



Policing and its Harmful Impacts on Child Wellbeing

Foreword



Racism is a root cause of health inequities. As illuminated by Dr. Camara Jones, pediatrician, public health scholar, and anti-racism activist, racism is a discriminatory “system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call ‘race’), that unfairly disadvantages some individuals and communities [and] unfairly advantages other individuals and communities.”¹ Racism has been part of our country’s history since its inception, creating contradictions of American democracy that reserved opportunity, freedom, health, and prosperity to white people. Beginning with European colonization, racism was behind the subjugation, displacement, and genocide of Indigenous people as well as the importation, exploitation, and victimization of African slaves; and was codified into law through policies supporting segregation, redlining, and exclusion of Black, Indigenous, and People of Color (BIPOC) in order to sustain a system of power that excluded them. The COVID-19 pandemic has heartbreakingly demonstrated that health inequities confronting BIPOC communities are rooted in our country’s racism and its inextricable downstream effects on housing, transportation, economic opportunity, education, food, air quality, health care, and beyond.

Racism impacts every state of a child’s development and continues to harm children by shaping the conditions in which they live, learn, and play. It has been scientifically proven as a core determinant of child health that has a profound impact on the wellbeing of children, their families, and their communities.² Racism experienced during pregnancy has been consistently linked to birth disparities and mental health problems in children and youth.³ The ongoing stress of experiencing racism can lead to inflammatory reactions that predispose children to chronic disease.⁴ Perceiving that they are living in a threatening world, children may exhibit behavioral characteristics such as hypervigilance and remain in a crisis mode, unable to resolve or predict the next threat.⁵ While overt and intentional discrimination based on race has been outlawed, racial inequities have accumulated over time and continue to persist in systems and institutions that shape the conditions in which children are raised. These systems and institutions, in turn, continue to harm children through policies, rules, and practices that produce, sustain, and normalize inequities between racial groups, operating behind the illusion of colorblindness and neutrality.⁶ The key indicators of racism within a system or institution are racially disparate outcomes, whether intentional or not. Inequities in education, income, and health experienced by BIPOC children are all symptoms of racism and are sustained by a model of society that recognizes only individuals, not the collective group, as the victims of racial injustice. Racism ultimately hurts the health of our entire nation by preventing some children and their families from attaining their highest level of health. Accordingly, achieving health equity requires that we examine and dismantle the racism that exists within our institutions and systems as well as acknowledge collective harm, group responsibility, and a right to collective redress.

Through a series of briefs, The Children’s Partnership explores how children continue to be harmed by racism that is embedded in and perpetuated by institutions, systems and policies that shape the conditions that surround child health and wellbeing; and considers opportunities to disrupt oppressive systems, defer to community leadership and demand bold innovations that put the wellbeing of our children first.

Introduction

Children are exposed to police violence in a multitude of ways, including as direct victims, direct witnesses, vicarious victims, and indirect consumers of media.

For many of the highly publicized victims of police brutality, millions of people, including countless children and youth, watched recordings of the violence on television or social media. Regardless of the type of exposure, the health and wellbeing of children and youth are affected by policing. This is particularly true for Black, Latinx, and Native American children and youth who, because of the disproportionate policing of their neighborhoods and tribal communities, are at greater risk for exposure.



This first brief in our series explores policing as a racist institution that produces persistent and chronic inequities and its disparate impact on the health and wellbeing of children, centering Black, Latinx, and Native American children and youth. The following compilation of research and policy recommendations aims to inform advocates and policymakers about the effects of policing, including police violence, on the development of children and youth and the need to continue to work to ensure that all young people in California are healthy, feel secure, and continue to thrive.





Say Their Names

Throughout this brief, the reader will encounter examples of young people and statistics that are emotionally challenging and difficult. However, we say their names so the injustice of their tragedies lives at the forefront of our minds and recognize there are countless other named and unnamed youth that have been hurt or harmed by policing:



- In Kenosha, Wisconsin, police shot **Jacob Blake** seven times in the back while his three young sons—ages three, five, and eight—watched, screaming from the back seat.
- Police shot and killed **Reyshard Brooks** in the back when he was running away in Atlanta, Georgia, leaving his three daughters ages eight, two, and one, and his teen stepson, fatherless.
- In Fort Worth, Texas, **Atatiana Jefferson** was babysitting and playing video games with her eight-year-old nephew, Zion, when police fatally shot her in her home.
- The four-year-old daughter of Diamond Reynolds watched from the back seat of a car as a police officer shot her mother's boyfriend, **Philando Castile**, during a traffic stop in Saint Paul, Minnesota, and then tried to comfort her mother.



