

Moderators, Howard, Jeffrey, Marshall, Sheila,
David, Phil, Elizabeth, Theodore

Moderator:

Can we take our seats please? We wanna reconvene. Thank you. Good afternoon. Our next panel, "A national epidemic, the scope of children's exposure to violence." 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 essentially 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 and I wanna introduce to your our panel. Dr. Howard Dubawitz 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 Edelson 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 bestseller, best practices guide for addressing the 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 Baltimore City Sheriff's Office at the rank of major and has also served in the Maryland House of Delegates. Miss Sheila Baty leads the Southern Poverty Law Center's efforts on behalf of children in Mississippi and Louisiana. Miss Baty directed efforts to close a notoriously abusive girl's prison and continues to represent imprisoned children in suits challenging unconstitutional prison conditions. Dr. Dubawitz?

Howard:

Good afternoon, and I'm really grateful for the chance to share a few thoughts with you this afternoon and I have to say listening to the attorney general earlier today I was struck by how much we know and what can I possibly say that's going to be new, but often I feel that the problem, perhaps the tragedy, is not what we don't know but how we ignore what we do know. We do know that

many American kids are exposed to violence directly, indirectly. We have about 75 million children in our country and incredibly each year there are reports of possible abuse and neglect for over 6 million children, and that is the tip of the tip of the iceberg because we also know that this is a problem that often happens behind closed doors and is kept darkly secret.

Studies have steadily shown for example that as many as one in five girls and perhaps one in ten boys experience sexual abuse, and as you'll hear from other panelists many kids are exposed to violence between their parents or adults in the home as well as other forms of violence. The attorney general said it perfectly. We have a national epidemic. It's important how we define violence, and some forms are obviously obvious, but others are less so. For example, corporal punishment or hitting kids remains widely accepted and some believe it's even necessary, however we have lots and lots of evidence of how hitting children can harm them and make them more aggressive.

I think it's reasonable to conclude that corporal punishment, hitting kids, really is a form of child maltreatment. It's a form of violence. Another I think interesting issue concerns child neglect, and you probably know that two-thirds of what gets reported to our child welfare system actually concerns neglect. For example, when kids go hungry this too might be construed as another form of violence. I should quickly add though that this is seldom parents intentionally not giving their kids food. Rather it's in the context of poverty and not enough to go around. So perhaps we can think of this as a form of societal neglect or violence.

We know we're paying a very high price, literally and figuratively, for kids' exposure to violence. There is enormous evidence of both the short and the long term serious harm and the costs. More than three kids are killed due to child abuse and neglect in an average day. For example, studies have shown that abused and neglected kids are at risk for juvenile delinquent and then adult criminal behavior. Other studies have found very serious medical and mental health problems including cancer, heart disease, 50 years down the road. One conservative estimate is that we're paying over \$100 billion a year related to this problem. So very, very clearly the suffering and the costs of this are enormous.

We've also learned a great deal about what contributes to violence and child maltreatment and it's not simply about bad parents. Rather there are usually several multiple contributors including

aspects of our culture, of our society. So again for example despite plenty of rhetoric about our children being our nation's most valuable resource, I'm sorry but the evidence says otherwise. How do we explain 9 million children without any health insurance? Hard to hear. Sorry. Is this on? Okay.

How do we explain the lousy public schools in so much of the country? Thinking of many families struggling with unemployment, housing evictions, and the many burdens of poverty, it's not a big mystery how abuse or neglect may occur. In fact, thinking of families living a few blocks from where we're sitting in dangerous neighborhoods infested with violence, with crime, with drugs, and very few supports, the mystery for me actually is how many families manage to do pretty well. I'm not sure how well I would do under those circumstances.

So understanding what's underpinning the violence and child abuse and neglect should really guide us as we seek to tackle this big 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, and here are six ideas I think of how we could help prevent child abuse and neglect. The first is the problem cries out for strong national leadership on children's issues. Perhaps having a cabinet level position for children and youth.

The attorney general too has a useful bully pulpit, and having some good mid-level folks or offices within agencies is just not good enough. Number two, developing a really sustained public education campaign to help create a culture that really values kids. So if we could harness the geniuses of marketing, the folks who convince Americans in the suburbs that they need a jeep, if we could harness that genius to promote ideas and practices that will serve children as well as their parents and families, that would be wonderful, and leaders in entertainment industry and religious institutions should be important allies.

Number three, if we would ban corporal punishment in the home as 29 other countries have done, and I realize a complex issue, but at a minimum this would send a powerful statement of how we think children deserve to be treated. The fourth idea is that our need to address the underlying contributors, the circumstances that are the root of this problem. It's not enough to simply treat the symptom. Let's hope that the proposed changes in the healthcare

system will ensure access to those 9 million children, but proposals to add jobs, help for those at risk of losing their homes, efforts to tackle poverty need our strong support and children and families will benefit.

The fifth idea is that we should do better at disseminating promising prevention strategies such as home visiting programs for new parents. These have been found to be effective in lowering the rate of abuse and neglect. The sixth, we also need to invest more in the development and testing of new prevention strategies. If prevention is so important we do have to learn more about how to do better in this area. Shifting to after the fact, much can be done to help abused and neglected kids and their families. This can lessen the likelihood of those bad outcomes and also help prevent further abuse and neglect, and here are four ideas.

Most abused and neglected children remain with their families. We need more and better resources to help families take good care of their kids such as parenting support programs. A second idea is so much time and money goes into investigating child abuse and neglect, yet relatively few cases are prosecuted. Some, perhaps much of that money would be better spent on services strengthening and supporting families.

Number three, abused and neglected children themselves often need services. So this trickle-down approach of only attending to the parents' needs and trusting that the children too will benefit is not enough. The final one here is in general there's a great need to strengthen the family court system with its high case loads, its low status, and often revolving masters and judges. The quality of decision making often leaves much to be desired. A nice example of having a clinic attached to the court developed by Judge Cindy **Lederman** in Florida is an idea that really is worth replicating.

My last thought is to really urge you to strongly recommend that the Senate ratify the UN convention on the rights of the child. This is a wonderful blueprint for what a decent society would aim to ensure for its children, and it should be a bipartisan no-brainer. As you likely know, only Somalia and the United States have not yet ratified this convention. So I hope that these few thoughts are helpful as you consider how to improve our response to the many, many children exposed to many forms of violence. Thank you.

Jeffrey:

Thank you for inviting me today. It's an honor to be here and I'm gonna focus primarily on the issue of children's exposure to

domestic violence. I wanna start by just speaking to the definition of exposure because under many state laws it's within sight or sound of the violence, and I think there's probably a much broader experience that children have with domestic violence that calls for a broader definition, and I think in the social science literature that definition has expanded over the last 20 years from being an eyewitness or speaking about witnessing domestic violence to children who are exposed to domestic violence or experience it, because that exposure includes the events leading up to the violent incident, the violent incident itself, and the many different cascading events that follow that single incident.

So I don't think we should be focused in our definitions of exposure, and I'm talking about the indirect exposure to violence of children being exposed to domestic violence between adults in their homes. I don't think we should focus on the term "witnessing" or "eye witnessing" or within sight or sound but thinking about that broad experience that children have. Even living in a shelter, in the aftermath of violence there can be many different experiences that I would pose are part of that exposure experience to domestic violence.

I also, and I've written about this, I question whether child exposure to domestic violence in our current context should be defined as child maltreatment. I think of it as child maltreatment, but I don't think that our systems are sufficiently supported in order to respond to children exposed to domestic violence, and the one experience I can tell you about in detail is Minnesota's experience when we redefined child exposure to family violence broadly as a form of child neglect under our state statutes and it ended up overwhelming our child welfare system with about 50 percent increase in new child protection screenings and investigations, led to actually fewer services for abused children because there were no new funds for this change in law, and the resources had to be moved from services to screening and investigation.

So during the nine months that was in place in Minnesota we had a huge increase in screenings and investigation, a decrease in services, and together the child welfare system administrators and the domestic violence network in the state got together very quickly unanimously for the first time in their history to lobby for the repeal of that law under Minnesota statutes, and it was repealed. Sadly though upon repeal now 50 percent fewer children are being reported to child protection. So on one level we had a lot

more reporting, but we had no new resources, sort of an un-funded mandate. On the other hand we know about these children, but we're not reporting them, and I really think there's a third way that we need to support, which is a community based outside of the child welfare system but more of a voluntary system of supports for children and their families who have been exposed to domestic violence in the community, and I'll talk about that more in a minute.

I was asked to talk about the scope and David Finkelhor will be on the next panel. He is part of the team that did the national survey on children exposed to domestic violence that was published just two years ago and they continued to publish a number of papers on that. As Howard said, 75 million children in the U.S. and then when you think about that under the NatSv, the national survey, 6.6 percent of American children were exposed to physical assault between their parents in the last year, 6.6 percent of all children between 0 and under 18. 17.9 percent of children of all ages exposed to physical violence between parents since birth.

One real key factor in that survey is they interviewed directly 14 to 17 year olds. Under 14 they interviewed the caregivers. That's the first time that I've seen 14 to 17 year olds directly surveyed, and those children 27.7 percent of them said that they had been exposed to parents physically fighting during their lifetime, so that's more than 1 in 4 children in the U.S., and you can extrapolate that to the 75 million figure that Howard gave. They also found that a third, 33.9 percent of children who had been exposed to parents fighting in their home were also directly maltreated in their home, so a third during the past year, compared to 8.6 percent of kids that were not exposed to violence between their parents. When they looked over lifetime, over half, 56.8 percent of children exposed to domestic violence in their homes were also maltreated sometime during their lifetime. So there's a huge co-occurrence of these issues in families.

