenged to begin thinking about the implications of that knowledge for treatment. They also learn how high levels of stress in the organization can impact relationships, emotions, and decision making at every level of the organization. They develop an understanding of the conceptual tool for organizing treatment that we refer to as S.E.L.F. They learn about vicarious trauma, traumatic reenactment, and the importance of

understanding themselves and providing support for each other. They are introduced to the various components of the Sanctuary Toolkit.

The Sanctuary Steering Committee is instructed to go back to their organization and create a Sanctuary Core Team—a larger, multidisciplinary team that expands its reach into the entire organization. It is this core team that will be the activators of the entire system. The core team should have representatives from every level of the organization to ensure that every “voice” is heard. It is vital that all key organizational leaders become actively involved in the process of change and participate in this core team. The core team is armed with a *Sanctuary Direct Care Staff Training Manual*, a *Sanctuary Indirect Staff Training Manual*, a *Sanctuary Implementation Manual*, several psychoeducational curricula, and ongoing consultation and technical assistance from Sanctuary faculty members to guide them through the process of Sanctuary Implementation, which extends over three years and leads to Sanctuary Certification. Participation in the Sanctuary Institute enrolls programs as part of the Sanctuary Network, a community of organizations dedicated to the development of developmentally grounded, trauma-informed services. We are all committed to the belief that we can do better for our clients and our colleagues as well as our society if we can accept that the people we serve are not sick or bad, but injured, and that the services we provide must provide hope, promote growth, and inspire change.ⁱⁱ

Sanctuary Certification

Sanctuary® is a registered trademark and the right to use the Sanctuary name is contingent on engagement in our certified training program and an agreement to participate in an ongoing, peer-review certification process. The Sanctuary Certification process is designed to promote, sustain, and strengthen an organization’s commitment to the maintenance of a healthier culture for all stakeholders. Programs usually seek Sanctuary Certification in the 2–3 year period after participation in the Sanctuary Institute. Research is underway in the hope of moving the Sanctuary Model from an “evidence-supported” to an “evidence-based” approach. In this way we hope to establish a method for guaranteeing an acceptable level of fidelity to the original model upon which the research is based.ⁱⁱⁱ

Outcomes

The impact of creating a developmentally grounded, trauma-informed culture using the Sanctuary Model should be observable and measurable. The outcomes we expect to see are applicable to all community members and include less violence including physical, verbal, emotional forms of violence, including but not limited to reduction in coercive forms of so-called “therapeutic” interventions; systemwide understanding of the complex, biopsychosocial, and developmental impact of trauma and abuse and what that means for the service environment; less victim blaming; less punitive and judgmental responses; clearer, more consistent boundaries, higher expectations; linked rights and responsibilities; earlier identification of and confrontation with abusive use of power in all of its forms; better ability to articulate goals and create strategies for change; understanding and awareness of reenactment behavior, resistance to change, and how to achieve a different outcome; more democratic environment at all levels; more diversified leadership and embedding of leadership skills in all staff; and better outcomes for children, staff, and organization.

There has been one controlled, randomized trial of implementing the Sanctuary Model in children's residential settings thus far. To summarize the results, from baseline to six months there were five significant differences in the staff: Support: how much children help and support each other; how supportive staff is toward the children; Spontaneity: how much the program encourages the open expression of feelings by children and staff; Autonomy: how self-sufficient and independent staff perceive that the children are in making their own decisions; Personal Problem Orientation: the extent to which children seek to understand their feelings and personal problems; Safety: the extent to which staff feel they: can challenge their peers and supervisors, can express opinions in staff meetings, will not be blamed for problems, and have clear guidelines for dealing with children who are aggressive. There was also an unexpected (unexpected because of the short timeframe) but significant difference in the child outcomes and two other positive trends: Decreased verbal aggression (significant trend), Increased internal locus of control (significant trend), and Decreased incendiary communication and increased tension management (significant difference) [14].

In another study comparing residential programs for children using the Sanctuary Model and programs that were not, programs using the Sanctuary Model showed a significant, positive change in organizational culture, supporting the use of the Sanctuary Model in positively impacting the culture of the workplace [15].

Organizations working with troubled children have long relied on physical restraints and or holds to prevent a child from hurting himself or others. When we looked at the first seven child-serving facilities that participated in the Sanctuary Institute and their subsequent reductions in restraints and holds, three exhibited over an 80% decrease in the number of restraints, two had over a 40% drop in restraints, one exhibited a 13% decrease and lastly one had a 6% drop in restraints. A three-year study of organizations using the Sanctuary Model showed reductions in physical restraints on average of 52.3% after the first year of implementation [16]. At Andrus, within the first six years of implementation in the residential facility and school there was a 90% decrease in critical incidents with a 54% increase in the average number of students served [17].

Conclusion: The Sanctuary Process

We now have a significant body of experience in watching the Sanctuary process occur in many different kinds of organizations. What we see is that adopting a trauma-sensitive organizational paradigm changes the way organizational members think and act in a way that trying to influence individual behavior alone cannot. We attribute this to the power of group influence. Changes in thinking changes habits and therefore changes habitual routines. The S.E.L.F. framework changes how people use language, the Sanctuary Commitments delineate how to best sustain interpersonal relationships, and the Sanctuary Toolkit improves the way we all actually practice. These changes create a sense of possibility and hope in our organizations, which in turn inspires hope in those who come to us for help. Changing behavior then changes the entire organization as demonstrated in reduced turnover, improved morale, improved communication, and decreased incidence of violence. Changing the organizational behavior then changes client outcomes resulting in the development of safety skills, improved emotional management, a greater readiness to participate in trauma-specific treatment approaches, improved social skills and relationships, more satisfactory academic or job performance, and enhanced decision-making and judgment. Changes in client outcomes create a better future for all of us.

Notes

ⁱ The Sanctuary Institute is a part of Andrus in Yonkers, NY. www.andruschildren.org. For more information contact Sarah Yanosy, Director, 914-965-2700 x1117 or syanosy@jdam.org or visit the Sanctuary Institute website at www.thesanctuaryinstitute.org

ⁱⁱ Sanctuary is a registered trademark and the right to use the Sanctuary name is contingent on engagement in a certified training program and an agreement to participate in an on-going, peer-review certification process.

ⁱⁱⁱ Articles about the previous Sanctuary Model research can be downloaded from www.sanctuaryweb.com.

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HÉCTOR SÁNCHEZ-FLORES
Executive Director, National Compadres Network

Mr. Sánchez-Flores is the Executive Director of the National Compadres Network (NCN) and the National Latino Fatherhood & Family Institute (NLFFI), its training and technical assistance center. For over 20 years, NCN has worked to promote the development of culturally rooted prevention and intervention services that reach fathers, children, and their families. NCN also works with national and state coalitions in efforts to eliminate family and community violence, reduce teen motherhood and fatherhood, and promote the educational success of Latino children throughout parent engagement and father-focused outreach.

Prior to joining NCN-NLFFI, Mr. Sánchez-Flores served as a senior research associate with the Institute for Healthy Policy Studies at the University of California–San Francisco, and before that he oversaw the development of innovative prevention programs that engaged diverse segments of the community and stakeholders in Santa Barbara County. Mr. Sánchez-Flores led and supported national and statewide policy initiatives; has worked on the evaluation of community-based programs at a statewide level; and is seen as expert on male involvement and parent engagement program development, and capacity-building efforts that are culturally rooted and asset based.

Through NCN and NLFFI, Mr. Sánchez-Flores works with legislative leaders and organizations to identify policies and practices that would better serve the needs of their constituents, so that programs are asset focused and culturally responsive to fathers, children, families, and the broader community.

NCN-NLFFI has two initiatives. The National Boys and Men of Color Institute will build awareness and highlight best practices that are cross-ethnic to create better personal health and life outcomes for boys and men of color throughout the country. The organization also leads the California Fatherhood Initiative, which links with community groups throughout the United States to highlight fathers who make their role as fathers their first priority and contribute to their children's lives, family, and community in a positive manner.

Written Testimony of Héctor Sánchez-Flores

Good morning. I want to thank the co-chairs of the Attorney General's National Task Force on Children Exposed to Violence, Mr. Robert Listenbee, Jr., and Mr. Joe Torre and the rest of the committee members for inviting me to participate in this very important hearing. I am sure that the list of invitees is long when searching for experts in the field of family and community violence that can discuss and frame the problem that our country faces when it examines the effects that exposure to violence has on children—our children. It's a rare opportunity to be invited to share what we are discovering as solutions to reducing and eliminating stressors that we know lead to physical and emotional harm because of violence in our homes and community.

My name is Héctor Sánchez-Flores, and I am the son of Guadencio and Celina Sánchez, who came to the United States from Mexico, started their family, and raised two daughters and two

sons. I am married to Lucila Ramos-Sanchez and have an 8-year-old son and a 5-year-old daughter. I represent these people every day and they are reason that this work is personally and professionally important to me. I have the honor of serving as the Executive Director of the National Compadres Network and its training and technical institute, the National Latino Fatherhood and Family Institute.

For over 20 years NCN has promoted the idea that fathers and men should be expected to be a positive and loving presence in the lives of their children, contribute to the health and well-being of their family, and work to ensure that the community that they live in is safe and harmonious. The principles that NCN works to highlight and asks men to adopt are based on seven traits of Un Hombre Noble, a Noble Man, which are:

- To be a man of his word;
- Has a sense of responsibility for his own well-being and of others in his circle;
- Rejects any form of abuse: physical, emotional, mental, or spiritual...to himself or others.
- Takes time to reflect, pray, and include ceremony in his life;
- Is sensitive and understanding;
- Is like a mirror, reflecting support and clarity; and
- Lives these values honestly and with love.

When read in this context these principles appear novel but for many of us, irrespective of cultural or ethnic lineage, these were the values that our great-grandfathers, grandfathers, and fathers worked to live by. In a previous time men were linked by our connectedness and reliance on one another in order to raise and nurture our children and family and prepare them for an evolving future. In many communities that are chaotic and in disarray, these attributes have been replaced with complete opposite notions of maleness that are rooted in the struggle for power, dominance, and control over the children and partners we say we love. And our children suffer.

NCN works to re-root and attach men the positive attributes that are lost within many. We work to reconnect men to one another through Círculos (Circles) so that they can collectively work to become Noble Men in the eyes of their children, family, and community. There is no illusion that this work comes easily. We understand profoundly that for many men this definition of manhood seems unattainable, only because they have overlooked contemporary examples of what a man who works to live these principles looks like. They exist in every community in the country. There are men that seek no glory in providing for the emotional and physical well-being of their children. These men simply do their best to do what is right for their children. It is these men who serve as the foundation of community work that will then reach out to serve men who struggle to meet the obligation of being a positive influence in the life of their child or children.

Contemporary mainstream research acknowledges and reaffirms what communities of color have known for generations: race and poverty are inextricably tied. Latinos disproportionately experience high rates of poverty and discrimination-related disparities including low educational attainment, sub-livable wage employment, victimization or death from violence, contact with the criminal justice system and incarceration, incidence of substance abuse, overall poor quality of life and health outcomes than members of other cohorts. For Native American men and boys the stats reveal a more dire set of elements.

Over one Latino child in 3 (35%) is poor compared to 1 white child in 8. Children born poor are less likely to finish high school, more likely to be poor as young adults, and less likely to be working between the ages of 25 and 29. That Latino teens are currently more than twice as likely to drop out of high school (Chapman et al., 2010), coupled with risk resultant from exposure to protracted poverty, a larger share of Latino children are facing a decade of crisis in America (Snyder & Dillow 2011). Currently, Latinos are the majority population in the juvenile detention centers and prisons.

While there are universal facts and commonalities in the root causes of disparity and trauma faced by communities of color, each has its own unique history and cultural prism that guides a path to healing, reconciliation, and wholeness. To be sure, Latinos and African Americans share some important common elements in history, disparity, and life outcomes. Failure to move research and prescriptive strategy development beyond the universal to the specific, however, will fall short of changing the root causes of the crisis.

NCN recognizes that many Latino men that struggle in their roles of father, friend, and husband or co-parent. Often these men have been the victims of childhood trauma and violence that have gone attended and unhealed. The life experiences of too many Latino fathers have left them with few skills to understand the central and important role they play in the success of their sons and daughters. And too many fathers believe that their children are better off with them absent from their lives, thus creating a painful void in the heart and soul of their children, a void that too many fathers know too well.

NCN works with local communities to bring programs and technical assistance to reinforce the strong connection that fathers have with their children when they are young. Fathers learn about their important influence in the lives of their children and that they possess the ability to create stable and harmonious relationships with the child, their child's mother, and the extended family. Their child's future and potential for success is rooted in this foundation.

NCN works with communities to implement the Joven Noble (Noble Young Man) so that young men learn that they possess a positive purpose in life, that their success in life provides benefits to themselves personally, their family, and community by extension. Young men should understand the importance of all their relationships and that their most prized possession to be nurtured and kept is the credible word. Young men have responsibility to seek and receive guidance and support that allows them to grow to be responsible young men and make positive contributions to their family and community. Young men have the ability and responsibility to create a healthy vision for what they want their life and family to look like and work as best they can to make that vision a reality.

NCN works to re-create *Círculos de Hombres* (Men's Circles) that are inter-generational so that men can share and learn from one another how personal change can come. Through participation in *Círculos* men create a sense of extended kinship that provides support and moments of reflection so that healthy relationships can be maintained and unhealthy relationships can begin to be healed.

In nearly 25 years of work, NCN has learned that men seek to nurture and maintain relationships but often struggle to find a place in their community that welcomes them and allows them the space to begin to do the healing work that is often required to seek redemption for past behaviors and harm that they are responsible. *Círculo* is based on the following core elements:

Conocimiento (Acknowledgment), *Entendimiento* (Understanding), *Integración* (Integration), and *Movimiento* (Movement). These four core teachings directly target four parallel risk areas that contribute to self-destructive behavior of Latino and indigenous-ancestry youth and are designed to include the physical, emotional, mental, and spiritual aspects of each as a basis for direction. Each stage uses a mixture of activities and teaching experiences relating to a person's self-identity, relationships, family, and community and life skills.

I recall working with the Latino father in Santa Maria, California, who embodied all the positive attribute of manhood and had nurtured a healthy and wonderful relationship with his wife. Yet he struggled to understand whether it was better for his children to assimilate to the unknown dominant culture and leave his "antiquated" beliefs behind. What a revelation it was for him to see that it was he that possessed the key that would ensure that his sons and daughters would inherit the foundation for creating harmonious and healthy relationships.

Also in my memory is the image of David (not his true name), a young Latino young man who could not fathom that I had never struck or hit my then-new spouse, ever. He would not accept my word, but insisted that I bring Lucy to the next group so he could ask her to her face if what I was saying was true. This young man had inherited a negative template that was so strong that his mind struggled to see that a relationship free of emotional and physical struggle was possible.

The four teachings are the root of NCN's Healing-Informed Approach that is based on the philosophy of "La Cultura Cura" (that one's culture cures, teaches, guides), a fundamental theory among a broad cross-section of Latinos and other indigenous practitioners that within the nature (cultural identity) of individuals, families, and communities, exists the knowledge and "medicine" (capacity) necessary to heal from trauma, recalibrate essential lifestyle, and maintain one's well-being. La Cultura Cura healing principles include an understanding and embracing of the "gifts and baggage" (trauma and resiliency) as the basis for recovery, reconciliation, remedial development, and flourishing. Men who have lived chronic trauma should come to understand that personal growth and redemption begin within them.

It is no longer sufficient to understand the trauma that our community experiences; we must work to begin the heal from that trauma in a manner that reinforces the positive cultural mores that are within us. In the coming weeks, NCN-NLFFI will be releasing its paper "Lifting Latinos Up by Their Rootstraps: Moving Beyond Trauma Through a Healing-Informed Framework for Latino Boys and Men." This paper will offer a framework for communities on which to base

their interventions to heal the trauma that lives within Latino boys and provides a culturally syntonic model for other diverse communities to approach the same trauma concerns with their children.

TADARIAL STURDIVANT
Director, Wayne County Child and Family Services

Tadarial Sturdivant was appointed by Wayne County Executive Robert A. Ficano in June of 2006 as Deputy Director of Children and Family Services. In January 2010, Mr. Sturdivant was appointed as the Director of Children and Family Services, which consists of the following divisions: Juvenile Services, Prevention Services, the Juvenile Detention Facility, Community Corrections, Alternative Work Force, Michigan State University Extension, and the Warrant Enforcement Bureau Unit of the Wayne County Sheriff Office. Mr. Sturdivant is responsible for managing operations and leadership for the entire department.

Mr. Sturdivant is the former director of the Michigan State Police and was appointed to the cabinet-level position by Governor Jennifer M. Granholm in February 2003. As director, Colonel Sturdivant served as State Director of Emergency Management and as Michigan's Homeland Security Director. During his almost 28 years with the Michigan State Police, Colonel Sturdivant held the ranks of Trooper, Sergeant, Lieutenant, First Lieutenant, Inspector, Captain, Lieutenant Colonel and Colonel. Mr. Sturdivant holds a Bachelor's Degree in Criminal Justice from Wayne State University and is a graduate of the School of Police Staff and Command from Northwestern University, and the Federal Bureau of Investigation's National Executive Institute. He was the recipient of the 2010 Wayne County "Major General Anthony C. Wayne Leadership Award."

Written Testimony of Tadarial Sturdivant

As the Attorney General's Task Force on Children Exposed to Violence undertakes its mission, it is critical that the task force considers the impact of trauma for children and adolescents who become involved with the juvenile justice system. Children become involved with the justice system for a variety of reasons. One recurring factor is exposure to some form of adversity in early life. Repetitive exposure to violence is intensely stressful and can be toxic to a child's normal development.

In Wayne County, 75% of youth entering the justice system present with one or more diagnosable mental health conditions, and a third are assessed as seriously emotionally disturbed (SED). Over 30% of juvenile justice youth have extensive prior involvement with the child welfare system due to substantiated abuse and neglect. Victimization and ensuing trauma are especially acute for children in the juvenile justice system. When these facts are correlated with the prevalence of childhood adversity, it is clear that earlier and accurate diagnostic opportunities are being missed. Youth exposed to trauma present with a wide range of symptoms and behaviors. At this moment in their development, constructive support and a safe, supportive environment are essential to recovery.

Effective support systems are often under-developed or absent for children who enter the juvenile justice system. Lack of support systems is also a significant contributing factor in delinquent behavior. Involvement in the justice system for a developing child is itself a traumatic experience. Exposure to adverse events increases a youth's risk of major mental illness,

substance abuse, and academic difficulties. Resolution of these same issues is at the heart of juvenile rehabilitation interventions.

In reforming its juvenile justice system, Wayne County has emphasized the role of support as pivotal to rehabilitation and recovery from trauma, substance abuse, and other related maladies. A significant part of my testimony is a description of the county's innovative juvenile justice system. This model has proven responsive to children with a wide variety of challenges, adversity, risks, and needs.

A decade ago, Wayne County launched a comprehensive, community-based reform of juvenile justice services. In place of the centralized, state-administered program for juveniles, the county pioneered a new approach by tapping into the commitment and creativity of private stakeholder agencies to tackle the problem of juvenile crime. The Michigan Department of Human Services (DHS) and the Third Circuit Court were persuaded that a broken system could not fix broken lives. The county, court, and DHS executed a memorandum of understanding that realigned responsibility for administration of juvenile justice services under the Wayne County Executive. A contract-based structure was created to deliver a core governmental mandate: public safety and juvenile rehabilitation. Mental health and substance abuse providers joined with experienced juvenile justice agencies to form new organizations responsible for the day-to-day management and supervision of delinquent and at-risk youth.

The Impetus for Reform

Throughout the mid- to late 1990s, chronic problems permeated the delivery of juvenile justice services in Wayne County. In the absence of a continuum of service options, too many no- and low-risk youth unnecessarily penetrated the formal court system. The state ward caseload ballooned to 3,500 adolescents. Out-of-control spending for institutional placements ensued and obstructed development of proven front-end programs. In less than a decade, placement costs had soared 260% due to:

- Overuse of out-of-home care with a one-size-fits-all approach, fueled by “slot-driven” placements that merely matched a youth with an open bed;
- Unnecessary conviction of troubled adolescents and sentencing into the formal juvenile justice system to get the “help” they needed in the first place;
- A decision-making process that classified youth by funding streams rather than by individual safety risks and treatment needs;
- Multi-year institutional placements, where progress was measured by compliance with rules instead of behavioral and emotional growth necessary for rehabilitation;
- Undifferentiated use of secure short-term detention, with as many as 500 youth a day awaiting disposition and placement;

- Recidivism rates greater than 50% and high escape rates that contributed to a revolving door in and out of court hearings, resulting in escalation to secure placements for technical violations (not new crimes);
- Large numbers of children in the child welfare system for neglect and abuse who “crossed-over” to the juvenile justice system for institutional placement; and
- A high percentage of emotionally disturbed adolescents who could not obtain help in the mental health system and were court ordered to the juvenile system.

