Improving Supports for Youth of Color Traumatized by Violence

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CLASP
policy solutions that work for low-income people

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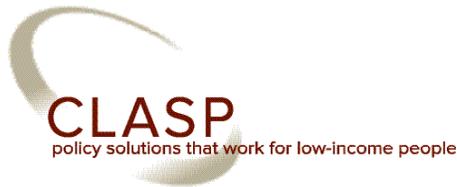
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Introduction

Exposure to violence[1] impairs child and youth development, family functioning, community health, and social and emotional well-being.[i] Children and youth are deeply affected by the toxic stress that violence generates, whether they are direct victims of violence, witnesses of it, or merely residing in a place where it is more likely to occur. There are varieties of negative health and education outcomes linked with children's exposure to violence: often, they are challenged to succeed in school and are at greater risk for emotional and cognitive deficits and a host of chronic health problems that manifest themselves across the life span.[ii] These detrimental effects ripple through generations. Children, who suffer with chronic trauma— repeated exposure to adverse experiences such as violence, neglect and/or abuse –are much more likely than children from safe neighborhoods to become involved in violence themselves, after controlling for other environmental factors.[iii]

A developmentally appropriate approach to talking to and working with children, youth, and their families that experience chronic trauma is ultimately beneficial and leads to positive outcomes in the long term. A growing body of research is beginning to address the context of violence, and it is promoting an understanding of the relationship of trauma and chronic adversity to the health of individuals, families, and communities. This knowledge base is driving practice-based models that can be delivered in family, school, and community settings.

Boys and young men of color interact daily with systems in their communities that have the power to ameliorate or exacerbate the effects of trauma in their lives. Institutions that youth interact with regularly include the education, child welfare, juvenile justice, and health care systems, among others. In each case, youth far too often experience punitive or harsh treatment that fails to account for the load of stress that they bear, and that lies under the surface of their role as student, or classmate, or patient, or service recipient. To effectively engage these youth and provide services and assistance that aid in the long term, providers must understand the physical and mental effects of trauma. Only then can they act effectively to improve the overall health of these young men and support their journey on a path toward stronger life outcomes.

[1] As used here, violence includes assaults, sexual victimization, child maltreatment by an adult, witnessed and indirect victimization and social stigmatization. However, here violence is also be used here to includes actions that create harm that is neither physical or interpersonal, and that can be understood more broadly as systemic injury directed against a group or geography. This violence may be manifested by systematic policies that fosters systemic disadvantage (i.e., disinvestment practices like redlining of housing and employment; differential law enforcement strategies; differential taxation polices) which results in significant harm. This broader definition of violence is crucial to understanding the systemic issue faced by young males of color, and as a cause of interpersonal violence.

Description of Problem

Violence can be defined in many ways. Conventional thought, crime statistics, and self-reported surveys of victims focus on violence between individuals—for example, fighting, physical intimidation, and injury caused by use of weapons. However, violence can also be more broadly defined as actions that create systemic injury when directed against a group or focused on a geographic area. This form of violence is not strictly physical; for example, it includes structural racism manifested in policies that do injury to people of color and foster disinvestment in communities of color. Examples include practices that remove jobs from communities, deny bank loans and mortgage insurance to low-income communities and communities of color, and policies that rob communities of the tax revenue for basic services. While structural racism as a form of violence is not interpersonal, the resulting harm can be just as significant.[iv] This broader definition of violence is crucial to understanding how the systemic inequality faced by the communities where boys and young men of color live causes psychological and emotional injuries and leads to individual issues that become the focus of most policy and programmatic interventions.

Chronic trauma and adversity are key public health issues and social determinants of health for many of our nation's communities. They include experiences such as violence, abuse, and neglect, as well as chronic stressors like poverty, unemployment, racism, lack of adequate health care, and social isolation—all of which are challenging and painful and can overwhelm an individual's capacity to cope.