Other studies, John Fantuso nearby at the University of Pennsylvania and his colleagues studied five different cities, the police reports from five different cities, and when police arrived on domestic assault calls, 0 to 5 year old children, very young children, were disproportionately present, which raises a big red flag for a lot of the child protection systems around the country. Those children because they're not in school, they're not able to leave the house on their own, they're often playing in the house

supervised by a parent that they're more likely to be there and stay there during adult domestic assaults.

Also there's data on children's exposure to homicides and attempted homicides that's in my written testimony, and one issue that a lot of people aren't aware of is that more than half of the residents of battered women's shelters are children. So I usually trick people in audience. I ask them what percentage of the residents of your shelter are battered women, and even the shelter advocates say 100 percent, but in fact more than half of the residents in American shelters are children. The impact of this violence has been found to have similar impacts of direct maltreatment, so the impact of indirect exposure to domestic violence can have similar impacts on children as being a direct victim of child physical or sexual abuse.

A recent meta analysis found that of 60 different studies found that boys in particular found much greater likelihood of using antisocial and aggressive behavior, and overall children showed much greater presence of trauma symptoms associated with being exposed to domestic violence. We also know that children physically intervene and take action during adult-to-adult domestic violent events. The recent national survey by David Finkelhor, Sheri Hamby and their colleagues found that 49.9 percent, half of the children yelled at their parents to stop during a domestic assault. Almost a quarter called for help. Almost half reported trying to get away from the violence at least once.

In a study that I did in four cities across the country, 38 percent of children were reported to be accidentally hurt during an adult-to-adult domestic assault, often when they tried to intervene to protect their mothers, and a quarter, 26 percent were intentionally hurt when they did intervene in those events. Long term we have a number of longitudinal studies that have started to add questions about domestic violence exposure and those studies have found that into teenage and adult relationships that early exposure to domestic violence is highly associated with the use of violence and problems in teenage years and young adulthood, and in particular the adverse child experiences study in southern California found a high co-occurrence that children exposed to domestic violence over 50 percent of them had five or more other adverse child experiences co-occurring with that exposure to violence. So there's a very high, as David Finkelhor calls, polyvictimization, multiple victimization exposures.

One bright spot is that significant numbers of children in all these studies of children exposed to domestic violence have been shown to have no greater problems than children not exposed. So between the group exposed and the not exposed group you find significant differences, but when you look within that group of exposed children you find that upwards to half of those children are not showing a great degree of problems. It could be that we're measuring poorly, it could be that we're not following up long enough, but I do think variation is really an important factor to keep in mind. Each child comes to a situation with a different set of protective and risk factors in their lives and therefore will respond to the same events in different ways, and I think if there's one major take home message I would hope you would take from my talk today is that children have varied exposure to domestic violence. That often leads to varied impacts on them and that we need varied responses to those children.

We can't just have child protection as the single response in most communities to children exposed to domestic violence, so we need much more of an analysis of what are the protective factors in their lives. Miss **Sawn** talked earlier before lunch about the different adults on her block. It was very interesting to listen to that, but the protective adults that are in children's lives are very important. I'd like to argue that battered mothers can be a significant protective factor for children even if when they are being beaten, many of them are taking steps to try to protect their children.

For example, I had a social worker in St. Paul, Minnesota tell me, "Well she has gotten three orders for protection and gone to the shelter twice for her children. She cannot keep those kids safe." So I would turn that around and say that's just five relatively difficult steps she's taking to protect her children, and there are probably hundreds of others that were not even seen recorded that she is taking. So to turn it around and say she can't keep those kids safe I think is a really negative attribution to what I see as protective steps by battered moms.

There are a number of promising practices that have been developed and certainly the Department of Justice has been promoting a variety of those. The ones that I find applied most directly to children exposed to domestic violence, the child/parent psychotherapy, Alicia Leiberman in San Francisco and Betsy **McAlistair** Groves in Boston, Kids Club, which is Sandra Graham Berman at children's group in shelters for children exposed to domestic violence, Project Support by Renee McDonald and

Ernest Jarilles down in Texas, and then the fourth that comes out of Ontario, Canada, David Wolf, Peter Jaffey and colleagues.

There are a number of other great practices and as Howard alluded to, and I really wanna end by stressing his fifth and sixth point. We do not have an infrastructure for developing evidence based practice. There's huge pressure upon social services in this area and others to use evidence based practices, but the few that are out there have gone through maybe a 10- to 15-year as Stephen can probably attest to, 10- to 15-year development period with significant public funding to support that, testing, randomized clinical trials as in the case with child parent psychotherapy in San Francisco.

That then is followed by a translation to the field that's an intense process, and I've heard Betsy McAlister Groves talk about the process they've engaged in through the SAMSA supported the National Traumatic Stress Network, that not only after the randomized clinical trial they've spent years with mentoring and intensive training to try to translate that to the field, and I think that infrastructure, and that's Howard's fifth and sixth points, is that we need an infrastructure to support developing evidence-based practices, a variety of them that are out there that are great but don't have evidence behind them to test those out and then translate what we find to the field, and there's very little support for that at this point in the field, so I'll close with that point.

Marshall:

Good afternoon. To the distinguished panel it is my pleasure and honor to speak before you today to talk about children exposed to violence from a school perspective. I know I have some comments that have already been written and submitted, but I wanna speak from my heart because I believe that from the lens that I see young people it's different from others. I'm always under the belief that children are raised to be respectful and responsible in society, and when young people are not in a home that is suitable for growth, academic growth, social growth, they begin to display negative behavior in our community.

I can tell you from my position that oftentimes I'm speaking to young people myself as the chief of police. Some people think I've lost my mind because I've put so much time into this job, but I believe it's important that young people hear from adults and adults hear from young people, because in order for us to change our community I think right now as we live in a society with urban cities and destruction of drugs and gangs in our community we

need to build and rebuild the family. We need to give the family the support, the services that are needed to rebuild that family because oftentimes we find young people are being raised by their siblings because the parent is either working two or three jobs to support that home and/or deceased, or the grandparents are stepping up to take over that parental and guardian responsibility.

I believe if we look at the family in an open lens to understand that in order for young people to achieve academic success in learning environments they must come from positive learning environments. Oftentimes we have disruptive behavior and we call on our partners in the school system, one of which you will hear from in your next session, and it's called community conferencing. What do we do in community conferencing? We bring families together, and when you have an opportunity to talk to families you really find out the real core of the issue of why young people are behaving with such negative behavior in our community, but with community conferencing it helps us to bridge the gap of what's going on and why we're in the position that we're in today in terms of disruptive behavior.

Young people today for some reason do not want to use conflict resolution but combat resolution in terms of altercations. So I sit before you to say that I believe that the biggest focus in violence today in our community is focusing on the family. What can we do to change a family, to change a young person, and I believe that to change a community you have to change families one by one. As the _____ said earlier that in her community there were two families that she grabbed a hold of. I can tell you myself I was raised by a single mom working three jobs, but I had a grandmother and I had an uncle who lived in the home with me. They taught me the benefits of working hard and succeeding.

While in the position of chief of police in the school system I try to talk to young people about my upbringing and where I came from to let them know that my road was not easy. I had some stumbling blocks along the way, but I think if we take the time to give young people a voice in society today we can change some of the violent behavior that's going on, but within our school system as we all know violence takes place in the community it ultimately ends up back at the school. So what is the school left with, with limited resources to attack those issues that are coming in from the community. We've reached out to many partners within the city of Baltimore to address the violent behavior, the disruptive behavior,

to bring some calm to the storm before the storm really erupts in our school system.

I can tell you that in our school system our students have taken a survey and said that school is the safest place to be. That tells me that we have a problem between school and home and home and school, so what do we have? We have limited resources that will address the issues between school and home. We have limited resources for after school programs. We have limited resources for athletic events. So what is left for a young person to encounter but violence because they then go from a positive structure, which is the school, back to the community where there's negativity in between the school and home, and they wanna be a part of a family.

I remember hearing my first case dealing with gangs in the city of Baltimore and the young person said, "I wanna be a part of something." So I said to him, "Why not be a part of an educational system where you can succeed academically and achieve growth?" And he said, "Well I have some issues." So offline I took a little walk with the young man and he said to me, "Sir, you have to understand where I'm coming from", and I said, "Where are you coming from?" He said, "Well my mother's deceased. My father's incarcerated. What do I do?"

It's tough to respond to young people if you do not have the resources to guide them in the right direction to overcome that, which has impeded their bodies and their minds and their hearts. I believe that the educational system is the right place for any young person to achieve, but I think resources are badly needed, overly needed, and they need to be imploded in the elementary school level where we can grab young people at an early age. I think starting with young people in high school and middle school is not the answer today.

We need to be starting with young people from pre-K straight on through to 12th grade, and I can tell you through our great program and our DARE program that my officers are conducting in elementary school we are attempting to make a difference in young people's lives. I think from a police perspective it's not about locking up every young person that violates the student code of conduct or violates the law. It's about finding the resources to help that young person.

