

Exhibit 81

American Academy of Pediatrics



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Separation of
Border

5/8/2018 by: Colleen Kraft, MD, MBA, FAAP, President, American Academy of Pediatrics

“As a pediatrician, as a parent, as the president of the American Academy of Pediatrics (AAP), I am appalled by a new policy reportedly signed by Department of Homeland Security that will forcibly separate children from their parents, a practice that this Administration has already been carrying out for months. In fact, during my [recent trip](#) to the border, I saw its impact with my own eyes, and I am not alone in my outrage and dismay at its sweeping cruelty. The AAP is opposed to this policy and will continue to urge the Department of Homeland Security and the Department of Justice to reverse it immediately.

“So many of these parents are fleeing for their lives. So many of these children know no other adult than the parent who brought them here. They can be as young as infants and toddlers.

“Separating children from their parents contradicts everything we stand for as pediatricians – protecting and promoting children’s health. In fact, 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.

“The new policy is the latest example of harmful actions by the Department of Homeland Security against immigrant families, hindering their right to seek asylum in our country and denying parents the right to remain with their children. We can and must do better for these families. We can and must remember that immigrant children are still children; they need our protection, not prosecution.”

###

The American Academy of Pediatrics is an organization of 66,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults. For more information, visit www.aap.org and follow us on Twitter @AmerAcadPeds.

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Exhibit 82



American Academy of Family Physicians Statement Regarding the United States Department of Homeland Security's Policy to Separate Children from Adult Caregivers

The American Academy of Family Physicians opposes the forced separation of children from their families or caregivers during border crossings unless the child's immediate physical or emotional health or safety is at risk.

While the AAFP is aware of the Department of Homeland Security's "zero-tolerance" policy, we also recognize and appreciate the gravity of the long-term harm that can be caused by forced separation at this critical and stressful time for a family.

Once on American soil, regardless of their citizenship status, migrating children are the concern of the American Academy of Family Physicians. This stance is consistent with our policies on [Providing Medical Care to Undocumented Persons](#), [Reporting Residency Status of Patients](#), and the [Family Physician's Creed](#).

We stand with our fellow medical societies in urging the federal government to withdraw its policy of requiring separation of migrating children from their caregivers, and instead, give priority to supporting families and protecting the health and well-being of the children within those families.

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Exhibit 83



AMA Urges Administration To Withdraw “Zero Tolerance” Policy

For immediate release: Jun 20, 2018

CHICAGO – The American Medical Association (AMA) today released the following letter that was sent to the Trump Administration urging the federal government to withdraw its “zero tolerance” policy that is separating migrating families from their parents and caregivers. The letter was sent to DHS Secretary Kirstjen Nielsen, HHS Secretary Alex Azar and Attorney General Jeff Sessions.

The full text of the letter is below. [Download a PDF copy of the letter.](#)

Dear Secretary Nielsen, Secretary Azar, and Attorney General Sessions:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to strongly urge the federal government to withdraw its “zero tolerance” policy that requires the separation of migrating children from their parents or caregivers. Instead, we urge the Administration to give priority to supporting families and protecting the health and well-being of the children within those families.

The Administration’s “zero tolerance” policy was a topic recently discussed at the AMA’s Annual Meeting, which includes delegates representing over 170 state and national specialty medical societies. During this meeting we heard from delegates that the Administration’s policy will do great harm to children and their parents or caregivers, who felt compelled to make a dangerous and uncertain journey because of safety concerns in their own countries. Families seeking refuge in the U.S. already endure emotional and physical stress, which is only exacerbated when they are

separated from one another. It is well known that childhood trauma and adverse childhood experiences created by inhumane treatment often create negative health impacts that can last an individual’s entire lifespan. Therefore, the AMA believes strongly that, in the absence of immediate physical or emotional threats to the child’s well-being, migrating children should not be separated from their parents or caregivers.

We urge you to take prompt action on this matter.

Sincerely,
James L. Madara, MD

###

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About the AMA

The American Medical Association is the powerful ally and unifying voice for America’s physicians, the patients they serve, and the promise of a healthier nation. The AMA attacks the dysfunction in health care by removing obstacles and burdens that interfere with patient care. It reimagines medical education, training, and lifelong learning for the digital age to help physicians grow at every stage of their careers, and it improves the health of the nation by confronting the increasing chronic disease burden. For more information, visit ama-assn.org.

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UNITED STATES CONFERENCE OF CATHOLIC BISHOPS

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A STATEMENT FROM DANIEL CARDINAL DINARDO

June 13, 2018

Fort Lauderdale, FL—"At its core, asylum is an instrument to preserve the right to life. The Attorney General's recent decision elicits deep concern because it potentially strips asylum from many women who lack adequate protection. These vulnerable women will now face return to the extreme dangers of domestic violence in their home country. This decision negates decades of precedents that have provided protection to women fleeing domestic violence. Unless overturned, the decision will erode the capacity of asylum to save lives, particularly in cases that involve asylum seekers who are persecuted by private actors. We urge courts and policy makers to respect and enhance, not erode, the potential of our asylum system to preserve and protect the right to life.

Additionally, I join Bishop Joe Vásquez, Chairman of USCCB's Committee on Migration, in condemning the continued use of family separation at the U.S./Mexico border as an implementation of the Administration's zero tolerance policy. Our government has the discretion in our laws to ensure that young children are not separated from their parents and exposed to irreparable harm and trauma. Families are the foundational element of our society and they must be able to stay together. While protecting our borders is important, we can and must do better as a government, and as a society, to find other ways to ensure that safety. Separating babies from their mothers is not the answer and is immoral."

Keywords: U.S. Conference of Catholic Bishops, USCCB, Spring General Assembly, Daniel Cardinal DiNardo, Galveston-Houston, Bishop Joe Vásquez, Committee on Migration, U.S./Mexico border, asylum, families, family separation, children, right to life

###

Media Contact:

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202-541-3200

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Exhibit 85

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RELIGION

Faith Leaders Oppose Trump's Immigration Policy Of Separating Children From Parents

June 16, 2018 · 3:19 PM ET

SASHA INGBER



Archbishop Thomas Wenski of Miami, photographed at a news conference in 2015, said the Trump administration's policy of separating immigrant children from their families "goes against the values of our nation."

Sid Hastings/AP

A Trump administration policy of separating children from their parents on the U.S. border has prompted a crescendo of criticism among religious leaders.

They span different faiths, denominations and ages. Some of them have also helped the president gain support for his base.

About 11,000 children are in shelters, according to the Office of Refugee Resettlement. Nearly 2,000 children were removed from the care of their parents and taken into federal custody between April 19 and May 31, an immigration official said Friday.

That practice effectively "weaponizes" children, Archbishop of Miami Thomas Wenski told NPR's *Weekend Edition* on Saturday. "Basically the administration has, in deciding to separate children from their parents, [tried] to weaponize children, using them as a leverage against the parents applying for their asylum applications."

He said that border agents and administration should "use their conscience," while policymakers should do some "soul searching."

Evangelical leader Franklin Graham, son of "America's pastor" Billy Graham and a prominent Trump supporter, told the Christian Broadcasting Network on Tuesday, "It's disgraceful, and it's terrible to see families ripped apart and I don't support that one bit."

Article continues after sponsorship



NATIONAL

'These Are Not Kids Kept In Cages': Inside A Texas Shelter For Immigrant Youth

His words follow an April survey by the Public Religion Research Institute, which found that 75 percent of white evangelicals held favorable views of Trump.

Tony Suarez, a Latino pastor who has informally advised Trump, tweeted, "God have mercy on those who seem so nonchalant to the plight of children being separated from their parents."

Cardinal Daniel DiNardo, president of the U.S. Conference of Catholic Bishops and archbishop of Galveston-Houston in Texas, said in a statement, "Separating babies from their mothers is not the answer and is immoral."

Rabbi Jonah Dov Pesner, director of the Religious Action Center of Reform Judaism, called it "unconscionable," saying, "Those at the highest levels of the Trump administration are responsible and must provide the public a clear explanation of how this happened and how these families will be reunited."

Embers of disapproval were stoked when Attorney General Jeff Sessions cited scripture on Thursday in defense of the administration's tough immigration policies.

"I would cite you to the apostle Paul and his clear and wise command in Romans 13 to obey the laws of the government because God has ordained the government for his purposes," he said.

Historians and faith leaders were quick to point out that such passages were also used to justify slavery. "The founders of this nation used the same tactics to enslave our African forebears by lifting from the writings of the Apostle Paul passages to condone slavery and to break their spirit," the African Methodist Episcopal Church stated. It called Sessions' remarks "sad and sinful."

Jentezen Franklin, a member of Trump's evangelical council, told CNN, "It's a very dangerous route to go when you begin to take selections of scriptures and say, 'The Bible was written to justify political standings. The Bible was never written as a political road map.'"

Cardinal Timothy Dolan, who in March said that the "big tent of the Democratic Party now seems a pup tent," called the breaking up of families "un-American and unbiblical."

In an interview on Friday with CNN, he said, "If they want to take a baby from the arms of his mother and separate the two, that's wrong. I don't care where you're at, what time and what condition ... That goes against human decency."

**POLITICS**

DHS: Nearly 2,000 Children Separated From Adults At Border In 6 Weeks

Earlier in the week, the Southern Baptist Convention passed a resolution affirming that immigrants be treated "with the same respect and dignity as those native born." It emphasized border security but also "a pathway to legal status with appropriate restitutionary measures, maintaining the priority of family unity."

Beyond politicians, pediatricians have also denounced the practice of tearing children away from their parents, saying it can disrupt brain development and harm long-term health.

The president attempted to cast the blame away from his administration Friday morning, tweeting, "The Democrats are forcing the breakup of families at the Border with their horrible and cruel legislative agenda."

No federal law requires family separation. The policy is part of the Justice Department's clampdown on immigration.

House Republicans plan to vote next week on a pair of immigration bills, including one that would end the controversial practice of separating children from their mothers and fathers.

[border](#) [southern baptist convention](#) [evangelicals](#) [immigration](#) [catholics](#) [christian](#)

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Sessions Cites The Bible To Justify Immigrant Family Separations

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POLITICS

DHS: Nearly 2,000 Children Separated From Adults At Border In 6 Weeks



NATIONAL

Doctors Concerned About 'Irreparable Harm' To Separated Migrant Children



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A Dad, A Daughter, A Disappearing Act: Love And Mourning On Father's Day

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The Washington Post

Opinions

Laura Bush: Separating children from their parents at the border ‘breaks my heart’

by Laura Bush June 17 at 8:45 PM

Laura Bush is a former first lady of the United States.

On Sunday, a day we as a nation set aside to honor fathers and the bonds of family, I was among the millions of Americans who watched images of children who have been torn from their parents. In the six weeks between April 19 and May 31, the Department of Homeland Security [has sent nearly 2,000 children](#) to mass detention centers or foster care. More than 100 of these children are younger than 4 years old. The reason for these separations is a zero-tolerance policy for their parents, who are accused of illegally crossing our borders.

I live in a border state. I appreciate the need to enforce and protect our international boundaries, but this zero-tolerance policy is cruel. It is immoral. And it breaks my heart.

Our government should not be in the business of [warehousing children in converted box stores](#) or making plans to place them in tent cities in the desert outside of El Paso. These images are eerily reminiscent of the internment camps for U.S. citizens and noncitizens of Japanese descent during World War II, now considered to have been one of the most shameful episodes in U.S. history. We also know that this treatment inflicts trauma; [those who have been interned have been twice as likely to suffer cardiovascular disease](#) or die prematurely than those who were not interned.

Americans pride ourselves on being a moral nation, on being the nation that sends humanitarian relief to places devastated by natural disasters or famine or war. We pride ourselves on believing that people should be seen for the content of their character, not the color of their skin. We pride ourselves on acceptance. If we are truly that country, then it is our obligation to reunite these detained children with their parents — and to stop separating parents and children in the first place.

People on all sides agree that our immigration system isn’t working, but the injustice of zero tolerance is not the answer. I moved away from Washington almost a decade ago, but I know there are good people at all levels of government who can do better to fix this.

Recently, Colleen Kraft, who heads the American Academy of Pediatrics, visited a shelter run by the U.S. Office of Refugee Resettlement. [She reported that while there were](#) beds, toys, crayons, a playground and diaper changes, the people working at the shelter had been instructed not to pick up or touch the children to comfort them. Imagine not being able to pick up a child who is not yet out of diapers.

Twenty-nine years ago, my mother-in-law, [Barbara Bush, visited Grandma’s House](#), a home for children with HIV/AIDS in Washington. Back then, at the height of the HIV/AIDS crisis, the disease was a death sentence, and most babies born with it were considered “untouchables.” During her visit, Barbara — who was the first lady at the time — picked up a fussy, dying baby named Donovan and snuggled him against her shoulder to soothe him. My mother-in-law never viewed her embrace of that fragile child as courageous. She simply saw it as the right thing to do in a world that can be arbitrary, unkind and even cruel. She, who after the death of her 3-year-old daughter knew what it was to lose a child, believed that every child is deserving of human kindness, compassion and love.

In 2018, can we not as a nation find a kinder, more compassionate and more moral answer to this current crisis? I, for one, believe we can.

Read more:

[The Post's View: Message at the border: 'No vacancy'](#)

[James A. Coan: The Trump administration is committing violence against children](#)

[Kathleen Parker: I don't recognize this country anymore](#)

[Eugene Robinson: Trump and Sessions have created prisons for Spanish-speaking children](#)

[Michael Gerson: America's president is the bully of children](#)

 **5172 Comments**

Stories from The Lily

The Lily, a publication of The Washington Post, elevates stories about women.

Analysis

In the Louvre, Beyoncé is an icon of victory: How the Carters elevate art in 'APES-T'



Perspective

I'm running again for the first time in years. It's resurfacing old insecurities.



Perspective

Through a photograph, this little girl became a symbol of the U.S.-Mexico border under Trump

Exhibit 87



Jeb Bush @JebBush

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Children shouldn't be used as a negotiating tool. @realDonaldTrump should end this heartless policy and Congress should get an immigration deal done that provides for asylum reform, border security and a path to citizenship for Dreamers.

Donald J. Trump @realDonaldTrump

Children are being used by some of the worst criminals on earth as a means to enter our country. Has anyone been looking at the Crime taking place south of the border. It is historic, with some countries the most dangerous places in the world. Not going to happen in the U.S.

8:18 AM - 18 Jun 2018

24,228 Retweets 79,892 Likes



8.3K

24K

80K



Thinking Mom @ThinkingMomOf6 · Jun 18

Replying to @JebBush @realDonaldTrump

American children are separated from their parents when the parents commit a crime. Illegal immigrants need to be aware that U.S. laws will apply to them if they come across our borders. Your feelings don't overrule our laws. #LiberalHypocrisy

130

114

565



Inger M. Daniels @supoverx · Jun 18

The parents are seeking asylum (not a crime). When US citizens commit a crime, they're children can be left with a friend, another parent or relative. The parents know where their children are and when and under what conditions they can get them back.

134

67

654

Jeb Bush on Twitter: "Children shouldn't be used as a negotiating tool. @realDonaldTrump should end this heartless policy and Congress should get an immigration..."



Jeb Bush on Twitter: "Children shouldn't be used as a negotiating tool. @realDonaldTrump should end this heartless policy and Congress should get an immigration..."



Exhibit 88

OFFICE OF REFUGEE RESETTLEMENT

An Office of the Administration for Children & Families

Unaccompanied Alien Children Released to Sponsors By State

Published: June 30, 2017

When a child who is not accompanied by a parent or legal guardian is apprehended by immigration authorities, the child is transferred to the care and custody of the Office of Refugee Resettlement (ORR) in HHS' Administration for Children and Families. HHS' primary legal authority is to temporarily house, feed, provide medical care and then safely release UAC to sponsors (usually family members), while they await immigration proceedings.

Sponsors are adults who are suitable to provide for the child's physical and mental well-being and have not engaged in any activity that would indicate a potential risk to the child. All sponsors must pass a background check. The sponsor must agree to ensure the child's presence at all future immigration proceedings. They also must agree to ensure the minor reports to ICE for removal from the United States if an immigration judge issues a removal order or voluntary departure order.

HHS is engaging with state officials to address concerns they may have about the care or impact of UAC in their states, while making sure the children are treated humanely and consistent with the law as they go through immigration court proceedings that will determine whether they will be removed and repatriated, or qualify for some form of relief.

HHS has strong policies in place to ensure the privacy and safety of UAC by maintaining the confidentiality of their personal information. These children may have histories of abuse or may be seeking safety from threats of violence. Many have been trafficked or smuggled. HHS cannot release information about individual UAC that could compromise the child's location or identity.

The data in the table below shows **state-by-state** data of unaccompanied alien children released to sponsors as of April 30, 2018. ACF will update this data each month. **NOTE: Data does not specifically reflect referrals from the U.S. Department of Homeland Security's recently enacted 100 percent prosecution policy of illegal immigration cases.**

View unaccompanied alien children released to sponsors by county (<https://www.acf.hhs.gov/orr/resource/unaccompanied-alien-children-released-to-sponsors-by-county>).

Please note: ORR makes considerable effort to provide precise and timely data to the public, but adjustments occasionally occur following review and reconciliation. The FY2014 release data posted in the chart below were updated on March 13, 2015. The FY2015 release data were updated May 9, 2016. Questions may be addressed to ORR directly, at (202) 401-9246.

Unaccompanied Alien Children Release Data

STATE	TOTAL NUMBER OF UAC RELEASED TO SPONSORS IN FY 2015 (OCTOBER 2014 – SEPTEMBER 2015)*	TOTAL NUMBER OF UAC RELEASED TO SPONSORS IN FY 2016 (OCTOBER 2015 – SEPTEMBER 2016)	TOTAL NUMBER OF UAC RELEASED TO SPONSORS IN FY 2017 (OCTOBER 2016 – SEPTEMBER 2017)**	TOTAL NUMBER OF UAC RELEASED TO SPONSORS IN FY 2018 (OCTOBER 2017 - APRIL 2018)
Alabama	808	870	598	453
Alaska	2	5	3	0
Arizona	167	330	322	156
Arkansas	186	309	272	101
California	3,629	7,381	6,268	2,807
Colorado	248	427	379	183
Connecticut	206	454	412	178
Delaware	152	275	178	141
District of Columbia	201	432	294	81
Florida	2,908	5,281	4,059	2,388
Georgia	1,041	1,735	1,350	711
Hawaii	2	4	4	0
Idaho	11	39	11	17
Illinois	312	519	462	275

STATE	TOTAL NUMBER OF UAC RELEASED TO SPONSORS IN FY 2015 (OCTOBER 2014 – SEPTEMBER 2015)*	TOTAL NUMBER OF UAC RELEASED TO SPONSORS IN FY 2016 (OCTOBER 2015 – SEPTEMBER 2016)	TOTAL NUMBER OF UAC RELEASED TO SPONSORS IN FY 2017 (OCTOBER 2016 – SEPTEMBER 2017)**	TOTAL NUMBER OF UAC RELEASED TO SPONSORS IN FY 2018 (OCTOBER 2017 - APRIL 2018)
Indiana	240	354	366	208
Iowa	201	352	277	150
Kansas	245	326	289	188
Kentucky	274	503	364	205
Louisiana	480	973	1,043	488
Maine	4	9	11	13
Maryland	1,794	3,871	2,957	901
Massachusetts	738	1,541	1,077	447
Michigan	132	227	160	78
Minnesota	243	318	320	164
Mississippi	207	300	237	158
Missouri	170	261	234	101
Montana	2	0	2	0
Nebraska	293	486	355	226
Nevada	137	283	229	78
New Hampshire	14	25	27	13
New Jersey	1,462	2,637	2,268	1,053
New Mexico	19	65	46	15
New York	2,630	4,985	3,938	1,577
North Carolina	844	1,493	1,290	565
North Dakota	2	10	3	2
Ohio	483	693	584	326
Oklahoma	225	301	267	163
Oregon	122	188	170	128
Pennsylvania	333	604	501	294
Rhode Island	185	269	234	129
South Carolina	294	562	483	289
South Dakota	61	81	81	61
Tennessee	765	1,354	1,066	668
Texas	3,272	6,550	5,391	2,139
Utah	62	126	99	57
Vermont	1	1	0	2
Virginia	1,694	3,728	2,888	931
Washington	283	476	494	278
West Virginia	12	26	23	14
Wisconsin	38	85	94	48
Wyoming	6	23	14	10
Virgin Islands	0	0	3	0
TOTAL	27,840	52,147	42,497	19,658

*The FY2015 numbers have been reconciled.

**The FY2017 numbers have been reconciled.

For more information, please read **ORR's reunification policy** ([https://www.acf.hhs.gov/programs/orr/resource/unaccompanied-childrens-services#Family Reunification Packet for Sponsors](https://www.acf.hhs.gov/programs/orr/resource/unaccompanied-childrens-services#Family%20Reunification%20Packet%20for%20Sponsors)).

Last Reviewed: May 31, 2018

Exhibit 89



Sponsor Care Agreement

Office of Refugee Resettlement

You have applied to the Office of Refugee Resettlement (ORR) to sponsor an unaccompanied alien child in the care and custody of the Federal Government pursuant to 6 U.S.C. §279 and 8 U.S.C. §1232. If your sponsorship application is approved, you will receive an ORR Verification of Release form and enter into a custodial arrangement with the Federal Government in which you agree to comply with the following provisions while the minor is in your care:

- Provide for the physical and mental well-being of the minor, including but not limited to, food, shelter, clothing, education, medical care and other services as needed.
- If you are not the minor's parent or legal guardian, make best efforts to establish legal guardianship with your local court within a reasonable time.
- Attend a legal orientation program provided under the Department of Justice/Executive Office for Immigration Review (EOIR)'s Legal Orientation Program for Custodians (Sponsors), if available where you reside.
- Depending on where the minor's immigration case is pending, notify the local Immigration Court or the Board of Immigration Appeals within five (5) days of any change of address or phone number of the minor, by using an Alien's Change of Address form (Form EOIR-33). In addition if necessary, file a Change of Venue motion on the minor's behalf. The Change of Venue motion must contain information specified by the Immigration Court. Please note that a Change of Venue motion may require the assistance of an attorney. For guidance on the "motion to change venue," see the Immigration Court Practice Manual. For immigration case information please contact EOIR's immigration case information system at 1-800-898-7180. Visit EOIR's website for additional information at: <http://www.justice.gov/eoir/formslist.htm>
- Notify the Department of Homeland Security (DHS)/U.S. Citizenship and Immigration Services) within ten (10) days of any change of address, by filing an Alien's Change of Address Card (AR-11) or electronically, at <http://1.usa.gov/Ac5MP>
- Ensure the minor's presence at all future proceedings before the DHS/Immigration and Customs Enforcement (ICE) and the DOJ/EOIR. For immigration case information, contact EOIR's case information system at: 1-800-898-7180.
- Ensure the minor reports to ICE for removal from the United States if an immigration judge issues a removal order or voluntary departure order. The minor is assigned to a Deportation Officer for removal proceedings.

[continues on next page]

Sponsor Care Agreement

Office of Refugee Resettlement

- Notify local law enforcement or your state or local Child Protective Services if the minor has been or is at risk of being subjected to abuse, abandonment, neglect, or maltreatment or if you learn that the minor has been threatened, has been sexually or physically abused or assaulted, or has disappeared. Notice should be given as soon as it becomes practicable or no later than 24 hours after the event or after becoming aware of the risk or threat.
- Notify the National Center for Missing and Exploited Children at 1-800-843-5678 if the minor disappears, has been kidnapped, or runs away. Notice should be given as soon as it becomes practicable or no later than 24 hours after learning of the minor's disappearance.
- Notify ICE if the minor is contacted in any way by an individual(s) believed to represent an alien smuggling syndicate, organized crime, or a human trafficking organization. Provide notification as soon as possible or no later than 24 hours after becoming aware of this information. You can contact ICE at 1-866-341-2423.
- In the case of an emergency (serious illness, destruction of home, etc), you may temporarily transfer physical custody of the minor to another person who will comply with the terms of this Sponsor Care Agreement.
- If you are not the child's parent or legal guardian, in the event you are no longer able and willing to care for the minor and unable to temporarily transfer physical custody, and the minor meets the definition of an unaccompanied alien child, you should notify the ORR National Call Center at 1-800-203-7001 or information@ORRNCC.com.
- The release of the above-named minor from the Office of Refugee Resettlement to your care does not grant the minor any legal immigration status and the minor must present himself/herself for immigration court proceedings.

Exhibit 90

Helping Traumatized Children Learn

*supportive school environments
for children traumatized by family violence*

A Report and Policy Agenda



Massachusetts Advocates for Children: Trauma and Learning Policy Initiative

In collaboration with Harvard Law School

and The Task Force on Children Affected by Domestic Violence

The Governor's Commission on Sexual and Domestic Violence has overwhelmingly endorsed the concepts, principles, and recommendations presented in *Helping Traumatized Children Learn*. . . . It is our sincere hope that, in the Commonwealth and beyond, educators, administrators, funding agencies, policy makers, school committees, and others will read this work and incorporate in their educational philosophies and schools the methods it recommends to address the impacts of violence on children.

—Marilee Kenney Hunt, Executive Director
Governor's Commission on Sexual and Domestic Violence

Helping Traumatized Children Learn is a much needed resource for educators, policy makers, clinicians, and parents. The authors have already contributed much to the advocacy for educational reform to ensure that the needs of traumatized children are met; this report is an impressive continuation of that process.

—Margaret E. Blaustein, Ph.D., Director of Training and Education
The Trauma Center, Justice Resource Institute

Helping Traumatized Children Learn is an immensely important contribution. These proposals for enhancing success at school have tremendous potential to help a child look forward toward the positive possibilities of the future.

—Amy C. Tishelman, Ph.D., Director of Research and Training
Child Protection Program, Children's Hospital, Boston

The Massachusetts Administrators for Special Education offers our Association's endorsement for *Helping Traumatized Children Learn* and applauds Massachusetts Advocates for Children's commitment to this most worthy need.

—Carla B. Jentz, Executive Director
Massachusetts Administrators for Special Education

Helping Traumatized Children Learn is a groundbreaking report that can show educators and communities exactly how to help children who have experienced family violence. The considerable impact of domestic violence on children's ability to learn has been ignored for too long. The education and policy agenda that Massachusetts Advocates for Children offers here is vitally important and can improve the lives of countless children who have been traumatized by family violence.

—Esta Soler, President, Family Violence Prevention Fund

ADDITIONAL ENDORSEMENTS:

Children's Law Center of Massachusetts, Children's League of Massachusetts, Federation for Children with Special Needs, Horizons for Homeless Children, Jane Doe Inc., Massachusetts Law Reform Institute, Massachusetts Society for the Prevention of Cruelty to Children, Treehouse Foundation

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Helping Traumatized Children Learn

*Supportive school environments
for children traumatized by family violence*

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**Massachusetts Advocates for Children
Trauma and Learning Policy Initiative**

in collaboration with

Harvard Law School



and the

Task Force on Children Affected by Domestic Violence

Massachusetts Advocates for Children

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MASSACHUSETTS ADVOCATES FOR CHILDREN

MISSION:

Massachusetts Advocates for Children's (MAC) mission is to be an independent and effective voice for children who face significant barriers to equal educational and life opportunities. MAC works to overcome these barriers by changing conditions for many children, while also helping one child at a time. For over 30 years, MAC has responded to the needs of children who are vulnerable because of race, poverty, disability, or limited English.

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Preface

Helping Traumatized Children Learn is the result of an extraordinary collaboration among educators, parents, mental health professionals, community groups, and attorneys determined to help children experiencing the traumatic effects of exposure to family violence succeed in school.

Years of case work, coalition building, and policy analysis lie behind this report, which stands in the proud tradition of other reports produced by Massachusetts Advocates for Children. These reports have led to significant improvements in the lives of children in the areas of special education, bilingual education, child nutrition, lead-poisoning prevention, and others.

Susan Cole, the leader of the collaboration and this report's principal author, is an attorney who had previously been a teacher. She melded her deep understanding of the classroom with her uncompromising standards of advocacy on behalf of children to produce this dynamic and interdisciplinary synthesis of theory, practice, and policy.

In 1998, as head of the Children's Law Support Project, Susan collaborated with Jacquelynne Bowman, who was then at Massachusetts Law Reform Institute, to form the Task Force on Children Affected by Domestic Violence. Clinical psychologist Dr. Jessica Greenwald O'Brien, attorney Ray Wallace, school psychologist Joel Ristuccia, and others soon joined to form the Schools Working Group of the Task Force, with Susan as its chair. The group addressed the need for trauma-sensitive approaches in schools and legislation to implement them. With Geron Gadd, a Harvard Divinity School student as staff researcher and writer, a strong early draft of *Helping Traumatized Children Learn* was created. It was enriched over the next several years through multiple discussions with parents, educators, psychology and language experts, and domestic violence experts.

The Schools Working Group wrote articles, conducted trainings, and advocated successfully under the leadership of State Representative Alice Wolf of Cambridge, Massachusetts, for a legislative budget line item offering grants to help schools become trauma-sensitive. Two schools in Cambridge and Lynn, Massachusetts, piloted various aspects of what became known as the Flexible Framework, sharing their successes and challenges with the Group. In 2004, supported by a broad constituency, the legislature made the line item into a section of the Massachusetts Education Reform Act. We are particularly pleased that several of the recipients of this grant program are working to adapt the Framework to fit the unique needs of the many schools in their districts. Their experiences are deepening our understanding and furthering the Framework's continuous evolution.

Through a partnership with Harvard Law School and its Hale and Dorr Legal Services Center, the work continued to develop under the auspices of the Trauma and Learning Policy Initiative (TLPI) in 2004. Michael Gregory, an attorney and recipient of a Skadden Fellowship joined the TLPI staff and using his expertise in research, writing, and policy analysis contributed significantly to giving *Helping Traumatized Children Learn* its final form.

A strong and growing constituency is now in place to support this groundbreaking policy initiative designed to help further the goals of education reform. The release of *Helping Traumatized Children Learn* was the culmination of many years of research analysis and policy development. TLPI's mobilization campaign continues to advocate to implement the policy agenda and spread this information to every school district in Massachusetts and beyond.

Jerry Mogul
Executive Director
Massachusetts Advocates for Children

Acknowledgements

This report would not have been possible without the generous contributions of time and financial support by so many people and organizations. We are deeply indebted to the Massachusetts Legal Assistance Corporation (MLAC), whose grants have enabled MAC and the Children's Law Support Project to coordinate a Massachusetts legal agenda on behalf of children living in poverty. This interdisciplinary work led to the building of the Task Force on Children Affected by Domestic Violence and later the Trauma and Learning Policy Initiative (TLPI) from which this report has emerged. The Massachusetts Bar Foundation and the Boston Bar Foundation support MAC's intake and casework with the pro bono legal community, which is critical to identifying problems and devising new solutions for traumatized children. We are extremely grateful to the Gardiner Howland Shaw Foundation, which provided the original funding to seed TLPI and which continues as a key partner. We thank the Mellon Financial Corporation Fund, Partners HealthCare, Bank of America, trustee for Alfred E. Chase Charity Foundation, the Louis and Carolyn Sapir Family Fund, and the C.F. Adams Charitable Trust for enriching TLPI with important mental health expertise; enabling TLPI to provide outreach in domestic violence shelters; funding the research, writing, and publication of this report; and enabling us to pursue the education campaign ahead. We are grateful to the Skadden Fellowship Foundation for providing the funding for our TLPI staff attorney at the Legal Services Center.

We are most grateful to Professor Martha Minow of Harvard Law School and to Jeanne Charn, director of Harvard's legal clinic, the Hale and Dorr Legal Services Center, for creating a partnership with MAC in 2004 to launch the Trauma and Learning Policy Initiative. Their vision of teaching a new generation of law students to advocate on behalf of this most vulnerable group of children has enabled this work to flourish.

We give special thanks to our partner organizations, which have actively engaged in this work: the Governor's Commission on Sexual and

Domestic Violence, Casa Myrna Vasquez, Inc., the Child Protection Program at Children's Hospital in Boston, Children's Charter Trauma Clinic, a division of Key, Inc., the Federation for Children with Special Needs, the Framingham Public Schools, Horizons for Homeless Children, Jane Doe Inc., Lesley University's Center for Special Needs, Massachusetts Law Reform Institute, the Massachusetts Society for the Prevention of Cruelty to Children, and the Trauma Center, Justice Resource Institute.

Please see Appreciation for Contributors at the end of this report for a list of people to whom we are additionally most grateful.

Executive Summary

The goal of *Helping Traumatized Children Learn* is to ensure that children traumatized by exposure to family violence succeed in school. Research now shows that trauma can undermine children’s ability to learn, form relationships, and function appropriately in the classroom. Schools, which are significant communities for children, and teachers—the primary role models in these communities—must be given the supports they need to address trauma’s impact on learning. Otherwise, many children will be unable to achieve their academic potential, and the very laudable goals of education reform will not be realized. Trauma-sensitive school environments benefit all children—those whose trauma history is known, those whose trauma will never be clearly identified, and those who may be impacted by their traumatized classmates. Together, we can ensure that all children will be able to achieve at their highest levels despite whatever traumatic circumstances they may have endured.

This report proposes an educational and policy agenda that will enable schools to become supportive environments in which traumatized children can focus, behave appropriately, and learn. It translates complex research on trauma into educational terms that are useful to teachers and schools. And it provides a Flexible Framework—which can be adapted by any school—for creating a climate in which children exposed to family violence can achieve at their highest levels.¹

This report proposes an educational and policy agenda that will enable schools to become supportive environments in which traumatized children can focus, behave appropriately, and learn.