- ▶ The five children of **George Floyd** are now fatherless after he was killed when a police officer knelt on his neck and two others helped restrain him, even though he was on the ground and handcuffed, for almost nine minutes.
- ▶ A police officer shot and killed **Tamir Rice**, a twelve-year-old Black child, in Cleveland, Ohio, two seconds after arriving on the scene.
- ▶ **Ronald “Nano” Elizondo, Jr.**, a Latinx youth, was fatally shot four times by an off-duty state trooper as he was running away in Corpus Christi, Texas.
- ▶ **Jason Pero**, a fourteen-year-old Native American youth, was fatally shot twice in front of his grandparents’ home in Odanah, Wisconsin.
- ▶ A police officer shot **Michael Brown**, an eighteen-year-old Black teen, in Ferguson, Missouri.

- ▶ **Nicholas Heyward**, a thirteen-year-old Black youth, was killed in Brooklyn, New York, when a police officer shot him in the stomach.

- ▶ **Tyre King**, a thirteen-year-old Black teen, died when a police officer shot him as he was running away in Columbus, Ohio.
- ▶ A police officer shot **Aiyana Stanley-Jones**, a seven-year-old Black girl, in the head when they broke into her house in Detroit, Michigan, at midnight on a raid being filmed for a TV show.
- ▶ **Cameron Tillman**, a fourteen-year-old Black teen, died when he was shot four times by police in Houma, Louisiana, when he opened the door to police.
- ▶ **Jordan Edwards**, a fifteen-year-old Black teen, died when police shot him in the back of his head as he was in a car driving away in Balch Spring, Texas.
- ▶ Police shot and killed **Kiwane Carrington**, a fifteen-year-old Black teen trying to enter his own home in Champaign-Urbana, Illinois.
- ▶ A police officer shot **Laquan McDonald**, a seventeen-year-old Black teen, sixteen times in Chicago, Illinois.
- ▶ An undercover police officer shot and killed **DeAunta Farrow**, a twelve-year-old Black child, in West Memphis, Arkansas.



Policing disproportionately impacts BIPOC children and youth

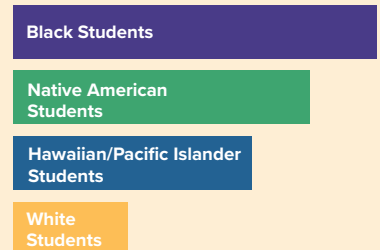
- **Policing and police brutality disproportionately impact Black, Native American, and Latinx families and their children in California and across the country.**

Policing has a history of racism, from slave patrol units before the Civil War⁸, to the white vigilante groups empowered to uphold black codes and Jim Crow into the 20th century, to mass incarceration. Police forces continue to inflict violence against and brutalize Black, Native American, and Latinx people, including children—using excessive force, making faulty arrests, and killing them without any consequences.⁹ In the United States, Black people are five times as likely to be arrested¹⁰ and three times as likely to be killed by the police than white people—equating to a 1 in 1,000 lifetime risk of Black men and boys being killed by police.¹¹ In turn, Black youth disproportionately experience such inequities as caregiver absence, custody transitions, and the criminalization of peers. Data from the Washington Post police shootings database show that at least thirty-eight Black children and twenty-four Latinx children under the age of eighteen have been shot and killed by on-duty police officers since 2015.¹² According to data from the Centers for Disease Control (CDC) spanning from 1999 to 2015, for every one million Native Americans, an average of 2.9 of them are killed by law enforcement—the highest rate of any racial group in the U.S.¹³ Furthermore, under New York City’s stop-and-frisk policy, one in five people stopped were between the ages of fourteen and eighteen, and 80 percent were Black or Latinx.¹⁴



Likelihood of School Arrests Compared to white Students

Black Students are **3X** as likely as white students
Native American Students are **2X** as likely as white students
Hawaiian/Pacific Islander Students are **1.5X** as likely as white students



These racially disparate outcomes indicate that racism permeates the U.S. law enforcement system and such experiences, either directly or indirectly, affect youth health.

