

Robert Listenbee, Jr.: Good afternoon, everybody. Okay. Our hearings are now reconvened. Our first panel will focus on immigrant and at-risk youth exposed to violence, creating successful responses. Many immigrants and refugees settle in densely populated urban and suburban settings but experience a sense of isolation due to language, cultural and other barriers. Panelists will discuss the particular needs and strengths of youth from immigrant communities who face school, community and/or family violence. Such violence is often exacerbated by other factors, such as sexual orientation and gender identity, which can subject young people to further prejudice and isolation. Panelists will share recommendations and promising strategies to mitigate the impact of violence facing youth in immigrant communities and to help them thrive.

First we have **Laura Kallus**, executive director of **PanZOu Project**, Incorporated. PanZOu Project, Incorporated is a nationally recognized comprehensive gang reduction program incorporating best practices in primary prevention, secondary prevention, intervention, suppression and reentry initiatives for the Haitian community of north Miami Beach. Ms. Kallus has over 15 years of experience working with gang involved youth from street outreach and case management to program development and implementation.

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

Ms. **Lin Tan**, program director Youth Gang Prevention at Immigrant and Refugee Community Organization. Ms. Tan directs IRCO's Asian family center, which runs culturally specific Asian Pacific Islander component of the county gang prevention program. The focus of the program is to improve resiliency and prosocial employment and educational skills, to increase student retention and to provide advocacy and education around the needs of youth at risk of gang involvement.

Mr. Michael D. Areyo, a Ph.D. National Crime Victims Research and Treatment Center, department of psychiatry and behavioral sciences, Medical University of South Carolina. Mr. – I'm sorry. **Arellano**, is a professor and listened clinical psychologist. His clinical work and research focuses on developing and evaluating treatment services for child victims of traumatic events from traditionally underserved populations, such as children in rural, economically disadvantaged, Latino and African American communities. He also evaluates and adapts evidenced based interventions in these populations.

We will start off with testimony from Ms. Laura Kallus. Thank you.

Laura Kallus:

Thank you. Thank you very much. Again, I'm Laura Kallus, executive director of the PanZOU Project. In my written testimony, I did outline many key points related to the challenges faced by the Haitian community in south Florida as they relate to violence and delinquency. And so I would like to address just three key points I think that are common among all of our youth in all communities, not just to the immigrant communities. But perhaps have been exacerbated by some of those dynamics that are operating in the immigrant communities as they acculturate here. And then I wanted to offer some strategies I believe the task force could adopt to address those.

Namely, the issues I want to touch on have to do with reducing exposure to violence, reduce victims of violence and perpetrators of violence. If I were tasked with defending childhood, I would seek first to eliminate our children's exposure to violence, for only then can true creativity, unbounded joy and believe in all possibilities grow in a child. And it's my experience that gang involved youth have been exposed to high levels of violence in their homes and in their communities and in their schools.

If domestic violence is commonplace or culturally accepted, then our children are taught early on to become perpetrators, as well as victims of violence. This isn't new to those of us working in social services, but I believe it's still one of our greatest challenges.

As teenagers and young adults, my clients readily admit to being victims of child abuse, witnessing domestic violence in their homes and experiencing intolerable bullying at their schools. Many will admit to feelings of anger, helplessness and fear regarding these episodes. But by the time that I meet them, many

have come to detach themselves emotionally from these experiences and to see them almost as normalized behaviors.

Many of the young men I work with see nothing wrong with abusing their siblings, the females in their lives, and sometimes even their mothers. And some of these victims also have come to feel that this abuse was justified somehow. This normalization of violence is, in my opinion, also shockingly prevalent in their media of choice. Namely the music, movies and video games.

Far too many of these youth have been victims of violence in the form of child abuse, rape, molestation and bullying. Their families, neighborhoods and schools are failing them. Are these extreme cases? Well, when you work with gang members, extreme cases tend to be common. Very common. And these children find each other, and perhaps they're bound by common experiences. Unfortunately, by the time I meet them, many of them have been hardened by this exposure. Numbed by trauma till it's not longer traumatic. And creative immerses only insofar as it can bend the rules of survival. Possibilities extinguished by the harsh realities of adult sized problems. And I can't speak for their lack of joy without wanting to weep.

So when I say – when I'm confronted with their capacity to inflict harm, I cannot say I'm surprised or even shocked. It's absolutely not fair what some of our children in our inner cities are going through, and they're angry.

So I would like to discuss what this initiative could do. Number one, to challenge our communities to reduce the children's exposure to violence and provide funding for those with unique strategies for doing it. Encourage neighborhood coalitions, parent groups and schools to sign on to a common commitment and allow them to define their own solutions for protecting their children. We need to talk about violence loud and often until this message is louder than the one our streets today. Then our communities must be given the tools they need to enforce those norms. Provide funding that challenges us to reduce violent victimization of our children in all its forms. Challenge communities to address young perpetrators of violence through early identification, intervention, mental health screenings and increase parenting program.

Our schools much teach conflict resolution and anger management as a life skill that they all must master before they transition to adulthood. This should be our task force top priority for defending childhood. After this, all other enrichment programs will have a

better chance of flourishing. Once our children are able to embrace them without fear, anger and scars.

Dedicate protected revenue streams to reduce children's exposure to violence, reducing the victimization of our children and reducing the number of violent youth perpetrators. Sustainability would not be a problem if our country really valued its youth and not just youth of a certain affluence, social strata or color. Do not offer resources to community and then walk away. Become partners for sustainability.

And finally, I wish to ask that there would be more support for the establishment and growth of social enterprises that assist us in reducing our dependence on grants while allowing us to uniquely fulfill our missions. Many of us in the public sector are not skilled in business and marketing and could use the support and guidance as we seek creative ways to diversify our funding streams and server our communities who so desperately need jobs and second chances.

Thank you for the opportunity. Thank you.