Children’s exposure to family violence is a widespread problem. A National Child Traumatic Stress Network (NCTSN) survey found that interpersonal victimization primarily in the home was the most prevalent form of trauma among children treated by Network mental health professionals.² Studies estimate that between 3.3 million and 10 million children in the U.S. witness violence in their own homes each year.³ In 2003, approximately 906,000 children were found by child protective agencies to be victims of child abuse or neglect.⁴ In Massachusetts, a study by the Office of the

Commissioner of Probation reported that approximately 43,000 children were named on restraining orders, which suggests that these children were affected by family violence.⁵

Even these large figures appear to represent only a fraction of the problem. The 1998 Adverse Childhood Experiences study, which sent standardized questionnaires to 13,494 adult members of a large HMO, found that 44 percent of respondents reported suffering sexual, physical, or psychological abuse as children, and 12.5 percent reported having a mother who had been treated violently.⁶ In June 2005, the Massachusetts Department of Education presented information from informal surveys of 450 students who attended alternative-education programs in eleven school districts that received state-funded Alternative Education Grants (see Appendix A). The nonvalidated results of the surveys indicated that 90 percent of the students reported histories of trauma exposure, with a number of these students reporting exposure to more than one type of trauma. Of the students surveyed, 41 percent reported histories of family violence; 46 percent reported having been physically, emotionally, or sexually abused; 39 percent reported neglect; and 16 percent were living in foster care or out-of-home placements.⁷

Helping Traumatized Children Learn focuses on the educational consequences of exposure to family violence, although information in this report will be useful in addressing traumatic consequences

***Helping Traumatized Children Learn* focuses on the educational consequences of exposure to family violence, although information in this report will be useful in addressing traumatic consequences from other sources as well.**

from other sources as well. When there is family violence, home is not the safe haven it is for most children. Adults who should be relied upon for nurturance may actually be a source of terror, or they may be victims themselves and unable to provide protection.⁸ When the perpetrator of violence is a caregiver—the person in whom a child has placed great trust and upon whom the child’s very life depends—the betrayal a child experiences can be devastating.⁹ The impact on a child’s self-perception¹⁰ and worldview¹¹ can get carried into the classroom, where it can interfere with the ability to process information and maintain control over

behaviors and emotions. The fact that family violence is frequently kept secret from schools adds to the confusion, often making it difficult for educators to discern the reasons for a child's behavioral and learning problems.

We use the term “domestic violence” to describe violence between intimate partners. Children may have watched or overheard violence between their caregivers and may live with its consequences (e.g., maternal depression or a parent with physical injuries, such as bruises). Children may also become directly involved in a violent event by trying to stop the abuse or by calling the police.¹²

We include in the term “family violence” three forms of harm to children: witnessing domestic violence, being the direct victim of abuse, and being exposed to neglectful caretaking. Domestic violence, abuse, and neglect frequently occur together.¹³ Each of these experiences can result in similar symptoms and undermine many of the same developmental foundations.¹⁴ Analyzing them separately is enormously difficult.¹⁵ We also recognize that familial alcoholism often occurs along with family violence and that children in homes where there is substance abuse may exhibit symptoms similar to children exposed to family violence.¹⁶

Traumatized children do not fit neatly into any single “box.” Although many children enter school each day carrying with them the experience of exposure to violence in the home, the symptoms of their trauma can be quite varied, as the actual experiences of the following children illustrate:¹⁷

Tyrone

Six-year-old Tyrone was the terror of his first-grade class. He pinched, hit, and refused to obey the teacher. Frustrated with his unprovoked aggressive behavior, the school began holding suspension hearings. At home and at church, however, he was a different child, clinging to his sister and mother. He would often wake up with nightmares and a bed that was wet. Tyrone had fled with his mother, brother, and sister from a father who had abused them. To Tyrone, school felt threatening, rather than being the place of refuge he needed.

Marla

Fifteen-year-old Marla was an extremely bright student with an IQ of 139. She did not have problems with aggression. Instead, she stared out the window. She didn't do her homework. She seemed to barely be there at all. Despite her intelligence, she was failing in school because of frequent absences. Her teachers wondered how a child with so much potential could be slipping out of reach. It turned out that Marla had witnessed significant violence against her mother at home, making it impossible for her to focus in school.

Sonya

When five-year-old Sonya began kindergarten, she could not focus in the classroom and had difficulty forming relationships with adults and making friends with her peers. Complicating Sonya's situation was the fact that her leg had been broken by her father when she was less than a year old. Even though she had been too young at the time to remember the incident, the fear of that experience—the betrayal of trust—still haunted Sonya and made it difficult for her to reach out to new people. It thwarted her ability to adjust to a classroom environment and achieve in school.

There is nothing new about the presence of traumatized children in our schools. Often without realizing it, teachers have been dealing with trauma's impact for generations. What *is* new is that trauma researchers can now explain the hidden story behind many classroom difficulties plaguing our educational system. Recent psychological research has shown that childhood trauma from exposure to family violence can diminish concentration, memory, and the organizational and language abilities that children need to function well in school.¹⁸ For some children, this can lead to inappropriate behavior¹⁹ and learning problems in the classroom, the home, and the community.²⁰ For other children, the manifestations of trauma include perfectionism, depression, anxiety, and self-destructive, or even suicidal, behavior.²¹ Studies show that abused children have more severe academic problems than comparison children. Specifically, they are more likely to receive special education services, have below-grade-

level achievement test scores, and have poor work habits; and they are 2.5 times more likely to fail a grade.²²

The Adverse Childhood Experiences study found that adults exposed to adverse experiences in childhood, including those who had witnessed domestic violence or suffered abuse, were more likely to engage in risky activities such as drinking, smoking, and substance abuse.²³ In the opinion of some experts, these are behavioral “coping devices”—attempts to reduce the emotional impact of adverse experiences.²⁴ When teenagers engage in these risky behaviors, however, they often face disciplinary consequences at school, such as suspensions or expulsions.



Teachers can play an important role in connecting traumatized children to a safe and predictable school community and enabling them to become competent learners. To accomplish this goal, policy makers must provide schools with the tools they need to help all children learn.

Many experts, including members of the National Child Traumatic Stress Network (NCTSN), are calling for a community-wide effort to create contexts in which children traumatized by family violence can succeed.²⁵ NCTSN asks schools to play a key role in this effort. School is a place where it is possible for traumatized children to forge strong relationships with caring adults and learn in a supportive, predictable, and safe environment. These are factors that can help protect children from, or at least ameliorate, some of the effects of exposure to family violence.²⁶ In the broad-based effort this report recommends, schools will partner with parents and guardians—who may themselves be struggling with symptoms of trauma—and give teachers the support they need to teach children how to regulate or calm their emotions and behavior.

Because we know that mastering both academic and social skills are key to the healing process, the aim is to increase teaching and learning time and reduce time spent on discipline.

We are not suggesting the creation of a new category of disability that would lead to special treatment or labeling of children on the basis of trauma alone. Instead, this report provides information and an adaptable framework for addressing trauma-related challenges to children's ability to participate in the school community, whether they learn in regular or special education classrooms. Because we know that mastering both academic and social skills are key to

the healing process, the aim is to increase teaching and learning time and reduce time spent on discipline. The ultimate goal is to help all traumatized students become successful members of their school communities.²⁷

Educators and policy makers—with the help of mental health professionals—can put the insights of research to work by implementing relatively cost-effective strategies. These strategies will help children traumatized by exposure to family violence learn and succeed in school.

This report is divided into three chapters, as follows:

Chapter I

The Impact of Trauma on Learning

The first step in creating trauma-sensitive schools is to help educators become aware of trauma symptoms. Chapter 1 of this report describes the trauma response and the specific ways trauma can impact learning and behavior in the classroom. Teachers can use their existing expertise more effectively when they understand that many of the academic, social, and behavioral problems of traumatized children involve such difficulties as failing to understand directions, overreacting to comments from teachers and peers, misreading context, failing to connect cause and effect, and other forms of miscommunication. This report does not suggest that teachers become therapists. However, a better understanding of the difficulties traumatized children have in modulating their emotions and behaviors should lead schools to seek out therapeutic and positive behavioral supports, rather than responding with punitive measures such as suspensions and expulsions. A better understanding of how a positive community response can actually reduce the severity of the trauma

symptoms should encourage educators to infuse trauma-sensitive approaches for students and supports for personnel throughout their schools, *because schools are the central community for most children.*

Chapter 2

The Flexible Framework: An Action Plan for Schools

The Flexible Framework has been designed to help each school community develop a plan for integrating trauma-sensitive routines and individual supports throughout the school day.²⁸ The Framework provides a structure that can be adapted to the unique needs of each school community, regardless of its organizational structure or educational philosophy. Each school will determine how to apply the Framework, which has six key elements:

- I.** Schoolwide Infrastructure and Culture;
- II.** Staff Training;
- III.** Linking with Mental Health Professionals;
- IV.** Academic Instruction for Traumatized Children;
- V.** Nonacademic Strategies; and
- VI.** School Policies, Procedures, and Protocols.

Rather than prescribing any one particular intervention, the Framework seeks to help schools establish environments that will enable children traumatized by exposure to family violence develop relationships with caring adults, learn to modulate their emotions and behaviors, and achieve at high educational levels. When schools have a better understanding of trauma, they can form effective linkages with mental health professionals who have an expertise in that field, make full use of available resources, and advocate for new resources and particular interventions that directly meet the needs of their students.

Chapter 3

Policy Recommendations

Schools and educators cannot do this work alone. Chapter 3 asks policy makers, legislators, and administrators to create laws and policies that support schools in addressing the trauma-related aspects of many behavioral and learning problems. Without supports within the school, teachers are almost forced to look the other way—the problems can seem so overwhelming.²⁹ With supports, teachers can play an important role in connecting traumatized children to a safe and predictable school community and enable them to become competent learners.³⁰ To accomplish this goal, policy makers must provide schools with the tools they need to help all children learn, including those who have been traumatized by exposure to family violence.

Chapter 3 sets forth the following public policy agenda:

- 1.** The Commonwealth should provide publicly funded schools and preschools with funds necessary to develop schoolwide action plans addressing the needs of traumatized children.
- 2.** Massachusetts stakeholders should reach consensus on the laws, policies, and funding mechanisms necessary for schools to intervene early to address the needs of traumatized students and to decrease punitive responses.
- 3.** Teachers and administrators should learn approaches and strategies for teaching children who may be traumatized.
- 4.** Mental health professionals and other specialists providing services in school settings should respond appropriately to trauma-related learning and behavioral problems and should provide trauma-informed consultations to educators.
- 5.** The Department of Education should provide continuing information and support to schools.

6. Research should be funded on the extent to which learning and behavioral problems at school are related to untreated childhood trauma and on best schoolwide and individual practices for addressing the educational needs.

* * *

We are all too familiar with the extreme situation—children who try to overcome their feelings of vulnerability by inflicting violence on others.³¹ When child victims become victimizers, a society that failed to help these children when they needed it most faces the consequences of shortsighted policies. We can either invest in necessary supports for educators and services for children now, or we can allow the cycle of violence and failure to continue, dealing with children later through more costly institutions, including the criminal justice system.³²

With the help of educators, traumatized children can flourish in their school communities and master the educational tasks of childhood, despite their overwhelmingly stressful experiences. This requires school environments that support staff, parents, and children, and that recognize and respond to the effects childhood trauma can have on children's learning and behavior.³³

Genesis of This Report

Staff at the Massachusetts Advocates for Children (MAC), a nonprofit children's rights organization founded in 1969, regularly respond to requests from families desperately seeking help in obtaining school services to address learning problems or behaviors that have led to suspension and expulsion hearings. In 1998, MAC's attorneys realized that many of these cases involved children who had been exposed to some form of family violence, either as witnesses to domestic violence or as the direct targets of abuse. Questioning whether there were better ways to deal with the behavioral and learning problems of these children, MAC brought together groups of parents, shelter workers, court personnel, and experts in trauma psychology, neuropsychology, education, social work, and law, in an attempt to understand the causes and nature of the challenges presented by children exposed to family violence.

These vibrant interdisciplinary discussions, along with input from focus groups held at two Boston public schools, highlighted the many learning and behavioral difficulties that can arise when children and teenagers come to school traumatized by exposure to family violence. MAC followed up by forming the Task Force on Children Affected by Domestic Violence (the Task Force), which produced a series of working papers calling for overarching policies that schools, courts, and housing and benefits programs could implement to address the needs of these children. The working paper on schools proposed funding to help educators create trauma-sensitive classroom environments.

The Massachusetts legislature responded to the issues articulated by the Task Force. In 2000, it passed legislation establishing a grant program through the Massachusetts Department of Education called "Creating a Safe and Supportive Learning Environment: Serving Youth Traumatized by Violence." In 2004, the grant program was codified into law as "An Act for Alternative Education" (see MGL c. 69, sec. 1N, included in Appendix A). This new law, which is now part of the Massachusetts Education Reform Act, addresses the educational consequences of

trauma using a two-pronged approach: grants for alternative education programs and grants for safe and supportive school environments. In the first round of grants, six schools received pilot funding to create trauma-sensitive environments. Two of these schools used the Flexible Framework, devised by the Task Force, to increase their responsiveness to the needs of traumatized children. In the second round of grants (2004) the Framingham Public Schools adapted the framework for use across its district. This framework was refined through its use in schools, the work of the Task Force, and discussions held with many schools and community collaborators. (The Framework is set forth in chapter 2.)

In 2004, MAC expanded the work of the Task Force by joining in a partnership with the Hale and Dorr Legal Services Center of Harvard Law School to launch the Trauma and Learning Policy Initiative (TLPI). TLPI uses multiple advocacy strategies to carry out the Task Force's vision, advocating for policies, laws, and practices that can help children traumatized by family violence succeed in school. TLPI attorneys, student advocates, psychological and educational consultants, and parent specialists provide individual case advocacy; reach out to educate parents, teens, educators, and other professionals; and build coalitions that enable the voices of the most vulnerable children and their parents to be heard in the policy arena. TLPI is also convening experts to develop forthcoming guidelines for making special education evaluations and school mental health consultations trauma sensitive.

Parents, teachers in regular and special education, principals, guidance counselors, social workers, language experts, advocates for battered women and children, staff in governmental agencies, and attorneys made significant contributions to this report, as have the psychologists, neuropsychologists, and trauma experts who reviewed it for accuracy and content.



Together, we can ensure that all children will be able to achieve at their highest levels despite whatever traumatic circumstances they may have endured.

Chapter I

The Impact of Trauma on Learning



The Trauma Response in the Classroom

Every day, children enter their classrooms bringing backpacks, pencils, paper—and their unique views of the world. Every child has his or her own expectations and insights, formed from experiences at home, in the community, and at school. When children witness violence between their adult caregivers or experience abuse or neglect, they can enter the classroom believing that the world is an unpredictable and threatening place.

A Worldview Gone Awry

Our fundamental assumptions about ourselves and about the world around us are the lens through which we view and evaluate events and relationships. They provide the conceptual framework that helps us make meaning of our experiences and enables us to function effectively.³⁴

A nurturing home, in which children have stable attachments to adults and are treated with physical and emotional respect, generally instills a fundamentally affirmative self-image and view of the world as benevolent.³⁵ Positive expectations tend to lead to the belief that others will appreciate our strengths, that people are essentially decent, and that there is a reason to be optimistic about the future. Children with secure attachments to adults and a positive worldview usually are able to regulate their emotions and develop the solid foundation necessary for adapting well at school.³⁶

Conversely, violence at home can help create negative expectations and assumptions.³⁷ Such children may have a diminished sense of self-worth and feel incapable of having a positive impact on the outside world.³⁸ Hopelessness, self-blame, and lack of control are typical of the feelings that can result from trauma; these feelings may lead to overwhelming despair and a loss of the ability to imagine the future or hope that circumstances will change. Children in this condition can be ill-prepared for the academic and social challenges of the classroom.

In Jenny Horsman's book *Too Scared To Learn*, an adult survivor of childhood sexual abuse describes how her negative worldview affected her at school:

I remember crying in the night. I found it difficult to hear Mrs. Patterson when she spoke in the classroom. I felt as if she were speaking from beneath tumbling water, or from the end of a long tunnel. She assumed I was daydreaming. I stopped imagining that I might one day be a teacher. . . . No longer did my imagination dance me through the leaves. The sound of ringing church bells irritated me. Mostly I felt ashamed, different.³⁹

Children look to their parents for stability and protection. When a parent is the source of violence, the child's sense of security and safety can be compromised or destroyed,⁴⁰ replaced instead by fear and anxiety. Lacking a sense of security, a child can have difficulty exploring the world through play, developing self-confidence, and maintaining motivation.⁴¹ A parent's unpredictable or violent behavior can lead to difficulty forming personal attachments and may foster relationships that are based on fear and insecurity.⁴²

Many children exposed to violence view the world as a threatening place, in which danger and pain are to be expected. They see the world not through rose-colored glasses, but through a lens tinted somber gray.⁴³ Psychiatrist and trauma expert Judith Herman explains:

Adaptation to this climate of constant danger requires a state of constant alertness. Children in an abusive environment develop extraordinary abilities to scan for warning signs of attack. They become minutely attuned to their abusers' inner states. They learn to recognize subtle changes in facial expression, voice, and body language as signals of anger, sexual arousal, intoxication, or dissociation. This nonverbal communication becomes highly automatic and occurs for the most part outside of conscious awareness. Child victims learn to respond without being able to name or identify the danger signals that evoked their alarm.⁴⁴

Traumatized children may anticipate that the school environment will be threatening and constantly scrutinize it for any signs of danger. Their mission is to avoid this perceived danger and pain.

Children traumatized by family violence rarely understand that they see the world in a different way than their nontraumatized peers and teachers do.⁴⁵ Traumatized children cannot simply remove their “trauma glasses” as they go between home and school, from dangerous place to safe place. They may anticipate that the school environment will be threatening and constantly scrutinize it for any signs of danger. Their mission is to avoid this perceived danger and pain.⁴⁶ Sadly, this mission often sabotages their ability to hear and understand a teacher’s positive messages, to perform well academically, and to behave appropriately.

Fear as a Way of Life: The Developing Brain

The great risk for children who live in violent homes and who routinely operate in survival mode is that this way of functioning can permeate every aspect of their lives and can even take on a life of its own.

According to brain researchers, when children encounter a perceived threat to their safety, their brains trigger a complex set of chemical and neurological events known as the “stress response.”⁴⁷ The stress response activates a natural instinct to prepare to fight, freeze, or flee from the unsafe event. Under normal circumstances these responses to stress are constructive and help keep a child safe.

However, when a child operates in overwhelming states of stress or fear, survival responses that may be fully appropriate in danger-laden situations (e.g., shutting down, constantly surveying the room for danger, expecting to fight or run away at a moment’s notice) can become a regular mode of functioning. Even when the dangers are not present, children may react to the world as if they are.⁴⁸ Unable to regulate heightened levels of arousal and emotional responses, they simply cannot turn off the survival strategies that their brains have been conditioned to employ.⁴⁹

Neurobiologist Bruce Perry and his colleagues at the Child Trauma Academy explain that the most developed areas of a child’s brain are the ones used most frequently. When children live in a persistent state of

fear, the areas of their brains controlling the fear response can become overdeveloped.⁵⁰ These parts of the brain may direct behavior even in situations in which it would be more appropriate for other parts of the brain to be in charge. It is important to note that the areas of the brain active in fearful states are different from those active in calm states, and it is predominately the areas active in calm states that are required for academic learning.⁵¹

Brain researchers use the term “plasticity” to explain the environment’s enormous influence on the growing child’s developing brain.⁵² This means that children’s brains are more malleable than those of adults. However, just as traumatic experiences can undermine the brain’s development, good experiences can enhance it.⁵³ In addition, skill development is a scaffolding process, with each skill building upon the one before. Both the plasticity of brain development and the scaffolding nature of skill development are strong reasons to intervene as early as possible with supportive, ameliorative, and protective experiences. Early intervention gives a child the best chance to follow a developmental trajectory unencumbered by the effects of trauma.⁵⁴

Trauma: Reactions to Stressful Events

Experts explain that trauma is not an event itself, but rather a response to a stressful experience in which a person’s ability to cope is dramatically undermined. Lenore Terr defines childhood trauma as the impact of external forces that “[render] the young person temporarily helpless and [break] past ordinary coping and defensive operation. . . . [This includes] not only those conditions marked by intense surprise but also those marked by prolonged and sickening anticipation.”⁵⁵ Similarly, Judith Herman writes that traumatic events “overwhelm the ordinary human adaptations to life. . . . They confront human beings with the extremities of helplessness and terror.”⁵⁶ The range of potentially traumatic events in childhood is quite broad, including not only physical threat and harm but also emotional maltreatment, neglect, abandonment, and devastating loss.

Every traumatic experience is different, and each child’s response depends on his or her coping skills and resources and on the context

and circumstances in which the stressful event occurs. Whether a child develops a trauma reaction that increases in severity, becomes chronic, and is less responsive to intervention or has a reaction that is moderate, manageable, and time limited depends on several factors. These include the nature of the experience, the characteristics of the child, and the way the family, school, and community respond (see Appendix C). For example, chronic or repetitive traumatic experiences, especially those perpetrated intentionally by a caregiver, are likely to result in a different set of symptoms than a single shocking traumatic event.⁵⁷

The age at which a child experiences traumatic events is another factor in determining its severity.

The age at which a child experiences events resulting in trauma is another important factor in determining its severity. For example, an older child may have the verbal skills to articulate the experience and gain perspective on it more quickly than a very young child, whose lack of language development and perspective limits the extent to which the event can be understood and processed. On the other hand, an older child could be devastated by betrayal in a way that could go unnoticed by a younger child. Brain researchers also explain that growing children go through “critical periods,” during which certain areas of the brain develop very rapidly and are more susceptible than usual to stressful experiences.⁵⁸

So many factors influence individual reactions to stressful events that even children in the same family who share similar traumatic backgrounds can have different responses. One child in a family might develop an intense drive for academic achievement. Another may engage in behavior that makes concentration nearly impossible for that child and the other students in the class. A third may appear to be unaffected, yet suffer in very quiet ways.

It is critical for educators to understand that a person’s social context can have a tremendous impact on the severity of the trauma symptoms. Trauma expert Mary Harvey explains that a trauma response is influenced not only by an individual’s particular strengths and the nature of the event, but also by the level of support a person receives from the surrounding community.⁵⁹ When the community responds in helpful ways, there is what Harvey calls an “ecological fit” between the person and the community:

The construct of “[ecological] fit” refers to the quality and helpfulness of the relationship existing between the individual and his or her social context. Interventions that achieve ecological fit are those that enhance the environment-person relationship—i.e., that reduce isolation, foster social competence, support positive coping, and promote belongingness in relevant social contexts.⁶⁰

Schools are children’s communities. An ecological fit for a child at school would include a welcoming environment where the staff understands trauma’s impact on relationships, behavior, and learning. In this environment, schoolwide trauma-sensitive approaches would be woven throughout the school day, and individual supports, related to skill and social development, would be trauma-sensitive.

The links between exposure to family violence and children’s behavior are often hidden or unclear, but a trauma-sensitive environment can provide tools for recognizing when more supports are needed. The Flexible Framework in chapter 2 sets forth a structure for establishing such a trauma-sensitive ecology or context.



So many factors influence individual reactions to overwhelming stress that even children in the same family who share similar traumatic backgrounds can have different responses.

Trauma's Impact on Academic Performance, Behavior, and Relationships

Many of the obstacles traumatized children face in the classroom result from their inability to process information, meaningfully distinguish between threatening and non-threatening situations, form trusting relationships with adults, and modulate their emotions.

For some children, the combination and extent of their reactions to trauma warrant a formal diagnosis. Post-traumatic stress disorder (PTSD) is the diagnosis given to a particular set of trauma-related symptoms. (See Appendix B for an explanation of PTSD.) As PTSD does not capture the full range of symptoms often seen in traumatized children, students can come with a range of diagnoses that may be comorbid with trauma. These include depression, attention-deficit hyperactivity disorder, oppositional defiant disorder, conduct disorder, anxiety disorder, phobic disorder, and borderline personality.⁶¹ Because the clinical manifestations of trauma are exceedingly broad and not captured well by traditional diagnoses, Bessel van der Kolk has proposed a new diagnosis for children with histories of complex trauma called “developmental trauma disorder” that attempts to account for the emotional, behavioral, neurobiological, and developmental consequences of trauma.⁶²

For many children, however, their reactions to traumatic events manifest themselves in a range of problems that do not meet the standards for a diagnosis. The children may never be identified as having trauma symptoms or may have what appear to be trauma symptoms with no indication that a traumatic event precipitated it. We caution that all children with trauma-like symptoms should not be presumed to have trauma histories. It is important to explore all possible reasons for a child's difficulty at school.

In the sections that follow, we organize the research according to the ways trauma can impact learning, behavior, and relationships at school, to broaden understanding and not to respond to a specific diagnosis. The

principles in the Framework in chapter 2 are designed to infuse trauma-sensitive supports throughout the school; their use is not contingent on whether traumatic events have been identified or a diagnosis reached.

More research is needed on the extent to which trauma plays a role in problems children experience at school, on ways to identify when these problems might be trauma related, and on strategies to address the needs specific to various forms of exposure to violence. The research to date, however, provides considerable insight into children's behavior and learning and the challenges educators face in their classrooms.

Childhood Trauma and Academic Performance

Learning to read, write, take part in a discussion, and solve mathematical problems requires attention, organization, comprehension, memory, the ability to produce work, engagement in learning, and trust.⁶³ Another prerequisite for achieving classroom competency is the ability to self-regulate attention, emotions, and behavior.⁶⁴

Not surprisingly, traumatic experiences have the power to undermine the development of linguistic and communicative skills, thwart the establishment of a coherent sense of self, and compromise the ability to attend to classroom tasks and instructions, organize and remember new information, and grasp cause-and-effect relationships—all of which are necessary to process information effectively.⁶⁵ Trauma can interfere with the capacity for creative play, which is one of the ways children learn how to cope with the problems of everyday life;⁶⁶ and it can adversely affect the ability to have good peer and adult relationships.⁶⁷

■ Language and Communication Skills

Traumatic experiences can disrupt the ability of children to learn and process verbal information and use language as a vehicle for communication. These language problems can undermine literacy skills, social-emotional development, and behavioral self-regulation.

I. Learning and retrieving new verbal information

Researchers Streeck-Fischer and van der Kolk explain that traumatized children “are easily overstimulated and cannot achieve

the state of secure readiness that is necessary in order to be open to new information.”⁶⁸ When traumatized children enter the classroom in a hyperaroused state, they may be unable to attend to or process academically significant information and may have great difficulty expressing themselves verbally. (See Appendix B for a discussion of hyperarousal in traumatized children.)

These findings have serious implications for the ability of traumatized children to function well within the school setting. As Perry explains, traumatized and nontraumatized children often have very different cognitive experiences in the classroom:

The calm child may sit in the same classroom next to the child in an alarm state, both hearing the same lecture by the teacher. Even if they have identical IQs, the child that is calm can focus on the words of the teacher and, using the neocortex, engage in abstract cognition. The child in an



Trauma can disrupt the ability of children to learn and process verbal information and use language as a vehicle for communication.

alarm state will be less efficient at processing and storing the verbal information the teacher is providing.⁶⁹

One traumatized teenager gives a poignant description of how processing problems in the classroom affected her learning:

I could see the math teacher's mouth moving in the classroom but couldn't hear a thing. It was as if I were in a soundless chamber. She was smiling and clearly talking, I just couldn't process a word of it. I had been an excellent math student, but the day she told me I was "spacey" and unfocused was the day I stopped connecting to math. My grades dropped and they took me out of the advanced classes.⁷⁰

Studies are beginning to uncover neurobiological evidence that the ability to connect words to experience can be impeded by trauma. One 1996 study scanned the brains of people diagnosed with post-traumatic stress disorder. After baseline scans were taken, researchers induced fear in the subjects by reminding them of their traumatic experiences. The scans revealed that the areas of the brain involving anxiety and other intense emotions (limbic and paralimbic systems) activated when the subjects' traumatic experiences were invoked. When the limbic system activated, the area of the brain associated with language (Broca's area) became less active.⁷¹

It may be obvious to a child in a state of anxiety that something inside his or her head has shifted to inhibit language and thought processing. However, this shift may not be apparent to a teacher until the child is called upon to speak or demonstrate that he or she has understood and analyzed information that has been presented.

2. Social and emotional communication

Traumatized children may have a relationship to language that is different from that of their nontraumatized peers. Research suggests that communicative development is influenced by the interactive styles and social context in which early language is established.⁷² This can affect mastery of basic literacy skills, the ability to use verbal skills, and how and why the child communicates. Coster and Cicchetti explain

that when a caregiver's primary interactions with a child are focused on controlling the child's behavior rather than on responding to thoughts and feelings, the child may acquire a predominantly instrumental understanding of language. For such a child, language becomes a tool that "serve[s] to get tasks accomplished," rather than a "medium for social or affective exchanges."⁷³

When this pattern of using language primarily as a tool, rather than as a means to express feelings, persists throughout the preschool years, the child may have difficulty "use[ing] language to articulate needs and feelings, which has been suggested as an important step toward development of appropriate cognitive and behavioral controls."⁷⁴ According to Coster and Cicchetti, using language in a predominantly instrumental way leads to difficulty with "the ability to convey abstractions, which has been suggested as a critical transition in the acquisition of literacy skills."⁷⁵ It can also hamper "the ability to sustain coherent narrative and dialogue, which is a key competence for social exchange with both peer and adult figures."⁷⁶

Instead of using language to build bridges with others on the basis of mutual understanding, some traumatized children use language to build walls between themselves and those they regard as potentially threatening.

Instead of using language to build bridges with others on the basis of mutual understanding, some traumatized children use language to build walls between themselves and those they regard as potentially threatening. Susan Craig explains, "Abused children use language to keep other people at a distance. Their communication style is gesture oriented and is used to define the relationship between themselves and the speaker, rather than to convey meaning."⁷⁷

She reminds us that traumatized children may have difficulty focusing on the content of language, in part because they are monitoring nonverbal messages.

3. Problem solving and analysis

Coster and Cicchetti explain that traumatized children may have had "minimal experience using verbal problem-solving methods and little exposure to adults who encourage the kind of self-reporting of ideas or feelings often expected in a classroom setting. [Children] may also have had limited experience attending to complex communications

and may have difficulty extracting key ideas embedded in more lengthy narratives.”⁷⁸ This is consistent with the findings of Allen and Oliver, who found a significant correlation between child neglect and deficits in both receptive and expressive language. They hypothesize that neglected children are not adequately exposed to the types of stimulation that are critical for normative language development.⁷⁹

Coster and Cicchetti argue that a thorough language evaluation should be part of the educational assessment of children exposed to family violence. Emphasizing that impaired language development may affect the ability to use words to problem solve, these researchers make the powerful point that the language evaluation should include not only linguistic aspects of language but also pragmatic and narrative functions.⁸⁰

■ **Organizing Narrative Material**

A child’s successful completion of many academic tasks depends on the ability to “bring a linear order to the chaos of daily experience.”⁸¹ Traumatic experiences can inhibit this ability to organize material sequentially, leading to difficulty reading, writing, and communicating verbally.⁸²

The first step in the development of the ability to organize material sequentially is the establishment of sequential memory. In the earliest years of a child’s life, memories and information are encoded episodically, as a collection of random events rather than as a coherent narrative. The transition to sequential semantic memory “is most easily made in environments marked by consistent, predictable routines and familiar, reliable caregivers.”⁸³ Many children enduring traumatic stress are deprived of such a stable environment. Instead, they may be “raised in households in which rules and routines are subject to the whim of the parent”; for them, the move into a more sequential ordering of the world may be considerably more difficult than it is for other children.⁸⁴

If the development of sequential memory is delayed and the ability to learn new information sequentially is impaired, traumatized children will have difficulty organizing and processing the content of academic lessons for later retrieval and application. This helps explain why traumatized children who have trouble with sequential organization

respond well to classrooms in which there are orderly transitions and clear rules and that offer them assistance with organizing their tasks.

■ Cause-and-Effect Relationships

When cognitive development occurs in an inconsistent and unpredictable environment, children may have trouble comprehending cause-and-effect relationships and recognizing their own ability to affect what happens in the world.⁸⁵ According to Craig, “Most children grasp this process during the sensorimotor period, through an active exploration of the world around them,” in which they learn “they can make things happen.”⁸⁶ In contrast, children living with violence may suffer from “physical restriction and unrealistic parental expectations that inhibit their exploration of the world and their emergent sense of competence.”⁸⁷ When no logical cause-and-effect relationships govern their experiences at home, these children have difficulty internalizing a sense that they can influence what happens to them. Craig explains how a compromised understanding of cause-and-effect can undermine a child’s motivation and behavior in the classroom:

An extended experience of perceived low impact on the world inhibits the development of such behaviors as goal setting and delayed gratification. These skills, so important to school success, rely on a person’s ability to predict and make inferences. Similarly, failure to establish an internalized locus of control can result in lack of both motivation and persistence in academic tasks, as well as a resistance to behavior-management techniques that assume an understanding of cause and effect.⁸⁸

Children living in circumstances that do not allow them to make connections between their actions and the responses they trigger can be left wary of the future, which feels to them both unpredictable and out of their control. This may cause some children to become extremely passive.⁸⁹ A child whose inability to grasp cause-and-effect relationships is extreme may not even master the early developmental task of achieving “object constancy”—the understanding that an object or person still exists when it is hidden from sight.⁹⁰ Van der Kolk explains that failure to achieve object constancy is common among traumatized children who lack a sense of predictability in their environment.⁹¹

■ Taking Another's Perspective

Many traumatized children have problems with academic and social tasks that require them to take the perspective of another person. When a child learns not to express a preference before assessing the mood of the parent, he or she cannot fully develop a sense of self. In particular, this can result in an “inability to define the boundaries of the self,” which can lead to difficulty making independent choices, articulating preferences, and gaining perspective.⁹² In addition, if stress from family violence interferes with normal playtime and with explorative play activity, the ability to “take the role of the other or to appreciate another person’s point of view may be seriously impaired.”⁹³

Difficulty understanding the perspective of others has serious ramifications. Deficits in this area can make it hard to solve a problem from a different point of view, infer ideas from text, participate in social conversation, and develop empathy in relationships.

