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

Hearing 1: Understanding the Scope of Children's Exposure to Violence

University of Maryland Francis King Carey School of Law
Baltimore, Maryland

November 28–30, 2011

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Task Force Public Meeting Agenda
Tuesday, November 29, 2011
University of Maryland Francis King Carey School of Law
Ceremonial Moot Court Room (Room 160E)
8:45 a.m. – 6:00 p.m.

8:45 a.m. Welcome by Phoebe A. Haddon, Dean and Professor of Law, University of Maryland Francis King Carey School of Law

8:50 a.m. Opening remarks by the Honorable Eric H. Holder, United States Attorney General

9:30 a.m. Statement by Task Force Co-Chairs Joe Torre, Chair of the Board of the Joe Torre Safe at Home® Foundation, and Robert Listenbee, Jr., Chief of the Juvenile Unit, Defender Association of Philadelphia

9:45 a.m. **Voices: Experiencing Childhood Exposure to Violence**
Young people who experience and witness violence are at particular risk for lasting physical, mental, and emotional harm, but also have the capacity for healing and transformation. In this panel we will hear from members of the greater Baltimore community who have endured and survived various forms of childhood exposure to violence (CEV): sexual abuse, domestic violence, and community violence. Their personal stories will illuminate the cost of CEV for children and communities as well as the signposts for resiliency.

Earl El-Amin
Earl El-Amin is the Resident Imam of the Muslim Community Cultural Center of Baltimore. As a community elder, El-Amin will speak about the rise in community violence in Baltimore over the course of his lifetime, with a special emphasis on the change in the economic landscape that gave rise to high rates of male unemployment and the related rise of intra-community violence. He will describe coming-of-age rituals his organization offers young people who are exposed to violence in his community.

Rosa Almond
Ms. Almond is a survivor of domestic violence. She will speak about the recent prosecution of her husband for domestic violence against both her and her children when her children sought to protect her.

Jacquelynn Kuhn
Ms. Kuhn was sexually abused as child and as an adult found herself in an abusive intimate relationship. She will speak about how she is healing from these patterns in her own life through educating others about detecting and preventing child sexual abuse.

10:45 a.m. **Break**

11:00 a.m. **Consequences for Youth and Society**

Most of our society's children are exposed to violence in their daily lives. The problems are familiar, as stories of bullying, child abuse and neglect, community violence, and sexual abuse often headline the nightly news. An even larger number of children's experiences of violence remain in the shadows. In this panel, leaders in the field will describe the pervasive consequences of many forms of CEV in American society and the role individuals, foundations, and government must play in addressing the problem.

Nigel Cox, Chair, Students Against Violence Everywhere (SAVE) National Youth Advisory Board
Nigel Cox is a senior at Farmville Central High School in Farmville, North Carolina. He has been a member of SAVE for six years.

Patrick McCarthy, Ph.D.
Dr. McCarthy is President and Chief Executive Officer of the Annie E. Casey Foundation. Prior to his becoming President and CEO, McCarthy was the Foundation's senior vice president. He oversaw the Foundation's work in the areas of health, reproductive health, mental health, substance abuse, juvenile justice, education, early childhood, youth development, child welfare, and income security.

Sonja Sohn
An actor and community activist, Ms. Sohn is best known for her role as Detective Kima Greggs on the hit HBO drama "The Wire." She is the founder and CEO of the Baltimore-based ReWired for Change, an outreach program intended to communicate with (and ultimately rehabilitate) at-risk youth involved in criminal activity.

12:15 p.m. **Lunch**

1:00 p.m. **A National Epidemic: The Scope of Children's Exposure to Violence**

This panel will introduce a broad framework for understanding the complex and pervasive nature of CEV. CEV crosses all races and socioeconomic situations, and affects children of all ages. This panel will explore types of exposure to violence from the perspective of the law, medicine, law enforcement, and research. Panelists will discuss the particular impact of exposure to violence on LGBT and disabled youth, and on youth who experience multiple types and instances of exposure to violence.

Howard Dubowitz, M.B., Ch.B.
Dr. Dubowitz is the Head of the Division of Child Protection and Director of the Center for Families at the University of Maryland Medical Center. He is well known for his conceptual and empirical work on the problem of childhood sexual abuse, reflected in publications such as *Sourcebook on Child Sexual Abuse* (Sage, 1986) and *Nursery Crimes* (Sage, 1988).

Jeffrey Edleson, Ph.D.
Dr. Edleson is a professor and Director of Research at the University of Minnesota School of Social Work and is Director of the Minnesota Center Against Violence and Abuse. Dr. Edleson is the co-author of *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice* (1999), better known as the "Greenbook," a best-practices guide for addressing domestic violence.

Chief Marshall T. Goodwin
Chief Goodwin has been Chief of Police for Baltimore City Schools since 2007. Prior to joining Baltimore City School Police, Chief Goodwin retired from the Baltimore City Sheriff's Office at the rank of Major.

Sheila Bedi, Esq.
Ms. Bedi leads the Southern Poverty Law Center's efforts on behalf of children in Mississippi and Louisiana, and provides strategic guidance on select campaigns in other states. Under Ms. Bedi's direction, the SPLC's Mississippi Youth Justice Project played a key role in closing a notoriously abusive girls' prison and helped bring reforms to significantly reduce the number of children imprisoned in Mississippi's training schools.

2:15 p.m. **The Need for Knowledge: Measuring Children's Exposure to Violence**
The field of CEV has faced a longstanding struggle to ensure accurate and adequate measurements of the many forms of violence that children experience. This panel will explore the availability of national statistics, the burden on care providers to recognize and record a child's experience with violence, and the challenge of tracking the intergenerational impact of different forms of violence within communities. Panelists will introduce various metrics and methodological challenges, presenting both successes and deficits of current knowledge and how these impact policymaking.

David Finkelhor, Ph.D.
Dr. Finkelhor is Professor of Sociology, Director of the Crimes Against Children Research Center, and Co-Director of the Family Research Laboratory at the University of New Hampshire. He is a foremost researcher in the area of CEV and national data analysis.

Phil Leaf, Ph.D.
Dr. Leaf is Professor and Director of the Johns Hopkins Center for the Prevention of Youth Violence. The Center's research is guided by its vision of working to reduce youth violence by creating and supporting positive environments for youth and families.

Elizabeth Thompson, Ph.D.
Dr. Thompson is the Director of Kennedy Krieger Institute Family Center and Project Director for the Family Center's Integrated Trauma Approaches Program. She co-developed the KKFC Domain Evaluation Scale, an assessment tool designed to assess the capacity of children that have experienced complex trauma across seven domains of functioning.

Theodore Corbin, M.D., MPP
Dr. Corbin is the Medical Director of the Healing Hurt People violence intervention program and Co-Director of the Center for Nonviolence and Social Justice. Dr. Corbin's work is concerned with the disproportionate violence and trauma experienced by urban youth, young males of color in particular, and the need to intervene in the lives of these young people to interrupt the cycle of violence and prevent re-injury through trauma-informed care.

3:30 p.m. **The Impact on People and Communities of Children's Exposure to Violence**
This panel will explore the effects of CEV on the bodies and minds of young people, and on the social fabric they live within. Panelists will discuss a wide range of questions about the impact of CEV: How does CEV impact brain development? What interventions are emerging as our understanding of neuroplasticity continues to expand? What is the correlation between CEV and juvenile justice system contact, and how can alternatives to detention help heal the impact of CEV on children who offend? How are local treatment providers meeting the needs of the hundreds of Baltimore children and families who are impacted by CEV? What innovative collaborations help protect and heal young people exposed to violence?

The Honorable Patricia M. Martin
Judge Martin is President of the National Council of Juvenile and Family Court Judges. She is a former Lead Judge in NCJFCJ's Child Victims Act Model Courts Project and promotes alternative court processes for children, such as the Court Appointed Special Advocates.

Steven Berkowitz, M.D.
Dr. Steven Berkowitz is a child and adolescent psychiatrist and an Associate Professor of Clinical Psychiatry at the University of Pennsylvania, Department of Psychiatry. Dr. Berkowitz also serves as the Director of the Penn Center for Youth and Family Trauma Response and Recovery.

Lauren Abramson, Ph.D.
Dr. Abramson is the Founder and Executive Director of the Community Conferencing Center in Baltimore. Dr. Abramson has examined how CEV correlates to juvenile offending, and how alternatives to detention that incorporate trauma healing for youthful wrongdoers reduce recidivism.

Adam Rosenberg, Esq.
Mr. Rosenberg is Executive Director of the Baltimore Child Abuse Center. He has served as a prosecutor in the Domestic Violence Unit and the Sex Offense Unit of the Baltimore City State's Attorney's Office.

4:45 p.m. Testimony from members of the public

5:45 p.m. Closing remarks from Task Force co-chairs

Task Force Public Meeting Agenda
University of Maryland Francis King Carey School of Law
Ceremonial Moot Court Room (Room 160E)
Wednesday, November 30, 2011
8:30 a.m. – 2:00 p.m.

(Working session—no testimony)

8:30 a.m. Debriefing of the testimony provided on November 29

Confirm dates and locations for hearings 2, 3, and 4. Discuss agendas.

Discuss additional opportunities for public input

Preliminary discussion of characteristics and process for the Task Force report

12:15 p.m. Lunch

1:00 p.m. Closing discussion

The Panels:
Witness Biographies, Written Testimony, and Annotated Bibliographies

Voices: Experiencing Children's Exposure to Violence

Voices: Experiencing Children's Exposure to Violence

Introduction
Young people who experience and witness violence are at particular risk for lasting physical, mental, and emotional harm, but also have the capacity for healing and transformation. In this panel we will hear from members of the greater Baltimore community who have endured and survived various forms of childhood exposure to violence (CEV): sexual abuse, domestic violence, and community violence. We are honored that they have chosen to share their personal stories with us to illuminate the cost of CEV for children and communities as well as the signposts for resiliency.

Earl El-Amin is the resident imam of the Muslim Community Cultural Center of Baltimore. As a community elder, El-Amin will speak about the rise in community violence in Baltimore over the course of his lifetime, with a special emphasis on the change in the economic landscape that gave rise to high rates of male unemployment and the related rise of intra-community violence. He will describe coming-of-age rituals his organization offers young people who are exposed to violence in his community.

Ms. Rosa Almond is a survivor of domestic violence. She will speak about recently prosecuting her husband for domestic violence against both her and her children when her children sought to protect her.

Ms. Jacquelynn Kuhn was sexually abused as child and as an adult found herself in an abusive intimate relationship. She will speak about how she is healing from these patterns in her own life through educating others about detecting and preventing child sexual abuse.

IMAM EARL S. EL-AMIN
Resident Imam, Muslim Community Cultural Center of Baltimore

Imam Earl S. El-Amin was raised and educated in the Baltimore area and is a graduate of Morgan State University and Sojourner Douglass College.

For well over 25 years he has served in various capacities of leadership in the Muslim community as well as the community at large. He has conducted numerous workshops, forums, and trainings throughout the United States and abroad to educators, theologians, social workers, and human service practitioners.

Imam El-Amin was a member of several distinguished delegations accompanying Imam Wallace D. Mohamed and representing Muslim-American interests abroad; was instrumental in the planning and participation of the historic meeting between Imam Wallace D. Mohammed and Pope John Paul II at the Vatican; and participated in the first historic dialogue between imams and rabbis in North America. His objectives for the Baltimore Muslim community include the establishment of model neighborhoods; improving the overall image of Islam; interfaith initiatives; and the development of Muslims in business, education, politics, and culture.

Imam El-Amin has made numerous guest television and radio appearances, and served as a panelist with Dr. William "Bill" Cosby throughout the United States. He is the recipient of many awards, including most recently the Delta Sigma Theta Community Service Award, the NAACP Thurgood Marshall Award, and the Central Maryland Ecumenical Interfaith Leadership Award. He serves on several boards, councils, and task forces, and was recently appointed to the Johns Hopkins Hospital Ethics Committee. Imam Earl El-Amin is a husband and proud father of three children.

Written Testimony of Imam Earl S. El-Amin

I am Imam Earl El-Amin, a lifetime resident of Baltimore City and a noted leader in the Muslim community. For the last 25 years, I have served in various capacities of leadership in the Muslim community and the community at large. I am noted for my participation in the historic meeting between Imam Wallace D. Mohammed and Pope John Paul II at the Vatican and for helping to facilitate a historic dialogue between Imams and Rabbis in North America. I conduct workshops, forums, and trainings for educators, theologians, social workers, and human service practitioners throughout the United States and abroad. Currently, I serve as Vice President for the National Center for Institutions and Alternatives.

I will begin my testimony with a simple statement: *What you see is not what you get—what you see is what gets you*. Youths' inability to fight off the persistent images and acts of violence—physical, sexual, gang-related, school-based, and/or community-centered—is paramount to many of the problems we see in society. Even those who are not perpetrators or direct victims of violence still experience it daily. It is ubiquitous, reaching every facet of society, permeating our communities and schools, persistently displayed through media and television, and overtly esteemed in sports. For example, in both football and basketball, greater aggression and violence leads to more applause. The harder you hit a person in football the better

the play. Similarly, the most revered play in basketball is the slam dunk, and of course the harder the dunk the better. It is a conflicting message and our young people can't make sense of it.

The loss of jobs, breakdown of community, influx of drugs, and lack of fathers in the home also drive many of the issues related to community violence in Baltimore. Even though we produced some great minds, from James Hubert (Eubie) Blake, Thurgood Marshall, Cab Calloway, and Dr. Benjamin Carson, Baltimore is very much a blue-collar city and historically education has not been premium for a large portion of the African American community.

There was a time when you simply did not need a high school diploma to get a job or to earn good money. Those migrating to Baltimore from southern states like Virginia and North and South Carolina looking for a better life could find work as general laborers at one of the steel mills or shipyards. There was Westinghouse, Bethlehem Steel, General Electrics, and Koppers, so employment for men of color—African American men—was plentiful. This fact allowed men to be present, positive fixtures within the homes and community. The ensuing decline in the defense industry and the relocation of steel production to Japan dismantled communities and changed the trajectory of many men who once were readily employable. Now, Johns Hopkins, the largest employer in the city, employs more women than men.

Although life was neither perfect nor were neighborhoods totally free of violence during the era described above, most of Baltimore City's communities were functional. Migrants from similar regions of the South worked, married, formed families, and forged tightly knit communities. There was interconnectedness among people and neighborhoods thrived.

The system of community has changed drastically in Baltimore City. There were the riots in the late 1960s; followed by urban flight to the suburbs by many East and West Baltimore families, and the closure of steel mills and other blue-collar industries in the 1980s, supplanted by the drug trade. Juxtaposed to the influx of drugs were inordinate amounts of neighborhood violence and the engulfing of young boys in the narcotics trade. Undoubtedly, most of these boys lack proper male role models. They dream of making quick money, but routinely end up incarcerated or dead. Unfortunately, Baltimore City is now a town besieged by drugs, a city plagued by the dismantling effects of narcotics and heroin. The drug trade continues to contribute to the waves of violence within predominantly African American communities and the surge of Black-on-Black crime.

There has also been an increase in gang activity during the last five years. Gangs condone and promote violence as a normal way of life. They also attract young boys, again many of whom lack appropriate male role models. It is important to note that there are inordinate numbers of fatherless boys in this country, more than 67% in Baltimore alone. The picture of a boy who doesn't have a father is a devastating thing. You can't be a man if you don't see a man. A recent report attributes fatherlessness to increased suicide rates and homelessness among boys. I personally believe that males in particular will either be productive or adversarial. To cripple a society, one simply needs to take the male out of the equation; to destroy his ability to be a producer, provider, and maintainer, and stand vanguard in his own community. That is what I see in Baltimore. Individuals who are unable to make sense of their own existence—this in and of itself causes many to become adversarial.

So what we are seeing in Baltimore City, what is actually playing out in our country as a whole, are young people who have bought into the notion that violence is and should be an integral component of their life. They witness these things during their formative years; it is in their homes, schools, and neighborhoods. We know that young people have a tendency to act on or play out the things that they see. Most do so without understanding the real consequences. I believe to combat this negative construct, we must all help young people gain understanding of what it means to be human and how we all as human beings should function. We must pattern and expose our young people to normal human behavior! Once young people get in touch with their own humanity and what the role of a human being should be, you will see a natural decline in community violence. When people get in touch with their humanity, they tend to strive for excellence.

To help young men and women develop this humanity, I, with the help of a group of men representing the African American Men Leadership Institute, developed a Rites of Passage program for boys. Our Rites of Passage program continues to have a profound effect on young men in the community. It not only helps guide boys in the evolution from boyhood to manhood, but exposes them to a range of positive activities, environments, and professionals. They visit museums, banks, professional workplaces, and college campuses, including a number of historically Black colleges and universities. They meet leaders, business executives, and entrepreneurs. There is special emphasis placed on exposing youth to leaders with Baltimore City origins who have successfully transcended into the professional world.

ROSA ALMOND
Survivor of Domestic Violence

For a copy of written testimony, contact the DFO, Will Bronson, at willie.bronson@usdoj.gov or 202-305-2427.

JACQUELYNN RENAE KUHN
Child Sexual Abuse Survivor

Ms. Jacquelynn Kuhn is deeply dedicated to improving the lives of children, volunteering with both the Baltimore Child Abuse Center and with Art with a Heart (AWAH), a nonprofit agency that focuses on teaching art to underserved communities in the Baltimore area. Through AWAH, Ms. Kuhn created a beautiful butterfly mosaic mural for the Baltimore Child Abuse Center. The mosaic, titled "Life After Abuse," symbolizes the hope for healing in every victim and survivor of child sexual abuse. Ms. Kuhn also teaches art to second-grade students at Patterson Park Public Charter School in Baltimore through AWAH.

Ms. Kuhn's professional life has been equally dedicated to improving the lives of others. She has served as the assistant director for the Center for Ethics, Service and Professionalism at Michigan's Thomas M. Cooley Law School, and has worked for the American Cancer Society. A graduate of Davenport University, Ms. Kuhn has received many awards including the 2009 Appreciation Award from the Oakland County Bar Association's 15th Annual Youth Law Conference and the 2009 Pro Bono Recognition from the Federal Bar Association for the Eastern District of Michigan.

Ms. Kuhn is committed to telling her story of child sexual abuse and healing whenever and wherever she is invited to share it. She does this to spread hope to victims and survivors and to help to prevent this crime from happening to more children.

Written Testimony of Jacquelynn Renae Kuhn

My name is Jacquelynn Renae Kuhn. I am 38 years old, and I am an adult survivor of child sexual abuse.

I'd like to tell my story in three parts because I think that's the easiest way to convey everything I have to share with you. I will start by telling you the facts of my abuse. Then I will tell you about the repercussions of that abuse and how it's replayed itself in my adult life. And then I will tell you about the things that I am doing in the Baltimore community to help child victims and adult survivors of sexual abuse. Before I tell my story, however, I want to point out that admitting I'm a survivor of child sexual abuse and talking about it with other people is never an easy thing to do. It's only in recent years that I've come to understand the importance of acknowledging that I was sexually abused and speaking out about that abuse to help myself and other survivors. By staying silent, I'm only contributing to the stigma and the shame we often feel as survivors. By breaking the silence, I'm helping to break the cycle of abuse that survivors often continue into their adult lives either by perpetrating that abuse on others or simply doing what most of us survivors do: abusing ourselves.

This is my story.

Part I

My abuse starts when I am 5 years old. My family lives in a very typical, modest three-bedroom ranch home in a small Michigan town called Cass City. I'm the middle kid with a brother a year

older than I am and a younger sister who is still just a baby. My mother stays at home with us kids while my dad works a full-time job.

I want to emulate my older brother in every way possible. At 6, he is only a year older than I am, but he has already done so much more. He goes to school, he rides a bike that has two wheels instead of three, and he catches and throws a baseball with our dad much better than I can. When we run in our backyard together and he practices his slides into home plate, I also fall down and pretend to slide, proud of myself if my hand-me-down jeans with the patches on the knees receive even the tiniest smudge of green grass stain for my efforts.

It is summer time, and we are running to meet up with all the kids in our neighborhood to play a game. When my brother and I race out our back door to the chain-link fence behind our home, our goal is to hop over as quickly as we can to get into a position to be chosen on a good team. We are all picked to be on teams, and we pretend that we are soldiers on some battlefield somewhere. One of the older boys, who lives next door to us, picks me to be on his team. He is 16 or 17 years old, in high school, and much bigger than I am. My brother is chosen for another team. The older boy whispers in my ear that he is taking me up to the treehouse alone, and I am happy because I know we will probably win the game. Everyone likes the treehouse, because if you can get to that place, you are unstoppable. You can't beat a team that is sitting in the treehouse and able to see everyone's hiding spots.

We go up to the treehouse and he shuts the door on the floor behind us and puts something heavy over it so no one can come up the steps and pull a surprise attack on us, he says. He quickly runs to the window and yells to me to get down on the floor because someone is throwing a grenade at us and I might get hurt. I hurry and lie down on my stomach, giggling and covering my eyes like he tells me to do. He lies down on top of me, pretending to shield my body from the incoming bombs and gun shots. I am not scared because I know this is all pretend.

But then he unzips his pants, and it is no longer pretend. He presses up and down on me very hard, and my face is getting scratched by the dirty, wooden floor. He stops his up-and-down motion, but I am pinned under his weight as his hand reaches under my belly and into my pants. I am crying because I do not know what to do, but I cannot cry too loudly because he warns me not to. I try to muffle my cries, and I look up with one of my eyes—the one that is not closed and pushed into the floor—and I feel myself floating outside through the window and up into the sky. Behind the clouds—that's where I am and that's where I stay until he lifts himself off me and tells me to get up.

I do not know what happened. I do not know how to make sense of this. I walk to the steps and climb down with him smiling at me as I leave.

My brother finds me and he says Mom has called us inside for dinner. He asks me why I am crying, because I won the game and I should be happy. I don't know what to say because I feel ashamed and scared. He helps me over the fence and we go home.

Part II

My abuse continued for nearly two years. It happened anytime we played with our friends in the summer and that boy played with us. Sometimes it was war, sometimes it was hide-n-seek,

sometimes it was just playing anything, but I knew when he called me up to the treehouse that I had to go. I believed no one would help me if I told them what was happening to me. One of the times I was being molested in the beginning stages of my abuse, my abuser had brought his girlfriend with him to the treehouse. When she sat down and he showed her what he liked to do to me, I looked over at her with my tear-stained face. She did not help me. She just laughed.

It was at that moment I remember fairy tales dying in my head. That's when I knew that heroes might exist, but they would never come for me.

My abuser also used other tactics to keep me silent. Child molesters are masters of manipulation, and they know what to say to make sure their victims never tell.

- He threatened me. He told me if I told anyone or stopped letting him abuse me, he would bring my older brother or younger sister up to the treehouse and do worse things to them.

- He made me feel ashamed. He told me if I didn't like what was happening, I would not keep coming outside to play with him and my other friends.

- He convinced me that I'd be the one to get in trouble. When I finally got brave and threatened him that I would tell my father and that he would go to jail for the bad things he was doing to me, he laughed and told me that I was doing the same bad things, and I would be the one to go to jail because my father would be angry with me that I hadn't told him earlier.

One of the most important parts of my story is that my father was a Michigan State Trooper. Many nights, there was a police car parked in front of my house and my father would come home in his uniform, carrying his badge and his gun. If that won't keep a child molester at bay, what will? If I felt as though I could not tell my father, who was a police officer at the time, what was happening to me, what child does feel that way?

My abuse ended when I was 7 years old, and only because my father was transferred to a new location. I didn't tell my family about my abuse until just recently, after I turned 30 and after I went through a very painful divorce from a man who also abused me. He knew about my abusive past, and used it to make me feel ashamed, as if I wasn't "good enough" in our bedroom because of some emotional or psychological issues I was trying to work through during our marriage. Instead of loving me through any problems I might have been struggling with in our marriage—problems I carry with me in nearly any relationship—he abused me by carrying on extra-marital affairs with many different women and treating me at times as if I were a paid performer for him when we engaged in sexual intercourse. He even got a vasectomy so that he could sleep with other women without wearing a condom, endangering my health and safety.

After going through all of that pain, I made appointments for marriage counseling to which my ex-husband never showed up. This actually turned out to be a good thing for me, because I needed counseling for my own struggles and issues. It was during these sessions that I figured out I needed to tell my family about the sexual abuse I suffered through as a child. But even with encouragement from my counselor, I was still afraid to tell my parents. A part of me wondered if they would believe me. Another part of me was scared that they would downplay my abuse and

not care that it happened, but instead just tell me to get over it because I'm an adult now. That's the same fear that every survivor faces: the fear of wondering if anyone really cares about you and about what happened to you. We always fear rejection, and we wonder if anyone will really love us if they truly see everything about us. Because I was 5 years old and I had sex forced on me, I was made to feel as though I were a throw-away, someone who doesn't matter to others, someone who has no worth or value in someone else's eyes. Although I would like to feel as if I can open myself up to other people and show all my talents as well as all my flaws, express all my joys as well as all my sorrow, and share all my dreams as well as all my fears, I never fully do that with anyone. I don't trust people enough to love me for who I am, all that I am, so I rarely give them the chance to do that. It was during my marriage that my go-to personal defense mechanism—perfectionism, or at least the illusion of it—was at its strongest. I had gone back to school to finish a bachelor's degree during my 10-year marriage, and when I entered the intensive, accelerated program, I booked a full-time class load every semester and worked full time, as well. I made it my goal to achieve a 4.0 GPA, and I remember, during my second to last semester, weeping because I thought I might receive an A- in a class instead of an A and this would ruin my hopes of finishing with a perfect grade point average. But I did it, I earned that 4.0 GPA.

But the funny thing about academic records is that they don't equate to good grades on the report card of life. In that department, I've failed way more than once. I've been divorced, laid off and fired from jobs, and it's always been a struggle to build solid friendships that last more than a few years. As a survivor, I struggle with every personal relationship I have. Friendships, romances, work colleagues, it doesn't matter. I, like all survivors, am deathly afraid of the things I long for the most: love and acceptance. I often build walls with people I love because I don't know how to trust other people. Trust is not a word I'm comfortable with because I don't really know what it means. In fact, after moving to the Baltimore area in 2010 to start over and try to rebuild my life after it had been shattered in Michigan, I went through a very painful time with people I considered to be good friends in this new state where I live. They, being the only close friends I had in Maryland and the people I considered my support group, betrayed my confidences and my trust and treated me very poorly. It's hard to keep trusting people when it's even harder to give that trust in the first place. So, once again, I was right back to being a 5-year-old girl wondering if she is worth anything to anyone.

Some days, I fear that I will always be that 5-year-old girl.

Part III

That's how powerful the shame and guilt can be for a victim who doesn't get help through treatment and community support when he or she is still in that stage of being a victim. Without reporting their abuse and receiving acceptance, support, and empowerment from a caring community that surrounds them, victims end up with lives much like mine, where they continue to be abused in different relationships and even abuse themselves.

When you're 5 years old and experiencing something so vile, and heinous, and shameful, it's not easy to tell anyone about it. That's why I began volunteering my time and talents with Adam Rosenberg, executive director of Baltimore Child Abuse Center, and his dedicated staff in March of this year. Baltimore Child Abuse Center (BCAC) is a nonprofit agency that performs crucial work in the lives of child sexual abuse victims in Baltimore. Not only does BCAC conduct

forensic interviews for child victims in a safe, child-centered, non-threatening environment, it also provides advocacy services for victims and their families. BCAC also developed a child sexual abuse prevention curriculum, and I've trained with the prevention coordinator at BCAC in order to give prevention workshops in Maryland. Getting this information in front of parents and educators is crucial for the safety and protection of our children against abusers who relentlessly look for new victims.