Robert Listenbee, Jr.: Thank you very much, Ms. Kallus. We're going to take testimony from all four witnesses, then we'll have questions from the task force. Ms. Reyes.

Carolyn Reyes: Thank you for this opportunity to be with you today and to speak with you. My name is Carolyn Reyes, and I am a senior staff attorney at Legal Services for Children in San Francisco, California. I want to tell you a little bit about Maria. I met her through her guidance counselor at school who called my office to ask for help. Maria had been abandoned as a very young child by both of her parents in her home country of Honduras. She'd been left with family members to take care of her. Family members who abused her physically, sexually and emotionally. And the abuse became much harsher as she got older and began to exhibit behavior that was gender nonconforming.

Maria was a boy at the time. Physically, biologically a boy. And eventually began to identify as gay. And that became a problem in his family and in his school and his community. He began to experience more violence in his home and at school and in the community in the town where he lived. So when he got this phone call at age 14 from an adult brother in the United States whom he had never met offering to bring him to the United States to live with him, Maria jumped at the opportunity.

The problem was that Maria did not know that his brother had different intentions than what Maria had. Sure, she was expecting to have a life that was free of the violence that she'd experienced and to go to school and to eventually realize her dream of being a teacher. But her brother had the intention of bringing her to work and only to work. So Maria worked long hours and would fall asleep at school and not do her homework. This became a very serious problem for her. And what compounded the problem was that her brother eventually said, after just being here about a month with him, "Either you stop being gay or you'll need to leave my home." And because Maria is who Maria is and has been who Maria is her whole life, she couldn't stop being that. And so she was kicked out on the street and was living on the streets. And got involved in some petty theft crimes to be able to support herself. Became involved in the juvenile justice system and reached out to a counselor.

And this counselor called for help. And I was able to help Maria get into foster care where she now had a home and had food and had all the toiletries that she needed to take care of her face. She had really severe acne and all the things that are really important for young people at this age that we take for granted.

But foster care was not easy either. Maria was presenting in a way that made other kids in the group homes very uncomfortable. She was simply being herself. And for that she was taunted and teased and beat up a lot. Eventually we were able to find a foster home for Maria, and she was doing great in school, and I was also able to help her obtain legal permanent residence through special immigrant juvenile status. A form of relief that is given to young people who are being abused or neglected or abandoned and who cannot return to their home countries.

I've spent my entire legal career helping kids like Maria. And, actually, my entire adult life. I'm 42, by the way. Kids who have multiple identities that are stigmatized. These kids aren't one thing. They're poor. They're of color. They're undocumented. They're gay, lesbian, bisexual or transgender or they're perceived to be and treated as such. Or they're just simply not conforming to the gender roles that everyone in society thinks they should.

Children like Maria are particularly vulnerable because of their multiple identities, and they experience violence at home and at school and in all these different places. And they're being stigmatized by things that are not their fault. Their very identities

that are punishing them. Their identities as lesbian, gay, bisexual and transgender youth. Their identities as undocumented immigrants. And to help them, to help all youth be healthy and be safe, systems need to coordinate and work together.

So my recommendations, which are in the written testimony, are for the departments that handle education and juvenile justice and child welfare to actually pay attention to the Marias. There are many of them. And work together to identify the needs of this population and to disseminate best practices in serving this population. And for undocumented youth in particular who, in removal proceedings find themselves a David in front of Goliath, with no way to defend themselves, that the government actually allow them to be represented at the government's cost in order for them to have a chance for a stable and safe childhood. Thank you.

Robert Listenbee, Jr.: Thank you, Ms. Reyes. Do you want to read your three recommendations that you have in there? They're fairly short.

Carolyn Reyes: Yeah. Thank you. Federal agencies, the Department of Education, the Office of Juvenile Justice and Delinquency Prevention and the Administration of Children and Families should collaborate to collect data regarding LGBT youth demographics and their outcomes across systems in order to better understand and address their needs. Those same federal agencies should convene to identify and address common structural barriers to providing safe and healthy environments and culturally competent services to LGBT youth. And those same federal agencies should adopt and distribute professional standards of care for LGBT youth. Thank you.

Robert Listenbee, Jr.: Thank you very much. Ms. Tan.

Lin Tan: Thank you for allowing me this opportunity to testify. Once again, my name is Lin Tan. I work IRCO, the Immigrant and Refugee Community Organization that's based on Portland, Oregon. And I run a youth gang prevention program working with youth 11 through 16.

So within Multnomah County, which is where Portland is located, when compared to other racial groups, the incidence of gang violence among Asian and Pacific Islander youth, API youth, may not be as prevalent as say groups like African American or the Latino. However, and despite this fact, especially in our current climate of doing more with less where social services are concerned, and in this era of government budget shortfalls, I have

to say that within Portland, so in Multnomah County, support for programs like youth gang prevention is stable.

And so I'd like to take this time to actually talk about some systems that actually work. How community based organizations can actually work with local government to actually implement services for youth.

When you look at API as a group, so nationally, you know I think we all think about the API group is the model minority. We all hear about the numbers of them at Harvard or UC Berkley. And compared against whites nationally, they do do better in terms of educational attainment, in terms of occupations and in terms of income. However, within Multnomah County this is not the case. Within Multnomah County 15 percent of this group live below the federal poverty level. API families earn two-thirds less in terms of incomes than whites. And by the tenth grade, 40 percent of this group are failing state tests. Furthermore, when you look at the API group within Multnomah County, 36 percent comprise the foreign born population and 29 percent are 18 years or under. And almost 20 percent are age 5 to 17. So when you look at these dynamics, you know it's not the model minority.

So I think one recommendation I would like to make here is to consider the context. One size doesn't fit all. And once you understand this, then I think, you know we look at, you know like what we've done within Portland. So within Portland up to very recently, data on this kind of level actually has not even been readily available. API was just measured as a whole. We were always relying on just the census, census 2000, census 2010. Problems exist here. You know in 2010 we were using the short form. We found out that a lot of the API group was undercounted.

