



A National Juvenile Justice Coalition of State and National Members

**Written Statement by the Steering Committee of the
National Juvenile Justice and Delinquency Prevention Coalition**

**before the
House Committee on Oversight and Reform
July 11, 2019**

Hearing on “Identifying, Preventing, and Treating Childhood Trauma: A Pervasive Public Health Issue that Needs Greater Federal Attention”

Chairman Cummings, Ranking Member Jordan, and Members of the Committee:

On behalf of the National Juvenile Justice and Delinquency Prevention Coalition (NJJJPC) Steering Committee, we write to offer comments on today’s hearing titled “Identifying, Preventing, and Treating Childhood Trauma: A Pervasive Public Health Issue that Needs Greater Federal Attention.” NJJPC is a collaborative array of national and state youth and family-serving, social justice, law enforcement, corrections, and faith-based organizations, working to ensure healthy families, build strong communities, and improve public safety by promoting fair and effective policies, practices, and programs for youth involved or at risk of becoming involved in the juvenile and criminal justice systems. Given these goals, we welcome the Committee’s focus on the issue of childhood trauma and submit these comments to highlight how childhood trauma often leads to involvement in the justice system and offer our recommendations on how Congress can best protect and support our youth.

Childhood Trauma and Justice-System Involvement

An individual’s health, educational success, and future likelihood of becoming a victim or perpetrator of crime are all directly influenced by his or her experiences with violence and trauma as a child (also known as adverse childhood experiences or “ACEs”). Early childhood trauma and ACEs disrupt a child’s emotional, social, and cognitive development. When we fail to protect our children from harm or effectively treat children who have suffered harm, we condemn them to a life of continued abuse, hardship, poor health, incarceration, and early death.

Studies have conclusively shown the relationship between ACEs and negative life outcomes for children.¹

More than half of American children have witnessed or experienced violence directly, and new brain science increasingly points to long-lasting, and at times devastating, outcomes from the trauma that results. Children with at least 2 ACEs are 4 to 12 times more likely to suffer from alcoholism, drug abuse, depression, and suicide attempts.² Children with at least 5 ACEs are 8.3 times more likely to experience sexual violence as an adult.³ Approximately 90 percent of children in the juvenile justice system have at least 2 ACEs, with 27 percent of boys and 45 percent of girls in the justice system having 5 or more ACEs.⁴

The impacts of childhood trauma are so pervasive that during his tenure as Attorney General, Eric Holder convened a National Task Force on Children Exposed to Violence. The Task Force presented its findings to Attorney General Holder in 2012, and noted:

The relationship between exposure to violence and involvement in the justice system is not a coincidence. Exposure to violence often leads to distrust, hypervigilance, impulsive behavior, isolation, addiction, lack of empathy or concern for others, and self-protective aggression. When young people experience prolonged or repeated violence, their bodies and brains adapt by becoming focused on survival. This dramatically reduces their ability to delay impulses and gratification, to a degree even beyond that of normal adolescents. Youth who are trying to protect themselves from more violence, or who do not know how to deal with violence they have already experienced, may engage in delinquent or criminal behavior as a way to gain a sense of control in their chaotic lives and to cope with the emotional turmoil and barriers to security and success that violence creates.⁵

Early childhood trauma is exacerbated by the juvenile and criminal justice systems, which rarely recognize or understand the connection between children who have committed a criminal act and their previous exposure to trauma. Further, our laws and policies are often responsible for contributing to childhood trauma. Thanks to state laws, every year at least 76,000 children are prosecuted in the adult criminal justice system and, according to the Office of Juvenile Justice & Delinquency Prevention (OJJDP), more than 4,000 children sleep in adult facilities every night, 3,200 of whom are in local jails, charged as adults.⁶ Research into adolescent brain development

¹*About Adverse Childhood Experiences*, Centers for Disease Control and Prevention (Apr. 9, 2019), <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html>; KAREN HUGHES, ET AL., THE EFFECT OF MULTIPLE ADVERSE CHILDHOOD EXPERIENCES ON HEALTH: A SYSTEMATIC REVIEW AND META-ANALYSIS, THE LANCET PUBLIC HEALTH (2017), available at [https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667\(17\)30118-4.pdf](https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667(17)30118-4.pdf).