Use of the word *chronic* is emphasized: for many young males of color, these events tend not to be isolated occurrences but rather recur consistently over a period of time. Chronic trauma and adversity in childhood lead to negative outcomes in adulthood, including depression, anxiety, obesity, and chronic diseases. Young males of color are disproportionately affected by various forms of chronic trauma and adversity, including violence, poverty, incarceration, lack of access to health care, marginalization, and low social status.

There is a pervasive stereotype in our society that young men and boys of color are fundamentally more violent and more prone to criminal behavior and gang activity than their white counterparts. As a result, these youth are subjected to harsher treatment from law enforcement, stiffer punishment in the juvenile justice system, and more punitive disciplinary measures in school, including more frequent referral to the justice system. However, a large body of data directly challenges any notion that violent behavior is the purview of any racial, ethnic or gender group.[vi] Rather, while some males of color commit acts of violence, many more are affected by them.

Typically, violence, whether or not it is committed by a young person of color, is seen as interpersonal and stemming from causes rooted in individuals' lives and experiences, such as family dysfunction, individual personality defects, or the negative influence of peers. As a consequence, the individual is the focus of most programmatic and policy interventions, including the use of case workers, probation officers, and after-school programs, for example. However, such interventions do not address the root causes of violence or consider the larger context. Instead, they inappropriately locate the entire problem with the individual or his/her family. One way to more fully understand violence and its context is to examine communities where it is more prevalent. A growing body of research finds that, more often than not, geography rather than individual behavior drives violence.[vii]
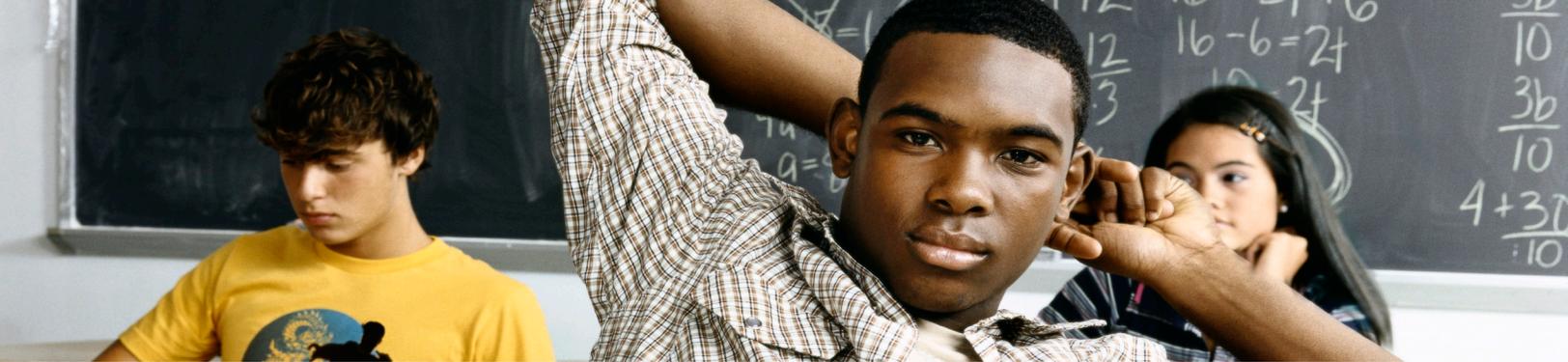
GEOGRAPHY OF OPPORTUNITY
OR DISADVANTAGE

Community, defined here as a group of people who live in a geographic area, is a powerful context for child development. A community offers varying opportunities that promote healthy child development. These include:

• Cognitive development: School instruction, out-of-school activities, community environments, and informal learning;

• Physical development: Safe physical recreational facilities like parks, community centers, streets, and physically safe schools;

• Social/emotional development: Healthy and safe environments for social interaction, the formation of positive peer groups, and caring adult supervision;

• Cultural development: Cultural institutions and opportunities to explore and appreciate the history and pride of cultures represented in the community; and

• Vocational development: Organizations that provide exposure to work and careers and provide the ability to earn money.[viii]