I was never taught about my body in school, not at such a young age. And we never talked about our bodies in my family, unless it was to make us feel ashamed so that we didn't do anything "wrong" or "bad" with our bodies. That's not uncommon in American households. Many parents don't have the tools to talk to their children about sexual abuse, or they don't realize the importance of talking to their children on a regular and consistent basis about this problem. If had been given the correct vocabulary—the proper anatomical names for my body parts—and if I had been told over and over again that I am in control of my body and no one should be touching me in a way that makes me feel uncomfortable or confused, and if my parents would have made sure that I understood if I am ever made to feel uncomfortable I should tell them immediately, I would have had the knowledge in the beginning stages of my abuse to know it was wrong and that it wasn't my fault. And I would have been empowered to tell someone, instead of feeling powerless to tell anyone. This is just one of the reasons I tell my story to people who ask me to share it.

I have a passion for helping child sexual abuse victims and adult survivors, so I am working with members of the community to start adult survivor support groups in Baltimore. I also designed the butterfly mosaic mural you can see in BCAC's family waiting room. [I've submitted the letter that is hanging next to the mural as part of my testimony today.] The mural is called "Life After Abuse" and is there to symbolize the hope for healing in every victim and survivor of child sexual abuse. As a survivor, to be able to see myself in the reflective mirrors of one of those butterflies and know that I am on a path of healing, self-expression, and beauty, is a very powerful thing. And to know it's because so many people in the community banded together to work on the mosaic, putting broken pieces of tile that symbolize the broken pieces of my life and the lives of all sexual abuse victims, together in a way that makes sense and creates a beautiful picture from something that happened that didn't make any sense and was extremely ugly—knowing that has taught me just how valuable I am. Working with Art with a Heart (AWAH), another incredible nonprofit agency that focuses on teaching art to underserved communities in the Baltimore area, has also been transformative for me. Nearly 100 staff members and volunteers of AWAH put in nearly 40 hours of work to help me volunteer my time in putting together the beautiful butterfly mosaic mural for BCAC, and I am currently teaching art to second-grade students at Patterson Park Public Charter School in Baltimore through AWAH.

I'm also currently working with many talented, creative people in Baltimore including musicians, songwriters, poets, and visual artists, to develop a creative expression program to encourage healing in abuse victims. By using a variety of creative art forms, it's my hope that child victims of sexual abuse and adult survivors will learn to heal and trust and find their voice, expressing themselves in positive ways that are non-threatening and very inspiring.

I will continue to promote BCAC, AWAH, and the creative expression programming we're putting together for victims and survivors of child sexual abuse whenever and wherever I can. And I will continue to tell my story whenever and wherever I'm invited to share it. This way, I

won’t be wasting my life, and my passion for spreading hope to victims and survivors will help to prevent this crime from happening to more children.

And I hope my story and the work I’m doing inspires others to embrace victims and survivors of child sexual abuse to help them heal.

“Life After Abuse” by Jacquelynn Kuhn, on permanent display in the family waiting area of the Baltimore Child Abuse Center

Below is the text of the letter that hangs next to “Life After Abuse.”

Dear Reader,

My name is Jacque Kuhn, and I designed this permanent art installation at Baltimore Child Abuse Center. I call it “Life After Abuse” as it’s meant to symbolize the healing process faced by all victims of child sexual abuse. I am an adult survivor of child sexual abuse, so what you are looking at was not completed by someone who doesn’t understand the trauma experienced by victims of child sexual abuse. On the contrary, I understand it well.

When you look at this mosaic, I want you to notice the design elements. The tree is alone. It is stark and barren; it has no buds, and it is not blooming. This is meant to symbolize the pain a victim feels when going through the torment and anguish of sexual abuse. There are overwhelming feelings of isolation, of loneliness, and of feeling dead inside. The butterflies are

meant to symbolize the transformation that can occur in a victim's life when the silence is broken. Each butterfly is made up of mirrored pieces meant for victims to see themselves healing during life after abuse.

The mosaic itself is a symbolic art form used to create this permanent art installation. Made of broken pieces of tile put together by nearly 100 community volunteers, this mosaic symbolizes the healing that can occur after a victim reports abuse. The trust and dignity that's been shattered by an abuser can be restored in a victim when a community steps forward to put the pieces of an abused life back together—making something beautiful out of something that's been broken.

Sincerely,
Jacque Kuhn

Consequences for Youth and Society

Consequences for Youth and Society

Introduction
We have been given our call to action by Attorney General Holder, and we have had the benefit of hearing from several individuals with firsthand experience of the impact of violence on children. We now have the pleasure of hearing from several national leaders on how various agencies are working to address the issue of children's exposure to violence.

Mr. Nigel Cox is in his senior year at Farmville Central High School in North Carolina. He is the chairman of the youth advisory board for Students Against Violence Everywhere, a student-driven organization that provides opportunities for youth to learn crime prevention and conflict management skills, as well as the virtues of good citizenship, civility, and non-violence.

Dr. Patrick McCarthy is President and CEO of the Annie E. Casey Foundation, a private philanthropy organization dedicated to helping build better futures for disadvantaged children in the United States. He is a trustee of the Casey Foundation, the chairman of Jim Casey Youth Opportunities Initiative, and a director of the Casey Family Services board of advisors.

Ms. Sonja Sohn is an actor and activist. She is the founder and CEO of ReWired for Change. She was inspired to start ReWired for Change by her own life's journey, which began as a child growing up in an underserved community in Newport News, Virginia, and eventually led to her role as a principal cast member of HBO's "The Wire."

NIGEL COX
High School Senior; Chair, National Youth Advisory Board,
Students Against Violence Everywhere (SAVE)

Mr. Nigel Cox is a senior at Farmville Central High School in Farmville, North Carolina. He has been a member of Students Against Violence Everywhere (SAVE) for six years and currently serves as chair of the organization's national youth advisory board. In the last four years, he has held three SAVE positions, which gave him an opportunity to learn responsibility. Cox served as vice president, 2006–2007; sergeant of arms, 2007–2008; and vice president, 2010–2011. His experience as vice president and sergeant of arms enhanced his leadership skills and enabled him to work with a diverse group of people.

Along with being a member of SAVE, Cox is involved with the youth in his church. He likes to keep the kids involved and informed about what is going on around the world. He also works with his grandparents' franchise and Piggly Wiggly to keep himself from getting involved in any destructive decisions. In addition, Cox mime dances with youth his age and younger to teach them about responsibility and about how dancing for God interacts with nonviolence.

Through Cox's experience with SAVE, he has learned while also having fun. As a member of the youth advisory board, he hopes to bring more ideas back home to Farmville. He says, "I'm looking forward to this year's youth advisory board and to see what the future brings me."

Written Testimony of Nigel Cox

Hello. My name is Nigel Cox and I'm the chair of the youth advisory board of SAVE, which stands for Students Against Violence Everywhere. SAVE is a student body–run public nonprofit striving to decrease the potential for violence in our schools and communities by promoting meaningful student involvement, education, and service opportunities. We have chapters in nearly 2,000 schools and have over 200,000 members nationwide.

Angela Bynum, a student, and Gary Weart, a teacher, from West Charlotte High School in North Carolina started Students Against Violence Everywhere in 1989 in memory of Alex Orange, a student from their school. Alex was shot while trying to break up a fight at a party. The SAVE colors—orange and purple—represent Alex (orange) and peace.

At SAVE, we promote the word "non-violence." By non-violence we mean violence in all its forms, including reckless driving, gang violence, child abuse, and cyber bullying, to name a few. To do this, we do our best to:

- Engage students in meaningful violence prevention efforts within their school and community;
- Empower youth with knowledge and skills necessary to provide service to their community and school;
- Encourage positive peer influences within the school and community through violence prevention efforts; and

- Educate students about the effects and consequences of violence as well as safe activities for students, parents, and the community.

Two of the program's major components are conflict management and service projects. Through education about conflict management, kids are taught that conflicts are a normal part of life, but that violence isn't a normal part of conflicts. Conflicts can be useful if you are open and willing to learn from them! Realistically, though, not all conflicts can be resolved. Sometimes we have to agree to disagree. That's why we use the term conflict "management." SAVE has lesson plans on managing conflicts, active listening skills, and bullying prevention. In our manual, we have different activities for young people from elementary through high school. The service projects are how we learn to give back to the community and be connected to other people.

I got involved in SAVE in sixth grade. My deputy saw the potential in me and I met the qualifications, which is how I became a part of the youth advisory board. Personally, I got involved because there is always a need in the schools, community, home, or church for violence prevention. There is always some kind of violence going on around you. If just one person can take a stand and say, "Not here, not today, not while I'm around," it will catch on and other people will get the SAVE message.

SAVE works to do this by going out and promoting the word non-violence and the idea of "no violence tolerated anywhere." I'd like to tell you a story about an experience I had reaching out to a student who was experiencing bullying. I was speaking at a conference in Raleigh and a student told me about how people would bully and pick on her just because she was smart. It made me feel bad because I was like that when I was younger—I had potential and when people pick on you, it makes you feel bad, downhearted. I let her know about a friend who was going through the same thing and she connected to that story right away. It let her know that there was someone else in the world who had been through the same things she was going through. It made her more confident that she can do what she needs to do and do it in a good way; that she could talk it out and not use violence.

Today, I'm the president of a SAVE chapter in my own school. A group of us have been together from elementary school through middle school and into high school, and that's when the real violence came in. Having SAVE is having someone in the students' corner to help them and to motivate them to be non-violent.

For me, being involved in SAVE is not about the title, not about being a chairperson, or even being on the youth advisory board. It's about getting the message out, from young people up to grown people. It's all about getting the message out that violence is not tolerated and it shouldn't be tolerated. I mention grown people because some people have abusive relationships and that's another kind of violence that kids see, and then grow up to do the same thing. But if they have somebody or some organization that can help them, then that's one more type of violence that we won't have to worry about someday.

Thank you very much for the opportunity to speak to you today about SAVE's mission, vision, and the work we do to make our schools and communities violence-free.

PATRICK T. MCCARTHY, PH.D.
President and CEO, Annie E. Casey Foundation

Dr. Patrick McCarthy is President and CEO of the Annie E. Casey Foundation, a private philanthropy organization dedicated to helping build better futures for disadvantaged children in the United States. He is a trustee of the Casey Foundation, the chairman of Jim Casey Youth Opportunities Initiative, and a director of the Casey Family Services board of advisors.

Prior to his becoming president and CEO, McCarthy was the Casey Foundation's senior vice president. In that capacity, he oversaw the foundation's work in the areas of health, reproductive health, mental health, substance abuse, juvenile justice, education, early childhood, youth development, child welfare, and income security, as well as the foundation's Strategic Consulting Group and the direct service agency, Casey Family Services.

He was the initiative manager for the foundation's Mental Health Initiative for Urban Children, which promotes neighborhood-based strategies for improving the emotional well-being of kids and families.

Prior to joining the Casey Foundation, McCarthy was senior program officer at the Center for Assessment and Policy Development, where he worked with foundations, states, and cities on system reform and strategic planning. He served as the director of the Division of Youth Rehabilitative Services; director of the Division of Program Support; administrator of Case Management for the Delaware Department of Services for Children, Youth and Their Families; and was director of the Delaware Family Preservation Project. He taught child and family practice, research methods, and statistics for the graduate schools of social work at Bryn Mawr College and the University of Southern California, and has experience as a family therapist and administrator in programs for emotionally disturbed youth and drug-addicted adults.

McCarthy has a Ph.D. from the Bryn Mawr College Graduate School of Social Work and Social Research.

Written Testimony of Patrick McCarthy, Ph.D.

Forging Positive Futures From Negative Experiences

Thank you for the invitation to this hearing and the opportunity to appear alongside these two distinguished witnesses. I am here because I believe that the attorney general's National Task Force on Children Exposed to Violence is a terrific opportunity to examine how we can minimize children's exposure to violence and how this country can work to reduce the negative effects of such exposure. Exposure to violence can impede child development and have lifelong consequences. We must summon the political will and commitment to address this terrible scourge.

I want to begin by providing some context for my remarks. The Annie E. Casey Foundation dedicates all its resources to helping low-income American families build a brighter future for their children. We promote public policies, human-service practices, and community supports that help struggling families meet their children's needs. In keeping with this mission, we operate on a set of core beliefs that guides everything we do.

Our foundation believes that children do well when their families do well, and families do better when they live in supportive communities. Research shows that the root cause of most bad outcomes for children and families is poverty, or the lack of opportunity. We also know that poverty and violence are linked (Cunradi, Caetano, Clark, & Schafer, 2000; Goodman, Smyth, Borges, & Singer, 2009; Huff-Corzine, Corzine, & Moore, 1991)—that children living in poverty are far more likely to experience violence, whether at home or in their communities. Communities of concentrated poverty are typically places with greater exposure to crime, gang activity, and other negative factors, and places that encourage destructive attitudes and behaviors among children because they often are surrounded by peers and adults engaged in violent behavior, drug use, and other anti-social activities.

Poor minority kids are at an even higher risk of being exposed to violence: The latest data indicate that about three times as many African American, Native American, and Hispanic children live in poverty compared to their white and Asian counterparts. In the last decade, we've actually seen an increase in the odds that children of color will live in poverty for at least a portion of their lives (Mendel, 2011).

When we couple these sobering facts with the knowledge that what people see and experience in childhood leaves an indelible mark, the dire consequences become even more apparent. Children exposed to adverse experiences—which include violence and a host of other challenges—are much more likely to grow into adults with increased risks for alcoholism, drug abuse, depression, injuries, suicide, and disease, among other problems (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, & Marks, 1998). Simply put, traumatic childhood experiences often can translate into an equally troubled adulthood.

The Casey Foundation believes reducing poverty is essential to reducing such adverse childhood experiences. Our work and research have taught us some valuable lessons about tackling such a huge and seemingly insurmountable hurdle. We've found that the key to fighting poverty is a two-generation approach, simultaneously addressing family economic stability and child well-being. We recognize that having a steady source of income and a stable place to live is central to a family's sense of security. As more and more families struggle to make ends meet, we believe it is vital to preserve a basic level of economic security through programs such as the Supplemental Nutrition Assistance Program and the earned income and child tax credits. These federal and state programs supplement poverty-level wages, offset the high cost of child care, and ensure children have adequate nutrition.

At the same time, we believe the best path out of poverty is through a good job, with family-supporting wages and an opportunity for career advancement. We partner with others to develop and advocate for strategies that help low-income workers build both basic and technical skills, and provide a pipeline to employers seeking to hire good workers. We also work with families and communities to promote savings and asset protection, as well as the development of financial skills.

Reducing child poverty begins with investing in young parents to decrease the odds that today's child grows up in poverty. The second piece of the dual-generation approach involves preparing children to be productive adults by putting them on a path to educational success. This includes supporting prenatal care and making sure children are developmentally ready to succeed in

school; building up such resources as effective, evidence-based early childhood programs; and ensuring every child is reading at grade level by the end of third grade. It also means strengthening families—a cornerstone of this effort and an essential element in our broader discussion on exposure to violence.

Creating Lifelong Families

Many children who spend some part of their youth in poverty nevertheless develop the resilience and determination to succeed later in life. Perhaps the single greatest factor in beating the odds for these children is being connected to a strong, caring family—a family they can count on throughout their life.

The Casey Foundation focuses on ensuring that all children have a family for life by reducing the odds that families will be separated by the institutional placements that expose children to violence. Youth at risk of entering systems or of being removed from their birth families because of neglect or abuse are significantly more susceptible to trauma resulting from the situation at home *and* their removal from that situation (Substance Abuse and Mental Health Services Administration, 2011) but evidence shows that permanence—that is, having a lifelong, stable family—helps lessen the long-term impact of such trauma.

By focusing on permanent family connections and providing effective, evidence-informed interventions, we believe it's possible to avoid, or at least minimize, further trauma. For example, high-quality home-visiting programs, in which professional human service workers encourage and support parents who struggle to cope with stress and other challenges, can help parents nurture their children and prevent family violence, all while keeping children in their homes. Proven, readily available mental health services, substance-abuse treatment, in-home coaching, parenting, financial and other family-strengthening supports are also crucial elements in preventing abuse and neglect.

When children must be removed from their homes, we need to minimize the impact of the trauma they've already experienced and establish the permanence previously mentioned:

- To prevent children from experiencing further trauma and loss because of their new placements, we should place them with close relatives whenever possible.
- We should keep children with their siblings and in their communities and schools, placing a premium on maintaining their safety and stability.
- We should make sure their voices and wishes are heard during this process.
- We should make sure parents and caregivers are aware of the needs of youth coming into care and of specific ways to lessen trauma they may experience as they undergo the transition.
- Public child welfare agencies should embrace trauma-informed practice to better serve vulnerable kids and stop the potential cycle of multigenerational abuse and violence.
- In working with these children, we should recognize the impact of domestic violence and account for it in our treatment decision.

- We should provide caregiver training centered on helping children cope with grief and loss, including losses that are less apparent, such as broken relationships or the uncertainty of knowing when they might see a sibling again.

In addition to these strategies, we can also improve permanence and other long-term outcomes for children by reducing our reliance on congregate care facilities for youth in the child welfare system, which tend to worsen the odds for those kids. The savings from such a strategy could go to community-based services that have proven to be effective—services that allow youth to spend more time in family settings and less in restrictive institutional ones with a substitute family in the form of staff (Child Welfare Strategy Group, 2010).

Reforming Juvenile Justice

Children in the child welfare system—who often experience abuse or neglect, typically the result of their entire family's disadvantages—are at high risk for ending up in juvenile justice facilities (Bilchik & Nash, 2008; Ryan, Herz, Hernandez, & Marshall, 2007). Our correctional facilities then compound the problem, often exposing young people to violent experiences that can cause lasting damage. And the youth in these deep-end facilities are overwhelmingly the product of tragic circumstances that include witnessing violence.

In fact, the first-ever survey of youth in America's juvenile justice systems—the Survey of Youth in Residential Placement—reported that 70 percent of the young people interviewed said that they had "seen someone severely injured or killed," and 72 percent said that they "had something very bad or terrible happen" to them (Mendel, 2011).

Their experiences within the walls of these facilities often mirror what they've seen outside of them. If we want to talk about one of the most dangerous places where children in this country find themselves exposed to intolerable levels of violence on a daily or even hourly basis, we have to look at these juvenile correction facilities, also called training schools, which have become bastions of poor treatment and abuse rather than rehabilitation and hope, as originally intended (Mendel, 2011).

Exposure to Violence

In October, the foundation released a report, *No Place for Kids: The Case for Reducing Juvenile Incarceration*, which highlights the fundamental flaws in our nation's juvenile justice systems. It is not unusual to find reports from training schools of excessive use of isolation or restraints, unchecked youth-on-youth assaults, physical attacks on staff and abuse—including sexual abuse—by youth and staff (Mendel, 2011). In the same juvenile justice survey, 30 percent of youth said they were afraid of attack from a staff member, with many being afraid of attack from their peers and staff. And 45 percent of those in secure correctional facilities and camp programs reported that staff "used force when they don't really need to"(Mendel, 2011).

Let me take a moment to talk about who these kids in correctional facilities are. In most cases, they aren't hardened criminals. Many of them have no records of serious offending, and only about one-fourth of those incarcerated today are convicted of serious acts of violence (Mendel, 2011). A number are behind bars for misdemeanors or other problems—skipping school, violating probation, even mental health issues (Mendel, 2011).

New research on teenage development tells us that young people make bad decisions in part because their brains are still developing. In fact, the adolescent brain's very chemistry is wired for risk taking (Jim Casey Youth Opportunities Initiative, 2011). This means that although many youth in the juvenile system come from impoverished, single-parent homes located in neighborhoods of concentrated poverty, *any* young person could wind up in the system because all young people commit delinquent acts of some kind at some point in their lives.

But the way we respond to their delinquency—confining them with fellow delinquent peers, diminishing their prospects of success, weakening their ties to education and the workforce—reinforces that deviant identity and practically guarantees they'll wind up right back there again and again, instead of on the path to success.

Breaking the Cycle of Violence: Alternatives to Detention and Incarceration

How can we start to break the generational cycle that far too often leads to bad outcomes for far too many vulnerable children? We need to redefine the terms that can lead a young person into a correctional facility and protect the public by detaining the most violent felons, not the young people who, with the proper supports, could be promising members of the next generation. Especially during this impressionable period in their lives, we still have the opportunity, through such resources as positive youth development services, to influence these youth and counteract the effects of the trauma often inherent to their circumstances (Jim Casey Youth Opportunities Initiative, 2011). Indeed, an individual teen's experiences play a critical role in shaping his or her adult future.

Over the past two decades, we at Casey have learned that improving the odds that delinquent youth will make successful transitions to adulthood requires reforming the juvenile justice system to lock up fewer youth; relying more on proven, community-based interventions; and creating opportunities for positive youth development. We've also discovered that we can do all of this without compromising public safety.

Our Juvenile Detention Alternatives Initiative (JDAI)—launched in 1992 as an effort to establish smarter, fairer, and more effective juvenile justice systems—has taught us a lot in this area. Among the 35 states and more than 150 jurisdictions where JDAI has taken root, we've seen reduced detentions *and* significantly lower numbers of juvenile arrests. Our experience has taught us that we need to focus on community-based alternatives applied on a broad scale to improve the odds for young people in the system. Just as important, we're aiming to help develop alternatives to the traditional training school model for the remaining youth who require some form of secure confinement for a time. We must aim to create systems that help delinquent youth, support families, and build communities, instead of automatically resorting to incarceration and detention, which consume resources better spent on assisting struggling children and their families.

Evidence-based Programs: A Practical Response

To that end, the Casey Foundation has spent the last several years building on proven programs—ones that have shown, through scientific rigor, that they truly benefit children—and partnering with public agencies, school systems, and communities to set up a solid infrastructure that leads to lasting, positive change for kids. So, for example, instead of placing children in correctional facilities, court systems throughout the nation would refer them to programs with a

record of producing results and changing lives, providing the treatment those children actually need.

The goal is to embed such evidence-based programs in public systems from the start because research, along with our own work and experience at the foundation, tells us pretty clearly what is effective in working with troubled and disadvantaged youth: educational and career opportunity. Help build strong families and communities. Address the trauma and loss that so often contribute to their behavioral and emotional problems. And support services that build on their strengths. But too often, existing programs with legacies of poor outcomes remain in wide use, crowding out more effective, evidence-based interventions. We hope to change that by educating communities on what works and partnering with them to put that knowledge into practice. With everyone's commitment to this effort—from civic leaders to local residents—we aim to improve outcomes for children in the critical areas of behavior, education, emotional well-being, positive relationships, and physical health.

One example we've recently seen in this vein is a strong, proven program that can protect our nation's youngest children from violence in their own homes. More than 300 babies in the United States die from being shaken each year and shaken baby syndrome is the leading cause of death in abusive head trauma cases (National Center on Shaken Baby Syndrome). With those sobering statistics in mind, we've begun exploring the public costs of implementing a successful, evidence-based program that teaches parents about infant crying to prevent shaken baby syndrome and infant abuse.

This program—the Period of PURPLE Crying—is based on scientific research, and early results from effectiveness studies indicate that its three-pronged, positive approach has resulted in reducing the number of emergency room visits for crying, as well as the incidence of physical abuse and shaken baby syndrome. And one study suggests it may have even more impact among at-risk parents. If we really aim to improve outcomes for kids and their families, we need to make promising programs like this one—programs that are effective, with solid, measurable results—more widespread.

The Importance of Community

I've spent a lot of time talking about the importance of fighting poverty and supporting strong, stable families in combating children's exposure to violence. There's a third and final variable that is equally important in this equation: community. We know that families need to live in strong neighborhoods that support their ability to raise their kids. That means communities with safe streets, good schools, quality housing and access to employment and economic opportunity. So we must continually work to foster all of these elements, recognizing that the entire community—not just the child welfare system—plays a role in protecting kids and providing the foundation and stability that guide them on to becoming successful adults.

An engaged, thriving community is home to the kind of neighborhood policing and anti-violence interventions that have proven to reduce violence. It is home to recreation centers and faith-based organizations that provide an outlet that keeps kids off the streets and out of trouble. And it is home to quality schools with teachers who understand their charges and the unique challenges they face.

Educators in such a community learn and understand the effect that a child's violent home or community life can have on his or her ability to learn. Research shows that young children exposed to family violence are considerably more likely to experience problems that interfere with their learning, and that witnessing violence affects their ability to learn, possibly causing them to have difficulty focusing or concentrating in school (Fiester, 2010).

In the worst-case scenario, these kinds of violent life experiences can lead to cognitive or physical impairment (Walker & Smithgall, 2009). So we cannot look at disadvantaged children and youth, and how they perform in school, without taking into account their backgrounds and experiences. Much like being separated from family, placement in a foster care home or neglect, violence can cause psychological trauma, possibly scarring these youth and marring what could otherwise have been a bright future.

What does this mean on a practical level? It means that our schools must be better prepared and equipped to work with these vulnerable kids and teens. It means that child welfare experts need to teach educators to recognize the importance of social supports, to think beyond simply instructing their students and learn the effects of disruptive or traumatic life experiences on youth — and the best way to respond to those challenges (Walker & Smithgall, 2009). It means that if we truly want to change the trajectory of these kids' lives, the education and child welfare systems need to work together with other community forces and institutions that affect children to treat the whole child in context, instead of in the limited confines of the classroom.

Conclusion

Despite the potentially harmful effects of exposure to violence on young people—whether in their homes, communities, or deep-end facilities—we know what works. We have ideas, solutions, and the means to change things for the better for these youth. It takes political will to put these ideas into action. I encourage the federal government to focus on strategies that reduce poverty and increase opportunity; strategies that strengthen families and help ensure every child has a family for life; and strategies that help make every community a good place to raise kids. In short, we need to invest in those strategies with demonstrated effectiveness, on a scale large enough to change the life trajectories and odds of success for the many American children who are growing up today in dismal, disheartening circumstances. Guided by the disciplined application of what we already know, and the courage to step back from the failed strategies that capture so much of our limited resources, we have a chance to change the future, not only for millions of children and their families, but for the entire nation.

Thank you, again, for your commitment.

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SONJA SOHN
Founder and CEO, ReWired for Change

Ms. Sohn was inspired to start ReWired for Change by her own life's journey, which began as a child growing up in an underserved community in Newport News, Virginia, and eventually led to her role as a principal cast member in "The Wire." Over the course of the 2008 presidential election, Sohn devoted her efforts to empowering and educating voters across North Carolina and in Philadelphia on the importance of their vote. It was during this time that she witnessed the impact "The Wire" cast had on community members who were living in impoverished neighborhoods. Sohn saw firsthand how celebrity can be used responsibly to influence the lives of people who are often left out of the social equation. She was particularly moved by how often the act of one inspired another, and continued to ripple throughout these communities.

Something had to be done to continue to nurture the seed of change planted by Sohn and her colleagues; immediately following the campaign trail, she began to galvanize the support of the rest of "The Wire" cast and crew to devise ways in which they could use their creative resources and media access as a force for change in the lives of high risk youth. Sohn envisioned an effort to take these young people on a journey toward self-awareness and becoming productive citizens who contribute to the well-being of their communities.