² *Adverse Childhood Experiences (ACEs)*, HUMAN RIGHTS FOR KIDS, <https://humanrightsforkids.org/adverse-childhood-experiences-aces/> (last visited July 9, 2019).

³ *Id.*

⁴ U.S. DEP'T OF JUSTICE, OFFICE OF JUSTICE PROGRAMS, OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION, REPORT OF THE ATTORNEY GENERAL'S NATIONAL TASK FORCE ON CHILDREN EXPOSED TO VIOLENCE 171 (2012), available at <https://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>.

⁵ *Id.* at 171-172.

⁶ CHARLES PUZZANCHERA, MELISSA SICKMUND, AND ANTHONY SLADKY, NAT'L CENTER FOR JUVENILE JUSTICE,

shows that youth are more likely than adults to be permanently traumatized by the harsh realities of the adult system.⁷ The use of adult correctional facilities to house youth presents numerous concerns and can have harmful and long-lasting effects on our youth. Research shows that the placement of youth in adult facilities are at a higher risk of physical, sexual, and emotional abuse.⁸

Even if youth remain in the juvenile justice system and are incarcerated in juvenile facilities, they are still at greater risk of experiencing trauma than their peers who have not been incarcerated. A study published in 2017 in *Pediatrics* examined adult health outcomes for incarcerated youth. Researchers found that participants in the study who had spent time in juvenile detention were more likely to experience symptoms of depression.⁹ For people who had been incarcerated more than a year as a child, the odds of having depressive symptoms were more than four times as high, and the odds of having suicidal thoughts were twice as high.¹⁰ In addition, their odds of having physical or mental limitations that interfered with day-to-day functioning were three times higher than participants who had not been incarcerated.¹¹

The use of restraints and seclusion in both schools and detention facilities also traumatize children, and often further exacerbate existing trauma. The use of physical restraints and seclusion is an outdated practice, which research continues to demonstrate is at best ineffective, and at worst counterproductive and abusive.¹² Many states continue to allow the use of physical restraints and seclusion for juvenile offenders, even when the practices are prohibited in the state's public schools.¹³ A 2002 Department of Justice study found that youth who had been in isolation for even a few hours had higher levels of anxiety, depression, and paranoia.¹⁴ Furthermore, an OJJDP study found that 62 percent of suicide victims in juvenile correctional facilities were held in solitary confinement at one point and 50 percent had been in solitary confinement at the time of their suicide.¹⁵

YOUTH YOUNG THAN 18 PROSECUTED IN ADULT COURT: NATIONAL ESTIMATE, 2015 CASES (2018), <http://www.cfyj.org/images/Transfer-estimate.pdf>; Juveniles in Adult Jails and Prisons, U.S. Dept. of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, <https://www.ojjdp.gov/ojstatbb/corrections/qa08700.asp?qaDate=2014> (last visited Mar. 26, 2019).

⁷ CAMPAIGN FOR YOUTH JUSTICE, ADOLESCENT BRAIN DEVELOPMENT (Dec. 2018), available at http://www.campaignforyouthjustice.org/images/factsheets/Adolescent_Brain_Development_FINAL.pdf.

⁸ Jessica Lahey, *The Steep Costs of Keeping Juveniles in Adult Prisons*, THE ATLANTIC (Jan. 8, 2016), <https://www.theatlantic.com/education/archive/2016/01/the-cost-of-keeping-juveniles-in-adult-prisons/423201/>.

⁹ Elizabeth S. Barnett, et al., *How Does Incarcerating Young People Affect Their Adult Health Outcomes?*, 139 PEDIATRICS 2 (2017), available at <https://pediatrics.aappublications.org/content/pediatrics/139/2/e20162624.full.pdf>.

¹⁰ *Id.*

¹¹ *Id.*

¹² Majority Committee Staff Report, U.S. Senate Health, Education, Labor, and Pensions Comm., *Dangerous Use of Seclusion and Restraints in Schools Remains Widespread and Difficult to Remedy: A Review of Ten Cases* (Feb. 12, 2014), available at <https://www.help.senate.gov/imo/media/doc/Seclusion%20and%20Restraints%20Final%20Report.pdf>.