Juvenile justice was in chaos, so much so that it became the story of the week in the *Detroit News and Free Press*. In a flawed strategy, 500 new institutional beds were added by the state in three years. This was not enough and 200 youth were placed in other states.

In 1996, DHS Director Gerald Miller planted the seeds for reform when he announced that his agency would relinquish administrative control to any county willing to take responsibility for its delinquent youth. Dr. Miller publicly conceded that the state could not “build enough beds” to fix juvenile justice and local alternatives were needed. Wayne County accepted the challenge.

In everyday terms, juvenile justice in Wayne County was not meeting its responsibility to help kids graduate from high school, get a job, and pursue a good life. An employed and contributing citizen will always be the best solution to crime. A fundamental question emerged: Are the right children entering the juvenile justice system?

Juvenile reform in Wayne County has been complex, large in scope, sometimes controversial, and continuously evolving since 2000.

The Model

Instead of initiating a range of individual treatment programs for juveniles, the county adopted a realignment and reinvestment strategy:

- Transfer of responsibility and authority for all mandated juvenile justice services to Wayne County (codified in an inter-agency agreement); and
- Reduce use of unnecessary high-cost institutional placements and reinvest in services and programs that divert and prevent penetration into the court system.

The long-term strategy was to transform the service delivery system and infrastructure, as summarized in the following table:

Transformative Strategy	
Move Away From Historic Practices	Move to System Reform
Congregate care institutions	Continuum of service options, based on needs and risks
Geographic isolation and separation	Services located close to families
Supervision based on obedience and conformity	Cognitive-behavioral interventions for troubled youth
State financing of institutions	Reinvestment in community-based menu of services/incentives for local responsibility
Bureaucratic entrenchment	Contract-based, privatized services network, adaptability, and resiliency

To memorialize the commitment necessary to reform juvenile services, a groundbreaking inter-agency agreement (MOU) was executed to realign responsibility under one governmental entity. The MOU with the court and state provided the springboard to design and build a new system of care and for the county to:

- Assume sole responsibility for all adjudicated juveniles—no longer divided between court, state, and county;
- Become the lead funding and administrative agency for mandated services;
- Use performance-based contracting to focus on outcomes, not the process of how services will be delivered;
- Establish a single point of entry for at-risk and adjudicated juveniles to access services;
- Implement risk and needs assessment technology to structure supervision and treatment decision making;
- Contract with an agency for all case intake, uniform assessment, and assignment of youth to local service organizations (located where the youth lives);
- Contract with five agencies to provide core case management for adjudicated youth, to provide or purchase all home, community, or residential services based on each youth’s individual treatment plan and court order;
- Establish an independent “utilization review” process to monitor adherence to court orders and implementation of treatment recommendations (in each youth’s assessment report) across a network of community-based and residential vendors;
- Design and implement an Internet-based (24/7) Juvenile Agency Information System to monitor daily services and compliance with treatment plans and court orders, and to measure outcomes;

- Embed a continuum of prevention and diversion services, use validated methods to assess each youth’s risk level and connect him/her to the right services at the right time and in the shortest duration necessary to achieve individualized service goals; and
- Use objective data to identify court processes and decisions that unnecessarily drive up the cost of delivering juvenile services without enhancing legal objectives or improving outcomes.

This strategy guided transformation of the county’s juvenile services system, which today is comprised of the following new organizations, processes, and practices:

- ***Juvenile Assessment Center (JAC)*** – the single gateway to access prevention, diversion, and rehabilitative services; assessment (clinical, social, substance abuse, and risk level); assignment to a service agency; and access to Community Mental Health Agency services (adjudicated juveniles).
- ***Five Care Management Organizations (CMO)*** – lead agencies with unconditional responsibility for adjudicated juvenile cases within a cluster of zip codes are contracted to provide core responsibilities: case management, service planning, Balanced and Restorative Justice (BARJ), court services, residential placement, and a network of subcontract treatment providers.
- ***Youth Assistance Programs (YAP)*** – local agencies that provide neighborhood-based prevention services designed to deter entry into the formal justice system.
- ***Contract with Detroit-Wayne County Community Mental Health Agency (D-WC-CMH)*** – to provide community mental health services to youth entering juvenile justice diagnosed with Serious Emotional Disturbance (SED).
- ***Care Paths*** – define expected clinical/behavioral growth markers and target services tied to the youth’s assessed behavioral strengths and needs, with continuity across home-based and residential placements.
- ***Community Policing*** – operated by the county Sheriff’s Department to track the juvenile’s adherence to court requirements and quickly apprehend absconders.
- ***“Correct Course”*** – diversion program in partnership with the Wayne County Prosecutor links youth to community-based agencies and offers a last-chance option for the juvenile to remain out of the formal system.
- ***A small, treatment-focused, secure, private residential program*** located within Wayne County for the highest risk juveniles.

- Innovative *Court (3rd Circuit)* dispositions, such as fixed-term probation, increased use of in-home detention, electronic monitoring, drug/alcohol screening, progressive sanctions, dedicated behavioral health docket, shorter stay lengths in residential care, and earlier termination of wardship (once the juvenile presents resolution of his/her delinquency issues to the jurist).
- *Court “Notice of Concern” (NOC)* – process that enhances the court’s faith in the system of care. It is triggered whenever a case manager fails to perform defined requirements. The judge sends a NOC to the county for investigation, a remedy is designed, and results are communicated back to the judge.
- An *Internet-based Juvenile Agency Information System* that connects the JAC, CMOs, YAPs, and all providers and glues together information about every juvenile in the system 24/7.
- *Preferred Provider Network (PPN)* – comprised of a select cadre of private residential agencies that work in partnership with CMOs to assure that the scope of service integrates with the *Care Path Model* and meets the needs and risks of the juvenile. CMOs purchase residential care and are responsible for outcomes.

Prevention and Diversion Services

Longitudinal data from Wayne County made it clear that too many youth were entering the formal juvenile system to get the help and support they needed to remain in school, stay off drugs, become competent adults, and lead law-abiding lives. We know that in most instances, if we wait to meet these families and children in court, then we’ve met them too late!

In place of traditional bureaucratic structures, the county invested in a contract-based model to enable private agencies to respond more quickly to emerging trends, financial challenges, and local needs. As a result, new programs and home-based interventions for troubled juveniles and their families expanded locally across the entire county. This approach is most evident in the growth of prevention and diversion programs intended to reverse the unnecessary conviction of at-risk adolescents and their sentencing into the formal justice system just to get the “help” they needed in the first place.

The Wayne County Prosecutor has discretion to divert youth from formal court processing. Formal charges can be held in abeyance pending the adolescent’s successful completion of a short-term community program. In support of this strategy, Wayne County and the prosecutor initiated “Correct Course.” Participation is based on a careful screening process. The prosecutor first considers the seriousness of a youth’s offense. The JAC then completes a brief assessment using a tool called the Juvenile Inventory for Functioning (JIFF), which is a computer interactive series of questions and answers that is completed by both the youth and parent. Of the youth screened, 95% are selected for participation and are assigned to a Youth Assistance Program (YAP) for services.

The county has allocated millage dollars to fund YAPs that provide countywide programming designed to prevent youth from entering the juvenile justice system. Juveniles who receive an

authorized petition for violation of the juvenile code are at much greater risk of out-of-home placement. In-home and community-based services provided through the YAPS divert juveniles from penetration into the formal juvenile justice system and provide services that target risk factors so that juveniles can remain with their parents or caretakers. YAP participants are referred by parents, faith-based and community-based organizations, school districts, law enforcement, jurists, and probation officers. YAP interventions include tutoring, mentoring, job and life skills, recreation, substance abuse education, computer training, individual/group counseling, anger management training, and wraparound service coordination.

Through a federal Disproportionate Minority Contact (DMC) grant the county has rolled out the First Contact program. First Contact creates an opportunity to collaborate with the Detroit Police Department and offer services at the street-level to support the patrol officer who has first contact with the juvenile. The county will fund a “Youth/Liaison Officer” to champion the program with police officers and advocate DMC values and principles. As an alternative to arrest and detention, DPD will convey youth to the JAC for stabilization, parental contact, brief assessment, transportation home, and referral for voluntary services.

Assessment

Historically, children in the juvenile justice system have rarely been screened for trauma. This is especially true “upstream” where at-risk youth are involved in prevention and diversion programs. Information on trauma has yet to fully permeate the juvenile justice system or to inform the court’s dispositional decisions. One of the cruel ironies of trauma is that children exposed to violence often grow up to perpetrate violence or to be further victimized. Different studies report that 75%–90% of youth who come into contact with the juvenile system have experienced some type of adverse experience in childhood. A judicial system that understands the effects of trauma will render very different disposition decisions and effect different and individualized services at an early point of contact. Of course, in order to get to this level accurate assessment and screening for trauma is essential.

As noted above, the Juvenile Assessment Center uses a screening tool called the JIFF for youth at an early contact point for juvenile concerns. The JIFF total score predicts diversion program completion and the likelihood of recidivism. Analysis has shown that youth with higher JIFF scores require more intervention and the higher score is predictive of recidivism and program drop out. These youth typically also have substance abuse and trauma issues that may require more intensive interventions than just outpatient community treatment, and also require additional family supports around domestic violence, poverty, adverse experiences, burden of care, limited resources within the family, access to stabilize the escalating behaviors of the youth, and involvement with other community youth who have a negative influence on behavioral choices.

Access to Community Mental Health Services

The needs of delinquent children often cut across agencies, categorical programs, roles, and responsibilities. Many youth entering the juvenile justice system are diagnosed as Serious Emotional Disturbed (SED) or Developmentally Disabled (DD). Addressing the needs of these clients requires formal partnerships and a commitment to connecting parts of agencies, services, and programs that are not typically aligned. The Juvenile Assessment Center (JAC) evaluates

diversion and adjudicated youth who come within the jurisdiction of the legal system. Many youth may, simultaneously, meet requirements for mental health services through the D-WC-CMH network.

While located in the juvenile justice system, the JAC is a Medicaid-approved children’s mental health agency. The JAC is the designated agency for adjudicated juveniles diagnosed with a SED/DD to access community-based children’s mental health services. In order to obtain services from a mental health agency, court-involved youth must be referred by the JAC.

Following determination of SED/DD, the case is assigned to a CMH Mental Health treatment provider. The CMH provider and Care Management Organization (CMO) agency are then responsible for coordination of ongoing clinical services to resolve the specific diagnosis and treatment needs of the juvenile. The blending of mental health and juvenile justice services increases the probability of successful home-based treatment. Case management and court services/reporting are the responsibility of the CMO agency, as the juvenile remains under court jurisdiction.

The partnership between D-WC-CMH and WC-CAFS has improved cross-system access to mental health services and correspondingly reduced charges to the county’s general fund.

The Results

Comparison of current data trends to available baseline data indicates that Wayne County’s care management system is constructively improving upon conditions that created the need for reform:

Measure	Baseline System FY 1999	County Model FY 2011
Recidivism for Adjudicated Youth	38% – 56%	17.2%
Positive Probation Completion	Unknown	78.0%
Term of Probation Less Than One Year	Unknown	85.2%
Youth in Public and Private Residential Care	≈ 2,000	≈ 600
Residential Care Costs	\$113.5 M	\$51.2 M
Placements – Other States	200	0
Secure Detention Population	> 500 Day	195 Day
State Ward Caseload	≈3,400	1,050
Youth Diagnosed as Emotionally Disturbed*	Unknown	≈ 30%
Diversion Cases	Unknown	> 800
Positive Diversion Completion	Unknown	89.6%
Diversion Recidivism Rate	Unknown	10.6%
Youth Participating in Prevention	Unknown	≈ 6,000

*SED is under counted because youth in residential placement at the time of case intake are not yet authorized by D-WC-CMH for community mental health services.

New state ward commitments, adjudicated caseloads, and juveniles in residential placement are at historic low rates. Hundreds of youth who would have been unnecessarily detained and placed in residential care are remaining at home, attending school, and successfully avoiding entry into the formal juvenile justice system. When serious offenders enter the justice system:

- Risk-appropriate resources are provided;
- Placement length of stay is actively managed;
- Subsequent contact with law enforcement is relatively low; and
- Post-assessment data shows overall improvement in the youth's well-being (school, community, home, substance abuse, etc.).

Wayne County is now the funding and administrative authority for its locally managed juvenile services system. It defines program priorities and appropriates a juvenile justice budget necessary to fulfill legal mandates. CMO agencies, with complete responsibility for each adjudicated youth, are free to design or broker interventions to meet each youth's unique strengths, individual needs, and safety risks. Capitation funding (non *per diem*) gives CMOs flexibility to purchase existing or create new treatment resources. By establishing the CMO as the single responsible agency for adjudicated juveniles, organizational continuity was established between case management, treatment decisions, and spending for services. This unique linkage supports performance-based contracting that focuses on outcomes like recidivism, drug use, and academic achievement.

Accurate assessment is essential to target the right level of intervention before the adolescent's behavior and traumatic injuries have time to aggravate and elevate the risk of offending and development of major mental health issues. By embedding a broad menu of approaches to safely prevent unnecessary entry and sometimes toxic consequences of involvement in the justice system, the county has demonstrated that local management of juvenile justice systems is the best alignment to help youth develop and maintain essential ties with families, schools, and communities, and to support their recovery from deprivation, trauma, and adversity.

Thank you for this opportunity.

VINCENT SCHIRALDI
Commissioner, New York City Department of Probation

Vincent N. Schiraldi was appointed Commissioner of the New York City Department of Probation in February 2010, bringing nearly 30 years' experience working with troubled youth and juvenile justice systems to New York City. He leads the department in its mission to protect the community by intervening in the lives of probationers, holding them accountable, and serving as a catalyst for positive change. In collaboration with the community and other justice partners, he is applying innovative thinking to the department's role of servicing the courts, the probation population, and the community. Mr. Schiraldi's goal is to provide every child and adult on probation with the support they need to achieve a crime-free, healthy lifestyle. He is responsible for managing a staff of over 1,000 people. The department annually conducts approximately 30,000 pre-sentence investigations for the courts, and at any given time is actively supervising approximately 28,000 adults and youth.

As Director of the Department of Youth Rehabilitation Services (DYRS) for the District of Columbia from 2005 to 2010, Mr. Schiraldi managed the agency's \$80 million dollar budget and transformed the department by creating one of the nation's most comprehensive continuums of care, one that is strength-based and community and family-focused.

Prior to his appointment at DYRS, Mr. Schiraldi founded the Justice Policy Institute (JPI), where he served as the Executive Director. JPI conducts research on the impact of mass incarceration and the overrepresentation of people of color behind bars, and has worked collaboratively on criminal and juvenile justice campaigns in Alabama, California, Illinois, Louisiana, Maryland, and Texas.

JPI grew out of the Center on Juvenile and Criminal Justice (CJ CJ), a private, nonprofit criminal/juvenile justice agency dedicated to reducing society's reliance on imprisonment as a solution to social problems, which Mr. Schiraldi founded in 1991. As Executive Director, Mr. Schiraldi supervised all aspects of agency operations. Successful projects included juvenile justice programming, continuum of care programming, an alternative sentencing program, a supervised citation release program, and a supportive living program.

Mr. Schiraldi also worked with the National Center on Institutions and Alternatives, both in New York City and San Francisco, for nine years. Among its successful programs was the Parole Assistance Project, which developed social service plans for 156 California Department of Corrections parolees.

A recognized expert in the field of juvenile justice, Mr. Schiraldi has provided research findings and commentaries that have been featured on the *Today Show*; *The New York Times*; *The Washington Post*; evening newscasts for ABC, CBS, and NBC; National Public Radio; CNN and the BBC, to name a few. He has also published numerous papers and articles, and has spoken before a variety of academic and governmental audiences. He served as an advisor on the Washington, D.C. Blue Ribbon Commission on Youth Safety and Juvenile Justice Reform in 2001, and has been a member or advisor to the California Blue Ribbon Commission on Inmate

Population Management, and the California Commission on the Status of African American Men. He was the founding Chair of San Francisco's Juvenile Probation Commission in 1990.

Mr. Schiraldi received his Masters in Social Work from New York University and holds a Bachelor of Arts degree in social psychology from Binghamton University, Binghamton, NY.

Written Testimony of Vincent Schiraldi

Good morning. My name is Vincent Schiraldi and I serve as Commissioner for the Department of Probation in New York City. Before coming (home) to NYC in 2010, I ran the Department of Youth Rehabilitation Services (DYRS), Washington, D.C.'s executive branch juvenile justice agency. Prior to that I founded the D.C.-based Justice Policy Institute (JPI), which conducted research on the impact of mass incarceration and the overrepresentation of people of color in the juvenile and criminal justice systems, and the Center on Juvenile and Criminal Justice, providing services to justice-involved adults and juveniles.

I wish to thank Attorney General Eric Holder; Defending Childhood Task Force Co-Chairs, Joe Torre and Robert Listenbee, Jr.; and all the members of the task force for the opportunity to speak with you today.

I want to focus the majority of my remarks this morning on what we are doing in New York City (and New York State) to reduce exposure to violence for children in the juvenile justice system, but let me first briefly provide both a national perspective and a snapshot of what I did to contribute to systemic reforms while heading up the Department of Youth Rehabilitation Services (DYRS) in Washington, D.C.

A recent (2008) national count of youth in correctional custody found that roughly 81,000 youth were confined in either public or private correctional facilities or other residential programs each night on the order of a juvenile delinquency court.ⁱ While this number is down 33% over the past decade, the fact remains that this number is larger than the adolescent population of several mid-sized American cities.ⁱⁱ

Even if these numbers weren't cause for alarm in and of themselves, what's deeply troubling is the systematic patterns of abuse and neglect occurring in these facilities.

Since 1990, 32 states (plus Washington, D.C. and Puerto Rico) have had abusive institutional conditions documented. In these cases, one or more state-funded youth correctional facilities displayed a systemic and/or recurring failure to protect confined youth from serious physical or psychological harm in the forms of violence from staff or other youth, sexual assaults, and/or excessive use of isolation or restraints.ⁱⁱⁱ

A landmark report by the Justice Policy Institute titled the Dangers of Detention (http://www.justicepolicy.org/uploads/justicepolicy/documents/dangers_of_detention.pdf) found that youth in America's juvenile justice institutions suffer disproportionately from mental illness—in fact their onset of mental illness is often during their confinement; commit suicide

disproportionately; suffer longer-term employment disabilities and educational disruptions that are sometimes permanent; and are frequently abused physically and sexually by staff and other peers. I've always felt that one of the problems with the way the public experiences these types of institutional abuses is that the public experiences them episodically, when, in fact, there is ample and growing evidence that they are endemic to the very nature of large, distant, locked training schools for delinquent youth. A 2008 Associated Press story found that 13,000 claims of abuse had been reported from 2004 to 2007 in state-run juvenile justice facilities.

In 2010, the federal Bureau of Justice Statistics (BJS) released the first-ever national study on sexual abuse in youth corrections facilities. The study found that of the 26,650 youth surveyed, 12% had been victimized sexually during the prior year by staff or other youth.

Forty-six of the 57 successful lawsuits filed against juvenile corrections agencies since 1970 have alleged excessive reliance on isolation and restraints.

Moreover, a 2010 nationally representative survey of youth in correctional care confirms that abuse and maltreatment remain widespread in America's youth correctional facilities. Specifically, 42% said they were somewhat or very afraid of being physically attacked. In addition, 45% percent reported that staff "use force when they really don't need to," and 30% said that staff "place youth into solitary confinement or lock them up alone as discipline."^{iv}

I could spend a great deal more time detailing the myriad ills of the training school model or abuses in specific states, but let me instead elaborate on some of what we did in the District of Columbia to reduce a systemic pattern of violence in our juvenile justice system.

The Department of Youth Rehabilitative Services (DYRS)—Washington, D.C.'s cabinet-level juvenile justice agency—engaged in a major reform effort beginning in 2005. Between 2005 and 2009, the agency cut the population of committed youth in locked custody in half, closed the notorious 212-bed Oak Hill training school, and replaced it with a 60-bed state-of-the-art facility—the New Beginnings Youth Development Center—partially modeled after the Hillsborough facility outside of St. Louis. The staff at New Beginnings was trained on the "D.C. Model" (D.C.'s version of the "Missouri Model") by Missouri Youth Services Institute (MYSI) staff, which provided ongoing coaching and technical assistance as the agency made the difficult (and still ongoing) transition from a correctional model to a rehabilitative system that relied much less heavily on the use of institutions.