So what happened was we were then doing a lot of community needs based assessment locally and from the ground up. Coalitions of color were actually banding together and actually doing our own studies and not relying on just national reports. Based on these, the API group discovered that population was very interested in educational supports and skill building, especially for the youth because of gang violence. This was, however, very underreported because within the API communities, a lot of times the crimes were committed within – it's an in-group activity. And there was also very little trust of the authorities. And so it was very underreported.

These reports _____ the coalitions for what we actually did to bring back to the local government. So these were actually coalition led reports that then got brought back to city hall, to the counties and through that a process of community building and needs assessment and what was really important for the community was gathered. And through that, you know programs, like youth gang prevention program, was actually one that was vetted and prioritized. And all these may be to community, you know ____ process. But the point here is that, you know it's like we have governmental systems listening to community based organizations and actually believing and actually coming to the community and asking about what immigrant and refugee experiences are. And actually using these groups and tapping into the social and the cultural capital of the community to make and form decisions about what would work and what wouldn't work.

My time is up. Respect the process and hope we have some time to answer questions later.

Robert Listenbee, Jr.: Ms. Tan, just for clarification, for those who may not know, API is Asian Pacific Islander.

Lin Tan: Yes.

Robert Listenbee, Jr.: I have it written up here, but a lot of people don't have the same materials in front of them. Mr. Arellano.

Michael de Arellano: Hi. I'm Michael de Arellano, and I'm very honored to be here today. This is my alma mater. I actually graduated from University of Miami in 1989. Got my undergraduate degree here. And I'm glad to be back here with a master's and Ph.D. now with this kind of opportunity.

Just as context, I'm kind of a boots in the mud type of guy providing community based work and seem to track that mud in and get in trouble for it when I'm in the ivory towers. So within that kind of trying to bridge those two areas, I'm speaking today about the – some of the challenges we face when working with ethnic minorities and immigrant populations and other traditionally underserved populations that are trauma exposed.

You know we've heard really clearly here that violence exposure has deleterious affects on youth, and it's both in childhood and in adulthood. And we know that ethnic minorities, we know that economically disadvantaged families, we know that immigrant families are all at increased risk for trauma exposure. They're at

increased risk for emotional, behavioral, cognitive, physical health problems associated with that. But then, unfortunately, they're also at reduced – their chances of accessing services are reduced. They're less likely to actually get help.

The even more unfortunate thing is that when they get help, they don't get the best help available. They don't get evidence based treatments. And let me talk a little bit about why that's the case. We do know that in general most kids who experience trauma don't get services. It's less than half of children who are trauma exposed and have mental health problems as a result of it get assistance. And part of it is the way I think that we approach mental health services and just victim services in general.

You know we approach it with a very kind of standard, I'm in my office, I'm providing treatment. And we need to think a little bit outside the box. And I'm not saying anything very drastic. It's kind of like going back to what we used to, for example, providing house calls. Providing home based services, school based services, church based, bar and grill based where I've provided treatment before. Basically taking the treatment and trying to get past some of those barriers that folks have to coming in for services.

Cause when we're talking about treatment for these types of problems, we're not just talking about coming in once or twice. Usually we're talking about coming in for regular therapy every single week for a period of time. And that really takes a lot for a lot of our families to be able to do. It would take – I have four children myself. And if I had to bring one of my kids treatment every single week with the resources that I have, that would be quite challenging for me as well.

The other problem is – so let's say they're getting services. And, unfortunately, they can't get the best quality services. I think that's a travesty. They're a vulnerable population because of their background. They're vulnerable because of their trauma exposure. And they might be supportive psychotherapy. They might just get some, you know some case management, which isn't therapy. It isn't really getting at what is causing the problems. You know and we would not allow this to happen in any other field.

So if a child had leukemia, we would not allow their provider to be providing treatment that we didn't know was evidence based. We would compel those providers, and only reimburse for services, that we know are evidence based. However, when you see so many programs here, whether they be grant funded, whether they

be funded by third parties, we allow people to provide supportive psychotherapy, case management and not what we know has been thoroughly evaluated. And what we know is in the past 20, 30 years we have a much better understanding of what does, in fact, work with a range of populations.

And it's a start. We need to do more work around this. And this is the last point I want to make. You know I was really excited when I heard Mr. Martin talk about that, you know about evidence based treatment and outcomes. We need to not just be these providers and these agencies imposing what we think needs to happen in these communities. I am the great researcher, I am the great clinician, I will bestow upon you what I think you need in your community. And we need to really focus on a community based participatory approach.

So going into that community and asking, talking to the stakeholders, what is it that your community needs? I have this. How can we make it fit for your community? And then thinking more broadly about outcomes. Not simply how many people did I see and whether their symptoms dropped on a simple symptom checklist. But whether we made an impact to the community as a whole, whether we changed the way that referrals are made, whether we changed the way that families stay together. So we need to think much more broadly about the outcomes that we're considering as opposed to just the simple, you know, okay, I have to write this grant. There needs to be an evaluation piece. I'll have these two or three things that I can count.

The way to get that though is to ask the communities what they –

[End of Audio]

Michael de Arellano: - the outcomes are. And in order to really do that, we need to have partnerships with academic institutions, community based organizations, law enforcement, schools, child advocacy centers and other organizations that touch the lives of children. We've come really far in the past 20, 25 years. We need to go much further if we're going to make a serious impact on both intervention and prevention with regard to child maltreatment and violence exposure.

Robert Listenbee, Jr.: Okay. Thank you very much. We'll now take questions from the task force. Ms. Mendoza.