Figure 1.
Community supports that promote
healthy child development
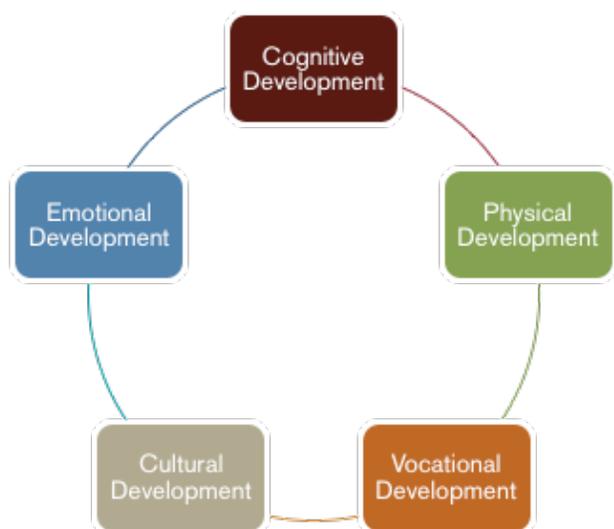
Poorer communities have less infrastructure and fewer resources to make these developmentally supportive activities and services widely available. Thus, the type of housing that families can afford can be an advantage for accessing these types of child development opportunities—or it can be a powerful impediment.[ix] An analysis of the range of communities in the 100 largest metropolitan areas reveals that 76 percent of African-American and 69 percent of Latino children lived in poorer communities than the communities of the 25 percent worst-off white children.[x] In addition, 27 percent of all African-American children compared with 3 percent of white children live in neighborhoods of concentrated poverty, defined as a poverty rate of at least 30 percent (see Figure 2).[xi] Even African-American children in middle-class families are far more likely than whites to grow up in high-poverty neighborhoods.[xii]

This powerfully demonstrates that when we talk about communities that present challenges to child development, we are not just talking about poor children. We are talking about large numbers of children of color, poor or not. Without ample opportunities for appropriate development, children and youth are ill-equipped to handle the effects of violence and chronic trauma that are present in poorer communities.

IMPACT OF GEOGRAPHY ON HEALTH
FOR BOYS OF COLOR

Research on the relationships among concentrated disadvantage (e.g., high rates of unemployment, poverty, school dropout, and low-wage jobs), race and ethnicity, violence, and health uniformly finds that that most or all of the difference in rates of violence and health between racial and ethnic groups can be accounted for by differences in the neighborhoods in which these groups live. In short, people who live in neighborhoods of concentrated disadvantage are more likely to experience violence and to be the victims of violence.

Although the majority of poor people in the United States are white, poor white individuals are less likely to live in neighborhoods of concentrated disadvantage, as shown in Figure 2. Individuals may opt to live with others who are similar to themselves, but the legacy of historic, legally enforced segregation, immigration patterns dictated by immigration policy, federal housing policies, and ongoing bank lending practices continue to affect and restrict where people of color live.

Figure 2.
Percent of children living in concentrated poverty, by race, Hispanic origin, and family poverty level, 2006 - 2010
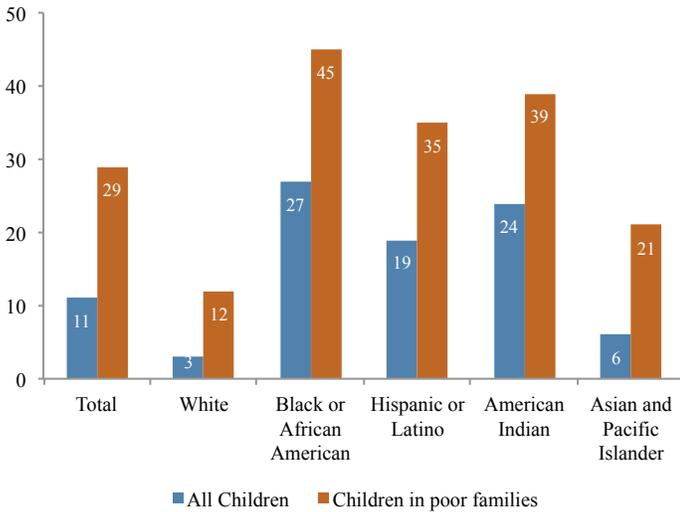
Residing in communities of concentrated disadvantage leads to greatly increased violence victimization. Among males ages 10-24, homicide is the leading cause of death for African Americans and the second-leading cause of death for Latinos. The murder victimization rate for African-American males is more than 17 times that for white males, while the rate for Latino males is six times the rate for their white peers. The odds that an African-American child or youth will have someone close to him or her murdered are nearly eight times higher than for a white child or youth; a Latino child's odds are more than seven times higher than those of a white child.