DYRS's innovation is noteworthy given that the agency was deeply troubled for decades. DYRS entered its third decade under a court consent decree for deplorable conditions in its facilities and inadequate community-based services. Kids were routinely abused, and locked in isolation for trivial infractions or for being sick or vulnerable. Children told us that at night they'd take their t-shirts off and stuff them around the toilets to keep the rats and cockroaches from crawling on them and biting them at night. Youth in the rooms close to the boilers would be boiling hot; those far away would be freezing cold. Drugs were so routinely available in the facility that an Inspector General report found youth testing positive for marijuana more frequently after they had been at Oak Hill for 30 days than they did upon arrival. The system, which had been under a Consent Decree for 19 years when I arrived, had had 20 directors during that 19-year period.

DYRS revised its approach to direct care within its facilities to create a positive peer culture and therapeutic milieu modeled after the nationally respected Missouri Division of Youth Services. For youth under DYRS' care who are in the community, DYRS created a continuum of youth- and family-focused, asset-based services, supports, and opportunities for youth either in lieu of secure confinement or as aftercare following secure confinement.

DYRS also created evidence-based and promising programs based on research from OJJDP and others and consistent with the tenets of Positive Youth Development (PYD). For example, the Civic Justice Corps ("CJC") is a workforce development program modeled on the Depression-era Civilian Conservation Corps program. DYRS also helped to create Multi-Systemic Therapy (MST), Multidimensional Treatment Foster Care (MTFC), and Functional Family Therapy (FFT) as part of its community-based continuum of care. These have all been utilized to build on young people's assets in non-institutional settings. In addition, DYRS added a Youth Family Team Meeting ("YFTM") case planning process, combined with a screening system, to develop case plans for all DYRS-committed youth. In its YFTMs, youth and their parents were given a substantial voice in developing the youths' case plan (now called an "Individual Development Plan") and each case plan was built upon the youths' strengths as well as attempts to meet their needs. This, in turn, helped steer youth into appropriate placements in either community settings or in secure confinement, when necessary.

In 2010, I came to NYC with the goal of reforming the Probation Department and, more broadly, influencing state and local level juvenile justice reform.

Over many years, the juvenile justice residential programs operated by New York State's Office of Children and Family Services have been highly troubled. They are, by almost any standard, extraordinarily expensive—costing an estimated \$268,000 per child annually—and woefully ineffective. A total of 66% of youth are rearrested within two years of release and 82% of boys are subsequently rearrested on felony charges by age 28.

In 2007, following the death of a youth in custody after a particularly aggressive restraint by staff and a scathing Human Rights Watch investigation, the U.S. Department of Justice conducted an investigation that found that four OCFS facilities had systematically violated juveniles' constitutional rights in the areas of protection from harm and mental health care. In August 2009, the Department of Justice released the findings of this two-year investigation that outlined the brutal conditions in these facilities where staff routinely used excessive force and physical restraints on young people for infractions such as refusing to stop laughing when ordered or trying to take an extra cookie during snack time. The DOJ investigators concluded that the state's treatment of incarcerated youth represented a violation of their civil rights and the federal government threatened to sue New York State if it did not immediately improve the conditions inside its facilities.

Since her appointment as OCFS Commissioner in 2007, Gladys Carrion has made it a major priority to right-size the system, closing or downsizing underutilized upstate facilities far from New York City where a majority of residents come from, while simultaneously developing programmatic alternatives that would allow young people, wherever possible, to remain at home with their families.

Over much the same period, New York City has undertaken its own initiatives to divert youth who might otherwise be placed in expensive upstate facilities, into evidence-based home and community-based programs.

The success of these efforts has been remarkable. The numbers of New York City youth placed in OCFS facilities has fallen by almost two-thirds (62%) from 1,467 in 2005 to less than 550 in 2011, while juvenile arrests in the city continued to plummet. Perversely, as fewer New York City youth were remanded into OCFS facilities, the costs to the city of each remaining placement increased as the fixed costs of a significantly underutilized system were spread over a smaller and smaller total census.

In late 2010, Mayor Bloomberg called on incoming Governor Cuomo to give the city the authority to control their own juvenile justice services for delinquent youth from New York City.

“The current system is not helping kids, it isn’t helping tax payers, and it isn’t helping public safety,” Bloomberg said at the time. “We need to stop sending kids miles away from their families and communities. And, instead, authorize the city to fully operate its own juvenile system here in the five boroughs.”

On March 30 of this year, the mayor got his wish when the governor’s “Close to Home” legislation passed as part of the state budget for FY2012-13.

Under Close to Home, New York City will take responsibility and authority for all of our juvenile delinquents, except those who commit the most serious (felony) offenses. We will offer alternatives to placement programs wherever it is assessed to be appropriate for the child’s needs and safe for the community. For those children where it is deemed that out-of-home placement is necessary and appropriate, the city will develop its own system of non-secure and limited-secure placements.

The planned continuum of community-based alternative to placements will continue to include evidence-based in-home therapy models, including multi-systemic therapy, functional family therapy, and multi-dimensional treatment foster care, along with three new state-of-the-art programs for youth on probation. These new options include an intensive mentoring and youth advocacy program, a behavior change program with an employability development component, and an educational day treatment program.

In order to assure that placement decisions are appropriate, the city intends to utilize a series of data-driven assessment tools.

First, the Department of Probation is leading the effort to develop both a state-of-the art, pre-dispositional risk assessment tool, and implement a structured decision making model, which will be used to determine whether placement is the appropriate recommendation for youth at the conclusion of their delinquency cases.

Second, the NYC Administration for Children’s Services (ACS) is developing an assessment tool to determine, for youth who have been disposed into ACS custody, the appropriate level of placement (non-secure or limited secure) and within those categories, the most appropriate facility and program.

The goal of returning New York City youth to programs located within their own neighborhoods—where they can be in regular contact with family members, attorneys, and other community-based resources—is central to Close to Home.

ACS’ guidelines for non-secure placements—residential sites of 25 beds or less ultimately (within two years) located within the five boroughs—is likely to result in primarily smaller programs for eight to 10 youth, not unlike traditional child welfare or non-secure detention group homes.

The legislation calls for the city to begin serving non-secure youth in the fall of 2012. It will assume responsibility for youth in limited secure settings in the spring of 2013, contingent on OCFS’ approval of the city’s plan. The city’s (draft) Plan for Non-Secure Placement is currently open for comment and can be accessed online at http://www.nyc.gov/html/acs/html/close_to_home/close_to_home.shtml.

Not all the reforms we are undertaking in NYC target those younger than 16. Another important aspect of the New York City Model of Probation is to reorganize service delivery and decentralize it to the local neighborhood level both for adults and juveniles. Recent research indicates that it is critical to consider the neighborhoods where individuals live before, during, and after incarceration or while on probation or parole, particularly the type and availability of services related to the demographics of those returning individuals (Hipp, Jannetta, Shah, & Turner, 2011). People involved in the justice system often need extensive help with substance abuse, financial issues, family conflict, educational needs, and social networks of support (Petersilia, 2003). If these individuals are returning to neighborhoods that are lacking services or only have access to services that align poorly with their needs and cultural realities, they will be more likely to recidivate (Zhang, Roberts, & Callanan, 2006).

The principal vehicle for DOP’s neighborhood-based strategy is the creation of Neighborhood Opportunity Networks (NeONs). At the heart of the NeON is a network of partners—individuals and organizations, public and private—working together to improve public safety by linking people on probation to quality opportunities, resources, and services, and strengthening community capacity to find solutions to complex challenges. In neighborhoods where a significant number of people on probation live, NeON satellites will be established with probation officers permanently located in community-based organizations. Probation clients in NeON communities will be offered mentoring, afterschool activities, education, literacy and job skills, and opportunities to join local neighborhood improvement initiatives.

Our first satellite site opened in the Brownsville section of Brooklyn in November 2011. Within the next month, two additional sites will open in Harlem and Jamaica, Queens.

In additional neighborhoods where there are not enough people on probation to warrant the establishment of an entire office, staff based at borough offices will increasingly meet with clients in community settings and engage in activities that help enmesh clients in the positive aspects of their community on the theory that the informal social controls in effect in such communities can exert far more influence over people than a government agency like probation, and will be there for people long after their term of probation ends. In each NeON, DOP clients and staff will also engage in efforts to benefit the neighborhood, working with community boards, tenant associations, faith-based organizations, and others to design and implement community benefit projects that help our clients improve their sense of self-worth while simultaneously repaying the community for the damage it has suffered at their hands.

While the work we are doing to de-centralize probation services is a critical step forward in the evolution of justice reinvestment, let me return to the central focus of this hearing as I conclude.

Let me outline several concrete action steps we can and must do to limit the unnecessary detention and incarceration of our children, not only because it is often ineffective (leading to higher rates of recidivism and serving as an entrée into the adult criminal justice system) and unnecessary for the vast number of lower-level offenders who pass through our juvenile courts, but first and foremost because large-scale institutions continue to be dangerous places, which can change forever the trajectory of a young person's life.

1. Placement in a juvenile corrections facility should be reserved for youth who have committed serious offenses and pose a clear risk to public safety;
2. Juvenile justice leaders should implement a broad continuum of high-quality services, supervision programs, and dispositional options to treat youthful offenders in their home communities;
3. States must eliminate counterproductive financial incentives, which encourage overreliance on correctional placements;
4. Jurisdictions should prioritize detention reform, expand court diversion practices, reduce correctional placements resulting from VOPs, and replace large institutions with smaller, service-rich facilities for the few who must be placed outside the home.

Thank you.

Notes

ⁱ OJJDP Fact Sheet, Juveniles in Residential Placement, 1997–2008.

ⁱⁱ No Place for Kids, the Case for Reducing Juvenile Incarceration, The Annie E. Casey Foundation

ⁱⁱⁱ Ibid.

^{iv} Ibid.

Investing in Prevention, Building on Success

Investing in Prevention, Building on Success

Introduction

This panel will discuss the cost of childhood exposure to violence, and the benefit of investing in prevention and early identification and intervention activities.

Vincent Felitti, M.D., President and CEO of California Institutes of Preventive Medicine, Clinical Professor of Medicine at University of California–San Diego, and Fellow of The American College of Physicians

Dr. Felitti is a noted researcher on the negative impacts of adverse childhood experiences on adults. He is one of the principal investigators of the Adverse Childhood Experiences (ACE) Study, a long-term, in-depth analysis of over 18,000 adults that matches current health status against eight categories of adverse childhood experiences. Findings to date have revealed a powerful relationship between our emotional experiences as children and our physical and mental health as adults, as well as a strong link with the major causes of adult mortality in the United States.

Alex Piquero, Ph.D., Ashbel Smith Professor in the Program in Criminology in the School of Economic, Political, and Policy Sciences at the University of Texas at Dallas

Professor Piquero has published over 220 peer-reviewed articles in the area of criminal careers, crime prevention, criminological theory, and quantitative research methods, and has collaborated on several books. Professor Piquero has given Congressional testimony on evidence-based crime prevention practices in the area of early family/parent training programs, and has provided counsel and support to several local, state, national, and international criminal justice agencies.

Neil Guterman, Ph.D., Mose and Sylvia Firestone Professor, Director of the Beatrice Cummings Mayer Program in Violence Prevention, and Dean of the School of Social Service Administration, University of Chicago

Dean Guterman's scholarly interests are concerned with services targeting children and violence, particularly child abuse and neglect prevention and children's exposure to violence outside the home. He currently directs three studies examining the effectiveness of strategies to prevent child abuse and neglect. Dean Guterman is the author of *Stopping Child Maltreatment Before It Starts: Emerging Horizons in Early Home Visitation Services* (Sage, 2000), and is co-editing a second book on child abuse prevention.

DR. VINCENT FELITTI

President and CEO of California Institutes of Preventive Medicine, Clinical Professor of Medicine at University of California San Diego, and Fellow of The American College of Physicians

Vincent J. Felitti is a Co-Principal Investigator of the Adverse Childhood Experiences (ACE) Study, ongoing collaborative research between Kaiser Permanente and the Centers for Disease Control. A 1962 graduate of Johns Hopkins Medical School, Dr. Felitti is an internist with a background in infectious disease; he founded the Department of Preventive Medicine for Kaiser Permanente in San Diego, CA in 1975 and served as Chief of Preventive Medicine until 2001. Under Dr. Felitti's leadership, the Health Appraisal Division of the department became the largest single-site medical evaluation facility in the world, providing comprehensive, biopsychosocial medical evaluation to a total of 1.3 million individual adults. During his career, he developed major health-risk abatement programs for obesity, smoking cessation, the genetic disease Hemochromatosis, and somatization disorders. These programs are provided to over 1,000 patients per month in San Diego. Dr. Felitti is Clinical Professor of Medicine at the University of California and a Fellow of The American College of Physicians.

Abstract: The Adverse Childhood Experiences Study

The Adverse Childhood Experiences (ACE) Study is a long-term, in-depth analysis of 17,337 middle-aged, middle-class members of the Kaiser Permanente Medical Care Program, matching their current health status against 10 categories of adverse childhood experiences that occurred on average a half-century earlier. We found that:

- Adverse childhood experiences are surprisingly common although typically concealed and unrecognized;
- They still have a profound effect 50 years later, although now transformed from psychosocial experience into organic disease and mental illness; and that
- Adverse childhood experiences are the main determinant of the health and social well-being of the nation.

We will present the full range of our findings and discuss their implications for diagnosis, treatment, and prevention. It should be possible for participants to come away with an understanding of the need routinely to screen for adverse childhood experiences in all patients, have an awareness of their relevance to chronic conditions and “problem patients,” and have a sense of appropriate approaches to treatment that will need to be devised for each case. The implications for medical practice of this comprehensive biopsychosocial approach are profound and have the potential to provide a new platform upon which to base primary care medicine.

The Adverse Childhood Experiences Study thus has direct and important relevance to the practice of medicine and to the field of social planning. Its findings indicate that many of our more common public health and adult medical problems are the result of events and experiences present but not recognized in childhood. The ACE Study challenges as needlessly superficial the current conceptions of depression and addiction, showing them to have a very strong dose

response relationship to antecedent life experiences.

Further information about the ACE Study is available at www.ACEStudy.org and <http://www.cdc.gov/NCCDPHP/ACE/>

Written Testimony of Dr. Vincent Felitti

Dr. Felitti's testimony is available through the National Council on Crime and Delinquency, 1-800-306-6223.

ALEX PIQUERO, PH.D.

Ashbel Smith Professor of Criminology, School of Economic, Political and Policy Sciences at the University of Texas at Dallas; Adjunct Professor in the Key Centre for Ethics, Law, Justice, and Governance, Griffith University Australia; and Co-Editor, *Journal of Quantitative Criminology*

Prior to arriving at UT-Dallas, Professor Piquero was on the faculties of Florida State University, University of Maryland, John Jay College of Criminal Justice/City University of New York, University of Florida, Northeastern University, and Temple University. He has published over 220 peer-reviewed articles in the areas of criminal careers, crime prevention, criminological theory, and quantitative research methods, and has collaborated on several books including *Key Issues in Criminal Careers Research: New Analyses from the Cambridge Study in Delinquent Development* (Cambridge University Press, co-authored with David P. Farrington and Alfred Blumstein) and *Handbook of Quantitative Criminology* (Springer, co-edited by David Weisburd). Professor Piquero's work has been cited more than 8,200 times and he has been ranked as the #1 criminologist in the world since 1996 in terms of scholarly publications in elite criminology/criminal justice journals.

In addition to his membership on over a dozen editorial boards of journals in criminology and sociology, Professor Piquero has also served as executive counselor with the American Society of Criminology; member of the National Academy of Sciences Panel Evaluating the National Institute of Justice; member of the Racial Democracy, Crime and Justice Network at Ohio State University; and member of the MacArthur Foundation's Research Network on Adolescent Development & Juvenile Justice. Professor Piquero has given congressional testimony on evidence-based crime prevention practices in the area of early-family/parent training programs, and has provided counsel and support to several local, state, national, and international criminal justice agencies. He is past recipient of the American Society of Criminology's Young Scholar and E-Mail Mentor of the Year Awards, Fellow of both the American Society of Criminology and the Academy of Criminal Justice Sciences, and has also received numerous teaching awards including the University of Florida's College of Arts & Sciences Teacher of the Year Award and the University of Maryland's Top Terp Teaching Award, and was recently awarded the University of Texas at Dallas Diversity Award.

Written Testimony of Professor Alex Piquero

Co-Chairmen Listenbee, Jr. and Torre, and members of the Attorney General's National Task Force on Children Exposed to Violence:

I am honored by the invitation to appear before you to discuss the issue of early childhood prevention programs, their effectiveness, and their potential cost savings. It is commendable that the Attorney General has developed this task force and has recruited a wonderfully talented set of committee members who have led several hearings on the challenges facing our nation's children and their exposure to violence.

My testimony this morning is divided into three parts. First, I will discuss the issue of early childhood prevention. Following, I will review the effectiveness of early childhood prevention programs at reducing delinquency and improving life success in various domains. Finally, I will discuss and emphasize the potential cost savings of these programs.

I. Early Childhood Prevention

Based on evidence that early antisocial behavior is a key risk factor for delinquency and crime throughout the life course, early childhood prevention programs have been advanced as an important intervention strategy. The prevention of behavior problems is one of the many objectives of early childhood prevention programs, along with other possible longer term benefits such as increased educational attainment and improved employment prospects later in life, reduced delinquency and criminal offending, reduced alcohol and drug abuse, reduced child abuse and neglect, and reduced teen pregnancy.

II. Effectiveness of Early Childhood Prevention

There are a vast array of early childhood prevention efforts, such as home visitation programs, parent-training programs, and daycare/school-based programs. One set of programs that I wish to bring to your attention involve early family/parent training programs. These strategies focus on parent education, promotion of maternal health-related behavior, cognitive stimulation of the child, promotion of the child's cognitive development and physical health, and linking of mothers/families with social and health services during pregnancy and throughout the first few years of a child's life.

Another set of efforts include those aimed at parent training. These programs attempt to strengthen parents' competencies in monitoring and appropriately disciplining their child's behavior, and emphasize the importance of promoting the child's social/emotional competence and its effect on reducing the occurrence/discontinuation of the child's behavior problems. Thus, these programs seek to affect children's behavior primarily by facilitating the learning of control over impulsive, oppositional, and aggressive behavior, thus reducing disruptive behavior and its long-term impact on social integration. In that way, both parents and children are the focus of the prevention strategy.

Our meta-analysis of 55 methodologically rigorous studies indicates that as a whole, early family/parent training is an effective intervention for reducing behavior problems among young children. Additional evidence indicated that early family/parent training was also effective in reducing delinquency and crime in later adolescence and adulthood. Children exposed to these sorts of programs also reported fewer sexual partners, less cigarette use, and less alcohol and drug use, as well as improved educational attainment throughout adolescence, lower teenage pregnancy, and a lower incidence of child abuse and neglect. Findings support the use of early family/parent training to prevent behavior problems and improve functioning in other life domains.

III. Cost Savings of Early Childhood Prevention

An important question is whether the cost to society from these interventions exceeds their benefits, or more importantly, whether their benefits exceed their costs. Cost-benefit analyses are not easy to calculate, describe, or interpret because of the various inputs and assumptions that need to be modeled. That said, considering the costs of programs and the benefits that may accrue as exposed participants avoid negative behavior allow us to arrive at a cost-benefit determination of what society would pay for a program and how much benefit it may gain in return.

Two specific types of early childhood prevention programs, namely Nurse Home Partnership and Perry Preschool, are somewhat costly at the outset because they serve each high-risk youth and family for two or more years and require highly trained staff. But these costs are overcome because of the program's strong results and thus, over time, the benefits of the programs far outweigh their initial costs. In short, the benefits/savings to taxpayers, when costs-per-youth are calculated and compared, are quite high—and they are especially high when targeted to those youths and families who are at highest risk, because they tend to experience the most adverse life outcomes (and hence, will evince many more positive outcomes in various life domains).

Specifically, these early childhood prevention programs (especially the nurse home visitation program) typically have a benefit:cost ratio of at least 2:1 up to around 4:1, and similar sets of benefit:cost estimates emerge for other types of early family/parent training programs. Thus, for every dollar spent in terms of the cost of the program, it saves society, or produces for society, about \$4 dollars in return.

The key is not necessarily to focus on the specific dollar-figure in terms of the benefit realized, because these figures will vary widely, but instead that the benefits realized among these programs is at least double what they cost. Properly designed programs that focus on early childhood intervention have the potential to produce significant social and economic benefits that span a variety of life domains.

IV. Conclusion

We are at a critical moment in our nation's history with respect to record low rates of crime and violence. Yet, this is no time for complacency as we make important recommendations and funding decisions that will affect children now—and the rest of us later when these children progress in their education and enter employment and inter-personal relationships in adulthood. It is important that we double-up our efforts on early childhood prevention initiatives.