■ Attentiveness to Classroom Tasks

Traumatized children can be distracted or lack focus in the classroom because anxiety and fears for their own and others’ safety chronically occupy their thoughts. Streeck-Fischer and van der Kolk explain that these attentional disorders have several causes:

[The children] do not pay attention because they are unable to distinguish between relevant and irrelevant information. They tend to misinterpret innocuous stimuli as traumatic, and if not interpreted as traumatic, they tend to ignore sensory input. Easily threatened by the unexpected, traumatised children are prone to become excessively physiologically aroused when faced with novel information.⁹⁴

A child who is inattentive to the classroom task at hand may actually be focused on “interpreting the teacher’s mood.”⁹⁵ Another child might disassociate from the immediate environment and not process information presented by the teacher at all.

Children who pay attention to the wrong things and children who disassociate can find it difficult to keep up with classroom tasks. Lost and

unable to reconnect with the academic activities, their anxiety can increase, and difficulties with regulating emotion may come into play. Some of them may then engage in disruptive behavior as they try to catch up.

Many traumatized children who exhibit the symptoms of anxiety, hypervigilance to danger, and language-processing problems are diagnosed as having attention-deficit hyperactivity disorder (ADHD). Research shows that ADHD and trauma often coexist, but because both disorders have similar symptoms, trauma may be overlooked when a diagnosis of ADHD is made.⁹⁶ If a child is suffering from both ADHD and trauma, appropriate treatment can be provided that responds to both sets of problems.⁹⁷ Thus, it is important to assess whether a single diagnosis is masking the need to evaluate for trauma.

■ Regulating Emotions

According to Masten and Coatsworth, the ability to self-regulate or modulate emotions is a key predictor of academic and social success.⁹⁸



Providing opportunities to succeed must be reinforced by a classroom environment that supports the student's success.

Shields and Cicchetti explain that deficits in the capacity to regulate emotion are a cause for serious concern because “the ability to modulate behavior, attention, and emotion underlie children’s adaptive functioning in a number of key domains, including self-development, academic achievement, and interpersonal relationships.”⁹⁹ Streeck-Fischer and van der Kolk emphasize that such deficits are widespread among children exposed to family violence: “Lack of capacity for emotional self-regulation so critical to school functioning is probably the most striking feature of these chronically traumatised children.”¹⁰⁰

Difficulty regulating emotions can lead to a host of problems in and out of school. These potential difficulties include poor impulse control, aggression against the self and/or others, trouble interpreting emotional signals, chronic uncertainty about the reliability of other people, and lack of a predictable sense of self.¹⁰¹ Shields and Cicchetti suggest that hypervigilance may play a key role in undermining the development of emotional self-regulation. They postulate that, unlike the non-traumatized child, the hypervigilant child cannot shift away from distressing cues in the service of maintaining emotional regulation.¹⁰²

Traumatized children often experience fear, anxiety, irritability, helplessness, anger, shame, depression, and guilt, but their ability to identify and express these feelings is often underdeveloped and poorly regulated. Some of these children may express emotions without restraint and seem impulsive, undercontrolled, unable to reflect, edgy, oversensitive, or aggressive. They may overreact to perceived provocation in the classroom and on the playground. Other traumatized children block out painful or uncomfortable emotions; they may appear disinterested, disconnected, or aloof. For them, the consequence of not knowing how to communicate or interpret emotions is the dampening or constricting of their feelings. Another group of traumatized children protect themselves from unmanageable stress and anxiety by dissociating—that is, by completely disconnecting emotions from the events with which they are associated.

Difficulty knowing how they feel and expressing feelings in words can put traumatized children at risk for somatic symptoms,¹⁰³ including

headaches, gastrointestinal complaints, body pains, and general malaise. Fatigue, sleeplessness, eating disorders, body-image concerns, and health problems later in life are also associated with trauma.

■ Executive Functions

The so-called “executive functions”—goal setting, anticipating consequences, and initiating and carrying out plans—are very important for achieving academic and social success and for establishing vocational goals.¹⁰⁴ A traumatized child can develop a bleak perspective, expectations of failure, a low sense of self-worth, and a foreshortened view of the future, all of which disrupt this ability to plan, anticipate, and hope.¹⁰⁵ Van der Kolk explains that because traumatized children often have distorted inner representations of the world, they have no “internal maps to guide them” and that, consequently, they “act instead of plan.”¹⁰⁶

This is consistent with what researchers know about the effects of trauma on the developing child’s brain. The prefrontal cortex, the area of the brain primarily responsible for the development of the executive functions, has been shown to be adversely affected by trauma.¹⁰⁷ One study found significant deficits in executive function and abstract reasoning among maltreated children with post-traumatic stress disorder, as compared to sociodemographically matched children with no history of maltreatment.¹⁰⁸ In another study, boys with severe abuse histories had particular difficulty with executive-function tasks that required them to refrain from taking actions that would lead to adverse consequences.¹⁰⁹ Children with severe executive-function deficits may benefit from small, structured classrooms where they can be carefully taught to understand the consequences of their actions.

■ Engaging in the Curriculum

Traumatic experiences can deplete motivation and internal resources for academic engagement. Studying the effect of maltreatment on children’s academic and behavioral adjustment, Shonk and Cicchetti found that academic engagement is a powerful predictor of academic success.¹¹⁰ They define optimal academic engagement as “self-initiated, regulated, and persistent mastery for the sake of competence, a preference for optimally challenging tasks, and self-directed behaviors such as paying

attention and completing assignments.”¹¹¹ However, as they go on to point out, because of a focus on security, “many traumatized toddlers, preschoolers, and school-age children display excessive dependency, social wariness, reduced exploration, deficits in affect regulation, and impaired autonomous mastery.”¹¹²

Not all traumatized children suffer from the academic challenges listed above. As discussed earlier, many factors impact how severe a traumatic response will be. Overall, however, many traumatized children struggle with considerable difficulties that impede progress in school. Often, these difficulties also interfere with their ability to behave appropriately in the school setting.

Childhood Trauma and Classroom Behavior

The school setting can be a battleground in which traumatized children’s assumptions of the world as a dangerous place sabotage their ability to develop constructive relationships with nurturing adults. Unfortunately, many traumatized children adopt behavioral



Traumatized children’s behavior can be perplexing. Prompted by internal states not fully understood by the children themselves and unobservable by teachers, traumatized children can be ambivalent, unpredictable, and demanding.

coping mechanisms that can frustrate educators and evoke exasperated reprisals, reactions that both strengthen expectations of confrontation and danger and reinforce a negative self-image.

Traumatized children’s behavior can be perplexing. Prompted by internal states not fully understood by the children themselves and unobservable by teachers, traumatized children can be ambivalent, unpredictable, and demanding. But it is critical to underscore that

traumatized children's most challenging behavior often originates in immense feelings of vulnerability.

Researchers explain that when we believe an individual has complete control over his or her behavior, we are more likely to be angry when that behavior is inappropriate. But if we recognize the factors that shape a child's behavior and compromise self-control, we are more likely to attempt to ease the child's plight.¹¹³ Because traumatized children may be used to chaotic, unpredictable caregivers, they often try hard to appear in control even though they may be feeling out of control. As a result, they are more likely to be disapproved of and condemned by busy, overburdened educators, even though they are among the students most in need of nurturance.

In his book *On Playing a Poor Hand Well*, Mark Katz describes how an adult's view of a child's problematic behavior might change if the reasons for that behavior were known:

Not realizing that children exposed to inescapable, overwhelming stress may act out their pain, that they may misbehave, not listen to us, or seek our attention in all the wrong ways, can lead us to punish these children for their misbehavior. The behavior is so willful, so intentional. She controlled herself yesterday, she can control herself today. If we only knew what happened last night, or this morning before she got to school, we would be shielding the same child we're now reprimanding.¹¹⁴

To avoid reminders of trauma or the emotions associated with it, children may consciously or unconsciously adopt strategies such as social withdrawal, aggressiveness, or substance abuse. Aggressive or controlling behavior can be a way of coping with internal turmoil and a sense of powerlessness and vulnerability; it may also arise from hypersensitivity to danger or from identification with the aggressor at home.¹¹⁵ Other traumatized children may try to cope with their fears by checking door locks, constantly expressing concerns about younger siblings, and so on. All these behaviors may be responses to feelings they cannot identify or describe.

Many of the effects of trauma on classroom behavior originate from the same problems that create academic difficulties: the inability to process social cues and to convey feelings in an appropriate manner. For this reason, traumatized children's behavior in the classroom can be highly confusing, and children suffering from the behavioral symptoms of trauma are frequently profoundly misunderstood. Whether a traumatized child externalizes (acts out) or internalizes (withdraws, is numb, frozen, or depressed), the effects of trauma can lead to strained relationships with teachers and peers.

■ **Reactivity and Impulsivity**

Chronic trauma can impair the development of children's ability to regulate their emotions and to control impulsive behaviors.¹¹⁶ Reactions can be triggered in hypervigilant children if they feel they are being provoked or if something reminds them of the trauma. An incident or remark that might seem minor to a nontraumatized child may be perceived as threatening by a traumatized child, who then responds in a seemingly disproportionate way. It is helpful for teachers to know what triggers might cause a traumatized child to become hyperaroused or to reexperience a traumatic event in the classroom. Behaviorists may be able, through careful observation, to identify some of the child's triggers. Often, however, the help of a mental health expert is needed to be sure of what may be triggering a particular child.

■ **Aggression**

Hypervigilant children who are prone to reactivity and impulsiveness may become verbally and/or physically aggressive toward teachers and peers. The aggression may spring from misinterpretation of comments and actions due to the child's inability to adopt another's perspective, underdeveloped linguistic skills, and/or inexperience with verbal problem solving. Studies have shown that traumatized children often have "distorted perceptions of the intentions, feelings, and behaviors of others as well as . . . hostile/aggressive social behavior."¹¹⁷ One study also found that traumatized children "were less attentive to relevant social cues, made more misattributions of others' negative or hostile intent, and were less likely to generate competent solutions to interpersonal problems."¹¹⁸

Carlson reported that in some cases this aggressive behavior occurs “in lieu of the child’s expression of his [or her] trauma-related fears.”¹¹⁹ In this sense, aggressive behavior is less akin to the willful defiance of an obstinate student than the response of a frightened child to his or her experience of traumatic violence. Carlson also explains that “aggression towards others might occur because a person with a general expectancy of danger might take a ‘strike first’ position to ward off harm.”¹²⁰ Shields and Cicchetti point out that “angry reactivity would be a likely response among individuals who fear victimization and exploitation. . . . Because maltreated children tend to perceive threat in even neutral or friendly situations, they may evidence a self-defensive reactivity that is consistent with their experiences and expectations but inappropriate to the context at hand.”¹²¹ Thus they explain that hypervigilant attention processes combine with “maladaptive social information processing to foster emotional negativity and reactivity among maltreated children; this emotion dysregulation, in turn, seems to provoke reactive aggression.”¹²²

Because these behaviors can be based on fear, reactivity, misinterpretation of social information, and hypervigilance, most traumatized children do best in a calm environment that accepts no bullying or teasing and in which firm limits are set on negative behavior.

■ Defiance

Children who enter the classroom in a state of low-level fear may refuse to respond to teachers either by trying to take control of their situation through actively defiant behavior or, more passively and perhaps less consciously, by “freezing.” Either way, the child is not receptive or responsive to the teacher or the demands of the classroom. Children who actively try to take control may be more overt and deliberate in their unwillingness to cooperate. This can be particularly frustrating to teachers, since these children can appear to be in control of their behavior. Teachers often attempt to gain the compliance of “frozen” children via directives, but this approach tends to escalate the anxiety and solidify the inability to comply, as Perry describes:

At this point, they tend to feel somewhat out of control and will cognitively (and often, physically) freeze. When adults around them ask them to comply with some directive, they may act as

if they haven't heard or they "refuse." This forces the adult—a teacher, a parent, a counselor—to give the child another set of directives. Typically, these directives involve more threat. The adult will say, "If you don't do this, I will . . ." The nonverbal and verbal character of this "threat" makes the child feel more anxious, threatened, and out of control. The more anxious the child feels, the quicker the child will move from anxious to threatened, and from threatened to terrorized.¹²³

■ **Withdrawal**

Children who withdraw in the classroom cannot participate effectively. Unsurprisingly, these children rarely attract their teachers' attention. Many demands are placed on teachers, not the least of which is managing children who disruptively act out their suffering. Richard Weissbourd, in his book *The Vulnerable Child*, describes the experience of a first-grade teacher whose classroom included several children traumatized by sexual abuse, community violence, and neglect:

Mary Martinez is aware that many of her children are suffering from one or another of these quiet hardships, yet putting out the brushfires can take all her attention. Neglect does not get special attention from her until it becomes severe. Whereas [some children] may secure attention because they are provocative or display directly or symbolically how they have been hurt or abused, . . . the counselor at Martinez's school worries especially about neglected and abused children who, instead of acting out, come to school dead to the world, withdrawn. . . . "Withdrawn kids get zero here. You have to be extraordinarily withdrawn to be referred to me."¹²⁴

Feelings of vulnerability may foster reluctance to engage in the classroom. As Pynoos, Steinberg, and Goenjian state, "Preschool tasks of cooperation and sharing in relationship to other children may be interfered with by withdrawal, emotional constriction, and disrupted impulse control."¹²⁵ Some traumatized children disconnect themselves from the present by dissociating, or "going away" in their minds; they

may not be aware that they have “left” the classroom and missed large amounts of information. Dissociation may be hard for a teacher to recognize unless it is extreme.

One student explains:

I couldn't stand to be in the school. Often I felt like I couldn't breathe. I would stare out the window and let my mind go all over the place. Sometimes whole weeks would go by and I would not even be aware that time had passed. Next thing I would know I was being told I was yet again failing a course.¹²⁶

Withdrawn behavior can be a symptom of depression, anxiety, fear of negotiating interpersonal relationships, or difficulties arising from compromised self-confidence.

■ Perfectionism

Children exposed to violence at home are often subject to the arbitrary will of caregivers who have unrealistic expectations for childhood behavior. Afraid to disappoint these caregivers and incur their explosive response, children often try, and inevitably fail, to meet these expectations. In their genuine desire for approval and success, these children may become perfectionists.¹²⁷

Some perfectionists secretly long to excel but become easily frustrated and give up when they encounter difficulty mastering a task, often preferring to be viewed by teachers and fellow students as noncompliant rather than as unable. To the teacher, it may appear that such a child is simply refusing to try.¹²⁸

Other perfectionists engage in an uncompromising struggle for academic success, but are never satisfied with their achievements. In an attempt to make sense of their experiences, acutely traumatized children may assume responsibility for their caregivers' crimes and deeply internalize a sense of badness. Paradoxically, this intensely negative feeling can lead to zealously perfectionist behavior that masks a grave emotional problem. According to Herman,

In the effort to placate her abusers, the child victim often becomes a superb performer. She attempts to do whatever is required of her. She may become . . . an academic achiever, a model of social conformity. She brings to all these tasks a perfectionist zeal, driven by the desperate need to find favor in her parents' eyes.¹²⁹

Some perfectionist children may engage in coping behaviors that cement the distance between themselves and others in order to avoid the stress resulting from their inability to perform academic and social tasks. As Craig explains, "Children may develop avoidance patterns of oppositional behavior and incomplete work as 'face-saving' techniques for getting out of play time. Though painful in themselves, these practices may seem safer to the child than the experience of failure before peers."¹³⁰

Perfectionist children who are easily frustrated can become despondent when they encounter difficulties. Distress tends to plague even those who do succeed in achieving excellent grades and displaying exemplary conduct while in the midst of extreme adversity. These children sometimes pay a big price by living with high levels of long-term distress.¹³¹

Childhood Trauma and Relationships

Perhaps one of the most important roles schools can play in the lives of traumatized children is helping them to have good relationships with both peers and adults. Positive role models and ways of dealing with peers can play a major role in the healing process and lead to strong academic, social, and behavioral outcomes.

■ Relationships with School Personnel

Children's struggle with traumatic stress and their insecure relationships with adults outside of school can adversely affect their relationships with school personnel. Preoccupied with their physical and psychological safety and lacking appropriate models, traumatized children may be distrustful of adults or unsure of the security of the school setting in general. To gain a sense of control,

they may challenge school personnel, or they may overact because they misinterpret classroom encounters.¹³² In either case, children may behave confrontationally, even aggressively, in their relationships with school personnel. Craig explains that “these children often vie for power with classroom teachers, since they know that they are safe only when they control the environment. They do not like surprises or spontaneous events, which are perceived as dangerous or out of their control.”¹³³ For this reason, many traumatized children have particular difficulty with transitions during the school day.

Researchers point out that it is important for traumatized children to form meaningful relationships with caring adults. Accomplishing this goal requires a schoolwide infrastructure that allows time for positive relationships to develop between students and both academic and non-academic school personnel.

■ Relationships with Peers

Traumatized children may suffer delays in the development of age-appropriate social skills. They may not know how to initiate and cultivate healthy interpersonal relationships. Their “post-traumatic symptoms or behavior . . . may acutely disturb a developing close relationship with a best friend, create a sense of isolation from peers, or lead to social ostracism.”¹³⁴

Traumatized children who are reactive, impulsive, or aggressive may mask their feelings of vulnerability with a “strike-first” posture in response to threat. Seeing through the lens of their negative worldview, they often misinterpret classroom encounters and then overreact with confrontation and aggression that frightens their peers.



Perhaps one of the most important roles schools can play in the lives of traumatized children is helping them to have good relationships with both peers and adults.

Because traumatized children are often “unable to appreciate clearly who they or others are, they have problems enlisting other people as allies on their behalf. Other people are sources of terror or pleasure, but are rarely fellow human beings with their own sets of needs and desires.”¹³⁵

Those traumatized children who are withdrawn or “spacey” alienate peers by their lack of engagement. These children may not pick up on cues to join in with others in the classroom or during breaks, and they may not know how to communicate appropriately with peers. Young children may engage in traumatic play that “may limit the flexibility of play for other developmental purposes” and which can alienate other children who do not understand and/or are “bored” by these repetitive patterns.¹³⁶

Pynoos, Steinberg, and Goenjian explain that “re-enactment behavior, especially inappropriate sexual or aggressive behavior or aggression, may lead to a child’s being labeled ‘deviant’ by parents, teachers, and other children.”¹³⁷ Sexually abused girls, for example, may have little experience with healthy, nonsexual encounters with males. Coming to sexual knowledge prematurely, these girls may relate to boys only in sexual terms, behavior that can stigmatize and isolate them.¹³⁸ Furthermore, as students enter adolescence, “There may be an abrupt shift in [their] interpersonal attachments, including sudden dissolution or heightened attachment, increased identification with a peer group as a protective shield, and involvement in aberrant rather than mainstream relationships.”¹³⁹

A Note on Special Education

Most children experiencing trauma will not develop diagnoses or disabilities that require special education, and this report is not recommending that every student be screened for trauma. However, some percentage will require special education and studies show that abused children are more likely to be in special education, have below-grade-level achievement test scores, have poor work habits, and are 2.5 times more likely to fail a grade.¹⁴⁰ When evaluating a student for special education, it is important to consider the possibility that trauma may be playing a role, as it is easy to inadvertently misdiagnose some of the trauma-related symptoms.

The Trauma and Learning Policy Initiative is convening experts in trauma, neuropsychology, language, and education to develop forthcoming guidelines for making special education and non-special education evaluations, recommendations, and mental health consultations trauma-sensitive. The model will propose ways in which what is known about trauma can be incorporated into discussion about a child's cognitive profile. The hope is that these guidelines will lead to better diagnoses on school-related matters, more appropriate special education and non-special education supports and accommodations for students, and, ultimately, less-restrictive placements.

Conclusion

It is important to remember that trauma is a reaction to an external event. At school, it is not always possible or appropriate to discover whether a child's learning, relationships, and behavioral difficulties are trauma responses. However, by establishing a trauma-sensitive environment throughout the school and by being aware that exposure to violence might be at the heart of a child's learning and behavioral difficulties, school professionals can help minimize the enduring effects of trauma even among those who have not been specifically identified. In cases where trauma is known, an understanding of its effects on learning and behavior will help educators plan the most effective responses.

Chapter 2

The Flexible Framework: Making School Environments Trauma-Sensitive



The Role of Schools in the Lives of Traumatized Children

Schools have an opportunity to ensure that family violence does not undermine children’s chances for educational success. The idea that school can moderate the effects of trauma is supported by research from both developmental psychologists and trauma experts.

For example, child-development psychologists Masten and Coatsworth explored the question of why many children develop competence even under adverse conditions, such as exposure to domestic violence, abuse, homelessness, war, and community violence. They found three key factors common to all competent children, whether or not they grow up in favorable circumstances:

1. a strong parent-child relationship, or, when such a relationship is not available, a surrogate caregiving figure who serves a mentoring role;
2. good cognitive skills, which predict academic success and lead to rule-abiding behavior; and
3. the ability to self-regulate attention, emotions, and behaviors.¹⁴¹

These authors explain that “poverty, chronic stress, domestic violence, natural disasters, and other high-risk contexts for child development may have lasting effects when they damage or impair these [three] crucial adaptive systems.”¹⁴² By the same token, they point out that bolstering these three key factors can help children be successful.¹⁴³

Similarly, a white paper published by the National Child Traumatic Stress Network (NCTSN) Complex Trauma Task Force supports these conclusions. Among this Task Force’s proposals is their “ARC” model for working with traumatized children through both psychological intervention and school and community supports. The three elements of the ARC model are similar to the three factors Masten and

Coatsworth outline. The **ARC** model consists of:

1. building secure **A**ttachments between child and caregivers(s);
2. enhancing self-**R**egulatory capacities; and
3. increasing **C**ompetencies across multiple domains.¹⁴⁴

Schools are uniquely positioned to help children reach their potential in each of the three areas identified by Masten and Coatsworth and the NCTSN. In particular, schools can:

- partner with families and strengthen traumatized children's relationships with adults in and out of school;
- help children to modulate and self-regulate their emotions and behaviors; and
- enable children to develop their academic potential.

Masten and Coatsworth state:

If the goal is to change the competence of [at-risk] children, [multiple] strategies need to be considered ranging from efforts to change child capabilities (e.g., tutoring) to interventions directed at the context (e.g., parent education or school reform or opening of opportunities) to those directed at finding a better fit between a child and his or her context (e.g., changing schools).¹⁴⁵

A Schoolwide Approach to Trauma-Sensitive Supports

In line with this recommendation, the Flexible Framework introduced below encourages the use of multiple strategies tailored to the needs of each school community and its individual students. Rather than advocating for one particular intervention or a one-size-fits-all approach, it offers tools for infusing trauma-sensitive perspectives and approaches throughout the school community and for ensuring that

mental health, academic and nonacademic individualized supports are sensitive to the needs of traumatized children. It is critical that these individual supports be provided within a context that recognizes the complexity of each child and of the traumatic experience.

For an example of how a successful schoolwide approach to trauma works, we can consider the case of the Ford Elementary School in Lynn, Massachusetts. The Ford School, under the direction of Dr. Claire Crane, has been widely recognized for improving dropout, suspension, and achievement rates in a high-poverty area. The school received funding in 2000 from a grant program created by the Massachusetts legislature entitled “Creating a Safe and Supportive Learning Environment: Serving

Youth Traumatized by Violence.” As part of the grant, the school trained its staff to respond to trauma symptoms. The story of George, a student at the Ford, demonstrates how the creation of a schoolwide trauma-sensitive context can revolutionize a traumatized child’s educational experience:



Every child has an area of strength in which he or she excels, whether it is in academics, art, music, or sports. When educators can identify and focus on a child’s strength, they afford the child the opportunity to experience success, with all the emotional implications of doing something well. This is an important starting point in mastering academic content and social relations, which in turn can serve as a basis for success at school.

George had lived with domestic violence—his mother had a series of boyfriends who were often abusive—and his behavior and academic performance were on the decline. His attendance at school was erratic. By the seventh grade, he was absent so often that the principal was on the verge of filing a truancy petition with juvenile court. The staff worried that he would drop out of school by 16—or be expelled.

Fortunately, the school had set up what they called their “trauma committee” to identify children whose actions might be symptoms of trauma at home. The staff had learned the importance of identifying students’ areas of strength as a strategy to reach difficult children. Staff came together for the sole purpose of identifying activities, talents, and interests of students who were not responding successfully in the classroom.

Home and school were stressful places for George, but he found solace on the baseball field. His homeroom teacher, Mr. Herman, had noticed his talent and on occasion went to the school field to watch the after-school pick-up game. He often mentioned something to George the next day about a nice catch or hit. Mr. Herman brought George’s skill in, and enjoyment of, baseball to the attention of the trauma committee.

Unfortunately, George’s grades had prohibited him from joining the school baseball team. Breaking with school policy, the trauma committee decided to approach George with an offer: he could join the team if he wrote a paper on why baseball was important to him. Then he would have to meet a further condition—he would have to keep his grades up if he wanted to stay on the team. George accepted, wrote a successful paper, and joined the team.

The recognition of George’s abilities led to a turnaround. His grades, behavior, and self-esteem improved. He stayed on the team and met all his academic requirements. As the principal proudly stated, “We would never call the court now.”

George’s story illustrates how a school can use its own resources to create a trauma-sensitive approach to solving a problem. Many traumatized children will need a more intensive intervention than George did, but, in all cases, providing support early on when it can do the most good is less costly and more effective than waiting for a child to fail, drop out, or become involved in the juvenile justice system.

The Flexible Framework: An Action Plan for Schools

The Flexible Framework that is described in this chapter can be adapted to the needs of any school community, regardless of organizational structure or educational philosophy.

Designed to enable a school to develop its own trauma-sensitive institutional structure, the Framework provides guidelines for establishing schoolwide practices and supports for staff and students. The Framework has six key elements, each of which is to be evaluated from a trauma-sensitive perspective:

- I. Schoolwide Infrastructure and Culture;
- II. Staff Training;
- III. Linking with Mental Health Professionals;
- IV. Academic Instruction for Traumatized Children;
- V. Nonacademic Strategies; and
- VI. School Policies, Procedures, and Protocols.

We hope that implementation of the schoolwide approaches that follow will in turn generate new strategies for enhancing and expanding the trauma-sensitive school environment. Although the Framework is designed for use at individual schools, several school districts are adapting it for use across their entire districts.

I. Schoolwide Infrastructure and Culture

A. Principal/Headmaster

The senior administrator's leadership role is to engage staff in the process and includes participating in strategic planning and helping staff identify ways to integrate trauma-sensitive routines into existing school operations.

B. Weaving Trauma-Sensitive Approaches into the Fabric of the School

There are several threads, or functions, involved in building a school-wide learning environment for children with trauma that benefit from the use of team or committee structures. Many of these factors will fall naturally into preexisting structures within the school community; for other tasks it may be most beneficial to create new forums. Each school will find its own method for accomplishing the following goals:

- 1. Strategic planning with principals/headmasters, school administrators, and other stakeholders.** An ongoing planning/design group will decide how information on trauma should be integrated into the school community. This team should consider the following questions: How does this process fit into our school? How will we apply this information? How do we get cooperation at all levels? Whom do we involve in various aspects of planning and implementation? Which responsibilities lie with the school, and which should be handled by outside agencies?
- 2. Assessment of staff training needs and desires.** This group will survey the staff to assess their needs and desires and will design and plan staff training.
- 3. Confidential review and conferencing of individual cases.** This team's work will be confidential. Reviews for students who have special education or accommodations plans should take place with their teams.
- 4. Review of policies with an understanding of trauma.** This group, which should include administrators, will review policies, including those on discipline, filing abuse and neglect reports, and communicating with families who may need referrals for outside help.
- 5. Community-liason team.** This group will make connections with mental health providers and Child Advocacy Centers, battered women's and homeless shelters, the Department of Transitional

Assistance (DTA), the Department of Social Services (DSS), and the police. In addition, this group will decide who will develop community-resource lists and who will be the main contact.

6. Evaluation of the success of the program. The jobs of this team are to decide which tools will be used to evaluate the success of the program and to carry out that evaluation. At a minimum, questionnaires assessing staff attitudes should be administered both before the program is implemented and after it has been in place for a period of time, and statistics on agreed-upon outcomes (e.g., rates of suspension, trips to the principal's office for discipline, calls to parents regarding negative behaviors, and so forth) should be gathered both before program implementation and afterward on a regular basis. Evaluation should also assess the quality of trainings and identify new barriers that may arise as the program gets underway.

C. Identifying and Addressing Barriers

Inevitably, barriers to incorporating trauma-sensitive approaches will arise within each school community. It is important to identify, acknowledge, and address these barriers from the outset by getting input from all levels of staff and stakeholders. Some examples of barriers among staff are:

- the tendency to see trauma as a home problem rather than a school problem;
- misplacing blame on students or parents (whether intentionally or inadvertently);
- the personal impact on staff of dealing with these issues, including feelings of helplessness and being overwhelmed;
- balancing individual student needs with the needs of the class as a whole; and
- lack of skills and resources for handling trauma.

The ongoing identification of barriers—through the evaluation process and by other means—will help target staff training and support to specific needs.

II. Staff Training

Bridget Rodriguez was principal of the Morse School in Cambridge, Massachusetts, when it was funded as a pilot school in the 2000 “Creating a Safe and Supportive Learning Environment” grant program. She gives an example of how education in childhood trauma changed the reactions of school staff.

Shortly after our training, a kindergartener had an episode that we were able to recognize as a reexperiencing of a traumatic event. Something had caused her to have a traumatic flashback. Her eyes were dilated and she looked almost catatonic. Instead of intervening immediately to bring the child back into the kindergarten activities or insisting that she immediately talk about how she felt, we knew to escort her to a quiet place and help her feel safe and calm while we sought guidance from the school counselor. That was something we put to use the day after the training.

Staff training, the second of the six elements, should cover three core areas: strengthening relationships between children and adults and conveying the vital role staff play as caring adults in the lives of traumatized children and their caregivers; identifying and using outside supports; and helping traumatized children modulate their emotions and gain social and academic competence.

Because staff come to the table with differing levels of experience, each school will need to assess the level of information that is needed so that training can be targeted to staff needs. The training process can often be incorporated into existing school structures, which will minimize additional investment of resources.

The following training ideas are not a prescription, but rather a general outline of important issues to consider when creating a staff-training program. For an excellent book containing in-depth information for educators, please see Gertrude Morrow’s *The Compassionate School: A Practical Guide to Educating Abused and Traumatized Children*.

A. Partnering with Parents and Other Caregivers

Parents and caregivers are fundamental to creating healthy learning environments for traumatized children. The training program should help staff understand the important role a caregiver plays in restoring a child's feeling of safety after traumatic events have occurred and identify realistic ways to integrate the parent into a child's education. Strengthening the relationship between a caregiver and school staff will help a traumatized child feel more connected to school and can greatly increase the child's chances for success. In addition, it is important for a child to know that his or her caregiver is respected and safe at school.

1. Understanding the cycle of family violence and its effects.

An understanding of the dynamics of family violence and trauma's effects on adult and child victims can build staff's empathy for parents, who often feel marginalized or judged by others.¹⁴⁶ This may include understanding that a parent who lives with or is fleeing a violent partner may focus all her energy on safety, with little emotional energy for other needs, including education; that the experience of family violence can breed a feeling of unequal power and parents may be intimidated to share their own thoughts about their children; and that parents may feel guilty and thus have difficulty accepting that their children may be struggling in school. Sometimes parents withdraw because they feel unable to help their children.

2. Understanding the legal context. School personnel can better support parents if they are familiar with the court orders (such as restraining orders) and laws (such as the school-records access law) that protect abused parents and children. Domestic violence advocates who work in shelters or at legal services are good sources of information on legal issues.

3. Communication strategies. Training by clinicians can highlight strategies to help staff avoid the problems that frequently arise when communicating with adults who have been traumatized by domestic violence. Staff can learn ways to help parents feel trusting of the school; this parental trust can translate directly into trust by the student. At the start it is

important to assess the strengths a parent brings to the school (e.g., At what level can the parent read? What are the parents' work hours that might make attending meetings possible? What is the parent already doing that is helping the child succeed?). While factoring in the parent's strengths and limitations, it is important to maintain positive communications on a daily or weekly basis through written communications whether or not feedback from the parent is received. Spending time listening to parents' goals for their children and incorporating this understanding to support the child can be very empowering to parents. When holding a parent meeting it is important to be clear and structured and to provide written outlines of what is covered. Clinicians should advise staff and even role-play ways to both communicate with parents and make successful referrals to mental health professionals.