BIPOC children and youth are the victims of police violence due to exposure to caregiver encounters with police. Police violence is also experienced vicariously, where children and youth are witnesses to violent encounters. A large body of literature on child trauma shows associations between witnessing violence and long-lasting negative health effects on children, further described below. There are no data on how often police come into contact with children while interacting with adults or how often those interactions are violent, but anecdotes and lawsuits suggest such incidents are not uncommon. In the city of Chicago, Illinois, sixty-three police misconduct cases involving minors were paid out for \$24.6 million between 2012 and 2015.¹⁵ Roughly one out of every ten civil police lawsuits settled in

those years involved someone under the age of eighteen. At the same time, most police officers receive little training on how to interact with children to minimize the risk of trauma.

- **Children become victims of police violence when shootings or other violent interactions between police and their loved ones are witnessed.**

BIPOC children and youth are disproportionately impacted by the presence of police at their schools. School-based law enforcement strategies are generally employed in two formats: the most common is the presence of a school resource officer (SRO), which involves one or more municipal police maintaining a presence on school property through a relationship between the school or district and the local police department; the other common approach is to have school district police, whereby the school district establishes its own police department.¹⁶ Despite the lack of



available evaluative research on the effects—in terms of school safety—of having a police presence in schools, nearly half of all schools, or 45 percent, now report having a school resource officer working in their schools at least full- or part-time.¹⁷ Multiple studies point to the presence of permanent school police correlating with a shift in focus from learning and supporting students to over disciplining and criminalizing students.¹⁸

Evidence shows that the presence of SROs can mean increased rates of arrests of students for minor offenses, such as disorderly conduct or simple assault, resulting in greater numbers of children than necessary being exposed to the justice system, particularly students of color and those with disabilities.¹⁹ Schools that have greater numbers of Black or Latinx students have on-campus police officers at higher rates than students attending schools with few Black and Latinx students.²⁰

► **Additionally, millions of these students across the country are in schools with law enforcement but no staff that supports their health and wellbeing. A 2019 report from the American Civil Liberties Union (ACLU) revealed that 14 million students are in schools with police but no counselor, nurse, psychologist, or social worker.²¹**

Another recent ACLU report also exposed that in California, Native American students are 3.4 times as likely, Black students 2.7 times as likely, and Hawaiian/Pacific Islander students 1.4 times as likely as their white peers to receive a school-based referral to police.²² Further, after receiving a referral to police, white students' likelihood of arrest decreases while Black, Native American, Latinx, and Asian American students' likelihood of arrest increases.²³

► **Black students are three times as likely as white students to be subjected to school-related arrest, Native American students are twice as likely as white students to be arrested at school, and Hawaiian/Pacific Islander students are 1.5 times as likely.²⁴**

An arrest during elementary, middle, or high school can have terrible consequences for a student's future. Analysis of a nationally representative dataset shows that an arrest doubles the likelihood of a high school student's being pushed out of school, and subsequent court involvement doubles those odds again, even when controlling for variables such as parental poverty, grade retention, and middle school GPA.²⁵

Policing detrimentally impacts healthy child and youth development and wellbeing.

The systemic racism that pervades our nation's law enforcement system is a growing public health concern affecting the health and wellbeing of children, their families, and their communities. The disproportionate impact of policing on Black, Latinx, and Native American communities has harmful effects on the psychological, physical, and emotional development of these communities' children, whether they are themselves victims or are witnesses of it. While there is less research on how police violence, in particular, affects children, the effects of trauma in general on children are well-documented. Child observations and interactions with policing and police violence can be tied to adverse consequences with relation to child mental and physical health, identity formation and socialization, and overall wellbeing, changing the trajectory of their lives forever.

Violence, Mental Health, and Toxic Stress

Adverse childhood experiences, such as exposure to violence, can lead to lifelong health problems and learning difficulties. Adverse Childhood Experiences (ACEs) have cumulative effects on a child's brain and physical development, too often resulting in toxic stress and complex trauma. Children can experience varying levels of stress when they experience police violence or when someone in their family or community experiences police violence. The unmitigated stress response challenges a child's development, brain architecture, and wellbeing.²⁶ Toxic stress affects cognitive development, behavior, and health.²⁷ According to California Surgeon General Nadine Burke Harris, children who experience high



levels of adversity are at greater risk of deadly diseases. While it is estimated that almost 35 million children experience ACEs, children of different races and ethnicities across the country do not experience the same exposure to ACEs.²⁸

In the United States, 61 percent of Black children and 51 percent of Latinx children have experienced at least one ACE, compared to 40 percent of white children. The impact of these types of childhood adversities is well documented, but little is done to address the role of systemic racism, specifically when expressed as police violence, as a major source of such adversities.