As a whole, these initiatives, especially those geared around early-family/parent training programs, represent a coalition of strategies that are extremely effective, have universal support, and are very cost-effective. They do no harm, but do quite a bit of good in children's lives, throughout their lives, and in many spheres of their lives. I urge the task force to take a close look at these evidence-based, cost-effective strategies and to recommend their funding, implementation, and evaluation for the nation's children.

Such programs are becoming commonplace. For example, the provincial government of Quebec is investing \$70 million each year to support disadvantaged mothers in improving their parenting skills and increasing their access to and use of prenatal services (with similar efforts ongoing in Dublin and Paris). In Colorado, the state government is spending millions of dollars (\$5.6 million in the first year) on a home visiting services program designed to prevent child maltreatment by targeting poor, first-time mothers. This initiative, known as the Nurse Home Visitor Program, was created by state law in 2000. Similar nurse family partnership programs have also been implemented and evaluated in the United Kingdom as well.

These initiatives hold great promise for success among children exposed to early childhood prevention efforts and, in turn, for all of us as well. That the benefits of early childhood prevention initiatives far exceed their government costs/expenditures is simply an added bonus. The old Quaker State adage still holds true: Pay me now, pay me later. The scientific evidence strongly suggests that we should pay now to benefit later.

Additional Readings

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NEIL GUTERMAN, PH.D.

Mose and Sylvia Firestone Professor, Director of the Beatrice Cummings Mayer Program in Violence Prevention, and Dean of the School of Social Service Administration, University of Chicago

Dean Guterman's scholarly interests are concerned with services targeting children and violence, particularly child abuse and neglect prevention and children's exposure to violence outside the home. He currently directs three studies examining the effectiveness of strategies to prevent child abuse and neglect. Dean Guterman is the author of *Stopping Child Maltreatment Before It Starts: Emerging Horizons in Early Home Visitation Services* (Sage, 2000), and is co-editing a second book on child abuse prevention.

Written Testimony of Neil Guterman, Ph.D.

I want to thank Attorney General Eric Holder and the Department of Justice for convening this National Task Force on Children Exposed to Violence. I serve as the Dean and the Mose and Sylvia Firestone Professor at the School of Social Service Administration at the University of Chicago. I also serve as the founding director of the Beatrice Cummings Mayer Training Program on Violence Prevention at my school, and I have been conducting research, teaching, and consulting on the problem of children's victimization for over two decades.

It is especially meaningful to me that I have the opportunity to speak to the panel about preventing children's exposure to violence here in the city of Detroit. It was here in Detroit where I really got my start in the field of working with victimized children in the mid-1980s. At that time, I was working with children who were living in a residential facility and who had been taken out of the home because of their experiences with violent victimization and neglect—largely from their primary caregivers. At that time, I provided clinical therapeutic services to these children and their families, and I frequently brought children to their homes for weekend visits with their families to try to help reintegrate them into their families, so I got to know the city of Detroit rather well.

I hope you will forgive me for briefly sharing from this experience, as it has had lifelong lessons for me and, I think, crucial insights for how we respond to the problem at hand. I recall vividly working with one 9-year-old youngster who had come from a very abusive environment; his mother, well intentioned, but extremely harsh in her discipline, angry, and without the support of the boy's father or other family members, felt she could not "control" her son and that I should help to "fix" him so that he wouldn't get into trouble in the streets. We were indeed trying to help her and her son by providing psychotherapeutic support regularly in a very intensive and expensive residential school and cottage. This work was difficult and, frankly, frustrating, and I didn't know whether my work was making any difference or not. In the back of my mind, I kept thinking, "All my efforts seem too late, as the behavior patterns seem already set. Why didn't anyone help out this child and mother long ago?" Well, we discharged him after many months and tens of thousands of dollars of services, hoping he had made some progress, providing the family with some modest "aftercare" support, during which time he seemed to deteriorate. We saw some early "criminogenic" types of behavior as we had to close services—at 10 years old

he was caught stealing money from his mother, stealing her keys to the car, and getting caught driving down the street.

His mother's worst fears about his involvement in the dangers of the street were later realized. Although I don't know the details, in a fit of curiosity and with the wonders of Google, I could see from public records on the Internet that as a teenager he had been arrested for cocaine dealing, and later I found his name on a list of the U.S. Mayors Conference on Gun Violence Deaths—murdered at 24 years old. There is no question that this youngster is but one example of the many catastrophic losses we are all collectively concerned about—not only for the child and family, but for the wider community, and indeed for our wider social and economic fabric. In fact, my economist colleagues Jens Ludwig and Harold Pollack, directors of the University of Chicago Crime Lab, conservatively estimate that violent crime costs the U.S. economy about one trillion dollars per year when we factor in lost worker productivity, medical costs, mental health costs, costs to government vis-à-vis the criminal justice system, and so forth.

So I return to the question, “Why didn't someone help out this child and family earlier?” In the case of this boy, we were helping him in a very expensive and intensive way when he was a 9-year-old child. Yet what I have since learned is that this was indeed too late. We were—and are—still too late in too many instances. Because in this case, as in so many, this youngster had already experienced serious victimization in the home, and it is from these early victimization experiences that his life trajectory was launched in an unmistakably downward path.

As this panel well recognizes, children's exposure to violence is one of the clearest and strongest predictors of whether a person will later be revictimized, as well as whether a person will later perpetrate crime and violence. So, if we can prevent that violence exposure in the first place, we can prevent not only the trauma itself, but later damage and perpetration. If we consider the relatively brief span of childhood and trauma, we should in fact telescope in on the first several years of life, and especially even during the perinatal phase, given that a wave of scientific studies over just the last two decades have pointed out that this period of life is a uniquely and profoundly predictive phase for later life. The perinatal phase and the first three years of life are uniquely characterized by the dynamic development of neural and physiological systems, as well as the development of the most fundamental emotional, cognitive, and social competencies. Interpersonally, this phase involves the development of the parent-child attachment, which ultimately serves as a major foundation stone for the development of social relationships later in life. On the flip side, the perinatal phase of life is also characterized by inordinate risk for long-lasting detriment for the developing person. For example, we know that approximately one third of all cases of child maltreatment occur in children aged 3 years or younger, where risk for the most profound and long-lasting harm is the greatest; disturbingly, over 80% of all child abuse and neglect fatalities occur in children 3 years old or younger. The evidence further indicates that even within this brief window of early childhood, the younger the child, the higher the risk for these most profound consequences, so that the most severe consequences of child maltreatment, including death, are concentrated in young infants.

Put simply, early childhood, and particularly the perinatal phase of life, represents a wholly unique and consequential window of both risk and opportunity when we consider policies and

strategies to reduce crime, protect children from violence and harm, and strive to preserve health and strengthen the wider social fabric.

In the face of this growing acknowledgment, the strategy of early home visitation services has emerged over the last two decades as a sensible, feasible, effective, and cost-efficient preventive strategy to address not only the problem of child maltreatment, but also to promote school readiness, and maternal and child health more generally. As their name connotes, early home visitation services comprise services delivered directly in the homes of families, typically initiated during the perinatal phase in the life of a child (either just before, at, or shortly after birth). Most commonly, early home visitation services provide sensitive guidance on parenting, supporting the developing parent-child attachment, and connecting families with necessary resources and supports in the early parenting phase—all with the aim of promoting the parent-child relationship along a positive trajectory, away from maltreating parenting and the untoward outcomes, like later violence and crime, that maltreatment so often leads to. One of the distinct advantages of offering services voluntarily in the home, around the point of birth, is that a very large proportion of families, even high risk ones, are motivated and opt to engage in such services—indeed, in higher proportions than comparable services offered in clinics or agencies, for example. Although there are a wide variety of early home visitation program models, they all offer services in a family-supportive way, non-coercively, typically through the non-stigmatizing gateway of the health care system (e.g., initiated with a visit to a maternity ward or a prenatal clinic visit). Such programs are highly cost efficient, and the several studies that have conducted cost-benefit analyses have reported that for every dollar spent on home visiting services, several dollars are saved on other public services. For example a study by the RAND Corporation of the Nurse-Family Partnership home visiting model calculated \$5.70 saved to the public for every dollar spent on this home visiting service.

We now have a well-developed body of empirical evidence that indicates that although home visitation services are certainly no panacea for the problem of child abuse and neglect, they can nonetheless successfully address significant proportions of cases of child maltreatment. My own research, and that of others, including a recently completed meta-analysis conducted by the Centers for Disease Control and Prevention, have consistently shown that, on the whole and across differing early home visitation program models, early home visitation services can and do tangibly reduce child abuse and neglect risk. The CDC conservatively estimated a 40% reduction in the number of cases of abuse and neglect that can be successfully prevented by early home visitation services. And when the CDC analysis adjusted for certain measurement biases, they estimated that more likely upwards of 60% of cases of child abuse and neglect can be prevented by the delivery of home visitation services. Especially relevant for the Department of Justice's concerns, home visitation services delivered only in the first two years of life have also been shown to alter both mothers' and children's trajectories away from criminal involvement later in life. For example, a study of the Nurse-Family Partnership early home visitation model developed and studied by Dr. David Olds has shown that when children receiving home visitation services in infancy reached 15 years of age, there were 59% fewer arrests among the served children, and the mothers receiving such services had 72% fewer criminal convictions. Further, the children at this age showed fewer instances of running away, fewer lifetime sex partners, and less involvement in drugs and smoking; their mothers also reported less

involvement with substance and alcohol abuse, less time on public assistance, and fewer subsequent births that were spaced further apart.

It is important to point out that early home visitation as a strategy is not a panacea for children's exposure to violence. Nonetheless, we have been able to demonstrate under careful scientific scrutiny, that such services can indeed significantly reduce a significant proportion of traumas that the most vulnerable children experience, and promote long-lasting benefits for children and their families. Additional good news about such a strategy is that we continue to forge advances in the knowledge base about how to extend this impact in a more robust and widespread way, so that the science drives progressive improvement in the preventive impact such services can deliver. This strategy is one clear example of how careful scientific study, instead of rhetoric or personal or polarizing agendas, can yield robust, tangible, and sustainable benefits—ones that not only protect children and their families from violence, but that at the same time yield significant cost savings to the public. Advances in the research have driven these hopeful developments and are essential as we continue to strive to reduce children's exposure to violence in a broad and robust way.

Making Change Happen: Public/Private Partnerships

Making Change Happen: Public/Private Partnerships

Introduction

Leaders of influential private foundations and NGOs discuss their role in addressing the epidemic of children's exposure to violence (CEV), and system changes they believe would strengthen the public-private partnership to prevent and address CEV.

Pamela Shifman, Director, Initiatives for Girls and Women, NoVo Foundation

Ms. Shifman has served as the Director of Initiatives for Girls and Women at the NoVo Foundation since 2008, overseeing the Foundation's work on empowering adolescent girls in the developing world and ending violence against girls and women. Prior to joining NoVo, Ms. Shifman worked at UNICEF, where she spearheaded UNICEF's efforts to prevent and respond to gender-based violence, particularly in conflict-affected settings. Ms. Shifman also served as the co-chair of the UN Task Force against Sexual Abuse and Sexual Exploitation and was a founding member of UN Action against Sexual Violence. Prior to joining the UN, Pamela served as the Co-Executive Director of Equality Now, where she focused extensively on trafficking of girls and women and sex tourism, and worked closely with a coalition of organizations for passage of the first US legislation on trafficking in persons and the UN Transnational Crime Protocol on Trafficking in Persons.

Dr. William Bell, President and Chief Executive Officer, Casey Family Programs

Dr. Bell has more than 30 years of experience in the human services field. Prior to becoming president and CEO of Casey Family Programs in 2006, he served as the foundation's executive vice president for child and family services. Prior to joining Casey, he served two-and-a-half years as commissioner of the New York City Administration for Children's Services (ACS). From 1996 to 2001, Dr. Bell was deputy commissioner of ACS's Division of Child Protection. From 1994 to 1996, he was deputy commissioner of field services and contract agency case management for the New York City Human Resources Administration.

Carol Goss, President and Chief Executive Officer, The Skillman Foundation

The Skillman Foundation is a private independent foundation whose mission is to improve the lives of children in metropolitan Detroit by strengthening their schools and neighborhoods. Involved in philanthropy for the past 20 years, Ms. Goss, a Detroit native, joined The Skillman Foundation in March 1998 as a senior program officer and was named President and CEO in 2004. She has also worked as a program officer at the Stuart Foundation in San Francisco and as program director at the W.K. Kellogg Foundation. Ms. Goss' professional career also includes nearly 20 years' experience in child welfare, family services and youth development in Detroit and Oakland.

PAMELA SHIFMAN
Director, Initiatives for Girls and Women, NoVo Foundation

As Director of Initiatives for Girls and Women at the NoVo Foundation, Ms. Shifman directs the NoVo Foundation's work on empowering adolescent girls and ending violence against girls and women. Prior to joining NoVo, Ms. Shifman spent six years at UNICEF Headquarters, where she spearheaded UNICEF's efforts to end gender-based violence in conflict-affected settings including Darfur, Eastern Congo, Uganda, Liberia, and Sierra Leone. Prior to joining the UN, Ms. Shifman served as the Co-Executive Director of Equality Now, where she focused extensively on trafficking of girls and women and convened a coalition of organizations for passage of the first U.S. legislation on trafficking in persons and the UN Transnational Crime Protocol on Trafficking in Persons. From 1996–1998, Ms. Shifman served as legal advisor for the ANC Parliamentary Women's Caucus in South Africa, where she led a joint civil society/Parliamentary Campaign to End Violence against Women and Girls, and supported development of South Africa's first post-apartheid legislation addressing domestic violence. Ms. Shifman has taught Women's Studies at the University of Michigan and at Hunter College, and she holds a B.A. from the University of Michigan and a J.D. from the University of Michigan Law School.

Written Testimony of Pamela Shifman

Thank you for opportunity to be here today.

My name is Pamela Shifman, and I am the Director of NoVo Foundation's Initiatives for Girls and Women. I have spent the last 20 years working to end violence against women and children globally and currently direct the NoVo Foundation's work on ending violence against girls and women, and empowering adolescent girls.

The NoVo Foundation was founded with the overall mission of creating a more just and balanced world. Our Co-chairs, Jennifer and Peter Buffett, created the NoVo Foundation with the understanding that our current social environment is out of balance—discrimination, inequity, and violence are preventing individuals and society from reaching their full potential. Girls and women in particular are undervalued and mistreated—but hold untapped potential for creating positive, lasting change in the world. Our Co-chairs see the focus on women and girls as an overlooked area in philanthropy, but one that is ripe with opportunity to achieve deep, systematic change.

As one of the largest private foundations whose explicit mission is to empower girls and women worldwide, NoVo sees its role as one of a catalyst and risk taker. We support our partners in being innovative and forward thinking as they seek to change political and social structures that prevent girls and women from reaching their full potential. We recognize that the efforts of much of the work we support may only show results over the long term, but that each of our grantee partners is working towards achieving lasting and true transformation in society.

We also see that one of the major impediments to equality for girls and women is the pervasive violence against them that persists in every part of the world, including the United States. Today, I want to use my time with you all to talk about one manifestation of that violence— sex trafficking and the commercial sexual exploitation of children in the United States, and the ways in which, through collaboration—among foundations, government, nonprofit organizations, businesses, and communities—we can create safety for the most vulnerable children and women in our country.

Stephanie:

“I was in Covenant House and I met him in the park and he told me all about himself, making it seem like a guy who really wanted to get to know a female, and he asked me all about myself, whether I had kids, my sign, and what I wanted to do with my life. He asked me do you want to make money in the streets and I said, ‘Yeah.’ I had nowhere to go, no food, no money. I was 15, he was 26 or 27...On the track I saw females get stabbed, get doped up, slipped mickeys by their pimps, pimps forcing drugs into their system...I seen a gun pointed at a female’s head, I’ve been in life and death situations, getting choked out, getting beat up for no reason or because you don’t bring home a lot of money...you get really stressed out in this game, if you are not doing drugs when you come in, you leave with it...you don’t care about yourself really, you feel there is no help and you just want to go to a suicide house.”¹

Stephanie is one but one of the potentially hundreds of thousands of children, mostly girls, who are being prostituted on the streets of the United States every day. Experts estimate that at least 100,000 children are at risk of exploitation in prostitution every year. It is estimated that the average age of children who are first exploited in prostitution is between 12 and 14 years old.

These kids are bought and sold; used and abused. For the vast majority of these children, the violence of prostitution—the daily rapes by customers, beatings by police, harassment by bystanders and control by pimps—is not their first experience of violence. As one survivor explained:

“We have all been molested. Over and over, and raped. We were all molested and sexually abused as children. Don’t you know that? We ran to get away. We were thrown out, thrown away. We have been on the streets since we were 12, 13, 14.”²

Sometimes I hear people say trafficking does not discriminate, that trafficking could happen to anyone and affects everyone equally. I actually think that’s a lie. Trafficking does discriminate. It discriminates based on race and class and age and gender. It takes advantage of some of the most vulnerable people for the profit of others. Sexual exploitation is not an equal opportunity employer. This violence is all too often the outcome of compounded and interconnected inequalities: a young girl of color living in poverty in the U.S. is vulnerable in ways that others are not.

All violence against children is a fundamental human rights violation and must end. The violence of commercial sexual exploitation of children (CSEC) and sex trafficking is a particularly pernicious form of violence because not only are the victims victimized, often they are not recognized as victims at all. They are blamed for their victimization, stigmatized, isolated, and

told that they brought this violence upon themselves. And in many localities around the country, they are treated as criminals—including right here in Michigan, my home state, where anyone 16 years of age or older can be charged with prostitution.³

Having spent much of my adult life working to end violence against girls and women around the world from South Africa, to Liberia, to here in the U.S., I am always struck by the parallels between commercial sexual exploitation and domestic violence—both in terms of the experience of the violence and the response. Like domestic violence survivors, survivors of commercial sexual exploitation are subjected to rape and beatings, economic coercion, and severe emotional abuse. Like batterers, pimps use power and control to manipulate their victims and ensure their compliance. And like domestic violence victims, far too often victims are asked—why do you stay? As one survivor of commercial sexual exploitation answered:

“Most people don’t understand why we stay with a pimp. Many of us have been exploited by our peers, society, and often by the people that we trust. When we’re the most vulnerable, pimps attack, promising us stability, a family life, a future. They reel us in. He becomes our father, and our boyfriend, until we see what he really wants. Then he intimidates us and reminds us constantly about the consequences if we leave. Most tell us that they’ll find and kill us, no matter where we go. We’re afraid of being afraid. Resources are limited and many of us do not see a way out.”
—Anon⁴

And like victims of domestic violence, the real question we must ask is why does he abuse her? Why does he buy her?

The good news is that much can be done to end this violence. I want to share five recommendations with the task force that I believe will go a long way toward ending the sexual exploitation of children:

1. Name sexual exploitation as violence.

Sixteen-year-old girls trading sex on the street are not participating in “the world’s oldest profession.” Instead, what we are witnessing is a fundamental violation of human rights under both international law and federal anti-trafficking law. CSEC is deeply harmful, with long-term impact on the victims. The children selling sex around this country are victims of systematic and routine violence. By most definitions, their experiences constitute torture. When we call this violence the “world’s oldest profession”—or pretend that prostitution is a victimless crime—we sugarcoat at best, and tell an outright lie at worse. We need to name the violence as violence.

2. Enact laws to protect victims of commercial sexual exploitation and trafficking.

Currently, in many places, a 16-year-old girl, who is too young to consent to sex, can still be arrested for prostitution. In other words, if there is no money involved, she is a victim; she is seen as a sexually abused child. However, if there is money involved, she is deemed a delinquent. Because her supposed “crime” is one of prostitution, she is seen as a criminal and punished for her victimization.

While all prostitution of children constitutes trafficking under federal law (and international law) many prostituted children are still treated as criminals and not victims. In 2008, New York became the first state to pass the Safe Harbor for Exploited Children Act,⁵ which recognizes that children in prostitution are not criminals or delinquents but victims of a brutal form of child sexual abuse and deserve specialized services—not jail.

Since then, several other states have followed, but not nearly enough. Children around this country—who are legally too young to consent to sex—are being treated as criminals when they are paid to have sex. In fact they are victims of statutory rape and must be treated as such.

3. Fully fund services as part of Safe Harbor legislation.

Ensuring victims are not treated as criminals is only the first step in addressing the needs of sexually exploited children. Child victims of sex trafficking have very specialized needs that may include safe housing, long-term housing, mental health care, access to GED or other remedial education, and life skills learning. Experienced practitioners have found that mainstream programs of the child abuse and neglect system routinely fail these children. On a given night, as many as 4,000 children are sold and bought in the commercial sex industry in New York. There are currently less than 50 shelter beds designated for specifically for trafficked youth.⁶

The law should require protection and recovery programs for child victims such as:

- Safe and supportive housing that will ensure victims are not stigmatized or subject to further abuse because of their involvement in the commercial sex industry;
- Mentorship by survivors of the same abuse or, when that is not possible, by other caring professionals who are trained to address the particular trauma associated with commercial sexual abuse;
- Protocols that ensure immediate placement of these victims in appropriate, pre-identified locations, without undue questioning from untrained law enforcement officers or other officials.