From Sonja Sohn's first film project, "Slam," to her work on "The Wire," she has demonstrated her ability to fuse together her entertainment expertise with a passion for redirecting the lives of our nation's most endangered youth. Sohn is developing the ultimate vehicle for what she believes to be her life's purpose: to educate, uplift, and empower. ReWired for Change will create a new code on the street for young people, one in which personal transformation and community responsibility becomes the desired way of life.

Written Testimony of Sonja Sohn

I'd like to begin by offering my thanks to the Attorney General and the Defending Childhood Task Force for inviting me to testify at this hearing. I must say, by no means do I consider myself a conventional "expert" on the subject of violence against children. I have neither studied nor participated in any formal research involved with this issue. However, what I suppose does make me worthy of participation in this hearing is that I have lived the experiences of the millions of children who have been exposed to violence in their homes and communities. It is because I have lived through the terrifying effects of domestic violence and the culture of violence that existed within my community during my upbringing that I have chosen to try and effect change in the lives and communities of children and people living with the effects of violence everyday through my creative endeavors, as well as my work with ReWired For Change.

Growing up in household where domestic abuse was a regular occurrence, you see things that, though you may heal from, you will never forget. Hiding in my bedroom closet with my sister, our heads covered in blankets to drown out the sounds of the yelling and the beatings. Lying in bed on alert late one night as I heard an argument brewing in the next room only to be shocked by the deafening sound of my mother's jawing being crushed and her ensuing screams, watching in horror as my mother's head lay on the chopping block of our kitchen counter and my father

held a large butcher's knife to her neck, while she cried and screamed to be put out of her misery. These are some of the more potent memories that still visit me from time to time to today when I look into the faces, and sometimes sad and empty eyes, of the defenseless children I have seen in my work here in Baltimore.

For years, I tried to fix the family problem. Being identified as an intellectually precocious child early on in school only made me believe even more that I had the ability to change this situation. My mother was a first-generation immigrant to the U.S. from Korea and did not write or read very well. From the age of 7, I tried to convince her that we could make it on our own. Though she was uneducated, she was brilliant and creative, oftentimes holding two or more jobs to make sure we had what we needed. I could and did for a while fill out job applications, and began to keep her checkbook whenever she would consider trying to stash away a little something to leave with. Inevitably, though, her belief that we needed a father always overrode her ability to see that our living situation was too harsh for any of us to come out unscathed.

By the time I was 10, I had grown hopeless. Although I knew the only thing that kept my mother alive was the fact that she had children to live for, my best-laid plans to save myself, including running away to New York, began to become more and more of a reality to me. I had to save myself because no one else was going to, I thought. I knew I was too young to get a work permit, so I saw my only option would be to become a prostitute. I remember packing, writing the runaway note, and vowing that I would not get a pimp because the last thing I wanted was to be beaten like my mother. But as I laid the note on my bed and was about to walk out my bedroom door, I collapsed into a heap on my pillow. I couldn't leave—not because I was afraid for myself, but because I was afraid for my mother. If I left, I was not going to contact them or come back, and I knew that would crush her, that she would feel as though she failed as a mother—what would she do to herself? Who would protect her? I was the one who called the hollow-eyed, smirking cops who were good for nothing, except for interrupting the madness for a moment. They would come, say a few words, leave the problem, and laugh as they walked back to their patrol car, while I was left panic stricken at the thought that there was no one or no way to change this situation. I felt so trapped and helpless. I gave up on believing there was a sensible solution. I began to obsess over the only solution available to me—that I had to kill my father.

I had been thinking about how I could get a gun for a long time. Back then, knives were easier to come by, but I knew I could not take a 6'4", 285-lb. man down with a knife. My last attempt to save myself and the family came one day when I was washing dishes. I had read in a magazine how Al Green was scalded by a pot of grits. I now know that as I watched myself as though I were outside of my own body, I had disassociated. I watched myself calmly take the biggest pot we had, fill it with water, and continue doing the dishes until the pot boiled. I walked slowly into the living room and stood over my father as he slept on the couch. Just as I was about to throw the boiling water on him, a thought suddenly occurred to me—Al Green did not die and my father was much bigger than he was—that this pot of water would not kill him. It would scald him and then he would chase and catch me and beat me. This was one of the last breakdowns I remember having. Feeling completely alone in this nightmare, without a choice to get rid of the pain, I went back to the kitchen, dumped out the pot, and broke down on the floor in complete despair.

Within a few years my anger for my mother grew. Contempt for the entire family and this crazy situation had poisoned the only thing that I used as an escape—doing well in school. All I

wanted was to survive the next 8 years. I was hell-bent on not being miserable and finding some kind of happiness for myself regardless of the misery in my home. The only thing that helped ease the pain was drugs. My bridge back into finding some kind of joy became getting high when things felt unbearable.

The story I am telling you about my childhood is playing out right now in homes of children right here in Baltimore. There are children who live in the midst of violence and fear in their homes every day, and when they walk outside the front door and onto the street, they often face still more violence. For these kids, crime is a way of creating safety. If you can fight someone and win, no one will challenge you…for a while. Inevitably, there will always come a time when your last victory will be forgotten. Someone else will challenge you and the cycle begins again. You fight every time for that brief period of what feels like safety. And of course, it isn't. These kids only know this shadow of safety. Not the real thing.

When you live in a world that is never safe and where you feel abandoned and uncared for, numbing the pain and finding some kind of support becomes an essential survival skill. This is how I, at one point, became, and many young children today, become easy prey for pedophiles. This is also I and many kids enter into the drug world. Without resources to deal with trauma, numbing your pain with drugs is yet another coping mechanism. You will take what is given easily and freely—which can be support from an unhealthy adult or taking a drug that will quiet it all down for a while. What kids don't realize, often until it is too late, is that there are consequences to all of this. They may end up in a pattern of having sex as a way to find emotional support and become very young parents. The effects of the violence they live with just adds up in layers, burying them, sometimes literally.

This life of crime and violence is a direct result of the hopelessness, abandonment, and lack of care they feel. We have an entire generation of people suffering from the effects of trauma, abuse, and violence. The problem is so severe and so large that it threatens to overwhelm us. Especially for youth who have entered into a life of crime and violence, we wonder what we can do to help. Oftentimes, society has simply given up—especially on the older ones.

One of the many reasons I am doing this work is that I come from the place where these young people come from. I understand their pain. I understand trauma. I understand what it takes to heal from it—and that there is light at the end of the tunnel for those who can find the assistance, tools, and resources, and are willing to give it their all. When I share my story with them, I get an opportunity to make a connection. These young people have enhanced my life and continue to help heal me through the simple exchange of offering our stories to each other sometimes, but most importantly through showing me and the ReWired for Change staff how we can be of even greater service to their healing as well. We all have a chance here to give that back to them. Regardless of how we have grown up, when we reach out to these young people, or anyone for that matter, our lives are enhanced; a new meaning and context envelop our own hearts and personal journeys; we are all transformed for the better.

There are so many challenges that these young people face. They face obstacles inside their own minds as well as outside. And it's the desperation that keeps them trapped in their own minds that we try to deal with through my organization, ReWired for Change. Our mission is to empower, uplift, and educate our highest-risk young people, their families, and communities—to make personal transformation in the hood "cool." Succeeding without violence has to be seen as

cool, admirable, and respectable. In many communities, some people become invested in violence because it is the only means of attaining power and control. And in these communities, the most violent individuals are the most respected and feared—the most powerful. We have to change this situation to free our kids and communities from the cycle of violence.

Changing attitudes about transformation is a key part of the ReWired for Life program. We hope to change the lives of the young people involved in our program. And we do achieve those changes—one young person at a time. Some of the young people who have gone through our program have changed their life goals—they are working or have gone back to school. They have made a decision to leave the life of drug dealing and excel at a life of law-abiding employment. Less money, less power, less prestige in the neighborhoods they come from, but safer and less violent.

We are all here today to ask ourselves what we can do to contribute to the change that must take place. ReWired for Change works with kids to help them transform themselves, but as adults, as professionals, as human beings, we owe it to these children to give them more than they have. Kids in this environment have to get access to tools other than drugs and unhealthy associations to keep them out of survival mode. And we cannot forget or ignore their parents. To effectively address children's exposure to violence, we must address the needs of the families and communities they live in.

Though we lost my brother to homicide when he was in his 20s and my family has struggled with the after-effects of the environment we grew up in, we have all come a long way—including my father, a 20-year vet who has realized over the years the causes of his own behavior. Today, we enjoy a very healthy family life. I know what is possible for an entire family to heal. I know that we as a society must come together to be the supports and cornerstones for each other—for those who cannot mount a support team when they are in the midst of crisis.

I appreciate the efforts of those who are here today to share their testimony and the Defending Childhood Task Force for the work they are all doing to stop this vicious cycle of violence that has affected our entire society. I am grateful for the invitation to testify before the Task Force and to join you to help change the lives of our nation's children. Thank you.

A National Epidemic: The Scope of Children's Exposure to Violence

A National Epidemic: The Scope of Children's Exposure to Violence

Introduction

Staggering numbers of children are exposed to violence in a multitude of ways every day. The next panel will introduce a broad framework for understanding the complex and pervasive nature of children's exposure to violence. Children's exposure to violence occurs across all races and socioeconomic situations, and affects children of all ages. It can be direct and acute, and it can be a daily reality for children who witness violence in their communities. Many branches of social services serve these children. Therefore, diverse professional perspectives are essential to addressing the issue of children's exposure to violence. This panel will discuss the issue from the perspectives of law, medicine, law enforcement, and research. Children's experiences of violence are often hidden or kept a secret. This panel will help to open a conversation about the widespread and insidious nature of childhood exposure to violence.

Dr. Howard Dubowitz is the head of the Division of Child Protection and Director, Center for Families. He has studied the problems of child neglect and family violence for 35 years and is widely known for his work on the problem of childhood sexual abuse.

Dr. Jeffrey Edleson is a professor and director of research at the University of Minnesota School of Social Work and is Director of the Minnesota Center Against Violence and Abuse. He has authored a best-practices guide for addressing domestic violence that is utilized around the country.

Chief Marshall T. Goodwin has been Chief of Police for Baltimore City Schools since 2007. Prior to his appointment, Chief Goodwin retired from the Baltimore City Sheriff's Office at the rank of major and has also served in the Maryland House of Delegates.

Ms. Sheila Bedi leads the Southern Poverty Law Center's efforts on behalf of children in Mississippi and Louisiana. Ms. Bedi directed efforts to close a notoriously abusive girls' prison and continues to represent imprisoned children in suits challenging unconstitutional prison conditions.

HOWARD DUBOWITZ, M.D., MS
Professor of Pediatrics; Head, Division of Child Protection;
and Director, Center for Families
University of Maryland School of Medicine

Dr. Howard Dubowitz is a professor of pediatrics and director of the Center for Families at the University of Maryland School of Medicine, Baltimore. He is president of the Helfer Society, an honorary international group of physicians working in the field of child maltreatment. Dr. Dubowitz serves on the council of the International Society for the Prevention of Child Abuse and Neglect and on the board of Prevent Child Abuse America. He is a clinician, researcher, and educator, and he is active in the policy arena. His main interests are in child neglect and prevention. Dr. Dubowitz edited *Neglected Children: Research, Practice and Policy*, and co-edited the *Handbook for Child Protection Practice and International Aspects of Child Abuse and Neglect.* He has over 150 publications.

Written Testimony of Howard Dubowitz, M.D., MS

We know that many U.S. children are exposed to violence, in multiple forms, directly and indirectly. We have about 75 million children in our country, and each year, there are reports of six million incidences of possible abuse or neglect. That is the tip of the tip of the iceberg; mostly, we're discussing a problem that happens behind closed doors and remains darkly secret. Surveys have steadily shown that as many as one in five girls and one in 10 boys experience sexual abuse. And, as another panelist will attest, children are often exposed to violence between their parents or adults in their home. This is not a rare problem.

It is important how we define violence. Some forms are obvious, others less so. For example, corporal punishment or hitting kids remains widely accepted, and some believe it is actually necessary. However, there is mounting evidence of how hitting children can harm them, and make them more aggressive. It is therefore reasonable to conclude that corporal punishment constitutes a form of maltreatment or violence. Neglect of children is another major concern. It accounts for about two-thirds of what gets reported to child protective services. When children go hungry or don't get necessary health care—examples of neglect—those too can be construed as forms of violence.

We are paying a very high price—literally and figuratively—for children's exposure to violence. There is ample evidence of the short- and long-term serious harm and costs. Some children are killed. Many others suffer lifelong consequences of their abuse or neglect. For example, studies have shown their increased risk for juvenile delinquent and adult criminal behavior. Others have found serious medical and mental health problems, such as increased cancer, heart disease, and suicidality, as many as 50 years later. One conservative estimate is that we are paying over a hundred billion dollars a year related to child abuse and neglect; clearly, the suffering and costs of this problem are enormous.

We have learned much about what contributes to violence and child maltreatment. It is not simply about "bad" parents; rather, there are usually several contributors, including aspects of our culture and society. For example, despite our rhetoric that children are our nation's most valuable resource, the evidence says otherwise. How do we explain nine million children without

any health insurance? How do we explain the lousy public schools in much of the country? For many families struggling with unemployment, housing evictions, and the burdens of poverty, abuse and neglect are not big mysteries. Indeed, for many families living a few blocks from us today, in dangerous neighborhoods riddled with violence, crime, and drugs, and few supports and many stresses, the mystery is actually how so many manage to do reasonably well with their children. I'm not sure how well I would be doing. So, understanding what's underpinning the violence and child abuse and neglect should guide us as we seek to address this immense problem.

Like enlightened police chiefs who have long realized the advantages of prevention over punishment and revolving jail doors, we need to be smarter, more strategic, and make prevention a priority. Here are some ideas for how we could prevent child abuse and neglect:

- There is a need for strong national leadership on children's issues, such as a cabinet-level position for children and youth. Some good mid-level folks or offices within offices within agencies are not enough.

- Public education campaign to help create a culture that really values children. Let's harness the geniuses of marketing to promote ideas and practices that will serve children, as well as their parents and families. Leaders in the entertainment industry and religious institutions should be important allies.

- Ban corporal punishment in the home, as 39 nations have done. At a minimum, this would send a powerful statement of how we think children deserve to be treated.

- We have to address underlying contributors; it's not enough to simply treat the symptom. Let's hope that the proposed changes in the health care system will ensure access to those nine million children. Proposals to add jobs, help those losing their homes, and efforts to tackle poverty need our strong support. Children and families will benefit.

- We should disseminate promising prevention strategies, such as home visiting programs that have been found to be effective in lowering the rate of abuse and neglect. Recent federal funding for this is a welcome step forward.

- We also need to invest in the development and testing of new prevention strategies. More research in this vital area is sorely needed.

After the fact, much can be done to help abused and neglected children and their families. This can lessen the likelihood of bad outcomes, and help prevent further maltreatment. Here are a few ideas:

- Most abused and neglected children remain with their families. We need more and better resources to help families take good care of their children, such as parenting programs.

- So much time and money goes into investigating child abuse and neglect. Yet, relatively few cases are prosecuted. Much of this money would be better spent on services strengthening and supporting families.

- Abused and neglected children often need services. A “trickle down” approach of only attending to parents’ needs and trusting that the children will benefit is not enough.

- In general, there is great need to strengthen the family court system. With its high case loads, low status, and often revolving masters and judges, the quality of decision making leaves much to be desired. The model of having a clinic attached to a court to help judge what’s in a child’s best interests is worth replicating.

Finally, I would like the Task Force to support the ratification of the United Nations Convention of the Rights of the Child. This wonderful blueprint for what a decent society would aim to ensure for its children should be a bipartisan no-brainer. As you likely know, only Somalia and the United States have not yet ratified the convention.

I hope that these few thoughts and suggestions are helpful as you consider how to improve our response to the many children exposed to multiple forms of violence. Thank you. I’ll be happy to try to answer your questions.

JEFFREY L. EDLESON, PH.D.
Professor and Director of Research, School of Social Work, University of Minnesota
Founding Director, Minnesota Center Against Violence and Abuse

Dr. Jeffrey L. Edleson is a professor in the University of Minnesota School of Social Work and serves as its director of research. Edleson is also the founding director of the Minnesota Center Against Violence and Abuse (http://www.mincava.umn.edu). He is one of the world's leading authorities on children exposed to domestic violence and has published more than 120 articles and 12 books on domestic violence, group work, and program evaluation. Edleson was recently appointed by U.S. Attorney General Eric Holder to the National Advisory Council on Violence Against Women and elected a fellow of the American Academy of Social Work and Social Welfare. He speaks frequently across the United States and internationally.

Edleson is the co-author with the late Susan Schechter of *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice* (1999). Better known as the "Greenbook," this best-practices guide has been the subject of six federally-funded and numerous other demonstrations across the country.

Most recently he co-edited with Oliver J. Williams the book *Parenting by Men Who Batter: New Directions in Assessment and Intervention* (Oxford University Press, 2007), with Claire Renzetti the multi-volume *Encyclopedia of Interpersonal Violence* (Sage, 2008), and with Claire Renzetti and Raquel Kennedy Bergen the *Sourcebook on Violence Against Women 2nd Edition* (Sage Publications, 2010) and the *Companion Reader on Violence Against Women* (Sage Publications, 2012).

Written Testimony of Jeffrey L. Edleson, Ph.D.

It is my honor to be invited by the Attorney General and your Task Force to testify before you today. The issue of children's exposure to domestic violence (DV) has long been with us, but only recently has received the attention it deserves. The following are key points that your Task Force should consider as you develop national recommendations:

<u>Definition</u>

Childhood exposure to DV should be broadly defined to include a child seeing, hearing, being involved in, or used by the perpetrator in a DV incident. The definition should also encompass the experience of events leading up to and following the incident, such as police intervention or fleeing to safe shelter (Jouriles, MacDonald, Norwood, & Ezell, 2001).

<u>Prevalence and Incidence</u>

- The recent National Survey of Children Exposed to Domestic Violence (NatSCEV) surveyed 4,549 children and youth under age 18. The key findings of the NatSCEV (Finkelhor, Turner, Ormrod, & Hamby, 2009; Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009; Hamby, Finkelhor, Turner, & Ormrod, 2010; Hamby, Finkelhor, Turner & Ormrod, 2011) include the following:

- » 6.6% of children in the United States were exposed to a physical assault between their parents in the past year;
- » 17.9% of children of all ages were exposed to physical violence between parents since birth;
- » 27.7% of older children—those 14 to 17 years of age—reported they were exposed to physical assaults between parents in their lifetime;
- » 33.9% of exposed children also reported co-occurring child maltreatment in the past year (compared to 8.6% of non-exposed children); and
- » 56.8% of the exposed children also reported being maltreated sometime during their lifetimes.

- Children under the age of 5 were disproportionately likely to be present when police arrived at homes where DV had occurred (Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1997).

- Children were frequently present during homicides and attempted homicides. In one study, 35% of children with murdered mothers witnessed their mother's death and 37% found their murdered mothers. Of children who were in homes where there was an attempted homicide, 62% witnessed the violent event and 28% found their mothers afterwards (Lewandowski, McFarlane, Campbell, Gary, & Barenski, 2004).

- More than half of the residents of battered women's shelters are children and youth under the age of 18 (National Network to End Domestic Violence, 2010).

Impact of Domestic Violence Exposure

- Exposed children exhibit similar levels of difficulties as abused children (Kitzmann, Gaylord, Holt, & Kenny, 2003).

- A recent meta-analysis of 60 studies found that exposure was strongly associated with externalized (aggression, anti-social) behaviors among boys and, overall, exposure was strongly associated with the presence of trauma symptoms (Evans, Davies, & DeLillo, 2008).

- NatSCEV results indicate that children frequently intervened by yelling at their parents to stop (49.9%) or calling for help (23.6%); almost half (43.9%) also reported trying to get away from the violence at least once (Hamby et al., 2011).

- 38% of children were accidently hurt during adult-to-adult domestic violence incidents and 26% were intentionally hurt during these events (Mbilinyi, Edleson, Hagemeister, & Beeman, 2007).

- Early childhood exposure to domestic violence is associated with the use of violence in adolescence, as well as in teen and adult intimate relationships (Ehrensaft, Cohen, Brown, Smailes, Chen, & Johnson, 2003; Gil-Gonzalez, Vives-Cases, Ruiz, Carrasco-Portino, & Alvarez-Dardet, 2007; Yates, Dodds, Sroufe, & Egland, 2003; Whitfield, Anda, Dube, & Felitti, 2003).

- Small but significant numbers of children exposed to domestic violence have the same number of problems, such aggressive behavior or being prone to violence themselves, as children who have not. (Grych, Jouriles, Swank, McDonald, & Norwood, 2000).

Select Evidence-based Practices

- Child-Parent Psychotherapy (CPP) is an approach in which mothers and young children (ages 3 to 5) work closely in hour-long sessions for 50 weeks with a mental health therapist on the impact of domestic violence exposure and the parent-child relationship. CPP was found to be superior in achieving healthy child outcomes in a randomized trial comparing CPP to case management with referrals to community service (Lieberman, Van Horn, & Ippen, 2005).

- Project Support is a home visiting program that works with mothers and children, ages 4 to 9, over an eight-month period. Home visit workers help battered mothers restore safety and stability to their family, and, at the same time, work with mothers on their relationships with their children. A comparison to mothers and children receiving existing out-of-home community services has shown this home visit approach to achieve much healthier child outcomes (Jouriles, MacDonald, Norwood, & Ezell, 2001).

- Kids' Club is a 10-week support and education group for children ages 6 to 12. Offering Kids' Club with a co-occurring parenting program of similar length for mothers was shown to be the most effective intervention in a randomized trial (Graham-Bermann, Lynch, Banyard, DeVoe, & Halabu, 2007).

Conclusion

Thank you for inviting me to discuss the scope of children's exposure to domestic violence. The key message I would like this Task Force to remember from my testimony today is that:

- Children's exposure varies;
- The impact of this exposure varies; and
- Thus our responses to these children should vary.

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CHIEF MARSHALL T. GOODWIN
Chief of Police, Baltimore City Schools

Chief Marshall T. Goodwin is the Chief of Police for Baltimore City Public Schools. Prior to this appointment, Chief Goodwin was the deputy chief of police with the Baltimore City Community College Police Department. His career as a law enforcement officer for the citizens of Baltimore City and the State of Maryland has spanned over 30 years, including 25 years in the Baltimore City Sheriff's Office, where he worked from the rank of court security officer to the rank of major. He also served in the Maryland General Assembly representing the 40th Legislative District in Baltimore City and in the Maryland Army National Guard as a Chief Warrant Officer Four. In recent years he has been involved in many charitable activities and civic organizations, including the National Organization of Black Law Enforcement Executives, Maryland Warrant Officers Association, National Guard Association, the Basketball Academy for Academic and Athletics, and Men's Fellowship at Providence Baptist Church Inc., where he has been a lifelong member. He has been actively involved in child advocacy, not only in Baltimore City Schools but also at the state and national levels. His motto: "If I can help somebody, then my living shall not be in vain."

Written Testimony of Chief Marshall T. Goodwin

Good afternoon to the distinguished co-chairs and members of the panel. I am delighted to provide some thoughtful insight on the causes and effects of juvenile violence in urban communities across our country. The main scope of this insight is surrounded by the family and the declining resources available to many communities within our country.

The most prevalent action of disruptive behavior being demonstrated by juveniles in schools today is fighting. Young people have a growing desire to engage in an altercation to resolve conflict rather than engaging in positive conflict resolution.

Behavior of this magnitude often leads to violent behavior being displayed by juveniles in communities today. The causes are related to several factors that in urban cities are consistent across the board in both schools and communities.

First, we must examine the entire family structure and the keys to developing a child's positive behavior in the home versus what is displayed outside the home environment. Today in urban cities, juveniles are being raised by single parents, siblings, and or other family members, which is often due to the death or incarceration of a parent(s) or guardian(s). Most often other family members step up to support the juvenile through their adolescent years.

The family support structure must be demonstrated in the early stages of a juvenile's life. These structures must be provided by those adults who secure guardianship for a child in the absence of the biological parents. Additionally, the growth of the child must be embedded within the entire family structure for positive outcomes. These outcomes, when confronted, are often lagging before the child has entered the educational system.

However, without the proper nurturing and guidance, the educational system must attempt to broaden the child's capability to start positive behavior to change our society.

Today, students deal with several internal emotional issues, which can reflect negative behaviors unless addressed early on in one's life. Our students live and see the reality of our world right before their eyes and in their own communities. If you ask students today if they have lost a loved one or a friend, most will raise their hands. The emotional results oftentimes are not met with the appropriate counseling services, which can also serve as a negative behavior unless addressed properly. Some students, when not properly served, will demonstrate negative behavior due to the result of a family member or friend's death. Counseling today is a major component in how educational systems and medical institutions deal with young people displaying negative behavior. If these services aren't readily available to young people, they will ultimately display this negative behavior unless it is addressed immediately.

Another area of concern in dealing with juveniles involves peer-on-peer violence. Juveniles are more fascinated by using the various social networks (Facebook, My Space, and Twitter) than ever before.

School systems across the country are investigating daily negative comments, or cyber bullying, that are being displayed on various social networks. In our school system we address the problem directly with all parties present to include the parent of each student involved. Oftentimes parents aren't aware of the issue and in some cases they are aware. We have taken a direct approach to resolving all matters of social networking threats of violence to include bullying. Additionally, we have included this type of behavior in our Student Code of Conduct. I personally get directly involved with parent conferencing to ensure all parties that this type of behavior will not be tolerated in our school system. I provide direct support in getting to the root causes of the matter and determine the next steps for resolution. Today, in the Baltimore City School System, we have several methods of resolving conflict resolution among students that provide for safe learning environments.

The partnership developed with several intervention programs, such as Community Conferencing, Teen Court, Peer Mediation and Community Mediation, has served our school district tremendously. These intervention partners have direct insight and expert staff in resolving conflict.

Second, the decline in resources has tremendously impacted many communities across our country. In cities today, it is not hard to find juveniles idle without anything to engage their mind, hearts, or skills during the peak afternoon and evening hours (from 3:00 p.m. to 9:00 p.m. daily). I recall many years ago juveniles were labeled "latchkey kids." The only thing juveniles had to do was to go to school and return home before their parents would return home from a productive day's work. Over the past 20 years I have seen the decline in after-school resources, which has crippled many communities and increased crime among juveniles from the ages of 14 to 18.

Oftentimes, juvenile males can be found on basketball courts or playing in Pop Warner Football Leagues. However, those opportunities have decreased, leading juveniles to crime as an avenue of belonging, such as gangs and drugs.

Finally, in order to reduce violent crime among juveniles today, the following must be addressed without compromise: The whole family structure must be addressed to change the behavior of

our juveniles. Parents must be willing participants and held accountable for the actions of their children. Behavior starts at home and must change at home. Schools should not be responsible for changing behavior, but directing students toward academic success. Lastly, resources must be provided to school districts to help in providing students with after-school and weekend programming to even touch the surface of decreasing juvenile crimes in communities across this country.

SHEILA BEDI, ESQ.
Deputy Legal Director, Southern Poverty Law Center

Ms. Bedi is Deputy Legal Director of the Southern Poverty Law Center (SPLC). She leads SPLC's efforts on behalf of children in Mississippi and Louisiana and provides strategic guidance on select campaigns in other states. Ms. Bedi represents imprisoned children in federal class action litigation challenging unconstitutional prison and jail conditions and school children who have been denied access to public education.