Encounters with police by a child or young person causes an increase in depression and anxiety, interrupting a child's healthy development.

Youth who are constantly and, often, incorrectly, searched by the police can experience cumulative stress from these encounters which leads to adverse physical, emotional, and mental health issues: "[i]nappropriate stops by law enforcement are one form of psychological violence with serious implications for public health. Even in the absence of physical violence, several studies have shown that stops perceived as unfair, discriminatory, or intrusive are associated with adverse mental health outcomes, including

Children in the U.S. Who Have Faced At Least One Adverse Experience



symptoms of anxiety, depression, and posttraumatic stress disorder.”²⁹ Black neighborhoods and Black youth in other neighborhoods encounter frequent hostile encounters with police officers because of perceived criminality.³⁰ Boys who have had frequent encounters with police have shown symptoms of anxiety and trauma. Studies have shown that, when children are repeatedly exposed to trauma, the amygdala—the area of the brain known to activate the physiological stress response—overdevelops. This overdevelopment increases the fear and anxiety these children experience and causes them to be hyperresponsive to frightening situations in both their physiology and their observable behavior.³¹

Children and youth, when witnesses to police violence, experience vicarious trauma. Youth who witness police violence develop post-

“As **Dr. Rhea Boyd**, a California scholar and pediatrician, has emphasized: “[c]hildren and adolescents are experiencing the collateral consequences of the publicized murders of **Breonna Taylor, Tony McDade, and George Floyd**, whether they have a smartphone in their direct possession or not. Whether from social media accounts, conversations with peers or caregivers, overheard conversations, or the distress they witness in the faces of those they love, children know what is going on.”³⁴

traumatic stress disorder (PTSD), suffer from substance abuse and depression, display poor school performance, and receive school suspensions and expulsions.³² This is particularly concerning given the access to videos displaying graphic abuse by police officers on electronic devices. When children are exposed to violence from an early age, such as consistent in-person and media displays of police brutality, racial profiling, and police killings, there is an increased production of stress

hormones in their developing brains and bodies.³⁰ Youth experiencing and observing these scenarios are at high risk for developing PTSD, substance abuse, depression, and anxiety.³³

Stress caused by traumatic experiences (such as experiencing racism or seeing another impacted by racism) can lead to chronic stress and chronic diseases.³⁵

Shared Pain —Immigration Enforcement as a Form of Policing:

Like policing, racism has always played a central role in the immigration system and immigration arrests of family members harm child and youth mental health. A growing body of literature and research indicates that there are significant consequences for child wellbeing when a family member is arrested for immigration-related violations.³⁶ Children who experience or witness immigration-related arrests, detentions, and deportations of family members experience negative psychological outcomes including depression, anxiety, social isolation, self-stigma, aggression, withdrawal and negative academic consequences, and substance abuse.³⁷ Additionally, these youth experience higher rates of depressive symptoms than youth who did not have such experiences or exposures.³⁸ Along with psychological trauma, these children experience material hardship, residential instability, academic withdrawal, and family dissolution after the detention of a family member.³⁹ Furthermore, when children are continuously concerned and anxious about the stability of their families, it can have long-term and severe negative consequences for their mental health.⁴⁰

The arrest of close family members has been linked to long-term emotional and behavioral issues, including substance abuse, unemployment, and interpersonal problems.⁴¹ Because demographic projections highlight that 88 percent of U.S. population growth over the next five decades will be due to immigrants and their children,⁴² of whom the vast majority will be Latinx, adversity experienced by immigrants during childhood has enormous implications for the future health of our nation.⁴³ As we outline in this brief, in order to better value the role of families and serve a growing population of our nation's children, immigration enforcement must be reformed and reconsidered through the lens of child health.

To learn more about the harmful impacts of immigration enforcement on child wellbeing, please visit <https://childrenspartnership.org/what-we-do/healthy-mind-healthy-future/>.





Healthy Development

The stress and trauma related to police killings and police brutality has detrimental effects on fetal development and maternal health.