These services are equally important as the laws ensuring that children are not prosecuted for prostitution. For example, while New York currently has a strong safe harbor law, its effects are unrealized because the appropriate funding for services has not been allocated. Ending the criminalization of victims is one piece of the solution; services to the victims is another.

4. Address demand.

Demand for commercial sexual exploitation drives the industry. As one young woman, a survivor of commercial sexual exploitation I met recently, said to me:

“To me, if the [exploiters and the johns] really weren’t here, if no guys were out there doing this, what young girl would be like “All right, I’m going to go sell my body.” Somebody had to put

that thought in her head, somebody had to tell her to do that. If we eliminate them [the customers], then this wouldn't be a problem."

Prostitution is a criminal offense around this country. With exception of several countries in Nevada, it is illegal to buy sex, to sell sex, and to profit from the sexual exploitation of others.

Overwhelmingly however, it is the victims who are arrested—both women and children. In New York City, where I live, 6 times as many people are arrested for selling sex as buying sex.

And while this hearing is focused specifically on children, we know that the majority of those adult women who are arrested for selling sex actually started as children—and the systems to help them then failed.

Targeting demand—both demand for children and adults is the only way stem the tide of exploiters. A recent study in Chicago asked sex buyers what would deter them from buying sex. Eighty-three percent said they would be deterred by jail time.⁷

Those who exploit the vulnerability of others—especially children—must face appropriate consequences under the law.

5. Collaborate, collaborate, collaborate.

At NoVo Foundation, we invest in grassroots organizations working to prevent violence, including sex trafficking. We are proud to partner with organizations such as GEMS and Sanctuary for Families in New York City, Polaris Project based in Washington DC, Chicago Alliance Against Sexual Exploitation (CAASE) in Illinois, and Apne Aap in India to create real and lasting change for girls and women. These organizations address the root causes of violence and are bringing us closer to a world in which violence is rare and not inevitable.

As a private foundation with limited resources, we recognize that we cannot do this work in isolation. At NoVo, we believe in the power of partnerships and leveraging strengths in key collaborations. One partnership we are particularly proud of is our partnership with the Nike Foundation. Together, we have partnered to build the case for why multi-lateral organizations and government agencies should prioritize empowering girls. Recently, we have taken this collaboration a step further through a partnership between Nike and DFID (the UK development Agency) to scale up solutions for girls in countries around the world. Through this partnership, we have seen how collaborations between government and foundations increase our collective capacity—together, we are able to impact communities and empower girls on a much larger scale.

Private foundations such as NoVo are often able to identify and invest in smaller, innovative grassroots efforts to end sexual exploitation, but we are limited in our ability to affect the broader landscape to ensure that all victims receive adequate services. Government services therefore play a critical role in meeting the needs of trafficking victims in a way that private foundations never could.

Conclusion

The victims of commercial sexual exploitation are too often invisible. Already on the margins of society, these girls receive little support or attention. And yet, we believe that through investing in these girls, we not only transform their lives but the lives of all those around them.

At the NoVo Foundation, we have learned from both Mahatma Gandhi and his famous student, Dr. Martin Luther King Jr., that no violence is inevitable, and that change starts with the most marginalized. Gandhi said, “Recall the face of the poorest and the most helpless man whom you may have seen and ask yourself, if the step you contemplate is going to be of any use to him. Will he be able to gain anything by it?”

At NoVo, we seek to follow that instruction—although in our work, we are led by the last *girl*. Others see her as a burden at best, a commodity in the sex industry at worst. We see her as a source of power to lead us all towards safer and more just communities and nations.

The NoVo Foundation is thrilled to be able to work with the Defending Childhood Task Force and the Department of Justice toward our shared goals to create this change, together.

Thank you.

¹ Camacho, Hon. Fernando, “Sexually Exploited Youth: A View from the Bench,” *Lawyer’s Manual on Human Trafficking: Pursuing Justice for Victims*, eds. Goodman, Jill Laurie and Leidholdt, Dorchen A. (2011).

² Camacho, Hon. Fernando, “Sexually Exploited Youth: A View from the Bench,” *Lawyer’s Manual on Human Trafficking: Pursuing Justice for Victims*, eds. Goodman, Jill Laurie and Leidholdt Dorchen A. (2011).

³ According to Michigan law, anyone 16 years of age or older can be charged with prostitution. See Statute #750.448 - soliciting, accosting, or inviting to commit prostitution or immoral act; crime. In Sec. 448, it states: “A person 16 years of age or older who accosts, solicits, or invites another person in a public place or in or from a building or vehicle, by word, gesture, or any other means, to commit prostitution or to do any other lewd or immoral act, is guilty of a crime punishable as provided in section 451.”

⁴ Girls Educational and Mentoring Services (GEMS), <http://www.gems-girls.org/what-we-do/survivor-voices>

⁵ New York State Safe Harbor for Sexually Exploited Children Act (A-5258-C/S-3175-C), in effect since April 2010. For more information, please see: <http://www.gems-girls.org/Safe%20Harbor%20Facts%20and%20FAQs.pdf>

⁶ Testimony from GEMS, New York State Anti-Trafficking Coalition

⁷ Durchslag, Rachel and Goswami, Samir, “Deconstructing the Demand for Prostitution: Preliminary Insights from Interviews With Chicago Men Who Purchase Sex.” Chicago Alliance Against Sexual Exploitation, (2008).

WILLIAM C. BELL, M.D.
President and CEO of Casey Family Programs

William C. Bell became President and Chief Executive Officer of Casey Family Programs in January 2006. He chairs the executive team, and is ultimately responsible for the vision, mission, strategies, and objectives of the foundation.

Career Highlights

Dr. Bell has more than 30 years of experience in the human services field. Prior to becoming President and CEO of Casey Family Programs, he served as the foundation's Executive Vice President for Child and Family Services, providing strategic direction to nine field offices and leading a staff working directly with young people from the public child welfare system. Prior to joining Casey, he served two-and-a-half years as Commissioner of the New York City Administration for Children's Services (ACS). There, he managed child welfare services—including child protection, foster care, child abuse prevention, daycare, and Head Start—with a staff of more than 7,000 and a budget of about \$2.4 billion.

From 1996 to 2001, Dr. Bell was Deputy Commissioner of ACS's Division of Child Protection. From 1994 to 1996, he was Deputy Commissioner of Field Services and Contract Agency Case Management for the New York City Human Resources Administration. In the early 1990s, Dr. Bell was Associate Executive Director for Miracle Makers, the largest minority-owned, not-for-profit child and family services organization in New York.

Dr. Bell earned his Ph.D. in social welfare and his Master's of Social Work degree at Hunter College School of Social Work in New York City. He received a bachelor's degree in biology and behavioral science from Delta State University, Cleveland, MS.

Public Service, Honors, and Professional Affiliations

Dr. Bell is a trustee for America's Promise Alliance and Vice Chair of the Association of Black Foundation Executives. He also is a member of the board of Grantmakers for Children, Youth & Families and United Way of King County.

Dr. Bell previously served as a member of the American Bar Association's Commission on Youth at Risk, the Pew Commission on Children in Foster Care, and the executive committee of the National Association of Public Child Welfare Administrators.

He also has served on the board of directors of the Council on Social Work Education and the Marguerite Casey Foundation, and as co-chair of the board of directors of the Jim Casey Youth Opportunities Initiative.

Dr. Bell was honored in 2010 by New York City's CASA (Court Appointed Special Advocates) for his contributions and lifelong commitment to improving the lives of children in foster care. His many other awards and honors include the Vincent de Francis Award from the American Humane Association, recognizing him for his vision and commitment to improve child welfare systems on a national level, and the Lifetime of Service Award from City Year Seattle/King County—both awarded in 2009; the 2007 International Rhoda G. Sarnat Award from the

National Association of Social Workers Foundation, recognizing his contribution to advancing public awareness and recognition of the value of professional social work; the 2005 Valeria Bullard Black Administrator of the Year Award from the Black Administrators in Child Welfare; and the 2004 Betsey R. Rosenbaum Award for Excellence in Public Child Welfare Administration from the National Association for Public Child Welfare Administrators. In 2003, he was inducted into the Hunter College Alumni Hall of Fame.

Written Testimony of Dr. William Bell

Good afternoon. I am Dr. William C. Bell, President and CEO of Casey Family Programs.

Thank you for the invitation to testify before the Defending Childhood Task Force. I believe that the work of this task force and the Attorney General's vision under the Defending Childhood initiative represents a critical opportunity for this country to address one of the most significant challenges to the future viability of communities in America.

Casey Family Programs is the nation's largest operating foundation whose work is focused on safely reducing the need for foster care and building communities of hope for all of America's children and families. We work and partner with child welfare jurisdictions, families, and communities across the nation to prevent child abuse and neglect, and to find safe, permanent, and loving families for all children. We believe every child deserves a family of their own and a community of hope.

Since the establishment of Casey Family Programs in 1966 by Jim Casey, who also founded United Parcel Service (UPS), we have focused our resources and our efforts on helping America answer the question: "How are the children?"

During the last several years, we have become convinced that violence and exposure to violence represent one of the most significant and most complex challenges to childhood as we have known it in America.

Even with increased awareness; the creation of the term "battered-child syndrome" by pediatrician Dr. C. Henry Kempe and his colleagues in 1962; and improvements made in child welfare and law enforcement during the past four decades; violence, the threat of violence, and exposure to violence have continued to escalate across America.

When placed in the most devastating context—the loss of innocence and the loss of innocent lives—the impact of this proliferation of violence against children is overwhelming.

Faced with such a reality, it may be easy to become overwhelmed to the point of inaction. But doing nothing can never be considered a viable option. We must meet these overwhelming circumstances with deliberate and intentional action.

According to data from the Centers for Disease Control and Prevention; the Child Welfare League of America; the U.S. Department of Health and Human Services' Administration for

Children, Youth and Families; and the U.S. Census Bureau, children across America are being killed at the rate of approximately 120 children and youth every 24 hours—young lives taken by violence inflicted either by a family member, another youth, or themselves.

During the past 24 hours in communities across this country:

- More than 2,000 children were confirmed as victims of child abuse or neglect;
- More than 820 children were removed from their families and placed in foster care;
- Approximately 400,000 children and youth slept in a foster care bed;
- Approximately 16 young men between the ages of 10 and 24 were murdered, almost all of them by another young man in the same age group and of the same racial and ethnic background as the victim;
- More than 7 million children woke up in a household where they and their families are surviving on approximately \$2 per day per family member; in other words, extreme poverty. An additional 9 million children woke up in households below the poverty level—\$23,500 for a family of four;
- Approximately four children died as a result of child abuse or neglect, most of them under the age of 5; and
- About 12 youth between the ages of 10 and 24 took their own life because death seemed to be a better outcome than to experience one more day of life as they knew it.

A life without hope is a life that appears to be not worth living. That's the statement that approximately 100 of our children make every 24 hours as they take their own lives.

It is my prayer that through the work of this task force, the work of Casey Family Programs, and the efforts of the Attorney General's Defending Childhood initiative, we will find a way to restore hope to the millions of children across American who struggle with life and death every single day.

It is my prayer that we will give back to them that belief that nothing is impossible for anyone in America who, with support from a caring community, is willing to work to achieve their dream.

I believe that this effort has to be centered in building stronger communities in America. If communities are isolated, under-resourced, and challenged, the families living in those communities most likely are not doing well, or only marginally so, and the children in those communities suffer the consequences.

When children, youth, and young adults see few options for themselves; when they see no viable way out of their present situation; when their dreams and their view of their future become

deconstructed to fit within the limiting parameters of their communities; the resulting frustration and hopelessness play out in any number of ways—some positive, some negative, and all too often, some harmful and violent.

This sense of hopelessness can only be overcome as caring compassionate adults in America commit to doing whatever is necessary to restore hope in the lives of our children and youth by surrounding them with a community of hope.

Vulnerable children and families need effective alternatives to the challenges listed above. They need prevention strategies, for example, at the community level to keep children and youth in school and out of trouble; strategies that enable families and communities to create and expand employment opportunities. Strategies for providing community-based support networks. Strategies for building strong communities and strengthening families.

Every child deserves a community of hope.

A community of hope is one where we work with families to prevent the need for children to enter foster care.

A community of hope is one where we engage businesses, nonprofits, philanthropy, and faith-based organizations to support children and families.

A community of hope is one where all children grow up with the expectation that they can get a quality education, that they can walk the streets in safety, and that they can work hard to succeed in life.

In such a community no longer will fourth graders in one school be told that regardless of their fourth grade reading and math scores, they will be prepared for and can graduate from college; while fourth graders in another school have their fourth grade reading and math scores used to determine how many for-profit prisons need to be constructed to house them as adults.

In order for our response to have the most impact, we must acknowledge that this is not just an issue of gang violence in select neighborhoods and communities. The issue of youth violence encompasses so much more. This is a city-wide issue. This is a national public health issue. This is an issue of national security.

This issue has reached epidemic proportions and must be addressed with the same commitment, energy, and sense of urgency that we would employ to address any virus or epidemic in this country; just as we did with H1N1.

Issues impacting our young people are not isolated to them. The issues impacting children, youth, and young adults are directly linked to the issues, challenges, and conditions faced by their peers, by their families, and by their communities.

Any efforts to reduce violence, exposure to violence, and violent deaths cannot just target the offender and his or her behavior; any remedy must also target the conditions present in the

offender's community. We cannot deceive ourselves into believing that a better police strategy alone will solve this complex issue.

Every city in America could begin today to build communities of hope to reverse these violent trends by taking a number of concrete steps.

1. **Build political will.** There must be the political will to change by any means necessary. Any sustainable solutions must begin with, and be managed by, local government and community-driven collaborative leadership. This means committed leadership at the top—the governor, the mayor, police chief, superintendent of education, the city's chief of health and human services, elected officials who represent the targeted neighborhoods, and community leaders.

These efforts must be maintained across—and regardless of—any changes in administration that occur as a result of political election cycles.

2. **Create grids across the city** to identify the targeted geography; where the problem areas or blocks are. No entire city has every neighborhood equally impacted.

Each city must create geographic grids across the city in order to isolate pockets of violence and to concentrate efforts and resources to maximize effectiveness and impact.

3. **Create a city-wide work group or commission** to improve community, youth, and family outcomes. Mayor Nutter of Philadelphia has created a commission on improving outcomes for Black men and boys, which is an excellent example of this.

4. **Create a strategy development and implementation leadership team** for each grid section in the targeted geography.

5. **Construct and implement a multi-year plan of action** that includes documenting, monitoring, and measuring outcomes, and that builds in flexibility to modify the plan when outcomes warrant.

6. **Develop an integrated response strategy**

- Across government systems
- Across public and private sectors
- Across age groups
- Across any change in elected administrations
- State, federal, and philanthropic efforts must be aligned with, and in support of, local leadership efforts.

7. **Connect with other cities** that are undertaking similar efforts; find out what's working from them and borrow their strategies.

8. **Turn the lights on.** Hold public events frequently and at all hours of the 24-hour day in places where most of the violence exists that we wish to eliminate.

9. **Engage the leaders of the violence factories** in the conversation. Every city knows who they are.
10. **Teach every child to read.** Poor reading skills don't automatically lead to violent behavior, but data from various studies indicate that below grade-level reading ability is significantly related to the development of aggressive anti-social behavior.

Four of five incarcerated juvenile offenders read two or more years below grade level; a majority are functionally illiterate. Seventy percent of the prison population reads below grade level.
11. **Address retaliation** through programs such as Violence Interrupters at Operation Cease Fire.
12. **Engage and support parents** in leading their families and raising healthy, well-functioning children.

Every child deserves to be born and raised in an environment that seeks to create and support the opportunities necessary for that child to develop and live up to his or her potential.

Every child deserves to be raised in a strong, healthy family and community—a family and community that encourages and nurtures the hopes and dreams of that child about what is possible in his or her lifetime.

Every child deserves a community of hope.

Until that is the reality for every child in America, our work at Casey Family Programs is not done. Our work at Casey Family Programs is far from over as our founder, Jim Casey, also observed in the world around him in the space he created called UPS.

He found himself compelled to ask the questions: How are these young people that we are hiring at UPS doing? How are their families doing? How are children across this country who don't have the resources, who don't have the support, who don't have the opportunities that I had—how are they doing? How are they doing?

Until we can answer: “All the children are well,” the only acceptable response there is—until that is a reality for every child in America—our work as a nation is not done.

Thank you, and may God Bless America in this effort to restore hope to our children and our nation.

CAROL GOSS
President and Chief Executive Officer, The Skillman Foundation

Ms. Goss, a Detroit native, is President and CEO of The Skillman Foundation, a private independent foundation whose mission is to improve the lives of children in metropolitan Detroit by strengthening their schools and neighborhoods. Involved in philanthropy for the past 20 years, Goss joined The Skillman Foundation in March 1998 as a senior program officer. She was named President and CEO of the Foundation in 2004. She has also worked as a program officer at the Stuart Foundation in San Francisco and as program director at the W.K. Kellogg Foundation. Goss' professional career also includes nearly 20 years' experience in child welfare, family services and youth development in Detroit and Oakland.

Written Testimony of Carol Goss

I am Carol Goss, President and Chief Executive Officer of The Skillman Foundation in Detroit. I am deeply honored for the opportunity to submit a written statement on behalf of children exposed to violence. The mission of The Skillman Foundation is to provide resources to improve the lives of children in metropolitan Detroit by improving their homes, schools, and neighborhoods. The Foundation pursues its mission through policy research, analysis and advocacy, which it performs on behalf of Detroit's children.

The Foundation works in collaboration with a host of other philanthropic organizations, nonprofit groups, NGOs, and government officials to address the overwhelming challenges that children in Detroit face: illiteracy and educational inequities, racial and health disparities, hunger, homelessness, poverty, and violence. The national statistics for children of color are grim and alarming, but in Detroit the statistics are catastrophic:

- One half (50.8%) of Detroit's children live in poverty, compared to one in four in Michigan;¹
- The official rate of unemployment in Detroit is 25%; however, academics and policy officials assert the rate is nearly 50%;¹
- In the city of Detroit, the majority of families (in 2010) with children were headed by a single female. And children living in female-headed households experienced far higher rates of poverty than children in families headed by married couples or those by single males;¹
- 14.8 of every 1,000 infants born in Detroit died prior to their first birthday, a rate nearly double the state rate of 7.5 deaths;¹

¹ Data Driven Detroit (2010) - http://datadrivendetroit.org/web_ftp/Project_Docs/DETKidsDrft_FINAL.pdf

- The city of Detroit has an HIV/AIDS rate (14.6%) three times the national average;²
- Detroit's homicide rate is 41.03 for every 100,000, nearly seven times the national average;²
- The city is on the brink of insolvency and all that entails: reduction of multiple municipal services, police, fire, healthcare—that benefit families and children;³
- The unprecedented loss of employment, population, and municipal services.
- The Detroit Public School System (DPS) is in crisis and is currently operated under Emergency Management;³
- The Detroit Public Schools has the lowest high school graduation rate (27%) for black males in the United States.⁴

Despite the dire statistics, we at the Skillman Foundation, along with our partners, are hopeful. Despite the tremendous obstacles that confront Detroit and Michigan, we are confident that there are opportunities for change and growth. To successfully pursue those opportunities, we in philanthropy, nonprofit, government, business and community service must develop and administer comprehensive programs that address, what we believe, is a primary contributor to violence: poverty.

There are vast empirical data that suggest and further the debate that the root cause of violence is poverty. Sociologist Ian Gibson⁵ asserts that violence is the underbelly of poverty; that where there is pervasive poverty, there are the makings of despair, distrust, and crime. Kambon and Henderson⁶ have uncovered in their research that there are strong causal connections between crime, violence, and poverty. As a trained social worker and social policy advocate for over 40 years, I am confident in asserting the unique and ubiquitous role poverty plays in the violence that permeates our communities.

