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TESTIMONY OF JEANNE MILSTEIN, CHILD ADVOCATE BEFORE THE COMMITTEE ON JUDICIARY

MARCH 20, 2006

Good afternoon Senator McDonald, Representative Lawlor, and members of the Committee. I am Jeanne Milstein, the Child Advocate for the state of Connecticut. I appreciate the opportunity to testify in support of:

- House Bill No. 5821, An Act Concerning Behavioral Health and Substance Abuse Services That Are Gender Specific and Trauma-Informed;
- House Bill No. 5731, An Act Concerning Detention and Leave in the Juvenile Justice System;
- House Bill No. 5700, An Act Concerning Justice for All Children; and
- House Bill No. 5699, An Act Concerning the Implementation of Certain Requirements Protecting Children of Families with Service Needs.

House Bill No. 5821 is vital to ensuring that children receive appropriate mental health care. Children who experience trauma often survive and/or cope with that trauma by engaging in maladaptive behaviors, including high risk behaviors such as excessive risk-taking, drug use, and promiscuity.¹ Children and youth who have experienced trauma “may lose much of their capacity to manage and control their emotions and may suffer from trauma-induced mood changes, irritability, depression, and anger that not only are disabling for them but are profound challenges for families and communities.”² In my office, we repeatedly see children who have suffered significant trauma at very young ages and exhibit behaviors consistent with their trauma history. Far too many of these children do not receive appropriate treatment. Instead, as is often seen in treatment settings, “the focus of attention becomes exclusively the child’s behavior – or misbehavior and the true complexity of the child’s dynamics and injuries are lost in the struggle to simply control behavior.”³ The underlying problems associated with their trauma never get addressed and they child continue to struggle to regulate their behavior.

Many of these children are girls. We have learned over the years that girls develop differently than boys and require services tailored to their specific needs. Research shows that “[d]uring the teen years, when girls are transitioning to adulthood, unresolved issues from earlier stages of their development may come to a head. Incomplete bonding in infancy, sexual abuse in childhood, failed relationships with adults, and other problems can result in an inability to form positive relationships, lack of self-respect, ignorance of physical health and sexuality issues, and low self-image (Oregon Commission on

¹ Whitfield, C.L. (1998) Adverse childhood experiences and trauma. *American Journal of Preventive Medicine*. 14(4): 361-364.

² National Child Traumatic Stress Network (2004) *Children and Trauma in America: A Progress Report of the National Child Traumatic Stress Network*.

³ Bloom, S.L., M.D. (2004) *Creating Sanctuary: A Model of Organizational Change*. Community Works.

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Children and Youth Services, 1990).”⁴ Girls who come into contact with the court system, either as a result of abuse and neglect or because they commit status or delinquent offenses, likewise very often have a history of trauma. Indeed, last year, DCF brought in Marty Beyer, Ph.D., a national expert on child development, trauma, and designing services to meet the needs of girls, to review the needs of Connecticut’s most challenging girls in DCF custody. In reviewing 14 girls, she found that all of the girls had experienced extreme and repeated trauma including “documented sexual abuse (8), physical abuse (7), parent separation (9), and exposure to domestic violence (9), and parental substance abuse (10).”⁵ Unfortunately, treatment services for these girls and for girls like them are often driven by behavioral crises rather than by a full understanding of the issues triggering the behaviors. As a result, we fail to meet their needs.

If we are to meet the needs of our children, state-funded substance abuse and mental health services must be both trauma informed and gender specific. I think it is important to define both trauma informed and gender specific, for our understanding as we discuss the issue today but also formally in the statute. Trauma informed is defined as services designed to “address the impact of such trauma on child and family development and further the ability of the child and family to adapt physically and emotionally to stressful situations.” I would suggest gender specific be defined as “unique services and program models that comprehensively address the special needs of a targeted gender group, intentionally allow gender identity and development to guide all aspects of program and service delivery, and address gender-specific issues that are often barriers to preventive care, treatment and sustained recovery.”⁶

Some will argue that they are already providing gender specific and trauma informed services or that doing so will cost too much. Please remember that while the Department of Children and Families attempts to provide gender specific programming to the juvenile justice population, in accordance with their statutory mandate, most children in DCF care receive treatment that is neither gender specific nor trauma informed. As I said earlier, the result is that the underlying problems associated with their trauma never get addressed and they continue to struggle to regulate their behavior, through placement after placement and into adulthood. In terms of cost, this bill is less about money than it is about changing the culture of treatment services provided by the state. To the extent that such services result in short term increases in costs, we have a choice. We can pay for treatment now or we can pay later by funding prisons, long-term intensive mental health services, and other services needed to support persons with significant un-addressed mental health needs.