Heightened violence in a community has significant physiological effects on youth. Research demonstrates that the trauma of exposure to violence impairs cognitive

development and performance. The chronic trauma and chronic stress driven by the context of neighborhood disadvantage physically rewire the brain. Two key developmental processes are adversely affected by exposure to chronic trauma: "neurodevelopment" (the physical and biological growth of the brain) and "psychosocial development" (personality development, capacity for relationships, development of moral values and social conduct).

Through the repeated experience of overwhelming stress, children tend to abandon the notion that they can affect the course of their lives in a positive way. The result is a state of learned helplessness. When trauma or neglect happen early in life and is left untreated, the injuries sustained reverberate throughout the lifespan.[xvii]

This physiological impact significantly affects school achievement for youth of color. According to research done in Chicago, African-American children taking achievement tests within a week of a homicide occurring in their neighborhood score significantly lower than other children.[xviii] An important element of this research was that it compared children from the same neighborhoods of concentrated disadvantage. The research also showed that the impact of children's cognitive performance is not limited to those victimized or those who directly witness violence; rather, it is felt across a community by children who live in close proximity to extremely violent events. Living in a neighborhood of concentrated disadvantage has the same effect on the development of a child's cognitive ability as missing up to two years of school. In addition, the strongest effects of living in concentrated disadvantage appear several years after children live in these areas. The effects linger on even if a child leaves a severely disadvantaged neighborhood.[xix]

There is also an accompanying emotional and behavioral impact for youth of color experiencing these traumatic events. The Adverse Childhood Experiences (ACE) study found that adverse childhood experiences are powerfully correlated to health outcomes later in life.[xx] These traumatic events have a strong influence on adolescent health, teen pregnancy, smoking, substance abuse, sexual behavior, the risk of re-victimization, performance in the workforce, and the stability of relationships, among other health determinants. The higher a young person's ACE score, the greater the risk of heart disease, lung disease, liver disease, suicide, HIV and STDs, and other risks for the leading causes of death.[xxi]

Better Theoretical Models or Approaches

There are a number of proven and emerging approaches for working with boys and young men of color who witness or experience violence in their communities. These approaches aim at reducing the stress that youth are experiencing, restoring a sense of hopefulness and control over their futures, supporting their ongoing development, and improving their achievement to increase their life prospects.

SCHOOL-BASED STRATEGIES

School is an important setting for implementing strategies to work with children and youth who are affected by violence and trauma. Young people spend a large portion of their day in the school setting, and schools often find themselves in the position of dealing with the ripple effects of violence and trauma. By creating a systemic approach to managing behavior, providing developmental supports, and working with families to improve life circumstances, the school can become a powerful and positive force in that child's development and also improves the climate for all students.

Behavior Modification Strategies
If they start early enough and are given the right training and tools, teachers and administrators can identify children who exhibit warning signs of problematic, and potentially violent behavior as they get older, and intervene as effective agents of prevention. The success of effective violence prevention models may serve as a catalyst for their broader adoption and for the dedication of public dollars to expand them to other schools, school districts, cities, and counties.

Houston, Texas: In 2009, teachers in the Houston Independent School District (HISD) ranked student discipline second only to personal reasons as their motivation for leaving the district. In response, HISD decided to identify a strategy that would improve student behavior and promote a positive classroom environment to keep teachers teaching and to change the trajectory for students most at risk of failing in school. Later that year, HISD began implementing an approach called the *Good Behavior Game* in first-grade and second-grade classrooms, with the goal of training more than 100 teachers and reaching more than 7,000 children.