The reaction process of a pregnant person witnessing or experiencing the effects of policing and police brutality involves high levels of trauma and stress, factors which have been studied extensively with relation to early development and natal and neonatal health. Such structural racism manifests itself in disparities in health; these include low birth weight, infant mortality, and reduced gestational age.⁴⁴ Black infants, more than all other racial and ethnic groups across the country, are more likely to have low birth weight, placing them at higher risk of early death and long-term health and developmental issues.⁴⁵

Early childhood trauma and the development of mental and behavioral issues can also manifest in physical health and development. The stress hormones related to PTSD and other mental health issues are cortisol and adrenaline, among others. Studies have demonstrated that continuous and prolonged exposure to these hormones is toxic and compromises the health of the cardiovascular, inflammatory, and neuro-endocrine systems.⁴⁶

These systems include every vital organ in the body, emphasizing the consequential health disparities that are a result of police biases and police brutality and violence.

Educational Achievement

Police violence also has negative outcomes with regard to a child or youth's education. Results from a study of youth in Los Angeles County show that in the days immediately after a police killing, absenteeism from school increases among Black students who live within the community where the shooting occurred.⁴⁷ In the medium-run, students living within half a mile of a police killing experience decreases in GPA that persist for several semesters.⁴⁸

► **Exposed students are 15 percent more likely to be classified with emotional disturbance (a chronic learning disability associated with PTSD and depression) and twice as likely to report feeling unsafe in their neighborhoods the following year.⁴⁹**

These effects have lasting implications. Students exposed to officer-involved killings in the ninth grade are roughly 3.5 percent less likely to graduate from high school and 2.5 percent less likely to enroll in college.⁵⁰ Exposure to violence, fear, stress, and related somatic illness has an impact on children's ability to concentrate, to be successful, and even to attend school.

Economic Security

Experiencing injury, incarceration, or the loss of a caregiver's life as a result of police encounters exacerbates poverty among children. Police violence can destroy a child's family structure, creating a void in their life. That void undermines the networks that provide stability, love, and support that are critical for a child to navigate the hardships of life. For example, one study found that a family's income was 22 percent lower during the incarceration period and 15 percent lower after the parent's re-entry.⁵¹





Identity Formation and Socialization/Community

Racism, often in the form of police violence, impacts the socialization and identity formation of BIPOC children. Kenneth and Mamie Clark were pioneers in examining at what ages children are socialized to understand the perception of their racial identity. Focusing on the emerging awareness of the self, which is associated with racial membership, their initial research indicated that Black preschool boys could identify themselves as distinct individuals from other groups by age five.^{52,53} Their work, which was instrumental in the *Brown v. Board of Education* decision of 1954 that finally resulted in desegregated schools, propelled research interest forward in linking children's psychosocial development with racial identity.

In a recent study of perceived racial/ethnic discrimination among fifth-grade students, the association

between perceived racial/ethnic discrimination and depressive symptoms was found for Black, Latinx, and other children but not for white children.⁵⁴

Children who reported perceived racial/ethnic discrimination were more likely to display symptoms of multiple mental health conditions, including depression, attention-deficit/hyperactivity disorder, oppositional defiant disorder, and conduct disorder.⁵⁵ Recognizing that racial biases and discrimination in police encounters are well-documented, many young children, particularly Black children, are taught to be hypervigilant of their identity in relation to the world.

While parents may try to instill pride in their children at younger ages, as they grow older and become more independent, parents teach them to be more aware of how their skin color may impact their interactions with police and other people.⁵⁶

► **Black children are systemically perceived as a threat, undermining the protections they deserve, and their rights, as children.**

In addition to the trauma caused by exposure to police violence, exposure may have long-term negative impacts on children's mindsets regarding the criminal justice system and police. Violent exposure may alter a child's future interactions with public and private human services agencies and programs.

Children "may be negatively socialized to distrust the criminal justice system and avoid law enforcement."⁵⁷ This lack of trust may cause youth to interact with police in ways that affect safety and security, putting their life and those of others at further risk.

Federal and State Policy Context

Today, our nation is facing a confluence of crises as it grapples with a global pandemic, an impending economic recession, and a national reckoning on racial justice. In response to centuries of trauma and pain, millions of people have taken to the streets in protest, demanding justice and change for our communities. The state of California, like many other states, is working diligently to respond to COVID-19, taking critical steps to protect our families and uphold our values, while it also aims to respond to the cries of the community.