I'm often asked when my officers are dealing with young people, what's going on with that student? Have you talked to that student today? Do you know what happened last night in that home? Oftentimes what's happening in the home is having an adverse effect on a young person when they come to school. I saw a young lady was sleeping in class a lot and I asked the teacher what's going on. She said, "Well Chief, you have to understand this young lady is taking care of her family." I said, "What do you mean?" She said, "Well Mom works the midnight shift so she's responsible for clothing the students, feeding the students, making sure their homework is done, and by the time she gets to bed from doing her homework she's extremely tired. So she has to get up the next day and get ready, get the siblings ready, get herself ready. She's late for school so she's sleeping in school."

An adult must recognize that. An adult must know that a young person is in need of help, and oftentimes when students do not receive that help they ultimately go into the street and begin to create a disturbance somewhere in our community regardless of if it's gangs, prostitution, robbing, or being just totally disruptive in our community.

So I would venture to say to the panel, to the task force, that if the necessary resources are in place for young people today in our society I think we can make a difference as adults in their lives, but we have to put the necessary resources in place to support young people and also give them a voice, and we try to do that in our school system by reaching out to various intervention and prevention programs to have young people to be a part of that. I truly believe that in order to overcome the violence in our community we need to put the resources in the right place where young people can achieve academically and grow professionally in our communities. Thank you.

Sheila:

Good afternoon. Thank you for the opportunity to be here to share with you some thoughts about violence in our nation's juvenile justice system. I have had the incredible honor but also experience, the tremendous heartbreak, of representing children who are imprisoned throughout the Deep South, and these children are like children who are imprisoned throughout the country. The vast majority of them have committed very low level offenses, and that's a very disturbing fact when you think about the fact that we spend millions of dollars imprisoning children for every, very minor offenses, but what's even more disturbing is the violence and the abuse and the trauma that these children often experience

when they're behind bars. There's no dollar amount we can put on the number of young lives that have been destroyed by violence experienced inside our juvenile justice systems.

I'd like to share with you just a few stories of some of the children that I have worked with. In May 2007 a 16-year-old girl was left alone with a staff member who was under investigation for sexually abusing another resident in that facility. She was brutally sexually abused and that same staff member went on to abuse three other girls before he was finally removed from his position. In that same facility seven girls were shackled for over a month because they were an alleged runaway threat.

In October 2009 a detention center implemented a policy of keeping the children locked down for 23 hours a day. If children would come to the front of their cells to request water, to have to go to the bathroom, the staff would spray them in their face with mace and tell them to get to the back of their cells. In one particularly brutal and corrupt private prison that houses young men ages 13 to 22 who are tried and convicted as adults, in the last three years there's been three suicides, a number of rapes, and staff instigated youth on youth assaults that have resulted in a number of youth receiving permanent injuries including permanent brain damage and other very serious injuries.

These examples all occurred in the Deep South, but prison abuse for children isn't in just one region of the country. According to a report by the NEKC Foundation since 1970 there have been 57 lawsuits in 33 states where courts have ordered specific remedies and actions by detention centers to address unconstitutional and abusive conditions. So who are the children who are experiencing this abuse?

Well the data suggests that state juvenile justice systems are targeting black and brown youth. African American youth are 41 percent of our nation's population, yet they represent 69 percent of all children who are detained. These children experience a lot of the violence that they just spoke about. Then they're released back into their communities. This is why the violence and abuse suffered by children caught up in our juvenile justice system affects us all.

Evidence also suggests that lesbian, gay, bisexual and transgendered youth are also disproportionately caught up in our juvenile justice system often for reasons related to their orientation.

Sometimes when youth come out they get disconnected from their families and are forced to live on the streets. That can be a direct path into the juvenile justice system. Other times these youth are defending themselves against pervasive bullying that happens in the community and on the streets.

A report by the juvenile justice project of Louisiana suggests that these youth are very vulnerable to sexual abuse while imprisoned. In this report a number of youth talked about being forced, being sexually assaulted, being forced to perform sexual acts or experienced physical violence. Children living with mental illness and girls are also particularly vulnerable to abuse while they're imprisoned. There's another population that has grown tremendously over the past few years that is also very vulnerable to abuse, and that's children who are imprisoned in our adult correctional facilities.

The juvenile justice system was initially created to protect children from the harsh punitive environment of the adult correctional facilities. In the 1990's in a wave of sort of tough on crime policies this was reversed, and a lot of states began to allow children to be tried and convicted as adults, and it's in these facilities where we've seen some of the most brutal abuses. Supposedly children are sent to prison in an effort to reduce crime and violence in our communities, but in reality the act of imprisoning a child can create more crime and more violence than it actually solves.

Based on recidivism rates, one thing we know is that secure confinement is the one proven ineffective way to address juvenile crime, and we also know that abuse and violence is often endemic in these facilities. My written testimony contains a number of detailed recommendations for the task force. I'll briefly summarize them here.

I hope the task force will consider urging Congress to reauthorize and strengthen the Juvenile Justice and Delinquency Prevention Act. I also hope the task force will ensure that the Prison Rape Elimination Act will address the needs of detained youth. Both of these statutes should have a prohibition on housing children in adult facilities. I hope the task force will consider making recommendations to state level officials that they reform their system and systemically reduce the number of children who are imprisoned by developing alternatives to incarceration that are data driven and that can save states money.

Like many of the other panelists have noted, a critical component of these alternatives will be to engage families and communities in the rehabilitative system. Investing in families is one of the surest ways we can reduce our nation's reliance on incarceration. Of course even with all of these policies some children will still end up behind bars and it's absolutely critical that we do whatever we can to protect these youth from violence. States should be encouraged to develop strong, independent oversight for all prisons and jails for any facility that houses children.

In conclusion I'd like to commend the task force for recognizing the silent epidemic for violence behind the walls of the prisons that house our children and for recognizing that this is a crisis that resounds far beyond those walls into all of our communities.

Moderator: Questions?

Male: Miss Beatty, on the question of children in detention facilities and placement facilities and adult confinement, do you have any recommendations on the issue of children being held in isolation either from the point of view of the length of time or the circumstances or condition of children held in isolation?

Sheila: My recommendation would be that children should never be housed in isolation. It is one of the most devastating things for a child from a developmental perspective to be housed alone in a cell without contact with staff. What we've seen in some of the facilities that we're working in where there's an outright prohibition on isolation the severe behavior issues can be dealt with with adequate staffing and with other consequences for negative behavior. Kids will break rules, but there are ways to give them consequences that won't affect their developmental process.

Male: Is there any research that you have on this issue that might be a benefit to the task force?

Sheila: There certainly is and I'd be happy to provide that to you. There's a significant amount of research on the developmental effects of isolation on children.

Male: Thank you.

Male: I'll jump off on that one as well. Is there a place you could cite within the United States that as a best practice would be a model?

Sheila: On the issue of isolation?

Male: Yeah.

Sheila: I believe that the Missouri juvenile justice system has a model behavior management program that does not rely on isolation.

Female: I want to thank all of you for your powerful testimonies. I did have a question for maybe all of you that can answer this. You all provide a wealth of information specifically in your individual fields. I want to know if you work comprehensively with other experts in the field and how that information gets transferred to the community residents themselves? Since we know that awareness is one of the main things we need to tackle, how is that information being shared?

Howard: So I think the first part was the extent to which we work with other experts or folks in different disciplines? So right here I'm at the medical school across the street. I would say everything we do is interdisciplinary and involves usually four, five, six disciplines. I couldn't be here for part of the morning because we have a new project on training law enforcement officers about investigating child abuse and neglect and I had to go to that meeting. So I think the nature of this problem really requires the different disciplines and fields to work together. It's not just a nice idea, it's a necessity.

I think in terms of your second question of how do we do in conveying information to the public, let me first say I think we could do a lot better. I'll include myself and our projects. That often does not get enough attention. Just one example is where in Maryland we have an effort to develop statewide medical expertise in the field of child abuse and neglect and on the website there's lots of info that would be useful to parents as well. So it's one small example but much to be done.

Female: Thank you each and every one for your excellent testimony. Dr. Dubowitz, let me start with you. As you know I agree with everything you say. I have a question. First of all, are there 39 or 29 nations who have ratified?

Howard: 29. Sorry for the typo.

- Female:* Okay. The international treaty on the rights of the child.
- Howard:* I'm sorry, there are two separate issues. The 39, which is really 29, refers to the number of countries that have banned hitting kids, period, totally separate from the convention on the rights of the child where all but two, Somalia and us, have ratified.
- Female:* Many more than 39. Okay. I have a question about each of them. Of the 29 who have banned corporal punishment, 29 countries, do we have any data that shows a reduction in the amount of injury to children from child abuse from those countries?
- Howard:* So there are some data. Perhaps the best are from Sweden. It's true though that at the time that the Swedes passed their law there already was a majority public sentiment against hitting kids, but the rate of parents approving of corporal punishment or hitting kids continued to decline after the law was passed. So it's a great question. It's often tricky to pinpoint to just the law making that difference, but that's perhaps the best example in Sweden where increasing numbers of parents agreed that hitting kids should not be allowed.
- Female:* So it's really a public information, public affairs challenge as well as a legal one. The general message that corporal punishment is not effective and can result in injury is probably the message that needs to get out there. I think we'll probably sooner see movement in banning capital punishment than corporal punishment and both of those will be sooner than ratifying the international treaty on the rights of the child. I can remember meeting with the State Department 15 years ago and basically being told, "Well we can't really ratify this because we have to abide by it, whereas all those other countries can just sign it and then not abide by the requirements of it." Now then it was a State Department issue. You're saying Congress. Are we not thinking anymore that the State Department would be able to at least – do we need the entire Congress to ratify it or can the State Department do that?
- Howard:* 67 senators.
- Female:* On the recommendation of the State Department, right?
- Howard:* Right. Yeah.