B. Supporting Staff

Training should help educators understand the significance of their role as mentors and caring adults in the lives of traumatized children and focus on the supports they need to fulfill this role.

1. Identifying needs. Staff should be given the opportunity to brainstorm the supports they may need to work with traumatized children in the classroom. Consultation with mental health professionals who understand the impact of trauma in the classroom can be helpful in this process.

2. Understanding the roles of teacher and mental health professional. Training should clarify the difference between the role of the teacher and the role of the mental health professional. The goal of training is not to turn teachers into therapists, but to enable them to create stable, supportive classrooms in which traumatized children can become full participants in the school community. Training should stress strategies for establishing stronger linkages to mental health resources and for effectively referring families to mental health professionals when necessary.

3. Building on competencies. The training should make clear that educators already have many of the skills needed to help traumatized children learn (for details, see section IV of the Framework, “Academic Instruction for Traumatized Children”). The focus should be on ways to build upon competencies teachers already have. For example, some teachers are particularly skilled at presenting information in a variety of ways, others are quite consistent, some are highly organized, and there are those who form positive ongoing relationships with students beyond the classroom. All these are among an array of strengths that can be reinforced and expanded with an awareness of how they can be useful in dealing with traumatized children. Teachers should also be encouraged to take advantage of resources already in place in the school. For example, a teacher might engage a physical educator or an occupational therapist to help adapt a classroom or incorporate physical activities to calm a hyperaroused child.

C. Teaching Students

Training should emphasize the important role teaching and learning can play in diminishing trauma symptoms and enabling traumatized children to reach their potential despite their difficult circumstances. It should also equip staff to understand the ways that trauma may manifest itself in the classroom. In addition to the particular teaching strategies discussed at length in section IV of this Framework, staff training should include the following:

1. Helping children regulate emotions in order to master social and academic skills. School provides an important opportunity to teach children how to calm their anxieties and modulate their behaviors. Traumatized children operate at a high level of arousal and fear, making it difficult for them to process information. Anything that reminds a child of the trauma (a facial expression, the color of someone’s hair) can trigger behaviors that may not be appropriate in the classroom. Training can start by helping staff recognize when children might be experiencing intense emotions and then move on to a discussion of appropriate supports and responses. Physical activities such as martial arts, yoga, and theater are becoming

recognized as important activities that can help traumatized children reduce hyperarousal and can be enlisted in the classroom to help children focus and learn. Also, simple accommodations such as creating a safe space, or “peace corner,” in the classroom; alerting children to any loud noises (e.g., bells, fire alarms) before they occur; and giving children goal-directed tasks that involve movement (e.g., passing out papers) can help children who are aroused regulate their emotions.¹⁴⁷

2. Maintaining high academic standards. One of the most effective ways for children to overcome the impact of trauma is to master the academic and social goals set by the school. Upon learning that a child has been subjected to trauma, it is natural to assume that the curricula should be lightened or expectations diminished. Often adults will say, “She needs time away from academics for a while.” It is understandable to want to make things easier on a stressed child, and sometimes this is appropriate. However, careful attention should be paid to the message conveyed by lowering standards. Children often interpret lowered standards as validation of a sense of themselves as worthless, a self-image created by the trauma. Ideally, it is best to let the student know that, despite the travails of his or her life, your expectation is that the student will continue to meet the high standards set for all the children, and that the school will help to make that possible.

3. Helping children feel safe. Many of the academic and behavioral difficulties experienced by traumatized children are consequences of the persistent state of fear in which they live. For them to be educated effectively, it is essential that they feel physically and emotionally safe at school. Training should include discussion of how the school can ensure that abusive parents do not enter the building, how to make the classroom safe from teasing and bullying, ways to help children perceive adults as safe and positive, how to reinforce predictability in the classroom, and how to help traumatized children react to the unexpected (e.g., a schedule change).



Physical activities such as martial arts, yoga, theater, and art are becoming recognized as important activities that can help traumatized children reduce hyperarousal and can be enlisted in the classroom to help children focus and learn.

4. Managing behavior and setting limits. Traumatized students must be held accountable for their behavior. However, a behavior-management system should be based on an understanding of why a particular child might respond inappropriately in the classroom and on the relational and academic needs of that child. (For more detail, see section VI of the Framework, “School Policies, Procedures, and Protocols.”) Traumatized children may need to learn that obeying rules will make a positive difference in their lives; the experience of many children growing up in households plagued by family violence is that rules are arbitrary. It is essential to put in place a school-wide coordinated behavior-management system that emphasizes positive behavioral supports. In addition, traumatized children may benefit from social-skills groups that teach children what behaviors are socially acceptable at school, discuss ways to make friends, and help them learn to trust adults.

5. Reducing bullying and harassment. Traumatized students will particularly benefit from a predictable environment that is bully and harassment free. To create such an environment, schoolwide policies concerning bullying and harassment should be established and all staff and students should be trained in how to recognize and respond appropriately. The Newton, Massachusetts, Public Schools curriculum “Creating a Peaceable School: Confronting Intolerance and Bullying” emphasizes a school environment where students feel connected as a community and where older students model positive alternatives to negative peer group behavior. This curriculum also provides “opportunities for students to deal with feelings of exclusion, anger, prejudice, and disempowerment, and conversely with feelings of community, speaking one’s voice and empowerment.”¹⁴⁸

6. Helping children have a sense of agency. Teachers can help traumatized children cultivate a sense that they can control their environment by creating structures within which children can make choices. Making choices strengthens one’s sense of empowerment; having structured opportunities to make choices helps traumatized children overcome the chronic feeling of powerlessness that family violence induces. Learning



For traumatized children to be educated effectively, it is essential that they feel physically and emotionally safe at school.

to accept school boundaries and make appropriate choices within these boundaries can foster a much-needed sense of self-control in traumatized children who chronically seek to be in control of others.

7. Building on strengths. Every child has an area of strength in which he or she excels, whether it is in academics, art, music, or sports. When educators can identify and focus on a child's strength, they afford the child the opportunity to experience success, with all the emotional implications of doing something well. This is an important starting point in mastering academic content and social relations, which in turn can serve as a basis for success at school.

8. Understanding the connection between behavior and emotion. Traumatized children are often unable to express their experiences in ways adults can readily understand. Lacking the words to communicate their pain, they may express feelings of vulnerability by becoming aggressive or feigning disinterest in academic success because they believe they cannot succeed. Moreover, they themselves may not understand why they are upset or acting out, creating a disconnect between experience, emotion, and actions. When teachers don't understand why a child is acting out, they are likely to focus on the behavior, not on the emotion behind it. Training should help staff understand that a traumatized child's disruptive behavior often is not a matter of willful defiance, but originates in feelings of vulnerability. Once teachers grasp this critical insight, they will be able to work toward responding to what the child may be feeling, rather than solely on the problematic behavior.

9. Avoiding Labels. Training needs to emphasize the negative consequences of publicly labeling children "traumatized" or "abused." Labeling carries the risk of making trauma into a prominent feature of the child's identity.

III. Linking with Mental Health Professionals

Mental health professionals with expertise in trauma can offer many kinds of assistance to schools that are helping traumatized children learn. They can consult with and provide clinical supports directly to teachers, participate in consultations about individual children, do testing and evaluations, and give trainings and presentations. In all instances, it is important to clarify when confidentiality and boundaries must be maintained. For example, it may not be appropriate for a mental health professional who is providing therapy to a student and her family to lead a support group attended by that child's teachers.

When schools already have mental health professionals on staff, it is important that they be included in the training program. Schools that do not have in-house services will need to identify appropriate mental health providers who understand trauma's effects on academic and social development in school. We are not specifically advocating in-house or community-based services; instead, we recognize that schools in both situations will need some outside support from mental health professionals who have expertise in trauma and its impact on learning and behavior.

A. Clinical Supports for School Staff

A vital part of educating school staff about trauma and family violence is providing a support system that includes didactic components and clinical components. We recommend a practicum model in which staff interact with each other and with a mental health clinician who has expertise in trauma and its impact in the classroom. In these sessions, staff can review difficult cases and process their own experiences, learning from each other and from the clinician. Clinical support by trauma-knowledgeable clinicians should include:

- 1. Confidential discussion.** It is essential to maintain confidentiality when identifying and developing classroom strategies to help traumatized children learn.
- 2. Opportunities for staff to reflect upon how their work is affecting their own lives.** Vicarious traumatization is

a common experience among those working with trauma survivors. Teachers dealing with traumatized children may feel some of the anxiety, helplessness, and anger that the children feel and may benefit from the guidance and support of a clinician. Staff should also have opportunities to describe to colleagues and experts their successes in working with traumatized children.

3. Opportunities to work on reacting positively to traumatized children. Clinicians can encourage teachers to respond to a traumatized child's underlying emotions rather than solely to the child's behavior, a goal that is as important as creating a structured and predictable classroom environment. Learning to respond to a child's affect can be stressful, and teachers will benefit from the support of clinicians and fellow teachers.

4. Teaching staff behavior-management techniques. Clinicians and behaviorists can help teachers structure the classroom for success and for behavior management. They should make recommendations that address the needs of individual children whom the teacher has a hard time reaching.

5. Opportunities to role-play communications with parents. Clinicians should help educators practice communicating with parents who may themselves be traumatized and who therefore have difficulties hearing and processing what the teacher is saying.

B. Accessing Mental Health Resources for Families and Students

Teachers can play a helpful role in steering families toward appropriate mental health resources.

1. Making referrals. A successful referral to a mental health provider involves thought, follow-up, and giving support to the child's parent or caregiver. Simply providing a phone number for the family to call is not likely to result in a successful referral. If possible, educators or administrators should lay the groundwork for the referral by making the initial connection with the outside provider. Be sure to

communicate confidentially with the custodial parent about the need for services to avoid any additional violence within the family.

2. Building relationships with parents/caregivers. Ideally, after mental health services begin, the provider will give feedback to the school about the child's needs. In order for educators to gain access to information from a child's therapist, the educator is legally required to secure a parent's written permission. This will happen in the best possible way if the educator has built a positive relationship with the caregiver. A trusting relationship between the teacher and the caregiver is always in the best interest of the child, but in the case of obtaining this permission, it is also logistically necessary. If a parent is uncomfortable giving a blanket authorization for release of information from the therapist, the educator can ask for a release limited to the child's needs at school or can arrange for a three-way phone conversation, also focused on school issues. These options give the parent, who may herself be an abuse victim, more control over the sharing of sensitive information. Conversations with a child's mental health provider must remain confidential unless the parent authorizes otherwise.

3. Building a relationship with a mental health provider. Once a caregiver has signed a release of information, the educator should take the initiative in contacting the mental health provider. The educator should focus on obtaining information that will be useful for devising strategies helpful to that particular child, such as what self-soothing or calming techniques may be effective and what may trigger that child's anxiety (e.g., fear of separation from a parent). Periodic conferencing between a child's therapist and educator will keep both parties on the same page.

IV. Academic Instruction for Traumatized Children

Traumatized children may be difficult to identify in the classroom. Some exhibit behavioral problems, and many have learning profiles that are similar to learning-disabled students (for example, they may not be able to organize their writing or analyze narratives). Although the learning difficulties of traumatized children and learning-disabled children have different sources, similar teaching strategies are effective with both groups. Traumatized children often respond well to literacy intervention, classroom accommodations, and specialized instruction.

The following section describes overarching teaching techniques, as well as more focused language-based approaches. Please note that the key to successfully applying these well-known teaching techniques to traumatized children is keeping in mind the social and emotional barriers that these children face. The relationship between educator and student is incredibly important; for these children, this is what creates space for learning.

A. Overarching Teaching Approaches

The particular challenge when teaching traumatized students is providing an atmosphere that allows teachers to go beyond social and behavioral issues to address the student's learning needs. This teaching process consists of interrelated components:

1. **“Islands of Competence.”**¹⁴⁹ The educator needs to discover a student's area, or island, of competence. When the student is allowed to be successful in his or her area of competence, the learning process can begin to take hold and develop. Focusing on an island of competence should not be misunderstood as “dumbing-down” an activity or lesson; rather, it is tailoring learning to a child's interests in order to achieve academic success. Not only does success bolster learning, but it is also central to developing a positive, trusting relationship with the student.
2. **Predictability.** Providing opportunities to succeed must be reinforced by a classroom environment that supports the student's success. Established routines and positive responses

are important for all children, but they are particularly helpful for traumatized children, who need a school environment that is predictable and safe, in contrast to life at home. Laura Goldman, a fifth-grade teacher at the Barbieri Elementary School in Framingham, has shared an example of how predictability can be crucial for a traumatized child: “Emma looks forward to certain activities, and can get thrown off if there are sudden changes. By posting a daily schedule on the board, she can see throughout the whole day what is coming up and what we’ve already done. If there is going to be a change, she has a constant reminder and nothing will be a surprise to her. I will take the initiative to tell her if there is going to be a big change, to let her know a day ahead to help her prepare for the change.” Enhancing predictability in the following areas will be beneficial to traumatized children:

- **Timing of lessons and activities.** Educators enhance predictability when they clearly communicate the schedule their lessons and activities will follow. This can be accomplished by making easily readable schedule charts and by reviewing what activities will be taking place and their projected duration. Going over the schedule on a consistent basis will reinforce predictability.
- **Transitions without trauma.** Traumatized children are often particularly sensitive to transitions. To reassure them and to avoid triggering reactions, educators can preview new people and places, help children predict what will be happening next, and remind them of the uniform enforcement of rules throughout the school setting.
- **Safety.** Traumatized children benefit from classrooms that they know are physically and psychologically safe and secure. This sense of safety includes freedom from physical and verbal threats from, and assaults by, other students and protection from intrusions into classrooms by abusive parents. Traumatized children who are prone to acting out feelings of aggression should not be allowed to traumatize others or



Traumatized children benefit from classrooms that they know are physically and psychologically safe and secure.

cause harm. Supports need to be in place in every classroom to address behavior that is out of control or unsafe. (See section VI-A of the Framework, “Discipline Policies.”) Children’s sense of safety will be increased by incorporating functional safety skills into the regular curriculum, teaching conflict-resolution skills, and seeing teachers resolve conflict in appropriate ways.

■ **Written plans.** Individualized education plans (IEPs) or accommodation plans for students with disabilities should describe in detail the accommodations, supports, services, and actions to take if a traumatic reaction is triggered. It is helpful to have a written action plan for traumatized children without disabilities, as well.

3. Consistency with classmates. The academic work assigned to traumatized students should be in line with the rest of the class. If there is a gap, it is best to be honest with the student about

where it is and how it can be closed. Enumerating difficulties and providing a roadmap to remediation takes the mystery out of academics and empowers the student, who now knows what needs to be done.

4. Positive behavioral supports. Breaking tasks into parts and providing encouragement and reinforcement throughout the day can help traumatized children feel safe. Behaviorists, who often are asked to observe a classroom to determine the antecedents of difficult behavior, may benefit greatly from working with trauma-sensitive clinicians to identify what may be triggering a traumatized child's problematic behavior. With this information, the teacher can structure the classroom day so that traumatized children receive the affirmation and support that they need.

B. Language-Based Teaching Approaches

Many traumatized children pay more attention to nonverbal signs than to words, which results in frequently missing cues or misunderstanding information. These children can easily lose track of what is happening and misinterpret instructions or expectations in the classroom. Losing track of classroom activity may trigger anxiety, which throws the student further off and makes it harder to catch up. Familiar language-based teaching strategies are effective for reducing fear and increasing the ability to take in and learn information and follow rules.

1. Using multiple ways to present information. Among the essential approaches for teaching traumatized children are the use of multiple modes of presenting instructions and expectations (e.g., written and auditory), having children repeat instructions, and practice and role-playing. For example, to teach a traumatized child the rules of classroom safety, it may be helpful to not only give verbal examples (no pushing in the lunch line, no pulling hair, and so forth) but also to have the child practice walking in a line and keeping his hands to himself, etc. It can be worthwhile to have the child do a homework portion in class to check if the instructions have been understood. All these techniques reduce the fear evoked

when chunks of information have been missed; a child who can move from hyperarousal into a calm state will be more available for academic and social learning.

2. Processing specific information. Strategies helpful for traumatized students include going over new vocabulary and concepts prior to a lesson, putting information in context, asking questions to facilitate prediction of outcomes, and emphasizing and repeating sequences of events and cause-and-effect relationships. Language therapists recommend giving examples that range from the concrete to the abstract, and they suggest using graphic organizers and physical manipulatives to help children stay on track.

3. Identifying and processing feelings. Trauma often impairs the ability of children to use words and pictures to identify their feelings. Children who have trouble using language to communicate emotions cannot always “formulate a flexible response” to situations and may react impulsively.¹⁵⁰ Learning to identify and articulate emotions will help them regulate their reactions. However, it is important to let children calm down before helping them identify their feelings. Some children have cognitive profiles that interfere with their capacity to put words to feelings; they may need specialized approaches and the help of language therapists who work closely with mental health clinicians.

C. Ensuring Appropriate Evaluation

When children receive school evaluations because they are not making progress at school, the evaluator should consider whether trauma may be playing a role. A trauma-sensitive evaluation should address the interface between trauma and the child’s cognitive and learning profile.

1. Psychological evaluations. When a traumatized child needs a psychological evaluation—either through regular education or as part of a special education evaluation—it is helpful to make a referral to a mental health professional who has expertise in neuropsychology, childhood trauma, and trauma’s impact on learning. (When it is not possible to find one mental health

professional who is knowledgeable in all three areas, a team can be set up.) Following the evaluation, the mental health professional should make specific recommendations that will help the school staff teach the child. There has been much discussion about the amount of background information the mental health professional needs to share with the school in order for the school to work effectively with a traumatized child. In general, the details of how a child became traumatized are usually far less important to a school than an understanding of what the child needs to function and be successful. This information may include traumatic triggers (e.g., the child is scared of mustaches); specific ways to help the child modulate emotions and gain a feeling of safety (e.g., places to calm down if upset); special supports, such as a language-skills group or adapted physical education; accommodations, such as sound reduction; and teaching strategies that accord with the child's cognitive profile.

- 2. Speech and language evaluations.** As discussed in chapter 1, many traumatized students have trouble with receptive and expressive language, perspective taking, linguistic and narrative skills, and interpreting social context. These children can often benefit from an evaluation that covers the linguistic, pragmatic, and narrative aspects of language.
- 3. Functional behavioral assessments.** A traumatized child who has difficulty regulating emotions or behaviors might benefit from a functional behavioral assessment and a behavior-intervention plan. The process consists of gathering information about the cause and purpose of the problem behavior in the classroom and then developing an effective program of intervention based on that information. Critical considerations include the child's traumatic triggers, understanding of authority, and ability to follow rules. Frequently, other clinical issues need to be factored in. In addition, there should be a careful assessment of the classroom environment.
- 4. Occupational therapy evaluations.** Traumatized children can often benefit from an occupational therapy evaluation. Such an

evaluation can give the teacher and parent information about the physical activities and classroom accommodations that will help induce and maintain physiological calm in a particular child.

V. Nonacademic Strategies



A. Building Nonacademic Relationships with Children

Building a nonacademic relationship is one of the most effective ways for a teacher to help a traumatized child. When a child feels appreciated and cared for by a teacher, a sense of safety grows, and the child consequently becomes more open to learning. The mother of a child traumatized by family violence states,

When a child feels appreciated and cared for by adults at school, a sense of safety grows, and the child consequently becomes more open to learning.

“When Jill was in third grade her teacher really *knew* her. That made such a difference to Jill’s learning. When she left third grade she was reading at grade level.” Ways to build a relationship with a student include demonstrating warmth toward the student and expressing joy in accomplishments, giving the student a special job that will increase feelings of competence, and spending an occasional lunchtime with the student. One example of a successful attempt to build such a relationship with a traumatized student comes from Barbara Neustadt, a nurse at the Barbieri Elementary School in Framingham. For this particular child, Samuel, she became a central safe figure in the school. In addition to helping Samuel learn how to gain control over his ongoing medical needs, she reinforced his competence by helping him get special jobs in the school.

B. Extracurricular Activities

As discussed above, helping a traumatized child locate areas of strength is essential for building self-esteem and confidence. For many children, the area of strength is not an academic subject but an extracurricular activity, such as theater or basketball. Researchers are beginning to investigate activities such as theater, yoga, and martial arts as important tools for helping children modulate their behaviors and emotions, thus making them more available for learning. Supporting participation in the extracurricular activities in which a child excels will help the child flourish in all aspects of the school setting.

VI. School Policies, Procedures, and Protocols

A school promulgates a culture of trauma awareness through its policies and protocols. Policies already in place need to be reconsidered from a trauma perspective, and some new policies may have to be created to make a school into a safety zone for traumatized children. We suggest that the following policies and protocols be assessed from a trauma-sensitive perspective.

A. Discipline Policies

Trauma-sensitive discipline policies can achieve the dual goals of managing problematic behavior and helping traumatized children feel respected and safe. The following principles are a starting point for planning:

I. Balancing accountability with understanding of traumatic behavior. An understanding of trauma-induced behavior will hopefully lead to positive and proactive behavioral approaches, emphasis on the creation of routines and rules, and therapeutic supports that are responsive to the core problem. When traumatized children engage in inappropriate behavior, it is critical to hold them accountable, but for responses to be effective, they must reflect an understanding of the origin of that behavior. Educators should keep in mind the limits of traumatized children's level of self-control, impairment in understanding rules and expectations, and frequent inability to explain why they have acted out.

2. Teaching rules to traumatized children. Traumatized children sometimes come from home environments in which power is exercised arbitrarily and absolutely. It is important for these children to learn to differentiate between rules and discipline methods that are abusive and those that are in their best interest. Whenever possible, school personnel should avoid battles for control, seeking instead to engage the child while reinforcing the message that school is not a violent place.

3. Minimizing disruption of education. The goal is to keep children in learning environments while also making school safe for all. The school must address, without exception, behavior that is disruptive to other students and to teachers. However, because it is crucial that traumatized children feel and be part of the school community, the school should address behavior before it spirals out of control by implementing positive behavioral supports and behavioral intervention plans—and more restrictive placements, though only when absolutely necessary—rather than suspension and expulsion.

4. Creating uniform rules and consequences. Consistency is important for all children, but it is crucial for those who have been traumatized by family violence. Expectations, rules, and consequences should be consistent from teacher to teacher and throughout all school settings. A traumatized child needs to know that the rules in the lunchroom are the same as the rules in the classroom. Consistency at school will allow a traumatized child to begin to differentiate between arbitrary rules, which they may be subject to at home, and purposeful ones. A traumatized child needs to see that rules are enforced fairly and apply to all students.

5. Model respectful, nonviolent relationships. When teachers resolve conflicts appropriately, they are using a powerful tool for teaching about nonviolent behavior. Their behavior serves as a model for traumatized children, who may have little or no experience with resolving difficulties respectfully.

B. Communication Procedures and Protocols

Communication among caregivers, the school, health and mental health providers, and outside agencies can be very helpful if carried out in a manner that respects the confidentiality and safety needs of the family.

- 1. Confidentiality regarding students and families.** Staff need training (from school counsel, if possible) on what information they are allowed or obliged to share with, or are prohibited from disclosing to, parties such as parents who do not have custody or have a history of domestic violence, members of the school community, the local child protective service, and law enforcement and mental health professionals. Authorization from the appropriate parent or guardian is required before staff can discuss or provide school records or speak to a child's mental health provider. Staff training should especially



Consistency is important for all children, but it is crucial for those who have been traumatized by family violence. A traumatized child needs to know that the rules in the lunchroom are the same as the rules in the classroom.

emphasize the rules that apply to communicating with noncustodial parents, particularly when there is a restraining order or a history of family violence. (In Massachusetts, see MGL c. 71, sec. 37H.)

2. Communicating with families of traumatized children.

Staff should be given training on how to talk to parents of traumatized children. The need to maintain the child's trust in the school professional should be emphasized and staff should be trained to be alert to issues involving the safety of parent and child—for example, asking the custodial parent what is the best time to call. The school needs to put into place protocols for communicating with parents when trauma is suspected and with parents who are in the midst of a violent situation. Staff must be trained in communicating with parents who are alleged perpetrators of violence.

3. Filing an abuse and neglect report. School personnel are mandatory reporters of child abuse and neglect, and most schools already have policies and procedures for filing an abuse and neglect report (in Massachusetts, known as a 51A). These policies protect and support both school personnel and families. The school should have in place specific procedures to follow when abuse and/or neglect is suspected and a mandated report appears to be necessary. These procedures should specify a plan for consultation among staff, the details of who, how, and when to file, and a plan for debriefing afterwards. When intervention is needed, the nonabusive parent should be informed ahead of time, if at all possible, that a report is going to be filed; this can prevent the nonabusive parent from losing trust in the school and can allow for safety planning to help stave off a potentially violent reaction to the report on the part of the abusive parent. Consideration should be given to the point prior to filing when it will be safe and appropriate to inform parents who are alleged to be perpetrators. After the report has been filed, the school should work with parents as closely as is appropriate to support their parenting skills.

C. Safety Planning

Staff should understand their role in making school a safe haven for families who are fleeing domestic violence. Family violence shelters will welcome schools' assistance in developing school safety plans.

1. Disclosing student-record information. Sharing student record information with perpetrators of family violence poses a danger to both adult and child victims. To ascertain if an alleged perpetrator is eligible to receive student record information, staff should seek the advice of school or town legal counsel. Massachusetts General Law, Chapter 71, Section 37H, prohibits the disclosure of student record information to parents against whom restraining orders or other domestic-violence-related court orders have been issued. *Staff should NOT release information to ineligible persons.*

2. Transferring records safely. Sending records from one school to another can leave a paper trail for an abusive parent to follow. For homeless families fleeing violence in Massachusetts, the Department of Education's Office of Health, Safety and Student Support Services (HSSSS) will serve upon request as a safe conduit for records going from one school to the next. Other agencies in Massachusetts, such as the Department of Social Services or the Department of Transitional Assistance, have also provided this service on an informal basis.

3. Deleting contact information. School personnel are required to delete the address and telephone number of the student and the custodial parent before releasing any information to a non-custodial parent with a history of family violence. Schools also are required to give parents the option of having their names and contact information withheld from school directories.

4. Helping families select their safest school. Children often become homeless when their families flee a violent home situation. The McKinney-Vento Homeless Assistance Act is a federal law that entitles children in homeless families (including families who are doubled up in the homes of others) to remain in the school attended before the family became homeless or

to enroll in school in the town where the family is temporarily residing. If the family moves again, the child retains the right to either stay in the school he or she has been attending or to transfer to a school in the new town. This right stays in force through the end of the school year in which the child enters permanent housing. School must provide transportation to enable students to continue in their chosen school (a McKinney Manual to help families fleeing violence published by MAC and the Task Force on Children Affected by Domestic Violence is available at www.massadvocates.org or at www.masslegalservices.org). The McKinney-Vento Act can be used to help keep children safe from batterers. McKinney-Vento requires that each school have a liaison who assists homeless families with enrollment and other decisions and helps support homeless children at school. This person should be consulted and informed about trauma issues affecting homeless children.

5. Supporting the enforcement of court orders. School staff should be educated about such court orders as restraining orders, custody and visitation orders, and orders that protect confidential information. This will help the school to facilitate their enforcement. Sometimes a noncustodial parent may try to convince the school to look the other way rather than comply with a restraining order. It is best to refer parents back to the court system to resolve disputes and to avoid providing advice as to whether the court order is fair, reasonable, or justified. It should also be explained to school staff that some caregivers do not seek restraining orders in order to avoid further harm to their families. Whether or not there are any court orders, schools need policies that ensure the safety of staff and of families affected by family violence.

■ **Obtaining copies of restraining orders.** School personnel should encourage parents, or the student if of sufficient age, to give copies of active abuse-prevention orders to the school.

■ **Informing relevant personnel.** Schools should keep copies of active restraining orders in accessible locations and inform all relevant school personnel of their existence.

■ **Obtaining a photo.** To enable school personnel to identify an abusive person seeking to enter school premises, schools should request a photo or description of the abusive person and attach it to the copies of the restraining orders.

■ **Responding to violations.** A few staff members should be trained to respond to violations of restraining orders on school grounds. Also, each school should come up with procedures to follow if an abusive noncustodial parent insists on attending school meetings or tries to communicate with a child or custodial parent through school staff. Safety should be taken into consideration when arranging transportation or school-record transfers for children fleeing an abusive parent.

■ **Cooperating with law enforcement.** School policies should support and encourage staff cooperation with law enforcement and the courts, including providing testimony if requested.

■ **Notifying caregiver of violations.** School staff who observe or have knowledge of a violation of a court order (e.g., a parent who is prohibited from seeing the child comes to pick the child up at school) should notify the custodial parent/caregiver or, as appropriate, the student who is protected by the order of the violation.

6. Connecting to healthcare providers. Schools should seek to link with a child's community-based healthcare providers when appropriate. It can be particularly important, for example, for the school nurse to be in communication with a child's pediatrician or prescribing psychiatrist. The school nurse is often the member of the school staff who is the first to see bruises or to learn of stomachaches; the nurse is also usually the person who administers medication to children during the school day. To the extent that a traumatized child has medical issues, this kind of collaboration can be crucial to his or her school success.



The academic work assigned to traumatized students should be in line with the rest of the class.

7. Connecting families to community resources. Schools should be aware of resources in the community, such as legal services offices and domestic violence shelters, to which they can refer families looking for help in addressing violence in their homes. However, staff should not pressure a parent or student into obtaining a restraining order, because sometimes taking this legal step can trigger additional violence.

D. Collaboration with the community

Helping children and families cope with trauma requires the intervention of more than the school system. Good working relationships with community resources are essential. The best approach is for a school to establish connections with these resources before seeking their assistance for the first time. That way, when the school needs help with a specific case, a relationship is already in place.

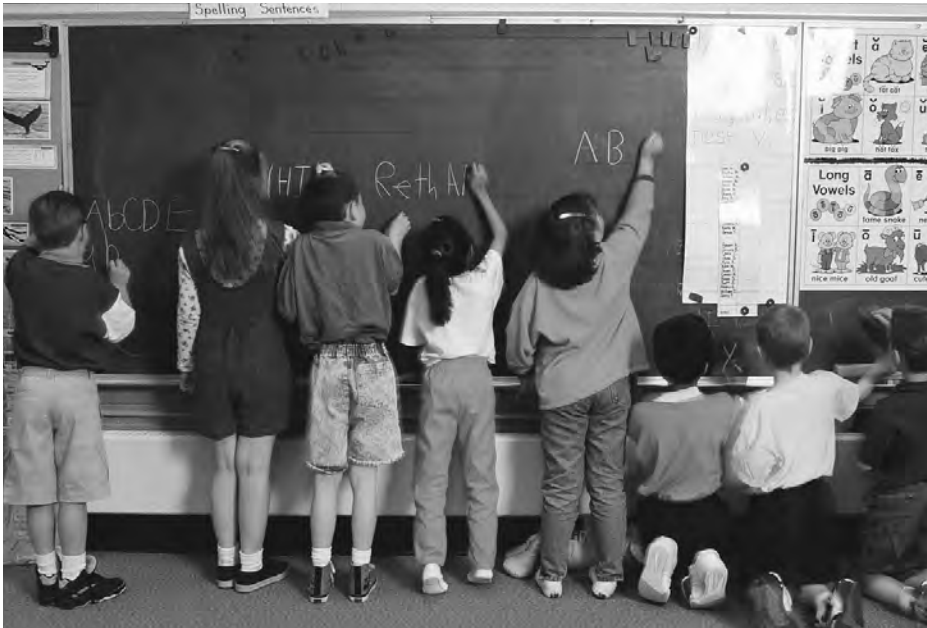
1. Appoint a liaison. In order to maximize communication and effectiveness of policies and protocols, each school should appoint a staff member to be its liaison to health and mental health providers, the department of social services, law enforcement, the court system, and other state agencies. As suggested earlier in the Framework (section 1, part B, number 5), this staff member should ideally be part of a community-liaison team.

2. Connect with legislators, funders, and public policy makers.

Local, state, and federal legislators and policy makers have a great deal of influence in determining the resources schools have to address trauma. It is advisable to be in communication with policy makers and, if possible, to develop relationships with them. Federal grants are beginning to be available for schools to develop trauma-sensitive supports, especially when the school is part of a communitywide effort to mitigate the impact of trauma caused by family violence.

Chapter 3

Policy Recommendations



The long-term public policy goal is to ensure that children traumatized by family violence succeed in school.

Schools across Massachusetts and beyond can become environments that enable traumatized children to focus, behave appropriately, and learn. To reach this important goal, funding is required to enable each school to adopt a framework and formulate an action plan that will weave trauma-sensitive approaches across the school day and provide individual supports to teachers, parents, and students (see the Flexible Framework in chapter 2). We need to ensure that there is an adequate number of school professionals who understand the impact of family violence on children’s learning and are knowledgeable about the best approaches for meeting these needs. We must also ensure that learning and behavioral problems are accurately diagnosed so that appropriate services can be provided.

We appreciate the leadership provided thus far by the Massachusetts Department of Education, and we invite the Department to continue to play a key leadership role on behalf of traumatized children. We ask for increased research on best approaches to address the school needs of these children.

We call for a major summit of key stakeholders to develop a statewide plan for intervening early to address the needs of these children and for decreasing punitive responses such as suspension, expulsion, unnecessary segregation, and referrals to the juvenile justice system.

Recommendation # 1

The Commonwealth should provide publicly funded schools and preschools with funds necessary to develop schoolwide action plans addressing the needs of traumatized children.