The *Good Behavior Game*, a method of managing classroom behavior, promotes self-control, concentration on the tasks at hand, focused attention, academic engagement, and positive social relationships. It is shown to reduce negative behavior—particularly for boys displaying aggressive and disruptive conduct when they enter first grade—and to improve the long-term health and well-being of students.[xxii]

In randomized field trials, the *Good Behavior Game* resulted in significant short-term and long-term gains for students whose first- and second-grade teachers used it. There was less aggressive and disruptive behavior in *Good Behavior Game* classrooms, and students were more often on task.

Washington State: From 2007 to 2009, the Washington State child welfare office funded the training of family-support workers and the delivery of the evidence-based Incredible Years parenting program to families referred for child abuse and neglect in Snohomish, Whatcom, and Skagit counties. As a result of their participation, families reported significant reductions in behavior problems and significantly lower levels of parent distress, dysfunctional parent-child relationships, and aggressive child behavior.[xxiii]

The *Incredible Years*, an intervention composed of three training programs—one for children, parents, and teachers – seeks to reduce children's aggression and improve their social skills. Its three programs can be used independently or in combination. The child program focuses on building social and emotional skills for students in preschool through early elementary school. It can be delivered to children referred for difficult behavior or to an entire classroom as a preventive measure.

The parent training programs focus on parenting skills, including positive discipline, promoting child learning and development, and involvement in children's life at school. It also emphasizes parent interpersonal skills to improve communication with children and other parents.

The *Incredible Years* also includes two programs for teachers. The first addresses general classroom management as a means to improve student behavior and learning. The second is a training program for teachers who will deliver the child program to students in their classrooms.

School Attendance Improvement Strategies

Some school districts have adopted strict protocols with concrete actions that engage families in problem solving upon documentation of certain numbers of student absences. Schools that have dedicated attendance specialists have reduced absenteeism by addressing a variety of student needs, including sibling care issues and a lack of clean laundry or transportation.

Monroe County, IN: Since 2009, the Stay in School Partnership community collaborative, in Monroe County, Indiana, has focused on keeping high school students in school and graduating using a model called *Check & Connect*. Monitors (which are a combination of a student mentor, an advocate, and a service coordinator) *check* whether high-risk middle and high school students are in school. When absences indicate underlying issues that need to be addressed, the monitors *connect* the students to needed services with the help of school personnel, family members, and community service providers. One study found that twelfth-grade students in *Check & Connect* were 33 percent less likely to drop out of school than students not in the program.

Three Monroe County high schools (Edgewood High School, Bloomington High School North, Bloomington High School South) are using graduation coaches as *Check & Connect* monitors. Employees of the Greater Bloomington Chamber of Commerce, they are trained

social workers who work in the schools full time during the school year and 24 hours per week over the summer, meeting one on one with referred students to identify and overcome barriers to graduation. Students are referred to the program based on low GPAs, low

credit attainment, serious attendance problems, or recurrent behavioral issues. Incoming ninth graders are targeted. Of the 219 students who participated in the effort in 2010 and 2011, 196 either graduated or continued/reenrolled in school. Of the students who could be followed over time, 60 percent improved their GPA. [xxiv]

EMPLOYMENT-BASED STRATEGIES

Many distressed communities with high rates of violence also have extremely high rates of unemployment for youth, particularly for young men of color. Employment is a key to reducing many of the negative behaviors caused by exposure to chronic trauma and improving economic outcomes. A survey of about 100 males of color ages 16-24 in 13 highly distressed communities found that many were affected by significant trauma, such as removal from their families, the death of loved ones, or homelessness. Yet these young men intentionally sought out opportunities for education and employment in their communities in an effort to create better life situations for themselves and their families.