Written Testimony of Sheila A. Bedi, Esq.[1]

The Southern Poverty Law Center (SPLC) works for and with children who are caught up in juvenile justice systems throughout the Deep South. For poor children of color, there are many paths into a juvenile prison. Some of the youth we work with are imprisoned because they live with mental illness—and families are often counseled that the best way to obtain "treatment" is to file charges against a child and get him involved in the juvenile justice system. Others enter the system because schools—now more than ever—rely on the court system to mete out school discipline. Zero-tolerance policies funnel children into the juvenile justice system for minor offenses like schoolyard fights and disruptive classroom behavior. An overwhelming number of youth involved with the juvenile justice system have had contact with the child welfare system and have lived through abuse and trauma. We have worked with a number of youth who end up in the juvenile justice system because there is simply no place for them in the foster care system. And, of course, some youth do end up in the juvenile justice system because they have made poor life decisions.

Despite common perceptions and the images frequently portrayed by the media, the vast majority of children who live behind bars in this country have committed non-violent offenses—often property or drug crimes.[2] That's a distributing fact—as a country we spend millions of dollars annually imprisoning children for relatively minor offenses. But even more devastating is the violence, abuse, and trauma that is so often inflicted upon our children once they enter the juvenile justice system. There's no dollar value we can place on the thousands of young lives that have been altered forever as a result of the abuse they experience inside juvenile prisons and jails.

Here are just a few examples of the violence and abuse endured by the imprisoned children:

- In March 2009, correctional officers brutally assaulted a 17-year-old who was in handcuffs the entire time. The staff members stripped the youth naked, locked him in a cell for 23 hours a day, and beat him when he requested mental health services.[3]

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[1] Elissa Johnson provided significant research and editorial assistance for this testimony. Elissa is an attorney and law fellow who represents imprisoned children in SPLC's Jackson, MS, office.
[2] Justice Policy Institute, *The Costs of Confinement: Why Good Juvenile Justice Policies Make Good Fiscal Sense,* 1, 3 (2009), http://www.justicepolicy.org/images/upload/09_05_REP_CostsofConfinement_JJ_PS.pdf [hereinafter *Costs of Confinement*].
[3] Compl. at 19, *D.W. et al. v. Harrison County, Mississippi*, (No. 1:09 Civ. 267) (Apr. 20, 2009).

- In May 2007, a 16-year-old girl with a history of sexual abuse was left alone with a staff member who was under investigation for a previous incident of abuse. The staff member sexually abused the youth—and three other youth—before he was finally removed from his position. Staff at the same facility forced seven girls—all of whom lived with mental health issues and most of whom had a history of sexual abuse—to wear shackles every day, all day, for over one month.[4]

- In October 2009, a detention center implemented a policy of locking children down in the cells for 23 hours a day. Youth who came to the front of their cells to request water or access to the bathroom were regularly sprayed in the face with mace.[5]

- In June 2010, staff at a juvenile detention center physically assaulted a 15-year-old boy and then handcuffed and shackled him to a wooden chair, leaving him unsupervised in his cell for hours at a county-run juvenile detention center in Mississippi.[6]

- In December 2010, a 16-year-old boy was sexually assaulted by a staff member in a privately run Florida youth prison.[7]

In one particularly brutal and corrupt private, for-profit prison that houses young men ages 13–22 who were tried and convicted as adults, young men endure particularly unspeakable abuses. Staff physically assault youth and sexually abuse them. Youth who are handcuffed and defenseless have been kicked, punched, and beaten all over their bodies. Some youth are stripped naked and held in isolation for weeks at a time. Young men with serious health needs languish without required medical care—sometimes risking death or permanent injury. Many youth are denied the most basic educational services. There have been three suicides, a number of rapes, and staff-instigated youth-on-youth assaults that have left youth with permanent injuries, including one youth who will live with permanent brain damage for the rest of his life.

While these examples occurred in the Deep South, abusive prison conditions are not limited to one region of the country. In fact, studies have shown that abuse in juvenile facilities is practically endemic. In nearly half of the states, there are documented instances of abusive and violent conditions in juvenile facilities since 2000.[8] In 2010, the Bureau of Justice Statistics conducted a survey that included 36,650 youth detained in large juvenile corrections facilities and found that 12% of the youth had been sexually assaulted by staff or other youth during the previous year.[9] According to a report by the Annie E. Casey Foundation, since 1970, there have been 57 lawsuits in 33 states and the District of Columbia where courts have ordered specific remedies and action by detention centers to address unconstitutional and abusive conditions. Fifty-two of those lawsuits alleged physical and sexual abuse by staff, improper and abusive use of isolation and restraints, and a failure to protect youth from harm.[10] The Associated Press

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[4] Second Amend. Compl. at 40-54, *J.A. et al. v. Barbour, et al.*, (No. 3:07 Civ. 394) (Jan. 17, 2008).
[5] Amend. Compl, at 36, *E.W. et al. v. Lauderdale County, Mississippi,* (No. 4:09 Civ. 137) (Nov. 12, 2009).
[6] Compl. at 21, *M.T. et al. v. Forrest County, Mississippi*, (No. 2:11 Civ. 91) (Apr. 20, 2011).
[7] Compl. at 50-55, *D.L. et al. v. Slattery et al.,* (No. 0:10 Civ 61902) (Oct. 8, 2010).
[8] *Id.* at 7.
[9] *Id.* at 6–7.
[10] *No Place for Kids, supra* note 1, at 5.

conducted a national survey and requested data from each state agency that is responsible for overseeing juvenile detention centers, and found that between Jan. 1, 2004 and 2007, there were 13,000 reports of physical, sexual, and emotional abuse by staff members at facilities across the country.[11]

Who Are the Children Most Likely to Endure Abusive Prisons and Jails?
The kinds of abusive conditions imprisoned children must frequently endure would be unconscionable even for people convicted of serious crimes. But the reality is that most of the imprisoned children who live through a sexual assault, a beat down, or prolonged isolation are locked up for very minor offenses. The newest Annie E. Casey publication highlights the fact that a large percentage of youth held in secure detention do not pose a significant risk to public safety.[12] In 2007, only 12% of juvenile offenders who were placed in secure detention were charged with the most serious violent offenses (murder, rape, arson, or aggravated assault).[13] In some states, as many as 20–30% of youth are incarcerated for violating the terms of their probation or some other condition of aftercare, not for committing a new offense.[14]

Children of color are dramatically over-represented in juvenile justice systems across the country. Youth of color comprise 41% of the population, but represent 69% of youth who are detained.[15] This overrepresentation is not because youth of color commit more crimes than white youth. A 2005 study revealed that although White, Black, and Latino youth reported relatively similar rates of drug dealing, white youth comprised 35% of youth detained for drug offenses while youth of color comprised 65% of the confined population.[16] Other data supports the idea that youth of color do not engage in more delinquent behavior than their white counterparts. In 2007, 38% of property crimes were committed by white youth and 38% were committed by Black youth. Further, Black youth committed 37% of the technical violations and white youth committed 34% of the technical violations.

This data suggests that state juvenile justice systems that are rife with abuse and violence target Black and Brown youth. Black and Brown youth enter the juvenile justice system often for non-violent offenses, and are too frequently subject to brutal violence. They are then, eventually, released into their home communities. This is why the violence and abuses suffered by children caught up in our juvenile justice systems affects all of us.

It's not just youth of color who are disproportionately caught up in the juvenile justice system. Researchers estimate that 65–75% of youth in juvenile detention have multiple mental health

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[11] Holbrook Mohr, *13K Claims of Abuse in Juvenile Detention Since '04,* USA TODAY, Mar. 2, 2008, http://www.usatoday.com/news/nation/2008-03-02-juveniledetention_N.htm.
[12] Richard A. Mendel, *No Place for Kids: The Case for Reducing Juvenile Incarceration*, 1, 13 (2011), http://www.aecf.org/~/media/Pubs/Topics/Juvenile%20Justice/Detention%20Reform/NoPlaceForKids/JJ_NoPlaceForKids_Full.pdf. [hereinafter *No Place for Kids*]
[13] *Id.* at 13.
[14] *Id.* at 15.
[15] Annie E. Casey Foundation, *Detention Reform Brief No. 3, Detention Reform: An Effective Approach to Reduce Racial and Ethnic Disparities in Juvenile Justice*, 1 (2009), *http://www.aecf.org/~/media/Pubs/Initiatives/Juvenile%20Detention%20Alternatives%20Initiative/DetentionReformAnEffectiveApproachtoReduceRac/JDAI_factsheet_3.pdf*
[16] *Id.* at 2.

diagnoses.[17] Mental health services in many juvenile justice systems are notoriously terrible—there are documented incidents of children being denied mental health services altogether or being overly medicated. Many of these children enter the juvenile justice system as a consequence for manifestations of their mental illnesses.

Anecdotal evidence suggests that lesbian, gay, bisexual, and transgendered (LGBT) youth are also over-represented in the juvenile justice system—often for reasons related to their orientation. LGBT youth often find themselves disconnected from their families after they come out and are forced to live on the streets. This family disconnection is often a direct path to involvement with the juvenile justice system. Some LGBT youth find themselves imprisoned because a school official or a judge took offense with their gender expression, hairstyle, or choice in clothing.[18] Other LGBT youth end up in the system after defending themselves against pervasive bullying at school and in their communities. Because of the lack of understanding of the special needs of LGBT youth, these youth are particularly vulnerable once incarcerated. In a report published by the Juvenile Justice Project of Louisiana, youth reported that they are asked to perform sexual acts by other youth and threatened with violence if they refuse.[19] In many instances, LGBT youth receive additional charges while incarcerated because they are defending themselves against other youth who are bullying or attempting to physically and/or sexually assault them.[20] The Southern Poverty Law Center has represented many youth who identify as LGBT (or who are perceived as LGBT) and who have endured brutal sexual violence while imprisoned.

Children and the Adult Criminal Justice System

The juvenile justice system was initially created to protect children from the harsh, punitive environment of the adult criminal system. It was designed to rehabilitate youth and recognized that youth are still developing and should be treated differently than adults.[21] In response to shifting political winds, many states began to reverse this trend in the 1990s and began to try youth as adults for certain crimes. The consequences of this policy shift have had a devastating effect on children and on their communities. Youth who are tried as adults are often placed in adult jails where they are at an increased risk of assault or other abuse. Federal law requires strict sight and sound separation for youth in the juvenile justice system from adult offenders, but unfortunately these protections do not extend to youth who are prosecuted in adult court.[22] As a result, youth who are in the adult criminal justice system are among those most likely to endure violence and abuse while imprisoned or detained.

According to BJS statistics, 21% and 13% of all substantiated victims of inmate-on-inmate sexual violence in jails in 2005 and 2006 respectively, were youth under the age of 18

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[17] Justice Policy Institute, *Healing Invisible Wounds: Why Investing in Trauma-Informed Care for Children Makes Sense* 1, 5 (2010), http://www.justicepolicy.org/images/upload/10-07_REP_HealingInvisibleWounds_JJ-PS.pdf [hereinafter *Invisible Wounds*].

[18] *Id.* at 19.

[19] Wesley Ware, *Locked Up and Out: Lesbian, Gay, Bisexual, and Transgendered Youth in Louisiana's Juvenile Justice System* 1, 20, *http://passthrough.fw-notify.net/download/234916/http://www.equityproject.org/pdfs/Locked-Up-Out.pdf*.

[20] *Id.*

[21] Janet K. Wiig & John A. Tuell, *Guidebook for Juvenile Justice & Child Welfare System Coordination and Integration* 1, 105 (2008) http://www.cwla.org/programs/juvenilejustice/jjguidebook08.pdf

[22] Campaign for Youth Justice, *The Consequences aren't Minor: The Impact of Trying Youth as Adults and Strategies for Reform* 1, 8 (2007) , http://passthrough.fw-notify.net/download/131787/http://www.campaignforyouthjustice.org/documents/CFYJNR_ConsequencesMinor.pdf.

(surprisingly high since only 1% of jail inmates are juveniles).[23] These youth are also 36 times more likely to commit suicide in an adult jail than in a juvenile detention facility.[24] The situation for youth held in adult prisons is no less dire; Deborah LaBelle, an attorney working with over 400 youth serving sentences of life without possibility of parole found that 80% of the youth had been sexually assaulted within the first year of their incarceration.[25] The Southern Poverty Law Center represents a putative class of young men who were tried and convicted as adults and who are serving time in a privately run prison, the Walnut Grove Youth Correctional Facility. The 1,200 young men who are currently imprisoned there live in barbaric, unconstitutional conditions. As a result of these conditions, many youth have suffered physical injuries—some permanent. Three youth have lost their lives in this facility over the past three years. Countless others endure daily threats to their safety as a result of the prison's dangerously deficient security policies and the abusive prison guards who torment the youth in their custody. This is just one example of the violence endured by children who are tried as adults throughout the country.

Research shows that young people who are kept in the juvenile justice system are less likely to reoffend than young people who are transferred into the adult system. According to both the U.S. Centers for Disease Control and Prevention and the Office of Juvenile Justice and Delinquency Prevention, youth who are transferred from the juvenile court system to the adult criminal system are approximately 34% more likely than youth retained in the juvenile court system to be re-arrested for violent or other crime. [26]

There is one final characteristic that many youth involved with the juvenile justice system share—these youth are accused of delinquent offenses, but far too often they are also victims themselves. Thirty-four percent of adolescents in the United States have experienced at least one traumatic event; however, for youth who are entering the juvenile justice system, the rate of experiencing at least one traumatic event is 75–93%.[27] Trauma not only includes physical and sexual abuse; it also encompasses youth who have been victims of crimes. Studies indicate that people of color, people who grow up in single-parent households, and people who live in urban areas are more likely to be victimized.[28] A study of youth confined at the Cook County Juvenile Detention Center in Chicago revealed that over 50% of the youth had experienced more than six traumatic events prior to their confinement.[29] Youth who experience maltreatment are more likely to be involved in the juvenile justice system than youth who do not experience child abuse or neglect. Two research studies examined the connection between child maltreatment and

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[23] Beck, A.J., Harrison, P.M., Adams, D.B. (2007, August). *Sexual Violence Reported by Correctional Authorities, 2006.* Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Beck, A. J., Harrison, P.M., Adams, D.B. (2007, August). *Sexual Violence Reported by Correctional Authorities, 2005.* Washington, D.C: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

[24] McGowan, A., Hahn, R., et.al., Effects on Violence and Laws and Policies Facilitating the Transfer of Juveniles from the Juvenile Justice System to the Adult Justice System: A Systematic Review. *American Journal of Preventative Medicine,* 32 (4S), S7-S28.

[25] Testimony of LaBelle, D. (2005, August 19). *At Risk: Sexual Abuse and Vulnerable Groups Behind Bars* (p. 33). San Francisco: National Prison Rape Elimination Commission Public Hearing.

[26] Centers for Disease Control and Prevention. (2007) Effects on Violence of Laws and Policies Facilitating the Transfer of Youth from the Juvenile to the Adult Justice System: A Report on Recommendations of the Task Force on Community Preventive Services. MMWR 2007; 56 (No. RR-9); Richard E. Redding, *Juvenile transfer laws: An effective deterrent to delinquency?* (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention) (June 2010).

[27] *Invisible Wounds, supra* note 9, at 5.

[28] *Id.* at 3.

[29] *Id.* at 5.

juvenile delinquency; researchers found that among males who experienced some form of maltreatment before the age of 12, 50–79%t became involved in serious delinquent behavior.[30] A study conducted by the Child Welfare League of America in Sacramento County, California, examined arrest rates of youth 9–12 years of age and found that youth in that age range were 67 times more likely than their peers who had no contact with the child welfare system to be arrested.[31]

The sad reality is that many of these children enter an unbreakable cycle of violence. They endure violence and abuse in their communities, often act out as a result, and are sent to juvenile facilities where the violence, abuse, and isolation they experience often escalates. They are released home and the cycle continues.

Imprisoning Children and Public Safety

Supposedly, children are sent to prison in an effort to reduce crime and violence in our community. But in reality, the act of imprisoning a child often creates more crime and violence—both inside juvenile prisons and in our communities once children are released from abusive facilities. Based on recidivism rates, secure confinement is an ineffective way to rehabilitate and treat juvenile offenders. The Annie E. Casey Foundation published a report that combined recidivism reports from numerous states and the research clearly indicates that secure confinement is not effectively rehabilitating youth.[32]

- Studies showed that 70–80% youth released from correctional facilities were rearrested within two to three years.
- The research also indicated that a significant percentage of youth who were released from juvenile detention centers and/or training schools were adjudicated delinquent for new offenses—38–58% two years after release and 45–72% three years after release.
- Two years after release, 18–46% of youth are re-incarcerated for new charges and three years after release that figure increases to 26–62%.[33]

In sharp contrast, a study by the Washington State Institute for Public Policy found that alternatives to detention can reduce recidivism by up to 22%. For instance, restorative justice for low risk juveniles reduced recidivism by 8.7%, multi-systemic therapy reduced recidivism by 10.5%, and multidimensional treatment foster care reduced recidivism by 22%.[34]

Conclusion

In conclusion, I'd like to thank the Task Force for the opportunity to testify. I urge the Task Force to recognize that violence inside this nation's juvenile prisons and jails and the violence

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[30] *Id.*
[31] Katherine Wingfield & Rodney Albert, *Breaking the Link Between Child Maltreatment and Juvenile Delinquency,* CHILDREN'S VOICE, March 2001, https://www.cwla.org/articles/cv0103breaklink.htm.
[32] *No Place for Kids, supra* note 1, at 10.
[33] These figures exclude Missouri because Missouri closed its training schools and uses small "treatment-oriented" facilities to treat juvenile offenders. It is important to note that in Missouri the re-incarceration rate three years after release is only 16.2 %.
[34] *Costs of Confinement*, *supra* note 5, at 12.

affecting children who are imprisoned in adult correctional facility is a national crisis that resounds far beyond the prison walls into all of our communities.

Recommendations for Congress

Reauthorize and strengthen the Juvenile Justice and Delinquency Prevention Act.
Congress should use the reauthorization of the JJDPA as an opportunity to strengthen accountability for federal spending, help states protect public safety, hold delinquent youth accountable, and provide rehabilitation services to youth to prevent future crime. Congress should pass a JJDPA reauthorization bill that will:

- Extend the Jail Removal and Sight and Sound separation core protections to all youth under the age of 18 held pretrial, whether charged in juvenile or adult court.

- Strengthen the Disproportionate Minority Contact (DMC) core protection by requiring states to take concrete steps to reduce racial and ethnic disparities in the juvenile justice system.

- Strengthen the Deinstitutionalization of Status Offenders (DSO) core protection, which prohibits the locked detention of status offenders by removing the valid court order (VCO) and Interstate Compact exceptions.

- Provide safe and humane conditions of confinement for youth in state or local custody by prohibiting use of JJDPA funds for dangerous practices and encouraging states to adopt best practices and standards to eliminate dangerous practices and unnecessary isolation.

- Provide a research-based continuum of mental health and substance abuse services to meet unmet needs of court-involved youth and their families, including diversion and re-entry services.

- Assist states in compliance with the JJDPA by establishing incentive grants to encourage states to adopt evidence-based and/or promising practices that improve outcomes for youth and their communities. For states deemed to be out of compliance with any of the core protections, Congress should require that any JJDPA funds withheld for non-compliance are set aside and made available to those states as improvement grants to help them with those particular protections.

Ensure that PREA implementation addresses the needs of detained youth.
The Prison Rape Elimination Act of 2003 (PREA) was passed in recognition of the serious crisis of rampant sexual abuse in corrections and detention facilities nationwide. Youth are especially vulnerable to this abuse, but the bulk of attention and resources devoted to PREA has focused on adult prisons and jails. PREA appropriations have never reached the levels approved by Congress when the law passed. As a result of limited funding, the state grant program—a key component in the statute—has been defunct since FY 2006. Congress should provide sufficient appropriations to implement PREA, including funds dedicated to reducing the sexual abuse of youth in secure facilities and in community corrections.

Extend JJDPA protections to keep youth out of adult facilities.
Congress should amend the JJDPA to extend the Jail Removal and Sight and Sound protections of the act to all youth, excluding those awaiting trial in juvenile or adult court. In the limited exceptions allowed under the JJDPA where youth can be held in adult facilities, they should have no sight or sound contact with adult inmates. Congress should also revise the definition of an "adult inmate" to codify the recent guidance issued by OJJDP. This guidance recommends excluding youth who, at the time of the offense, were younger than age 18 and who have not yet reached the allowable age to be held at a juvenile facility under state law.

Raise the age of juvenile court jurisdiction.
In accordance with the recommendations of the Federal Advisory Council on Juvenile Justice and the Federal Coordinating Council on Juvenile Justice and Delinquency Prevention, Congress should encourage states that have not set the age of adulthood at 18 at the time of the commission of a crime to do so, and provide financial incentives. Further, Congress should encourage states to raise the extended age of juvenile court jurisdiction to at least the age of 21.

Recommendations for State and Local Officials

Systemically reduce the number of children imprisoned by adopting proven data-driven reforms that can save jurisdictions money, increase public safety, and better serve children and communities.
The Annie E. Casey's Juvenile Detention Alternative Initiative (JDAI) helps jurisdictions develop objective admissions criteria that reduce inappropriate detention, ensuring that beds are available for youth who truly need to be confined. Other core JDAI strategies include collecting standardized data to help officials monitor problems and develop solutions, and creating effective alternatives to secure detention that provide youth with the supervision and services they need. With reform efforts underway in approximately 95 jurisdictions in 25 states and the District of Columbia, JDAI works in states that hold nearly 70% of all detained youth nationwide. In its most successful sites, JDAI has dramatically reduced detention populations—in some cases up to 65 %—while simultaneously improving public safety.

Develop a proven continuum of alternatives to imprisonment for children using the Youth Development Approach: [35]

- Youth are viewed as a valued and respected asset to society;
- Policies and programs focus on the evolving developmental needs and tasks of adolescents, and involve youth as partners rather than clients;
- Families, schools, and communities are engaged in developing environments that support youth;

[35] Recommendations adopted from the National Juvenile Justice and Delinquency Prevention Coalition (NJJDPC) http://www.campaignforyouthjustice.org/documents/NJJDPC_Opportunities_for_Congress_Final.pdf
Oregon Commission on Children and Families, *Best Practices Positive Youth Development,* http://www.npcresearch.com/Files/Strengths%20Training%20Binder/44.%20Best%20Practices%20Positive%20Youth%20Development.pdf

- Adolescents are involved in activities that enhance their competence, connections, character, confidence, and contribution to society;
- Adolescents are provided an opportunity to experiment in a safe environment and to develop positive social values and norms; and
- Adolescents are engaged in activities that promote self-understanding, self-worth, and a sense of belonging and resiliency.

An example of youth development programming is the Youth Advocate Program (YAP). The purpose of YAP is to provide rehabilitative service to youth and their families. A fundamental tenet of YAP is to provide individualized service plans for each youth based on his or her interests, needs, strengths, etc. The core principles of YAP include cultural competence, partnership with parents, focus on strengths, teamwork, community-based care, unconditional caring, giving back, and corporate and clinical integrity.[36]

End the practice of trying children as adults.
All states need to implement legislative reform that would raise the age of juvenile court jurisdiction to 18.[37]

There should be immediate action to ban youth from being placed in adult jails and ensure that youth who have been charged as adults receive age appropriate services, including mental health treatment, education, and adequate nutrition.[38]

Pro-actively incorporate families and communities into the rehabilitative process.
Family involvement is a critical part of rehabilitation, but there are several barriers to family involvement with youth who are incarcerated. The distance of state training schools and regional facilities make it difficult for youth's families to visit regularly. Some families feel their lack of knowledge of the system and lack of resources prevent their meaningful involvement with their child during confinement.[39]

Parents should be involved in the treatment process while their child is incarcerated in order to better support their child when he or she is living back in the community. It is ideal for parents to be involved prior to a child's release so that they are able to benefit from the supports and rehabilitative programming offered to their child.[40]

Develop strong, independent oversight for all prisons, jails, and other juvenile justice facilities that house children.
The Office of Juvenile Justice and Delinquency Prevention sets forth the components of an effective independent monitoring system. The independent monitoring system should be (1) fully

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[36] *See* http://www.yapinc.org/core-principles/ for more information about the Youth Advocate Program
[37] Campaign for Youth Justice, *supra* note 31, at 20.
[38] *Id.*
[39] Trina Osher & Pat Hunt, *Involving Families of Youth Who are in Contact with the Juvenile Justice System,* 1, 3 (2002), http://www.ncmhjj.com/pdfs/publications/family.pdf.
[40] Lili Garfinkel, *Improving Family Involvement for Juvenile Offenders with Emotional/Behavioral Disorders and Related Disabilities,* 36 BEHAVIORAL DISORDERS 52, 56 (2003).

autonomous; (2) supported by clear statutory authority to conduct the investigation and gather relevant information; (3) given unrestricted access to facilities, records, and residents; (4) provided with adequate funding for sufficient staff and resources to fulfill responsibilities; and (5) staffed with qualified individuals who have expertise on standards of conditions in the facilities and the legal rights of youth.[41]

Harrison County Juvenile Detention Center, Biloxi, Mississippi

[41] Center for Children's Law and Policy, *Independent monitoring systems for juvenile facilities* 1, 1-2 (2010), *http://www.cclp.org/documents/Conditions/Fact%20Sheet%20--%20Independent%20Monitoring%20Systems%20for%20Juvenile%20Facilities.pdf*.

Lauderdale County Juvenile Detention Center, Meridian, Mississippi

Annotated Bibliography

Dubowitz, H., & DePanfilis, D. (2009): Child welfare in the USA: In theory and practice. *International Journal of Child Health and Human Development, 2*(3), 305–312.

This report discusses the status of child welfare in America. It concludes that the U.S. system is "reasonably developed," although major problems persist. First, the report notes that the definition of neglect is problematic. A proposed alternative definition of neglect focuses on children's basic needs rather than parental behavior—when children's needs are inadequately met, they experience neglect, regardless of the cause. This framework is characterized by an emphasis on the needs of the family, and the authors deem it to be a more constructive strategy for working with families. Overall, the report states that major strengths in the child welfare system include the legal affirmation of the importance of protecting children and the government's right to do so; the extensive development of child protective services (CPS), law enforcement, and judicial systems to address the problem; and system responsiveness to a report of alleged maltreatment by any concerned citizen. The authors list major weaknesses, including "vastly inadequate" resources allocated to CPS agencies and resource allocation that funds forensic evaluations far more than prevention and support efforts. Mental health care was noted as a particularly difficult service to provide maltreated children. Encouragingly, prenatal and perinatal visitation by nurses has been shown to help prevent child maltreatment. The authors conclude that such alternative evaluation strategies, prevention, and support should be bolstered nationwide.

Edleson, J. L., Nguyen, H.T., Kimball, E. (2011). *Honor our voices: A guide for practice when responding to children exposed to domestic violence.* Minneapolis, MN: Minnesota Center Against Violence and Abuse (MINCAVA).

This *Practices* guide aims to increase the awareness and sensitivity of shelter advocates and other social service professionals to the needs of children exposed to domestic violence (DV) and to suggest promising ways of responding to these children's needs. The authors note that while over one fourth of children report having been exposed to DV, few professionals are trained to address their needs. These children may face extensive challenges, including attachment disorders, depression, post-traumatic stress disorder (PTSD), aggression, and loss of self-esteem among teenagers, and, by age 30, depressed occupational achievement. Exposure is also correlated with increased risk of being bullied at school, compounding the child's experience of violence.