¹³ Brendan McCarthy, *Juvenile Justice System Uses Physical Restraints Banned in Schools*, WFPL (Aug. 5, 2016), <https://wfpl.org/juvenile-justice-system-uses-physical-restraints-outlawed-in-schools/>.

¹⁴ See REPORT OF THE ATTORNEY GENERAL'S NATIONAL TASK FORCE ON CHILDREN EXPOSED TO VIOLENCE, *supra* note 5.

¹⁵ LINDSAY HAYES, U.S. DEP'T OF JUSTICE, OFFICE OF JUSTICE PROGRAMS, OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION, *JUVENILE SUICIDE IN CONFINEMENT: A NATIONAL SURVEY* (2009), available at www.ncjrs.gov/pdffiles1/ojjdp/213691.pdf.

The Federal government’s treatment of immigrant youth at the border also contributes to childhood trauma. From separating immigrant families at the border to keeping children locked in cages in inhumane conditions without access to proper food, water, clean clothes, or adequate medical treatment, these policies are causing irreparable harm to immigrant children.¹⁶ In its statement on the Trump administration’s family separation policy, the American Academy of Pediatrics noted that “highly stressful experiences, like family separation, can cause irreparable harm, disrupting a child’s brain architecture and affecting his or her short- and long-term health. This type of prolonged exposure to serious stress - known as toxic stress - can carry lifelong consequences for children.”¹⁷

Fortunately, violence can be prevented, and early identification and help for children who have experienced violence and trauma can dramatically increase the likelihood that they will grow up healthy, avoiding addiction and mental illness, finishing school, and never entering the juvenile or criminal justice system.

Federal Programs Addressing Childhood Trauma

Congress has taken steps recently to try to address and prevent childhood trauma. This includes the 2018 reauthorization the Juvenile Justice and Delinquency Prevention Act (JJDP), which calls on State, Tribal, local governments, and U.S. territories to “support a continuum of evidence-based or promising programs that are trauma informed, reflect the science of adolescent development, and that are designed to meet the needs of youth...”.¹⁸ It also provides for a more holistic approach to delinquency prevention by expanding the types of programs that qualify for Youth PROMISE grants under Title V of the Act.¹⁹ The 2018 SUPPORT for Patients and Communities Act²⁰ also establishes an “Interagency Task Force on Trauma-Informed Care,” and the Family First Prevention Services Act²¹ is designed to empower child welfare agencies and other organizations to more effectively help families in crisis.

Federal agencies have also played a role in addressing childhood trauma. OJJDP previously administered a small but deeply impactful program since 2010 to help communities address children’s exposure to violence and test the most effective strategies for reducing crime and increasing awareness about how to heal traumatized children. One recent outcome of the “Defending Childhood” initiative was training to help law enforcement agencies engage with children who may have experienced a violent incident, and it has also funded science-based

¹⁶ Jeremy Raff, ‘*The Separation Was So Long. My Son Has Changed So Much.*’, THE ATLANTIC (Sept. 7, 2018), <https://www.theatlantic.com/politics/archive/2018/09/trump-family-separation-children-border/569584/>; Simon Romero, et al., *Hungry, Scared and Sick: Inside the Migrant Detention Center in Clint, Texas*, NY TIMES (July 6, 2019), <https://www.nytimes.com/interactive/2019/07/06/us/migrants-border-patrol-clint.html>.

¹⁷ Colleen Kraft, MD, MBA, FAAP, AAP *Statement Opposing Separation of Children and Parents at the Border*, AM. ACAD. OF PEDIATRICS (May 8, 2018), <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/StatementOpposingSeparationofChildrenandParents.aspx>.

¹⁸ The Juvenile Justice Reform Act of 2018, Pub. L. 115-385.