Female: Okay, so that's what we have to work toward. Thank you very much. I have one more question. Oh, go ahead.

Jeffrey: Can I just add, I spoke in northern Europe last year and what struck me was that with the convention on the rights of the child in place, people were talking about what is a child's right within a child protection system, which is a really different perspective than you see among American researchers and even American policy makers. So I do think the convention does bring a different perspective and when applied well really speaks to what our children's rights, how do we hear children's voices in a child protection system, are we concerned about a child's rights and their voices. So I do think it brings a different emphasis once it's in place in some countries.

Female: And there is a link with capital punishment because it would ban capital punishment for minors as I recall. I have a question, Miss Beatty. I'm sorry to take so much time, but there's a huge issue with respect to incarcerated or detained youth and that is that of the women a large percentage of them are pregnant or have children, very small children usually outside the jail. So have you taken a look at what is done with the pregnant girls, what kind of treatment, and once the young woman gives birth what the practice is in terms of keeping the baby and the mother together, separating them, parenting? Is there any effort to achieve a level of positive parenting with these young people?

Sheila: Well one of the issues with young women who are imprisoned is that prison is sort of a one size fits all thing, and for a lot of these girls they're sort of expected to kind of fit into a model that was created for the majority, which is males. The largest number of young people who are imprisoned are young men. So when we've worked with young women who are pregnant while imprisoned that creates a whole lot of complications for both the young woman and the facility staff and we've had to advocate for them for things as simple as ensuring that they're getting nutritious food, that they're not being served cold lunchmeat sandwiches, which pregnant women can't eat. So I do feel like a lot of these facilities that are used to dealing with number one, young men, and number two, children, are not equipped to deal with the needs of young women who are pregnant. When these young women have their children most of them end up going into the foster care system unless there's sort of a very strong, stable family unit.

Female: I have a question to Chief Marshall Goodwin. Thank you very much for your excellent comments and I in particular paid attention to your statement that our children today don't want to use conflict resolution but combat solutions. In keeping with that I'd like to ask you from the perspective of violence in schools, do you feel that since the American Academy of Pediatrics and others have stated now that children spend more time in front of media than they do in schools, seven hours a day is the average, do you believe that the role of violent video gaming is a contributor to some of the violent resolutions that we are seeing in school children?

Marshall: I would agree with you and it goes in line with the social networking. Young people use that mechanism as a mechanism of violence as well. You hear oftentimes, what is it, 360? I'm trying to remember the games that the kids use.

Female: Xbox 360.

Marshall: The kids are using those instruments to perform acts of violence. They are also mimicking what they see on TV. So yes, I would say media and instruments of games of that type have an impact on students' behavior as well.

[Part 2 Begins]

Male: I'm going to resist getting into the controversial findings of the impact of media, but just suffice it to say that there are far more kids who are playing what I might find toxic and noxious videogames who don't do anything but well in school and socially, etc. but Chief, I had a specific question. First of all, thank you to all the panelists. It was really quite wonderful being able to listen to my colleagues and people who I'm just meeting. Chief, you mentioned many times, you used the word "resources", and I thought you described beautifully the idea of kids who don't have the families that we wish they had, they still need something from somewhere.

So if you were to put into a few words, and maybe it's a long list but it can be as long as you want, if you were to make some suggestions to this task force about what you would like your officers to have on their utility belts in terms of helping kids, and if you would like to be able to think about what preparation you'd like your officers to have and the concrete resources, what would be a few of them?

Marshall: Well first and foremost I try to give my officers the opportunity to be trained across the lines in terms of student behavior, mental health issues and services so that when we encounter young people we're able to address their issues and even provide them with a referral or the guidance or the adult in the building who's assigned to handle that type of issue. Resources with respect to employment opportunities. Sometimes if you can just lead a young person in a direction that can change a behavior pattern. With regards to mental health, social services, training with young people. I think if young people have an opportunity to train alongside officers as we do in the great program, the DARE program, that to me has made a tremendous impact on young people in our school system, and I'm constantly pushing to get volunteers within my police force to do this.

Sometimes it's amazing what can happen when you get an officer trained to present to young people how the hidden treasures of them can come out to provide young people with an opportunity, but more importantly I think having the necessary resource to help kids extend their day with officers' input I think would play a major role in some constructive programming to be a part of every school. We're starting this weekend with a _____ school in several of our Baltimore schools. I believe we need that throughout the district because I believe if young people are retained to engage in additional academic learning then those possibilities of going down the wrong side of the road will be more effective in having those resources to support students.

Male: Of those resources, and there is something special, isn't there, about the use of authority for a kid who doesn't have enough, it can be a pretty cool thing suddenly to have a friend who's a cop, but quick question. Of those resources, this can be yes or no and you can go on, but do you have enough of them right now?

Marshall: No I don't. No. I'll be very honest with you, sir, if I could get more resources to help my staff and had more resources to have more officers, I would like to have an officer in every school. At this point I do not. We have 142 personnel for 203 schools and in some of our schools we have multiple officers who are assigned around. I think additional resources will certainly help me to change the system better, but I believe if every kid is shown some love we can change this whole process. Thank you.

Male: The society draws lines. This is a question for Sheila. We'll say a 16-year-old shouldn't smoke or drink or vote or serve in the military, but the minute that 16-year-old commits an egregious crime that we'll all agree is bad, then suddenly the goalposts moves and suddenly this kid is an adult, and we're still the only country on planet earth that sentences children to die in prison, and I couldn't agree with you more when you recommend that legislatively or however people do this that we end the practice of trying children as adults, but in your own experience how do we do that? How do you create a movement? How do you create the tipping point where because it's shifted, and I think it did because of the super predator myth and the scare and juvenile crime, the myth that it was on the rise as we heard earlier? What do you recommend? How do you get at this?

Sheila: Well let me tell you a little bit about one of the successes we had in Mississippi with some legislative reform on this issue. When I first started working in Mississippi in 2003 the juvenile justice facilities, 80 percent of the children who were in there were status offenders, so they were in there for things like truancy, running away, skipping school. These were pure status offenders and the Department of Justice documented this number. So if we had 80 percent in the juvenile justice facilities, these low level kids, it's no wonder that then in the adult facility we had the kids who are committing actual crimes. The hydraulics of the system are really important to think about when we're considering reform.

When we were able to make the case that it made no financial sense for a poor state like Mississippi to lock up kids who are essentially, I mean these are non-criminal offenses, we were able to get the first time offenders, status offenders out of the system. We then were able to create the space and there was then the sense that, oh my goodness, we have all of these kids in the adult system and we have all of these empty beds in the juvenile justice system. So it's about looking at the system in the entirety because so many jurisdictions are locking up in the juvenile justice system kids who frankly don't need to be there, and as a result other kids are getting bumped up into the adult system.

The other thing I'll say on this is that the research has evolved significantly and we know so much about the recidivism rates for kids who go into the adult system. It doesn't work. It's worse than what happens for kids in the juvenile justice system. That data is pretty compelling even for lawmakers who are very concerned about being tough on crime.

Male: Thank you all of you for your commitment to your work and I think your commitment to being visible today and telling the truth about some hard facts, but unfortunately the facts go back decades and decades. So I think we have made some improvement around the edges. I wanted to ask a more generalized question to the whole panel. In different ways you've all mentioned this, but maybe we can start with Howard to put you on the spot or you call can help him out.

Maybe you already have a ready answer, but Howard mentioned the underpinnings of violence a number of times, and so I'm wondering what you would consider the top three underpinnings of violence just to help our task force to understand how you look at violence. I think there are some definition issues we're gonna have to grapple with as we move forward. In other words you might say what is the face of violence? Is there something underneath violence that causes the violence or is violence the root behavior?

Howard: So the top three contributors to violence, is that the question?

Male: Mm hm.

Howard: Boy, how to order them? Let me suggest come back to the point about the extent to which our culture accepts hitting kids is no small part of this. It sends a powerful message that when I'm mad at you I can hit you. That's okay. When we disagree, how do we resolve it? By hitting. So I think from an early, early age this is very powerful. I remember as a pediatrician seeing a ten-month-old swat his mom sitting in front of me in the office and I asked, I was curious, where did this come from? Where did the ten-month-old learn this? Sure enough, not that there's always cause and effect in this way, she had been already swatting him. So I think we need to start early and so I think that's one.

I think the panel several times has emphasized the extent to which families are struggling to cope with their kids in a variety of ways and are unable to protect them, to nurture them in the ways that would allow them a good beginning. So just a few blocks from here if folks haven't read it it's called the corner. The corner is about six blocks from here and for folks like me it's an amazing description of what breeds violence, what I refer to as a neighborhood that's stuck with crime, with drugs, and where the kids have lousy opportunities. So obviously these are big daunting

challenges, but if we could help many more families do a lot better at nurturing their kids we'd be in much better shape.