A movement to redefine safety on school campuses has emerged across the country in response to national protests against the disproportionate killing of Black individuals.

► **Public school districts across the United States (including in Oakland, Minneapolis, Portland, West Contra Costa, Denver, Rochester,**

Charlottesville, Los Angeles, and other localities with school boards) have announced decisions to divest from school police and invest in services and supports that directly benefit Black students.⁵⁸

For example, in Oakland, as a result of nearly a decade of advocacy by the Black Organizing Project and others, a unanimous school board vote eliminated the Oakland school district's internal police department and required the development of an alternative safety plan by the end of the year.⁵⁹ As a result of community mobilization efforts and longstanding community organizing, multiple localities are adopting police-free schools in response to calls to divest resources from law enforcement, invest in the wellbeing of communities, and protect young people. A number of these districts have instead chosen to redirect those funds to student-centered investments that support their healthy

development and wellbeing.

Cities and counties in California have also engaged in divestment from police. In Los Angeles, mayor Eric Garcetti identified \$250 million in cuts to the Los Angeles Police Department in order to invest in jobs, health, education, and healing following demands from Black Lives Matter.⁶⁰ Los Angeles County also recently passed a motion that will put a new charter amendment on the November 2020 ballot that, if passed, will divert at least 10 percent of the county's unrestricted revenues in each future year and direct those funds to community investments, including youth development programs, access to capital for small BIPOC-owned businesses, and rental assistance, among other supports.⁶¹

Rates of depression, suicide, and self-harm among young people have been increasing and have only worsened during the current confluence of crises. In 2015, suicide was the second most common cause of death among young people aged fifteen to twenty-four, and between 2005 and 2014, the proportion of adolescents experiencing a major depressive episode increased from 8.7 to 11.3 percent.⁶² Within the context of overall rates rising, youth of color are faring even worse. According to the U.S. Office of Minority Health, in 2017, Black females in grades nine to twelve were 70 percent more likely to attempt suicide as compared to white female peers.⁶³ According to 2017 data from the Centers for Disease Control and Prevention, 10.5 percent of Latina adolescents aged ten to twenty-four years in the U.S. attempted suicide in the prior year, compared to 7.3 percent of white female, 5.8 percent of Latino, and 4.6 percent of white





male teens.⁶⁴

The suicide rate among Native youth has been increasing since 2003, and in 2015, AI/AN suicide rates in the 18 states participating in the National Violent Death Reporting System were 21.5 per 100,000—more than 3.5 times higher than those among racial/ethnic groups with the lowest rates.⁶⁵

California is on the leading edge of change on so many fronts, yet too many children and families entered these crises already facing serious challenges. Prior to the pandemic, California saw a steep increase in just one year in the percentage of children unable to access needed mental health care—from 16 percent in 2016 to nearly $\frac{1}{4}$ in 2017—which places the state just outside the bottom quartile for mental health access.⁶⁶ Despite the increased

need to access mental health services and supports in today's virtual environment, many California families and their children continue to struggle with accessing critical care—physical and mental health needs that will only be exacerbated as a result of the pandemic.

In a recent survey of six hundred parents of young children across California conducted by the Education Trust West and The Children's Partnership and partners, just over nine in ten parents surveyed stated that it would be helpful to access their child's doctor using telehealth, but less than two in ten parents currently access telehealth services for their children.⁶⁷ At the same time, California not-for-profit organizations—both community organizations and statewide advocates—are leading efforts to

push systemic reforms to correct the decades-long harms of policing.

Recently, the governor created the Young People's Task Force to outline the successful programs and needed staffing schools could use in lieu of police officers to best support children, an effort led by Californians for Justice and ally organizations. For nearly a decade, PolicyLink has shepherded the coordination of the Alliance for Boys and Men of Color—a grassroots advocacy network of over two hundred organizations seeking to expand opportunities for boys and men of color by transforming the systems that fail them, their families, and their communities. Community organizers, advocates, and young people across the state are advancing efforts at the local and statewide level to center and lift the voices of those most impacted.