¹⁹ ACT 4 JUVENILE JUSTICE, JUVENILE JUSTICE AND DELINQUENCY PREVENTION (JJDP) FACT SHEET SERIES: TITLE V: FROM PREVENTION TO PROMISE (Feb. 2019), available at http://www.act4jj.org/sites/default/files/resource-files/Title%20V%20Fact%20Sheet_0.pdf.

²⁰ Pub. L. 115-271.

²¹ Pub. L. 115-123.

trainings on how trauma impacts brain development and what adults can do to help children.²² OJJDP also launched a campaign in 2016 called “Changing Minds,” which focused on raising awareness and teaching skills to address children’s exposure to violence and the resulting trauma.²³

The Coordinating Council on Juvenile Justice and Delinquency Prevention, which coordinates all Federal juvenile delinquency programs and is convened by OJJDP, also used their June 2019 meeting to discuss childhood trauma. As part of the meeting, the Director of West Virginia’s Center for Children’s Justice discussed the state’s program to ensure a trauma-informed response to child maltreatment and exposure to violence.

Recommendations

Congress has taken many important steps to recognize and address the consequences of childhood trauma. Yet, too often we see policies and practices that lack trauma-informed care and further exacerbate childhood trauma. We recommend Congress consider the following:

1. **Continue to Support Programs and Education on Youth Exposure to Violence and Appropriate Responses to Adverse Childhood Experiences:** First and foremost, Congress must continue to support and invest in programs like those described above that support youth who experience adverse childhood experiences. By investing in prevention and intervention, the Federal government will save money in the long run.²⁴
2. **Increase Cross-System Collaboration Between Juvenile Justice & Child Welfare Systems:** Many youth in both the juvenile justice and child welfare systems have a history of trauma, mental health conditions, or substance abuse issues that require specialized treatment. Estimates indicate that as many as 55 percent of children in the juvenile justice system have had previous contact with the child welfare system.²⁵ Congress should pass legislation like the bipartisan Child Outcomes Need New Efficient Community Teams (CONNECT) Act (S. 1465) that seeks to help states identify and respond to the needs of children who come into contact with both the juvenile justice and child welfare systems.
3. **Support States in Reducing Their Reliance on Detention and Incarceration:** Decades of empirical studies of juvenile delinquency by scholars in the fields of criminology, child psychology, mental health, substance abuse, economics, and public health reveal

²² *Enhancing Law Enforcement Response to Children Exposed to Violence and Childhood Trauma*, INT’L ASSOCIATION OF CHIEFS OF POLICE, <https://www.theiacp.org/projects/enhancing-law-enforcement-response-to-children-exposed-to-violence-and-childhood-trauma> (last visited July 8, 2019).

²³ *Dep’t of Justice Launches Changing Minds Campaign to Raise Awareness about Children’s Exposure to Violence*, OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION (Oct. 20, 2016), <https://www.ojjdp.gov/enews/16juvjust/161020.html>.

²⁴ See, e.g., NAT’L CONFERENCE OF STATE LEGISLATURES, *COST-BENEFIT ANALYSIS OF JUVENILE JUSTICE PROGRAMS*, available at <http://www.ncsl.org/documents/cj/jjguidebook-costbenefit.pdf>.

²⁵ Hui Huang, Joseph P. Ryan, and Denise Herzc, *The Journey of Dually-Involved Youth: The Description and Prediction of Reporting and Recidivism*, 34 CHILDREN AND YOUTH SERV. REV. 1, 254-260 (2011), available at <https://www.sciencedirect.com/science/article/pii/S0190740911003860>.

that public dollars spent on effective prevention and early intervention programs reduce delinquency and strengthen families and communities. Adolescent development specialists and social scientists have also amassed extensive research showing how over-reliance on incarceration harms youth. Congress should enact policies that support state efforts to move away from youth incarceration, replacing it with a continuum of culturally relevant, gender-responsive, developmentally appropriate, strength-based services, supports, and opportunities for youth and families in the communities most impacted by youth incarceration as alternatives to out-of-home placements and youth prisons.