Jeffrey:

I don't know that I have three, but I'd like to put it in the context of protective and risk factors that certainly exposure of a child to direct victimization or indirect exposure to violence in their home and their community and school is clearly identified in the research literature as a predictor or at least highly associated statistical predictor, puts you at risk for greater violence later in your life. I think that co-occurring with a variety of other risk factors in a child's life and the absence of those other protective factors like the adults that Miss Saun talked about combine to create the canvas in which it's highly likely that a child will become violent.

I do think a partial solution to that, that we haven't really addressed, well one is prevention. We really haven't done a good job of primary prevention, of social norms, the advertising that Howard was talking about, developing the social norms against violence in this country, engaging communities in violence prevention, engaging men and boys in violence prevention. I also think we have done very little to engage informal supporters of children, so adults and others in their lives who are the first that children and adult victims turn to. It's gonna be family and friends, and we do very little to support family and friends' ability to respond in a positive, supportive way and somehow then connect children to those community services that are important.

Then I think this is more to solutions than the three risks you asked about, but I also think we need greater capacity to respond to children outside of the child welfare system and that's gonna be in community based services. Maybe some that exist already but expand their capacity to respond to children exposed to violence and some that don't exist and could be created.

Marshall:

So I'd venture to say that issue that I've constantly spoke about over the years and that is redeveloping the family. I think without the family it brings on violence because young people need that love and nurturing in the home and if that's not there they ultimately go to the street, and I think if services and resources were made available to redirect and redefine the family as well as more positive activities after school and on Saturdays I think that would play a major role in changing this system.

Sheila:

I think that violence often happens in the juvenile justice system because of this sense among many juvenile justice stakeholders

Moderators, Howard, Jeffrey, Marshall, Sheila,
David, Phil, Elizabeth, Theodore

that there are some kids, that it's okay to throw away some kids, that there are some kids that are just not worth investing in, and I think in many systems across the country that's sort of the pervasive culture of the system. I also think there's something that's more fundamental when it comes to violence in the juvenile justice system and that is the very structure of the facilities themselves. When you take over 100 teenagers, many of whom have been living with trauma for their whole lives, some of whom are prone to make bad decisions and put them in a facility with four or five staff people, violence is almost inevitable. So there is something about the very way we've structured the system that breeds violence.

Moderator: I wanna thank our panel for their very informative and impactful testimony and we're gonna take a five-minute break while we seat our next panel. Thank you.

Moderator: Good afternoon, folks. We would like to get started if we can, please. Thank you very much. The next panel will focus on the need for knowledge, measuring children's exposure to violence. Professionals involved in the field of children's exposure to violence have faced a long standing 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 a challenge of tracking the inter-generational 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 policy making. Dr. David Finkelhore is professor of sociology, director of Crimes Against Children Research Center, and the 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 Lee is a professor and director of the John 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 **Kryger** Institute's family center, which treats children and families with exposure to abuse and violence. She is also the project director of 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 experience for urban youth and to prevent re-injury through trauma informed care. We start off with Dr. Finkelhore.

David:

Thank you. I wanna start by appreciating all of you for taking on this responsibility and being the torchbearers on this issue. I know the trepidation I would've felt if I'd been asked and I'm really glad that so many highly qualified people have taken this on. You open the newspaper the last few days, news about the child molesting scandals at Penn State and Syracuse and of course there are a lot of people asking the question today, how many children are abused by coaches every year and has that number been going up or going down?

We don't know. We also don't know how many kids are abused by the staff or volunteers of youth serving organizations across this country. We don't know how many young people are abused by their schoolteachers every year in this country or how many are abused by religious officials. The Catholic Church actually in the wake of their scandal commissioned its own study and found out that a majority of the victims of clergy abuse were adolescent boys, and that unpredicted and very useful and important information I think is crucial for addressing the problem, but when it comes to coaches we don't know whether most of their victims are boys or girls or adolescents or pre-adolescents, and in fact we don't even know the total number of people who are arrested every year for any form of child molesting in the United States.

We have numbers for the number of sexual abuse cases that are substantiated by the child protection system, but lots of child molestation is investigated directly by police and not by the child welfare system and that part is not systematically counted. This is all tremendously disappointed because here you have what's clearly a major public policy concern, something of great anxiety

to a lot of parents, it puts lots of organizations on the spot, thousands of media stories and journalists covering it, but the basic facts about the numbers and trends are simply not available. This is not the only very embarrassing gap in our knowledge about children exposed to violence and abuse.

I get called regularly by the media every year typically in the summer when there are one or two child abductions that occur over the span of a couple weeks, "Are we having an epidemic of child abductions?" they wanna know. We don't know the answer to that question. How many children reside in families where a parent is arrested for domestic violence? You've heard a number here, but that's the number that we've got at one point in time. We do not have regular information on that and what the trends are.

Now these are not numbers that would be difficult to gather and publicize. The justice department does gather and publicize 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, motor vehicle theft, they are on the list. Child molestation, abduction, exposure to domestic violence, those are not on the list. I think that's something that we should be really attending to.

I'd like to contrast this for those people who think that this is difficult with what happens in the public health domain some of you are familiar with. So for example the Center for Disease Control gathers yearly national information about 60 different diseases so that the trends and the geographical and the demographic patterns and all that can be very accurately tracked. Epidemics are thwarted and prevented, and some of these diseases are so obscure that you have never heard of them. Q fever, **Poassins** virus disease. I wonder if even the medical officials here have heard of these things, but child molesting we can't count. I think that is really a shame.

Now some of these gaps will be partially remedied when the new FBI sponsored national incident base reporting system or what's called NIBRS eventually comes on line. 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 and even it won't allow the tracking of reports about coaches, about teachers, about religious officials or the number of kids exposed to domestic violence.

The Justice Department does invest a lot of resources in the gathering data about crime in the justice system, but child victims have just not been very well served by the system. So I'm gonna make seven or eight recommendations about specific things that they could do and that I hope you would include in your recommendations. First of all they do need to expedite the implementation of the NIBRS system. It's been in development for over 20 years and I think it could be completed in another five and not another 25 as they currently think it's gonna take if it's on its current course. So expedite that.

In addition I think that the NIBRS system has to refine its categories and make them better suited to the knowledge that is needed about the crimes against children so that the categories I'm talking about like teachers and coaches are included, the more specific sex crime categories are included. Third, I think we need to expand the national crime victimization system so that it covers all the crimes against children. Incredibly this most sophisticated annual survey of crime victimization does not count crimes against persons under the age of 12. It only counts forcible sexual assault, so it doesn't count a lot of the non-forcible sex crimes that occur to so many children.

So many people have appreciated the national survey of children exposed to violence that I led. This kind of an effort, not necessarily the one that we have done but something similar to it needs to be done on an annual or bi-annual basis so that we can chart these trends. Something needs to be done about the abduction issue. One possibility here is that the National Crime Information Center, which gathers reports about missing children under the law could be aggregating and publicizing that data, but currently that center is very reluctant to be used as a data management and publicity unit, so that doesn't get done.

Another thing that needs to be done is dependency court, juvenile court data about child victims needs to be aggregated and publicized. A lot of data is available in that court system now. A lot of it is aggregated and publicized with regard to juvenile offenders, but the dependency court side, the part involved as juvenile victims is not aggregated and publicized and that could be. Another thing that needs to be explored is whether universal identifiers could be used so that children could be tracked from one data system to another. This would be very, very useful in

understanding what happens to kids as they move through these various systems. Right now we can't do that.

Just to sum up, we have missed a very important opportunity. As a number of the speakers have said, the exposure of children to violence has declined in many categories by substantial amount over the last 20 years. This was a tremendous opportunity for us to try and understand what was working to reduce the problem, but because we did not have the data systems in place we are at a loss for figuring out where the declines were the greatest and what were the factors that most explain what was going on, and I think we should make sure that we don't lose that opportunity as it occurs in the future. Thank you.

Phil:

Good afternoon. I'd like to thank the National Task Force on Children Exposed to Violence for the opportunity to discuss the measurement of some of the factors that may cause youth in Baltimore or elsewhere to be exposed to violence and those factors that either reduce exposure or increase resilience. Besides homicides, Baltimore city has the state's highest rates of dependence or abuse of illegal drugs and alcohol, robberies, rapes, and other violent crimes. As you can imagine, many Baltimore students do not feel safe going to or from school or even in school. It's important to recognize that risks in Baltimore vary greatly by neighborhood, from neighborhood to neighborhood, sometimes from block to block, as does life expectancy and likely exposure to violence.

Efforts to reduce youth violence need a citywide strategy, but they need to be targeted based on individual neighborhood and family needs and also assets. As you've heard earlier today, relationships are critical. Schools and neighbors have many times been referenced as an asset, something that was very important in having some of these victims be able to maintain their self-identity and really become the people who were able to testify today. Schools can play an important role in reducing the number of youth who become in gangs because academic failure and poor school climate are important risk factors both for becoming perpetrators but also becoming exposed to violence.

Youth not in school are much higher risk to perpetrate or become victims than those who attend regularly. Children with attendance problems can be identified as early as the first grade, although few programs are targeted for these youngest children, and we've heard a call for looking at attendance even in preschool programs.

Children who are five, six, seven years old who are not coming to school are not necessarily making the choice themselves not to come to school. It's very different when we're talking about a 15 or 16 or 17-year-old. There's clearly something that a service may be needed in that family to support that youth.