The grant program set forth in Massachusetts General Laws, Chapter 69, Section 1N (Chapter 194 of the Acts and Resolves of 2004; see Appendix A) should be expanded to provide funding for all public schools, including publicly funded day care and preschools, to develop and implement their own action plans. These plans should include the following:

- an administrative infrastructure responsible for weaving trauma-sensitive approaches throughout the school day;
- training, skill building, and clinical supports for staff;
- approaches for partnering with parents, who themselves may be suffering from trauma;
- teaching approaches that enable traumatized students to master academic content;
- approaches for using nonacademic activities to support traumatized children;
- individual and group supports to help children regulate their emotions and behavior;
- linkages with mental health services that are able to address the needs of traumatized students;
- review of policies and protocols (including school records laws and court orders) through a trauma-sensitive lens;
- plans to ensure that students are physically and emotionally safe at school; and
- collaborations with local agencies and community organizations, including domestic violence agencies and shelters.

Recommendation # 2

Massachusetts stakeholders should reach consensus on the laws, policies, and funding mechanisms necessary for schools to intervene early to address the needs of traumatized students and to decrease punitive responses.

Key trauma experts, leaders in education, members of the executive and legislative branches of government, and advocates should convene to develop a statewide plan to address the impact of trauma on learning and behavior and outline what schools can do to respond appropriately and effectively, without resorting to punitive responses, such as suspension, expulsion, unnecessary segregation, and referrals to the juvenile justice system.

Recommendation # 3

Teachers and administrators should learn approaches and strategies for teaching children who may be traumatized.

State certification regulations for administrators and teachers from pre-school through high school should require completion, at the pre- and post-certification levels, of course work that includes the following: identifying trauma symptoms, understanding the impact of trauma on learning, approaches to partnering with parents of traumatized children, and classroom strategies that enable traumatized children to succeed academically, behaviorally, and socially. Administrators and teachers should also be educated in how to establish effective linkages and collaborations with mental health professionals and other experts.

Recommendation # 4

Mental health professionals and other specialists providing services in school settings should respond appropriately to trauma-related learning and behavioral problems and should provide trauma-informed consultations to educators.

- Training on trauma's impact on learning, the dual roles of consultants and direct-service providers, and ways to assess the role trauma may be playing in learning and behavioral problems should be required at the pre- and post-licensing levels for mental health professionals, speech and language therapists, and other experts who provide services in schools.
- Guidelines for assessing students' trauma-related educational, language, and psychosocial needs should be developed by mental health, education, and language professionals who have expertise in childhood trauma.
- Rates of reimbursement for mental health and special education evaluations should be sufficient to ensure that the traumatic aspects of a child's needs are assessed by a qualified expert.

Recommendation # 5

The Department of Education should provide continuing information and support to schools.

The Department of Education should develop an office on trauma and schools. The duties of this office should include:

- Maintaining a section of the DOE website on best practices and curricula to address the educational, psychosocial, extracurricular, and safety needs of traumatized students.

- Providing consultation on best practices for linking families with mental health services, safety planning, partnering with parents, developing and implementing curricula, gaining access to available resources, and other topics.

- Reviewing policies, regulations, and laws and taking steps necessary to ensure that their implementation is consistent with the best psychological research on trauma. Relevant policies, regulations, and laws include, but are not limited to, those pertaining to:
 - homelessness;
 - bullying;
 - special education;
 - student support services;
 - discipline;
 - zero tolerance;
 - filing of 51As in collaboration with DSS;
 - safety planning as it relates to domestic violence and child abuse issues;

Recommendation # 6

Research should be funded on the extent to which learning and behavioral problems at school are related to untreated childhood trauma and on best schoolwide and individual practices for addressing the educational needs.

Massachusetts should fund research on information learned pursuant to its grant program “An Act for Alternative Education,” codified as MGL C. 69, Sec. 1N.

Conclusion: Removing Trauma as a Barrier to Learning

All children have a right to learning environments that will help them to calm or temper their emotions, develop positive relationships and solve conflicts peacefully, and become successful learners so that they can grow up and take their place as productive citizens. In a democratic society, no group of children should be disregarded or dismissed simply because they have faced overwhelming stress or even terror in their lives and need help reengaging the world around them.

The answer is not to thrust the problem onto the shoulders of teachers, asking them to solve bigger social problems on their own, but rather to develop a broad public policy agenda in which teachers play a key role. To ensure that children exposed to family violence and other traumatic experiences achieve at their highest potentials, we must put the research and experiences discussed in *Helping Traumatized Children Learn* to work.

Resources must be directed toward developing schoolwide and individual approaches to the problem of trauma for students in both regular and special education settings. Teachers, parents, administrators, and policy makers must put the issue of traumatized children in classrooms squarely on the table, discuss it openly, and then advocate for the resources necessary to ensure that students have the support they need to reach their highest potential.

The Trauma and Learning Policy Initiative will continue its work at the forefront of this issue:

- TLPI is currently convening top experts in trauma psychology, neuropsychology, speech and language, and education to develop guidelines for making school evaluations and consultations in regular and special education trauma-sensitive.

- TLPI will engage in an educational campaign throughout Massachusetts following the release of this report. The project will conduct presentations for parents, professionals, members of the legislature, and key stakeholders.
- TLPI will continue to work with parents and key stakeholders to refine the policy agenda presented in chapter 3.
- TLPI will work to build the broad consensus necessary to support the passage of laws, the development of policies, and the establishment of funding mechanisms necessary for schools to have the supports they need to help traumatized children learn.

Please go to the Massachusetts Advocates for Children website (www.massadvocates.org) and click on the Trauma and Learning Policy Initiative to sign up to receive updates and information on this effort.



Appendix A

Safe and Supportive Schools Legislation

In 2004, the Massachusetts Legislature passed a law designed to help schools address the needs of students traumatized by exposure to violence. Specifically, MGL c. 69, sec. 1N, created a grant program, to be administered by the state Department of Education, that addresses the educational consequences of trauma using a two-pronged approach. Subsection (a) of the law creates grants for school districts to develop innovative approaches to alternative education for older children who are at risk for truancy, failure, and dropping out of school. Subsection (b) of the law creates grants for schools to develop regular education interventions that address “the educational and psychosocial needs of children whose behavior interferes with learning, particularly those who are suffering from the traumatic effects of exposure to violence.” The grants described by subsection (b) have come to be known as the “Trauma-Sensitive Schools Grants.”

MGL, Chapter 69, Section 1N

Alternative Education Grant Program

Section 1N. (a) The department of education, hereinafter referred to as the department, shall establish a grant program, subject to appropriation, to be known as the alternative education grant program for the purpose of providing grants to assist school districts and Horace Mann and commonwealth charter schools with the development and establishment of alternative education programs and services to students suspended or expelled from school. The grants shall support the development of alternative education programs which would: (1) allow school districts to coordinate efforts to establish interdistrict regional alternative education collaboratives to provide educational services to suspended or expelled students; or (2) establish a district based alternative education program for those students. The grants may also be used to encourage the use of technology in alternative education programs. The grants shall also encourage voluntary expansion of existing alternative education programs

in the commonwealth, and shall be used to provide alternative education programs for students who are at risk of educational failure due to truancy, or dropping out of school. Grants may also be used to assist in developing programs that provide a range of approaches to address behavior issues, such as behavior specialists, in-school suspension rooms and crisis centers, in addition to out-of-school alternative settings.

Programs designed under the grants shall be developed at the middle and high school levels and shall afford students the opportunity to earn a high school diploma in accordance with section 1D, and to be taught to the same academic standards and curriculum frameworks established for all students in accordance with sections 1D and 1E. The programs shall make use of existing resources in school districts, educational collaboratives, community colleges, and other agencies, service providers, and organizations. Programs shall be designed as placements that, at a minimum, educate students to the same academic standards and curriculum frameworks as taught to all students, address behavioral problems, utilize small class size, address individual needs and learning styles, provide engaging instruction and a supportive environment, and, where appropriate, utilize flexible scheduling. The programs shall also provide a comprehensive array of social services to support a student's remediation of issues that cause school failure, excessive absenteeism, truancy and school dropout. Grant recipients shall develop remediation plans for students that address both academic and behavioral issues. Grants may also be made available for in-school regular education programs that include self-improvement, behavior management and life skills training to help provide students with tools to better manage their lives and attitudes, to support programs that use family-based approaches, and to assist students and teachers during the transition of students back into regular education classrooms.

A grant awarded pursuant to this subsection, shall require that recipients undertake ongoing program evaluations that document the effectiveness of the program in helping students to achieve academically to the same academic standards and curriculum frameworks required for all students, to develop self-management skills, and to reintegrate and remain in regular education classrooms. In awarding grants, priority shall be given to programs that employ interventions that have been empirically validated.

The department shall establish guidelines governing the alternative education grant program. The guidelines shall include, but not be limited to, a requirement that when a student is transferred to an alternative education program a representative of the school district shall meet with the student and the student's parents or legal guardian to develop an agreement that specifies the responsibilities of the school, the student and the student's parents or legal guardian. The agreement shall, at a minimum, include:

1. a remediation plan to address both academic and behavioral issues;
2. a plan for frequent evaluations and assessments of the student's adjustment, and academic achievement and progress;
3. a requirement that the parents or legal guardian of the student attend specified meetings or conferences with teachers, or utilize such other means of communication as determined necessary to facilitate communication, to review and assist in the student's progress;
4. a timetable for reintegrating the student into a regular education classroom;
5. the student's and the parents' or legal guardian's acknowledgement that they understand and accept the responsibilities imposed by the agreement.

(b) The department shall establish a grant program, subject to appropriation, to assist school districts with the development and establishment of in-school regular education programs and services to address within the regular education school program the educational and psycho-social needs of children whose behavior interferes with learning, particularly those who are suffering from the traumatic effects of exposure to violence. As used in this subsection, students suffering from the traumatic effects of exposure to violence shall include, but not be limited to, those exposed to abuse, family or community violence, war, homelessness or any combination thereof. The grants shall support the development of school based teams with community ties that: (1) collaborate with broadly recognized experts in the fields of trauma and family and community violence and with battered women shelters; (2) provide ongoing training

to inform and train teachers, administrators, and other school personnel to understand and identify the symptoms and trauma; and (3) evaluate school policy and existing school and community programs and services to determine whether and to what extent students identified as suffering from exposure to trauma can receive effective supports and interventions that can help them to succeed in their public school programs, and where necessary be referred quickly and confidentially to appropriate services.

Grants may also be awarded to assist school districts in developing comprehensive programs to help prevent violence in schools, from whatever causes, and to promote school safety. The programs shall be designed to meet the following objectives: creating a school environment where students feel safe and that prevents problems from starting; helping students to take the lead in keeping the school safe; ensuring that school personnel have the skills and resources to identify and intervene with at-risk students; equipping students and teachers with the skills needed to avoid conflict and violence; and helping schools and individuals to reconnect with the community and share resources.

The department shall develop guidelines governing the implementation of the grant program authorized by this subsection. A grant awarded pursuant to this subsection shall require that recipients undertake ongoing evaluations of the effectiveness of the program. In awarding grants, priority shall be given to programs that are based on empirically validated interventions.

The department of education, in consultation with the department of public health and the department of mental health, shall establish an advisory committee to assist in implementing the grant program and in assisting public schools in addressing the learning and behavior problems of students who manifest trauma-related symptoms or classroom behavior that interferes with learning. Members of the advisory committee shall include but not be limited to: 3 educators, 1 of whom shall serve as the chair, appointed by the commissioner of the department of education; 2 leaders in the field of trauma and its relationship to school learning and behavior appointed by the commissioner of the department of public health; 2 leaders in mental health with expertise in family and/or

community violence appointed by the commissioner of mental health; 1 leader in battered women's services appointed by the commissioner of public health; 1 leader in the area of homelessness and its impact on children appointed by commissioner of mental health; and 3 parents, 1 each appointed by the commissioner of education, the commissioner of public health, the commissioner of mental health. The advisory committee, at its discretion, may select additional members with relevant experience including but not limited to child advocates, medical doctors and representatives of juvenile and probate court.

(c) The commissioner shall evaluate annually the effectiveness of programs established under this section including the potential for replicating such programs throughout the commonwealth. The annual evaluation shall also examine whether students in alternative education programs funded under this section are being taught to the same academic standards required for all students, how much time students are spending in the programs, the racial profile of expelled or suspended students and the percentages of the students who are in special education or bilingual education. The commissioner shall also provide technical assistance to school districts seeking to replicate programs funded under this section, and shall provide training for teachers in the development of effective remediation plans for students in alternative education, and in the development of skills, techniques, and innovative strategies to assist the students. In evaluating programs funded under subsection (b), the commissioner shall consult with the department of public health, the department of mental health, and the advisory committee established pursuant to said subsection (b).

Appendix B PTSD and Related Diagnoses

The broad range of traumatic symptoms displayed by children who have experienced multiple, chronic, or prolonged traumatic circumstances often reach the threshold for one or more psychiatric diagnoses. While sometimes children's behavioral, cognitive, and emotional reactions to trauma meet the threshold criteria for post-traumatic stress disorder (PTSD), there are many traumatized children who are highly symptomatic but who do not meet this threshold.¹⁵¹ One possible reason for this is that the existing criteria for PTSD are not developmentally sensitive for children. To address the range of problems observed, children are instead often given a variety of comorbid diagnoses (e.g., depression, oppositional defiant disorder, attention-deficit hyperactivity disorder) that both fail to recognize trauma as an organizing framework and function "as if they occurred independently from the PTSD symptoms."¹⁵² Some clinical researchers have called for modifications of the official diagnostic criteria for PTSD, so that symptomatic children can receive the diagnosis and become eligible for the educational and psychological services they need.¹⁵³

In order to address concerns about the inadequacies of the PTSD diagnosis for children, van der Kolk and his colleagues at the Complex Trauma Task Force of the National Child Traumatic Stress Network have "started to conceptualize a new diagnosis, provisionally called developmental trauma disorder."¹⁵⁴ This proposed new diagnosis would incorporate the complex array of developmental effects of trauma in children, which the current PTSD diagnosis does not adequately capture.¹⁵⁵ However, until the criteria for post-traumatic stress disorder is modified or a new, more developmentally appropriate diagnosis is developed, it is important to understand the elements of PTSD.

As described in the Diagnostic and Statistical Manual of Mental Disorders, 4th Ed. (DSM-IV), post-traumatic stress disorder is a condition in which, following an identified traumatic event(s), a person demonstrates symptoms, lasting more than one month, of

hyperarousal, reexperiencing (i.e., involuntarily “reliving” the traumatic experience), and avoidance (i.e., avoiding traumatic reminders and/or emotions associated with the initial traumatic event).¹⁵⁶ Children who meet the criteria for PTSD will demonstrate symptoms within all three criteria clusters: hyperarousal, reexperiencing, and avoidance.

Hyperarousal

Hyperarousal is the first cluster of PTSD symptoms. Hyperarousal is the body’s hard-wired physiological and emotional response to extreme danger, readying us for fighting, fleeing, or freezing. Under normal circumstances, this response is triggered only by threatening circumstances. A child who has PTSD, however, is chronically attuned to any sign of threat and tends to interpret objectively innocuous situations as dangerous. Because of the child’s inability to evaluate effectively the level of danger, the fight-flight-freeze response is activated by any hint of danger. Chronic hyperarousal is a distressing, physically uncomfortable state and interferes with other functioning.

A hyperaroused child is constantly on edge. Such a child startles easily, is ever-vigilant, cannot relax, overreacts to minor provocations, and may not sleep well.¹⁵⁷ Hypervigilance diminishes the ability to appraise a situation accurately and to regulate the intensity and appropriateness of emotions. Trauma specialist Betsy McAlister Groves explains how hypervigilance “interferes with [children’s] abilities to accomplish learning tasks in school”:

These children are distractible and unfocused. They do not complete assignments. They may be highly active and restless. They notice every visitor who comes into the room; they get distracted by noise or by a change in schedule. Some children describe being preoccupied with thoughts or memories of the traumatic event. One seven-year-old girl told us that whenever things were quiet in school she would remember what happened to her mother (who had been assaulted by her father). One can only imagine the ways in which this child worked to avoid quiet time in school: She was constantly disruptive and annoying to the other children.¹⁵⁸

Reexperiencing

Reexperiencing, like hyperarousal, inundates a child with unbidden and unwelcome sensory experiences that can interfere with everyday functioning. A child reexperiencing the trauma is flooded with intrusive thoughts, flashbacks, or nightmares that can impair the ability to distinguish past trauma from present safety. The experience is visceral. It is as if the child is *in* the past, reliving the traumatic event. Intrusive images or memories capture not only the visual representation of the physical events but also the sensory and emotional experiences of “helplessness, terror, horror, and utter ineffectiveness.”¹⁵⁹ Traumatic triggers, or the reminders of the trauma, are often sudden and unanticipated; the child feels unprepared and out of control, which exacerbates fears of recurrence.¹⁶⁰

Avoidance

Avoidance of stimuli associated with the trauma and numbing of general responsiveness constitute the third cluster of symptoms associated with post-traumatic stress disorder. Avoidance, which can be deliberate or unconscious, is the child’s attempt to protect the self from recollections of the trauma and “the disturbing re-experiencing symptoms that are triggered by such reminders.”¹⁶¹ Children may avoid people, places, smells, and sounds that remind them of the initial trauma. To avoid potential interactions with traumatic triggers, children may show diminished interest in activities (e.g., constricted play activities in the case of young children and, for older children, decreased involvement in academic or extracurricular activities), be socially withdrawn, or experience a sense of detachment from others. This cluster of symptoms also includes the numbing or restricting of feelings, both in variety and in intensity. In school, avoidance can manifest as inattentiveness, emotional detachment from teachers, “spaciness,” or even aggressiveness (an active pushing away of traumatic reminders).

* * *

Reexperiencing and avoidance often occur almost simultaneously. A child can be engulfed and overwhelmed by viscerally experienced images of the trauma and in the blink of an eye be working actively and unconsciously to move away from anything connected to the trauma. Oscillation between the two states is prevalent in traumatized children, and it can happen rapidly, sometimes within a matter of moments.¹⁶² Rapid oscillation gives rise to a confusing myriad of symptoms associated with both states. This is very difficult in a classroom, which by its very nature relies on predictable responses from students and teachers. However, educators can feel more in control of the classroom environment if they understand that shifting behavior is predictable for a child with PTSD.

As mentioned above, it can be difficult for children to meet the diagnostic threshold for PTSD. Furthermore, symptoms of trauma overlap with many other problems and disorders. As a result, traumatized children frequently carry diagnoses other than PTSD. When these diagnoses do not inherently recognize the child's traumatic background (e.g., conduct disorder, ADHD), they may have the unintended consequence of misdirecting intervention efforts. Sometimes these diagnoses are actually incorrect because no one has ever taken notice of the trauma history. Sometimes they are accurate but do not capture the full nature and complexity of the child's problems.

Appendix C

Factors Influencing the Trauma Response¹⁶³

Characteristics of the Individual	Characteristics of the Environment	Characteristics of the Traumatic Event(s)
<ul style="list-style-type: none"> ■ Child's age and stage of development 	<ul style="list-style-type: none"> ■ Immediate reactions of caregivers or those close to child 	<ul style="list-style-type: none"> ■ Frequency, severity, and duration of the event(s)
<ul style="list-style-type: none"> ■ Prior history of trauma 	<ul style="list-style-type: none"> ■ Type of, quality of, and access to constructive supports 	<ul style="list-style-type: none"> ■ Degree of physical violence and bodily violation
<ul style="list-style-type: none"> ■ Intelligence 	<ul style="list-style-type: none"> ■ Attitudes and behaviors of first responders and caregivers 	<ul style="list-style-type: none"> ■ Level of terror and humiliation involved
<ul style="list-style-type: none"> ■ Strengths and vulnerabilities of personality style; coping and resiliency skills 	<ul style="list-style-type: none"> ■ Degree of safety afforded the victim in the aftermath 	<ul style="list-style-type: none"> ■ Persistence of the threat
<ul style="list-style-type: none"> ■ Individual's culturally based understanding of the trauma 	<ul style="list-style-type: none"> ■ Prevailing community attitudes and values 	<ul style="list-style-type: none"> ■ Physical and psychological proximity to the event (i.e., when the individual him/herself is not the victim)
	<ul style="list-style-type: none"> ■ Cultural and political constructions of gender, race, and sexual orientation 	

Notes

Executive Summary

¹ The special challenges of dealing with childhood trauma necessitates the creation of climates or contexts that are supportive both for traumatized children and for the educators who teach them. For this particular insight about the importance of community and context we owe much gratitude to Judith Herman. In her groundbreaking book, *Trauma and Recovery*, she emphasized the importance of a supportive community for adults who are in a helping role with trauma victims and the need for a larger social context that “affirms and protects the victim and joins victim and [helper] in a common alliance.” Herman, J. (1997). *Trauma and Recovery*. New York: Basic Books, p. 9.

² Spinazzola, J., Ford, J.D., Zucker, M., van der Kolk, B.A., Silva, S., Smith, S.F., and Blaustein, M. (2005). “Survey Evaluates Complex Trauma Exposure, Outcome, and Intervention Among Children and Adolescents.” *Psychiatric Annals*, 35(5): 433–439. In a survey of 1,699 children served in 25 mental health treatment sites, the following types of trauma exposure were reported for approximately one in two children: psychological maltreatment, traumatic loss, dependence on an impaired caregiver (mental illness or substance abuse) and domestic violence. One in three children were victims of sexual maltreatment and neglect. Fewer than one in 10 children had trauma exposure not involving interpersonal victimization (accidents, medical illness, disaster). See also Harris, W.W., Putnam, F.W., and Fairbank, J.A. (In press). “Mobilizing trauma resources for children.” In A.F. Lieberman and R. DeMartino (Eds.), *Interventions for Children Exposed to Violence*. New Brunswick, NJ: Johnson & Johnson Pediatric Institute LLC; and van der Kolk, B.A. (2005). “Childhood Trauma: Our largest preventable public health issue.” Presentation at *Closing the Achievement Gap: Removing Trauma as a Barrier to Learning*, a briefing to the Massachusetts Legislature. March 22, 2005. (Dr. van der Kolk’s slide presentation is on file with the authors.) The authors of both presentations discuss the fact that consequences of childhood trauma, in general, constitute a major public health concern; both also point out that family violence is one particular—and very significant—source of this childhood trauma.

³ Carlson, B.E. (1984). “Children’s observations of interparental violence.” In Roberts, A.R. (Ed.), *Battered Women and Their Families* (pp. 147–167; 160). New York: Springer Publishing; estimating that at least 3.3 million children are exposed to violence in their homes each year. Straus, M.A. (1992). “Children as Witness to Marital Violence: A risk factor for lifelong problems among a nationally representative sample of American men and women.” *Report of the 23rd Ross Roundtable*. Columbus, OH: Ross Laboratories. Fantuzzo and Mohr analyze these often-cited studies and find them both methodologically flawed. They conclude, however, that “[a]lthough no databases provide reliable prevalence estimates, research findings to date underscore that domestic violence occurs in large numbers of households with children.” Fantuzzo, J.W., and Mohr, W.K. (1999). “Prevalence and Effects of Child Exposure to Domestic Violence.” *The Future of Children*, 9(3): 21–32; 23.

⁴ U.S. Department of Health and Human Services. (2003). “Child Maltreatment 2003.” Available online at <http://www.acf.hhs.gov/programs/cb/publications/cm03/chapterthree.htm>. Last accessed on May 31, 2005.

⁵ Adams, A., and Powell, A. (1995). “The Tragedies of Domestic Violence: A qualitative analysis of civil restraining orders in Massachusetts.” Boston, MA: Office of the Commissioner of Probation.

⁶ Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., and Marks, J.S. (1998). “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults.” *American Journal of Preventive Medicine*, 14(4): 245–257; 248d. Other reported measures of household dysfunction were substance abuse (25.6%), mental illness (18.8%), and criminal behavior (3.4%).

⁷ Burns, J. (2005). “Preliminary Report—Grant 790: Alternative Education Program.” Malden, MA: Mass. Department of Education, pp. 4–5. Grant 790 is one of two programs funded pursuant to MGL c. 69, sec. 1N. Subsection A of the law provides for alternative education for children who have been suspended or expelled or

who are at risk for such actions; Subsection B provides funding for schools to create learning environments that are safe and supportive for traumatized children. (See Appendix A of this document for the text of the law.) The report concludes, “Students at-risk, exposed to trauma, appear across the continuum in our education system. This continuum extends from pre-kindergarten to post secondary age students. This data is compelling in support of continued and expanded educational services for student [*sic*] exposed to trauma” (p. 5). The report also listed students’ response rates for other forms of trauma: 37.5% had a caregiver with a substance-abuse problem; 31% reported histories of bullying or harassment; 19% reported having a caregiver with a mental illness; 11.5% reported a history of sexual assault; and 6% reported histories of homelessness.

⁸ See Groves, B.M. (2002). *Children Who See Too Much: Lessons from the Child Witness to Violence Project*. Boston, MA: Beacon Press. For a discussion of the particular effects that family violence (as opposed to other forms of violence) has on children, see Chapter 3, “When Home Isn’t Safe.” Groves states, “Domestic violence, violence that occurs between adult caregivers in the home, seems to be the most toxic form of exposure to violence for children” (p. 50). She continues, “Perhaps the greatest distinguishing feature of domestic violence for young children is that it psychologically robs them of both parents. One parent is the terrifying aggressor; the other parent is the terrified victim. For young children, who depend exclusively on their parents to protect them, there is no refuge. These situations are different from those of families who face community violence. In most of those cases, parents are not fearful for their own lives and can be both heroic and resourceful in their efforts to protect their children” (p. 59).

⁹ *Ibid.*, pp. 58–59. Domestic violence and/or abuse by a caretaker introduces chaotic unpredictability and danger into a place that should be a haven where children may retreat. It also inhibits a parent’s ability to facilitate children’s coping and continued development. As a result, the need for social support systems increases.

¹⁰ Briere, J.N. (1992). *Child Abuse Trauma: Theory and Treatment of the Lasting Effects*. Newbury Park, NJ: SAGE Publications. Briere highlights the effect that family violence can have on a child’s self-perception. He describes the attempts children make to resolve what he terms “the abuse dichotomy” that occurs when they are abused by a trusted caregiver. Abused children often reach the self-perpetuating conclusion that “I was (and continue to be) hurt because of my badness, and evidence of my badness is that I have been (and continue to be) hurt” (pp. 27–28).

¹¹ Terr, L.C. (1991). “Childhood Traumas: An Outline and Overview.” *American Journal of Psychiatry*, 148(1): 10–20. According to Terr, there are four major characteristics of childhood trauma that have the ability to last long into adulthood. One of these is what she calls “changed attitudes about people, life, and the future.” She gives examples of ideas like “You can’t trust the police” or “You can’t count on anything or anyone to protect you” as ways that trauma can alter a child’s worldview (p. 14).

¹² Fantuzzo, J.W., and Mohr, W.K. (1999), p. 22.

¹³ Edleson, J.L. (1999). “The Overlap Between Child Maltreatment and Woman Battering.” *Violence Against Women*, 5(2): 134–154; 136. Edleson reviews studies on the overlap between domestic violence and child maltreatment and finds that, in families where one form of violence occurs, the other will also occur 30% to 60% of the time.

¹⁴ Kilpatrick and Williams, for example, conducted a study of children who had witnessed domestic violence and found great similarity in trauma outcomes between these children and children who had been sexually or physically abused. Kilpatrick, K.L., and Williams, L.M. (1997). “Post-Traumatic Stress Disorder in Child Witnesses to Domestic Violence.” *American Journal of Orthopsychiatry*, 67(4): 639–644.

¹⁵ In his work on child neglect, for example, De Bellis points out that “psychobiological research . . . is inherently difficult because neglected children may suffer from different subtypes of neglect and adversities other than neglect, which may also compromise neuropsychological and psychosocial outcomes.” De Bellis, M.D. (2005). “The Psychobiology of Neglect.” *Child Maltreatment*, 10(2): 150–172; 150.

¹⁶ Ritter, J., Stewart, M., Bernet, C., and Coe, M. (2002). “Effects of Childhood Exposure to Familial Alcoholism

and Family Violence on Adolescent Substance Use, Conduct Problems, and Self-Esteem.” *Journal of Traumatic Stress*, 15(2): 113–122.

¹⁷ The names of all children in this report have been changed to protect their anonymity.

¹⁸ See, for example, Streeck-Fischer, A., and van der Kolk, B.A. (2000). “Down Will Come Baby, Cradle and All: Diagnostic and therapeutic implications of chronic trauma on child development.” *Australian and New Zealand Journal of Psychiatry*, 34: 903–918. Streeck-Fischer and van der Kolk review the literature on the impact of chronic trauma on child development and discuss the learning difficulties that many traumatized children encounter. See also Beers, S.R., and De Bellis, M.D. (2002). “Neuropsychological Function in Children with Maltreatment-Related Posttraumatic Stress Disorder.” *American Journal of Psychiatry*, 159(3): 483–486 (finding that children with maltreatment-related PTSD performed more poorly than others on measures of attention and executive function); and Nelson, C.A., and Carver, L.J. (1998). “The Effects of Stress and Trauma on Brain and Memory: A view from developmental cognitive neuroscience.” *Development and Psychopathology* 10: 793–809 (concluding that the developing brain is particularly vulnerable to the effects of stress and trauma, which have the potential to impair a child’s memory).

¹⁹ McFarlane et al., for example, found higher rates of internalizing, externalizing, and total behavior problems among children of abused mothers, ages 6–18, than among children of the same age and sex of nonabused mothers. These authors endorse the recommendation of the American Academy of Pediatrics Committee on Child Abuse and Neglect that all women receive a routine screening for abuse at the time of the well-child visit. McFarlane, J.M., Groff, J.Y., O’Brien, J.A., and Watson, K. (2003). “Behaviors of Children Who Are Exposed and Not Exposed to Intimate Partner Violence: An Analysis of 330 Black, White, and Hispanic Children.” *Pediatrics*, 112(3): e202–e207. Shields and Cicchetti also found that maltreated children were more likely than nonmaltreated children to engage in aggressive behaviors and to experience attention deficits and emotional dysregulation. Their data suggest that physically abused children are at particular risk for reactive aggression. Shields, A., and Cicchetti, D. (1998). “Reactive Aggression Among Maltreated Children: The Contributions of Attention and Emotion Dysregulation.” *Journal of Clinical Child Psychology*, 27(4): 381–395.

²⁰ See, for example, Shonk, S.M., and Cicchetti, D. (2001). “Maltreatment, Competency Deficits, and Risk for Academic and Behavioral Maladjustment.” *Developmental Psychology*, 37(1): 3–17.

²¹ See, for example, Carlson, E.B., Furby, L., Armstrong, J., and Shales, J. (1997). “A Conceptual Framework for the Long-Term Psychological Effects of Traumatic Childhood Abuse.” *Child Maltreatment*, 2(3): 272–295. See also Lansford, J.E., Dodge, K.A., Pettit, G.S., Bates, J.E., Crozier, J., and Kaplow, J. (2002). “A 12-Year Prospective Study of the Long-term Effects of Early Child Physical Maltreatment on Psychological, Behavioral, and Academic Problems in Adolescence.” *Archives of Pediatric and Adolescent Medicine*, 156: 824–830. This study found that physical maltreatment in the first five years of life predicts the development of psychological and behavioral problems during adolescence. Specifically, the researchers found increased levels of anxiety and depression among maltreated children.

²² Shonk, S.M., and Cicchetti, D. (2001), p. 5. The authors review several studies on the academic consequences of childhood maltreatment.

²³ Felitti, V.J., et al. (1998). In addition to alcohol and substance abuse, the list of health risk factors among adults exposed to abuse as children included severe obesity, physical inactivity, promiscuity, and suicide attempts—all behaviors that can contribute to disease and/or early death.

²⁴ *Ibid.* The authors postulate that victims of abuse may engage in increased levels of smoking, substance abuse, overeating, and promiscuity because these behaviors “may have immediate pharmacological or psychological benefit as *coping devices* in the face of the stress of abuse, domestic violence, or other forms of family and household dysfunction” (p. 253; emphasis added).

²⁵ Cook, A., Blaustein, M., Spinazzola, J., and van der Kolk, B. (Eds.). (2003). “Complex Trauma in Children and Adolescents: White Paper from the National Child Traumatic Stress Network Complex Trauma Task Force.” Los

Angeles: National Child Traumatic Stress Network (available online at <http://www.nctsn.org>). On community-wide responses to complex trauma, see pp. 25–27. See also, Baker, L.L., Jaffe, P.G., Ashbourne, L., and Carter, J. (2002). “Children Exposed to Domestic Violence: A Teacher’s Handbook to Increase Understanding and Improve Community Responses.” London, Ontario: Centre for Children & Families in the Justice System (available online at <http://www.lfcc.on.ca/teacher-us.PDF>); and Carter, L.S., Weithorn, L.A., and Behrman, R.E. (1999). “Domestic Violence and Children: Analysis and Recommendations.” *The Future of Children*, 9(3): 1–20; and Harris, W.W., et al. (2004); calling for major collaborations and a mobilization of resources directed to “finding, treating, and helping traumatized children and their families” (p. 36).