The Skillman Foundation has been and is at the forefront of funding, collaborating, and initiating programs in Detroit that address the trajectory of violence the city is experiencing. Some of the organizations that the Foundation has initiated, currently fund, or collaborate with are:

² CDC Center for Disease Control (2009) - http://www.cdc.gov/nchs/data/series/sr_10/sr10_187.pdf

³ Detroit Free Press (2011) - <http://www.freep.com/article/20111204/NEWS01/112040584/Bankruptcy>

⁴ Schott Foundation Report (2007) - <http://www.schottfoundation.org/drupal/publications/Schott.final>

⁵ Ian Gibson http://www.peacestudiesjournal.org.uk/dl/Capital,%20poverty%20ad%20Violence_Ian%20Gibson.pdf

⁶ Kambon and Henderson - <http://www.peacestudiesjournal.org.uk/dl/Capital.pdf>

- The Matrix Human Services Center: The center provides a Head Start program, provides food, clothing, shelter, and equally important, counseling and mentoring. The organization also provides security training for neighborhoods to patrol the neighborhood and to work in tandem with the police and emergency services.
- Moving Families in the Right Direction (MFRD): The organization works with communities, the police, and social services as an intermediary to help children and young adults navigate the tumultuous waters of urban life.
- Detroit Impact: This organization is a community youth center that provides tutoring, mentoring, guidance, and motivation. The organization also provides safety routes to school for children who must navigate dangerous streets every morning.
- Detroit 300: This organization works with a conglomerate of citizens, civic groups, organizations, and businesses to fight and deter crime throughout numerous neighborhoods within the city.

As the president of The Skillman Foundation, I believe every child deserves access to a quality education. I believe it is a civil right and a social justice imperative—it is the great equalizer. Education provides children the opportunity to thrive and flourish. And for children to receive the best and broadest educational opportunity there has to be an environment free of violence and other social ills. At The Skillman Foundation we are encouraged that a good education and a safe neighborhood are possible for every child in Detroit, and we operate daily on that premise. Despite the litany of issues that the city faces, the Foundation believes that “giving up” is not part of the Detroit lexicon.

We welcome any assistance and collaboration from the Justice Department in fulfilling our organization’s mission to represent, advocate on behalf of, and assist in serving Detroit’s children. I thank Attorney General Holder and the task force for the opportunity to submit written testimony.

Changing Norms Within Families, Communities, and Systems

Changing Norms Within Families, Communities, and Systems

Introduction

Changing social norms is a significant but achievable challenge. Panelists will discuss the urgent need to focus on changing social norms of and system response to violence, and consider how this change can be achieved. Panelists will highlight the importance of collaboration among schools, juvenile courts, and other community structures, and focus on strategies for creating grassroots response in reducing community violence.

Larry Cohen, MSW, Founder and Executive Director of Prevention Institute

Mr. Cohen has been an advocate for public health, social justice, and prevention since 1972. He established Prevention Institute in 1997 as a national nonprofit dedicated to improving community health and well-being by building momentum for effective primary prevention.

David Esquith, Acting Director, Office of Safe and Healthy Students

Dave Esquith has served in the U.S. Department of Education's Office of Special Education and Rehabilitative Services for 23 years. Mr. Esquith brings a wealth of program and management experience to OSHS having worked with formula and discretionary grant programs in the Office of Special Education Programs, the Rehabilitation Services Administration (RSA), and the National Institute on Disability and Rehabilitation Research (NIDRR). Mr. Esquith has served as a Special Advisor to the NIDRR Director as well as NIDRR's Deputy Director. When the Department re-organized RSA in 2005, Mr. Esquith was integrally involved in restructuring the agency and served as the Director of the State Monitoring and Program Improvement Division. Mr. Esquith has worked as a special education teacher and administrator, Peace Corps Volunteer, lobbyist for the Association for Retarded Citizens, congressional aide, and recently completed an extended detail at the Office of Management and Budget as a program examiner.

Mary Lee, Deputy Director, PolicyLink

Ms. Lee, co-author of "Why Place & Race Matter," is a practicing attorney with more than 20 years of experience working in communities throughout California, with special emphasis on issues of housing, land use, and community economic development. A former Los Angeles Transportation Commissioner, Ms. Lee's broad experience advising community groups and advocacy campaigns make her a key liaison in the organization's health, housing, infrastructure, and civil rights efforts.

LARRY COHEN, MSW
Founder and Executive Director of Prevention Institute

Larry Cohen is founder and Executive Director of Prevention Institute, a nonprofit national center dedicated to improving community health and equity through effective primary prevention: taking action to build resilience and prevent illness and injury before they occur. Mr. Cohen has helped to advance a deeper understanding of how community factors shape health outcomes and provides resources, conceptual frameworks, and tools to help communities address health inequities and prevent injuries, violence, and chronic disease. Prevention Institute has also successfully lead efforts in the United States to incorporate a focus on and investment in prevention as a significant part of health care reform and stimulus funding for communities. He has advanced injury and violence prevention as critical elements of public health. Mr. Cohen currently leads [UNITY \(Urban Networks to Increase Thriving Youth through Violence Prevention\)](#), a national initiative funded by the CDC designed to strengthen and support cities to effectively prevent violence. He has also addressed the intersection of various forms of violence, as well as the impacts of violence on long-term health outcomes. Prior to founding Prevention Institute in 1997, Mr. Cohen formed the first U.S. coalition to change tobacco policy, created the nation's first multi-city smoking ban, and helped to shape vehicle safety policy. He has received numerous awards, including the Injury Control and Emergency Health Services Section Public Service Award from the American Public Health Association.

Written Testimony of Larry Cohen

The Defending Childhood Initiative is an important contribution both to raising awareness and finding solutions to children's exposure to violence. We thank the task force for the opportunity to offer written testimony.

Addressing Childhood Exposure to Violence: A Primary Prevention Approach

With the growing understanding of both the devastating lifelong impact of trauma from exposure and the large number of children who are exposed, there has been unprecedented attention given to addressing children's exposure to violence. Fortunately, there is a strong and growing evidence base that confirms violence is preventable, and therefore children's exposure to violence can be prevented in the first place. It's critical that prevention be included as a vital part of the solution to defend childhood.

Defining Childhood Exposure to Violence

Addressing childhood exposures to violence, before they occur, saves lives, reduces illnesses and injuries, helps communities thrive, and saves money. Over the last 20 years, practitioners and researchers have successfully illustrated the impact of childhood exposure to violence. They established that exposures happen through multiple forms of violence (child abuse; sexual abuse; witnessing domestic violence; witnessing/experiencing violence in street, school, and community settings) and while there are critical developmental time periods, such as pre-natal to age 5, that are particularly formative in terms of brain development, there is growing evidence that exposure to violence for children and youth ages 5 and older has devastating consequences as well.

We need to recognize that exposure is not just a young children's issue. Though clearly early childhood is an important developmental time, exposure continues outside the home, and we must address this given the fact that many youth are exposed to high levels of school and community violence and studies have found one in three urban youth have PTSD.¹ Experiencing, exposure to, and fear of violence have known emotional and mental health consequences for children and youth. These consequences are often lifelong, require extensive treatment, and can, in turn, affect physical health as well as bring stress and consequences to others. In addition to preventing multiple forms of violence, it is critical to recognize the impact of exposure on children *and* youth.

Fortunately, there is strong and growing evidence that violence is preventable. Leaders and the general public alike have a greater understanding of the issue. This awareness has reached a tipping point over the last 10 years, resulting in mobilized groups advocating for social and political solutions. So far, the response to these demands has largely focused on after-the-fact, individually oriented efforts, such as screening for trauma and access to mental health services. The next step for the field requires expanding the overarching dialog, moving from a focus on the individual and after-the-fact efforts to an approach that can prevent children and youth from being exposed to violence *in the first place*. A primary prevention approach *prevents* exposure by addressing the factors in the community environment and the societal norms that contribute to its occurrence.

A Prevention Approach is Needed Because:

The results of reacting after the fact are too great. Childhood abuse, neglect, and witnessing domestic violence, termed adverse childhood experiences (ACEs), are common. In one study, almost two-thirds of participants reported at least one ACE, and more than one in five reported three or more ACEs. The ACE framework furthers the understanding of the effects of children and youth exposed to violence because it demonstrates a link between 1) specific violence-related stressors, including child abuse, neglect, and repeated exposure to intimate partner violence, and 2) risky behaviors and health problems in adulthood including alcoholism and alcohol abuse, chronic obstructive pulmonary disease (COPD), depression, illicit drug use, ischemic heart disease (IHD), and liver disease. In addition, ACEs also strongly correlate with health-related behaviors and outcomes *during childhood and adolescence*, including early initiation of smoking, sexual activity, and illicit drug use; adolescent pregnancies; and suicide attempts. Findings from the ACE studies confirm what we already know: Too many people in the United States are exposed early on to violence and, as a result, experience short- and long-term negative impacts to their health and well-being.²

The costs of reacting after the fact are too great. The burden of trauma and the drain of limited community resources makes prevention a priority. As Dr. Felitti, co-founder of the ACE's framework, recently stated to a large conference of health clinicians, "If we don't prevent violence there are huge health costs, not just criminal justice costs. We know, you know, there will never be enough resources to address the impacts. Primary prevention is the only option we have to pay attention to the breadth of the problem. The costs of this exposure to the individual, family, community, and society is staggering."³ Due to the high cost of treatment and lack of dedicated funding, after-the-fact treatment, while important, is unlikely to ever meet the demand

for services. More importantly, after-the-fact strategies will never prevent childhood exposure from occurring in the first place. Our children and youth deserve an investment in prevention.

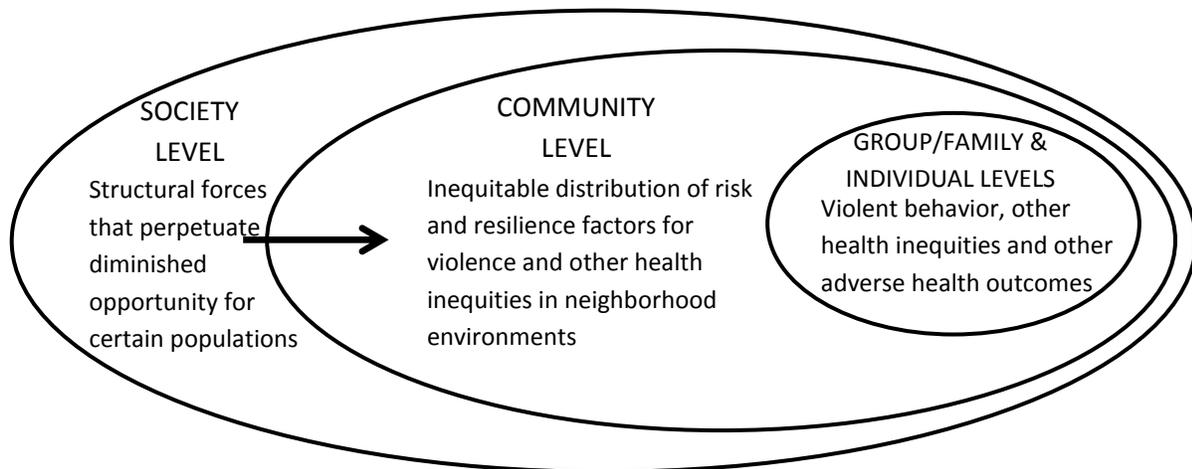
Violence is a health equity issue, and preventing violence is an important component of achieving equity in health and in communities. Health inequities are related both to a legacy of overt discriminatory actions on the part of government and the larger society, as well as to present-day institutional practices and policies that perpetuate a system of diminished opportunity for certain populations. An overwhelming number of risk factors for violence have accumulated in some communities, without resilience factors to protect against violence. Some communities and groups are far more exposed to the poor neighborhood conditions that give rise to violence and other health inequities. Preventing violence and therefore preventing a child or youth's exposure to it has tremendous value, not just in saving money and lives, but also as a means to foster well-being, promote health equity, and strengthen communities.

A primary prevention approach promotes safe, healthy environments and behaviors, reducing the likelihood of exposure to violence in the first place.⁴ This approach is often confused with early intervention services for victims and perpetrators. Interventions, such as universal screening in health care settings, may help to alleviate trauma and potentially prevent future incidents; however, early identification follows actual or threatened violence and seldom alters the broader community and societal environment that gave rise to the violence that caused the trauma. Primary prevention moves far upstream to change the environmental factors, such as economic inequalities, and norms such as privacy and silence around family violence, that shape behaviors of a population. Primary prevention is a systemic process capable of dramatically reshaping our environment and norms, thereby preventing violence from ever occurring.

The time is right for a greater emphasis on primary prevention. Prevention honors and builds upon past successes and complements the field's continued commitment to improving responses to this critical issue. This shift will require an increased effort to advance promising prevention approaches—a core outcome essential to achieving dramatic reductions in rates of childhood exposure to violence.

The Environment: Factors that Shape Behavior

Violence, and children and youth's exposure to it, arises out of a complex interplay of individual, interpersonal, social, political, cultural, and environmental factors. The socio-ecological model (see Figure 1) provides a framework for understanding how individual well-being is nested within family, community, and societal levels.⁵ Influences at any level can either increase *or* decrease the risk of perpetration or victimization.



This framework clarifies the societal influence on an individual and confirms why it is more important to focus on environmental change than on individual behavioral change. Root factors like sexism, racism, homophobia, classism, patriarchy, and other forms of oppression shape societal and community factors that in turn influence relationships and individuals. Environmental components in turn affect behavioral outcomes. Both root factors and environmental contributors are determinants of childhood exposure to violence. The Institute of Medicine affirmed this by concluding, “It is unreasonable to expect that people will change their behavior easily when *so many forces* in the social, cultural, and physical environment *conspire* against such change.”⁶ When viewed in this light, we can see childhood and youth exposure to violence becomes a complicated issue deeply embedded in the environment. By understanding and then transforming environments, we can prevent violence *before* it occurs.

Norms: Commonly Held Attitudes and Beliefs That Shape Behaviors

Societal and community environments play a strong role in shaping behavior, including through norms. Norms are not simply habits. Often based in culture and tradition, they are attitudes, beliefs, and standards we take for granted. In other words, norms pattern our behavior—they are environmental signals telling people what is okay and not okay to do. Norms describe what actually occurs (i.e. descriptive) and also signify a standard of proper behavior (i.e. normative or prescriptive).⁷

A prevention strategy must account for norms because these standards are pervasive, powerful determinants of behavior. If violence is typical, expected, and reinforced by the media, family, community, peers, or school, it is far more likely to occur. It will occur, in fact, with greater frequency and potency. If norms discourage safe behavior and are unsupportive of healthy and safe relationships, then programs focused on change at the individual level will not produce safe behavior unless social norms are changed as well. Thus, changing norms is critical in preventing childhood and youth exposure to violence.

At least five damaging norms contribute to childhood and youth exposure to violence:

1. **A Narrow Definition of Manhood**, where society promotes domination, exploitation, objectification, control, oppression, and dangerous risk-taking behavior in men and boys, too often victimizing women and children.
2. **Limited Roles for Women**, where from a young age females are often encouraged, through subtle and overt messages, to act and be treated as objects, used and controlled by others.
3. **Power**, where value is placed on claiming and maintaining control over others. Traditional power expectations promote the notion that children should be seen and not heard, making them an especially vulnerable population.
4. **Violence**, where aggression is tolerated and accepted as normal behavior and can be used as a way to solve problems and get what one wants.
5. **Privacy and Silence**, where norms associated with individual and family privacy are considered so sacrosanct that secrecy and silence is fostered, children who experience violence may keep it secret, and those who witness violence are discouraged from intervening.⁸ Though changing, the value placed on privacy enables people in a shame-based culture to perpetuate the abuse, rendering victims and their families immobile in the face of fear, public shame, and stigma.

In our society we glamorize violence, overlook it, accept it as a private matter, and regularly encourage it through “egging on” others. Most people do not believe children should be exposed to violence. However, when the five norms are taken as a composite, it is not surprising that many children are exposed to violence and that bystanders don’t speak up or act against it. This set of norms promulgates an unsafe environment that enables exposure *and* inhibits preventive action. While condoning children’s exposure to violence is certainly not the norm, we have an overarching set of norms that insidiously contributes to the likelihood it will happen. We must acknowledge these norms and change them if we are to make major strides in preventing childhood and youth exposure to violence.

The Spectrum of Prevention: A Tool for Changing Norms and Environments

We *must* tip the balance in communities and replace unhealthy norms and environments with ones that promote well-being. The *Spectrum of Prevention* offers a framework for developing effective and sustainable primary prevention initiatives that have the potential to affect community and systems-level changes (See Table 2).⁹ The inter-relatedness, or synergy, among levels of the *Spectrum* maximizes the results of each activity and creates a more transformative force. While all levels of the *Spectrum* are essential for sustaining change, community and systems-level change require efforts at the broadest levels of the *Spectrum*. These include changing organizational practices and influencing policy and legislation.

Level	Description	Sample Strategies: Preventing Childhood and Youth Exposure to Violence
Influencing Policy and Legislation	Developing strategies to change laws and policies to influence outcomes	Advocate for policies that support family mental health, including expanding health insurance coverage to include infant and parental mental health and providing adequate training to ensure quality services and programs
Changing Organizational Practices	Adopting regulations and shaping norms to improve health and safety	Incorporate violence screening and assessment tools into existing healthcare protocols and training and promote their use to increase identification and intervention with pregnant women, caregivers, and young children who are at risk of violence
Fostering Coalitions and Networks	Bringing together groups and individuals to achieve broader goals and have greater impact	Foster collaboration between city planners, transportation and housing authorities, law enforcement, business leaders, funders, and health and education service providers in the development of neighborhoods and services that promote young children's health and well-being
Educating Providers	Informing community leaders and other providers who will transmit skills and knowledge to others	Ensure that professionals who work with youth, children, and families are trained to identify substance abusing caregivers and affected children and provide them with developmentally and culturally appropriate care and support
Community Education	Reaching groups of people with information and resources to promote health and safety	Educate community members about the vulnerability of young children and the detrimental effects of abuse, neglect, and witnessing violence
Individual Knowledge and Skills	Enhancing an individual's capacity to prevent injury and illness, and promote wellness and safety	Provide caregivers with information about child development and teach them stress management, problem-solving and boundary-setting skills, and positive communication and discipline techniques

Table 2. The Spectrum of Prevention. The Spectrum of Prevention was developed in 1983 by Larry Cohen and is based upon the clinical work of Dr. Marshall Swift from Hahnemann College in developmental disability prevention.¹⁰

Level 6, Influencing Policy and Legislation, has the greatest potential to achieve broad impact across society and influence large numbers of people at once. By mandating what is expected and required of institutions, organizations, and individuals, sound policies can prompt widespread reductions in violent behavior so peace ultimately becomes the new social norm.

A focus on systems is a salient feature of quality prevention, since various networks and institutions play an important role in creating safe environments for all individuals. Policies are key levers for change and for achieving equitable conditions that protect all young people from violence. In some cases, laws and policies already exist that could promote safety, and can be supplemented by an additional law, change in policy, better enforcement, or change in an organization's practices to ensure effectiveness.

Level 5, Changing Organizational Practices, calls for reshaping how organizations and institutions carry out their work, whether these are internal processes or govern external relationships. Many organizations are also influential community members and can encourage other groups in a neighborhood to adopt similar practices.

Level 4, Fostering Coalitions and Networks, highlights the advantages of working across disciplines and pooling the resources and assets of many people and organizations to maximize impact and use resources most efficiently. No one group or sector can do everything required to raise healthy children, support their families, and prevent violence. Coalitions and networks rally critical mass behind a community-based effort and can achieve more than any one group or individual could alone.

Level 3, Educating Providers, leverages the extensive social and professional networks that community leaders cultivate. The term "providers" should be applied broadly to include anyone with influence in the community who can transmit information, skills, and motivation to many people.

Level 2, Promoting Community Education, provides groups of people or the general public with information and resources to prevent violence and improve safety. Effective community education also helps change public attitudes and shift norms in favor of safety and health.

Level 1, Strengthening Individual Knowledge and Skills, equips individuals to prevent violence as far as they are able, regardless of their particular circumstances. It is society's responsibility to create safe environments that protect all people from violence, but changing the environment so it prevents violence does not happen overnight. In the meantime, it is important to provide individuals with the knowledge and skills, and increase their resources and capacity to do everything they can to ensure personal safety.

Preventing violence requires activities at all levels of the Spectrum, but too often, people equate prevention practice with one-on-one education. Quality prevention requires implementing complementary activities at all levels of the Spectrum, rather than stopping at Level 1 or 2. Strategies that act in tandem to prevent violence coalesce into a transformative force for safety and community health. According to Ottoson and Green, "Activities must be coordinated and mutually supportive across levels and channels of influence, from individual to family to institutions to whole communities."¹¹ The Spectrum of Prevention fosters collaboration and synergy, and mobilizes a community's unique resources and assets in a way that no single program at any one level of the Spectrum can.