So many of these younger students could really be identified early on because school attendance is an easily identifiable marker. Almost all communities are collecting this on a daily basis at this point. It frequently is difficult to differentiate the victims and the perpetrators of violence. The Baltimore City Health Department conducted a study of youth under 18 who had been murdered or who had been murderers. They found that both groups had an extremely high rates of placements in the child welfare system for abuse, had poor school attendance and academic failure. Little differentiated these two groups.

I should point out that the state had to pass a law to allow this study to be collected because the criminal justice data on juveniles is usually not allowable to be available even after the child died, at least in Maryland, so the state had to pass a law that allowed the Health Department access to this data so I could be linked with child service data, school data, and again these are for children who had already died. Clearly having some better monitoring of children entering child welfare and their successes or lack of successes is important.

Research has identified a number of factors related to aggression or violence. Violence is not only shaped by individual characters but also by a number of factors that are nest in impure relationships, families, neighborhoods, schools, and society. These factors can be observed in our city's most violent neighborhoods, sometimes measured at 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 failures, and social norms that too often condone the use of violence when faced with a conflict or provocation.

On the other hand, my colleague Jackie **Hamil** has found that exposure to adult physical violence in home either by parents or other adults in the home is a much stronger predictor of middle school dating violence for both boys and girls than the community that they lived in. Efforts aimed at reducing youth violence and its consequences need to move beyond interventions with individuals

and focus on families, peers, schools and communities as does our data collection. Even when evidence based programs are used it's important to monitor program fidelity. Too often it's impossible to determine whether failure to achieve expected outcomes is a result of using the wrong program or not implementing an intervention as it should be implemented.

Considering data needs, please remember to allow for the monitoring of program fidelity as well as organizational readiness. In Baltimore youth homicides and violence in schools have decreased in the past few years. Some of these declines can be attributed to programs focusing on the youth most likely to be at risk, but there are other contributors. Baltimore city public schools have reported a 56 decrease in dropout rates over the past three years. In the past this has been accomplished by decreasing the number of habitually truant students, eliminating school suspensions for not being in school on time, and increasing the graduation rates of African American males.

At one point almost as many African American males were dropping out of Baltimore schools than were graduating. This has since been changed. Finally there's increasing recognition of the critical role played by community members in mounting and sustaining violence prevention and youth development efforts, in particular public health strategies including ex-offenders and community based programs have proven effective in changing attitudes and behaviors related to crime and violence. One strategy used in Baltimore for funding some of these initiatives is compacting, and Patrick McCarthy mentioned this, where private foundation's up front money to the state and local service providers so that the benefits can be accrued over time because as he mentioned, simply trying to move community services instantaneously reduced the need.

So engaging foundations such as the Annie and Casey Foundation, OSI, and other foundations in Baltimore, has been successful in jumpstarting some of these effective practices so that they are expanded and continued in community settings. I want to thank the task force for the opportunity to present and your interest in considering multiple strategies for reducing violence and its consequences.

Moderator:

Thank you very much, Dr. Lee. Dr. Thompson?

Elizabeth:

Yes, I am the director of the Family Center at Kennedy Kreeger Institute here at Baltimore and have the responsibility for three programs all of which provide services to children exposed to violence and trauma. The outpatient mental health program is the largest. We serve over 1,000 distinct children in each year. In 2010 services were provided in 20,337 visits. Our goal is to gather data on violence exposure and the impact of that exposure on every child that we provide service to. We make every effort to collect data at the beginning of treatment and at least two additional points in the treatment process, and despite having resources, which many centers do not, these efforts are not without difficulty. I will mention three challenges that we face, challenges in the processes of data collection, the who, the how, and the when, challenges in measurement selection, and thirdly challenges as a function of serving a specialized foster care population.

The first, data collection in this population can result in re-experiencing of symptoms, so it should only be conducted by trained and supervised individuals, which places limits on who can do it. We've used actually three different strategies to collect information from clients. We've used therapists, we've used students from neighboring universities, and we've also used research assistants. Now each of these strategies has their own plusses and minuses but given time I'll focus on the constraints.

In terms of having therapists do it, given the demands on therapists in terms of productivity, billing, documentation requirements, they're often reluctant to do it and you have to really hassle them to kind of be willing to collect the data on a regular basis. When we've used students from neighboring universities their availability due to semester breaks or vacation may mean they're not around at the time you need the data to be collected, and when we've hired research assistants given the sheer volume of data that we have to collect often means I have to have more non-revenue producing FTE's on my staff that I can really tolerate. So we've tried to use a mix and match of those, but sometimes it works and sometimes it doesn't.

After you figure out who, how the data collected can be a huge organizational burden. You have to have a tracking system. The data has to be collected and input. Somebody has to analyze the data. Somebody very importantly, somebody has to be able to figure out a way to feed the data back to the clinicians so that they can use it to inform their treatment process. One of the things that clinicians on the front lines complain about in terms of data

collection is that they don't get the data back and they don't know how to use it in their practices.

When you collect the data can also confound symptom presentation. We've seen under-reporting when information is collected at baseline, and then what you often get is an artifact of increase in exposure and an increase in symptoms as patients kind of get into treatment, but it's really a function of them being more relaxed and more able to talk about the treatment and give you the data than it is a true symptom response to what happened to the initial exposure.

Measurement selection is the second area of challenge. Given the self-report nature of many incident measures, reliability and concordance difficulties are often noted, and I indicated two examples of this in my written testimony. Multi-informant assessments are recommended, but again that adds a burden at the organizational level. With regard to selecting measures that are used to assess symptoms, we have had a difficult time finding measures that really meet the needs of our kids. For example, the CBCL, the child behavior checklist, one of the most widely used measures, doesn't really capture symptoms in our population, which is an urban African American population.

Again highlighting the problems with the definition of PTSD in children, when we've used measures that track PTSD those kind of measures also don't do as well and don't really capture the things we need for our population to capture. This actually led us to develop our own measure called the domain evaluation scale, which is a measure we developed based on our 20-year history of working with children in the foster care system and it has a really good fit and gives us the information that we need. We know a lot about what measures we need, but it's hard to get – still the field is dominated by specific measures that may or may not capture what we need for it to capture.

The third challenge typically becomes a factor when we move beyond just collecting incidents and outcome data as standard of care and make efforts to do research in children in the foster care system. 52 percent of the children we serve have a history of out-of-home placement. 37 percent are currently in the care of relatives or non-relative caregivers, and although many children in the system are in the system because of the experience of violence and trauma, legal guardianship and consent guidelines, which are designed to protect the population often act as barriers and prevent

us from getting and analyzing the information we need, and this happens in other jurisdictions as well, and as a consequence children in foster care are often under-represented in our understanding of violence exposure and its impact.

I'll close with two general research recommendations. The first, data sets across multiple federal agencies could be linked to provide a more comprehensive picture of childhood violence exposure and its impact. The National Child Traumatic Stress Network core data set provides an excellent example of this of where you have data from many centers from around the country that share data and do common research on it and common presentations.

Secondly, detailed information on childhood violence needs to go beyond national prevalence data if we really want to inform policy. We need to know more about promotive, protective, and risk factors as they relate to resilience, the initial exposure to violence, and the recovery process. We need to know more about what treatments work best with what children under what circumstances. Thank you for this opportunity.

Moderator: Thank you very much, Dr. Thompson. Dr. Corbin?

Theodore: Thank you. Good afternoon and thank you very much for leading this effort. I'm an assistant professor at the Department of Emergency Medicine at Drexel University College of Medicine, and at Drexel University I also direct a trauma informed violence intervention program called Healing Hurt People. This program is focused on victims of interpersonal injury that 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 the psychological wounds that the young person has encountered.

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, trauma, and exposure to violence, and the types of violence that 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 non-fatal injuries. According to CDC data for 2007 this group suffered over 2,900 homicides, or 79 percent of all homicides in that particular age group. The cost of violence is dramatic and I have provided you with the data in my written testimony. We also know that violence is a chronic recurrent problem. A study that was done in Chicago noted that 44 percent 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 the cohort was 20 percent, and in 70 percent 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 or she is at risk for being injured again. While typically the risk of re-injury is attributed to individuals' behavior, we now understand that the consequences of trauma specifically hyper-vigilance, re-experiencing, dissociation and avoidance, combined with the often toxic social environment in which many of our impoverished young people live to create the conditions for re-injury.

Similarly because these young people do not feel safe they often feel pressured to retaliate against their assailants in order to demonstrate that they are not weak and will not tolerate re-victimization. The growing science of stress, allosteric load, the biological effects of Post-Traumatic Stress Disorder confirms what we have observed over the 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 wounds of trauma and to help the victim enter a path toward recovery and healing.

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 utilize 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, government 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 cost but could conceivably decrease the costs in the criminal justice system by decreasing retaliation and other illegal behaviors.

I just wanna add that on a personal note I see these young people, and again I have to emphasize that the majority of the young people I see are young men of color, and we've been impacted by violence and trauma hugely, and our efforts are really to uncover just that physical wound and to really look at the trauma that the young people that we see have experienced. One of our biggest – or I won't pretend to be researcher, but our efforts are really to collect the information and find how we can best serve this population is recognizing that we do not have the services available in behavioral health particularly for men and boys of color over the age of 21.