²⁶ Masten, A.S., and Coatsworth, J.D. (1998). “The Development of Competence in Favorable and Unfavorable Environments.” *American Psychologist*, 53(2): 205–220. In reviewing the literature on favorable outcomes for children at risk, the authors recognize three key factors in the lives of children who manage to develop well even under adverse conditions, such as domestic violence, maltreatment, homelessness, and war: 1) strong parent-child relationships or, when this is not available, a relationship with a surrogate caregiving figure in a mentoring role; 2) strong cognitive skills, which predict academic success and lead to rule-abiding behavior; and 3) the ability to self-regulate attention, emotions, and behavior. They point to attending effective schools as a key characteristic of resilient children and adolescents. Cook et al., endorse a treatment model for children with complex trauma histories that echoes the three key factors outlined by Masten and Coatsworth. The model they discuss (called ARC) emphasizes three key areas: “1) building secure “a”ttachments between child and caregiver(s); 2) enhancing self-“r”egulatory capacities; and 3) increasing “c”ompetencies across multiple domains.” Cook, A., et al. (Eds.). (2003), p. 26.

²⁷ Herman states that recovery from trauma “follows a common pathway. The fundamental stages of recovery are establishing safety, reconstructing the trauma story, and *restoring the connection between survivors and their community*.” Herman, J. (1997), p. 3; emphasis added. Perhaps the most important community for children is their school. Schools can help children who have been traumatized feel safe—both physically and psychologically—and enable them to become successful members of their community. Our goal is for schools to become contexts in which traumatized children can thrive.

²⁸ There is support for this dual type of approach in the literature. Masten and Coatsworth argue, for example, that “[i]f the goal is to change the competence of children, multiple directed strategies need to be considered ranging from efforts to change child capabilities (e.g., tutoring) to interventions directed at the context (e.g., parent education or school reform or opening of opportunities)” Masten, A.S., and Coatsworth, J.D. (1998), p. 206.

²⁹ For this particular insight, we owe much gratitude to Judith Herman. In her groundbreaking book, *Trauma and Recovery*, she emphasizes the importance of a supportive community for adults who are in a helping role with trauma victims and the need for a larger social context that “affirms and protects the victim and joins victim and [helper] in a common alliance.” Herman, J. (1997), p. 9.

³⁰ Macy speaks to the important role teachers can play in helping traumatized children succeed. He says that “local teachers . . . must be empowered at their neighborhood level to respond to and guide threatened youth, and fiscal and administrative support for these local responses must be sustained over time.” Macy, R.D. (2003). “Community-based Trauma Response for Youth.” *New Directions for Youth Development*, 98: 29–34; 31.

³¹ Lewis, D.O., Mallouh, C., and Webb, V. (1989). “Child Abuse, Juvenile Delinquency, and Violent Criminality.” In D. Cicchetti and V. Carlson (Eds.), *Child Maltreatment* (pp. 707–721). Cambridge: Cambridge University Press. These authors explain that, while there is clearly an association between childhood abuse and subsequent aggressive acts, “most abused children do not become violent delinquents” (p. 707). Several studies do indicate, however, that while the number of abused children who become violent is relatively small, the number of violent delinquents who were abused or neglected or both has been found to be very high—as high as 80% in one study. The authors report that severe physical abuse is most likely to be associated with violent delinquency and criminality when one or more of the following additional factors is present: “the child suffers from some sort of central nervous system dysfunction that impairs his ability to modulate his emotions and control his responses;

the child suffers from some form of psychiatric disturbance that impairs his reality testing at times so that he misperceives his environment and feels needlessly and excessively threatened; *the child is exposed to extraordinary household violence between parents or caretakers*" (p. 717; emphasis added).

³² Streeck-Fischer and van der Kolk describe the social costs of failing to address the needs of traumatized children early: "If not prevented or treated early, these children are likely to grow up to lead traumatised and traumatising lives. Their problems with affect modulation are likely to lead to impulsive behaviour, drug abuse and interpersonal violence. Their learning problems interfere with their becoming productive members of society. Early intervention is of critical importance, because, once they drop out beyond ordinary social safety nets, they make their presence known as individuals who pay a very high price for their (mis)behaviour. Providing these maltreated children with care, sustenance and specialised therapeutic interventions has been shown to considerably lessen the long-term risk they pose to themselves and to society at large." Streeck-Fischer, A., and van der Kolk, B.A. (2000), pp. 915–916.

³³ Herman explains quite eloquently the societal urge we often feel to remain in denial about traumatic experiences and the corresponding need for environments that support those who work with trauma victims. She writes, "Without a supportive social environment, the bystander usually succumbs to the temptation to look the other way. This is true even when the victim is an idealized and valued member of society. Soldiers in every war, even those who have been regarded as heroes, complain bitterly that no one wants to know the real truth about war. When the victim is already devalued (a woman, a child), she may find that the most traumatic events of her life take place outside the realm of socially validated reality. Her experience becomes unspeakable." She further explains that "[t]o hold traumatic reality in consciousness requires a social context that affirms and protects the victim and that joins victim and witness in a common alliance." Herman, J. (1997), pp. 8, 9.

Chapter One

³⁴ Janoff-Bulman, R. (1992). *Shattered Assumptions: Towards a New Psychology of Trauma*. New York: Free Press, p. 5.

³⁵ *Ibid.*, p. 6.

³⁶ Cicchetti, D., Toth, S.L., and Hennessy, K. (1989). "Research on the Consequences of Child Maltreatment and Its Application to Educational Settings." *Topics in Early Childhood Special Education*, 9(2): 33–55. Cicchetti et al., explain the relevance of attachment theory to children's readiness for school: "children with sensitive caregivers come to view themselves as acceptable and worthy of care, whereas children with insensitive and/or unresponsive caregivers learn to see themselves as unacceptable and unlovable. Thus, it is argued that these internalized working models of the self and attachment figures, resulting from the infant's early experiences of care, profoundly influence both the acquisition and integration of later developmental competencies, such as the formation of positive peer relationships, adaptation to the classroom, and the motivational orientation to achieve" (p. 38).

³⁷ Several authors have described the devastating impact traumatic experiences can have on children's expectations of the world. Pynoos et al., for example, propose that "the critical link between traumatic stress and personality is the formation of trauma-related expectations as these are expressed in the thoughts, emotions, behaviors, and biology of the developing child. By their very nature and degree of personal impact, traumatic experiences can skew expectations about the world, the safety and security of interpersonal life, and the child's sense of personal integrity." The authors describe how traumatic experiences "contribute to a schematization of the world, especially of security, safety, risk, injury, loss, protection, and intervention." Pynoos, R.S., Steinberg, A.M., and Goenjian, A. (1996). "Traumatic Stress in Childhood and Adolescence: Recent developments and current controversies." In B.A. van der Kolk, A. McFarlane and L. Weisaeth (Eds.), *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society* (pp. 331–358). New York: Guilford Press; pp. 332, 349–350. Herman also discusses the impact of trauma on one's worldview. She writes, "Traumatic events destroy the victim's fundamental assumptions about the safety of the world, the positive value of the self, and the meaningful order of creation." Herman, J. (1997), p. 51.

³⁸ As Katz explains, "[Exposure to violence] can alter how we see the world, how we see others, and how we perceive

our own worth. The effects may be especially severe in children because children lack perspective. They have nothing to compare their circumstances to. It can appear as though there really is no alternative; this is how it's going to be. The child tries over and over again to alter the painful and frustrating circumstances he finds himself in, but to no avail. It's beyond his ability to control. His job now is to try and adapt as best he can." Katz, M. (1997). *On Playing a Poor Hand Well: Insights from the Lives of Those Who Have Overcome Childhood Risks and Adversities*. New York: W.W. Norton & Co., p. 5, citing Terr, L. (1990), *Too Scared to Cry*. New York: Basic.

³⁹ Horsman, J. (2000). *Too Scared To Learn: Women, Violence and Education*. Mahwah, NJ: Lawrence Erlbaum Associates, Inc., p. 86, quoting Brooks, A.-L. (1992). *Feminist Pedagogy: An Autobiographical Approach*. Halifax: Fernwood (pp. 21–22).

⁴⁰ See Janoff-Bulman, R. (1992), p. 79.

⁴¹ See Cicchetti, D., et al. (1989), particularly pp. 40–44.

⁴² Caregiving relationships in infancy and early childhood establish models upon which children approach their environment as they grow and develop. Sroufe explains: "In the secure attachment case ... the child develops generally positive and trusting attitudes toward others. Along with this, the child takes forward a sense of his or her own effectance and personal worth. Being able to effectively elicit responsiveness and care from the parent, they expect to master challenges and to have power in the world. They believe in themselves. Likewise, they value relating and have an internalized template for empathy and reciprocity in relationships." They develop a sense of curiosity, a skill in exploration, and they learn to express and modulate emotion. Anxious attachment patterns, on the other hand, undermine the development of these capacities in children. Sroufe, A. (1997). "Psychopathology as an Outcome of Development." *Development and Psychopathology*, 9: 251–268; 262.

⁴³ All individuals have worldviews and as such see the world through a set of "glasses." The traumatized child's gaze in the world brings all encounters into marked relief according to his or her expectations of danger. As Carlson et al. note, "Even after children have escaped from abusive environments, they may continue to interpret ambiguous and neutral cues as threatening and, therefore, respond with fear and avoidance." Carlson, E.B., et al. (1997), pp. 276–277.

⁴⁴ Herman, J. (1997), p. 99.

⁴⁵ Van der Kolk suggests that these children may sense that their perceptions are not entirely accurate, but not know why and to what degree. This perception can increase a child's anxiety, compounding his or her learning problems. Van der Kolk, B.A. Remarks at "Helping Traumatized Children Learn," a conference co-sponsored by Lesley University, Massachusetts Advocates for Children (MAC), and the Task Force on Children Affected by Domestic Violence. Cambridge, MA. January 16, 2001. (Transcripts of the conference are on file with the authors.)

⁴⁶ Van der Kolk explains, "Many problems of traumatized children can be understood as efforts to minimize objective threat and to regulate their emotional distress. Unless caregivers understand the nature of such re-enactments, they are likely to label the child as 'oppositional,' 'rebellious,' 'unmotivated,' or 'anti-social.'" Van der Kolk, B.A. (2005), "Developmental Trauma Disorder." *Psychiatric Annals*, 35(5): 401–408, p. 403, citing Pynoos, R.S., Frederick, C.J., Nader, K., et al. (1987). "Life Threat and Posttraumatic Stress in School-age Children." *Archives of General Psychiatry*, 44(12): 1057–1063.

⁴⁷ For a general discussion of the stress response in traumatized children and a review of recent studies on this topic, please see Bevans, K., Cerbone, A.B., and Overstreet, S. (2005). "Advances and Future Directions in the Study of Children's Neurobiological Responses to Trauma and Violence Exposure." *Journal of Interpersonal Violence*, 20(4): 418–425.

⁴⁸ As Bremner and Narayan point out, this appears to be a paradox: the stress response, designed to be a survival tool, can actually be detrimental to the organism in certain contexts. Since maladaptive responses may linger even after the organism has achieved safety, they argue from an evolutionary perspective that "long-term function is sacrificed for the sake of short-term survival." Bremner, J.D., and Narayan, M. (1998). "The Effects of Stress on Memory and the Hippocampus throughout the Life Cycle: Implications for childhood development and aging."

Development and Psychopathology, 10: 871–885; 875.

⁴⁹ For a discussion of the loss of self-regulation in traumatized children, see van der Kolk, B.A. (1998). “The Psychology and Psychobiology of Developmental Trauma.” In A. Stoudemire (Ed.), *Human Behavior: An Introduction for Medical Students* (pp. 383–399; 389). Philadelphia: Lippincott-Raven.

⁵⁰ Perry et al. explain how experiencing constant fear can affect the development of children’s brains: “The more frequently a certain pattern of neural activation occurs, the more indelible the internal representation. Experience thus creates a processing template through which all new input is filtered. The more a neural network is activated, the more there will be use-dependent internalization of new information needed to promote survival.” Perry, B.D., Pollard, R.A., Blakely, T.L., Baker, W.L., and Vigilante, D. (1995). “Childhood Trauma, the Neurobiology of Adaptation, and ‘Use-dependent’ Development of the Brain: How ‘States’ Become ‘Traits.’” *Infant Mental Health Journal*, 16(4): 271–291; 275.

⁵¹ See Perry, B.D. (2002), at note 69, *infra*.

⁵² See, for example, Glaser, D. (2000). “Child Abuse and Neglect and the Brain—A Review.” *Journal of Child Psychology and Psychiatry*, 41(1): 97–116; 101.

⁵³ Fisher et al. documented improved behavioral adjustment among children in an early-intervention foster care program. They also documented reductions in these children’s salivary cortisol levels, suggesting that early environmental interventions may indeed have the potential to impact the neurobiological system positively. Fisher, P.A., Gunnar, M.R., Chamberlain, P., and Reid, J.B. (2000). “Preventive Intervention for Maltreated Preschool Children: Impact on children’s behavior, neuroendocrine activity, and foster parent functioning.” *Journal of the American Academy of Child and Adolescent Psychiatry*, 39(11): 1356–1364.

⁵⁴ Manly et al. explain this scaffolding process in children’s mastery of developmental tasks: “From infancy through childhood, children are faced with tasks that are central to each developmental period, and the quality of the resolution of these tasks primes the way that subsequent developmental issues are confronted. . . . Early competent resolution of stage-salient developmental tasks facilitates successful negotiation of successive developmental tasks, whereas difficulty mastering earlier developmental challenges may potentiate later maladaptive outcomes.” Manly, J.T., Kim, J.E., Rogosch, F.A., and Cicchetti, D. (2001). “Dimensions of Child Maltreatment and Children’s Adjustment: Contributions of developmental timing and subtype.” *Development and Psychopathology*, 13: 759–782; 760.

⁵⁵ Terr, L.C. (1991), p.11.

⁵⁶ Herman, J. (1997), p. 33.

⁵⁷ Terr, L.C. (1991), p. 14. Terr distinguishes between Type I traumas that involve “single shocking intense terrors” and Type II traumas that involve more complicated events, such as ongoing and chronic abuse. She says that the former is marked by “1) full, detailed, etched-in memories, 2) ‘omens’ (. . .cognitive reappraisals. . .), and 3) misperceptions and mistimings.” While a single event can have long-lasting symptoms, she states that Type I traumas are less likely to “breed the massive denials, psychic numbings, self-anesthesias, or personality problems that characterize type II disorders.” For another discussion of the difference between prolonged or chronic trauma and a single terrible event, see chapters 4 and 5 in Herman, J. (1997). See also Carlson, E.B., et al. (1997), p. 139. The authors explain that physical or sexual abuse can have a harsher impact—resulting from feelings of betrayal—when it is perpetrated by a “caretaker with whom the child had a previous healthy attachment.”

⁵⁸ See Nelson, C.A. and Bloom, F.E. (1997). “Child Development and Neuroscience.” *Child Development*, 68(5): 970–987; 980, citing Bornstein, M.H. (1989). “Sensitive Periods in Development: Structural characteristics and causal interpretations.” *Psychological Bulletin*, 105: 179–197.

⁵⁹ According to Harvey, much of the literature on trauma focuses on the psychological characteristics of individuals and neglects the importance of environmental contributions to the response and recovery trajectory. She proposes an “ecological” model to explain individual trauma responses in the context of human community. Harvey, M.R.

(1996). "An Ecological View of Psychological Trauma and Trauma Recovery." *Journal of Traumatic Stress*, (9)1: 3–23. See also Carlson, E.B., et al. (1997), p 287. The authors state "the availability of social support is expected to act as a mitigating factor in the response to traumatic abuse. This is anticipated because those who do not have support are expected to feel less hopeful of achieving control over the aversive experiences." They further explain, "The first type of social support would be provided by individuals such as a relative or teacher. The second might be provided by community or societal institutions." Groves also argues for a contextual approach to the issue of violence and children. See Groves, B.M. (2002), particularly chapters 4, 5, and 6.

⁶⁰ Harvey, M.R. (1996), p. 7.

⁶¹ Terr, L.C. (1991), p. 10. Terr explains that these are technically correct diagnoses depending on how the symptoms might manifest on a particular day. However, she raises serious concerns about this array of diagnoses, stating, "We must organize our thinking about childhood trauma, however, or we run the risk of never seeing the condition at all. Like the young photographer in Cortazar's short story and Antonioni's film, 'Blow Up,' we may enlarge the diagnostic fine points of trauma to such prominence that we altogether lose the central point—that external forces created the internal changes in the first place. We must not let ourselves forget childhood trauma just because the problem is so vast." See also Famularo, R., Fenton, T., Kinscherff, R., and Augustyn, M. (1996). "Psychiatric Comorbidity in Childhood Post Traumatic Stress Disorder." *Child Abuse & Neglect*, 20(10): 953–956. These researchers demonstrated that PTSD was comorbid with ADHD, other anxiety disorders, brief psychotic disorder, suicidal ideation, and a trend toward mood disorders.

⁶² Van der Kolk, B.A. (2005).

⁶³ Greenwald O'Brien, J.P. (2000). "Impacts of Violence in the School Environment: Links between trauma and delinquency." *New England Law Review*, 34: 593–599; 597.

⁶⁴ Masten, A.S., and Coatsworth, J.D. (1998), p. 210.

⁶⁵ As Greenwald O'Brien explains, family violence "make[s] it difficult to attend, focus, or concentrate. Information is processed carelessly, or inaccurately, stored incorrectly, poorly remembered, or unable to be retrieved. When violence compromises family functioning, there may be no one at home to facilitate an education orientation, or motivate children to value learning or to excel in school. A teenager's emotional energy is occupied with safety concerns which erode the needed momentum for school. The very nature of violence can imperil a child's ability to trust teachers and other school professionals." Greenwald O'Brien, J.P. (2000), p. 597. See also Craig, S. (1992), p. 67.

⁶⁶ Streeck-Fischer, A., and van der Kolk, B.A. (2000), p. 912.

⁶⁷ De Bellis explains that the superior temporal gyrus, the area of the brain thought to be primarily responsible for the development of social intelligence, can be significantly impacted by chronic maltreatment. This may be an explanation for why individuals with a history of maltreatment often have difficulty with social relationships. De Bellis, M.D. (2005), p. 161.

⁶⁸ Streeck-Fischer, A., and van der Kolk, B.A. (2000), p. 912.

⁶⁹ Perry, B.D. (2002). "Neurodevelopmental Impact of Violence in Childhood." In D.H. Schetky and E.P. Benedek (Eds.), *Principles and Practice of Child and Adolescent Forensic Psychiatry* (pp. 191–203; 200). Washington, DC: American Psychiatric Publishing, Inc.

⁷⁰ This story comes from an anonymous member of the Task Force on Children Affected by Domestic Violence.

⁷¹ Rauch, S.L., van der Kolk, B.A., Fessler, R.E., Alpert, N.M., Orr, S.P., Savage, C.R., Fischman, A.J., Jenike, M.A., and Pitman, R.K. (1996). "A Symptom Provocation Study of Posttraumatic Stress Disorder Using Positron Emission Tomography and Script-Driven Imagery." *Archives of General Psychiatry*, 53(5): 380–387. More specifically, this study monitored the regional cerebral blood flow (rCBF) of PTSD patients who listened to both traumatic and neutral scripts. When the patients listened to the traumatic scripts, the researchers noted increased rCBF in right-sided limbic and paralimbic structures and in the right secondary visual cortex. They noted decreased rCBF in the

left inferior frontal cortex (Broca's area) and the left middle temporal cortex. See also Ford J, (2005). "Treatment Implications of Altered Affect Regulations and Information Processing Following Child Maltreatment." *Psychiatric Annals* 35 (5) 412–419. This article, published too close to HTCL press deadlines for analyzing in detail here, summarizes studies on the brain that explain why some women with abuse-related PTSD have impairments in information processing, including the ability to categorize information and access verbal information.

⁷² Coster, W. and Cicchetti, D. (1993). "Research on the Communicative Development of Maltreated Children: Clinical implications." *Topics in Language Disorders*, 13(4): 25–38; 31.

⁷³ Ibid.

⁷⁴ Ibid., citing Santostefano, S. (1978). *A Biodevelopmental Approach to Clinical Child Psychology*. New York: John Wiley.

⁷⁵ Ibid., citing Donaldson, M. (1978). *Children's Minds*. New York: Norton.

⁷⁶ Ibid., citing Hemphill, L., et al. (1991). "Narrative as an Index of Communicative Competence in Mildly Mentally Retarded Children." *Applied Psycholinguistics*, 12: 263–279; and McCabe, A. and Peterson, C. (Eds.) (1991). *Developing Narrative Structure*. Hillsdale, NJ: Erlbaum.

⁷⁷ Craig, S. (1992). "The Educational Needs of Children Living with Violence." *Phi Delta Kappan*. 74: 67–71; 68, citing Helfer, R.E., and Kempe, C.H. (1980). "Developmental Deficits Which Limit Interpersonal Skills." In idem (Eds.) *The Battered Child*, 3rd Ed. (pp. 36–48). Chicago: University of Chicago Press. See also Coster, W., and Cicchetti, D. (1993), pp. 34–35.

⁷⁸ Coster, W., and Cicchetti, D. (1993), pp. 34–35.

⁷⁹ Allen, R.E., and Oliver, J.M. (1982). "The Effects of Child Maltreatment on Language Development." *Child Abuse and Neglect*, 6: 299–305.

⁸⁰ Coster, W., and Cicchetti, D. (1993), pp. 34.

⁸¹ Craig, S. (1992), p 67.

⁸² Pynoos et al. explain: "Advances in child developmental psychology are providing more refined tools to evaluate the impact of traumatic stress on developmental competencies. For example, in recent years, research has elucidated the normal developmental achievement of narrative coherence (i.e., children's ability to organize narrative material into a beginning, middle, and end). Current research among preschool children exposed to both intrafamilial and community violence has indicated interference with this task, resulting in more chaotic narrative construction. Achievement of this developmental task is essential to subsequent competencies in reading, writing, and communication skills." Pynoos, R.S., Steinberg, A.M., and Goenjian, A. (1996), p. 342, citing Osofsky, J.D. (1993). "Applied Psychoanalysis: How research with infants and adolescents at high psychological risk informs psychoanalysis." *Journal of the American Psychoanalytic Association*, 41: 193–207.

⁸³ Craig, S. (1992), p. 67.

⁸⁴ Ibid.

⁸⁵ Van der Kolk, B.A. (2005), p. 403.

⁸⁶ Craig, S. (1992), p. 68.

⁸⁷ Ibid.

⁸⁸ Craig, S. (1992), p. 68. Perry elaborates further on the connection between cause-and-effect and the behavior of traumatized children; he explains: "the sense of time is altered in alarm states. In [traumatized] children, the sense of the future is foreshortened, and the critical time period for the individual shrinks. The threatened child is not thinking (nor should she think) about months from now. This has profound implications for understanding the cognition of the traumatized child. Immediate reward is most reinforcing. Delayed gratification is impossible.

Consequences of behavior become almost inconceivable to the threatened child.” Perry, B.D. (2002), p. 200.

⁸⁹ Coster, W., and Cicchetti, D. (1993), p. 30.

⁹⁰ Craig, S. Remarks at “Helping Traumatized Children Learn,” a conference co-sponsored by Lesley University, Massachusetts Advocates for Children (MAC), and the Task Force on Children Affected by Domestic Violence. Cambridge, MA. January 16, 2001. (Transcripts of the conference are on file with the authors.)

⁹¹ Van der Kolk, B.A. (2005), p. 403.

⁹² Craig, S. (1992), p. 68.

⁹³ Ibid.

⁹⁴ Streeck-Fischer, A., and van der Kolk, B.A. (2000), p. 912, citing van der Kolk, B.A., and Ducey, C.P. (1989). “The Psychological Processing of Traumatic Experience: Rorschach patterns in PTSD.” *Journal of Traumatic Stress*, 2: 259–265; and McFarlane, A.C., Weber, D.L., and Clark, C.R. (1993). “Abnormal Stimulus Processing in Posttraumatic Stress Disorder.” *Biological Psychiatry*, 34: 311–320.

⁹⁵ Craig, S. (1992), p. 68.

⁹⁶ See Famularo, R., et al. (1996); and Thomas, J.M. (1995). “Traumatic Stress Disorder Presents as Hyperactivity and Disruptive Behavior: Case presentation, diagnoses, and treatment.” *Infant Mental Health Journal*, 16(4): 306–316.

⁹⁷ Perry’s study of the neurodevelopmental effects of childhood trauma reports that the ADHD diagnosis of traumatized children can be misleading. “It is not,” he explains, “that [traumatized children] have a core abnormality of their capacity to attend to a given task, it is that they are hypervigilant. These children have behavioral impulsivity and cognitive distortions that result from a use-dependent organization of the brain. During development, these children spent so much time in a low-level state of fear . . . that they were focusing consistently on non-verbal cues.” Perry, B.D. (1997). “Incubated in Terror: Neurodevelopmental factors in the ‘cycle of violence.’” In J.D. Osofsky (Ed.), *Children in a Violent Society* (pp. 124–149; 136). New York: Guilford Press citing Pynoos, R.S., and Eth, S. (1985). “Developmental Perspectives on Psychic Trauma in Childhood.” In C.R. Figley (Ed.), *Trauma and Its Wake* (pp. 36–52). New York: Brunner/Mazel; Pynoos, R.S. (1990). “Post-traumatic Stress Disorder in Children and Adolescents.” In B. Garfinkel, G. Carlson, and E. Weller (Eds.), *Psychiatric Disorders in Children and Adolescents* (pp. 48–63). Philadelphia: W.B. Saunders; and Perry, B.D., et al. (1995). The relationship between ADHD and trauma is complicated and, as yet, not fully understood. Several studies have reported striking levels of ADHD in traumatized samples, while others have reported similar levels of concurrent ADHD and PTSD, and still others have reported the independent comorbidity of ADHD and PTSD with a number of additional and common childhood disorders such as oppositional defiant disorder, conduct disorder, anxiety disorder, and depression. As a result, the level of symptom overlap contributing to the confusion of ADHD and the symptoms of trauma, particularly as manifest in the child’s classroom behavior, is complicated by the interrelationship between and concurrence of ADHD and trauma with a variety of behavioral and social problems prominent in several childhood disorders. Insofar as the relationship is not fully understood, it is important that the traumatic history of a child displaying ADHD symptoms in the classroom be considered and, when necessary, it is important that both be treated accordingly. In light of recent studies that indicate that children exposed to violence may develop a series of behavioral, social, and emotional problems, the traumatic history of a child being assessed for ADHD based on disruptive behavior in the classroom is of considerable significance. See Pelcovitz, D., et al. (1994). “Post-Traumatic Stress Disorder in Physically Abused Adolescents.” *Journal of the American Academy of Child and Adolescent Psychiatry*. 33: 305–312. Simply put, the effects of trauma as they appear in the classroom can be deceptive, and school personnel need to be aware of the possibility that traumatic exposure to domestic violence may be the origin of behavioral problems, even though they need not necessarily assume at the outset that such problems are the result of traumatic exposure.

⁹⁸ Masten, A.S., and Coatsworth, J.D. (1998), p. 208.

⁹⁹ Shields, A., and Cicchetti, D. (1998), p. 391, citing Cicchetti, D. “How Research on Child Maltreatment Has

Informed the Study of Child Development: Perspectives from developmental psychopathology.” In D. Cicchetti and V. Carlson (Eds.), *Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect*. (pp. 377–431). New York: Cambridge University Press.

¹⁰⁰ Streeck-Fischer, A., and van der Kolk, B.A. (2001), p. 905, citing Toth, S.C., and Cicchetti, D. (1998). “Remembering, Forgetting, and the Effects of Trauma on Memory: A developmental psychopathologic perspective.” *Developmental Psychopathology*, 10: 580–605.

¹⁰¹ Ibid.

¹⁰² Shields, A., and Cicchetti, D. (1998), p. 391.

¹⁰³ Van der Kolk, B.A. (1998), p. 391.

¹⁰⁴ Mezzacappa, E., Kindlon, D., and Earls, F. (2001). “Child Abuse and Performance Task Assessments of Executive Functions in Boys.” *Journal of Child Psychology and Psychiatry*, 42(8): pp. 1041–1048; 1042.

¹⁰⁵ Lubit, R., Rovine, D., Defrancisci, L., and Eth, S. (2003). “Impact of Trauma on Children.” *Journal of Psychiatric Practice*, 9(2): 128–138; 133.

¹⁰⁶ Van der Kolk, B.A. (2005), p. 403.

¹⁰⁷ De Bellis, M.D. (2005). “The Psychobiology of Neglect.” *Child Maltreatment*, 10(2): 150–172, 160. De Bellis explains that chronic stress and its resulting increased activation of catecholamines can “turn off” the prefrontal cortex’s inhibition of the limbic system; this can cause children to lose the ability to focus and attend in school.

¹⁰⁸ Beers, S.R., and De Bellis, M.D. (2002): pp. 483–486.

¹⁰⁹ Mezzacappa, E., et al. (2001).

¹¹⁰ Shonk, S., and Cicchetti, D. (2001).

¹¹¹ Ibid, p. 4.

¹¹² Ibid.

¹¹³ Katz, M. (1997), p. 7, citing Weiner, B. (1993). “On Sin Versus Sickness: A theory of perceived responsibility and social motivation.” *American Psychologist*, 48(9): 957–965.

¹¹⁴ Ibid.

¹¹⁵ Lubit, R., et al. (2003), p. 133.

¹¹⁶ De Bellis, M.D. (2005), p. 161. De Bellis explains that repeated maltreatment can result in the chronic activation of the amygdala, which inhibits the development of the prefrontal cortex, the part of the brain primarily responsible for emotional and behavioral regulation.

¹¹⁷ Shonk, S.M., and Cicchetti, D. (2001), p. 4, citing Dodge, K.A., Bates, J.E., and Pettit, G.S. (1990). “Mechanisms in the Cycle of Violence.” *Science*, 250: 1678–1683; and Rogosch, F.A., and Cicchetti, D. (1994). “Illustrating the Interface of Family and Peer Relations through the Study of Child Maltreatment.” *Social Development*, 3: 291–308.

¹¹⁸ Ibid., citing Dodge, K.A., et al. (1990).

¹¹⁹ Carlson, E.B., et al. (1997), p. 279.

¹²⁰ Ibid., p. 277, citing Herrenkohl, R.C. and Herrenkohl, E.C. (1981). “Some Antecedents and Developmental Consequences of Child Maltreatment.” In R. Rizely and D. Cicchetti (Eds.), *New Directions for Child Development: Developmental Perspectives on Child Maltreatment*. (pp. 31–56). San Francisco: Jossey-Bass.

¹²¹ Shields, A., and Cicchetti, D. (1998), p. 391, citing Dodge, K.A., Pettit, G.S., Bates, J.E., and Valente, E. (1995). “Social Information-Processing Patterns Partially Mediate the Effect of Early Physical Abuse on Later Conduct

Problems.” *Journal of Abnormal Psychology*, 104: 632–643; and Rogosch, F.A., Cicchetti, D., and Aber, J.L. (1995). “The Role of Child Maltreatment in Early Deviations in Cognitive and Affective Processing Abilities and Later Peer Relationship Problems.” *Development and Psychopathology*, 7: 591–609.

¹²² Ibid.

¹²³ Perry, B.D., et al. (1995), p. 280.

¹²⁴ Weissbourd, R. (1996). *The Vulnerable Child: What Really Hurts America’s Children and What We Can Do About It*. Reading, MA: Addison-Wesley; p. 15.

¹²⁵ Pynoos, R.S., et al. (1996), p. 344.

¹²⁶ This story comes from an anonymous client of the Trauma and Learning Policy Initiative.

¹²⁷ Morrow, G. (1987). *The Compassionate School: A Practical Guide to Educating Abused and Traumatized Children*. Englewood Cliffs, NJ: Prentice-Hall; p. 36.

¹²⁸ Ibid.

¹²⁹ Herman, J. (1997), p. 105.

¹³⁰ Craig, S. (1992), pp. 68–69.

¹³¹ Masten, A.S., and Coatsworth, J.D. (1998), p. 213.

¹³² As Perry explains, traumatized children often “over-read (misinterpret) nonverbal cues (e.g., eye contact means threat, a friendly touch is interpreted as an antecedent to seduction and rape); interpretations that are accurate in the world they came from but now, hopefully, out of context. During development, these children spent so much time in a low-level state of fear . . . that they were focusing consistently on nonverbal cues.” Perry, B.D. (2002), p. 200.

¹³³ Craig, S. (1992), p. 68.

¹³⁴ Pynoos, R.S., et al. (1996), p. 344.

¹³⁵ Van der Kolk, B.A. (2005), p. 403.

¹³⁶ Pynoos, R.S., et al. (1996), p. 344.

¹³⁷ Ibid.

¹³⁸ Ibid. See also van der Kolk, B.A. Remarks at “Helping Traumatized Children Learn.” January 16, 2001.

¹³⁹ Pynoos, R.S., et al. (1996), p. 344, citing Pynoos, R.S., and Nader, K. (1993). “Issues in the Treatment of Post-Traumatic Stress in Children and Adolescents.” In J.P. Wilson and B. Raphael (Eds.), *International Handbook of Traumatic Stress Syndromes* (pp. 535–549). New York: Plenum Press.

¹⁴⁰ See Shonk, S.M., and Cicchetti, D. (2001), at note 22, *supra*.

Chapter 2

¹⁴¹ Masten, A.S., and Coatsworth, J.D. (1998), p. 215.

¹⁴² Ibid.

¹⁴³ Ibid.

¹⁴⁴ Cook, A., et al. (Eds.). (2003), p. 26. Kinniburgh, K.J., Blaustein, M., and Spinazzola, J. (2005). “Attachment, Self-Regulation, and Competency: A comprehensive intervention framework for children with complex trauma.” *Psychiatric Annals*, 35(5): 424–430. These authors developed ARC as a framework that can be applied across settings to address the needs of children with complex trauma. The white paper relied upon an earlier precursor to this article.