Georgina Mendoza: Thank you. First of all, I want to thank all of you for your testimony. I think it's really invaluable. I really am grateful for the points that you brought forth. Ms. Kallus, it really struck me when you said that certain populations have this normalization and justification for violence. It's part of the way they group, some would even say culturally, not in terms of race or ethnicity but maybe the neighborhoods that they grew up in. If it's something that is so normal to them, how is that you can go around changing their mentality when trauma is no longer traumatic?

And as a follow up, I'm sorry, I'm gonna ask two questions for Dr. Arellano too. You speak about therapy, which isn't really something that, I'll speak for the Latino population. That's nothing that we as Latinos really are open to or even culturally accepted. So how do you get around that? So Ms. Kallus first, and then Dr. de Arellano. Thank you.

Laura Kallus: I think if I had an answer to that question we wouldn't be in the situation we're in. However, it is extremely difficult when a whole community tends to support this normalization of violence. And, you know I know I mentioned media and, you know the soundtrack of these children's lives is loud. And it's violent. And it plays almost as if it's reinforcing, you know what they're also taught on the streets. You have to survive. You have to be the hardest. You have to be the strongest. You have to be the meanest. You have to be hard.

It is extremely challenging for those of us who try to tell these kids that this is not how the rest of the world lives. Many parts of the world live this way. Many countries. But here in the United States – it's very difficult when that is all they know and that is all they see. And they say, yes, yes, yes, but, you know what? Every day I leave PanZOU and I have to walk through these streets, and I have to go back home.

So you know one of the key things that we've tried to do is expose them to life beyond their blocks, to different activities. We take them to places like this. We take them to community meetings. We take them to city council meetings. Where people speak differently about you when you're in the room. When they talk about the children and they talk about violence and the children are sitting in the room and they hear what they're saying and they hear them talking about them, you know it makes an impact.

So I don't have those answers. We've partnered with our mental health associates in our community to provide functional family therapy, you know research based practices that have tended to work in other communities. And we've tried to model them in our Haitian communities with some adaptations for culture and language. But for us, the biggest challenge is fighting something that is so normal. And you can't convince children that this is not normal until they are exposed to another normal. And that's what we try to provide at PanZOu.

Michael de Arellano: So, you know I had always believed that when you were working with Latino populations that was one of the challenges that I had always read about in graduate school and had heard a lot of folks talk about. So one of the things that we did when we started to provide services, we did focus groups in the community. And I got the Charleston, South Carolina about 17 years ago. And worked with different community agencies, but then worked with families. Worked with Latino families and asked them, you know so when your children experience these types of traumatic events, what are the kinds of services that you want assistance with? And I really feel like because we took it to the community, because we took it the agencies that had been serving the community for so long, we were able to then change the way the community saw how they should get help.

So, for example, I have actually presented in a church from the altar – the priest would only allow me to speak to his congregation if I did at the end of mass. And, of course, I had to come to mass. And –

Robert Listenbee, Jr.: Of course.

Michael de Arellano: Well, because he allowed me to do that, that really engendered some trust in me immediately. And that then – so if the priest thought this was a good idea, then maybe I should consider this. And we've done a lot of community education. We've done stuff

on the radio, on television, in schools, in churches, to try to shift the way the community thinks about it. We also do it in settings in which it's less stigmatizing. So we go to – I had a woman once tell me in a focus group, “before you tell me how great your therapy is or how great your therapists are, you're gonna tell me what therapy is and what therapists are. Because in _____, the community in Mexico where I lived, we didn't go to see a therapist. We went to take our kids to see a real doctor.”

So we'd go in. Then you go to a pediatrician's office. You go to an OBGYN. You go to folks where they normally would come to get services. And now we're providing services in those primary care environments, making it a lot less stigmatizing. It's a lot more culturally accepting.

Georgina Mendoza: Thank you.

Sharon Cooper: I have two questions. One is for Attorney Reyes, with respect to the outreach that you are providing and the defense. Thank you so much for helping these children who come to our country with such baggage from the perspective of what has happened to them. From your work, have you found that youth who are questioning or who are LGBTQ, are able to find a community that is accepting enough for them in the environment that you live? Do you tend to try to channel them to peers who will accept and support them in the role that they, the life that they are in? So that they will feel good about themselves. That's your question. So think on that for a second.

And the other question is to Ms. Tan. In some of the hearings that we've had we've, especially in Oakland, California where there are, this new term, API, folks. I hadn't heard that term before. With respect to gang membership, do you find that girls are, the term that we heard in Oakland was eroticized or **exoticized** with respect to gang membership and pushed into the sex trafficking trade because of their exotic appearances? And how do we assist these girls in seeing themselves in a different way other than sexual objectification? So I'll ask Attorney Reyes.

Carolyn Reyes: Thank you for your question, Dr. Cooper. Yes. And luckily, in the San Francisco Bay Area, as I'm sure you're aware, there are many resources for LGBT youth. And so when I'm speaking to you, I'm speaking in a larger context, of course. Where there are not services for young people. Where there may not be a youth group. Where there may not be any other person that we can reach out to serve as a role model or source of support.

So we're lucky to be where we are. And yet, even where we are, there a lot of problems. In part, we have young people who are, because of the stigmatized identity, who are not visible to us. So they may be questioning, but we don't know it. So really we emphasize creating environments, places where young people come to receive services, whether they be pediatricians' offices or mental health services or schools where young people can feel safe and welcomed in. So that they can express who they are truly and get the support that they need. If we don't know they're there, we don't how to serve them. But we can assume, we can enter this process assuming that any young person that's coming through our doors may be LGBT. And so that we can create environments that are welcoming enough so that any young person could talk about who they are in their fullness.