So our efforts have been trying to identify those places, but we do continue to collect the information and we find that a large number of the young people that we work with do in fact meet full criteria for Post-Traumatic Stress Disorder, and also a large number of them have huge scores of greater than 5 in terms of adverse childhood experiences. Again I thank you for this effort and I thank you for having me here.

Moderator: Thank you very much, Dr. Corbin. I'd like to thank all of our panelists for some really detailed written testimony that we have the opportunity to go over and discuss. At this time we'd like to have the task force members ask questions of the panelists.

Male: I'm kind of reminded of an acronym, MEGO, which stands for after lunch my eyes glaze over. So please bear with us and I'll talk a little louder than usual. For you, Dr. Corbin, as I was reading and that you mentioned that the challenges for young males of color today is accessing services, and of course successfully completed that once they're accessed, and I think I would assume that's treatment if you can get the treatment and then you have

some sort of a rehabilitation mode in there, but there's always that process of reintegration, meaning going back to a community and you kind of measure that as you go along in terms of whether they're repeat offenders or whether they keep coming back for their treatment, which is costly. It's not as if it's a one-time thing.

I've often seen that when we're talking about youth exposed to violence at least in my mind is we tend to individualize it because it does affect the household if any. It does affect some sort of a core or a peer setting if any and affects the community in that regard. Can you expand on that, how difficult it is when you don't get the access? I know it's gonna lead to limited resources, but how do we deal with limited resources and how do we deal with this prevalence of youth violence or preventing them from being exposed to that?

Theodore:

I would come back to the trauma, recognizing that many of the young people that we work with have had exposure to trauma or adversity or violence and with the workers that we work with, they're all trained in trauma informed practice and trauma informed care and recognizing that the young people that we work with, it might not be the first time that they get connected to that person or those resources that they are going to actually be receptive of those services, but again it's a constant reminder and constant push if you will of the workers that are working with the clients, and it does in fact take that adult relationship.

Even as adults we work with young people and part of the work that we do with young people is to make sure that their parent or a caring adult is involved with their care, but with the young people it does make a difference when there is a caring adult that shows that they're interested in making sure they get to those additional services that have been identified. So it is constant support that is provided unconditionally to help them get to those services and maintain those services as well.

Male:

Just as a follow up just to understand, so your approach is not an individualized program per se, but you've got caregivers associated with that. You have family members that may be associated with that in terms of making it kind of a team effort for that young individual.

Theodore:

I'd have to say that it is both individualized and a team effort because otherwise we'd burn out like you wouldn't believe I would have to say, but it is both individualized and it's everyone's

narrative because everyone's narrative is different. So we try to develop a plan of action with the individual with their involvement to see what would serve them best, but it's definitely a team effort. It's individualized, but it's also a team effort as well.

Female:

Dr. Finkelhore, I haven't read everything in the virtual library of Finkelhore child abuse research. It would take the rest of my life I'm sure, but you are sort of the word of child abuse in our field and I really appreciate you being here and I appreciate every other panelists for being here because you're all the state of the art in addressing the issue of violence against children or children exposed to violence. Dr. Finkelhore, you are the primary investigator for the National Children Exposed to Violence Survey. This is a telephone survey, am I correct? Would you explain how you can be confident that you will get accurate responses over the telephone from for example parents about whether or not their young children have been molested or abused?

David:

Well the technology to eliciting reports of this kind of sensitive information is a lot better than it used to be, but it still has a long way to go. We've learned many things about how to phrase the questions, how to make the participants comfortable, and we've tried to validate some of the work. For example we've compared the responses of the 10 and 11 year olds we interview in person with information we get from 8 or 9 year olds, which we get from their caregivers, and actually they're pretty close, which suggests that the caregivers at least are telling us as much as the kids would.

There are some studies that have experimented with different ways of doing this that suggest for example that putting these kinds of questions later on in an interview after they'd gotten comfortable in making sure they're in an environment where nobody can overhear them or _____. One thing that you could recommend and I think would be of great benefit for the field, not just the research but also for the practitioners, is for studies to be done to improve our ability to get candid and valid responses for both parents and children themselves about these kinds of exposures. There's a lot that we don't know about for example how we could utilize some of the new technology, the exact number of questions that we need to ask, how important it is to give them definitions of what we're talking about and all of this, and the more children that we can get these kinds of disclosures from I think the better our science will be and the better our response will be.

Female:

Very good. Thank you.

Female: This is for Dr. Corbin. With respect to replication models and policy implementation, if you had to express that to the task force what would it look like? If you wanted to implement the models in some standard form, what would that look like?

Theodore: It would help on several levels. Most hospitals don't require reporting of assaults unless the person wants that to be reported by the police, so there's a whole host of information. Gunshot wounds are mandatorily reported, however the assaults, the knife stab wounds, they are not unless again the patient wants that reported. With regard to replication of such models, I feel like this is the corner of healthcare that really does meet all of the other agencies and institutions.

It would in fact be one that has trauma informed practice at its basis, one that has faculty and staff that are invested in the work and committed to doing the work, and again understands the barriers that many of the patients that they'll be working with are confronted with. So essentially what that boils down to is a trauma informed framework of a program that has some standard of data collection but also has a standard that relates to reimbursement as well so that those providers are in fact reimbursed for the care that they're providing.

Male: Just to follow up, with all due respect, Dr. Corbin, I am actually extremely grateful to you as a researcher, so whether you consider yourself a researcher or not I'm grateful for the fact that I think you are and it starts with observation and then moves into systematic approaches to data collection and we have some of the deans of that expertise on the panel today. I want to take advantage of this panel because I may not get it again. I've been hearing, and maybe there's a theme of lots of incredibly exciting findings that each of you has presented. We can talk about the details that you're describing about the barriers and challenges of self-report, etc.

This is cutting edge. Isn't it wonderful that we're able to think along these lines? But I keep hearing about missed opportunities, about the gap between what we're capable of, what we've learned, what we know, and how far we can run with it. So here's my I wanna take advantage of you all. What's getting in the way? It's maybe the psychoanalyst in me, but if we're gonna be able as a panel to address the gap between what we know and what's been -

[Part 3 Begins]

Male: by some of the best minds in our country. We have to understand something is getting in the way. I'm asking of the panelists would —

David: There's an important cultural issue here that I don't know the answer to _____, but law enforcement has a very different orientation towards evidence and program development than does public health and psychology and mental health. Because of the kinds of training that people in social sciences and medicine get there's a very high premium place on evidence, on epidemiology, and on evaluation. In the law enforcement field that is not nearly so present.

It has to do with some of the policy makers in the law enforcement field are lawyers. They're trained in a very different methodology, the case analysis method, which is going on in this school here, but they get very little exposure to statistics and evaluation and don't see the relevance of that, and I do think that culture gap is very important in understanding why issues related to crime and violence and childhood exposure to violence don't get some of the kind of scientific orientation, which people like you and I see as having been extremely valuable in producing success in the public health and mental health domain.

Elizabeth: I'm almost afraid to say this in a room full of researchers, but I'll say it. It's part of who I am. I think one of the things that contributes to the gap is the gold standard for treatment is randomized control trials, and I think when you talk about some of these treatments there just is not the funding to do that, and I think we're gonna have to figure out other ways to get new treatments into community settings and with confidence that they're good treatments without having to go the gold standard route, because I don't think it's working for a lot of the treatments that are coming up now.

Male: _____ said that there are some problems with that gold standard to begin with.

Elizabeth: Yes.

Phil: I think there's two other things that are presenting barriers. One is the people who are most adept at doing some of the interventions

that supports the detection are not necessarily people with advanced degrees. The people who are supporting people in the trauma units, not that we don't also need that, people who are good surgeons and good assessments, but we don't have good ways of funding community based people, people who have good services who the people who you heard on earlier panels actually turn to. There were some people who turn to service providers and we need more service providers, but it was other people in their neighborhoods, their neighbors, their school personnel, the faith communities, other communities, and we don't have funding streams that easily reach into those, and we have lots of barriers.

A second is as you've heard there's lots of risk factors. There's lots of places where these individuals can be detected. We have very siloed funding streams. We have juvenile services and child welfare and child welfare may be abuse or early childhood, and education, and mental health, and the mental health people don't talk very well or work very well with the substance abuse people. We have people who are experiencing these problems and exhibiting behaviors in all of these domains. So unless we have some way of at least braiding if not calling out to do these things, and the third thing is we focus all on problems. What are the strengths? Your question is what got you through?

Well as researchers we don't have great strategies for documenting in communities or agencies. It's not just they're fixing up something that was bad or broken, but they're giving the individuals again many of the victims who clearly are people with enormous skills some of which were innate, but some of them were supported by their family, their faith community, their schools, and as researchers that is not what we're monitoring. Until we can bring together both the needs assessments but also the positive factors that really are making both individual differences but also differences within schools in terms of the school climate with the faith community outreaches, with the work that ex-offenders are doing both in terms of recovery but more importantly in terms of having their communities recover in terms of reducing these violence. Then it's gonna be sort of very difficult to have both the research and the funding coalesce with the providers in settings where people are being detected.

Moderator:

I have a question. I'm feeling kind of frustrated up here because we have about 16, 17 minutes left and I'm grappling with the idea of what kind of recommendation to make about the data collection models and the analysis models that we have that are going to be

made to the attorney general based upon the panel. I know we have excellent written recommendations here, but is there something else we're still missing that we need to be able to make as a concrete recommendation so that we really address these problems, or should we be doing something different?