- 4. Ban the Use of Harmful Practices in Detention Facilities and Schools:** While Congress should focus on supporting states to find alternatives to youth detention, it should also take steps to improve conditions of confinement to lessen the traumatic effects of incarceration on young people. Congress should prevent the use of Federal funds for the most dangerous practices, which create an unreasonable risk of physical injury, pain, or psychological harm to youth, such as solitary confinement. Congress should also allow states to use JJDP A funds to develop independent monitoring bodies (e.g., creating ombudsmen programs, developing community monitoring panels, or partnering with protection and advocacy organizations) and other programs to improve conditions of confinement, including reducing unnecessary isolation and use of restraints.²⁶ Further, steps should be taken to ensure these dangerous practices are also not used in schools.

- 5. Adopt Measures to Protect Immigrant Youth:** Out of the estimated 10.7 million non-citizen immigrants living in America today, approximately one million are children under 18 years old.²⁷ Many of these youth have come to this country fleeing violence and oppression, carry complex emotional burdens from trauma, and face basic language barriers.²⁸ As national anti-immigrant rhetoric has escalated to the point of associating immigrants with animals and infestation and equating immigrant youth with gang members, these youthful immigrants have often become caught in the crosshairs of the justice system.²⁹ Rather than being supported to develop into successful adults, immigrant youth are more often being targeted for arrest, detention, and deportation. Congress should ensure that youth who are seeking asylum in the United States as unaccompanied minors and those fleeing violence in their home country with their families are not held in detention. Further, Congress should support and invest in

²⁶ “Reassessing Solitary Confinement: The Human Rights, Fiscal and Public Safety Consequences”. (June 11, 2012). Hearings before the Subcommittee on the Constitution, Civil Rights and Human Rights of the U.S. Senate Committee on the Judiciary, 112th Congress. *See also*, Sandra Simkins, Marty Beyer, Lisa M. Geis, *The Harmful Use of Isolation in Juvenile Facilities: The Need for Post-Disposition Representation*, 38 WASH. U. J. L. & POL’Y 241 (2012).

²⁷ Jens Manuel Krogstad, Jeffrey S. Passel & D’Vera Cohn, *5 Facts about Illegal Immigration in the U.S.*, PEW RESEARCH CNT. (Nov. 28, 2018), <http://www.pewresearch.org/fact-tank/2018/11/28/5-facts-about-illegal-immigration-in-the-u-s/>; Marshall, *supra* note 74.

²⁸ SHANNON WILBER AND ANNIE JUNCK, ANNIE E. CASEY FOUND., NONCITIZEN YOUTH IN THE JUVENILE JUSTICE SYSTEM 5, 12 (2014), available at <https://www.aecf.org/m/resourcedoc/aecf-NoncitizenYouthintheJJSys-2014.pdf>.

²⁹ Abigail Simon, *People Are Angry President Trump Used This Word to Describe Undocumented Immigrants*, TIME (June 19, 2018), <http://time.com/5316087/donald-trump-immigration-infest/>.

outreach programs, and community and family support services to help immigrant youth deal with trauma, family reunification and social stressors to ensure they feel connected to their new communities.³⁰

- 6. Address the Specific Needs of Girls:** Historically, the experiences and needs of justice involved girls were overlooked causing their shares of the system to grow even as the number of young people coming into contact with the system fell. It is only recently that these numbers have leveled off as the needs of girls are more intentionally being contemplated. Girls enter the juvenile justice system through different pathways than boys and have distinct needs. This stems from many factors. Girls' pathways into the juvenile justice system often stem from their efforts to cope with and survivor abuse, especially sexual violence.³¹ Girls often enter the system for non-violent and status offenses, such as running away and truancy; behaviors that are responses to trauma and violence. This remains true at the deepest end of the system: half of all girls committed in the juvenile justice system are there on nonviolent charges: technical violations, simple assault, and status offenses.³² Girls are also arrested for their own victimization; for example, in many states child sex trafficking survivors are arrested on prostitution charges. Trafficking survivors also enter the system on other offenses for behaviors directly related to their being trafficked.³³ Pre-existing trauma is prevalent among girls in the juvenile justice system.³⁴ Unfortunately, juvenile justice systems are too often ill-equipped to address the specific needs of girls. As a result girls often fail to receive the services and support needed to heal from trauma and instead can be re-traumatized by routine processes of the juvenile justice system such as strip searches.³⁵ Federal policy must address the unique experiences and needs of girls in the juvenile justice system, and we recommend an approach emphasizing ending girls' incarceration, connecting girls with services and supports needed to heal from trauma, tailoring juvenile justice systems to the needs of girls, adequate data collection and reporting, and appropriations.