The authors suggest a series of strategies to improve services. They encourage policies that create welcoming environments that allow children to maintain their daily routines when they reside at domestic violence shelters, focusing on their strengths, engaging them in the safety-planning process, and providing ongoing support throughout their lifespan. Other critical recommendations include developing cooperative relationships between DV advocates, child protection workers, and police, who have traditionally had different roles and purposes. Police are encouraged to make arrests without children present, offer comfort, and document the presence of children in DV incidences. In short, the authors conclude that the needs of children exposed to DV must be elevated at all levels of service provision.

Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2011): *Children's exposure to intimate partner violence and other family violence, National Survey of Children's Exposure to Violence.* Juvenile Justice Bulletin. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention.

This bulletin discusses the data on exposure to family violence in the National Survey of Children's Exposure to Violence (NatSCEV), the most comprehensive nationwide survey of the incidence and prevalence of children's exposure to violence to date. The authors, who were also primary researchers for the NatSCEV study, find that, nationwide, roughly 8.2 million children and youth, or 11%, were exposed to violence in the past year. By young adulthood, this number rises to one in four. Significantly the study examined type of exposure and found that 90% of youth exposed to inter-personal violence were eyewitnesses. The NatSCEV study also recorded children's responses, showing that more than one half of youth reported yelling at their parents during a fight or trying to get away from the fighting. In addition, the bulletin suggests that NatSCEV findings offer new tools for addressing this issue, particularly by providing a baseline estimate using a sound and replicable methodology to monitor trends and a more systematic understanding of all types of exposure to intimate partner violence. The bulletin concludes that, most importantly, protocols and programs need to recognize that exposure to violence occurs in a wide array of family relationships and that the vast majority of children who are exposed to violence witness it firsthand.

Mendel, R. A. (2011): *No place for kids: The case for reducing juvenile incarceration.* Baltimore, MD: Annie E. Casey Foundation. (http://www.aecf.org/OurWork/JuvenileJustice/JuvenileJusticeReport.aspx).

This report details pervasive flaws in states' reliance on large correctional facilities, including the high levels of danger they present for youth. It states that since 1970, systemic violence, abuse, and/or excessive use of isolation or restraints have been documented in the juvenile corrections facilities of 39 states, comprising a sustained pattern of maltreatment. Safety and abuse problems include widespread physical abuse and excessive use of force by facility staff; sexual abuse by staff and other youth, overreliance on isolation and restraint, and youth-on-youth violence. The report details a 2010 national study that found that 42% of youth said they were afraid of being physically attacked, with equal proportions saying they were afraid of attack by staff and by youth. Rates of re-arrest are between 70 and 80% nationally and time in correctional facilities has been shown to increase criminality, particularly for those with lower risk profiles and those with less serious offending histories. The report concludes that reforms should include limiting eligibility for correctional placements, investing in small and promising non-residential alternatives for only the most high-risk offenders, changing financial incentives to encourage counties to hold youth at local facilities, and using data to hold state and local systems more accountable. The report notes that significantly lowered rates of correctional placement occur when policies such as "zero tolerance" school discipline are no longer used. Increased legal representation and decreased lengths of stay have also correlated with better outcomes.

The Need for Knowledge: Measuring Children's Exposure to Violence

The Need for Knowledge: Measuring Children's Exposure to Violence

Introduction
Professionals involved in the field of children's exposure to violence have faced a longstanding struggle to ensure accurate and adequate measurements of the many forms of violence that children experience. This panel will explore the availability of national statistics, the burden on care providers to recognize and record a child's experience with violence, and the challenge of tracking the intergenerational impact of different forms of violence within communities. Panelists will introduce various forms of research and data collection, and the methodological challenges that arise. From their clinical and research perspectives, these panelists will discuss both successes and deficits in current knowledge and how these impact policymaking.

Dr. David Finkelhor is a professor of sociology, Director of the Crimes Against Children Research Center, and Co-Director of the Family Research Laboratory at the University of New Hampshire. He is a foremost researcher in the area of childhood exposure to violence and an expert in national data analysis.

Dr. Phil Leaf is a professor and Director of the Johns Hopkins Center for the Prevention of Youth Violence. The Center works to reduce youth violence, analyzing Baltimore City neighborhoods to understand how risk, protective factors, and rates of youth violence vary throughout the community.

Dr. Elizabeth Thompson is Director of Kennedy Krieger Institute's Family Center, which treats children and families with exposure to abuse and violence. She is also the project director for the Family Center's Integrated Trauma Approaches Program and presents frequently on implementation of evidence-based treatment and family-informed trauma treatment.

Dr. Theodore Corbin is Medical Director of the Healing Hurt People violence intervention program and Co-Director of the Center for Nonviolence and Social Justice. Dr. Corbin's work aims to interrupt the cycle of violence and trauma experienced by urban youth and to prevent re-injury through trauma-informed care.

DAVID FINKELHOR, PH.D.
Director, Crimes against Children Research Center
Co-director, Family Research Laboratory
Professor of Sociology, University of New Hampshire

Dr. David Finkelhor is Director of Crimes Against Children Research Center, Co-Director of the Family Research Laboratory, and professor of sociology at the University of New Hampshire. He has been studying the problems of child victimization, child maltreatment, and family violence since 1977. He is well known for his conceptual and empirical work on the problem of child sexual abuse, reflected in publications such as Sourcebook on Child Sexual Abuse (Sage, 1986) and Nursery Crimes (Sage, 1988). He has also written about child homicide, missing and abducted children, children exposed to domestic and peer violence, and other forms of family violence. In his recent work, for example, his book, Child Victimization (Oxford University Press, 2008), he has tried to unify and integrate knowledge about all the diverse forms of child victimization in a field he has termed developmental victimology. This book received the Daniel Schneider Child Welfare Book of the Year award in 2009. Altogether, he is editor and author of 12 books and over 200 journal articles and book chapters. He has received grants from the National Institute of Mental Health, the National Center on Child Abuse and Neglect, the U.S. Department of Justice, and a variety of other sources. Honors include the Distinguished Child Abuse Professional Award from the American Professional Society on the Abuse of Children, 1994; the Significant Achievement Award from the Association for the Treatment of Sexual Abusers, 2004; with his colleagues, the Child Maltreatment Article of the Year award, 1995; and the election as a fellow of the American Society of Criminology, 2007.

Written Testimony of David Finkelhor, Ph.D.

I am David Finkelhor, Director of the Crimes Against Children Research Center at the University of New Hampshire, lead researcher on the National Survey of Children Exposed to Violence, someone who has conducted studies on this issue for 35 years, much of it in close collaboration with the U.S. Department Justice.

In the wake of the Penn State coaching scandal, a lot of people would like to know how many children are abused by coaches every year and whether that number has been going up or down. Unfortunately, we don't know. We also don't know how many were abused by staff or volunteers of youth-serving organizations. We also do not know how many children are abused by teachers every year. Or how many are abused by religious officials. The Catholic Church, in the wake of its scandal, commissioned its own study and found out that the majority of victims of clergy abuse were adolescent boys. This is very useful and important information for addressing the problem. But when it comes to coaches we don't know whether most of the children abused are boys or girls, are adolescents or preadolescents.

In fact, we actually do not even know the total number of people who are arrested for any form of child molesting in this country every year. We have numbers for sexual abuse substantiated by the child protection system, but lots of child molestation is investigated directly by police and not child welfare and that part is not counted. This is all pretty disappointing and a major public policy concern. It's also a source of great anxiety to parents and the topic of thousands of media stories. Yet basic facts about numbers and trends are not available.

Moreover, this is not the only very embarrassing gap in our knowledge about children exposed to violence and abuse. We don't know how many child abductions occur every year. I get called by the media regularly when a couple of children are abducted in a few weeks' time. Are we having an epidemic of abductions? We don't know. How many children reside in families where a parent is arrested for domestic violence? We don't know.

These are not numbers that would be difficult to gather and publicize. The Justice Department gathers and publicizes a lot of data about crime. But it just so happens that these crimes, which are very salient to the public, are not on the list. Forcible rape, robbery, and motor vehicle theft are on the list. Child molestation, abduction, and exposure to domestic violence are not.

I'd like to contrast this to the public health domain. The Centers for Disease Control and Prevention gather yearly national information about 60 different diseases, so that trends and geographical and demographic patterns can be tracked, and epidemics thwarted and prevented. Some of these diseases are so obscure you have never heard of them: Q fever, Powassan virus disease. But child molesting we can't count.

Now some of these gaps will be partially remedied when the new FBI-sponsored National Incident-Based Reporting System, or NIBRS, eventually comes online. NIBRS does collect data about a range of sex crimes against children and about child abductions. But the full national implementation of this NIBRS system is still likely 20 years in the future, I would imagine. And even it won't allow the tracking of reports about coaches, teachers, or religious officials, or the number of children exposed to domestic violence.

The Justice Department invests a lot of resources into data gathering about crime and the justice system. But child victims have not been well-served by much of this system. Here are some suggestions I would make to improve the knowledge base about children exposed to violence and crime.

1. Expedite the national implementation of the NIBRS system. Get it done in 5 years and not 25. It has already been in development for 15 years.

2. Refine the NIBRS data categories to make them better suited to the knowledge that is needed about crimes against children. Therefore, we need categories specific to child-related professions like teachers and coaches. Make the sex crime categories more specific.

3. Expand the National Crime Victimization System to cover crimes against children. Incredibly, the nation's most sophisticated, annual survey of crime victimization does not count crimes to persons younger than age 12. And it only counts forcible sexual assaults, not the kinds of non-forcible crimes that occur to so many children.

4. Make the National Survey of Children Exposed to Violence an annual or biennial component of the regular data collection agenda conducted by U.S. DOJ.

5. Explore what the data potential is from the NCIC, the National Crime Information Center. Missing children must be reported to this Center by law, so national information about child kidnappings is potentially available. But the categories used by the center and its reluctance to be used for data-gathering purposes have stood in the way.

6. Explore the data potential of aggregating dependency court data. Lots of data is currently available about juveniles as offenders through the juvenile court data gathered and published by U.S. DOJ. This same court system has data about abused and neglected children, but it is not similarly aggregated, analyzed, and published.

7. Explore what could be done to provide identifiers so that children can be tracked from one data system to another, so we could better understand how child victims progress to child offenders.

The USDOJ has another obvious role it could play in this area. The DOJ, through the NIJ and OJJDP, has helped to create and publicize an outstanding body of research about what works in preventing juvenile delinquency and offending. It is one of the most evolved areas in social science in that, thanks to DOJ efforts, we now know a considerable amount about how to effectively prevent and intervene in juvenile offending. We need that same highly evolved body of research about how to prevent and intervene in juvenile victimization, abuse, and exposure to violence. DOJ needs to take leadership in funding research and publicizing the evidence about what works to prevent exposure to violence during childhood. We have lots of promising ideas, but the scientific knowledge needs to be solidified and disseminated.

Finally a small but symbolically important suggestion: The name of the Office of Juvenile Justice and Delinquency Prevention should be changed. That Office does a lot more than delinquency prevention. It has a large division of child protection and it is nearly as involved in victimization prevention as it is in delinquency prevention. The simplest thing to do would be to shorten the name to the Office of Juvenile Justice. Justice for juveniles can mean helping them avoid exposure to crime and violence victimization as well as dealing with the justice system and its aftermath, so it would more accurately encompass the focus on victims. I think it would be a fitting recommendation from this Task Force to adjust titles to the new reality, and signal an even-handed concern about both victims and delinquents in their encounters with the justice system.

PHILIP J. LEAF, PH.D.
Professor and Director, Johns Hopkins Center for the Prevention of Youth Violence

Dr. Philip J. Leaf is a resident of Baltimore City and a professor in the Department of Mental Health at the Johns Hopkins Bloomberg School of Public Health with joint appointments in the Schools of Medicine, Nursing, Education, and Arts and Sciences. He is the director of the Johns Hopkins Center for the Prevention of Youth Violence funded by CDC, and the senior associate director of the Johns Hopkins Urban Health Institute. He also co-directs the Prevention and Early Intervention Center funded by NIMH and NIDA and directs the Child and Adolescent Mental Health Services and Service System Research Training Grant funded by NIMH. Dr. Leaf is a founding member of the Baltimore Interfaith Coalition and serves on its executive committee. Dr. Leaf has published numerous articles related to the epidemiology of mental disorders, substance abuse, and violence, as well as factors related to the implementation of community-based prevention and remedial interventions.

Since 1995, he has served as a mayoral appointee to the board of the Family League of Baltimore City, Inc. and for more than 20 years has worked with community-based organizations and public agencies to improve the opportunities and assets available to Baltimore's children, youth, and families. Dr. Leaf served as the executive director of the Baltimore Child Development-Community Policing Program. In 2005, Dr. Leaf received the Martin Luther King, Jr. Community Service Award from Johns Hopkins University. On November 21 of this year, Dr. Leaf received the 2011 Agus-Shehan Interfaith Leadership Award from the Central Maryland Ecumenical Council.

Dr. Leaf received his Ph.D. from the University of Wisconsin in 1978 and did a postdoctoral fellowship at Yale University, where he served on the faculty prior to joining Johns Hopkins University in 1991.

Written Testimony of Philip J. Leaf, Ph.D.

I would like to thank the Attorney General's National Task Force on Children Exposed to Violence for the opportunity to discuss some of the factors that cause many youth in Baltimore to be exposed to violence and those factors that either reduce exposure or increase resilience for those exposed. I have lived in Baltimore for more than 20 years. Although my residence here corresponded with some of the nation's highest rates of youth violence, recent reductions exemplify what can be done when efforts of residents and agencies align.

With a population of 639,343, Baltimore City is the largest city in Maryland and the 20th largest in the country. Baltimore also ranks as one of the poorest jurisdictions in Maryland, one of our nation's most affluent states. Once a major manufacturing and transportation center, Baltimore currently has a primarily service-sector economy. Although Baltimore is home to one of the nation's best hospitals, as well as highly rated schools of medicine, public health, nursing, and education (www.usnews.com/sections/rankings), generations of youth in Baltimore have experienced high rates of violence, drug use, mental illness, teenage pregnancy, school drop-out, and juvenile and adult criminality. Many children in Baltimore live in low-income households with 84% of the students attending Baltimore City Public Schools being eligible for free or reduced-cost meals. Many Baltimore students do not feel safe in school or going to or from

school. It is important to recognize that risks in Baltimore vary greatly from neighborhood to neighborhood, as does life expectancy (Furr-Holden et al. 2008).

Table 1
Demographic Characteristics of Baltimore Youth
in the Targeted and Comparison Communities

	Baltimore City
Demographics (% of total) (USCB, 2008; USCB, 2008)	n (%)
Total Population	639,343
Males, ages 10–24	65,252 (10.2%)
Females, ages 10–24	74,773 (11.7%)
School Data (% students agreeing)	
Poverty (free/reduced priced meals rate)	84.0%
Attendance Rate	93.2%
Suspension Rate	17.5%
Crime (per 1,000 population) (BCPD, 2010)	
Shooting & Homicide Victims (10–24)	1.2%

Youth in Baltimore experience high rates of violence because Baltimore consistently has one of the nation's highest murder rates, with many youth losing family members, friends, neighbors, or their own lives. From 1999 to 2007 the average annual homicide rate was 6.6/100,000 for youth ages 10–14, 89.8 for ages 15–19, and 126.9 for ages 20–24 (CDC, 2010), placing youth at particularly high risk. According to the Baltimore City Police Department, there were 436 homicides from 2006 to 2009 among youth ages 10–24. Baltimore youth also experience a number of other factors placing them at high risk for youth violence. According to the June 2007 Maryland State Epidemiological Outcomes Workgroup and the Maryland Compendium of Cross County Indicators for Underage Drinking (2008), Baltimore City has the state's highest rates for: (1) dependence or abuse of illicit drugs in the past year; (2) drug-related burglaries; (3) property crimes that are drug related; (4) percentage of all drug-induced deaths in the state; (5) alcohol-induced death, murders, robberies, rapes, and other violent crimes; and (6) alcohol abuse. Baltimore also has high rates of adolescent dating violence (Fredland, Campbell, & Han, 2008), associated with adolescent intimate partner femicide (Glass, Laughon, & Campbell, 2008).

School failure and concerns about school safety are major contributors to violence in Baltimore's communities. Baltimore was one of the first school systems in the country to have multiple schools identified as being "persistently violent" based on number of suspensions and/or expulsions for fighting or other interpersonal violence. Data from the Baltimore City School Climate Survey indicate that many students do not feel safe in school and/or going to and from school. These data indicate the need for integrated community-school interventions because

issues in the community impact students, and violence or disputes that begin in school can continue in the community. Until a few years ago, Baltimore could have been considered the prototype for the school-to-prison pipeline. As we discuss later, significant improvements have been made in city schools over the past few years.

Schools also can play a critical role in reducing the number of youth who become disengaged because of academic failure or poor school climate. Youth of school age who are not in school are at much higher risk for involvement in the juvenile justice system than those who attend regularly. Due to their high rates of dropout and related school climate issues, the Baltimore City Public Schools have been labeled "dropout factories" by leading educational researchers (Belfanz & Legters, 2004). In 2006, the Baltimore City graduation rate ranked 47th out of the 50 largest school systems in the nation, with only 37.6% of students graduating (Swanson, 2009).

Baltimore City youth also face other challenges. This situation is changing but middle school students have not benefitted as much from improvements as younger children. According to the 2007 Youth Risk Behavior Surveillance Survey, 67% of Baltimore City high school students were sexually experienced compared to 48% nationwide. And after several years of decline, the birth rate among female teens (under 18) is on the rise. To aid Baltimore City Public Schools in identifying factors related to youth violence, the Johns Hopkins Center for the Prevention of Youth Violence helped to develop a school climate surveillance system for Baltimore City Schools, which annually captures data on all students (grades 3–12), parents, and staff district-wide. In Baltimore, principals are required to consult with their community-school councils prior to submitting their annual budget requests to the CEO, and plans for improving school climate is one of the activities that must be included in these annual reports. These data also are used in the evaluation of principal performance and the data are available publicly to parents and others to monitor the performance of all of Baltimore's public schools.

Research has identified a number of factors related to violence such as poverty (Snyder & Sickmund, 1999), poor parental supervision (Petras, Kellam, Brown et al., 2008), harsh and erratic discipline, delinquent peers (Lambert, Bradshaw et al., in press), drugs (Wasserman, McReynolds, Fisher et al., 2003), school drop-out (Staff & Kreager, 2008), and mental health problems (Arseneault, Moffitt, Caspi et al., 2005). There is considerable evidence from carefully controlled preventive intervention trials that risk and protective factors and processes are modifiable (Bradshaw, Zmuda et al., 2009; Cheng et al., 2008; Petras, Kellam, Brown, et al., 2008; Kellam, Brown, Poduska, et al., 2008; Furr-Holden, Ialongo, Anthony, et al., 2004; Ialongo, Edelsohn, & Kellam, 2001; Kellam, Brown, Poduska, et al., 2008; Storr, Ialongo, Kellam, et al., 2002; Wilcox, Kellam, Brown, et al., 2008). Moreover, mental illness, physical health problems, substance use, and academic problems frequently co-occur with aggression and interpersonal violence in childhood and adolescence (Fredland, Campbell, & Han, 2008; Kessler, Burglund, Demler, et al., 2005; Moffitt, 2006; NRC & IOM, 2009; Williams, Fredland, Kub, Han, & Campbell, 2009), and often have overlapping risk and protective factors (NRC & IOM, 2009; Guerra & Bradshaw, 2008). The public health perspective (NRC & IOM, 2009) acknowledges the overlap in the etiology of violence and behavioral and mental health problems, and thus has placed an increased emphasis on multi-agency collaborations and multifaceted approaches to address common concerns, such as violence, substance abuse, mental disorders, and academic performance (Cornell & Mayer, 2010; Hawkins, Herrenkohl, Farrington, et al., 2000; Leaf, 2005).

The violence being targeted in Baltimore is not only shaped by individual characteristics but also by a number of factors that are nested in individuals, peer relationships, families, neighborhoods, schools, and society (Bronfenbrenner, 1979). In addition to aiding in an understanding of the social contexts within which the violence occurs (Swearer, Espelage, Vaillancourt, et al., 2010), this approach is useful in guiding our understanding of factors required for high fidelity and sustainable interventions. The successful public health interventions have followed a social-cognitive/social learning framework (e.g., Bandura, 1973, 2001; Crick & Dodge, 1994; Huesmann et al., 1996). Such programs aim to promote healthy social norms and social skills related to avoiding violence (Boxer & Dubow, 2001). The Chicago CeaseFire Program, implemented in Baltimore as Safe Streets, is one of these programs.

A number of school-based interventions have been identified that greatly reduce violence and aggression (Bradshaw, Zmuda et al., 2009; Ialongo et al., 1999, 2001; Durlak & DuPre, 2008), and these interventions have been widely disseminated (Hawkins, Oesterle, Brown, et al., 2009; Miller & Hendrie, 2009; Hahn, Fuqua-Whitley, Wethington et al., 2007). However, relative to the number of programs created for elementary school youth, there are few school-based programs created specifically for middle schoolers (Guerra & Bradshaw, 2008). Multifaceted approaches, which address multiple risk and protective factors at various levels across the social ecology, hold great promise for communities (Flay et al., 2004; Holder et al., 2000; Hawkins et al., 2009; Spoth, 2008; Spoth et al., 2007). These causes can be observed in our city's most violent neighborhoods: concentrated poverty, high unemployment, environments dense with alcohol outlets and abandoned houses, illegal drug markets, illegal access to guns, inadequate parental and community monitoring of youth, school failure, and social norms that too often condone the use of violence when faced with a conflict or provocation (Lindstrom-Johnson, Finigan, Bradshaw et al., in press; Solomon, Bradshaw et al., 2008) and underscore the importance of developing prevention initiatives that are multifaceted and based on scientific evidence (NRC&IOM, 2009). Recent studies indicate positive impacts of multifaceted community initiatives on a range of outcomes, including alcohol use/abuse and youth violence (see Domtirovich, Bradshaw, et al., 2009; Flay et al., 2004; Holder et al., 2000; Hawkins et al., 2009; Spoth et al., 2007). Such efforts are also particularly attractive to community members, as they integrate resources and supports across multiple service sectors to address a range of needs (Spoth, 2008).

Programs may be necessary but they are not sufficient. Research indicates that implementation quality matters considerably (Durlak & DuPre, 2008), as program outcomes observed in real-world settings often differ greatly from those achieved in efficacy studies (Domitrovich, Bradshaw, et al., 2008; Fixsen, Naoom, Blase, et al., 2005). Therefore, in addition to identifying needs, greater attention needs to be paid to scale-up of evidence-based violence prevention efforts (Fixsen, Naoom, Blasé, et al., 2005; Saul, Duffy, Noonan, et al., 2008; Woolf, 2008). These include the (1) application of a multi-phase developmental framework for community-based teams working in partnership with supporting organizations and systems; (2) utilizing data systems for epidemiologic assessment of community levels of risk and protection to guide the selection of tested and proven preventive interventions, monitoring progress relative to goals and benchmarks at each phase of development, and assessing youth outcomes; (3) implementing tested and proven programs, practices, and policies that address shared predictors of health and behavior problems; (4) ongoing monitoring of the implementation quality of specific programs, practices, and policies employed; (5) a strategic plan for sustaining community prevention

teams' efforts; (6) ongoing, proactive training and technical assistance for community teams; and (7) infrastructure to support all of the above core factors.

Finally, there is increasing recognition of the critical role played by community members in mounting and sustaining health promotion and disease prevention efforts (Minkler & Wallerstein, 2003; Viswanathan et al., 2004). In particular, efforts including ex-offenders and community-based programs have proven effective in changing attitudes and behaviors related to violence.

Lessons Learned

Baltimore is making progress in reducing youth violence. For example, Baltimore City Public Schools have reported a 56% decrease in dropout rates over the past three years, with graduation rates increasing 10% (BCPS, 2010). Baltimore's homicides declined 38% and nonfatal shootings dropped by 55% after the city adopted a multipronged approach to reducing gun violence. Over the past 10 years, faculty from the Johns Hopkins Center for the Prevention of Youth Violence have been involved in numerous efforts that have focused on individual-level risk and protective factors (Bradshaw, Schaeffer, Petras, et al., 2010; Cheng et al., 2006; Jones et al., 2009), family and peer relationships (Bradshaw, Sawyer, & O'Brennan, 2007; Murray et al., 2010), classroom and school climate (Bradshaw, Koth, Bevans, et al., 2008; Bradshaw, Koth, Thornton, & Leaf, 2009; Bradshaw, Zmuda, et al., 2009; Fredland, Campbell, & Han, 2008), neighborhood assets and risks (Furr-Holden et al., 2009; Lindstrom-Johnson, Finigan, Bradshaw, et al., in press), street outreach programs to promote nonviolent social norms (Webster, Vernick, & Mendel, 2010; Mendel, Webster, & Vernick, 2009), factors affecting program effectiveness and public policies (Webster et al., 2004) related to the reduction of youth violence, and the increase in positive youth development and functioning.

Disrupting the School-to-Prison Pipeline

As described in a recent report by Dr. Andres Alonso, CEO of Baltimore City Public Schools, Baltimore has made significant progress in disrupting the school-to-prison pipeline. One component of this effort is getting increased community and family involvement in city schools and providing choices in both high schools and grades 6–8 for all city students. As described in Dr. Alonso's report included as an appendix to this testimony (Alonso 2011), if resources are in schools and:

- School communities have autonomy over resources;
- Resources are allocated transparently according to a formula based on student population and characteristics; and
- There is appropriate guidance, support, and accountability from the district office.

Then school communities will make improved decisions based on school needs, and student achievement will increase.

In summary, engaged parents and community partners are critical to a strong school community. Over the past three years, Baltimore City Schools have increased local school budget autonomy from 3% of the school budget to 80% of the school budget. There has been a great expansion of school options both in middle and high school grades with all students offered choices of

schools. Partnerships have been strengthened with teachers and administrators; and paraprofessionals, families, and communities have been meaningfully engaged. As described in Alonso 2011, first grade reading scores on the Stanford 10 have increased from 38% of students being at the national average in 2004 to 55% being at the national average in 2010, with first-grade math scores increasing from 44% in 2004 to 67% in 2010. In grades 3–8 combined, only 49% of the students were proficient or advanced in reading with 72.4% being proficient or advanced in 2010. The increase for math was even greater moving from 34% proficient or advanced in 2004 to 63% in 2010. In part this was accomplished by decreasing the number of habitually truant students from 9,266 in 2004 to 5,669 in 2011.

The graduation rate increased by 19% since the 2006–07 school year, and the number of students dropping out of school decreased by 55% since 2006–07. In 2005, there were almost as many students dropping out as receiving diplomas, 3,241 vs. 3,643. In 2011, there were 4,575 students graduating and only 1,139 dropping out. The improvement was even more significant for African American males, the group in Baltimore most likely to be homicide victims or perpetrators. In 2004, there were 1,291 diplomas awarded to African American males in Baltimore vs. 1,781 African American males dropping out. In 2011, there were 1,788 African American male graduates and only 607 African American male dropouts. From 2006–07 to 2010–11, there was a 60% decrease in dropouts overall and a 73% decrease in dropouts from 9th grade. Over time, this will translate to a significant increase in life expectancy and well-being, as both of these outcomes are related to educational achievement.