There are many community examples of strong employment systems that serve high-needs youth. The best examples are in communities that have created a cross-system infrastructure incorporating the many systems that touch youth and leveraging their resources to provide comprehensive services—employment, education and training, and supportive services. The youth employment systems in Baltimore, Boston, Los Angeles, Philadelphia, and San Diego, for example, are successfully working with males of color often deemed most difficult to serve—high school dropouts, those who have limited English proficiency or substance-abuse issues, and those who are now or have been in foster care, the court system, or gangs. These youth live in neighborhoods that face many of the challenges described earlier.

Two cities, in particular, have done a significant amount of work on trauma among disconnected youth:

Boston, MA: Boston addresses the post-traumatic stress and violent experiences of disconnected youth using an evidence-informed model called *Psychological First Aid*. This approach is designed to reduce the initial stress caused by a traumatic event and to culti-

vate short- and long-term adaptive functioning and coping skills.[xxvii] Boston's employment and training program added this component based on the knowledge that violent or traumatic events could easily derail the already vulnerable population of high school dropouts from achieving their educational and vocational goals. Boston's adaptation of this model is one in which the staff are trained as "first responders" to the youth in the program during traumatic events.

Baltimore, MD: Baltimore's *Healthy Minds at Work* project is operated through a partnership of the Baltimore Youth Opportunity (YO) program, the Center for Adolescent Health, and the Historic East Baltimore Community Action Coalition. The purpose of the project is to change the culture of YO to better address the many mental health issues faced by its participants and expand and improve the quantity and quality of mental health services for YO members. *Healthy Minds at Work* strategies include providing comprehensive, coordinated services to youth, which addresses anxiety and depression to remove barriers that hinder development and success.

Healthy Minds at Work has four components:

- An integrated mental health screening is part of the intake process for all youth enrollees. This audio, computer-assisted self-interview assesses responses to questions on depressive symptoms, anxiety symptoms, PTSD symptoms, stress, social support, coping, attitudes toward mental health services, and current and past use of mental health services.

- All staff receives education and training that heightens their awareness and understanding of mental health issues and encourages greater use of mental health services. This strategy also addresses efforts to destigmatize the use of mental health services.

- Psycho-educational activities provide mental health education and activities to youth.

- Youth receive comprehensive and targeted services based on assessments and the intensity of services needed. These services include a peer-led depression intervention and prevention program for youth identified with mild symptoms, and one-on-one treatment sessions and services from on-site, licensed mental health clinicians or psychiatrists.

CARE COORDINATION STRATEGIES

Children and youth from low-income families and living in low-income communities often receive services from multiple social service systems. The services they provide are often disjointed, with little coordination or strategy that would collectively enable youth or their families to achieve sustained improvements in their lives. It would be beneficial for these multiple public systems to coordinate care and share data to proactively address the needs of the chronically stressed individuals, families, and communities they all serve. In addition, the approach should be more one of assistance and support rather than reacting to behaviors

that are a result of traumatic situations with punishment or removal. The following model can provide examples of approaches that would address some of the current shortcomings in practice.

The Sanctuary Model is a trauma-informed method for creating an organizational culture that addresses healing from psychologically and socially traumatic experiences.[xxviii] The model is an "evidence-supported" practice, according to the National Child Traumatic Stress Network, and listed as a "promising practice" by the California Evidence-Based Clearinghouse. The Sanctuary Model is being used in state and county systems, as well as in practice settings—including schools, state juvenile placement systems, adult inpatient and outpatient mental health settings, residential and acute care settings for children and adolescents, substance-abuse programs for adults and for children, shelters for the homeless and victims of domestic vio-

lence, and community-based and school-based social service organizations.

The Sanctuary Model is not a specific treatment intervention; it is structurally deeper than a specific intervention, although many interventions are compatible with it. When applied, it operates underneath all other functions in an organization—its approaches, kinds of therapy, and techniques. It is designed to get people from diverse backgrounds and with a wide variety of experiences on the same page, speaking the same language, living the same values, and sharing a consistent, coherent, and practical framework.