House Bill No. 5731, An Act Concerning Detention and Leave in the Juvenile Justice System, ensures that children in the juvenile delinquency system get “pre-trial” credit and permits the Commissioner of Children and Families to waive the sixty-day evaluation of fitness and security risk when a child is transferred from one facility to another. With regard to waivers of the sixty-day evaluation, we fully support this provision. Indeed, I believe the decision should be a clinical decision made by the child’s treatment team. With regard to pre-trial credit, while I support this concept, I also want to be clear that the state of Connecticut must address the underlying issue: access to services. Children often languish in detention for months prior to adjudication because they are waiting to access services, either in the

⁴ Office of Juvenile Justice and Delinquency Prevention (1998) Guiding Principles for Promising Female Practices: An Inventory of Best Practices.

⁵ Beyer, M., Ph.D. (2005) A System of Services for Girls in Connecticut.

⁶ Benedict, A. (2005) The Critical Need for Gender Responsive Services.

community or in some kind of out-of-home care. If the state of Connecticut is going to meet the needs of all of its children, it must ensure that a continuum of services, including home and community based services, exists and that such services are available in a timely fashion.

House Bill No. 5700, An Act Concerning Justice for All Children would require the Court Support Services Division, the Department of Children and Families, the Division of Public Defender Services, and the Department of Public Safety to jointly develop at least one pilot program to implement objective race-neutral criteria for determining whether to detain a child within the juvenile justice system. This is a good first step toward addressing the problem of minority over-representation in the juvenile justice system. Numerous studies have shown that minority youth are disproportionately represented at each decision point of the juvenile justice system including arrest, detention, and placement in secure facilities, and transfer to adult court.⁷ The extent of that overrepresentation increases as juveniles move from court referral to confinement.⁸ The most recent data for Connecticut shows that while Black and Hispanic youth comprise under 23% of the youth population (ages 10-16), they account for more than 70% of youth in detention.⁹ The extent of overrepresentation for Black youth is greater than that of Hispanic youth, particularly at the decision making point for detention.¹⁰ Specifically, Black youth comprise 11.15% of the youth population but 43.64% of the youth in detention.¹¹ These differences are not neutralized or explained by differences in the incidence of delinquent behavior or social or legal background variables.¹² Other states have found solutions. In fact, the use of objective criteria in risk assessment for determining whether children should be detained has been shown to contribute to the reduction in minority overrepresentation.¹³ It is important to note that the objective of such objective risk assessments is “not to eliminate the use of detention, but rather to make sure the ‘right kids’ were detained.”¹⁴ Connecticut cannot afford to wait any longer to address this very important issue. I ask this Committee to take the first step toward addressing minority overrepresentation in the juvenile justice system by supporting House Bill No. 5700.

House Bill No. 5699, An Act Concerning the Implementation of Certain Requirements Protecting Children of Families with Service Needs, would create an advisory board to ensure timely progress toward implementation of Public Act No. 05-250, prohibiting incarceration of status offender violators and ensuring that, when placement is required, such children are placed in the least restrictive appropriate environment. Successful implementation of Public Act 05-250 requires timely creation of appropriate home and community based services to meet the needs of this population. House Bill No. 5699 will help this legislature hold accountable those who are responsible for implementing Public Act 05-250.

Thank you again for the opportunity to provide testimony. I would be happy to answer any questions you may have.

⁷ Hartstone, Eliot C., Ph.D. and Dorinda M. Richetelli. A Reassessment of Minority Overrepresentation in Connecticut's Juvenile Justice System, June 5, 2001. 31.

⁸ Hartstone. 31; Hoyt, Eleanor Hinton, Vincent Schiraldi, Brenda V. Smith, and Jason Ziedenberg. Pathways to Juvenile Detention Reform: Reducing Racial Disparities in Juvenile Detention. 11.

⁹ Hartstone. 31.

¹⁰ Hartstone. 31.

¹¹ Hartstone. 31.

¹² Hartstone.10. See also Hartstone. 5-7.

¹³ Hoyt. 49-62.

¹⁴ Hoyt. 56.