School-based interventions, when implemented with high fidelity, also can help reduce youth violence. Another factor promoting positive school climate in Baltimore and throughout Maryland is Positive Behavior Intervention Supports (PBIS) Maryland. PBIS Maryland is led by staff from the Maryland State Department of Education, Sheppard Pratt Health System, and faculty from the Johns Hopkins University, and includes staff from all of Maryland's public school systems. PBIS Maryland collaboration has trained and supported more than 825 of Maryland's public schools (more than 60% of all schools in the state) in the use of the universal positive behavior supports (www.pbismaryland.org) (Barrett, Bradshaw, et al., 2009).

An example of a community-based effort to prevent youth violence: Safe Streets/CeaseFire. Applying lessons learned from public health efforts to prevent the spread of infectious diseases, Gary Slutkin developed CeaseFire, a program to reach high risk youth in communities with high rates of gun violence, help them mediate disputes nonviolently, and promote social norms that eschew violence (Skogan, Hartnett, Bump, et al., 2008). CeaseFire employs street outreach workers—typically former gang members—to develop relationships with high risk youth, steer those youth to resources to reduce their risk (e.g., job training), serve as positive role models, and mediate disputes that could potentially lead to shootings. These activities are complemented by efforts to mobilize the broader community using community events and media campaigns to deliver a clear message: Violence is unacceptable and results in negative consequences for all involved. An evaluation of CeaseFire in Chicago found shootings declined in six of seven intervention neighborhoods and that the program was associated with significant reductions in retaliatory homicides in four of seven neighborhoods studied (Skogan, Hartnett, Bump, et al., 2008). When program implementation was interrupted as a result of funding cuts, shootings increased in the affected areas. Baltimore replicated CeaseFire under the name Safe Streets in some of its most violent neighborhoods, beginning in July 2007, and we documented 50% reductions in homicides in the two neighborhoods where the program was implemented with

fidelity and changes in acceptance of using guns to settle disputes (Webster, Vernick, & Mendel, 2010). In contrast, there were no significant reductions in gun violence within the communities that implemented Safe Streets with low fidelity.

Despite making significant progress in the past five years in reducing the number of youth committing or experiencing violence, Baltimore continues to have one of the nation's highest murder rates and ranks within the most dangerous cities in the United States (FBI, 2009); many of Baltimore's communities continue to have high rates of youth violence. Based on the advances made to date, it is clear that future efforts to reduce youth violence need to be multifaceted and:

- Use surveillance data to identify areas with the highest rates of gun violence;
- Develop a community coalition involving clergy, community-based organizations, and relevant city agencies (public health, police, schools) to promote positive alternatives to violence;
- Include a campaign promoting a clear message of nonviolence using media and community events;
- Use outreach to high risk youth to provide mentoring, alternatives to violence, and referrals to services to reduce risk factors and increase protective factors;
- Mediate conflicts involving youth that have the potential to result in serious violence; and
- Utilize an emergency medicine/trauma care-based effort to prevent retaliatory violence involving individuals treated for gunshot injuries.

Increasingly, Baltimore is engaging community-based organizations, community residents, and youth in developing and implementing violence prevention estimates. As has been demonstrated with recovery programs, persons who serve as positive examples of the change to be achieved can be an important component on a community violence prevention effort.

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ELIZABETH THOMPSON, PH.D.
Director, Kennedy Krieger Family Center
Project Director, Integrated Trauma Approaches Program, KKFC

Dr. Elizabeth Thompson earned her Ph.D. in clinical psychology from the University of North Carolina at Chapel Hill in 1987. Since 2006, she has served as the director of the Family Center at Kennedy Krieger Institute. The Family Center consists of three distinct programs—Outpatient Mental Health, Therapeutic Foster Care, and Early Head Start, and provides treatment and early intervention services to children and families with exposure to abuse, violence, and major loss. She is the project director for the Family Center's Integrated Trauma Approaches Program, a Category III site in the National Child Traumatic Stress Network (NCTSN), and the Family Center administrative lead for the Family Informed Trauma Treatment (FITT) Center, an NCTSN Category II collaborative effort between the Family Center and the University of Maryland Schools of Medicine and Social Work. As a member of the NCTSN, Dr. Thompson is recognized for her contributions to several national workgroups and "expert panels," advancing key initiatives in the child traumatic stress field. She has an established track record of optimizing mental health service delivery to traumatized children and families through organizational management, workforce development, policy and program development, grant management, regulatory compliance, and community relations. Recent professional presentations relate to child traumatic stress, organizational implementation of evidence-based treatment, family informed trauma treatment, and cultural relevance in clinical service delivery.

Written Testimony of Elizabeth Thompson, Ph.D.

The Family Center at Kennedy Krieger Institute (KKFC) is a department of the Johns Hopkins-affiliated specialty hospital that is internationally recognized for improving the lives of children and adolescents with emotional and developmental disabilities through patient care, training, research, and special education. The center has three programs: Outpatient Mental Health, Therapeutic Foster Care, and Early Head Start. This testimony is based on observations and findings in the Outpatient Mental Health Program.

Program Description

The Family Center's Outpatient Mental Health Program is an urban community-based center that provides evidence-supported, trauma-informed (TI) mental health treatment for families with children who have a history of abuse, neglect, domestic, and/or community violence exposure. From January 1, 2010 to December 31, 2010, treatment services were provided to 1,069 children and families in 20,337 visits. Most children receiving mental health services live in Baltimore City. The majority of the children (≈75%) served by KKFC staff are African American. Over half of the children (52%) treated at KKFC have a history of out-of-home placement and over a third (37%) are currently living with relative or non-relative caregivers. Approximately half of the children treated at KKFC are male (52%). Percentages of children treated by age at KKFC include 10.6% of the children who were 0–5 years of age, 47.1% who were 6–11 years, and 42.3% who were 12 years and older. Mean age of children was 11.5 years (SD =3.7). KKFC treats a significant number of children who have experienced multiple traumas that interact to result in ongoing emotional and behavioral dysfunction (see Table 1). Children had an average number of three (SD = 2) adverse experiences.

Table 1. Exposure to Adverse Childhood Experiences (N=1046)

Adverse Childhood Experiences	**N (%)**
Neglected	426 (40.7%)
Separated From Parent	834 (79.7%)
Sexually Abuse/Assaulted	356 (34.0%)
Physically Abused	299 (28.6%)
Domestic Violence Exposure	258 (24.7%)
Community Violence	85 (8.1%)
Abandoned	98 (9.4%)
Emotionally Abused	43 (4.1%)
Death of Parent/Caregiver	312 (29.8%)

KKFC clinicians provide an array of TI services in home, school, community, and center-based settings, including psychiatric evaluation and treatment; psychological evaluations; individual, family, and group therapeutic interventions; and case management. The 50-member clinical staff includes child psychiatrists, child psychologists, clinical social workers, professional counselors, psychiatric nurses, case managers, recreational therapy assistants, and sign language interpreters. KKFC has bi-lingual therapists on staff to address the needs of the Hispanic and deaf communities.

The KKFC Outpatient Mental Health Program has been a funded member of the National Child Traumatic Stress Network (NCTSN) since 2003. Dedicated to best practices, the Family Center has implemented and sustained eight evidence-supported treatments (ESTs) for children exposed to trauma/violence and the majority of clinicians are trained in at least two of these. In 2009, the center won the Substance Abuse and Mental Health Services Administration Science to Service Award for the successful implementation of Trauma Focused-Cognitive Behavior Therapy. In keeping with a commitment to increase the capacity of the workforce who provide clinical services to children exposed to violence to deliver high-quality care, our Trauma Training Academy has trained 2,000-plus mental health professionals and community service providers on TI practices and ESTs.

Measurement Challenges

The data system at KKFC includes documenting type and number of traumatic events/violence exposures as well as an analysis of the impact (i.e. symptoms) of these experiences at baseline, during, and at the end of therapeutic intervention (termination). In an effort to accomplish systematic collection of this information, over the past 10 years, we have used therapists, unpaid undergraduate research assistants from universities in the Baltimore area, and paid research assistants with college degrees. Our success with collection has been varied due to several reasons including the following:

- Eliciting information at baseline is challenging prior to the establishment of trust and rapport, which frequently results in under-reporting with increases in exposures and symptoms seen in the early therapeutic engagement period.

- Medical and billing documentation as well as productivity requirements compete for therapists' time.

- Eliciting information may increase risk of re-experiencing and should be conducted by trained and supervised individuals.

- Necessary tracking/monitoring systems and processes can create an organizational burden.

Additionally, the reliance on self-reporting for many of the measures gives rise to issues of informant reliability and concordance. Frequently, parents are relied upon as informants, but we found that elementary age children were more sensitive to reporting violence exposure that predicts behavior problems than their parents. With regard to behavior (symptoms) the correlation between children's self-report of behavior and parents' reports of their children's behavior is frequently low and can be disparate. In a community sample, we found the discordance between parent and child increased with more parent risk factors (e.g. substance abuse, domestic violence, mental health, incarceration). Thus, the most vulnerable children were least likely to have their parents identify their emotional and behavioral problems. Multi-informant assessments are highly recommended, but again, can prove burdensome at the organizational level. In a separate project—a public trauma awareness campaign that we conducted a few years ago in several neighborhoods with high incidence of violence according to police reports—we discovered that many individuals living in the communities only considered events/exposures that resulted in death to be traumatic; whereas the experience of gunfire, assault, robbery, gang activity, etc., were not identified as traumatic.

Due to legal guardianship/consent issues, children in foster care (many who have been removed from their families of origin due to abuse) are particularly vulnerable and under-represented in our current understanding of violence exposure and its impact. It may be worthwhile to consider expanding the definition of violence in an effort to more fully capture this population. It could be argued that abandonment and neglect are forms of violence against children, but because they represent the absence of something rather than an active event, often neither gets tracked unless related to a larger event. More information is needed on placement stability/instability, mental health outcomes, and effectiveness of interventions for children in foster care.

The final challenge noted is that of measurement selection. Some of the most widely used instruments with excellent psychometric properties (i.e., Child Behavior Checklist) may not be valid in identifying child behavior problems in urban children with a history of trauma/violence. There are developmental, cultural, and racial differences in the characteristics associated with violence exposure, which may inform instrument development and use. In one study we found that a newer instrument (Behavioral and Emotional Rating Scale) that measures inter/intra personal and family strengths to be more sensitive to changes in functioning during and post treatment than the Parenting Stress Index.

Additional recommendations include the following:

- Datasets across multiple federal agencies could be linked to provide a more comprehensive picture of childhood violence exposure and its impact. The NCTSN Core Data Set provides an example of the benefit of data sharing across institutions.

- Detailed information on childhood violence that goes beyond national prevalence data is needed to inform policy.

THEODORE CORBIN, M.D., MPP
Co-Director, Center for Nonviolence and Social Justice
Assistant Professor, Department of Emergency Medicine,
Drexel University College of Medicine
Medical Director, Healing Hurt People

Dr. Ted Corbin is an Assistant Professor in the Department of Emergency Medicine at the Drexel University College of Medicine. He also serves as the Medical Director of the Healing Hurt People Program, an emergency department–based, trauma-informed intervention strategy that identifies victims of intentional injury. Most recently Dr. Corbin was awarded the Stoneleigh Foundation Fellowship Award to do research on demonstrating the effectiveness of the Healing Hurt People Program.

Dr. Corbin received his master's in public policy from the Woodrow Wilson School at Princeton University. In 2006, Dr. Corbin was recognized by the *Philadelphia Business Journal* as one of the "Forty Under Forty" for his work in youth violence. In 2005, he was awarded a Soros Physician Advocacy Fellowship.

Dr. Corbin is a graduate of Lincoln University. He taught biology at a New York public high school for two years. He completed his medical degree at the Drexel University College of Medicine in Philadelphia, and then completed his residency in emergency medicine at Howard University Hospital in Washington, D.C. Dr. Corbin is Board-certified in emergency medicine and was recently appointed Director of Drexel's MD/MPH program.

Written Testimony of Theodore Corbin, M.D., MPP

My name is Dr. Theodore Corbin and I am assistant professor in the Department of Emergency Medicine at the Drexel University College of Medicine in Philadelphia. At Drexel University I also direct a trauma-informed violence intervention program called Healing Hurt People. This program focuses on victims of interpersonal injury who were seen in the emergency department and are at risk for recurrent injury or death. The program uses trauma assessment, intensive case management, and trauma treatment to address both the physical and psychological wounds of trauma. Today I will be speaking from my experience as an emergency medicine physician in a city with a high rate of violent injury. My goal in this testimony is to put forth, as clearly as possible, my belief that there is a strong link between early childhood adversity and exposure to violence and the types of violence we see among young people in the emergency department, most of whom are young men of color.

As you know, homicide is the leading cause of death for black men between the ages of 15 and 24. In 2009, this group suffered almost 92,000 nonfatal injuries. According to CDC data for 2007, this group suffered 2,916 homicides, or 79% of all homicides in this age group.

According to the CDC, in 2005 63,715 individuals under the age of 30 were hospitalized for assault-related injuries. The medical cost of these injuries exceeded $1.2 billion, and the work-loss cost of these injuries exceeded $4.2 billion. Yet we know that only one in 10 victims of assault who present to the emergency department are hospitalized. In 2005 903,856 persons

under the age of 30 were seen in emergency departments and released for assault-related injuries. The medical cost of these assaults was $1.39 billion and the work-loss cost was $2.78 billion.

We also know that violence is a chronic problem. Sims and colleagues documented in Chicago that 44% of victims with a penetrating injury suffered a recurrent penetrating injury in the subsequent five years. This study also showed that the mortality rate at five years from all causes in this cohort was 20%, and in 70% of the deaths substance abuse was listed as a contributing cause on the death certificate.

From my perspective, and that of my colleagues, I consider this the cycle of violence. I understand that when I see a patient in the emergency department who has suffered a violent injury, he/she is at risk for being injured again. While typically the risk of re-injury is attributed to individual behavior, we now understand that the consequences of trauma—specifically hypervigilance, re-experiencing, dissociation, and avoidance—combined with the often toxic social environments in which many of our impoverished young people live create the conditions for reinjury. Similarly, because these young people do not feel safe, they often feel pressure to retaliate against their assailants in order to demonstrate that they are not weak and will not tolerate victimization.

The growing science of stress, allostatic load, and the biological effects of posttraumatic stress disorder confirms what we have observed for years. Our approach has been to incorporate this new science into an intervention that capitalizes on the vulnerable moment of injury and hospitalization to heal the wounds of trauma and to help the victim enter a path toward recovery. While several well-designed studies have demonstrated the positive impact of hospital-based interventions on criminal justice involvement for victims of violence, relatively few of these programs have been implemented across the country. Because the initial studies utilized randomization, we now consider it unethical to randomize participants to a *no intervention arm* as we seek new approaches to incorporating trauma-informed methods with the goal of demonstrating a decrease in recurrent injury. This poses a challenge for evaluation of these programs. However, the fact that such programs have already been demonstrated as effective continues to lift our efforts.

At this point I fully believe that such interventions are effective and are a critical component of healthcare for this vulnerable population. The greatest challenge to the success of these programs is the lack of funding support. Currently, supports for the vast majority of such programs comes from limited foundation or government grants. I believe that given the cost of injury and the potential to interrupt the cycle of violence, these services should be reimbursed by Medicaid and private insurers. Effective intervention would not only decrease medical costs but could conceivably decrease costs in the criminal justice system by decreasing retaliation and other illegal behaviors.

While there are many strategies to intervene in the cycle of violence, identification in an emergency department and hospitalization presents a unique opportunity to intervene with a population at highest risk. A 1989 study found hospital readmission rates for youth for recurrent violent injuries are as high as 44% due to assault and 20% due to homicide over a five-year follow up (Sims & Bivins, 1989). Since then, other studies of retrospective chart reviews have noted similar rates (Reiner & Pastena, 1990; Pooler & Griswold, 1993; Morrissey & Byrd, 1991; Goins & Thompson, 1992; Claassen & Larkin, 2007). Without intervention, hospitals discharge

violently injured patients to the same violent environments where they were injured, without a prescription for staying safe and with community pressure to seek revenge. Too often, this results in a revolving door of violence, causing even more injuries, arrests, incarcerations, and, sadly, deaths. In 1996, The American Academy of Pediatrics (AAP) published a report pointing out that while "it has been routine to treat victims of child abuse, suicide attempts, and sexual assault via multidisciplinary care protocols…no care guidelines exist that address the unique needs of" violently injured adolescents (AAP, 1996). Two years later, the U.S. Department of Justice's Office for Victims of Crime took the next step by recommending that hospital-based counseling and prevention programs be established in communities grappling with gang violence.

Emergency departments are resource-rich settings for identifying young victims of violence, collecting data to help craft best practices, and intervening. According to "Children's Exposure to Violence: A Comprehensive National Survey," clearly more needs to be done at all levels of policy and practice to identify young people at risk from exposure to violence and to coordinate the delivery of services to them. This study mentions the need to involve emergency room physicians, nurses, and social workers in responding to the needs of these youth and in connecting with other service providers in the young person's life to coordinate services (Finkelhor et al., 2009). Similarly, a 2001 report from the Surgeon General identified hospital emergency departments as an important source for data about youth violence (U.S. Department of Health and Human Services, 2001).

Each year, over 1.5 million victims are treated in hospitals nationwide for nonfatal gunshots, stabbings, and other physical assault injuries; approximately 30% are males of color. In 2009, hospital emergency departments, a key point of contact for young males of color, treated a total of 940,000 young people ages 15–34 years for nonfatal injuries sustained from assaults (CDC, undated). A national study found 44% of those under age 24 and hospitalized for violent injuries were later readmitted due to violence and 22% became victims of homicide (Bonderman, 2001). Violence is the leading cause of death for African American males between the ages of 15 and 34, and the second leading cause of death for young Latino males. By contrast, violence ranks as the fifth leading cause of death among white males in the same age group.

To compound this health disparity, young male victims of interpersonal violence, particularly African-American and Latino victims, face barriers to health and human services that undermine their future life chances, health, and well-being. Consequences of violent injury too often hurt victims long after initial treatment and hospital discharge, especially young victims of color (Cunningham, Knox, & Fein, 2008; Bonderman, 2001). The impact on these victims can be profound, affecting mental and physical health and altering their interactions with others. In addition, as experts in the field explain, "[t]he health and human service systems that serve boys, young men and their families are fragmented, do not share common knowledge or language, compete for limited resources, and are under stress." When these victims interact with staff in these stressed systems, trauma-related issues can negatively affect service access and success (Rich, Corbin, Bloom et al., 2009).

In 1998, the U.S. Department of Justice's Office for Victims of Crime (OVC), in response to an American Academy of Pediatrics' report on youth violence, "recommended that hospital-based counseling and prevention programs be established in medical facilities that provide services to gang violence victims" (OVC, 1998). The OVC also reported that health care and criminal justice systems respond less sympathetically to violently injured youth, particularly African-

American male victims of gun violence, than to other crime victims. They noted that, "[w]hatever the reason for the disparate treatment of these victims, we must not ignore them. Assumptions about the blameworthiness of young African-Americans and Hispanics shortchange a large segment of the population and perpetuate racial stereotyping" (Bonderman, 2001).

Hospital-based programs have started to change the traditional approach to working with this vulnerable population. Today, the National Network of Hospital-based Violence Intervention Programs (NNHVIP), founded in 2009, connects 16 member programs from Boston, Chicago, Oakland, Philadelphia, and other cities across the country to continue improving services. (NNHVIP programs are in the following cities: Antioch/Richmond, CA; Baltimore, MD; Boston, MA; Camden, NJ; Chicago, IL; Cincinnati, OH; Davis, CA; Indianapolis, IN; Las Vegas, NV; Milwaukee, WI; Oakland, CA; Philadelphia, PA; Richmond, VA; Sacramento, CA; San Francisco, CA; and Savannah, GA). NNHVIP supports the notion that there is a demonstrated need to improve access to services for this population; to connect with violently injured youth at the hospital bedside (the teachable moment), stick with them after discharge, and ensure that traditional service providers (hospitals, schools, mental health, job training, etc.) as well as the criminal and juvenile justice systems can fully help them heal.

NNHVIP History

Fifteen years ago, at the height of the cocaine wars when this cycle was nearing a frenzy, medical staff and community representatives in Oakland, California (Youth ALIVE!'s Caught in the Crossfire*)* and in Milwaukee, Wisconsin (Project Ujima) launched intervention programs starting at the hospital bedside to interrupt this cycle of violence. They recognized that the period of time when a wounded young person is lying alone and scared in a hospital bed provides a window of opportunity to start the work to prevent retaliation and reinjury. Subsequently, other deeply affected medical and community workers in several other cities established hospital-based intervention programs to intervene in this "cycle of violence."

In 2008, Youth ALIVE! (the agency that established the first of these programs*)*, applied for and received funding to bring nine hospital-based intervention programs from around the country together to discuss common issues and to establish common ground. At this first symposium, the group unanimously agreed to form the National Network of Hospital-Based Violence Intervention Programs (NNHVIP). By the end of the symposium, participants identified and agreed to serve on NNHVIP working groups —steering committee, research, policy, and workforce development—and find the resources needed to support the work of those groups. Since then, NNHVIP has grown to 16 programs across the country including Boston, San Francisco, Baltimore, Chicago, Philadelphia, Camden, Las Vegas, Davis, Richmond, Savannah, Milwaukee, Indianapolis, Antioch, and Sacramento. As the network expanded the decision was made to relocate the NNHVIP headquarters from Youth Alive! to a setting where a more diverse range of shared resources would be able to sustain the work. The NNHVIP steering committee solicited proposals from its member organizations and ultimately selected to relocate the leadership to Philadelphia, under a shared collaboration between the Center for Nonviolence and Social Justice (CNSJ) at Drexel University, the Philadelphia Collaborative Violence Prevention Center (PCVPC) at Children's Hospital of Philadelphia (CHOP), and the Firearm Injury Center at the University of Pennsylvania (FICAP). In transferring the leadership of the NNHVIP to this Philadelphia collaborative, the steering committee recognized that these three organizations have a proven track record of collaboration in youth violence prevention science, practice, and policy. Each brings independent and complementary strengths to this collaborative.

Existing programs that are part of the NNHVIP have developed a range of best practice interventions to engage victims of interpersonal violence in an array of health, human service, and education/employment training services. Frontline field staff from these hospital-based programs help young victims of violence access, engage in, and navigate health and human services as well as criminal/juvenile justice systems before and after they leave the hospital. Such programs have been found effective in linking violence survivors with community-based services and reducing re-injury and criminal activity (Liebschultz et al., 2010).

While each of these programs produces positive outcomes (Becker et al., 2004), they have identified barriers both external and within their own programs to providing more positive outcomes, such as "vicarious trauma" experienced by staff members. Within hospital-based violence intervention programs, lack of knowledge about trauma and trauma-informed skills too often impedes the ability of staff members, particularly those who have experienced severe trauma themselves, to serve their clients. Within the traditional service providers and justice systems with which these staff members attempt to engage clients, this lack of understanding about trauma further impedes success. Too many providers see young male victims of color this way: "He didn't just get shot; he got himself shot" (Cooper, Eslinger, & Stolley, 2006). Hospital-based violence intervention staff members repeatedly encounter barriers that undermine their clients' access to and engagement in services. The circumstances, stigma, and reactions to injury for these victims of violence exacerbate existing cultural and racial disparities in access to traditional services (Shibru, Zahnd, Becker, Bekaert, Calhoun, & Victorino, 2007). Such repeated "failures" affect program staff and injured youth. In a larger context, these "failures" also increase health-care costs and impact the mental, physical, and economic well-being of fragile communities in which widespread interpersonal violence persists.

The challenges young male victims of color face in accessing services and in successfully connecting with services that work for them are in part influenced by their life experiences, including exposure to significant trauma. Dr. John Rich and I, NNHVIP leaders and authors of *Healing the Hurt: Trauma-Informed Approaches to the Health of Boys and Young Men of Color* (Rich, 2009), describe these life experiences as complex and powerful, and suggest that attempts to address the health of boys and men of color must consider the impact of these social determinants. When trauma's impact is poorly understood, interactions between providers and victims often result in a spiral of dysfunctional interactions that raise barriers to successful use of services. We describe it this way in the report: "As a result [of the effect of trauma on individuals and institutions], parallel processes occur among traumatized clients, stressed staff, frustrated administrators and pressured organizations. Service delivery can often mimic the traumatic experiences that have proven so harmful to the clients served" (Liebschultz et al., 2010).

Again, I fully believe that such interventions are effective and are a critical component of health care for this vulnerable population. The greatest challenge to the success of these programs is the lack of funding support. I also fully believe that healing is possible by addressing the trauma that our young men and boys have encountered.

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Corbin, T. J., Rich, J. A., Bloom, S. L., Delgado, D., Rich, L. J., & Wilson, A. S. (2011). Developing a trauma-informed, emergency department–based intervention for victims of urban violence. *Journal of Trauma & Dissociation, 12*(5), 510–525.

The authors, physicians at Drexel University School of Medicine and staff at the Center for Nonviolence and Social Justice, introduce an emergency department intervention for victims of intentional injury (e.g. use of guns and knives) that seeks to measure a youth's holistic experience of violence and its effects and disrupt cycles of violence. The program, *Healing Hurt People,* was created in response to multiple and repeated urgent care visits, particularly from males aged 15 to 24 years. The program engages a trauma-informed process to help youth understand the effects of trauma and gain coping skills to manage difficult emotions, loss, and stress. The program builds on research linking past trauma, and individuals' perceptions of limited life possibilities, with future violence. Trauma-trained social workers and community intervention specialists provide case-management, mentoring, psycho-education, and case review. Data is collected on all participants and a database has been compiled; future support will fund a more complete assessment of outcomes data. The authors conclude that emergency departments of urban hospitals are resource-rich settings for identifying young victims of violence, gathering data, and intervening.

Finkelhor, D., & Wells, M. (2003, January). Improving data systems about juvenile victimization in the United States, Child Abuse & Neglect, 27(1), 77–102.

This paper, by researchers at the University of New Hampshire's Crimes Against Children Research Center, suggests three broad categories of improvements for a number of data systems that measure aspects of children's exposure to violence. (These systems include the National Child Abuse and Neglect Data System and the Supplemental Homicide Report, among others.) First, data systems could expand the coverage of the systems to include more jurisdictions or other segments of the population. Second, in order to be more comprehensive and specific to child victimization, the systems need to create more specific data items, questions, or response categories. Finally, the data systems need to be modified to provide continuity and interrelationships among systems, either by using uniform definitions, or integrating data systems to facilitate the tracking of children across systems. In addition, the authors note that data systems are neither managed nor utilized in any coordinated way and that users and managers of different data sets need to work across agencies to learn from other systems.

Milam, A., Furr-Holden, C., & Leaf, P. (2010). Perceived school and neighborhood safety, neighborhood violence and academic achievement in urban school children. *The Urban Review, 42*(5), 458–467.