¹⁴⁵ Masten, A.S., and Coatsworth, J.D. (1998), p. 206.

¹⁴⁶ Boykin-McCarthy, J. (1999). "Emancipatory Learning: A study of teachers' perspective shifts regarding children of battered women." *Dissertation Abstracts International*, 60(09), 3325A (UMI No. 9945913). Boykin-McCarthy's findings indicate that when teachers understand better the personal and societal complexities of battering and recent trauma research explaining how some student behaviors are not resolved by traditional classroom management techniques, they can increase their comfort level, classroom skills, and sense of competence in working with students who are children of battered women.

¹⁴⁷ For teaching us about these and other accommodations that help children regulate their emotions, we owe much thanks to Jane Koomar, Ph.D., ORT/L of Occupational Therapy Associates in Watertown, MA.

¹⁴⁸ Beardall, N. (2004). "Creating a Peaceable School: Confronting Intolerance and Bullying." Newton, MA: Office of Curriculum and Instruction, Newton Public Schools, p. 2.

¹⁴⁹ Brooks, R. (1991). *The Self-Esteem Teacher*. Loveland, OH: Treehaus Communications, Inc. Brooks contends that "every person in this world possesses at least one small 'island of competence,' one area that is or has the potential to be a source of pride and achievement. This metaphor is not intended to be merely a fanciful image, but rather a symbol of respect and hope, a reminder that all children and adolescents have areas of strength. Those who are teaching and raising children have the responsibility to find and build upon these islands of competence so that they will soon become more prominent than the ocean of self-doubt" (p. 31).

¹⁵⁰ Van der Kolk, B.A. (1998), p. 391.

Appendix B

¹⁵¹ Van der Kolk, B.A. (2005), p. 404; citing Kiser, L.J., Heston, J., Millsap, P.A., and Pruitt, D.C. (1991). "Physical and Sexual Abuse in Childhood: Relationship with post-traumatic stress disorder." *Journal of the American Academy of Child and Adolescent Psychiatry*, 30(5): 776-783. Van der Kolk notes elsewhere that the consequences of childhood trauma "go well beyond the core definition of PTSD: how to trust people after you know how much they can hurt you, how to calm yourself down when you are upset, how to pay attention while faced with emotionally arousing situations, how to deal with bodily responses to upsetting events, and how to think positively about oneself when faced with adversity." Van der Kolk, B.A. (1998), p. 384. See also Streeck-Fischer, A., and van der Kolk, B.A. (2000).

¹⁵² Van der Kolk, B.A. (2005), p. 5.

¹⁵³ See, for example, Scheeringa, M.S., Peebles, C.D., Cook, C.A., and Zeanah, C.H. (2001). "Toward Establishing Procedural, Criterion, and Discriminant Validity for PTSD in Early Childhood." *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(1): 52-60; and Scheeringa, M.S., Zeanah, C.H., Myers, L., and Putnam, F.W. (2003). "New Findings on Alternative Criteria for PTSD in Preschool Children." *Journal of the American Academy of Child and Adolescent Psychiatry*, 42(5): 561-570.

¹⁵⁴ Van der Kolk, B.A. (2005), p. 405.

¹⁵⁵ *Ibid.* According to van der Kolk, the developmental effects of trauma include: complex disruptions of affect regulation; disturbed attachment patterns; rapid behavioral regressions and shifts in emotional states; loss of autonomous strivings; aggressive behavior against self and others; failure to achieve developmental competencies; loss of bodily regulation in the areas of sleep, food, and self-care; altered schemas of the world; anticipatory behavior and traumatic expectations; multiple somatic problems, from gastrointestinal distress to headaches; apparent lack of awareness of danger and resulting self-endangering behaviors; self-hatred and self-blame; and chronic feelings of ineffectiveness.

¹⁵⁶ The official criteria a person must meet in order to qualify for a diagnosis of PTSD are as follows:

- a. The person has been exposed to a traumatic event in which both of the following were present: (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others; (2) the person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior.
- b. The traumatic event is persistently reexperienced.
- c. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma).
- d. Persistent symptoms of increased arousal (not present before the trauma).
- e. Duration of the disturbance is more than one month.
- f. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders, 4th Ed.* (DSM-IV). Washington, DC: American Psychiatric Association, pp. 427–429.

¹⁵⁷ Herman, J. (1997). See, in particular, Herman's discussion of "Attacks on the Body," pp. 108–110.

¹⁵⁸ Groves, B.M. (2002), p. 47.

¹⁵⁹ Pynoos, R.S., et al. (1996), p. 345. The authors caution that "we tend to speak of intrusive images as if they are merely reproductions of original photographic negatives of a gruesome scene. In doing so, we risk missing the experiential and clinical significance of these 'pictures in the child's mind.'" (p. 345).

¹⁶⁰ *Ibid.*, pp. 341–342.

¹⁶¹ Carlson, B.E., et al. (1997), p. 277.

¹⁶² *Ibid.*, p. 278.

Appendix C

¹⁶³ The entries in this table are credited to Harvey, M. (1996), pp. 7–8.

Appreciation for Contributors

The authors and staff of TLPI thank all who contributed to *Helping Traumatized Children Learn*.

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Susan Cole, the director of the Trauma and Learning Policy Initiative, has served at MAC for 18 years as legal director and director of the Children’s Law Support Project. Currently, she holds a joint appointment as senior program manager at MAC and as clinical instructor at the Hale and Dorr Legal Services Center of Harvard Law School. She was deeply affected by her prior teaching experiences in the Watertown public schools. Ms. Cole holds a J.D. from Northeastern University, a Master’s in Special Education from the University of Oregon, and a B.A. from Boston University.

Jessica Greenwald O’Brien is a forensic and clinical psychologist in private practice. She trained in trauma at Harvard Medical School’s Victims of Violence Program at the Cambridge Hospital and in forensic practice at the Children and the Law Program at Massachusetts General Hospital. Using the Flexible Frameworks presented in this report she has worked to sensitize school environments, including Framingham and Cambridge, to improve learning opportunities for traumatized children. She holds a doctorate from the Law-Psychology Program at the University of Nebraska–Lincoln.

M. Geron Gadd is an attorney who practices in New York. She was drawn to the work of the Task Force because of her deep commitment to social justice and the nexus between academic research, policy analysis, and social change. Ms. Gadd holds a B.A. from Southern Methodist University, a Master of Theological Studies from Harvard Divinity School, and a J.D. from Harvard Law School. She is a member of the New York City Bar Association’s domestic violence committee.

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D. Luray Wallace, a former high school teacher, is principal of Wallace Law Office, PC, which specializes in protecting the rights of children in education, school discipline, juvenile justice, and child welfare. Attorney Wallace holds a B.S. in Education from University of Wisconsin–Milwaukee and a J.D. from Boston College Law School.

Michael Gregory, an attorney with the Trauma and Learning Policy Initiative, is focused on systemic approaches to addressing the needs of low-income children. He is a recipient of a prestigious Skadden Fellowship, which funds his work for TLPI. He holds a B.A. and a Master of Arts in Teaching from Brown University and a J.D. from Harvard Law School.

Helping Traumatized Children Learn marks a major milestone in child advocacy. Based on evidence from brain research, child development, and actual classrooms, here is a road map for parents, schools, administrators, and policy makers that shows concrete and feasible steps for making schools the life raft for children who otherwise may be misunderstood and abandoned by the community.

— Martha L. Minow, Professor of Law, Harvard Law School

Helping Traumatized Children Learn opens up the conversation on how to best help the students who have been victims or witnesses of violence. Removing their roadblocks can give them the opportunity to be active and enthusiastic learners.

— Massachusetts State Representative Alice Wolf

Helping Traumatized Children Learn is a useful and timely report. [It] lists practical steps that educators can take to recognize signs of trauma and help children who are affected by it. The report encourages state and local officials, educators, community leaders, parents, and experts in prevention and treatment to work together for the benefit of all children. The Massachusetts Department of Education will continue to work in partnership with others to achieve these important goals.

— David P. Driscoll, Massachusetts Commissioner of Education

I endorse the recommendations in *Helping Traumatized Children Learn* and invite the Commonwealth's leaders to join this powerful effort to help all children, including those who have been exposed to family violence, reach their highest potentials.

— Tom Scott, Executive Director
Massachusetts Association of School Superintendents

Helping Traumatized Children Learn thoroughly documents the impact of the trauma of family violence on children's ability to learn and succeed in school. The report makes a strong case for increased resources for schools and support for teachers who work with this vulnerable population. These resources are an important investment in the future of children and in the future of our communities. Let's hope that legislators and policy makers invest in these resources.

— Betsy McAlister Groves, Director, Child Witness to Violence Project, Boston Medical Center;
Associate Professor of Pediatrics, Boston University School of Medicine



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Exhibit 91



At least 3 tender age shelters set up for child migrants

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The Trump administration has set up at least three “tender age” shelters to detain babies and other young



The government also plans to open a fourth shelter to house hundreds of young migrant children in Houston, where city leaders denounced the move Tuesday.

Since the White House announced its zero tolerance policy in early May, more than 2,300 children have been taken from their parents at the U.S.-Mexico border, resulting in an influx of young children requiring government care.

The government has already faced withering critiques over images of some of the [children in cages](#) inside U.S. Border Patrol processing stations. It faced renewed criticism for setting up new places to hold these toddlers, decades after orphanages were phased out over concerns about the lasting trauma to children.

“The thought that they are going to be putting such little kids in an institutional setting? I mean it is hard for me to even wrap my mind around it,” said Kay Bellor, vice president for programs at Lutheran Immigration and Refugee Service, which provides foster care and other child welfare services to migrant children. “Toddlers are being detained.”

By law, child migrants traveling alone must be sent to facilities run by the U.S. Department of Health and Human Services within three days of being detained. The agency then is responsible for placing the children in shelters or foster homes until they are united with a relative or sponsor in the community as they await immigration court hearings.

But U.S. Attorney General Jeff Sessions’ [announcement last month](#) that the government would criminally prosecute everyone who crosses the U.S.-Mexico border illegally has led to the breakup of migrant families and sent a new group of hundreds of young children into the government’s care.

On Tuesday, President Donald Trump signed an executive order ending the separation of families at the southern border, saying that he didn't like the sight of children being removed from their families. But the president added that the "zero tolerance" policy will continue, and children will be held along with their parents in immigration detention while the parents are prosecuted. The order does not detail how children now in the government's care will be reunited with their parents.

The United Nations, some Democratic and Republican lawmakers and religious groups have sharply criticized the family separation policy, calling it inhumane.

Not so, said Steven Wagner, an official with the Department of Health and Human Services.

"We have specialized facilities that are devoted to providing care to children with special needs and tender age children as we define as under 13 would fall into that category," he said. "They're not government facilities per se, and they have very well-trained clinicians, and those facilities meet state licensing standards for child welfare agencies, and they're staffed by people who know how to deal with the needs — particularly of the younger children."

Until now, however, it's been unknown where they are. "In general we do not identify the locations of permanent unaccompanied alien children program facilities," agency spokesman Kenneth Wolfe said.

The three Texas centers — in Combes, Raymondville and Brownsville — have been rapidly repurposed to serve needs of children, including some under 5. A fourth, planned for Houston, would house up to 240 children in a warehouse previously used for people displaced by Hurricane Harvey, Mayor Sylvester Turner said.

Turner said he met with officials from Austin-based Southwest Key Programs, the contractor that operates some of the child shelters, to ask them to reconsider their plans. A spokeswoman for Southwest Key didn't immediately reply to an email seeking comment.

"And so there comes a point in time we draw a line, and for me, the line is with these children," Turner said during a news conference Tuesday.

The order Trump signed Wednesday directs federal agencies to work with the Defense Department to prepare facilities to house detained families. During the surge of unaccompanied children crossing the border in 2014, HHS set up several temporary facilities at military bases.

The order also instructs federal agencies -- especially the Defense Department -- to begin to prepare facilities that could house the potentially thousands of families that will now be detained by the government.

On a practical level, the zero tolerance policy has [overwhelmed the federal agency](#) charged with caring for the new influx of children who tend to be much younger than teens who typically have been traveling to the U.S. alone. Some recent detainees are infants, taken from their mothers.

"The shelters aren't the problem, it's taking kids from their parents that's the problem," said Dr. Marsha Griffin, a South Texas pediatrician who has visited many of the shelters.

Other migrant children have been sent elsewhere. The largest foster agency handling young migrant children in the U.S. is Bethany Christian Services, whose 99 available foster beds in Michigan and Maryland are filled.

The group's chief executive officer, Chris Palusky, said the youngest child separated from parents at the border is 8

months old. The average age of children in the organization's care dropped from 14 to 7 years old in recent weeks, after the zero tolerance policy was adopted, Palusky said.

The youngest children, he said, are shell-shocked — crying themselves to sleep.

“Then they wake up from their naps and again they're crying for their mom, asking: ‘Where's my dad?’ ” he said. “They absolutely need their parents right now.”

Decades of study show early separations can cause permanent emotional damage, said Alicia Lieberman, who runs the Early Trauma Treatment Network at University of California, San Francisco.

“Children are biologically programmed to grow best in the care of a parent figure. When that bond is broken through long and unexpected separations with no set timeline for reunion, children respond at the deepest physiological and emotional levels,” Lieberman said.

“Their fear triggers a flood of stress hormones that disrupt neural circuits in the brain, create high levels of anxiety, make them more susceptible to physical and emotional illness, and damage their capacity to manage their emotions, trust people, and focus their attention on age-appropriate activities,” she added.

Parents separated from their children say when they're able to talk with their kids, their pain is evident.

Beata Mariana de Jesus Mejia-Mejia's 7-year-old son, Darwin, was taken from her a month ago, two days after they crossed the border seeking asylum.

“I only got to talk to him once, and he sounded so sad. My son never used to sound like that, he was such a dynamic boy,” said the immigrant from Guatemala. She said that

during the call, an official with her son told her Darwin was “fine,” but she said she could hear son cry: “Mama! Mama! Mama!”

She [sued](#) the Trump administration on Tuesday.

Days after Sessions announced the zero-tolerance policy, the government issued a call for proposals from shelter and foster-care providers to provide services for the new influx of children taken from their families after journeying from Honduras, El Salvador, Guatemala and Mexico.

As children are separated from their families, law enforcement agents reclassify them from members of family units to “unaccompanied alien children.” Federal officials said Tuesday that since May, they have separated 2,342 children from their families, rendering them unaccompanied minors in the government’s care.

While Mexico is still the most common country of origin for families arrested at the border, in the last eight months Honduras has become the fastest-growing category as compared to fiscal year 2017.

At a press briefing Tuesday, reporters repeatedly asked for an age breakdown of the children who have been taken. Officials from both law enforcement and Health and Human Services said they didn’t know how many children were under age 5, under age 2, or even so little they’re non-verbal.

“The facilities that they have for the most part are not licensed for tender age children,” said Michelle Brane, director of migrant rights at the Women’s Refugee Commission, who met with a 4-year-old girl in diapers in a warehouse in McAllen, Texas, where Border Patrol temporarily holds migrant families. “There is no model for how you house tons of little children in cots institutionally in our country. We don’t do orphanages,

our child welfare has recognized that is an inappropriate setting for little children.”

Associated Press reporter Colleen Long contributed from New York.

See AP’s complete coverage of the debate over the Trump administration’s policy of family separation at the border: <https://apnews.com/tag/Immigration>

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Official: Hundreds of kids reunited with families since May

McALLEN, Texas (AP) — About 500 of the more than 2,300 children separated from their families at the U.S.-Mexico border have been reunited since May, a senior Trump administration official said Thu...

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Exhibit 92



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Key Facts About Washington Public Schools

Last updated 9/2016

P-12 ENROLLMENT (headcount as of October 1, 2015)

(Source: <http://www.k12.wa.us/DataAdmin/default.aspx>) see "State Level," "District Level" and "School Level" files. Data typically available in December.

Total Student Enrollment

1,088,959

Category	Number	Percent
American Indian/Alaskan Native	15,714	1.4
Asian	79,450	7.3
Black/African American	47,943	4.4
Hispanic/Latino	243,582	22.4
Native Hawaiian/Other Pacific Islander	11,192	1.0
White	610,601	56.1
Two or more races	80,427	7.4
Not provided	50	0.0
Total	1,088,959	100.0
Male	561,532	51.6
Female	527,427	48.4

Total districts

[295](#) + 6 charter schools* + 12 additional jurisdictions (Bates Technical College; Educational Service Districts; Office of the Governor; and Washington Center for Childhood Deafness and Hearing Loss)

*In December 2015 the charter schools contracted with Mary Walker School District to provide Alternative Learning Experiences to their students.

Largest district

Seattle (King County) – 53,317 students

Smallest district

Stehekin (Chelan County) – 4 students

Largest school

Chiawana High School (Pasco School District) – 2,626 students

PERSONNEL (2015-16 full-time equivalents)

Source: OSPI research. Data typically available in November.

Total Classroom Teachers

64,323

Teacher demographics

Category	Number	Percent
American Indian/Alaskan Native	461	0.7%
Asian	1,671	2.6
Black/African American	800	1.2
Hispanic/Latino	2,456	3.8
Native Hawaiian/Other Pacific Islander	134	0.2
White	57,841	89.9
Two or more races	1,937	1.5
Not provided	23	0.0
Total	64,323	100.0

State Learning Goals

1. **Read** with comprehension, **write** effectively, and **communicate** successfully in a variety of ways and settings and with a variety of audiences;
2. **Know and apply the core concepts and principles** of mathematics; social, physical, and life sciences; civics and history, including different cultures and participation in representative government; geography; arts; and health and fitness;
3. **Think** analytically, logically, and creatively, and to integrate technology literacy and fluency as well as different experiences and knowledge to form reasoned judgments and solve problems; and
4. **Understand** the importance of work and finance and how performance, effort, and decisions directly affect future career and educational opportunities.

Updated 2011

Male	17,532	27.3
Female	46,791	72.7

Elementary teachers

31,881

Secondary teachers

24,982

Classified staff (aides, laborers, service workers, etc.)

37,029

FUNDING

Sources: Financial Reporting Summary, 2014-2015 – [Section One: Statewide Average Financial Tables and Charts](#). Revenues, Table Two (page 3); expenditures, Table Three (page 4). Final data typically available in July. For state and basic and education spending: Legislative Evaluation & Accountability Program, [2015-17 Omnibus Operating Budget Overview](#) (page 277). Data typically available after passage of biennial operating budget.

Per pupil expenditures (2014-15)

\$10,747.21

Per pupil revenues, by source (2014-15)

Source	Amount	Percent
State	\$7,505	68.6
Local Taxes	2,453	22.4
Federal	855	7.8
Other Revenues	124	1.1
Total	10,937	100.0

Percentages do not equal 100.0 because of rounding.

State spending (2015-17 biennium, with 2016 supplement)*

\$18.16 billion

Basic education programs* (in billions of dollars)

General Apportionment	\$13.24
Special Education	\$1.73
Student transportation	\$0.93
Levy equalization	\$0.73
Learning Assistance Program	\$0.45
Compensation adjustment	\$0.42
Education reform	\$0.24
Transitional Bilingual	\$0.24
Other public schools	\$0.16

Numbers do not equal total state spending because of rounding.

**Near General Fund-State and Opportunity Pathways Funds*

Per-pupil spending, adjusted for regional cost differences, by state, 2013

Source: Editorial Projects in Education, [Quality Counts](#), Table 29 (*Subscription needed*). Data available in January.

1. Vermont	\$18,853
2. Alaska	18,565
3. New York	17,291
<i>US Average</i>	<i>11,667</i>
39. Washington	9,246

Updated 10/3/2016

Quick Links

Office of System and School
Improvement (OSSI)
School Safety Center

**Getting Career
and College
Ready****Resources for
Families**

State Learning Standards
Offices and Programs

**Resources for
Educators**

Getting My Certification
Clock Hours

State Report Card | Data and Reports
Every Student Succeeds Act (ESSA)
Offices and Programs | Bulletins
Districts/Schools: Maps & Websites | Directory
Jobs at OSPI | Contracts
Public records | Rule-making | Laws & Regulations

K-12 Education
Career Guidance
Career & Technical Education
Dual Credit Programs
Advanced Placement

Graduation Requirements
State Testing
Understanding Learning
Standards and Assessments
Equity and Civil Rights
School Safety Center
School Breaks

K-12 Salary Allocation Schedule
K-12 Employment Opportunities
Common School Manual
Education Data System (EDS)
iGrants
Education Awards



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Exhibit 93

OFFICE OF REFUGEE RESETTLEMENT

An Office of the Administration for Children & Families

Facts and Data

General Statistics

Data provided by fiscal year (October 1 – September 30)

[Age](#) | [Country of Origin](#) | [Gender](#) | [Home Studies and Post-Release Services](#) | [Length of Stay](#) | [Referrals](#) | [Release to Sponsors](#)

Age

Age breakdown of unaccompanied alien children by fiscal year (October 1 – September 30)

AGE	FY2017	FY2016	FY2015	FY2014	FY2013	FY2012
0-12	17%	18%	17%	21%	14%	11%
13-14	13%	14%	14%	16%	13%	11%
15-16	37%	37%	38%	36%	40%	39%
17	32%	31%	30%	27%	34%	38%

Country of Origin

The top three countries of origin shifted slightly from FY2014, with the highest percentage of children in FY2015 coming from Guatemala, followed closely by El Salvador and Honduras.

COUNTRY OF ORIGIN	FY2017	FY2016	FY2015	FY2014	FY2013	FY2012
HONDURAS	23%	21%	17%	34%	30%	27%
GUATEMALA	45%	40%	45%	32%	37%	34%
EL SALVADOR	27%	34%	29%	29%	26%	27%
MEXICO	<3%	3%	6%	<2%	3%	8%
ALL OTHER COUNTRIES	3%	2%	3%	<3%	5%	4%

Gender

The demographic breakdown in FY15 changed slightly from FY14 to reflect an increase in male UAC arrivals and decrease in female UAC arrivals.

YEAR	MALES	FEMALES
FY2017	68%	32%
FY2016	67%	33%
FY2015	68%	32%
FY2014	66%	34%
FY2013	73%	27%
FY2012	77%	23%

Home Studies and Post-Release Services

Number of home studies conducted by ORR and number of unaccompanied alien children served by post-release services (PRS).

YEAR	HOME STUDIES	UAC SERVED BY PRS
FY2017	3,173	13,381
FY2016	3,540	10,546
FY2015	1,895	8,618

Exhibit 94



Profiles of Boston's Latinos

The BPDA Research Division presents profiles of the seven largest Latino groups in Boston: Puerto Ricans, Dominicans, Salvadorans, Colombians, Mexicans, Guatemalans, and Brazilians. These profiles supplement the report "Powering Greater Boston's Economy: Why the Latino Community is Critical to our Shared Future" prepared by the BPDA Research Division and Boston Indicators in June 2017.

The Boston Planning & Development Agency

We strive to understand the current environment of the city to produce quality research and targeted information that will inform and benefit the residents and businesses of Boston. Our Division conducts research on Boston's economy, population, and commercial markets for all departments of the BPDA, the City of Boston, and related organizations.

The information provided in this report is the best available at the time of its publication. All or partial use of this report must be cited.

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development agency**

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Data Notes

Unless otherwise noted data for this report come from the U.S. Census Bureau, 2011-2015 American Community Survey, Public Use Microdata Sample (PUMS), BPDA Research Division Analysis.

Percentages may not sum to 100% due to rounding.

"Latino" includes people who 1. self-describe their ethnicity as "Hispanic or Latino", or 2. were born in Brazil, or 3. who self-describe their ancestry as Brazilian.

Puerto Ricans

in
Boston



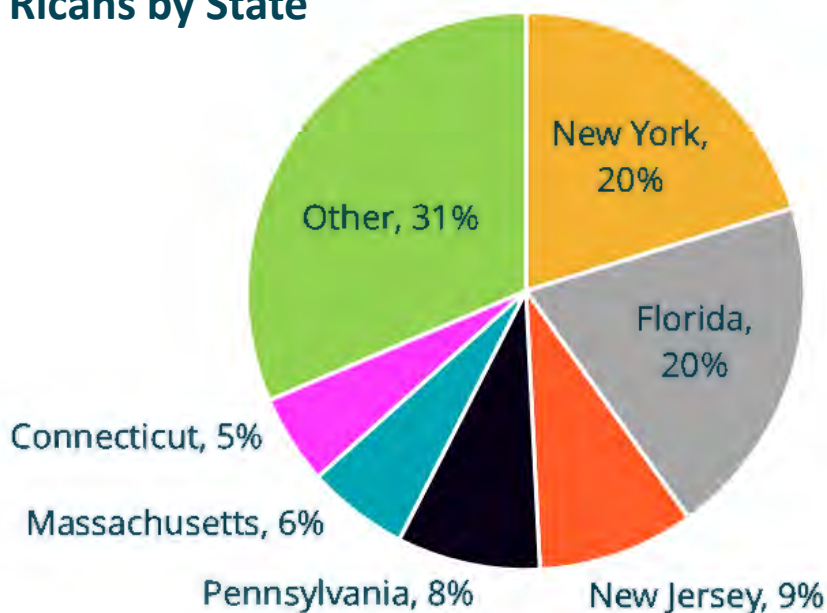
August 3, 2014 - Mayor Martin Walsh delivers remarks to celebrants at the 47th Annual Puerto Rican Pride Festival at City Hall Plaza. (Mayor's Office photo by Don Harney)

After the Spanish-American War in 1898, the United States gained control over the island of Puerto Rico as an unincorporated territory. The Jones Act of 1917 granted residents of the island U.S. citizenship. From 1898 to 1945 an estimated 90,000 Puerto Ricans migrated to the continental United States, and settled primarily in New York City. From the end of World War II into the 1950s Puerto Rican migration increased, and seasonal agricultural workers arrived in the Connecticut River Valley. Puerto Ricans first settled in Springfield and Holyoke before arriving in Boston.

By the 1960s Parcel 19 in the South End was home to approximately 1,500 Puerto Ricans, and the area was slated as an urban renewal project. The neighborhood organized the efforts of *Inquilinos Boricuas en Acción* (IBA) and became the developer of what is today *Villa Victoria*, an affordable housing community.

Puerto Rico has recently experienced increased out-migration to the continental United States due to stagnant economic growth and an ongoing debt crisis. The population of Puerto Rico declined from 3.7 million in 2010 to 3.4 million in 2016.¹ In 2015, 5.3 million Puerto Ricans resided in the continental United States.² With an estimated 317,142 Puerto Ricans residing in Massachusetts, the state has the fifth largest Puerto Rican population behind New York, Florida, New Jersey, and Pennsylvania. Boston residents make up 12 percent of Puerto Rican population in Massachusetts.

Puerto Ricans by State



¹ U.S. Census Bureau, 2010 & 2016 Annual Population Estimate, BPDA Research Division Analysis

² U.S. Census Bureau, 2015 1-year American Community Survey, BPDA Research Division Analysis

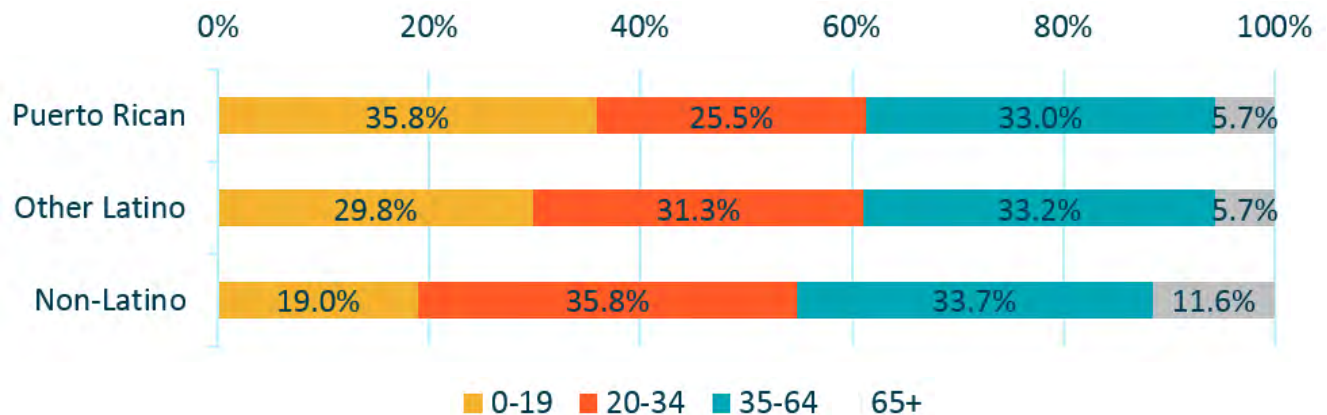
Puerto Ricans in Boston



According to the 2010 Census, Boston was home to 30,506 Puerto Ricans, up slightly from 28,211 in the 2000 Census. The American Community Survey suggests that their population had grown by 2015 to 37,324 (+/-5,057).³ Puerto Ricans are the largest Latino population in the city and make up 28 percent of all Latinos in Boston. Other large Latino populations in Boston include Dominicans (24 percent), Salvadorans (11 percent), Colombians (6 percent), and Mexicans (5 percent). Puerto Ricans can be found in all neighborhoods of Boston, but greater shares live in Dorchester (22 percent), Roxbury (17 percent), and Hyde Park (11 percent).⁴

Puerto Ricans' median age is 27 years, younger than both other Latinos (28) and non-Latinos (32). Over a third of Puerto Ricans are under age 20. Puerto Ricans are evenly split between males and females. Perhaps due to their young age, 63 percent of Puerto Ricans have never married. The majority of Puerto Ricans were born in the continental United States (61 percent), and 37 percent were born in Puerto Rico. Because Puerto Ricans born in Puerto Rico gain U.S. citizenship at birth, less than one percent are noncitizens. Almost 77 percent of Puerto Ricans speak Spanish at home and almost 72 percent speak English very well. Among younger Puerto Ricans under age 35, 86 percent speak English very well.