IMPROVED IMPLEMENTATION OF SYSTEM SERVICES

A large number of children and youth, including those who receive or may need health care outside their homes, are eligible for health care coverage through the Medicaid system. However, these children experience disruptions in coverage because of changes in placement, movement between state care and their homes, and idiosyncrasies in the structure of Medicaid eligibility and associated managed care systems. These disruptions interfere with access to and continuity of care, and they delay placements, create barriers to effective services, and take time away from public health, child welfare, and probation professionals that they could otherwise spend helping youth.

Based on the access it can provide to mental and behavioral health care, Medicaid funding and services are critical to violence-reduction efforts that promote healthy youth development, provide effective preventive services, and support evidence-based treatment, rehabilitation, and transition into the community. Health care coverage is also key to school-focused strategies that help address some of the medical, dental, and mental health conditions that interfere with attendance and optimal performance in school. These strategies also provide resources for screening and assessment.

Action Steps

Support and expand community-based efforts that are consistent with approaches informed by the impact of trauma and chronic adversity.

To effectively address the needs of boys and young males of color, programs must have principles and values that are informed by their lived experiences, regardless of the specific health or social policy issue that they are attempting to address.

• Replicate and expand effective community-based programs.

• Help staff working with children and youth in various systems develop a better understanding of issues of violence and trauma.

Introduce trauma-informed practices into health and human service systems to promote healing from trauma and adversity.

• Assist staff working with children and youth in various systems in developing a better understanding of issues of violence and trauma.

• Provide in-depth, ongoing professional development.

• Create and maintain partnerships between public systems to share resources, data, and planning to improve the lives of children and their families.

• Design evaluation outcomes using language that ensures a developmental approach to working with children and youth.

Promote prevention efforts that are informed by experiences with trauma and chronic adversity.

• Develop mechanisms to utilize in schools and out-of-school care programs that work with children who are affected by violence and trauma in the community.

• Utilize preventive health care approaches that integrate an understanding of the roles that neighborhood environments play in the physical and mental health of males of color and how those environments can act barriers to accessing health services.

• Use behavioral health screening and assessment tools to identify where and how to intervene with and aid children and youth as soon as trauma occurs.

• Engage training and employment programs that are infused with trauma-informed supportive services as part of preparing young men for meaningful employment.

• Use rehabilitative options within the juvenile justice system that focus on addressing trauma to divert youth from detention or incarceration.

Conclusion

Boys and young men of color live in communities where violence occurs too often and has a significant impact on their lives. They feel unsafe, and that fear creates significant stress in their lives. The ongoing exposure to violence impairs child and youth development, family functioning, community health, and social and emotional well-being. As a result, these children and youth are far more likely to fail in school and to experience long-term physical and mental health problems. One of the many terrible effects of this chronic trauma is that boys and young men of color are themselves more likely to become involved in violence. Their lives are too often forever altered by the environments in which they are raised.

The youth systems that touch the lives of males of color—education, justice, child welfare, human services, health, and others—must become more aware of the effects of chronic trauma and its manifestation in the lives of these boys and young men. This awareness ought to be followed by a commitment to developmentally appropriate approaches to working with children, youth, and their families experiencing chronic trauma. Several models of care currently being implemented in family, school, and community settings have strong outcomes for boys and young men of color and should be supported and considered for broad replication. In addition, timely access to health services to meet the needs of young people is critical. Increased communication between systems will also go a long way to improving outcomes for boys and young men of color.

As our nation grapples with the many social issues facing people of color, we cannot ignore the mental effects of those issues on young people, and particularly young males. It is not enough to say we will fix schools, reduce the caseloads of child welfare workers, or increase police presence in violent communities, as important and difficult as all those changes are. We must also acknowledge the chronic trauma that these boys and young men face in their communities each day as a result of these experiences, and we must commit to helping them understand, cope, and rise above those circumstances. We cannot expect them to do it by themselves. They are, after all, our children. More importantly, though, the future strength of our communities and our society rest upon our children having opportunities to live healthy and successful lives.

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