And one other thing I wanted to say is that a lot of the work that we also do and we refer for assistance with is actually having families become more accepting of their children. There was a time when young people would acknowledge to themselves their sexual orientation or gender identity, perhaps when they were 14 or 15. And maybe they'd come out of the closet, so to speak, when they're 19, 20 and away from home in a lot of cases. Children, as you well know, by watching the popular media, are coming to terms with who they are a lot younger. And also expressing themselves, expressing who they are a lot younger. So that's happening in the context of a family now. Young people are coming out 12, 13. They're no longer off at college or living in a big city somewhere. They're actually in the context of their homes, making them much more vulnerable to violence.

So working with families is crucial. Is getting families to a place of understanding, when you reject your children, when you're not supportive of your children, these are the possible outcomes today and later on. And there's, luckily, research that has been done, extensive research and through the Family Acceptance Project out of San Francisco State University, **Caitlyn Ryan**, that shows the deliterious effects over time of young people who have not been accepted by their families. And, by and large, families want to accept their children. They may not know how.

Sharon Cooper: Thank you.

Lin Tan: The issue of girls in gangs and trafficking. Yes, there are the girl gangs within the Asian Pacific Islander, API group. And within the Portland area we are seeing this. And, unfortunately, it's a lot

of in-group pimping. Mean it is their own Asians from the same ethnic group, you know that is pimping the girls. From the youth perspective, so working with many youth, I've had one girl and several boys that I have worked with said to me, "Life is cheap." You know we are talking about refugee and immigrant youth. So they've dealt, you know and they've lived a very difficult life. War torn countries. Civil war. Then lived many, many years in refugee camps. Maybe they were even born in refugee camps and it took them a long time or their families a long time for them to be able to get to a country like the US.

But through that experience, you know life to them is they've seen a lot of suffering. They've seen a lot of pain, a lot of violence. So they come here and a common experience based on maybe exposure to media and peers that they see in school, girls as young as 12, 13 aspiration, "I want that Coach bag." It's not I want to pass my tenth grade state test so I can graduate. You know it's, I want the Coach bag. I want that Hollister sweatshirt. And easy way, you know for them to get that and because they're so vulnerable, and, yes, that's the **exoticment**. You know however there's also this in-group pimping. So can't speak to just, you know it being an exoticized experience. They're easy prey.

So in terms of ways that we've worked to maybe show them there's something different. I don't think there is a way. What we've tried to do within the county and also within IRCO, the agency I work for, is to adopt a strengths based approach. And so coming from that base where everybody has strengths, many of these youth, they come, they're very disenfranchised. They don't speak English as the first language. They're many, many grades behind in terms of school. So it's not a matter of just a year of coaching and they would catch up. It's many, many years. They came without an education. So an easy way, if I can look nice, I can have nice clothes, I have a nice guy that brings me places. That's better than being, you know they do this, a total loser. Right?

You know so it's also just – this morning there was a lot of talk about mentoring. But that takes time and it takes a lot of trust. But before that I think comes hope. So it's working with them to show them that you can have hope. There is the promise of succeeding. And starting with everybody has strengths. They come with many challenges, but there's something. So what is that one thing that motivates them? And then trying to create a positive – using the positive youth development model, you know and a strengths based approach, resiliency based, to get them to the place where

there's at least one thing that they believe in. You know there are people in the community who are willing to help them and slowly getting them to that point. Rate of success, I can't say for sure. But that's the strategy. And it's more about the hope, I think. Yeah.

Sharon Cooper: Thank you.

Robert Listenbee, Jr.: Dr. James and then General.

Thea James: Thank you all for your testimony. This question is for Ms. Kallus. You have grown the Panco – is it Panco?

Laura Kallus: PanZOu.

Thea James: PanZOu. Sorry. The PanZOu Project from an OJJDP grant into an independent organization. Could you share with us, because I'm certain this is a question that people are always wondering, how have you been able to sustain your organization after initial funding ended?

Laura Kallus: Yes. We were extremely blessed to have funding from the Office of Juvenile Justice and Delinquency Prevention. It was an enormous gift that we took very, very seriously. And, you know to have been given a 2.5 million dollar grant and 3 years to make an impact to use that money and change a situation that you can't change in 3 years was extremely difficult. I think the structure of our programs that OJJDP helped us put in place have led to our sustainability thus far. And specifically that they did not tell us which programs to implement. They gave us the strategies – prevention, primary prevention, secondary prevention, intervention, enforcement and reentry. And we were challenged to choose best practices in those strategies that fit our culture and our community.

Now it was extremely difficult in such a short timeframe to do a real good community based assessment. We did community strategic planning sessions. We called everybody to the table that we could think of. From landlords to chambers of commerce to the schools, police departments, community activities. Everybody. Parents, PTAs. Not everybody came. But everybody wanted a piece of the pie, so there's lots of people circling around the table.

But when you have a lot of money, a lot of people seem to be interested. But when they realized that it was about creating a common vision, okay, that lasted beyond this money, we had to

create partnerships. We were tasked with defining what our needs were in our own community. And so there were a lot of people that were extremely interested in that. Extremely interested. And when they came forward for this common vision, we sat together and created a steering committee. And the reason I say this is because for those communities out there, that doesn't cost any money. It's hard sometimes to get people to the table without money. We all know that. Okay. But if it's in your mission, if it's what we call care about, if our common vision is about these kids and about our safety, everybody knows when our communities are safe or our businesses thrive. Our neighborhoods are healthier. If we can convey that common vision and get people to the table.

What we did, once we defined our strategies, once we chose collectively and began to implement our programs, those partnerships that we brought to the table led to sustainable efforts down the road. We used our gifts, our money, our resources, partnered with agencies. Some of those partnerships did not work out. And many of them did. And almost ten years later we still have those partners.

So what we were able to do, once we divvied up our pie, so to speak, and all these strategies, those partnerships, we took those programs with that seed money. For example, my partnerships in mental health, they took that funding, those programs that we gave them money to help serve the mental health needs of our kids. They then took that experience and wrote other grants to their common funders for our kids. So they provided the services, we provided the referrals and we had a partnership.