Should we be approaching this whole conversation differently? Maybe the four of you and several members of this panel ought to take another couple of hours and work through some concrete recommendations and come back to the task force. I don't know, but I'm not really getting to the next level in my own mind. Maybe that's my own shortcoming perhaps. I don't know. I'm really just trying to understand what those concrete recommendations would be beyond what the written recommendations are that we have here.

Theodore: I'd like to add, I heard in some of the instructions that some were participants in youth fatality review teams and we have one in Philadelphia, which is one in which it's interdisciplinary, every silo comes together, and there's an opportunity for information sharing. I think one of the barriers that we come up against as providers but also working with other institutions or silos is information sharing. Our data collection is very different from that of the police department, but they have good data, but how do we share that? It's really difficult because we're concerned on terms of protecting our patients, our clients on one hand at the same time. So some way of sharing information I think would be hugely helpful in how we care for the young people that we work with.

Moderator: Whose information do you wanna share?

Theodore: I want the district attorney's information, I want the school's information, I want the police information. We'd like to share some of the healthcare information as seen fit and as consented by our patients. Along with that we need an interdisciplinary team from every representative who can do from those various silos, not just talking about it but those that can actually do something when we're talking about a particular person, and individual, a human person about the things that they're going through, the trauma that they've experienced.

Moderator: Dr. Corbin, has anyone attempted to bring the DA, the school, the police and the healthcare folks together to do that information sharing and work out the protocols for that?

Theodore: Yes. We have tried and we continue to try to build it on a level where it's gonna be sustainable, but our efforts have been to get someone, a presence from the police department, from the district attorney's department, from the various silos within the city of Philadelphia to talk about a case that inevitably touches – the life of our young person is touched by any of these agencies. You also talk about the gaps that are identified and we try to fill those gaps.

Male: Just to follow up to that, could the national incident based reporting system be able to be modified to be able to capture all of those things provided you got the buy-in from all of the players?

David: When you say “all of those things”, I think it's gonna be hard to get them to include information that goes beyond what law enforcement has in their possession. That seems to me to be a nice ambition to include multiple systems, data covers multiple systems in the future, but it seems to me right now the goal should be _____ every system just to expand the coverage and maybe to some extent the detail of the information that's being gathered, reported to law enforcement and is known to law enforcement.

Moderator: Dr. Finkelhore, this document, which you were one of the principle authors of, this is an astounding piece of work. It's not widely known at least in the circles that I travel. How do we get people to become more aware of the information contained in this document because part of our task and part of our charge is to get more people aware of the levels of violence in society and how they're being dealt with. Any recommendations in that regard?

David: Well good question. The attorney general has gone around the country talking about it, so I feel like I have had an unusual visibility as a researcher. My sense is that to some extent the specific public relations arm of the agency that funded and that I work with, OJJDP, hasn't been as proactive as I think it could be. Their whole publication process the whole website development is not a central location and their documents are not as widely disseminated as I think they could be. There was a long period of time when there were very few publications coming out, very little being done by that unit. It's now cranked up again, but I think some thought should be given to what else could be done and maybe Jeff Slavakowski could make some suggestions about that.

Moderator: Do you have any recommendations as to who you want to know this information?

David: Yes. It would be very useful for people who are in policy making roles and various agencies and social service sector and law enforcement sector in communities across the country as well as journalists and writers and to some extent the people in schools who educate parents and children about these things. I think those are all key groups.

Female: Dr. Thompson, I have a question regarding children in foster care. That's the primary population that you're tracking. Is it your perception that across the country our children once they're placed in foster care are in stable situations? We read so many reports of children who are in multiple, multiple, multiple foster care placements. Do you have recommendations on how we could better stabilize those types of placements for children?

Elizabeth: There is some of that data that's becoming available. The National Child Traumatic Stress Network in fact has a project now that's looking at placement stability and trying to identify factors, so I can certainly get that information.

Female: That'd be great.

Elizabeth: But there is a lot.

Female: Thank you.

Male: Thank you all very much. I want to direct this question to Dr. Lee. We're kind of pattern seeking human beings and we want to believe in rational actors and rational action. Having worked with gang members for 25 years I think there's a truth of randomness and I think our treatment plans are only as good as our diagnosis. Sometimes we'll bring to bear the idea of conflict resolution and you mentioned that in your written testimony about mediating disputes. I think gang violence has violence, but it doesn't have conflict is sort of my take on it, that it's not about anything, it's about something else. You can't sit down the players and have them work it out as if it were the Middle East or Northern Ireland, but I think everything is determined by our diagnosis.

So we can set ourselves out on the path and we start to measure shootings and that's how we measure progress, but that's a little bit like eliminating a vexing, annoying cough for a lung cancer patient. You can say yeah, well the cough is gone and the patient is gonna die, 'cause we haven't really got at what this is about. I don't know what my question is except that I think that we have to

account for how random gang violence is. It's really not retaliatory most of the time.

It's about gang banging, and I think it really impacts law enforcement because you can't predict how it's gonna happen, and so we have to understand what that language is. So there's a difficulty for me sometimes, a disconnect between my own experience in working with gang members and then trying to somehow measure last night we had so many bullets flying and that was better than the night before. So I'm not sure what my question is except that where we begin really sort of impacts what we're gonna study and how we're going to measure.

Phil:

Well I think there's enormous variation in the United States around the homicide rates, that it's not necessarily consistent with whether gangs exist in these neighborhoods. So there clearly is variation with how individuals whether they're in gangs or not deal with disputes, not that every single thing can be prevented. The question is what is the community norm? And some of the norms are actually top-down, but some of them are how do you deal with conflicts and disputes? How do you deal with when somebody looks at your girlfriend the wrong way or makes a remark about you or bumps into you when you're at a party or at a bar or something and what do you do about those things?

Those things have been shown to be able to be changed. The Chicago Cease Fire program and its replication in Baltimore and the neighborhoods that _____ have shown very substantial changes both in the reductions of violence but also in the attitudes of people just living in those neighborhoods about how you respond to those things, but they require individuals not like me who actually can develop the relationships, can have those discussions, in addition to surveillance. It's not saying police are irrelevant because if police weren't there clearly that's one of the things that increases likelihood of detection. But clearly law enforcement is in and of itself not sufficient and how we help communities create these norms, support these norms, and again disseminate the information about the norms, that there are some successes that are going on and many substantial successes.

It was mentioned do we think juvenile crime is going up? Well earlier on most people said yes, we think it's going up even though the data suggests it's not going up. There clearly is difference between what's perceived, and I think besides having the evidence-based practices and they're working we do a very poor job about

social marketing the successes. We do a very poor job supporting those individuals in communities who are achieving these successes other than giving them four more things to do usually without any additional funding. I think until we really think about these things including information across the sectors, an example is we have people getting pregnant all the time. We're increasing home visiting programs.

We know that the home visiting programs that are most likely to be used have very little impact on abused women, yet those are the programs that, again, it's one size fits all. Some communities have a lot of abused women in them, but we're making no differences. So back to the information exchanges, I think it's not just at the community level but it's having better consensus among the various federal silos that says in this community if this is the nature of the problem, well maybe the solution is not form A, it's form B but we need to also have additional responses for them. It's not that home visiting and how to have your child born health is not important, and a woman who's abused is not gonna be attending to those issues or who's depressed is not gonna be attending to those issues or is using drugs is not going to be attending to those issues unless there's something else integrated in those things.

We collect all these single outcomes, and I think one of the things back to the data question is what are a small number of measures, both assets as well as these risk factors, that people who are coming whether it's early childhood programs or school programs or healthcare providers, child welfare providers, juvenile justice providers, right now school, when children are picked up by juvenile justice people they sort of find out whether people are in school or not. They do nothing with that information. They don't even talk to the parent who has to come up and pick the child up after they're picked up if they're not gonna be incarcerated about, "Phil hasn't been coming to school for a couple weeks. What's going on? What might be done?"

I think there's a lot of small things that could get done in our natural settings if the data that are readily available was monitored and people were held accountable for not following up on some of these things. It's not just what we're doing but a lot of people are only doing what their agency has traditionally and narrowly done. What's made these things important is that the child welfare programs, the trauma units have reached beyond just selling people up and talking to people while they're in the facility, but they're talking to their families, they're bringing the people back in as

groups 'cause they've developed a relationship with them, and so how to build on those things but again how to document the successes, not just measuring our problems, which we're great at, but being able to document where the successes are taking place and why I think are some of the data questions that we need.

David: _____, which is we have this incredible wealth of talent and knowledge and in some ways rather than because of the length of time or the brevity of time we don't fall into the one size fits all in the research domain just like we don't wanna fall into it in the treatment domain, 'cause there are a lot of issues that have been laid out that are really quite fascinating and I wonder if there is a way of coming back together at some point and identifying the different areas that have been identified by the witnesses this afternoon including the wraparound, which actually has been done for years and is done in settings around the country, but again it hasn't been brought to scale. The issues that have been raised around research I think we could revisit and I think it would be really useful.

Moderator: We have time for one final question at this time. Seeing none. Excuse me for one second. We're gonna take a five-minute break while we seat the next panel.

Female: Wait! I just wanna know if Baltimore has a multidisciplinary team confidentiality exception, an exception to confidentiality through multidisciplinary teams so that you could pull together all of those participants, the DA, the public health, mental health, and discuss? Is that the next panel? Okay.

[End of Audio]