Moving Forward

The physiologic effects of experiencing or witnessing police violence can have detrimental and lasting effects on our children's abilities to grow up healthy, to learn, and to develop into thriving adults. The deliberate enactment of policies and processes to change the way law enforcement interacts with our communities must be prioritized to protect the health and wellbeing of children. State leaders in California must increase access, opportunity, and equity for BIPOC children and youth impacted by police violence, particularly as we rebuild and create stronger, more responsive systems that limit or eliminate harms visited upon communities of color. These efforts are necessary to ensure that all children are healthy, feel secure, and continue to thrive. Reframing issues of law enforcement from the perspective of the impact on children—for instance, the government-sanctioned trauma inflicted on young people after incidences of police violence and corresponding negative effects on health, mental health, education, or child safety—provide policymakers with a broader context in which to develop sensible, family-friendly policies across a number of areas, including health, education, and public safety.

RECOMMENDATION 1



Robustly fund and improve access to mental health and social services and supports for children exposed to police violence.

Recognizing the responsibility to center the needs of young people, efforts to support children's social, emotional, and mental wellness



should focus on community-based programs, like youth centers. As concerns for safety continue, identifying innovative methods of reaching children and youth is paramount to supporting their wellbeing. This includes reimagining child welfare because of its reliance on law enforcement that often subjects families to prolonged and unjustified periods of surveillance and the persistent threat of losing their children.⁶⁸ Additionally, working with trusted community partners that already interact with children and families (like schools, faith-based organizations, and community organizations) is an effective strategy because it builds on trusted relationships and often depends on a community-based workforce. Integrating community health workers (promotores), indigenous healers, and peer support specialists will strengthen the care team, and opportunities for support, for young people exposed to police violence.

RECOMMENDATION 2



Remove police from schools and strengthen access to school environments that provide students safety, access to health services, and the ability to thrive.

In alignment with the policy framework put forward by the Dignity

in Schools Campaign-California and leadership of the Black Organizing Project (BOP), the removal of police from schools will serve as a bold step toward ending the criminalization of BIPOC children in schools.⁶⁹ Such a recommendation is consistent with the recommendations of experts and advocates in all areas related to the wellbeing and education of children and youth, including experts in public health, mental health, behavioral health, and youth development; pediatricians; researchers and faculty in K-12 education; as well as leaders in the fields of school counseling, school psychology, and social work.

► **As such, funds used for school policing should be directly transferred to budget areas supporting child wellbeing, such as school counselors, psychologists, arts enrichment, and other supports.**

School counselors, nurses, social workers, and psychologists are frequently the first to see children who are sick, stressed, traumatized, acting out, or at risk to hurt themselves or others. This is especially true in low-income districts where resources outside of the school environment are scarce. Students are twenty-one times more likely to visit school-based health centers for treatment than anywhere else.⁷⁰ Schools that employ

more school-based mental health providers see improved attendance rates, lower rates of suspension and other disciplinary incidents including expulsion, improved academic achievement and career preparation, and improved graduation rates.⁷¹ Data show that school staff who provide health and mental health services to our children not only improve the health outcomes for those students but also improve school safety.⁷²

RECOMMENDATION 3



Strengthen and invest in healing-centered services and supports in communities. Community-centered health supports and services have an unparalleled ability to address the unique health and social needs of residents in their communities. Multisystem and multidisciplinary approaches, such as Whole Family Wellness Hubs, offer trauma-responsive and developmentally appropriate care through structured partnerships between community entities and service providers that are tailored to the specific needs of each community. These place-based, community-driven centers provide integrated and coordinated services across health, mental health, youth services, child welfare, early learning, social services, and legal services for both children and families, incorporating a two-generation approach that acknowledges that supporting the healthy development of young children also requires supporting their caregiver's ability to provide adequate care. In addition, youth programs that focus on healing-centered engagement offer young people who experience trauma, such as police violence, "a sense of purpose, power and control over life situations" through political activity, such as advocacy for policies and opportunities that address causes of trauma.⁷³ Investing in healing-centered engagement acknowledges

that the harm children, young people, and their family members experience does not occur in a vacuum, and "well-being comes from participating in transforming the root causes of the harm within institutions."⁷⁴