The authors of this study, from Johns Hopkins University, highlight the adverse impact of perceived safety and community violence exposure on primary school children's academic performance. Conducted in Baltimore, the study measures neighborhood-level exposure to violence and its relationship to youth outcomes. It uses the Neighborhood Inventory for Environmental Typology Methods in which children, parents, and teachers self-report about their

sense of safety in schools. Standardized testing provides data on academic achievement. The study is innovative in that few others have used either self-reporting or objective measurements of community climate. The study concludes that students' sense of safety within the school correlated to higher standardized test scores in reading and math. A sense of safety traveling to and from school correlated with higher scores while reports of weapon possession, drug and alcohol abuse, and broken windows and desks in schools were associated with negative outcomes. The study could not, however, control for the root causes of neighborhood violence and those of poor academic achievement. When controlling for poverty proxies such as free or reduced-cost lunch, the correlation of violence with academic achievement decreased. As a result, the authors conclude that poverty could be a more important predictor of academic achievement than neighborhood violence, or that neighborhood violence could simply compound the former's effects. Still, these preliminary findings strongly support the relationship between neighborhood violence and academic achievement among urban elementary students.

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The Core Data Set of the National Center for Child Traumatic Stress (NCCTS)/National Child Traumatic Stress Network (NCTSN) was the first collection of behavioral health data to include a set of forms and assessment measures designed to systematically capture important demographics, trauma exposure, client functioning, treatment, and services information for youth and families affected by trauma. The Core Data Set includes data on over 10,000 children from more than 50 current and former NCTSN sites and affiliates, including Baltimore's Kennedy Krieger Institute. Initial analyses on functional impairments suggest a 60% success rate of treatment for traumatized children and adolescents and statistically significant improvements in emotional outcomes. Data relate to clinical evaluation, evidence-based interventions, and service utilization and are published for the Network's health care professionals. A particular programmatic success has been enhancing sites' capacity to administer and score standardized assessments, instrumental for implementing evidence-based treatments. Future goals include greater analysis of new populations including military families and refugees.

The Impact on People and Communities of Children's Exposure to Violence

The Impact on People and Communities of Children's Exposure to Violence

Introduction
This panel will explore the effects of CEV on the bodies and minds of young people, and on the social fabric they live within. Panelists will discuss a wide range of questions about the impact of CEV, from brain development to juvenile justice system contact. This panel will also explore innovative and collaborative approaches to protecting and healing young people exposed to violence.

The Honorable Patricia M. Martin is President of the National Council of Juvenile and Family Court Judges. She is a former lead judge in NCJFCJ's Child Victims Act Model Courts Project and promotes alternative court processes for children, such as the Court Appointed Special Advocates.

Dr. Steven Berkowitz is a child and adolescent psychiatrist and an associate professor of clinical psychiatry at the University of Pennsylvania, Department of Psychiatry. Dr. Berkowitz is director of the Penn Center for Youth and Family Trauma Response and Recovery.

Dr. Lauren Abramson is Founder and Executive Director of the Community Conferencing Center in Baltimore. Dr. Abramson has examined how childhood exposure to violence correlates to juvenile offending, and how alternatives to detention that incorporate trauma healing for youthful wrongdoers reduce recidivism.

Mr. Adam Rosenberg is Executive Director of the Baltimore Child Abuse Center. Prior to directing the center, he served as a prosecutor in the Domestic Violence Unit and the Sex Offense Unit of the Baltimore City State's Attorney's Office.

THE HON. PATRICIA M. MARTIN
Presiding Judge, Child Protection Division, Circuit Court of Cook County, Illinois
President, National Council of Juvenile and Family Court Judges

The Hon. Patricia M. Martin is Presiding Judge of the Child Protection Division of the Circuit Court of Cook County, Illinois. Judge Martin received her appointment in January 2000, and since that time has worked to improve the division. The innovative programs she has introduced there have received media attention and have been duplicated by jurisdictions across the country. During her tenure as presiding judge, the child protection division's caseload has declined from more than 27,000 cases to fewer than 7,000 cases, a reduction of over 56%. In addition to performing her administrative duties, Judge Martin continues to hear complex and high-profile cases in the child protection division.

Judge Martin's expertise in child welfare matters has received national and international attention. She has presented at local, national, and international conferences on child abuse/neglect topics and has received numerous awards for her work. She is the president of the board of trustees of the National Council of Juvenile and Family Court Judges. She is a member and past chair of the Supreme Court of Illinois Judicial Conference Study Committee on Juvenile Justice and a member of the Illinois Supreme Court Special Committee on Child Custody Issues.

Prior to her appointment as presiding judge, Martin was assigned to the trial section of the law division of the Circuit Court of Cook County. Judge Martin was elected to the bench in 1996. From 1986 to 1996, she was an assistant Cook County public defender where, prior to rising to deputy chief, Fifth District, she tried misdemeanor and felony cases. Judge Martin has a Jurist Doctorate from Northern Illinois University College of Law in DeKalb, Illinois, and a Bachelor of Arts from Middlebury College in Middlebury, Vermont. She also studied at the University of Nairobi in Kenya, East Africa. Judge Martin garnered academic honors at each of these institutions.

Written Testimony of The Hon. Patricia M. Martin

Good afternoon and thank you for the opportunity to speak with you. My name is Patricia Martin. I am the president of the board of trustees of the National Council of Juvenile and Family Court Judges, an organization that, since its founding in 1937, has dedicated itself to improving the effectiveness of the nation's juvenile and family law courts. I am also the presiding judge of the child protection division of the Circuit Court of Cook County, one of the largest courts of its kind in the nation serving approximately 7,000 abused and neglected children. My remarks will focus on three projects: the child protection mediation program of the Circuit Court of Cook County, the model courts program of the National Council of Juvenile and Family Court Judges, and Project ONE of the National Council of Juvenile and Family Court Judges.

The Child Protection Division mediation program began in 2001 as a pilot program accepting a limited number of cases meeting certain criteria. Subsequently the pilot was expanded to accept any child protection case at any time in the court process. In 2001, child protection division judges referred 46 children's cases to the mediation pilot. In 2010, the division's judges referred 1,160 children's cases to mediation.

This increase in referrals is a reflection of several factors. First, the increase reflects the move from pilot to full implementation. Second, the increase reflects the growing acceptance of and confidence in mediation. Third, the increase reflects a recognition that mediation is appropriate at all phases of court involvement.

Initially, attorneys and judges resisted mediation, believing that all issues should be resolved in court. They viewed mediation simply as a type of settlement conference. Gradually this view changed as the legal actors began to recognize that mediation could address issues that were difficult to address in the courtroom. For example, in many cases, significant communication or relationship issues were barriers to implementing visiting and permanency plans. This growing acceptance allowed the court to expand the scope of cases eligible for mediation.

Today, all new cases are referred to mediation at the initial court hearing. This enables the parties to reap the full benefits of mediation and to begin the court process in a less adversarial manner. In addition, cases may be referred at any time during the life of the case, when a party requests mediation, or when the judge believes mediation would be helpful.

The design of the mediation program is key to its success. We designed our mediation program to empower the parties to a case to craft their own solutions to the problems facing the family. The mediation program employs a facilitation model where professional mediators employed by the court facilitate a discussion among the participants. The mediators do not suggest solutions. Rather, they serve as guides to the parties to ensure that appropriate communication takes place.

To ensure that the parties do not feel coerced, mediation is voluntary. The judge refers the case to mediation and the parties are required to appear. Once they appear and attend an introduction explaining the mediation process, they are free to leave at any time. If the parties choose to stay, the only requirement is that they agree to mediate in good faith. If parties choose to leave, the mediators may facilitate a conversation among the remaining parties, although no formal agreement will emerge out of these conversations.

Once the session begins, the mediators do not restrict the discussion to the issues identified in the court order. Often family members and caseworkers introduce other issues during their opening statements that are important to a full discussion, and to moving the case forward. Some of those issues are not admissible in court or relevant to litigation. Nevertheless, they are vital to progress in the case. Mediation encourages the participants to raise, discuss, and attempt to resolve all issues that may be interfering with permanency for the children. At the conclusion of the session, the parties may choose to reduce any full or partial agreements to writing. The parties, with assistance from the mediators, draft their own written agreements.

Mediation occurs in a specifically designed, designated space within the courthouse. In addition, mediation is confidential. With limited exceptions (e.g. new allegations of abuse or neglect or threats of violence), nothing said during mediation is admissible in court.

By taking cases out of the courtroom, we have been able to level the playing field between attorneys, caseworkers, parents, and others who are significantly involved in the children's lives. Moreover, in providing this forum, we have been able to move beyond legal positions and explore the interests underlying those positions.

Exit surveys of participants have consistently demonstrated the value of mediation. These evaluations are consistently favorable. Of particular interest are the comments that the participants make regarding the mediation process. Many participants state that mediation was the first time they felt able to express themselves and have their concerns heard. While this demonstrates that mediation has a benefit beyond resolving legal issues, the mediation sessions result in some form of written agreement in approximately 38% of cases. In addition, the parties often reach agreements that they choose not to commit to writing. These results take on added significance in light of research from other jurisdictions that demonstrate parties are more likely to comply with solutions that they helped fashion than they are with solutions imposed upon them.

The Model Court Program of the National Council of Juvenile and Family Court Judges is a network of jurisdictions representing nearly 30 states and the District of Columbia. The appendix to my written testimony contains a full listing of current and past model courts. In joining the Model Court program, each jurisdiction commits itself to work collaboratively with its stakeholders toward court improvement. A key to that collaboration is that the model courts form partnerships with their respective child welfare agency counterpart to enact systems change. In return for technical assistance and other support from the national council, each model court continually assesses its child protection case processing. Model courts focus on identifying barriers to timely permanency for abused and neglected children and creating innovative solutions to overcome those barriers.

During its tenure as a model court, the child protection division has improved its relationships with the Illinois Department of Children and Family Services, the Cook County State's Attorney, the Cook County Public Defender, and the Cook County Public Guardian. The division's caseload has declined by greater than 80%. Moreover, the division has been able to introduce programs and consistently set and reach our goals. Much of this work was made possible by learning from other jurisdictions, examining their missteps, and tailoring the solutions to our unique circumstances.

In this way model courts are able to become laboratories for change in child welfare. Model courts are able to benefit from programs instituted in other jurisdictions to address common challenges. This enables the model courts to build on successful initiatives elsewhere while learning from the obstacles that those initiatives encountered. In October, the model courts have their all-sites meeting during which the model court teams from around the country assemble to share ideas and set future goals.

The final project that I will discuss is the national council's Project ONE. Project ONE is a cross-system initiative, multi-court collaboration designed to take a holistic view of families and to ensure access to services regardless of their point of entry into the court system. It is our hope that through this initiative, families will be able to receive the services that they need regardless of the court in which they appear. For example, mental health court would not be a family's sole means to access mental health services; juvenile justice court would not be a child's sole mechanism to access delinquency prevention tools.

ONE stands for One Family/One Judge, No Wrong Door, and Equal Access to Justice for All. Currently, the national council has convened a steering committee of member judges to lead the initiative with national council staff. One of the initiative's goals will be to identify effective

multi-court collaborations and to develop and distribute resources for innovative practices. One early example from the project was the publication of a study by the national council's research division demonstrating the prevalence of child welfare involvement among delinquent youth.

The results of this study of so-called "crossover" or "dually involved" youth highlight the need for families to receive comprehensive services. The ability to provide these services will benefit these families in tangible and intangible ways. A holistic approach will enable the family to access services based on a more complete analysis of the family's deficits and strengths. This analysis based on risk and protective factors is vital to determining what interventions are necessary. For example, child welfare involvement is a risk factor that predicts a greater likelihood and a deeper involvement in the juvenile justice system. Focusing solely on risk factors, however, unfairly labels foster children as future delinquents. This stigma may negatively impact the child's development.

Risk factors, however, by themselves may not be overly predictive. Expanding the analysis to protective factors may yield a different result. In the Causes and Correlates of Delinquency study conducted by Thornberry, Huizinga, and Loeber, the researchers looked at the interplay of risk and protective factors in determining serious delinquency. What they found was that high risk youth (those with five or more risk factors) were more than three times as likely to engage in serious delinquent behavior as youth who experienced none of the risk factors. Still, despite the predictive value of those risk factors, the majority of those high risk youth did not engage in serious delinquency. When the researchers added protective factors into the equation, they found that 78% of high risk youth with 0 to 5 protective factors engaged in serious delinquency. Conversely, for those high risk youth with nine or more protective factors only 18% engaged in serious delinquency.

A holistic approach enables courts and systems to eliminate redundancies and ensure proper use of resources while better meeting the needs of families. Project ONE thus enables us to serve more families and to provide those families with better services.

Thank you again for the opportunity to address the Task Force. I am happy to answer any questions that you may have.

<u>Appendix to Judge Martin's Testimony</u>

AUSTIN, TEXAS
Honorable Darlene Byrne

BALTIMORE, MARYLAND
Honorable Bonita J. Dancy

CHARLES COUNTY, MARYLAND
Honorable Amy Bragunier

CHARLOTTE, NORTH CAROLINA
Honorable Rickye McKoy-Mitchell

CHICAGO, ILLINOIS
Honorable Sybil Thomas and Honorable Maxwell Griffin, Jr.

CINCINNATI, OHIO
Honorable Karla Grady and Honorable Carla Guenthner

CONCORD, NEW HAMPSHIRE
Honorable Edward M. Gordon

DALLAS, GEORGIA
Honorable Sandra W. Miller

DES MOINES, IOWA
Honorable Constance Cohen

GILA RIVER INDIAN COMMUNITY
Sacaton, Arizona
Honorable Kami D. Hart

HATTIESBURG, MISSISSIPPI
Honorable Michael W. McPhail

HONOLULU, HAWAII
Honorable Bode A. Uale

HOWELL, MICHIGAN
Honorable Carol Hackett Garagiola

INDIANAPOLIS, INDIANA
Honorable Marilyn Ann Moores and Honorable Gary K. Chavers

LAKE CHARLES, LOUISIANA
Honorable Lilynn A. Cutrer

LAS VEGAS, NEVADA
Honorable C. Dianne Steel

LOS ANGELES, CALIFORNIA
Honorable Michael Nash and Honorable Margaret S. Henry

LOUISVILLE, KENTUCKY
Honorable Patricia Walker FitzGerald

MIAMI, FLORIDA
Honorable Jeri Beth Cohen

NASHVILLE, TENNESSEE
Honorable Shelia Calloway

NEWARK, NEW JERSEY
Honorable Margaret Hayden

NEW ORLEANS, LOUISIANA
Honorable Ernestine S. Gray

NEW YORK CITY, NEW YORK
Honorable Edwina Richardson Mendelson

NEW YORK STATEWIDE MODEL COURT
Honorable Sharon Townsend

PORTLAND, OREGON
Honorable Paula J. Kurshner

PRINCE GEORGE'S COUNTY, MARYLAND
Honorable Larnzell Martin, Jr.

RENO, NEVADA
Honorable Deborah E. Schumacher and Honorable Buffy Dreiling

SALT LAKE CITY, UTAH
Honorable Christine S. Decker

SAN JOSE, CALIFORNIA
Honorable Katherine Lucero

SEATTLE, WASHINGTON
Honorable Patricia Clark

TUCSON, ARIZONA
Honorable Karen S. Adam and Honorable Sarah R. Simmons

WASHINGTON, D.C.
Honorable William Jackson

FORMER MODEL COURTS

Alexandria, Virginia
Brighton, Colorado
Cleveland, Ohio
Colorado Springs, Colorado
Denver, Colorado
El Paso, Texas
LaPlata, Maryland
Omaha, Nebraska
Toledo, Ohio

Weld County, Colorado
Zuni, New Mexico (Tribal Court)

STEVEN BERKOWITZ, M.D.
Associate Professor of Clinical Psychiatry
Director, Penn Center for Youth and Family Trauma Response and Recovery

Dr. Steven Berkowitz is a child and adolescent psychiatrist and an associate professor of clinical psychiatry at the University of Pennsylvania, Department of Psychiatry, where he arrived in September 2009 after 15 years on the faculty at the Yale University Child Study Center. At Yale he was the director of Child Community Services and deputy director of the National Center for Children Exposed to Violence and the State of Connecticut's Intensive In-Home Child and Adolescent Psychiatric Service (IICAPS).

Currently, Dr. Berkowitz is director of the Penn Center for Youth and Family Trauma Response and Recovery. His main focus has been on the development of interventions for children living in psycho-social adversity, especially in the area of childhood trauma, with a focus on crisis and early intervention to prevent negative post-traumatic outcomes. In addition, he views children's exposure to potentially traumatic events as an opportunity to identify children and families who have more extensive needs.

Dr. Berkowitz is the co-developer of the Child and Family Traumatic Stress Intervention (CFTSI), a brief secondary prevention intervention. In a randomized clinical trial, it reduced PTSD in children ages 7-17 by 69%. CFTSI has been replicated at in multiple agencies across the country and has been embedded in child advocacy centers and pediatric emergency departments.

In addition, Dr. Berkowitz is a nationally recognized expert on police-mental health collaborations and was one of the architects of the Child Development-Community Policing Program, a model that was replicated in 15 communities throughout the United States with support from the Department of Justice. He has written, lectured, and taught extensively in the area of childhood trauma and its treatment. He is a contributor to the *Psychological First Aid Manual for Disaster Response* sponsored by SAMHSA, and a co-author of the recently published *Skills for Recovery Manual*, which is intended to be used in the weeks and months after a disaster. In addition, he was a developer of the In-Home Intensive Child and Adolescent Psychiatry Service (IICAPS), which was designed for children and youth at high risk of institutionalization due to multiple risk factors including chronic adverse experience. This program (PHIICAPS) is currently being piloted in Philadelphia.

Written Testimony of Steven Berkowitz, M.D.

Creating Opportunity Out of Crisis 危機 (*wei-chi*)

First, I want to commend and thank Attorney General Holder and the Department of Justice for being a leader in confronting and dealing with this most important issue. It has been my privilege to have been involved with Attorney General Holder's efforts for children since he was at the Department of Justice during the Clinton administration. There is no doubt that the cycle of violence from victim to perpetrator is well documented and, understandably, the focus of the Department of Justice's efforts for children. Also, I am certain the Task Force will hear and read clear and compelling testimony over the next six months that children's exposure to violence and

other traumatic experiences (maltreatment, neglect, and community and intra-familial violence) is arguably the most important public health issue facing our nation. The very same damaging childhood experiences that lead to delinquency and criminality lead to multiple health, behavioral, and social ills that make childhood trauma, in my opinion, the most neglected issues in our country. The CDC estimates that the annual financial costs of children's traumatization is over 100 billion dollars annually. This figure does not include the long-term costs associated with childhood trauma of adult health and functioning such as the increased rates of cardiovascular disease, certain forms of cancer, substance abuse, law enforcement activities, judicial proceedings and incarceration, unemployment, and homelessness. Oddly, while childhood trauma greatly increases the risk of many diseases; for every hundred dollars spent on research and prevention of these diseases, approximately five cents is spent on research and prevention of childhood trauma.

Clearly, the prevention of childhood trauma and maltreatment is a crucial area that is in need of attention, support, and intervention expansion. However, we are unlikely to end child maltreatment, and traumatic exposures and childhood trauma will always be a fact of human existence. While controversial among scholars, the Chinese symbol for crisis or danger is commonly thought to include the notion of opportunity. Whether or not the "common message" is apocryphal, we have all had the experience of a crisis creating an opportunity for positive change. These opportunities may occur at the individual, familial, community, and/or societal level. (Maybe even in the political field.) The acknowledgment that something "bad" or "wrong" happened creates a window in which people are more open to support, help, and mentorship. It is a time when reexamination and restructuring, both internally and externally, are more likely to occur. Some experts have coined the term "post-traumatic growth" to describe the phenomenon of people's positive change after a traumatic experience. They describe a very complex interaction of internal and external conditions that promote growth catalyzed by a traumatic experience. As complex as the description of post-traumatic growth is, it has not been characterized for children primarily because children's traumatic experience is exponentially more complex. While adults undoubtedly experience different developmental phases, children's and adolescents' developmental phases are both more numerous and more dissimilar in all areas (biological, cognitive, psychological, etc.). Additionally, post-traumatic recovery and change are primarily internally derived for adults (of course, social support is crucial regardless of age), but external and environmental factors are far more important for children and families. Although parental and adult influence diminishes as children age, children need adults to mediate many experiences. At no time are adults, and especially adult caregivers, more important than in the wake of overwhelming or terrifying events. Unfortunately, far too often it is these very caregivers that are the cause of a child's terror. In my experience, most of these parents and caregivers are not malicious, but either compromised or incompetent. These parents were parented with the same poor and endangering methods they are replicating with their own children. While some are eager to learn and be better caregivers, others have been too damaged. In either case, we need to effectively evaluate the child and family and intervene to promote the child's optimal development.

It would be disingenuous not to recognize that children living in impoverished communities are at the highest risk of traumatization. Not only is there a cycle of violence, but there is a correlative cycle of poverty, as maltreated and traumatized children are unable to learn, perform poorly in school, and are unable to find gainful employment. We know that a living wage is

protective for children and families, but individuals who have traumatic childhoods are less likely to be competent workers, and so the cycle continues.

Regardless of whether the child is a victim of abuse and neglect, or a victim or witness of familial or community violence, childhood trauma is inherently a political event. Multiple systems are involved with disparate duties and perspectives. Law enforcement, the courts, child protective services (CPS), schools, emergency medical services, and, often, hospitals are invariably engaged. Each time one of these systems comes into contact with an exposed child or adolescent and his/her family, it is an opportunity to intervene, prevent damage, promote recovery, and optimize the child's development and outcome. Unfortunately, these systems are typically not well enough informed to understand the traumatized child's needs. A common language and understanding of a child's and his/her family's needs at each developmental phase and within a cultural and ecological is required for effective collaboration Yet many systems are siloed and reactive. Unfortunately this fragmentation often leads to further traumatization and difficulties. We need to integrate and blend funding among these various systems in order for them to have "skin in the game," which will encourage better and closer collaboration. In fact, even at the federal level, there are multiple departments, offices, and agencies who are tasked with childhood traumatization often from different perspectives. Money is spent and programs are developed that are not integrated and informed by one another. It would be ideal if these federal agencies would model the integration required by combining their efforts and blend their funding.

I have had the honor and pleasure of seeing entire systems change and become more child focused and trauma informed. Police departments, through the Child Development-Community Policing initiative, recognize that by supporting and brokering services to child victims and their families, they were more effective at preventing and intervening crime. The National Child Traumatic Stress Network has helped some CPS agencies become more trauma informed and developmentally informed, allowing them to make better decisions and provide better services to children and families. In some jurisdictions, Family Court has taken on a completely different role as knowledge about child development and trauma has become integrated into the courts' process. Progressive pediatric emergency departments and hospitals now screen for risk using the Adverse Child Experience Scale or other questionnaires in order to identify children and families at risk. Each of these system changes required continual collaboration among child experts and system leaders as well as front-line staff. In some communities, a child development and trauma-informed focus help integrate multiple systems and allowed them to work together more effectively.

When these systems recognize the importance of their role in children's lives and understand the complex nature of child development and the impact that traumatic experience can have on said development, they are able to be sentinels, bringing children and families the support and interventions they require and providing the best possible resources to them. By so doing, we are not only intervening with the child to promote recovery and optimal development, we are also given the opportunity to strengthen families and prevent traumatic exposures for other children. In addition, we can identify children and families at risk, and provide interventions and treatments that minimize risk and increase child and family resilience. We have multiple treatment and intervention models that have demonstrated effectiveness, but need to train more providers and ensure appropriate practice. Together with the multiple systems working collaboratively, crisis can truly become an opportunity. It is not only the right thing to do, but

will save huge sums of money in the long run, create a better educated and more productive work force, and a more unified and successful nation.

I have been asked to address some of the neuroscience of childhood trauma and will do so here. We have learned and now know that childhood trauma and especially chronic exposure (e.g., maltreatment, emotional abuse, etc.) changes the genome in ways that change neurophysiology and physical physiology. This should come as no surprise, since all our functions are biologically based and all our functions begin at the genomic level. When considering the mind and its psychological and behavioral functions, it is useful to think of the mind as a process of the brain. Furthermore, it is clear that the brain is the central organ in control of all physical processes and our interface with the external world. In a sense, we are biological machines and perhaps more specifically, we are survival machines. Since all living organisms' primary function is survival of the species, first the individual must survive in order to procreate. This explains why our survival response system, also known as danger response, stress response, etc., is so exquisitely attuned to external or environmental stimuli and has such far-reaching effects on behavior, health, and functioning throughout the lifespan. These effects are due to dysregulation of our stress response system, which over time first affects the genome, then gene products, and ultimately structures in the brain and body. In fact, various regions of the brain have been shown to shrink both in childhood and adulthood due to chronic, toxic stress and trauma.

In many ways, the specific bioscience of trauma, while interesting and elucidating, is less relevant than our knowledge of its impact on individuals, communities, and our nation. I think it is sufficient to acknowledge that the biologically and evolutionarily conserved survival mechanisms are the most basic and central elements of our existence. The facts speak for themselves and the biology is confirmatory of the tremendous toll that childhood trauma takes. The good news is that the brain is remarkably plastic, and we have learned, that while most adaptable in childhood, its plasticity continues throughout the lifespan. Early identification and comprehensive intervention with "at-risk" children and families is our most effective means of optimizing children's health and well-being.

LAUREN ABRAMSON, PH.D.
Executive Director, Community Conferencing Center, Baltimore

Dr. Lauren Abramson is a psychologist who has worked within communities for the past 30 years. She is currently Founder and Executive Director of the Community Conferencing Center (www.communityconferencing.org) in Baltimore, Maryland, and is assistant professor in the Department of Psychiatry and Behavioral Sciences at Johns Hopkins University.

Dr. Abramson brought Community Conferencing to Baltimore in 1995, and advances conferencing as a means of building social capital and collective efficacy on many levels, including 1) empowering individuals and communities to resolve their own conflicts, 2) providing a meaningful alternative to the criminal justice system, and 3) mobilizing the existing untapped human assets in communities. Dr. Abramson has several publications on the success of the conferencing process as well as the theoretical underpinnings of the process.

This community justice project has involved building partnerships with communities, police, courts, schools, businesses, and human services. This particular program is groundbreaking for its use in highly distressed neighborhoods in a large American city. Dr. Abramson strongly believes that the current "Jerry Springer model" of handling conflicts isn't working well, and that we need to learn how to handle relationships, crimes, and conflicts in helpful ways—we can't just be expected to automatically know how to do it.

Over 10,000 Baltimore residents have safely and effectively resolved their crimes and conflicts using Community Conferencing. Dr. Abramson refers to this as "the flip-side of The Wire," and holds these successes as evidence that human beings anywhere on the planet are capable of resolving very difficult matters themselves, if they are provided an appropriate structure to do so.

Written Testimony of Lauren Abramson, Ph.D.

[Restorative justice] restores dignity and self-respect on all sides. It creates a space where we can learn from each other, exploring possibilities for cultural transference rather than cultural appropriation. And it inspires coexistence from a growing ground of truth, justice, respect, and generosity.

~ Living Justice Press website

The Problem

For the past 13 years, the Community Conferencing Center has been working in the same neighborhoods as those seen in the HBO series "The Wire." The levels of violence are significant. Over 90% of the young people we work with have been exposed to violence. As deplorable as this is, our work providing a community justice alternative to court has allowed 10,000 Baltimore residents to safely and effectively resolve their own crimes and conflicts—in their own neighborhoods. We can reduce violence and minimize the impact once it happens. I would like to paint the picture of how that can be done—and save the government money in the process.