³⁰ Rachel Marshall, *We Need to Help Immigrant Youth, Not Scapegoat Them*, JUVENILE JUSTICE INFORMATION EXCHANGE (June 27, 2018), <https://jjie.org/2018/06/27/we-need-to-help-immigrant-youth-not-scapegoat-them/>.

³¹ MALIKA SAADA SAAR, *ET AL.*, HUMAN RIGHTS PROJECT FOR GIRLS, GEORGETOWN LAW CNT. ON POVERTY AND INEQUALITY, MS. FOUNDATION FOR WOMEN, *THE SEXUAL ABUSE TO PRISON PIPELINE: THE GIRLS' STORY* (2015), available at https://rights4girls.org/wp-content/uploads/r4g/2015/02/2015_COP_sexual-abuse_layout_web-1.pdf.

³² Sickmund, *et al.*, *supra* note 6.

³³ Cynthia Godsoe, *Contempt, Status, and the Criminalization of Non-Conforming Girls*, 34 CARDOZO L. REV. 1091 (2014), available at <http://ssrn.com/abstract=2446224>; Francine T. Sherman, *Justice for Girls: Are We Making Progress?*, 59 UCLA L. REV. 1584 (2012). *See also*, CTR. FOR PUBLIC POLICY STUDIES, HUMAN TRAFFICKING AND THE STATE COURTS COLLABORATIVE, STATE JUSTICE INST., *DEALING WITH HUMAN TRAFFICKING VICTIMS IN A JUVENILE CASE* (Nov. 2013), available at http://www.htcourts.org/wp-content/uploads/HT_Victims_inJuvenileCases_v02.pdf?InformationCard=Dealing-With-HT-Victims-Juvenile.

³⁴ RIGHTS 4 GIRLS, *GIRLS' EXPERIENCES PRIOR TO JUSTICE INVOLVEMENT*, available at <http://rights4girls.org/wp-content/uploads/r4g/2016/08/R4G-Physical-and-Mental-Health-Needs-sheet.pdf> (last visited Feb. 4, 2019).

³⁵ PATRICIA K. KERIG, PHD AND JULIAN D. FORD, PHD, NAT'L CHILD TRAUMATIC STRESS NETWORK, JUVENILE JUSTICE CONSORTIUM, *TRAUMA AMONG GIRLS IN THE JUVENILE JUSTICE SYSTEM* (2014), available at https://www.nctsn.org/sites/default/files/resources//trauma_among_girls_in_the_jj_system.pdf; LIZ WATSON AND PETER EDELMAN, GEORGETOWN CTR. ON POVERTY, INEQUALITY, AND PUBLIC POLICY, *IMPROVING THE JUVENILE JUSTICE SYSTEM FOR GIRLS: LESSONS FROM THE STATES* (2012), available at http://www.law.georgetown.edu/academics/centers-institutes/poverty_inequality/upload/JDS_V1R4_Web_Singles.pdf.

7. **Ensure Fair Treatment of Youth with Disabilities:** Youth with disabilities represent the highest percentage of any sub-group of individuals in the juvenile justice and adult criminal systems. Studies have found that 65-70 percent of youth in the justice system meet the criteria for a disability, a rate that is more than three times higher than that of the general population.³⁶ Additionally, at least 75 percent of youth in the juvenile justice system have experienced traumatic victimization, leaving them at-risk for mental health disorders such as post-traumatic stress syndrome.³⁷ Although the focus is often on individuals with mental health needs, also included in significant numbers are individuals with other disabilities including, but not limited to, sensory, physical, intellectual/developmental, communication and language disorders, Traumatic Brain Injury, and combinations thereof.³⁸ Congress should take steps to ensure that youth with disabilities are not unfairly and disproportionately placed into the juvenile justice system due to unmet needs related to their disabilities, to assist with data collection and analysis of these cases, and to make certain these youth are treated fairly and humanely when they must be placed out of the home to ensure youth are not further traumatized.