Strategies to Prevent Violence

In the three examples below diverse communities have come together and mobilized their resources to prevent violence and thereby prevent childhood and youth exposure to violence. In the case of Minneapolis, coordination of existing effort brought better outcomes and a larger investment of funding. In the second example, in Alameda County, the focus was not on programming but developing shared principles that could guide the efforts of multiple agencies and organizations. Finally, the UNITY City Network provides an example of the impact of local leaders coming together with a unified ask for their federal support. In all of these examples, the focus is on changing norms and environments to make violence less likely to occur by using strategies from across the Spectrum of Prevention.

Coordinating a Multisector Approach: Minneapolis' Blueprint for Action

The City of Minneapolis is demonstrating that a strategic prevention plan can transform a city for the better. The Minneapolis City Council passed a resolution declaring youth violence a public health issue in 2007 and created a steering committee to develop the Blueprint for Action. The blueprint guides the city's overall direction and explicitly calls for coordinated prevention activities. Violent crime in the four prioritized neighborhoods fell by 43% in the first two years of the initiative, and homicides of youth decreased by 77% between 2006 and 2009. The number of people under 18 years old either suspected or arrested for violent crime had steadily increased starting in 2001, peaking at 2,652 in 2006. This decreased by more than half after Minneapolis launched the Blueprint for Action, and the number in 2010 is the lowest in a decade.¹²

Minneapolis also tracks a number of other indicators to gauge progress. High school graduation rates, for example, have increased from 55% in 2005 to 73% in 2010.¹³

Due to this remarkable early success, the city expanded the Blueprint for Action in 2009 from the four initial neighborhoods to 22 neighborhoods, and the National League of Cities recognized Minneapolis' approach as among the most innovative models for preventing violence affecting youth.¹⁴ Developing and implementing a local strategic plan grounded in prevention is paying off for Minneapolis and across the region.

Adopting Guiding Principles to Shift Norms and Change Environments: Alameda County

We acknowledge not all communities are ready to engage in a coordinated approach. In these cases, adopting a set of shared, overarching principles can begin to shift norms and environments to address the inequitable conditions that perpetuate violence. The principles below, adapted from "Life and Death from Unnatural Causes in Alameda County," served as a guide to bring together diverse agencies, all concerned with preventing violence.¹⁵

Principles include:

- Because of the cumulative impact of multiple stressors, our overall approach should shift toward changing community conditions and away from blaming individuals or groups for their disadvantaged status.
- Acknowledging the cumulative impact of stressful experiences and of multiple risk factors in the environment is crucial, especially since these sources of chronic

stress and risk factors tend to occur in areas of concentrated poverty. For some families, poverty lasts a lifetime and is perpetuated to next generations, leaving its family members with few opportunities to make healthful decisions.

- Meaningful public participation is needed with attention to outreach, follow-through, language, inclusion, and cultural understanding. Government and private funding agencies should actively support efforts to build resident capacity to engage.
- Preventing violence is an opportunity to invest in community. The social fabric of neighborhoods needs to be strengthened. Residents need to be connected and supported and feel that they hold power to improve the safety and well-being of their families. All residents need to have a sense of belonging, dignity, and hope.
- The developmental needs and transitions of all age groups should be addressed.
- Working across multiple sectors of government and society is key to making the structural changes necessary. Such work should be in partnership with community advocacy groups that continue to pursue a more equitable society.
- Groups most impacted by violence must have a voice in identifying policies that will make a difference, and must be empowered to hold government accountable for implementing these policies.

Setting a Policy Agenda: The UNITY City Network

Faced with fragmented and inadequate funding streams, a lack of coordination across supporting agencies, and hit hard by the nation's economic downturn, local efforts, more than ever, need federal support to achieve and sustain their efforts. Through UNITY (Urban Networks to Increase Thriving Youth), a Prevention Institute Initiative, representatives from the largest U.S. cities identified and prioritized strategies that, if adopted at the federal level, will enhance the ability of local leaders to prevent violence and thereby prevent childhood exposure to violence. The UNITY Urban Agenda for Preventing Violence was endorsed by 13 U.S. cities and serves as a guiding document for national and local systems change.¹⁶

Recommendations include:

- **Allocate and align resources.** Whether through allocation of existing resources or the development of new revenue sources, cities need adequate, flexible financial resources to implement effective strategies on the ground, bring them to scale, and coordinate them.
- **Create a high-level focal point for preventing violence in federal and state governments.** Given that responsibility for preventing violence spans multiple agencies, a high-level focal point could foster accountability and support coordination.

- **Establish supportive data, research, and evaluation systems.** A national research agenda on effective prevention and disseminating multi-sector surveillance data on key risk and protective factors would inform and enhance local efforts. This information could be used to establish national baseline measures and standards.
- **Develop a communications campaign.** A national campaign would lend local efforts heightened visibility and added credibility. Conveying positive messages about youth and making the case for prevention can foster buy-in.
- **Enhance public health’s capacity and infrastructure at the federal, state, and local levels to address violence.** Versed in prevention and charged with protecting the public’s health, public health has a track record and proven methodology for changing behaviors that contribute to poor health and safety outcomes.
- **Establish a mechanism for multisector collaboration in federal and state governments.** This would provide a vehicle to align federal funding initiatives, establish joint funding streams or blended and braided funding, coordinate data systems, and share evaluation strategies.
- **Equip people with the necessary skills through high-quality training.** Cross-sector training can build a common language and foster understanding about one’s own role and each sector’s contribution.

Conclusion

The Task Force for Defending Childhood provides an important challenge to our current norms and environments for children and adults: We must begin to expand our focus from individuals to environments and from criminal acts to healthy norms in order to build national momentum for a childhood free of violence.

Childhood and youth exposure to violence is rooted in norms and environments and no single program can address the magnitude of the issue or the diverse root factors underlying it. It is a complex problem that requires a comprehensive solution and participation from stakeholders in multiple sectors. Prevention of violence is often seen as unachievable, because prevention is rarely approached with the level of commitment and attention required for long-term success. Childhood exposure to violence *is preventable*. Its prevention requires an investment of resources, people, and leadership. By building on the wisdom of communities, the experience of national experts, and the infrastructure built through coalitions and networks over the last 20 years, we can harness the willingness and capture the opportunity to collectively construct a national movement to prevent childhood and youth exposure to violence.

Notes

¹ Prevention Institute Fact Sheet: Links Between Violence and Mental Health, 2011. Available at <http://www.preventioninstitute.org/component/jlibrary/article/id-301/127.html>

² Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion. Available at <http://www.cdc.gov/NCCDPHP/ACE/publications.htm>. Accessed on April 8, 2012.

³ Felitti, V. (2012, March). *Moving Ideas Into Action: Impact and Opportunities of New Health Policy Recommendations on Violence Prevention Response*. Speech presented at the National Conference on Health and Domestic Violence, San Francisco, CA.

⁴ Cohen, L., Davis, R., & Graffunder, C. "Before It Occurs: Primary Prevention of Intimate Partner Violence and Abuse." In *The Physician's Guide to Intimate Partner Violence and Abuse*, Volcano, CA: Volcano Press, 2006.

⁵ Centers for Disease Control and Prevention. *Beginning the Dialog on Rape Prevention*. In progress, 2005.

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⁷ Margolis, H. Equilibrium norms. *Ethics*. 1990. 100 (1): 821–37.

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⁹ Cohen, L., & Swift, S. The Spectrum of Prevention: Developing a Comprehensive Approach to Injury Prevention. *Injury Prevention*. 1999; 5:203–207.

¹⁰ Cohen, L., & Swift, S. The Spectrum of Prevention: Developing a Comprehensive Approach to Injury Prevention. *Injury Prevention*. 1999; 5:203–207.

¹¹ Ottoson, J., & Green, L. (2005). Community Outreach: From Measuring the Difference to Making a Difference with Health Information. *J Medical Library Association*, 93(4), S53.

¹² Prothrow-Stith, D., & Spivak, H. *Murder Is No Accident: Understanding and Preventing Youth Violence in America*. San Francisco: Jossey-Bass; 2004.

¹³ Urban Networks to Increase Thriving Youth. Prevention Institute. April 8, 2012 <<http://www.preventioninstitute.org/unity>>.

¹⁴ Urban Networks to Increase Thriving Youth. Prevention Institute. April 8, 2012 <<http://www.preventioninstitute.org/unity>>.

¹⁵ Beyers, M., Brown, J., Cho, S., Desutels, A., Gaska, K., Horsley, K., et al. Life and Death from Unnatural Causes: Health and Social Inequity in Alameda County: Alameda County Public Health Department; 2008.

¹⁶ Prevention Institute. "The UNITY Urban Agenda for Preventing Violence Before It Occurs: Bringing a Multi-Sector Approach to Scale in US Cities." 28 April 2010. Web. 09 Apr. 2012 <<http://www.preventioninstitute.org/component/jlibrary/article/id-263/127.html>>

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Dave Esquith has served in the U.S. Department of Education's Office of Special Education and Rehabilitative Services for 23 years. Mr. Esquith brings a wealth of program and management experience to OSHS having worked with formula and discretionary grant programs in the Office of Special Education Programs, the Rehabilitation Services Administration (RSA), and the National Institute on Disability and Rehabilitation Research (NIDRR). Mr. Esquith has served as a Special Advisor to the NIDRR Director as well as NIDRR's Deputy Director. When the Department re-organized RSA in 2005, Mr. Esquith was integrally involved in restructuring the agency and served as the Director of the State Monitoring and Program Improvement Division. Mr. Esquith has worked as a special education teacher and administrator, Peace Corps Volunteer, lobbyist for the Association for Retarded Citizens, congressional aide, and recently completed an extended detail at the Office of Management and Budget as a program examiner.

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Ms. Lee is a deputy director at the Center for Health Equity and Place at PolicyLink. She is a member of the organization's health team, providing research, technical assistance, and training to public and private agencies collaborating to build healthy communities. She has co-authored reports and journal articles on access to healthy food, the built environment, and the impact of place and race on health.

Ms. Lee is also a practicing attorney with more than 25 years of experience working in communities throughout California, with special emphasis on issues of housing, land use, and community economic development. Her work has always focused on the legal rights of low-income people. She began her legal career at the Legal Aid Foundation of Los Angeles (LAFLA) and then joined the Western Center on Law and Poverty as a housing attorney. She later returned to LAFLA as managing attorney of that agency's South Central Los Angeles office and later maintained a private practice focusing on community economic development and housing law, including housing discrimination, landlord/tenant, foreclosure, land use law, and civil rights.

In 1990, Ms. Lee began to provide legal assistance to nonprofit, community-based organizations committed to improving the quality of life in low-income neighborhoods. She has worked extensively with community groups, particularly in South Los Angeles, to revitalize neighborhoods and enhance public participation in the public policy arena. She has also worked with groups that have developed affordable housing, child care centers, created jobs, and monitored the land use and redevelopment practices of local government. For many years, Ms. Lee has worked with neighborhood groups in a number of California cities on issues related to restricting the availability of alcohol and drugs, and the negative consequences that result from substance abuse.

Ms. Lee has been an adjunct professor of law at Loyola Law School, and taught public policy at Occidental College. She is a graduate of Pitzer College in Claremont, California, and Boalt Hall School of Law, U.C. Berkeley.

Written Testimony of Mary Lee

Note: The following testimony is submitted on behalf of PolicyLink. It is adapted from four PolicyLink reports: Why Place and Race Matter; America's Tomorrow: Equity Is the Superior Growth Model; California Tomorrow: Equity Is the Superior Growth Model; Claiming the Promise of Health and Success for Boys and Men of Color: A Brief of the Select Committee on the Status of Boys and Men of Color (BMOC) in California. These reports are available in their entirety on the PolicyLink website: www.policylink.org

Violence is an obvious and immediate threat to health, particularly to the health of children. Yet violence is a symptom, the manifestation of a disease. While the symptom must be treated, unless the underlying disease is resolved, the symptom will reoccur. In this instance, the root causes of violence are the unjust and inequitable conditions that plague communities across the

country, compromising health and the quality of life of their residents. If the goal is to reduce and ultimately eliminate violence, we must address the conditions that breed it.

Place and Race Matter

One number pre-determines a child's life chances. Just by knowing his or her zip code, a young person's health, life expectancy, success in school, adult income—all of these can be predicted. Place matters. A growing body of research has established that where you live affects your health. If you live in a community with parks, playgrounds, grocery stores selling nutritious foods, access to good jobs, quality schools, health care and social services, and with neighbors who look after one another you are likely to thrive. But if your neighborhood lacks these essential elements, you are more likely to suffer from obesity, asthma, diabetes, heart disease, or other chronic conditions. You are more likely to be injured in a car crash or to become the victim of a crime.

Place matters, but race matters too. The legacy of structural racism in public policy, legislation, and custom that dates back to the founding of the nation has shaped zoning, land use, and planning decisions in rural, suburban, and urban areas throughout the U.S., resulting in communities that remain highly segregated by race.

Race continues to carve up our landscape, affecting where and how we all live. It remains our deepest fissure, compounding disadvantage and perpetuating it across generations. Further, race-based policy decisions have resulted in communities that have been disadvantaged by design. The same neighborhoods marred by violence are simultaneously exposed to pollution, dilapidated housing, inferior schools, low-wage jobs, inadequate transportation; these are the same neighborhoods that lack parks, grocery stores, clean air, and safe water.

The cumulative impact of all of these factors creates neighborhoods that impede health rather than enhance it. For residents of these communities, the consequences are deadly—high rates of infant mortality and premature death, as well as other chronic diseases. And because people of color are more likely to live in disadvantaged areas, they are hardest hit...race matters.

While health care is a crucial aspect of addressing health disparities, medical care only contributes modestly to overall health status—an estimated 15 percent—primarily by reducing the severity of disease.¹ Prevention is necessary to stop disease from occurring in the first place. And effective prevention takes more than interventions to change the behavior of individuals, important as those can be. It requires action to improve the environmental conditions crucial for health and sustained advancement.

People cannot be healthy if their communities are ailing—if the air and water are fouled, if nutritious food is not available or affordable, if crime rates and fears of violence keep residents indoors, if sidewalks and parks do not exist or are too deteriorated for walking and playing. People cannot be healthy if the opportunities critical for their well-being—education, jobs, good schools, safe and well-maintained housing—remain elusive. These are the reasons why place and race matter. Only by addressing them can we eliminate the glaring health disparities and reverse the epidemic of preventable chronic illnesses that threaten the future well-being and prosperity of our nation.

Place and race also significantly impact the lives of children and youth. According to groundbreaking research by Dolores Acevedo-Garcia examining the relationship of geography to early childhood development, 76% of Black and 69% of Latino children lived in poorer neighborhoods than the neighborhoods of the 25% worst-off white children. The research found that 62% of all Black children (born 1955–1970), compared to 4% for white children, grew up in high poverty neighborhoods; while 49% of Black children (born 1955–1970) born into middle-class families compared to less than 1% of middle-class white children grew up in high poverty neighborhoods.² Finally, the data demonstrated that neighborhood environments suppress cognitive development in children and youth. For instance, according to the research, living in a neighborhood of concentrated disadvantage has the same effect on the development of a child's verbal cognitive ability as missing one or two entire years of school.³ Perhaps even more alarming is the conclusion that these impacts linger on even if a child moves out of a severely disadvantaged neighborhood.

Focus on Boys and Men of Color

While all children are vulnerable, the challenges boys and young men of color experience in their neighborhoods stem from broader inequities driven by race, class, and gender. PolicyLink and several leading advocacy organizations have therefore undertaken a series of initiatives designed to address these systemic problems and promote policies and system changes that demonstrate the greatest promise for improving the health and success of this vulnerable population.

The focus is on young men and boys of color for two fundamental reasons: first, health outcomes for boys and young men of all races and ethnicities are generally worse than for girls and young women. And second, the growing population of young men of color faces poor health and well-being outcomes at a disproportionately higher rate than their white counterparts.

Consider the health outcomes of boys and young men. According to the U.S. Department of Health and Human Services, from 1993 to 2003, boys, aged 12 to 17, were 50% more likely than girls to be victims of non-fatal violent crimes; in 2004, boys, aged 15 to 19, were five times more likely to die from homicide and seven times more likely to die from a firearm-related incident than girls. Further, death rates in 2006 were higher for adolescent boys than adolescent girls and increased as boys moved through adolescence.

Boys also face a differing set of development challenges as they grow which may lead them to encounter more problems as a result.⁴ For example, a recent Council of the Great City Schools report that compares Grade 4 reading scores between Black males/females and Latino males/females found that the females are performing at a significantly higher level than males in the year 2009. Looking at 8th-grade reading scores over a 6-year period (from 2003 to 2009), the disparity in school performance between males and females has grown even larger than 4 years prior.⁵

In many poor neighborhoods, public schools, health systems, and community institutions are working hard to build resilience and efficacy among boys and young of color. But their performance in turning around outcomes among young people is falling short. In education, the pattern of lower achievement starts early. Schools in disadvantaged neighborhoods put their focus on students who are deemed to have potential, while simultaneously trying to manage

those who are viewed as disruptive. As public schools increasingly adopt harsh and extreme disciplinary policies and practices, greater numbers of boys and young men of color fill the ranks of suspended and ultimately expelled students.

Once suspended and/or expelled, many boys seem to vanish into thin air and don't show up on anybody's radar screen again until they resurface, all too often, in the criminal justice system, branded as predators and sent to adult jails. Between 2002 and 2004, African Americans accounted for 16% of the U.S. youth population under the age of 18, yet represented 28% of all arrests for that age group, 37% of those detained in juvenile jails and 58% of all juveniles sent to adult prison.⁶

Despite these challenges and the resulting disparities, there are very few targeted interventions and even fewer institutional supports designed with the explicit goal of ensuring that boys and young men of color succeed. Lack of understanding of the systemic nature of the problem has prevented policymakers and other stakeholders from developing comprehensive solutions to the challenges impacting the health, economic, and educational outcomes of boys and young men of color. Singular, discrete innovations will not succeed, nor will systemic reforms that do not target the inequities that lead to disparities for boys and young men of color. If we truly want to improve the health of boys and young men of color, we must commit ourselves to changing the neighborhoods in which they grow up. Moreover, we must commit ourselves to changing the underlying system of inequities that shape these conditions. In short, we must abandon piecemeal approaches and trickle-down initiatives in favor of targeted initiatives and comprehensive systemic reforms.

Demographics have become destiny for young men of color. Currently, there is a failure to acknowledge that far too many young African American, Southeast Asian, Native American, and Latino males are cut off from civic, educational, and economic life. As this group grows in size and forms a larger part of our population, their continued marginalization will usher in a detrimental future for our nation.

California is a case in point. Young men of color are more likely to grow up in neighborhoods where they confront challenges to their safety and well-being. In their neighborhoods, they are five times more likely to be murdered than girls and young women and seven times more likely to die from gun violence. They are more likely to go to schools where they don't have the tools and help they need to learn, including experienced and qualified teachers. For instance, during the 2008–2009 school-year, the California middle schools that served more than 90% Latino, African American, and Native American students were almost 10 times more likely than majority white and Asian schools to experience severe shortages of qualified teachers.

The proliferation of severe school disciplinary measures disproportionately pushes boys and young men of color out of our public education system. For instance, even though African American students represented 8% of the state's public school enrollment, they represented 19% of out-of-school suspensions in the 2002–2003 school year.

As a result of these barriers, young men of color are more likely to start their adult lives without a high school diploma. African American Californians over age 25 are nearly twice as likely to

be without a high school diploma as whites, while Latinos in California are almost seven times as likely to be without a high school degree. And those young men of color who do graduate from high school are less likely to be prepared for college. Only 14% of Latino high school graduates and 15% of African American high school graduates have completed the courses that are required to seek admission to California's four-year colleges and universities.

Young men of color are a burgeoning part of the state's youth population, representing 46% of male children under 5 and 42% of children 6–17 years old. What's more, the 2010 Census reports that 72.2% of California's youth (under the age of 19) identify as people of color. This transformation is equally dramatic from a regional standpoint. For example, youth of color are 76.8% of all youth in Alameda County, 79.6% of youth in Fresno County, and 82.7% of youth in Los Angeles. Boys and young men of color now represent 39.2% of all youth in Alameda, 40.8% in Fresno, and 42.2% in Los Angeles. These numbers make it clear that for California or any other state, realizing our objectives in regard to the economy, health, education, and civic participation must include a targeted strategy to improve the health and well-being of boys and men of color.

Certainly girls and young women of color face their own set of barriers and are deserving of help. This focus is not in opposition to, or at the exclusion of, girls and women, as often the most significant barriers to young women's success are healthy and supportive boys and men.

Improving the health and well-being outcomes for boys and young men of color is part and parcel of the work to support girls and women. However, the numbers in California and the nation tell the story of an especially harsh reality for many boys and young men of color as they attempt to move from childhood to adulthood. In particular, America's growing preoccupation with crime means that actions that for other young men would be treated as youthful mistakes, are judged more severely and are more likely to result in lasting punishment for young men of color. We are at risk of losing an entire generation of productive men, which will cost all of us, especially children and youth of color.