In order to effectively prevent violence and reduce its impact when it does happen, we need to respond to incidents of harm in ways that provide people to heal, learn, and re-build connections with each other. Unfortunately, we currently do quite the opposite: We separate victims and offenders, punish offenders leaving them no way to meaningfully learn how to do things differently, and leave victims isolated and stuck in their experience of pain and victimhood. Here is how it can be done differently, better, and far less expensively.

Community Conferencing: An Effective, Community-based Alternative to Court, Arrest, and Suspension

For the past 13 years, the Community Conferencing Center here in Baltimore has been providing community conferencing (CC) as a way for individuals and communities to heal in the wake of harm and violence. And it works. It holds those who cause harm accountable for their actions, empowers victims of violence, and builds a sense of community in the process, all the while saving the government hundreds of thousands of dollars.

What Is a Community Conference?

A community conference is a restorative justice, community-based approach to dealing with a crime or conflict that brings together victims, offenders, and their respective supporters, and provides them with a way to resolve the matter *themselves*, within their own neighborhoods.

The structure of a community conference is deceptively simple: Everyone sits in a circle, and a trained, neutral facilitator guides the group as they discuss three questions: 1) What happened? 2) How has each person been affected by what happened? and 3) What can be done to make this better and prevent it from happening again?

We use community conferencing in a variety of ways as an alternative to juvenile arrest and detention:

- Juvenile justice: Misdemeanor and felony offenses
- Schools: Alternative to suspension and arrest
- Neighborhoods: Intractable conflicts

Case Study: Youth Arrested for Hate Crime

The following case story illustrates the power of community conferencing to prevent revenge, empower victims, hold offenders accountable, and build a sense of community in the process. (Names have been changed to protect the identities of the participants.)

The Community Conferencing Center received a call from the Office of the State's Attorney alerting us to the sensitivity of this referral. About a week before, the press reported another incident that occurred in the same neighborhood—a neighborhood with a history of tension between its Jewish and African American residents. The incident in the press involved a Jewish man breaking the arm of an African American youth. In this referral to the center, an 11-year-old African American youth, Darnell, was accused of breaking the arm of a 14-year-old Jewish youth, David.

The facilitator called David's parents and spoke to his mother, Ms. Esther. She was very distressed about what happened to her son, and was concerned that he was still in danger—the back of her house faced the back of Darnell's house and the two boys could see each other

playing in the backyards. She said she heard Darnell had a lot of problems at school with other kids, and that she had no idea who he lived with or if there was any adult who could help him take responsibility for his actions. She thought he might be "completely unsupervised over there." The facilitator explained conferencing to her and told her that if she chose to participate in a community conference, she would have the opportunity to meet the adults in Darnell's life and ask them any question that she wanted to. She said she would be willing to bring David to a community conference if he agreed.

The facilitator spoke to David, who was much less upset than his mother. He said that Darnell and another boy whom he did not know had yelled "Jew boy" at him, and threw rocks. He said that he went right over to them and confronted them. Darius pushed him. David fell and broke his arm. He also said that Darius came over to his house the next day to apologize.

Ms. Esther said that she would like the rabbi who lives across the street to come to the conference because he was a friend of the family, and because he witnessed what happened. The facilitator called the rabbi and left a message for him with his wife. The wife called back and said, "My husband is not interested in participating in any 'kumbaya' stuff." The facilitator told Ms. Esther that the rabbi would not be attending the conference, and she then suggested Rabbi Benowitz, who agreed to come to the conference.

Darnell came to the community conference with his great grandparents, Ms. Lily and Mr. Jared, with whom he lives. Ms. Lily indicated that she was very hurt when the police came to arrest Darnell. She was also hurt that the neighbors did not come to her directly and tell her what Darnell did. She has lived in the same home for over 40 years, and felt that she always had good relations with the neighbors, but that she had never met David's parents. Both she and Mr. Jared agreed to come to the conference. Darnell's parents are not in his life, but his grandmother, Ms. Shirley, looks after him sometimes, and agreed to attend.

The Community Conference: The participants met at a library in their neighborhood. It was the first time that the two families whose houses were back-to-back had ever met. The facilitator asked Darnell to talk about what happened. He told everyone that he and another boy were playing when they saw David. He had seen David in the neighborhood, but they never really had any problems before. This time, he heard David call them "bitches." Darnell's friend started yelling "Jew boy" at David, and throwing rocks his way. Then David came up to him and he felt scared, thinking they might fight. Darnell's friend backed up to get out of the way. David pushed Darnell and then turned around to walk away. Then Darnell pushed David on his back. David fell and seemed to be really hurt. Darnell and his friend ran away. When the facilitator asked him to talk about who was affected by what happened, Darnell said that everyone was affected; David had a broken arm, his mom had to take him to the hospital, Darnell got arrested, and his great grandparents were worried and had to go to court.

David said that he heard Darnell call him a "bitch" first, and that he then went up to Darnell and his friend and said, "Who are you calling a bitch?" and pushed Darnell. He then turned to walk away and felt a push to his back. He fell and "in a freak accident," his arm broke when he landed on the pavement. He said that he felt angry at the time because he thought Darnell and his friend were making fun of him. The broken arm hurt and he had to have surgery to fix it. He said that Darnell came over to apologize and, as far as he was concerned, the fight was over.

David's mom, Ms. Esther, shared with everyone how frightened and angry she was. She talked about taking David to the hospital to get a cast put on his arm, and how he had needed surgery to set the bone. She talked about how she went to Darnell's school and asked the principal for Darnell's family's phone number so she could call them. The school told her that they could not give out the phone number. If she wanted to take action, she had to go to the police.
Ms. Lily then told everyone how upset she was about the whole situation. She asked why Ms. Esther hadn't just walked across to Darnell's house to talk to Ms. Lily about what happened. Ms. Esther said that she didn't really know where Darnell lived. David admitted that he knew where Darnell lived, but hadn't told his mother because he wanted to forget about the whole thing after Darnell apologized to him in private.

Ms. Lily assured Ms. Esther that she could come over anytime, that Darnell's family wanted to know about any problems with the boys, and the families agreed to exchange phone numbers as well.

Mr. Jared talked about how much he cared about Darnell, and how disappointed he was in what Darnell did. He pointed out that Darnell's friend was really an instigator, and told Darnell that it was poor judgment to join in fights that other boys started.

Darnell and David talked about the misunderstanding—both thought that the other one had started the name-calling, and neither wanted to back down.

Rabbi Benowitz then talked to the boys about what he has seen in the neighborhood over the years. He said that African Americans and Jewish people had lived together in the neighborhood for a long time but rarely took the time to get to know each other. He brought up the similarities between the African American and Jewish experiences throughout history, and said, "Black people and Jewish people need to stick together." Everyone nodded, and Ms. Lily told Darnell, "You need to hear this."

Follow-up: The facilitator followed up with both families one month after the conference. There had been no further problems between the boys, or with any other boys in the neighborhood. All acknowledged that this incident could have hardened into hatred, but instead the families were able to sit in a circle and talk it out. They are neighbors who know each other now.

<u>Impact of Community Conferencing</u>
Community conferencing delivers a "quadruple bottom line" of outcomes, while providing immediate and long-term relief from the impact of violence. Community conferencing:

- Holds offenders accountable for their actions.
- Includes victims in deciding outcomes.
- Builds community cohesion. (Re/building relationships; strengthening collective efficacy; reducing reoffending.)
- Is cost effective.

The impact of community conferencing in Baltimore has been significant:

- 95% of community conferences resulted in successful agreements
- 10,000 residents have safely and effectively participated
- 60% lower reoffending
- One-tenth the cost of court and incarceration

Beyond the Numbers

Children exposed to violence through crime and conflict are often isolated in their experience and pain; they typically do not seek help for any trauma symptoms; and offenders are separated and punished without any opportunity to learn how to do things differently. Community conferencing changes the trajectory for both victims and offenders in ways that our current approaches do not allow:

- Victims and offenders are brought together (along with their family members) in a face-to-face justice process.

- Those who caused harm take responsibility for their actions, have a chance to learn how others were affected by their actions, and can make things right.

- Those who were harmed no longer feel like victims.

  » Victims have a chance to tell their story. This is the first and critical step toward healing. They have a voice, they are listened to by those who directly harmed them, and they get to decide what needs to happen to make things right.

  » By doing this, victims are not forced to internalize that experience of being a victim. They put it out to the circle, and in doing so can begin to figure out what will make them feel whole again.

- Justice is conducted with respect to everyone.

Supporting Research

The effectiveness of community conferencing has been demonstrated in research conducted in the United States (Umbreit et. al., 2006), Europe (Sherman et. al., 2005), and across the world (Maxwell et al., 1996).

Restorative conferences (as compared to usual criminal justice proceedings) have also been shown to reduce symptoms of trauma in victims of robbery and burglary (Sherman et al., 2005). These findings are especially significant considering that only a small percentage of crime victims who suffer from psychological distress receive professional help. Restorative conferencing, being available to everyone, does not carry the stigma of seeking counseling, thus exponentially magnifying the public health benefit.

Bibliographies of studies that document positive outcomes of restorative conferencing can be found in the following locations:

http://www.restorativejustice.org/research
http://www.cehd.umn.edu/ssw/RJP/Resources/Research_Annotated_Bibliography/AB_Author.asp
https://www.ncjrs.gov
http://www.voma.org/bibliography.shtml
http://education.state.mn.us/mdeprod/groups/SafeHealthy/documents/Publication/018581.pdf

Vision for a Healthier Future: "Baking" Restorative Justice Into Our Culture

If our aim is to nurture healthy children within safe communities, we need to change our approach and the values that drive our responses to violence. The reliance on highly punitive approaches are not working—they make people more alienated and angry, they feed cycles of revenge, and if that is not enough, they are costly.

We need to infuse restorative practices such as community conferencing into our culture, providing structures for us to deal with conflicts constructively. This means changing the way we address conflict and harm in our schools, in our criminal justice system, in our workplaces—even perhaps in our government.

I look forward to hearing how this Task Force will help this country curb the extent and impact of children exposed to violence. It is possible, but will require a major shift to fund programs that empower victims and communities to collectively deal with their own violence in ways that allow children to heal and learn—from each other—how to not let hate and revenge feed more violence.

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ADAM ROSENBERG, ESQ.
Executive Director, Baltimore Child Abuse Center

As head of the Baltimore Child Abuse Center, Mr. Adam Rosenberg brings together his passion for community development and his background in not-for-profit management and law to wage a battle against child sexual abuse in Baltimore City.

Throughout his career, Mr. Rosenberg has been a strong advocate for social justice and a voice for those who cannot speak for themselves—especially abused children and women. He was the first male prosecutor to join the domestic violence unit of the Baltimore City State's Attorney's Office, and later prosecuted hundreds of cases involving sex offenders, stalkers and predators, child pornographers, and violent abusers as a member of the sex offense unit.

Mr. Rosenberg then joined THE ASSOCIATED: Jewish Community Federation of Baltimore, and as vice president of leadership development and outreach supervised the strategic placement, retention, recruitment, and education of the enormous base of leaders that support THE ASSOCIATED and its agencies. Mr. Rosenberg was also an ambassador for THE ASSOCIATED to public officials as well as donors, volunteers, service recipients, and agency executives and staff in spreading THE ASSOCIATED's message to the community.

A graduate of Cornell University and the Benjamin N. Cardozo School of Law, Rosenberg served as an associate attorney in a plaintiff's litigation firm and as an assistant state's attorney for Baltimore City. Both as a plaintiff's attorney and as a prosecutor, Mr. Rosenberg was responsible for all aspects of complex litigation. Before entering the practice of law, he worked for Kimberly Scott & Associates as a senior consultant, providing training and strategic services to political candidates.

Written Testimony of Adam Rosenberg, Esq.

I am the executive director of the Baltimore Child Abuse Center (BCAC), the not-for-profit child advocacy center designated by Baltimore City to conduct—on behalf of the Baltimore Police Department, Department of Social Services, and Office of the State's Attorney—all interviews of children suspected of being sexually abused. In fiscal year 2011, BCAC conducted 887 interviews and risk assessments, 378 forensic medical exams, 310 treatment referrals, and developed 148 case management plans for its children seen. The average age of a child seen was 8 years old, and 90% of children seen knew their abuser.

As a former Baltimore City assistant state's attorney who has worked with cases of sexual child abuse since 1997, I have witnessed firsthand the importance of the multidisciplinary collaboration that a child advocacy center like BCAC presents. They are important and crucial partners in this nation's fight to ensure that when children have been exposed to abuse and violence that they can receive treatment sorely needed, further their efforts to have justice administered, and, best of all, minimize additional trauma created by the initial violence.

As a prosecutor and now as executive director, I have seen the pain and anguish that children and their parents display when faced with the very real possibility that their traumatized child will have to retell a most horrid moment in their young lives to a group of strangers with the

perpetrator of the crime in the room. Many times, when faced with this damning prospect, children and their families prefer to not proceed or allow the prosecutor to plea the case for a substantially lower sentence, thereby enabling sex offenders to avoid real justice. The dynamics and circumstances surrounding allegations and subsequent criminal investigations into sexual child abuse most directly impact its young victims who see their worst fears realized: The sex offender who told them no one would believe them is proved right. These children are victims of crimes committed by sex offenders and pedophiles who knowingly prey upon the fact the child is of tender years and at a greater likelihood they will not report the crime perpetrated.

All children and families are seen in BCAC's bright, cheerful home at 2300 North Charles Street. Housed in this same building is BCAC's medical clinic, staffed by a pediatrician and members of the Baltimore Police Department and Baltimore City Department of Social Services agents assigned to child abuse. BCAC is open 12 hours a day, enabling detectives and CPS agents to bring children who are suspected of being abused to our office immediately upon receiving a report. Additionally, its forensic interviewers are available 24 hours a day, 365 days a year, so that if a report of abuse occurs after hours, a child still has a qualified professional to help them make a report.

Children seen at BCAC (and other centers like it) not only have a forensic interview conducted, but also medical assessments, mental health referrals, access to family advocacy and support, and education on how to prevent future abuse. These services at BCAC are all offered at no cost to every participant.

However, Baltimore City's children have not always been so fortunate as to have the highest quality of attention and service when they reported being sexually abused. In 1985, prior to the implementation of CAC throughout the nation, an allegation of sexual child abuse would take 15 to 30 days to conduct. Children would be interviewed and interrogated by a variety of professionals of varying skill levels ranging from patrol officers, teachers, principals, intake nurses, doctors, social workers, prosecutors, investigators—upwards of 15 different interviews. This process added further trauma to the child, wasteful additional costly interviews, inconsistent questioning, and a loss of crucial evidence. BCAC can now provide a response within two hours of a report of sexual child assault or abuse.

<u>History</u>

History changed in 1985 when former Congressman Robert "Bud" Cramer, who was the district attorney in Huntsville, Alabama, organized an effort to create a better system to help abused children. District Attorney Cramer discovered that his witness, a 12-year-old victim of sexual child abuse, had been interviewed by 14 different agencies during the course of an investigation. Social service and criminal justice systems at the time were not working together in an effective manner that children could trust. This common problem added to the children's emotional distress, and created a segmented, repetitious, and often frightening experience for the child victims. Worst of all, this process damaged the quality and integrity of the criminal prosecution of sex offenders, as defense attorneys had multiple varying interviews to damage a child's credibility.

The child advocacy center model developed through former Congressman Cramer's vision pulls together law enforcement, criminal justice, child protective service, and medical and mental health workers onto one coordinated team. Twenty-five years later, there are now more than 700

established and developing children's advocacy centers in the United States alone (that served 236,000 children in 2007) with growing interest internationally. All CACs receive guidance and accreditation from the National Children's Alliance, a national organization that works with the U.S. Department of Justice to provide support for centers across the country.

CACs came to Maryland via Baltimore City in 1987 due to the advocacy of then Baltimore State's Attorney Stuart Simms through a Juvenile Justice Advisory Committee grant. The CAC model was then adopted throughout Maryland. Baltimore stands unique in Maryland in that it is entirely run as a standalone not-for-profit operation, and is responsible for sustaining these services to Baltimore City at a cost of $1.5 million annually, obtained through grants, philanthropic support, and government reimbursements.

Studies on Cost Savings and Efficiency

The cost savings and efficiency that child advocacy centers bring to a jurisdiction are substantial. Analysis and studies by National Children's Advocacy Center (NCAC) and Office of Juvenile Justice and Delinquency Prevention show how CACs continue to play an increasingly significant role in the response to child sexual abuse in the United States:

- Annual investigation and prosecution costs are 41% lower per jurisdiction with a CAC per a 2005 University of Alabama/NCAC analysis.

- On a per case basis, traditional investigations were 36% more expensive than CAC investigations; a savings of more than $1,000 per case is realized with CACs.

- CAC communities processed 202% more cases than non-CAC communities.

- Efficiencies inherent in the CAC investigation reduced cost in Washington D.C. by 57% compared to procedures without a CAC.

- Professionals in CAC communities work together on investigations 81% of the time; without a CAC, joint investigations between police, child protection, and prosecution only occurred in 52% of cases.

- Cases in CAC communities are reviewed as a team 56% of the time versus 7%, allowing all team members to work together for the child's benefit.

- In communities with a CAC, 83% of interviews take place at a facility designed for interviewing children, versus non-CAC communities where 75% of interviews took place in CPS agencies, schools, police stations, and homes where the crime occurred and the suspect resides.

- In CAC communities 48% received medical exams and 72% got mental health services, versus 21% and 31% respectively.

- 70% of caregivers seen at CACs reported high satisfaction with services received versus 54% in non-CAC communities.

- Offenders confessed in 37% of communities with CACs versus 29% non-CAC.

Use of child advocacy centers provides prosecutors and child protective services with untold benefits as well.

- Communities utilizing a CAC have significantly quicker charging decisions and quicker preliminary processing times for these cases than those without CAC (*How Long To Prosecute Child Sexual Abuse*, Walsh et al., 2008).

- When prosecutors tripled their use of a CAC in a New York City district it resulted in a doubling of felony prosecutions compared to just a 25% increase in prosecution when CAC use remained consistent. (The contribution of children's advocacy centers to felony prosecutions of child sexual abuse, Miller et al., 2009).

- CAC usage has benefitted child protective services and showed increased substantiation of allegations of abuse as well as a shorter investigative period than a traditional CPS investigation. It was concluded that the main advantage of CACs is their multidisciplinary nature. (Evaluation of the children's advocacy center model: Efficiency, legal and re-victimization outcomes, Wolfteich et al., 2007).

The remarkable results of these studies demonstrate the powerful collaboration that CACs bring to a community of law enforcement, prosecutors, child protective services, medical and mental health, and child advocates who, without a CAC, continue to uncooperatively work in their own silos. CAC services are an economically efficient and more humane means of responding to sexual child abuse. Twenty-five years of introducing and utilizing the child advocacy center model throughout the United States and Maryland have dramatically improved the outcomes for hundreds of thousands of children who have been victims of sexual abuse.

CACs also smartly utilize modern technology and experts to help facilitate and improve these investigations. The marked increase in the use of technology to assist these investigations along with reliable and accepted procedures and well-trained forensic interviewers to speak with child victims argues in favor of these statements' reliability as they make it possible for the court to consider the spontaneity of the child's reports and the suggestiveness of the interviewer's questions. Thomas Lyon, J.D., Ph.D., a professor of law and psychology at the University of Southern California and a leading voice on child abuse, neglect, and child witnesses, affirms that these statements "would be superior in many ways to in-court testimony because they would be taken closer in time to the alleged event, thus reducing memory problems and issues of intervening taint through multiple interviews or other influences; also, they would be elicited in a non-threatening environment, thus increasing the child's ability to answer questions and resist suggestibility." (Lyon, T.D., & LaMagna, R. (2007). The history of children's hearsay: From Old Bailey to post-Davis. *Indiana Law Journal, 82*, 1029–1058.)

Considering recent events unfolding across the country where crimes of child victims of sexual violence had gone allegedly unreported and covered up for years at institutions of higher learning

such as Penn State University, The Citadel, and Syracuse University, the outrage expressed by our country underscores the impact that this violence has upon its most tender victims. It is imperative that the Justice Department and this Task Force consider how it can bolster the efforts of such important multidisciplinary approaches to tackling this problem. By providing an effective, efficient, and governmentally supported model of compassionately responding to childhood sexual violence, the surrounding community will be equally empowered to report abuse and help these victims.

I urge this Task Force to consider ways that the Department of Justice can continue to support and grow this unique and important multidisciplinary approach to combatting sexual child abuse, one major facet of childhood violence.

Annotated Bibliography

Berkowitz, S. J., Stover, C. S., & Marans, S. R. (2010). *The Child and Family Traumatic Stress Intervention: Secondary prevention for youth at risk of developing PTSD*. The Journal of Child Psychology and Psychiatry and The Association for Child and Adolescent Health.

This study evaluated the effectiveness of the Child and Family Traumatic Stress Intervention, a four-session caregiver-child intervention designed to prevent the development of chronic post-traumatic stress disorder (PTSD) and associated symptoms. The sessions emphasize communication between the child and his/her non-offending caregiver. The CFTSI's focus is informed by findings that show that family support is a key protective factor from the further development of PTSD symptoms. The four sessions are dedicated to identifying any PTSD symptoms the child may demonstrate, as well as developing special coping mechanisms for the child and the caregiver in order to overcome these symptoms.

The study is made up of a randomized group of 176 7- to 17-year-old youth. The hypothesis was: "The CFTSI would be a more effective secondary prevention model compared to a four-session supportive intervention." CFTSI utilizes well-established PTSD and mood questionnaires including the Trauma History Questionnaire, the Parent Behavior Inventory, the Perceived Social Support–Family, the UCLA Post-traumatic Stress Disorder Index, the Behavior Assessment System for Children, Second Edition–Self Report, the Child Behavior Checklist, the PTSD Checklist–Civilian Version, and the Trauma Symptom Checklist for Children. These assessments are used to expedite and enhance communication between the child, the caregiver, and the provider. Such emphasis on communication is unique to the CFTSI.

Results showed that children who received the CFTSI were 65% less likely to continue to show symptoms at the three-month follow-up, indicating that the CFTSI is a promising early intervention program to reduce occurrence of PTSD in children. Limitations to the study include: 64 of 176 families failed to attend their first appointment and an additional 15 dropped out (though high attrition rates are common in urban child mental health treatment). Important conclusions of the study include "It is incumbent upon child-serving systems such as pediatric emergency departments and child welfare agencies to facilitate the identification of exposed children in need of early intervention."

Cross, T. P., Jones, L. M., Walsh, W. A., Simone, M., Kolko, D. J., Szczepanski, J., Lippert, T., Davison, K., Cryns, A., Sosnowski, P., Shadoin, A., and Magnuson, S. (2008). *Evaluating children's advocacy centers' response to child sexual abuse*. Juvenile Justice Bulletin. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention.

This bulletin presents the first major evaluation of Children's Advocacy Centers (CAC). In an effort to reduce stress on children and families, CACs provide a centralized approach for conducting child abuse interviews, providing medical and child protection services, and coordinating investigations. To explore what happens in a case when a child has access to a CAC, the research team collected data from four CACs and comparison communities in the same state. These comparison communities did not have a local CAC. The report found that caregivers with access to CACs reported greater levels of satisfaction than caregivers in comparison communities. In addition, CACs showed more coordinated investigations, but showed no

difference in the number of times children were interviewed, likely a result of a general movement to minimize redundant interviews. Surprisingly, while CACs referred a higher proportion of victims to mental health services than did comparison communities, there was no difference in the proportion of children who received child mental health services. Only CACs that had strong involvement with police and prosecutors showed more prosecution of sexual abuse cases.

The authors conclude with recommendations: (1) CACs should emphasize their skills at coordinating services and not claim to reduce child interviews without supporting data; (2) CACs should lead in establishing benchmarks of medical services from trained professionals; (3) CACs should improve tracking of service referral and receipt, including mental health services; and (4) while most children and non-abusive caregivers expressed satisfaction with CACs, CACs should address complaints and make the comfort of the children a high priority. Finally, the authors emphasize the important improvements in caregiver satisfaction and the CACs' contributions to training for professionals and to public awareness.

MacRae, A., & Zehr, H. (2008). *The Little Book of Family Group Conferences*. Good Books, pp. 10–25.

In 1989, the New Zealand Parliament passed the Children, Young Persons, and Their Families Act, which was the first institutionalized form of restorative justice globally. Today, the Family Group Conference (FGC), not the courtroom, is the primary site for decision making in the wake of youth crime. In an FGC, young people who have committed crimes meet face-to-face with the person they harmed to take responsibility for their crime and develop a plan to repair the harm done. An FGC typically includes the youth's family members, the victim and his/her supporters, a police officer, social services providers, and the facilitator of the process. By *consensus*, the group determines the *entire outcome* of the case, not just the restitution. There are seven primary goals of the system: (1) diversion, (2) accountability, (3) involving the victim, (4) involving and strengthening the offender's family, (5) consensus decision making, (6) cultural appropriateness, and (7) due process. These are coupled with seven guiding principles in the 1989 Act: (1) Criminal proceedings should be avoided unless the public interest requires otherwise; (2) Criminal justice processes should not be used to provide assistance; (3) Families should be strengthened; (4) Children should be kept in the community if at all possible; (5) The child or young person's age must be taken into account; (6) Personal development should be promoted using the least restrictive option; and (7) The interests of the victim must be considered. This model was born out of New Zealand's ineffective and overburdened juvenile justice system, and from the outcry of the native Maori people that the "western" juvenile justice system was disproportionately incarcerating Maori youth. The process is used for more serious juvenile cases, with the exception of murder and manslaughter. The authors suggest that adaptations of this process in other venues and jurisdictions must have strong goals and principles and draw on culturally appropriate values to guide the practice.

Maze, C. (2006). *A Judicial Checklist for Children and Youth Exposed to Violence and the corresponding Technical Assistance Brief*. Reno: National Council of Juvenile and Family Court Judges.

The Judicial Checklist for Children and Youth Exposed to Violence is a concise document suggesting areas that judges and child welfare professionals might explore when a child or youth has been exposed to violence. Inquiring into the existence of violence and the physical, emotional, and psychological damage that can result is intended to give judges additional tools to evaluate and arrive at optimal solutions for youth and families.

The Checklist is broken into five areas of questioning: (1) Exposure to Violence and Types of Violence; (2) Legal System Responses; (3) Therapeutic Interventions; (4) Additional Questions to Ask About Children and Youth Who Have Been Exposed to Domestic Violence; and (5) Additional Questions to Ask About Children and Youth Who Have Been Exposed to Community Violence. The questions in each section prompt judges to examine risk factors for exposure to violence, indicators that the child has been negatively impacted by exposure to violence, and whether the child is currently in a safe environment. Judges are also asked to consider therapeutic interventions including appropriate medical or mental health referrals, receipt of care, coordination between relevant domestic violence and child welfare professionals, and ensuring continuity of care for those children already receiving services. In cases involving domestic violence, the Checklist also encourages judges to inquire about the safety of adult victim(s).

The Checklist was piloted under OJJDP's Safe Start Initiative by a group of experienced juvenile and family court judges from the Model Courts and has been noted as particularly valuable in delinquency cases, where the young person's present or past experiences as a victim are less likely to be investigated. The related Technical Assistance Brief provides detailed background information on childhood exposure to violence and on the successes of several Safe Start sites' "coordinated, collaborative, community-based, and multidisciplinary approach[es] that concurrently address prevention of violence as well as early identification and intervention."