RECOMMENDATION 4



Prioritize data collection on the impact of policing on children from infancy through late adolescence, including routine contact in schools, community stops, and violence. A primary challenge in understanding the impact of police brutality on health is the lack of data. One core element of addressing police violence must be the creation of an open database so the public may identify elements (such as the presence of military weapons, the use of body cameras, or the availability of assault rifles) that make police brutality more frequent and can identify which police forces have patterns of problems and which have successfully reduced their levels of police brutality.⁷⁵ This database should also include data on children and youth who were present during violent interactions between police and adults. Additionally, states should require that reporting of law enforcement encounters with the public be disaggregated by age and race/ethnicity. The state of California has an open data portal for this information but does not provide specific information on policing and children, including policing in schools.⁷⁶ Furthermore, well-child templates and screening for trauma should be augmented to include police interactions and associated symptoms of emotional, developmental, and physical stress. Documenting and monitoring these exposures and outcomes may prevent misdiagnosis of PTSD as attention-deficit/hyperactivity disorder or behavioral delinquency and prescription of unnecessary

medications or ineffective disciplinary strategies that result in re-victimization.⁷⁷

RECOMMENDATION 5



Ensure accountability for harms inflicted by police and invest in prevention of future harm.

In order to cease the childhood trauma occurring as a result of law enforcement activity, police must be held accountable. In addition to data collection, police union contracts that block officer accountability for police brutality must be reformed, removing all matters of investigations, discipline, and records retention from the police union contracts. In order to improve police officer preparation to interact with children and youth, training on how children's brains function and how the stage of childhood development may cause children to react differently to police as compared to adults is necessary. According to a 2013 state-by-state survey of police officer training standards, police academies in the U.S. spend only 1 percent of training hours, on average, on youth issues.⁷⁸ In addition, the majority of that time is spent on understanding juvenile law, not on practical skills for how best to work with children. Strategies for Youth is a non-profit national organization, based in Cambridge, Massachusetts, with the mission of "improving police-youth relations by training law enforcement officers regarding juvenile development, mental health, and perceptions of police, as well as providing support for community efforts to develop positive law enforcement-juvenile relations."⁷⁹ Investing in rebuilding community trust, including through listening to the voices of children on how police violence impacts their lives, will also require the engagement of young people in designing new systems.⁸⁰

Conclusion



In August 2019, the American Academy of Pediatrics published its first policy document on racism. The document “calls on pediatricians to recognize the different forms of racism (structural, interpersonal, and internalized), examine their own unconscious biases, and optimize strategies to tackle racism in the clinic, workforce development, professional education, research, and in the community.” As identified throughout this brief, racism plays a central role in the institution of policing. In order to prioritize the wellbeing of our children, it is necessary to reflect on the underlying assumptions shaping the system of policing and the policies it implements.

An understanding of calls to reform the police must be understood within the broader context of child health and wellbeing in order to fully understand the implications. Although children from any neighborhood can be exposed to the violence, dehumanization, brutality, criminalization, and psychological harms caused by police violence, as described in this brief, children from low-income BIPOC communities are particularly at risk for such exposure. Because these communities are often the focus of police attention, it is important that the resulting prevalence of severe childhood trauma by police actions in such communities be addressed and eradicated.

Failing to address policing and its harmful impacts on the developing child and on adolescent and adult functioning will continue to undermine health equity for all children, adolescents, emerging adults, and their families.

Acknowledgments

The Children's Partnership (TCP) is especially thankful to the many young people, community organizers and leaders, and partners who have led the way in calls to action to demand better for the safety and wellbeing of our children, young people, families and communities. While some organizations are referenced in the report, we acknowledge that the valuable work to disrupt systemic racism and create a better future for all of us is comprised of a much larger collective of changemakers. We look forward to continuing to learn from and partner with you to advance the wellbeing of BIPOC children and young people.

Writing, research, and analysis for this brief was provided by **Gabriella Barbosa** and **Mayra E Alvarez**. We would like to extend a special recognition to **Jazmin Estevez-Rosas**, TCP intern, whose research, analysis and writing was critical to the development of this brief. Other members of TCP's team contributed to the content and we are grateful for the strategic conversations and partnership.

TCP would also like to extend our deepest appreciation to the following individuals for their thoughtful review and helpful conversations in the preparation of this brief: **Dr. Rhea W Boyd**, a pediatrician and child health advocate in the Bay Area and Director of Equity and Justice with the California Children's Trust; and **Dr. Sydney McKinney**, Executive Director of the National Black Women's Justice Institute. Thank you to **Karen Nabavi** for editorial support and to **Ruthie Bolotin** for her support with layout, design, and promotion.

TCP is grateful to the **David and Lucile Packard Foundation** for their support of the development and production of this brief, as well as **The California Endowment**, the **California Health Care Foundation**, **Sunlight Giving** and the **Irvine Foundation** for their ongoing support of TCP's broader advocacy agenda for children.



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