We did that with so many agencies that when the money ran out, we had sustained revenue streams from other sources that saw that we had something of value there that we put into place. So I think one of the biggest strategies was that partnership. It was extremely difficult to do. To get all these people to trust each other. From law enforcement, to social services, community activists. Especially in our community, the Haitian community we work with, there was not a lot of trust between many of these institutions and the communities that serve them or should serve them. And we're not serving them very well.

So it was a very – we had a lot of growing pains. I think those partnerships, the gifts where we were allowed to choose our own strategies. We weren't given a mandate to do, you have to do this in this community. We were allowed to choose those strategies that worked best for us. Those best practices. We were allowed to

modify them linguistically. Sometimes we went into the homes. We provided those in the homes. We learned sometimes that sending our kids and our families to that agency did not work because they wouldn't go. So we brought those services in-house. They trusted PanZOu, so we brought the therapists to our location.

So the partnerships, the ability to choose our own strategies that were culturally appropriate for us. And then third, when the economy began to sink and those funding streams were more and more difficult to find and to come by, you know it seems that when budgets are tightest the first thing that goes is prevention. It always seems to be that way. It's the hardest to choose that works in the shortest amount of time. Everybody wants your outcomes now.

But also, it's difficult. People don't seem to care as much about kids who are offenders. Okay. And I understand it, because there are tons of kids out here that need our help that are not choosing to commit crimes and they're not victimizing anybody. And I do understand it. But I always believe there's a place for these kids between prison and prevention. There's a whole lot of kids out there that we can work with. I fully believe it.

So we had to be creative. We looked to models like Father Greg in LA. And we decided that we did not want to keep pimping out our kids' stories for money to serve them. It was extremely embarrassing to me to take these kids who had changed their lives around to come and speak to people about why they should invest in them. To have people close their door and treat as if they were nothing. That happened so many times in commissioner meetings, council meetings, all over the place, that I was said, "We can't do this anymore. We need to create jobs for them. We need to create revenue streams." And that was where looking at different models for other organizations that created their own jobs for – our population needs jobs. These kids need money. They're about money. Gang membership is very economic. It may not have begun that way, but it becomes that way. So if we're not able to give these kids, we can build their resiliency to survive their own childhood, their families sometimes, their communities. And if we can't give them a way to put money in their pocket, we're spinning our wheels.

And so looking to create social enterprise for us served both our mission and helped us be able to become more self-sufficient as an organization, cause people don't want to pay overhead. People don't want to your pay salary. You know. They want to pay for

programs. So we needed a way to sustain ourselves. And that was one way we looked was to be able to create our screen-printing and embroidery business and heat transfer business. So that we could train these kids in a trade. Create a job training opportunity for other ex-offenders returning to the community and still help pay our overhead costs so we didn't depend so much on other funding sources.

Robert Listenbee, Jr.: Ms. Kallus, thank you very much for your answer, and Dr. James, thanks for the question. We have about 15 minutes left. The General is going to go next. But let me just say this, there are a number of people who are here from OJJDP. And I think they really appreciated you taking the time to explain to folks here how you used your grant initially and how you managed to develop tools and means for sustaining your activities here in this area after the grant was over. Because they are committed to the kinds of activities that you're involved in. That's why they're at OJJDP. And they want you to know, I believe, that they are committed to it the same way that you are, but that there are limited federal funds. So the fact that you've been able to do so much with what you've had and you've maintained it and sustained it for over ten years is really, I think, a positive thing that they're very happy to hear about. So thank you very much.

Laura Kallus: Thank you.

Robert Listenbee, Jr.: General?

Anthony Taguba: Thank you very much for all of you. We don't want to have this MEGO effect tonight, M E G O, which stands for my eyes glaze over because it's afternoon and after lunch. But for Ms. Tan, 51 years ago I immigrated to this country. I could barely speak English. So my family and I immigrated to Hawaii. Hawaii, you know the melting pot of the Pacific. But it was also somewhere where, you know you had a multitude of cultures that we discounted and disassociated ourselves. You know Japanese didn't like Chinese. Filipinos didn't like Japanese and the like. So over time you get used to that.

But in your particular instance here, you know in that particular county that you have, you have both inter and intra cultural and linguistic barriers. For the likes of me, I don't know why the government would put all of these tropical ethnic groups in Oregon. Right? Or put them Hmong people in Minnesota, Wisconsin. I mean for the likes of me, I mean for crying out loud.

And I went to school in Idaho where I froze my you know what off.

But my question is that, you know in our culture or Asian American Pacific Islander culture can be seen as very arrogant you might say. Because we tend to think that as a model minority that it has negative consequences. It's actually being stereotypical of whatever have you. We train our soldiers to go to Afghanistan, Iraq and every place else and provide them with enhanced cultural awareness training so they know who are they going to be encountering. But we don't do that very well in our country where we should be providing enhanced cultural awareness training amongst ourselves. Right?

But the biggest tragedy here is that I think we could be self-sufficient, this is not any different from the Vietnamese gang we had in Virginia for home invasion or even in San Francisco, whatever have you. But are you familiar with several Asian American legal defense associations that could help with this problem? For example, the Asian American Legal Defense and Education Association in New York. Or the Asian American Justice Center that does a lot of this stuff. Or even the National Asia Pacific American Bar Association, 40,000 of these legal experts nationally, exceeded only by the 47,000 lawyers that we have in Washington, DC. For crying out loud, I think we can do something for your community if we engage them outside of your community. To come in and say, "What can we do better? Because we've been thinking inside the box too long, and we need somebody from outside the box to help us in here. You know there's 17 million of us in this country. Six percent of the population. We're not any different from other refugees like the Somalis or the Iranians or whatever, Iraqis for that matter.