Conclusion

We thank the Committee for holding this important hearing. If youth are to realize their full potential, society must invest in supports to families and communities that promote child and family wellness. We look forward to working with the Committee on further addressing this important issue.

If you have questions, please feel free to contact any member of the NJJDPC Steering Committee, whose contact information can be found here:

<https://www.promotesafecommunities.org/steeringcommittee>.

³⁶ RICHARD DIAZ, *ET AL.*, THE ARC'S NAT'L CTR. ON CRIMINAL JUSTICE AND DISABILITY, JUSTICE-INVOLVED YOUTH WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES: A CALL TO ACTION FOR THE JUVENILE JUSTICE COMMUNITY (2015), available at <https://www.thearc.org/document.doc?id=5343>.

³⁷ KATHLEEN R. SKOWYRA AND JOSEPH J. COCOZZA, PhD, NAT'L CTR. FOR MENTAL HEALTH AND JUVENILE JUSTICE, BLUEPRINT FOR CHANGE: A COMPREHENSIVE MODEL FOR THE IDENTIFICATION AND TREATMENT OF YOUTH WITH MENTAL HEALTH NEEDS IN CONTACT WITH THE JUVENILE JUSTICE SYSTEM (May 2015), available at http://www.ncmhjj.com/wp-content/uploads/2013/07/2007_Blueprint-for-Change-Full-Report.pdf; LINDA A. TEPLIN, *ET AL.* OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION, THE NORTHWESTERN JUVENILE PROJECT: OVERVIEW 1-13 (Feb. 2013), available at <http://www.ojjdp.gov/pubs/234522.pdf>; THE MENTAL HEALTH AND JUVENILE JUSTICE COLLABORATIVE FOR CHANGE, BETTER SOLUTIONS FOR YOUTH WITH MENTAL HEALTH NEEDS IN THE JUVENILE JUSTICE SYSTEM 1, 7 (2014), available at <http://cfc.ncmhjj.com/wp-content/uploads/2014/01/Whitepaper-Mental-Health-FINAL.pdf>.

³⁸ See ASERT, JUVENILE JUSTICE AND AUTISM SPECTRUM DISORDER 3 (2013), available at <http://www.paautism.org/desktopmodules/asert-api/api/item/ItemDetailFileDownload/4661/ASERT%20Juvenile%20Justice%20and%20Autism%20Spectrum%20Disorder%20Manual.pdf> (explaining that “it is estimated that individuals with ASD [Autism Spectrum Disorder] will have up to seven times more contact with law enforcement over the course of their lifetime than their peers.”).

July 10, 2019

The Honorable Elijah E. Cummings
U.S. House of Representatives
2163 Rayburn House Office Building
Washington, DC 20515-2007

Dear Congressman Cummings:

On behalf of our 3 million members and the 50 million students they serve, we would like to submit the following comments for the record in connection with the July 11 hearing, “Identifying, Preventing, and Treating Childhood Trauma: A Pervasive Public Health Issue that Needs Greater Federal Attention.”

We commend the committee for recognizing that childhood trauma is a real issue and exploring ways to deal with it. To gain insight into existing government support for children affected by trauma, the U.S. Government Accountability Office (GAO) conducted surveys and interviewed officials in six states as well as the U.S. Department of Health and Human Services. “Trauma is a widespread, harmful, and costly public health problem, and its effects are especially detrimental to children,” [GAO found](#). “While not every child who experiences trauma will suffer lasting effects, trauma significantly increases the risk of mental health problems, difficulties with social relationships and behavior, physical illness, and poor school performance.”

The Mental Health Services for Students Act of 2019 (H.R. 1109) by Rep. Grace Napolitano would expand access to school-based services and could help address the issues GAO has identified.

Thank you for calling attention to the vitally important issue of childhood trauma. We stand ready to work with you to address it.

Sincerely,

Marc Egan
Director of Government Relations
National Education Association