Promising Strategies

Healthy people and healthy places go together, a simple fact that is supported by a deep and evolving body of research. Policy actions that consider both race and place are integral to the elimination of health disparities and the creation of robust, safe, and opportunity-rich communities. Widespread efforts to reduce health disparities and improve health by improving the conditions in the places people live, work, study, and play are beginning to yield results. The following list provides descriptions of a number of key strategies, highlighting communities where implementation efforts are underway:

Planning for Sustainable and Healthy Communities

Healthy communities—ones that provide their residents with access to jobs and services, quality schools, clean air and water, safe streets, and other ingredients needed for economic and social success—form the backbone of strong regional economies. Too many of the nation's neighborhoods fail to provide these supports, especially for low-income communities and communities of color. Unhealthy communities not only burden their residents—those costs come back to the state and employers in the form of health-care expenses and work absences. Each

state's transportation and land use planning investments and policies need to promote equitable development patterns: reviving distressed communities, increasing mobility and access to jobs within regions, and ensuring that low-income residents can live in the region's job centers and high-opportunity communities.

Example: In California, as implementation of the state's groundbreaking climate change legislation (AB 32 and SB 375) proceeds, every California region will be developing its own plan for sustainable, equitable regional development. The state should continue to provide guidance and direction to ensure equity and sustainability goals are met.

Rebuilding Our Public Infrastructure

High-quality public infrastructure—roads, transit lines, schools, bridges, sidewalks, etc.—is an essential ingredient for fostering competitive regions, and public investment in infrastructure projects is one of the best strategies available to create jobs and get dollars flowing in the economy after a downturn.

By choosing infrastructure projects that maximize job opportunities, targeting infrastructure jobs and projects to the people and communities most in need of jobs, and creating opportunities for local and minority-owned businesses, communities can achieve equity and growth at the same time.

Example: In St. Louis, Metropolitan Congregations United and the Transportation Equity Network got the Missouri Department of Transportation to agree to devote 30% of the workforce hours on a \$500 million highway project to low-income apprentices, and 1/2 of 1% of the project budget to job training. Other cities and states have adopted similar workforce provisions, and advocacy groups are now working to incorporate a similar construction careers policy in the next multibillion-dollar federal transportation bill.

Growing New Businesses and New Jobs

Small businesses create two out of every three jobs in this country and are critical for providing economic opportunities for low-income communities and communities of color. Providing training support and linking entrepreneurs to larger-scale opportunities—larger markets, larger sources of capital, and larger economic development and growth strategies—can create more start-ups and help existing small businesses grow so that they generate more jobs for the people who need them most.

Example: Since 1993, the Neighborhood Development Center in St. Paul has collaborated with community-based organizations to help diverse residents start their own businesses. The center provides a 16-week entrepreneurship course and follows up with business start-up and expansion loans, ongoing business support and technical assistance, and low-cost commercial space through its seven business incubators. Five hundred graduates are currently operating businesses, sustaining 2,200 jobs in the community.

Preparing Workers for the Jobs of Tomorrow

The nation's public and private sector leaders need to create an education and workforce training system that equips current and future workers with the skills they need to thrive in the world of work. Ensuring that all workers—including those who face high barriers to employment—can get the advanced training or education needed to access “middle-skill” jobs that pay family-supporting wages and offer career growth is essential. For the low-income children who face the

greatest risk of not succeeding in school or work, this preparation must begin before they enter kindergarten and last throughout their careers.

Example: The Chambers of Commerce in Santa Ana and Los Angeles launched partnerships with their local school districts to bridge the growing gap between the education levels of their diverse youth populations and the needs of their employers. The Santa Ana Chamber created a jointly administered high school that trains students for careers in six growth industries (automotive and transportation, engineering and construction, global business, health care, manufacturing, and new media), while the Los Angeles Chamber has arranged summer jobs and internships for the students with thousands of employer partners.

Policy Recommendations

PolicyLink, along with our colleagues at USC’s Program for Environmental and Regional Equity (PERE), will work in collaboration with partners and advocates to continue to develop new, transformative ideas and policy proposals—from neighborhood job creation strategies to national economic policy—to create healthy communities and implement an equity-driven growth model. We highly recommend the policies highlighted here as an initial approach.

1. **REVITALIZE COMMUNITIES.** Racial disparities can be reduced or eliminated by utilizing place-based strategies that transform distressed neighborhoods into opportunity-rich areas that are characterized by high-quality housing and school, public transportation, thriving businesses and retail stores, walkable and safe streets, and essential services. Federal place-based initiatives such as the Neighborhood Revitalization Initiative, the Sustainable Communities Initiative, and Choice Neighborhoods are helping dozens of communities across the country implement place-based strategies to connect people to opportunity and merit continued support.
2. **INVEST IN INFRASTRUCTURE.** As noted, public infrastructure investments have the ability to connect workers to jobs and educational opportunities, increases business productivity, and foster growth and competitiveness. In addition to supporting the transportation projects cited above, infrastructure renewal is another promising strategy, one that creates an opportunity to transition to the clean energy economy of the future—starting first by increasing energy efficiency and improving environments in low-income communities of color. We urge support of policies that will target areas where the need is greatest and which will employ local residents, particularly those from historically underrepresented groups. Examples of such programs include Portland’s Clean Energy Works project; the national Emerald Cities Collaborative, working in 10 cities across the country; Hire Houston First; and community workforce agreements being utilized by the Los Angeles Department of Public Works, Los Angeles Unified School District, and Los Angeles Community College District.
3. **CREATE CRADLE-TO-CAREER PIPELINES FOR VULNERABLE YOUTH.** Early childhood education is one of the most cost-effective investments in existence, particularly for low-income children of color. Inspired by the Harlem Children’s Zone, the federal Promise Neighborhoods program is a bold initiative designed to break the cycle of generational poverty by wrapping children in a pipeline of health, social, and educational supports from birth through college. Initially, 21 Promise Neighborhood

communities received planning grants from the U.S. Department of Education, and additional planning grants and implementation grants are in process. This program should be sustained and expanded.

4. **PROMOTE INNOVATIVE FINANCING MECHANISMS TO ATTRACT AND SUSTAIN SMALL BUSINESS DEVELOPMENT IN UNDERSERVED COMMUNITIES.** Public/private initiatives that assist entrepreneurs develop grocery stores, farmers' markets, and other food retail options in low-income neighborhoods that lack grocery stores are prime examples of the effectiveness of this strategy. The pioneering Pennsylvania Fresh Food Financing Initiative, launched in 2004, was the model for programs that have now been launched in California, Illinois, New Jersey, and New York State, as well as New Orleans. And in 2010, the federal government launched the Healthy Food Financing Initiative, taking the program to a national scale. As a result, dozens of new and upgraded stores have opened (88 in Pennsylvania alone) and thousands of jobs have been created. This approach could be adapted to any number of business genres, and efforts to do so should be encouraged.

Finally, the experiences and the needs of local communities must be integrated into a policy agenda. And in every state in America, residents and local leaders must be fully involved in the process. By doing so we will move closer to creating a nation that honors and supports the extraordinary diversity and energy of its residents by making sure that every community is a healthy, opportunity-rich place to work, study, and play. In short, the kind of place where we all want to live.

Notes

¹ A.H. Mokdad, J.S. Marks, D.F. Stroup et al., "Actual Causes of Death in the United States, 2000", *JAMA* 291 (2004): 1238-45.

² Acevedo-Garcia, Dolores, et. al., "The Geography of Opportunity: A Framework of Child Development." *Changing Places*. 2010

³ Ibid.

⁴ J.L. Cook and G. Cook, "Similarities and Differences Between Boys and Girls," Excerpt from *Child Development Principles and Perspectives*, by J.L. Cook, G. Cook, 2009 edition.

⁵ Lewis, Sharon, et. al., "A Call for Change: The Social and Educational Factors Contributing to the Outcomes of Black Males in Urban Schools," The Council of the Great City Schools. October 2010.

⁶ National Council on Crime and Delinquency (NCCD). 2007. *And Justice for Some: Differential Treatment of Youth of Color in the Justice System*. Oakland, Calif.: NCCD.

“Youth Pushing Youth”: Reaching for a Better Future

“Youth Pushing Youth”: Reaching for a Better Future

Introduction

Youth involvement is critical to bringing change to the lives of children and to our communities. Panelists will highlight examples of their experiences with the Chicago Area Project and their work combating violence.

Aisha Stubbs, Struggling Youth Into Successful Adults

Ms. Stubbs, 21, grew up on the southeast side of Chicago. She is a former member of Chicago’s Youth Advisory Board and an employee of Career Development Training Education Services, an affiliate of the Chicago Area Project. She hopes to pursue a career as a defense attorney.

Rodney Nelson, Team Captain and Assistant Instructor, South Shore Drill Team

Mr. Nelson, 19, joined the South Shore Drill Team in 2006. He plays with the group’s most elite performing unit. Mr. Nelson was featured in a *New York Times* article about the challenges his unit overcame on their journey to winning the Winter Guard International World Championship in 2011. He is a freshman at Chicago State University, and plans to become an airline pilot.

Joron Burnett, Founder and CEO, Green Light Movement

Mr. Burnett founded the Green Light Movement (GML), a nonprofit organization, to use hip hop–based initiatives and community service to attract youth and plant a positive seed of empowerment. The basis of GML is “Youth Pushing Youth.” Mr. Burnett, known professionally as JNAN (pronounced Jay-Non), has recently completed projects with Kanye West, Bobby V, Do or Die, Rhymefest, Shawwna, and others.

CHICAGO AREA PROJECT

Strengthening
neighborhoods
Helping
young people

The Chicago Area Project (CAP) is a private, secular 501 (c) 3 organization with a history of providing delinquency prevention services in communities of limited opportunity. CAP's mission is

“to work toward the prevention and eradication of juvenile delinquency through the development and support of affiliated local community self-help efforts, in communities where the need is greatest.”

Chicago Area Project is a strong network of over 40 grassroots organizations and special projects in Chicago and a statewide association throughout Illinois (ICAP) aimed at promoting positive youth development and preventing juvenile delinquency through community-building. The concept that every neighborhood has the leaders it needs to solve its own problems has been demonstrated repeatedly and continues to serve as a model for improving community life for young people and their families.

CAP's replicable model for strengthening neighborhoods and helping young people embraces three comprehensive strategies:

- *community organizing*
- *direct service*
- *advocacy*

CAP mobilizes a broad base of community stakeholders in the creation and support of self-sustaining grassroots, youth-serving organizations – Affiliates/Alliance Partners, dedicated to working within targeted neighborhoods to address local issues through action by indigenous residents. In service to the community, affiliated organizations and youth, CAP plays multiple roles: facilitator, intermediary, broker, consultant, coach, mentor, technical assistant, trainer, and resource allocator.

More than seventy years after its founding, CAP has become a prototype for delinquency prevention programs. Its principles of community organization are used by thousands of groups today to successfully solve local problems.

ALFREDO BARRAZA
Youth Advocate, Latino Organization of the Southwest

My name is Alfredo Barraza and I am currently 20 years of age. When I was born my family resided on the southwest side of Chicago. We lived in one of the most violent neighborhoods in Chicago, which fell under the Eighth District. The Eighth District Police Department has been known for the highest amount of arrests of youth. I grew up around violence, so it was just a matter of time before I learned that behavior. Later I turned to gangs and drugs and followed that crowd for several years. As I grew into my teen years, I came across a great organization known as (LOS) Latino Organization of the Southwest, an affiliate of Chicago Area Project. This community-based organization, with its support and programs, saved my life. It has been tough to change my behaviors but I know that I can do all things with their support. Today I am a full-time student at Daley College and I look forward to becoming a police officer and helping our communities.

Written Testimony of Alfredo Barraza

When I was born my family resided on the southwest side of Chicago. We lived in one of the most violent neighborhoods in Chicago, which fell under the Eighth District. The Eighth District Police Department has been known for the highest amount of arrests of youth. They arrest more youth than any other police department in the nation. They were also known to be members of the KKK at one time and they continue to target young Hispanics. The officers in the area target young Latinos for the fact that they could very well be immigrants.

As a little boy I recall living with my grandparents, mother, and father. We lived in a home together because it was cost-effective and wages were tough. At the time I also recall my father not being around much because he would much rather hang out with friends and drink up! Many times my father would come home and take out his anger on my mom. He would beat her up and beat my younger brother and I. As years passed by, the violent beatings and the behaviors escalated. It was known that my father was an alcoholic and used cocaine on a daily basis. When I was about 5 or 6 of age my dad left home, but he returned, when I was 15 years old.

As a teenager I joined one of the most organized and dangerous street gangs in Chicago because I wanted to be a part of something. I also wanted to be recognized by the community and my siblings. The idea behind it all was to make money and take over the drug business on 63rd Street. Within a short time I got recognized by my gang for my violent behaviors and I got more rank. Later it gave access to drugs and guns. I went on like this for a few years until I realized that I had a drug addiction problem and anger management issues as well. I also remember the pain of having to cope with the deaths of my closest friends and wanting to take revenge. I also recall the cold sweats at night and being unable to sleep, and having to get high in order to better cope with the inner pain. Now that I reflect on those moments of my life, I was just full of hate and could never debrief. Members of the gang viewed me as quiet but very dangerous and I was always known to take action alone.

As I reflected on my life and the life of other gang members, I realized that I wanted a better future. That's when I turned to (LOS) Latino Organization of the Southwest. At that time I had already dropped out of high school and I was heading in the direction of destruction and self-inflicted pain. I was out of school for 3 years.

After joining the organization it became know that resources were tight, with little to no funding for programs. As time went by I realized that there were many youth like myself in my community with similar backgrounds and issues. I came to the conclusion that I was part of the problem. Later on I started getting mentored by Ex. Director Hector Rico and Luis Mendoza (youth advocate). After a few months they helped enroll me into Lincoln's Challenge (a military school) where I obtained my GED. After graduation I was enrolled into Daley College, which I currently attend. Because of the hard work and efforts that LOS did for me , I choose to advocate for youth advocacy. We need to bring more resources to our community and further enhance youth advocacy development.

AISHA STUBBS
Struggling Youth Into Successful Adults

My name is Aisha Stubbs and I am 21 years old. I grew up on the southeast side of Chicago. I recently moved to Waukegan, Illinois, to live in my own apartment. I am currently an employee at CDTES, a job-training organization, and will also start working at Great America this summer. My main interest is spending time with my family, especially my two nephews. After college, I want to pursue a career as a defense attorney.

Written Testimony of Aisha Stubbs

Over the years, I saw and witnessed a lot of violence with close friends and family. Although hearing those stories affected me, the event that affected me the most was on March 24, 2007, when my sister was shot and killed by her son's father while her three children (ages 9 months, 2, and 5) and other nieces and nephews watched. She was in a relationship where she thought she was in love. They would always fight and argue and he would tell her it wouldn't happen again, but it would. They were arguing. He accused her of cheating and told her she couldn't go out when he pulled out the gun and put it to her head. My sister's friend snuck out the back door and called the police. There was a knock at the front door; he looked out the peephole and saw that it was the police. He ran to the back door to open it, but when he saw they were there too, he shot her in the head. On March 24, 2007, I lost my sister to domestic violence.

I was inspired to work with the Youth Advisory Board because my sister didn't have anybody that she could talk to or tell what was going on in regard to what happened. I now work with the Struggling Youth Into Successful Adults program and talk to other youth about what's going on in their personal lives and the different homes that they're in. The program then refers them to someone who can help them. I enjoy working with the programs because I have people to rely on.

RODNEY NELSON
Team Captain and Assistant Instructor, South Shore Drill Team

Since joining South Shore Drill Team in 2006, Rodney Nelson, 19, has worked diligently to become a member of the group's most elite performing unit, and he is currently team captain and an assistant instructor. In April 2011, his group competed with units from across the country and overseas to win the Winter Guard International World Championship. Rodney was featured in an April 23, 2011, *New York Times* article about the challenges the drill team overcame on their journey to becoming gold medalists. In October 2011, Rodney was a panelist on a session at the U.S. Department of Justice Office of Juvenile Justice & Delinquency Prevention. At the OJJDP conference, he also participated in a listening session with high-level federal policy makers on issues urban youth encounter. Rodney is a freshman at Chicago State University, and his career goal is to become an airline pilot.

Written Testimony of Rodney Nelson

The South Shore Drill Team is a positive organization and helps keep youth off the streets. The team has served youth for more than 30 years. The drill team save lives every rehearsal and provide a safe haven for members. The drill team, no doubt, has been a success with helping youth. The team is a place where lifelong bonds are built. It's the beginning of future lawyers, doctors, maybe even athletes. Instructors push the members to do well in school, and also show us how to be positive role models for others. The team shows how to develop leadership and surround members with positive people. The drill team makes members feel a family type of environment.

As a member of the drill team, I've developed to the person that I am today. I've been with the drill team for 10 years. The drill team has kept me safe and comfortable enough to call it my second home. They have pushed me for several years. The team encouraged me to succeed in school. They are the reason that I'm in college today.

Performing is a thrill. I love to travel and perform with my teammates. The rush I get from performing is amazing. I always finish with satisfaction. It's an awesome feeling to hear hundreds or thousands of people cheering for me. It lets me know that I am doing something right.

I've established a brotherhood among my instructor, Michael Borum, and my teammates whom he also teaches. There is a lifelong connection between us. One of my hugest accomplishments with my team is that we won the WGI A Class World Championship. The chemistry we had and the will to win is what led our mission to be accomplished.

Although the drill team brings good times, there are obstacles that members encounter outside the drill team. Every member comes from different neighborhoods. We all have to meet up in one spot. My neighborhood is full of crime and people who think money is their salvation. I see people who got caught in the wrath of the streets. I can have a hard time walking to the corner

store. To escape trouble I go to drill team. To get away from my violent neighborhood, I go to drill team. They make sure each and every member gets home safely.

Violence is the root of all evil. On April 8, 2011, I lost a very close friend to gun violence. He was brutally murdered as he was shot in the face. I know that if I hadn't been out of town with my team that day, I would have been with him. Who knows what would have happened then? As he was fighting for his life, I was being crowned World Champion. It's a time I will never forget. But I am blessed and happy to tell my story.

The drill team is a place where you can express feelings. You can open up and have fun. You make connections and meet people all over the country. During good times and bad, the drill team is behind you one hundred percent. For that, I am eternally grateful. My name is Rodney Nelson and I am a member of the South Shore Drill Team.

JORON BURNETT
Founder and CEO, Green Light Movement

Joron Burnett is the Founder and CEO of Green Light Movement, a non-for-profit organization, which promotes non-violence through community service. Green Light Movement uses hip hop-based initiatives in order to attract the youth and plant a positive seed of empowerment that they can spread amongst their peers. The basis of Green Light Movement is “Youth Pushing Youth.” Joron is professionally known as JNAN (pronounced Jay–Non). His music reflects diversity, which appeals to all people and tastes. Although Joron is a devoted philanthropist, he is known for his emerging career in the music industry as an artist and songwriter. Joron was given his start by Clear Channel radio station WGCI, when he became their 2004–2005 Chicago Idol winner. Since then his voice has been heard in commercials for regional businesses and national corporations. He has been featured in national and regional paper and online publications and websites such as Life.com (Life Magazine). JNAN has received support from known artists such as Common and Kanye West, and has recently completed projects with Kanye West, Bobby V, and others. Since its inception, Green Light Movement has involved youth and other community organizations in several community service events including the Annual Gift of Warmth, Shoveling for the Elderly, Adopt a Senior Bingo Brunch, “See The Light” Nonviolence Rally, and “Hip Hop Blocks” nonviolence tour.

Written Testimony of Joron Burnett

Throughout my life I have witnessed many victories as well as tragedies. None affected me more than the loss of my cousin and friends because of violence. My cousin attended college on a football scholarship and was near graduation. He moved from one area because some of the new residents were troublemakers. After moving, he and his roommates decided to throw a “rent party. Due to the fame I was receiving, they knew it would attract a large crowd. Unfortunately, unbeknownst to them, it also attracted the same element that my cousin had just moved away from. Due to the events of that evening, my cousin, who dreamed of going into law enforcement and who had never had more than a traffic ticket, is now serving time for what should have been a case of self-defense.

I have been into music my entire life and throughout that time my cousin has been there to back me, up until 2005. While trying to find a way to deal with such profound loss, Green Light Movement was birthed from a conversation with my barber. It has since turned into a Chicago citywide mission of change aimed to stem the violence in the inner city through community service. I simply want to give youth the green light to GO, to speak up for their communities, to act on behalf of themselves, and to establish real change for the present and the future.

My hope for Green Light Movement is to give youth an alternative that will spare them and their loved ones from the trials and tribulations that my family endures daily due to senseless violence.