So I think – I highly recommend that perhaps seeking help from other associations where there are large concentrations of Asian Americans, like San Francisco, or the northwest, can help out with Multnomah County in Portland, Oregon. Because – or even the Hmong community in Rochester, Minnesota that I had the privilege of visiting. I think that would deal – we talk a lot about community engagement. Look laterally instead of looking vertically. Cause sometimes you'll find a solution more laterally in doing grassroots. So I can talk to you separately after this, but have you done any of that outside of your community?

Lin Tan:

No. You know I took good mental notes, and I accept the invitation to talk to you after.

General Taguba: Well, thanks very much for your. Seriously. I think that's a serious problem.

Lin Tan: Yeah. No, I don't think we've explored beyond our own community. And I think that's a good thing to in this age –

[End of Audio]

Lin Tan: - where this reduced finding. So, you know it's like I think looking outside and looking at community resources from all over, I think would make good sense. Yeah, in this case.

Anthony Taguba: I have contacts with those people I just mentioned to you, and perhaps I can – they can help you.

Robert Listenbee, Jr.: We now have about ten minutes. Ms. Reyes, I have a question for you. You've made three specific recommendations, which I read with great care and concern. And I wondered whether you'd had an opportunity to have any conversations with the federal government representatives that you mentioned here. The specific departments, Department of Education, Office of Juvenile Justice and Delinquency Prevention, Administration of Children and Families. Have you had an opportunity to have discussions with them about the kind of standardized approaches that you're recommending that they take to lesbian, gay, bisexual and transgender youth?

Carolyn Reyes: Well, I personally haven't. And my organization hasn't personally. I work with the Equity Project, who has had opportunities to discuss with OJJDP. In October, I presented at a conference, and that was the first time I think that we've had that type of workshop specifically aimed at LGBT youth. So the federal government is taking note. There was quite a bit of interest at that point. So –

Robert Listenbee, Jr.: Which conference was that?

Carolyn Reyes: Um. Does anyone here remember? I mean I just said OJJDB, but what's the name of the? I don't know what the name of the conference is. I guess is that an annual conference? Yeah. So at their annual conference. So that was quite groundbreaking I think. A tremendous amount of interest. I suspect the conversation will continue.

Robert Listenbee, Jr.: Okay. So you're beginning the process –

Carolyn Reyes: Correct.

Robert Listenbee, Jr.: Of this discussion with them so that they can, you know take these into serious consideration.

Carolyn Reyes: Yeah. I think that and in my recommendations I'm trying to get at these agencies actually working together. Because we're talking about the same young people. And while there are unique

concerns in each of these systems or unique barriers for these young people in each of these systems, there's a lot of crossover. And these young people are accessing these systems simultaneously. And so to bring these groups together as proposed to having them work individually in these silos would be much more beneficial I think to the youth.

Robert Listenbee, Jr.: I work in one of those silos. The juvenile justice system. Did you have some specific recommendations for the juvenile justice system?

Carolyn Reyes: We have an entire book of recommendations. *Hidden Injustice*.

Robert Listenbee, Jr.: I think I've read your book. I read your book. But, I mean I didn't get a chance to talk to you so.

Carolyn Reyes: Yes. There are quite a few. I mean I don't know even in ten minutes what you would like to know specifically. There's recommendations in that report that are aimed at different stakeholders. It's a huge system. We have to first acknowledge, I mean the title of the report is *Hidden Injustice*. We've got a lot of kids – we have studies that show we've got about 15 percent maybe of young people who are in the juvenile justice system across the country who are LGBT or otherwise gender nonconforming. And they're not safe places to be in and out.

Robert Listenbee, Jr.: Well, specifically, at the entrance level, did you make any recommendations about the different ways of assessing children when they enter the juvenile justice system so that they can be identified, specifically both for myself and for other members of the task force?

Carolyn Reyes: Yeah. Identification is a huge issue. I was recently at a convening to discuss this very issue. What is the point of identifying the young people? What do we do with the information once we have identified the young people? How do we go about getting this information? How do we keep it confidential when it's appropriate to do so? Cause it's a very sensitive issue as well. So, you know there's questions about whether we just go ahead and in our assessment tools from the get go as soon as they enter the system, do we ask them straight out. Do we think we're actually gonna get answers at that point? I mean studies show that young people – it takes a relationship. And like I was talking about before, creating an environment of safety where young people can feel very comfortable saying, "Yes, this is who I am."

The other thing is that young people are, as Dr. Cooper mentioned, young people who are questioning. They may not be languaging it in the same way that we language it. And even when they're not questioning they may not language it the same way that we language it.

So I'm gonna give you many more questions than you've given me today about this. But know that we are having conversations. Many of us. Experts in the field have been conversations about how to do this in a way that makes sense and for what end. Which is to make childhood safe for these young people and adulthood safe for these young people.

Robert Listenbee, Jr.: Very good. Thank you. We have time for two more questions. Dr. Cooper?

Sharon Cooper: This is a question for whomever chooses to answer it. Perhaps Dr. Arellano. In this day and age of mental health services that are now referred to as telemedicine types of services, do you feel that there will be, in the near future, a role, as you speak of alternative treatment options, you know not just office space options – do you feel that there will be a role to provide online telemedicine type mental health services to youth? And do you believe that youth, in fact, might be more receptive to this type of intervention as compared to the fuddy-duddies like us?

Michael de Arellano: Yes and yes. So do I think there's a role? Absolutely. And we're actually doing it. And, in part, we're doing it because my capacity to see folks has been exceeded. We see folks within – we try to see, only travel about an hour. Because if I drive out an hour, see a child for an hour and then drive back for an hour, that's three kids I could normally have seen under like an office space circumstances or through telemedicine.

So my first case was a child who was killed or rather his caregiver was killed in a car accident. And he was actually an hour and a half away. And we really – I was fortunate enough to have an absolutely tenacious guidance counselor who wanted to get this child services. And called me every day. And I'm really glad she rode me like that, because eventually it pushed me to be more creative. And we asked if she would be willing to do this via telemedicine.

Since that case, and we provided an evidence based treatment to a child who was – we were concerned we were gonna have to hospitalize him, because by the time we had gotten the referral he

was suicidal. He had full blown PTSD. We provided treatment to him. And he got a lot better. And we've gotten this feedback from the following year when he was in school saying that he just loves talking about how he got these services. Because kids love technology.

And when you're talking about trauma treatment, one of the symptoms of PTSD is avoidance. People don't really want to come in and say, "Yeah, let me tell you about the horrible things I've experienced." But then you allow them to do this through an iPad, through an iPhone, not to be any kind of commercial. And you use this technology, it can be really engaging.

So, for example, we did with is when school got out, we needed some other way to keep working with him. And so he had an iPod Touch. He downloaded himself the portable version of the Adobe Connect. And from his home, we still saw him. After a couple of sessions of him showing us his entire house cause he thought this was so cool. But, you know one of the problems we have in treatment is premature termination. This kid wasn't terminating. He loved therapy. He loved to be able to get this help through his iPod Touch and then through the computers. So it's an excellent strategy.

And now we are providing services in different parts of our state where we don't have trauma focused services, evidence based treatments in rural areas. And also, we have very few Spanish speaking clinicians in the state of South Carolina. And now we are providing services in different parts of the state at rape crisis centers, at child advocacy centers, so that we can, even if they have providers, we are now taking Spanish speaking providers who are providing evidence based treatments. And we're having a lot of great results.

Our biggest problem is that we have been too successful and our waitlist is unbelievable. We can buy the equipment for less than a thousand dollars. The problem is we need the personnel. So when we're talking about triage, you mentioned triage. We have no choice but to triage because we don't have the funding in order to be able to continue. We can't make the computer provide the service. We need the people to provide the service.

Robert Listenbee, Jr.: Our final question. Deanne.

D. Tilton Durfee: I have two questions. Carolyn Reyes. How do you feel – why are you laughing?

[Cross Talk]

Oh, okay. My final two questions. Real quick. How are we doing and how do you feel about the incorporation of education and sensitivity curriculum in public schools? I just signed a petition for California. I understand maybe that is the case in Massachusetts or other states. Is it haphazard? Is it sort of catch as you can? Or is there sort of approved curriculum that seems to be effective across the board with kids at an early age?

Carolyn Reyes:

I don't know about that. I don't know about there being a particular curriculum. I do think that standardizing curriculum is an issue. There's quite a few – in all of the different kind of disciplines and silos that we're talking about is how we go ahead and have some standardized evidence based curriculum that is gonna actually do what it is intended to do. I think that one of my concerns is this – not to overuse silo, but I don't know what else to say right now. But just this kind of compartmentalizing of LGBT youth as this kind of separate group of young people. As I mentioned in my written testimony, you know all young people and all people have a sexual orientation. We all have a gender identity. We all have ways of expressing our gender. We need to be talking about this more, not just as this separate group of young people. They've got special needs. They've got there's special treatment for them or special rights. All of that stuff is not where we're moving towards.

It's really looking at young people and incorporating this kind of framework, this curriculum into all aspects of young people's lives in all society, and to do so acknowledging that we're talking about children and youth who are, in many ways, all questioning identity. So that, you know there's a lot – we're talking about a time and a day and age and a time in development where young people are questioning all types of identities of themselves and of people around them. And that we need to normalize what is already normal behavior. Normative behavior relating to all children.

D. Tilton Durfee:

Okay. I totally agree with that. I'm just thinking that there isn't anything in most schools that would sensitize children and destigmatize this population or any population for that matter. And I'm just wondering if you're aware of this movement or the initiatives that are being initiated?

Carolyn Reyes:

Yes, I am very much aware of them. Yes.

D. Tilton Durfee: And my other question was in terms of the trauma related therapy response, we deal with families where there's been a death in the family, most often a child. But in domestic violence cases it could be a child and a mother. And you have survivors. And the survivors often have gone untreated and placed somewhere with a relative, foster home, whatever, and assume that they're probably going to be okay. And these would be the intrafamilial fatalities. But also it would include other fatalities related to violence. I'm going to the far end of not just violence but death. And so the response to that should include such things as taking the survivors to the funeral, if it's your brother or sister or your mother. Helping them through the reality of this finality of death. And assuring that there's connections between the grieving survivors. Does this ring true with you in the population that you serve?

Michael de Arellano: Absolutely. And, you know just to borrow from Ms. Tan, when you mentioned not one size fits all. When we're talking about evidence based treatments, we need to make sure that we're not talking about a cookie cutter approach. It's something that we're tailoring. Each trauma survivor, each homicide survivor, as you're referring to, so those who have been affected by homicide, each one of them needs something different. And so we need to make sure that when we do evidenced based treatments, which we have great evidence based treatments, in fact, for homicide survivors and for traumatic grief. That when we're doing that that we're making sure that we're tailoring it so that it is more appropriate for that family depending on the needs.

Cause like so for some families, for this individual, you might want to take them to the funeral. But for someone else, you know they may not be really ready for that right now. And that might be very challenging. And maybe taking them to the cemetery later on. So it really requires, and this is where, you know I was mentioning earlier, we need a much more sophisticated approach to applying evidence based treatments. We need to make sure that we are carefully tailoring it, but making sure that we're not changing it so much that we're losing the fidelity of the original approach.

We need to use research based, evidence based approaches that are then tailored to be more appropriate for individuals. Each individual child and family that we serve.

Robert Listenbee, Jr.: Thank you very much. To the members of the panel, we'd like to thank you for your testimony. It's certainly been very enlightening. We really appreciate the time you put in to preparing

your written testimony. And we also appreciate your oral testimony. Thank you very much.

[Clapping]

At this juncture we're gonna take a short break, and then we'll reconvene.

[End of Audio]