Age



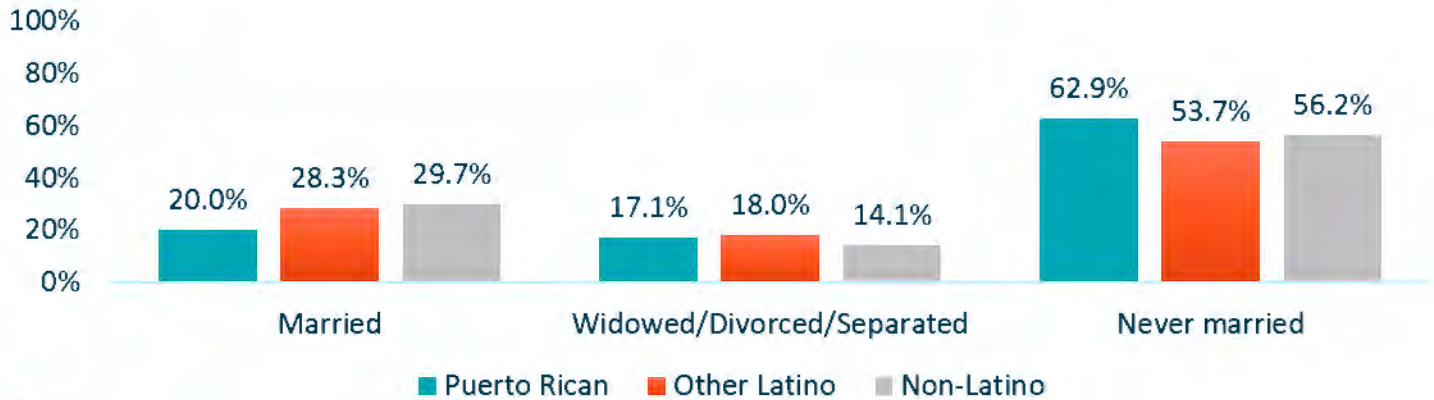
³ U.S. Census Bureau, 2000 & 2010 Decennial Census, 2015 American Community Survey, BPDA Research Division Analysis

⁴ U.S. Census Bureau, 2011-2015 American Community Survey, BPDA Research Division Analysis

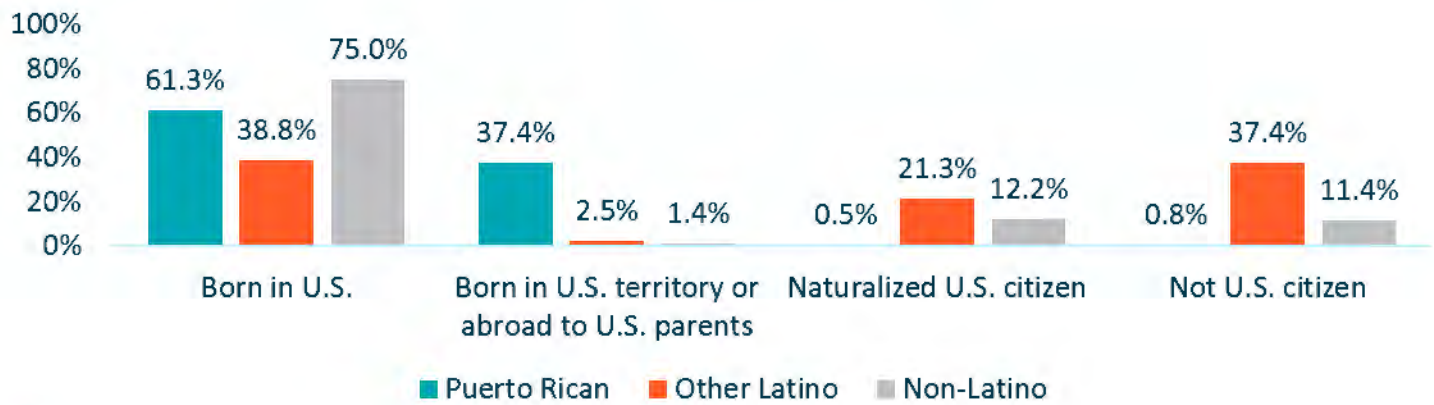
28% of Boston's Latinos are Puerto Rican



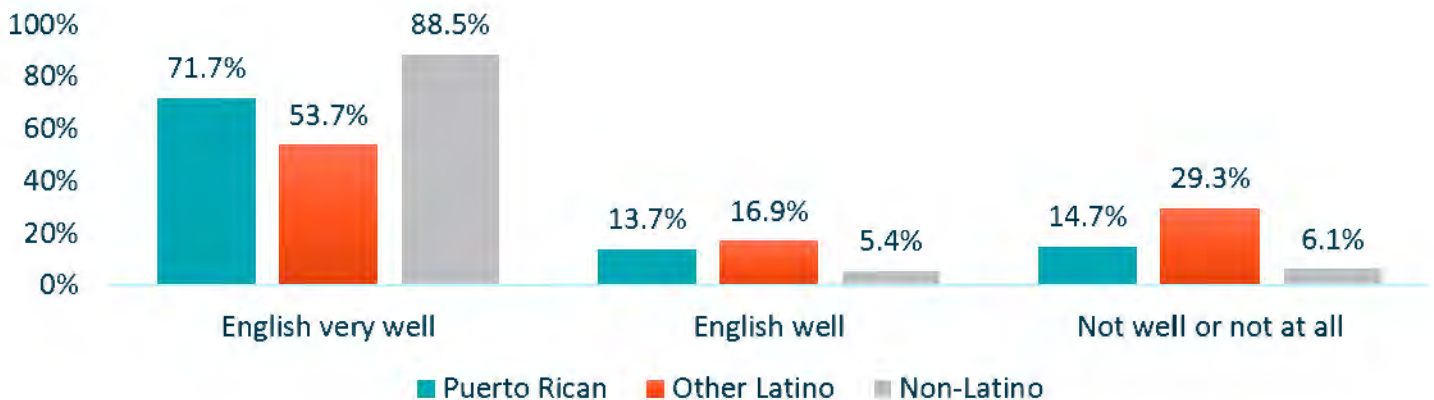
Marital Status (ages 15 and older)



Citizenship

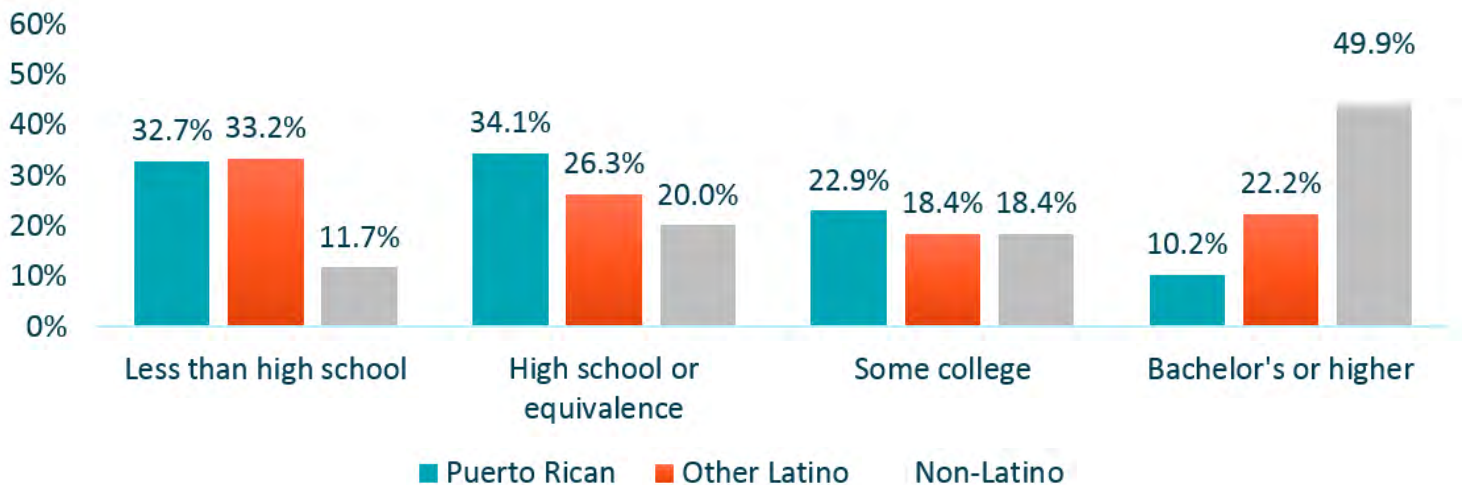


English Proficiency





Educational Attainment (ages 25 and older)



Educational Attainment | Similar to other Latinos, approximately one third of adult Puerto Ricans have not completed high school. Only 10 percent of Puerto Rican adults have a Bachelor's or graduate degree, much lower than the 50 percent share for non-Latino adults.

School Enrollment | Puerto Ricans make up 10 percent of Boston residents enrolled in pre-kindergarten through twelfth grade, but only 3 percent of Boston residents enrolled in college or university.

Labor Force Participation | A lower share (57 percent) of Puerto Ricans age 16 and over participate in the labor force than other Latinos (71 percent) and non-Latinos (68 percent). Labor force participation is higher for Puerto Rican men than women (59 percent vs. 55 percent).

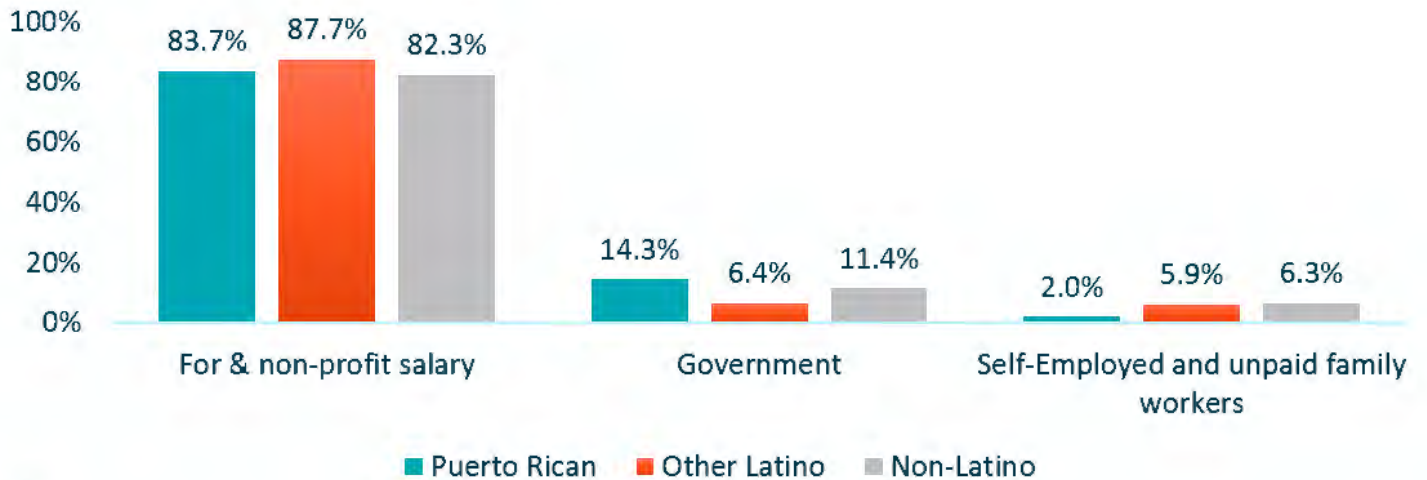
Employment | Over 14 percent of employed Puerto Ricans work for the government, a higher share than other groups. Nearly 30 percent of employed Puerto Ricans work in service occupations, and only 10 percent work in managerial and professional occupations.

Commute | A smaller share of Puerto Ricans (26 percent) work outside of Suffolk County than other Latinos (30 percent) and non-Latinos (33 percent). Puerto Ricans (38 percent) are less likely to use public transportation to travel to work than other Latinos (45 percent) but more likely than non-Latinos (32 percent).



47% of Puerto Ricans are employed

Employment Type (ages 16 and older)



Occupations of Employed Workers



Standard of Living

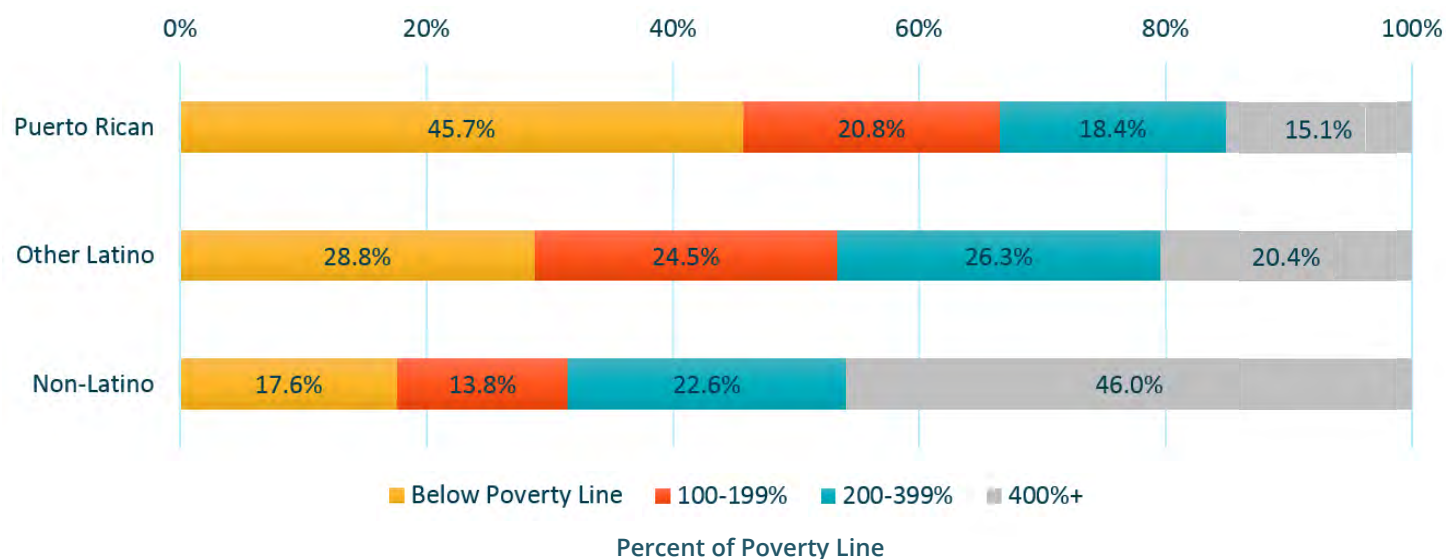


Almost 46 percent of Puerto Ricans live below the Census poverty line, a much higher rate than other groups. Only 15 percent of Puerto Ricans have achieved a middle class standard of living, compared to 20 percent for other Latinos and 46 percent for non-Latinos. A family income four times the poverty line is used as a proxy for a middle-class standard of living. The actual income needed to achieve this standard depends on family composition. For a two-person family in 2015, the poverty line is about \$15,391, and a middle class income would be \$61,564. The median household income for Puerto Rican-headed households is only \$18,423. Despite their low income, 95 percent of Puerto Ricans have health insurance, a higher share than other Latinos.

Puerto Ricans are less likely to own their home (13 percent) than other Latinos (18 percent) and non-Latinos (37 percent).⁵ Over 56 percent of Puerto Rican households are housing burdened and pay more than 30 percent of their income in housing costs, a higher housing burden rate than other groups. Just 54 percent of Puerto Rican households own a car, a lower share than other Latinos (59 percent) or non-Latinos (66 percent).

Approximately 59 percent of Puerto Rican households are families and the average household size is 2.5, larger than the average for non-Latinos, 2.1.

Individual Poverty Rates

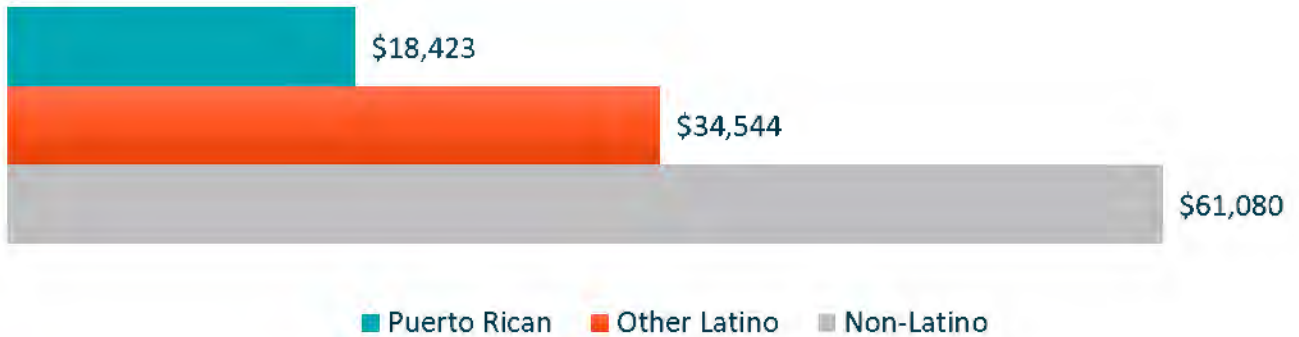


⁵ The ACS excludes households that are vacant, being bought, occupied without rent payment, have no household income or are group quarters when reporting owner/renter costs as a percentage of household income. Therefore, the sum of housing-burdened and non-housing-burdened households may not add exactly to the total number of homeowners/renters.

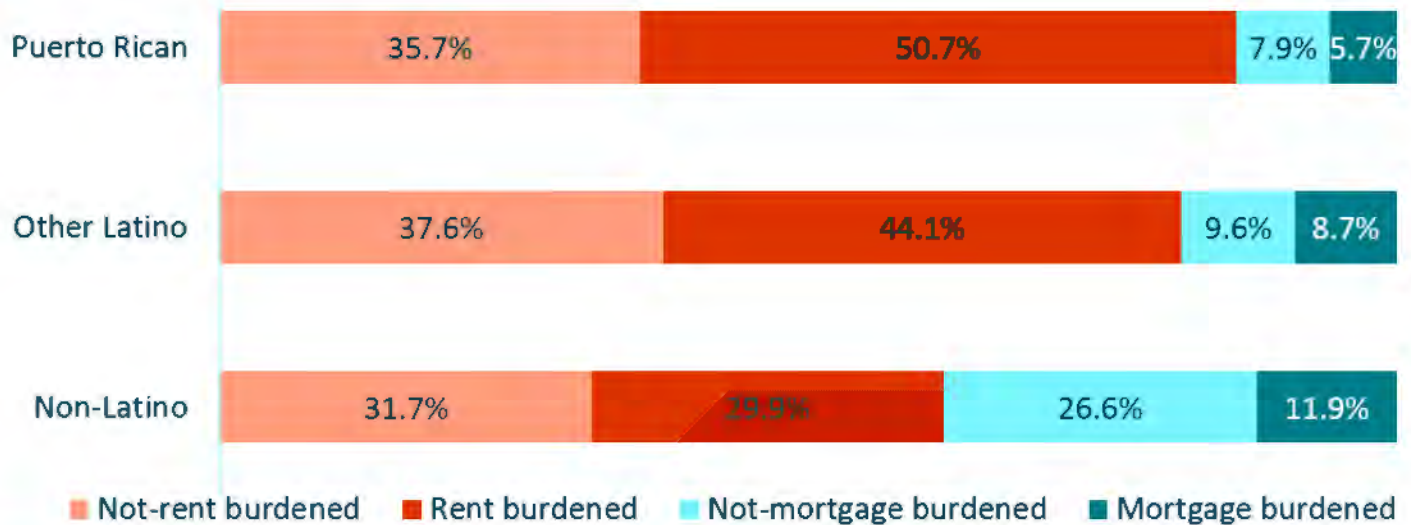
46% of Puerto Ricans in Boston live in poverty



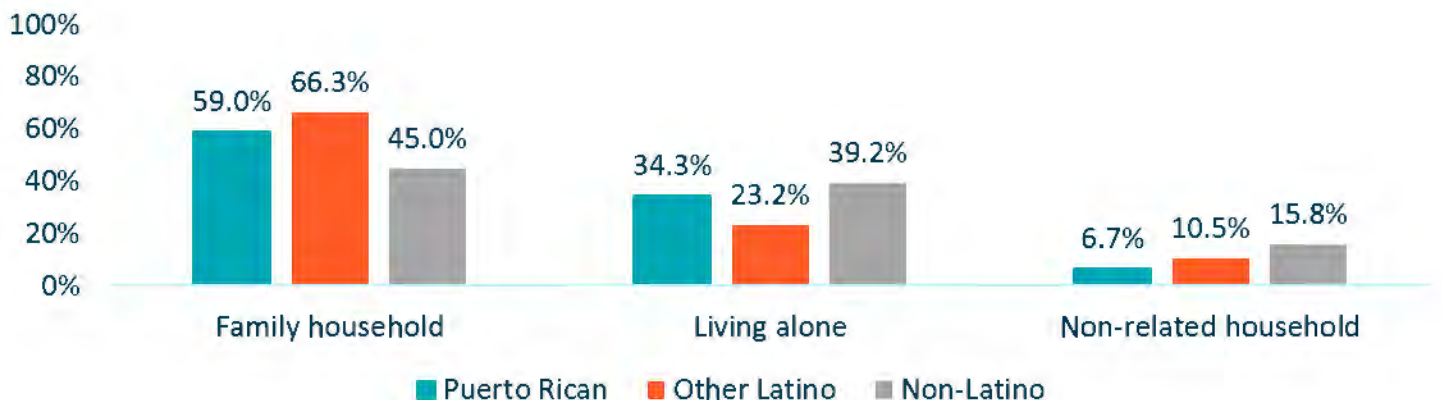
Median Household Income



Tenure and Housing Burden



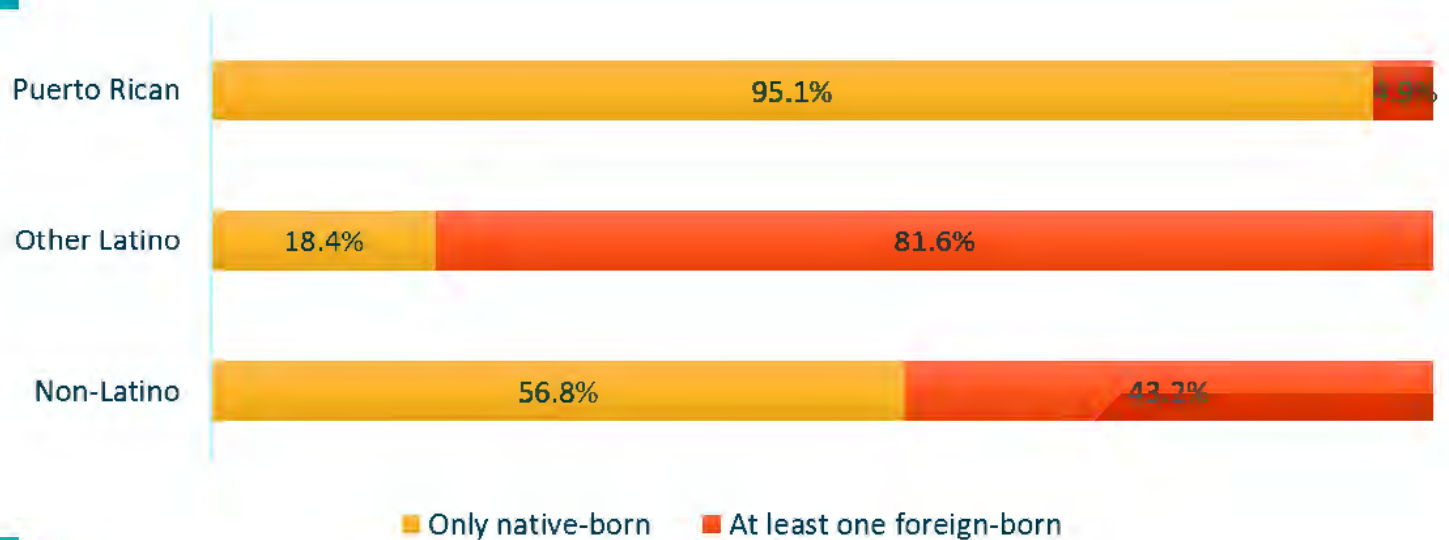
Household Type



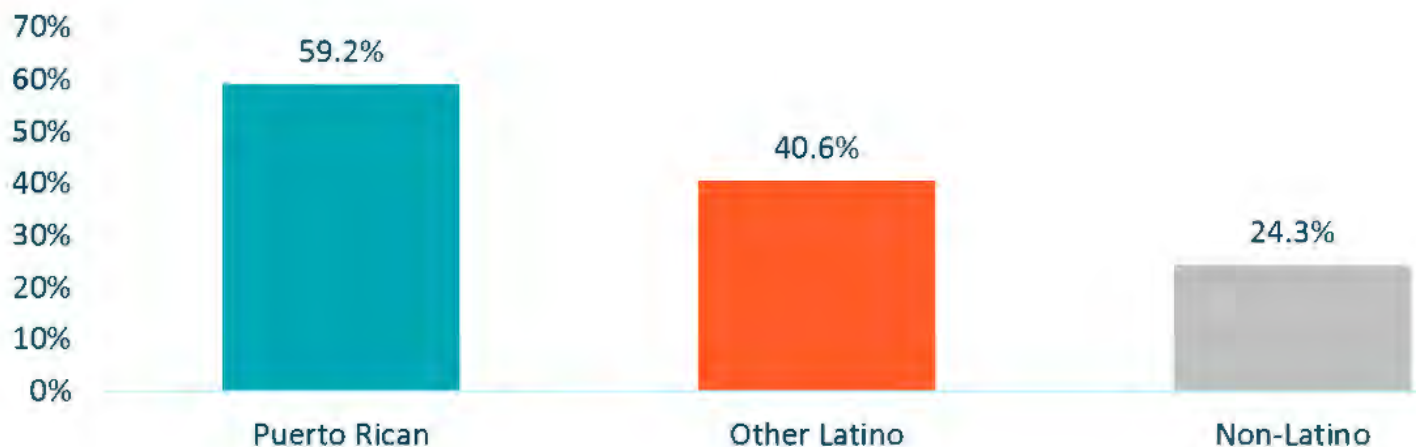
Puerto Rican Children

The 2011-2015 American Community Survey estimates 10,710 Puerto Rican children reside in Boston. Similar to other Latino groups, 42 percent of Puerto Rican households include children, much higher than the 20 percent of non-Latino households that include children. Almost all Puerto Rican children and their parents are native-born U.S. citizens who were born either in the mainland U.S. or in Puerto Rico. However, 5 percent of Puerto Rican children have a foreign-born parent (a parent born outside of the U.S. or Puerto Rico). In contrast, 82 percent of other Latino children have a foreign-born parent. Puerto Rican children are likely to live in poverty (59 percent), but over 99 percent of Puerto Rican children have health insurance.

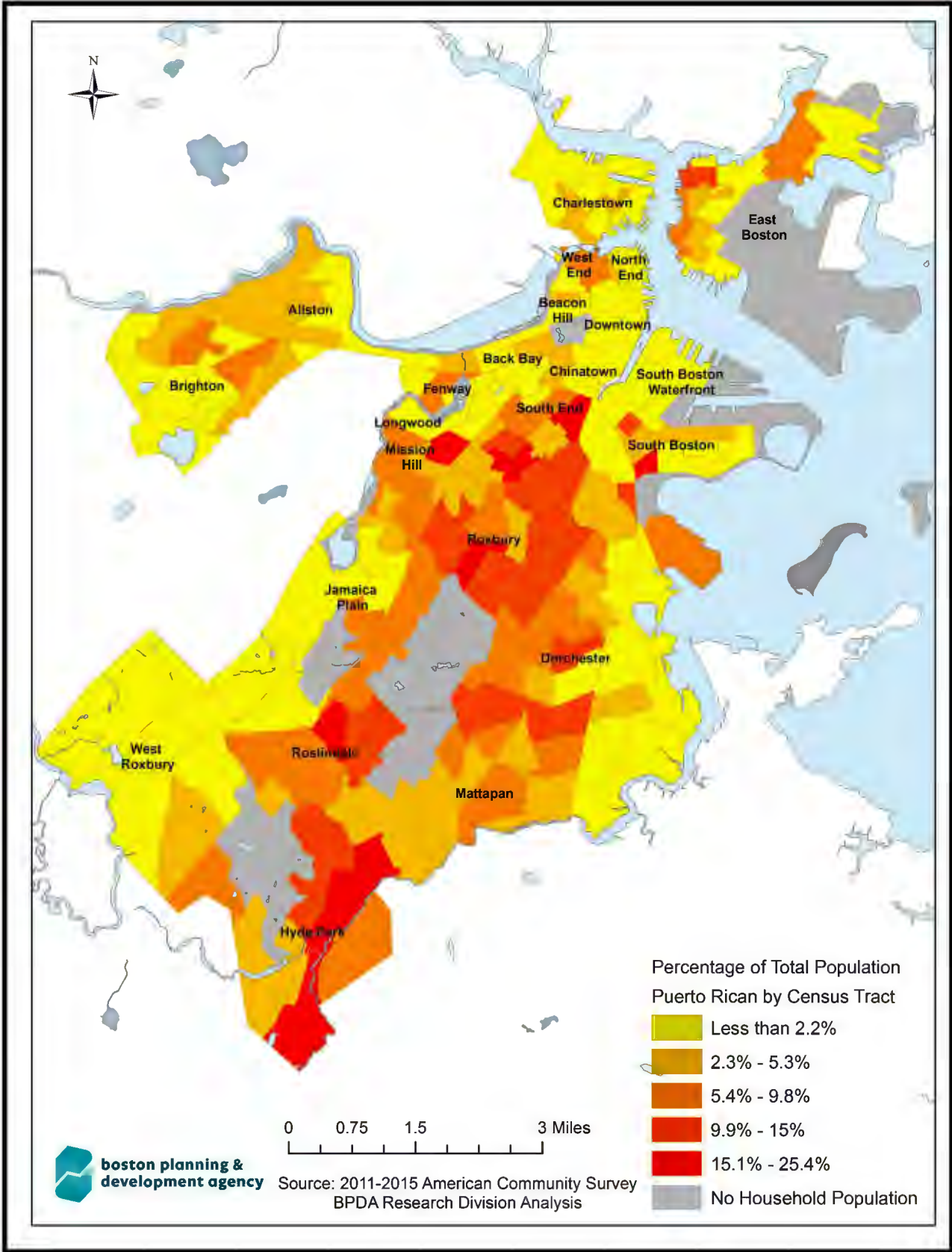
Parent Nativity



Child Poverty



Map of Puerto Ricans in Boston



Dominicans

in
Boston



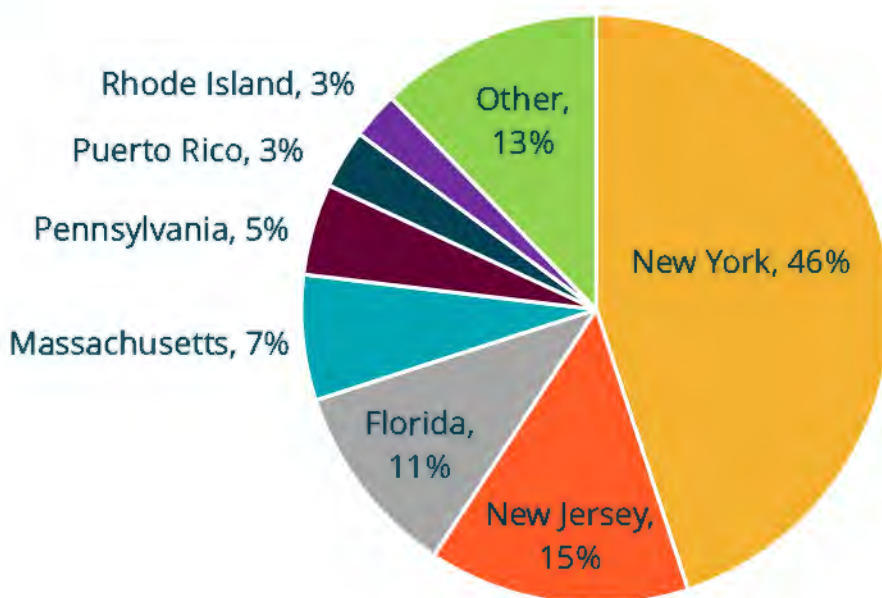
August 14, 2016 - Scenes from the annual Dominican Parade on Boylston St. in Boston. (Mayor's Office Photo by Jeremiah Robinson)

When the Dominican population in the United States started rapidly increasing in the 1980s, it was noted for having a circular migratory pattern with a transnational identity. As the Dominican population has developed a more permanent presence in the United States, its native-born population has increased to 45.9 percent in 2015. Dominicans first arrived in New York, Florida, and Massachusetts. Lawrence, which is over 40 percent Dominican, has a slightly larger Dominican population than Boston.

One visible sign of Boston’s large Dominican population is its annual festival that started in 1985. Showing the increased presence of Dominicans in the city, the parade accompanying the festival moved to the streets of downtown Boston in 2015, and the festival is now held on City Hall Plaza every summer.

In 2015, 1.9 million people with Dominican origin lived in the United States.¹ With an estimated 132,864 Dominicans residing in Massachusetts, the state accounts for 7 percent of all Dominicans in the country. Massachusetts has the fourth largest Dominican population behind New York (46 percent), New Jersey (15 percent), and Florida (11 percent). Boston residents make up 24 percent of the Dominican population of Massachusetts.

Dominicans by State and Territory



¹ U.S. Census Bureau, 2015 1-year American Community Survey, BPDA Research Division Analysis

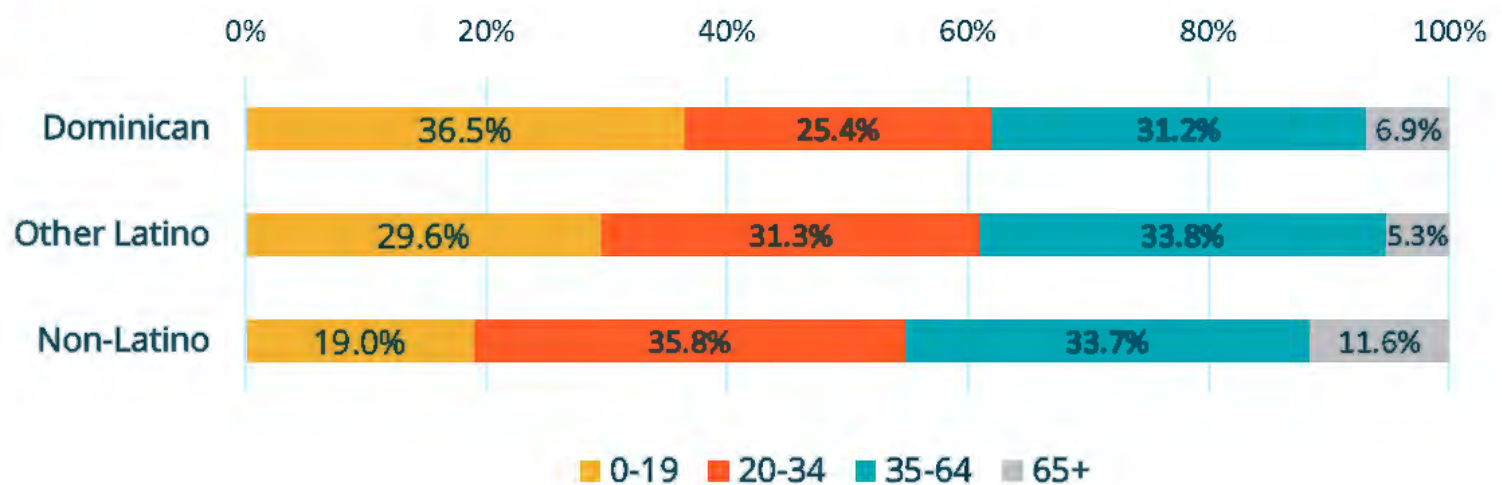
Dominicans in Boston



According to the 2010 Census, there were 25,648 Dominican residents of Boston, up from 15,066 in the 2000 Census. The American Community Survey suggests that Boston's Dominican population had grown by 2015 to 32,126 (+/-5,116).² Accounting for 24 percent of all Latinos in Boston, Dominicans are the second largest Latino population in the city. Other large Latino populations include Puerto Ricans (28 percent), Salvadorans (11 percent), Colombians (6 percent), and Mexicans (5 percent). Dominicans can be found in all neighborhoods of Boston, but greater shares of Dominicans live in Dorchester (22 percent), Roxbury (19 percent), and Jamaica Plain (13 percent).³

Dominicans' median age is 26 years, younger than other Latinos (29) and non-Latinos (32). Over 36 percent of Dominicans are under age 20. Dominicans are predominately female (59 percent), and are less likely to be married than other groups. The majority of Dominicans are foreign born (58 percent), and 48 percent of the foreign-born Dominicans are naturalized U.S. citizens. Over 92 percent of Dominicans speak Spanish at home; 51 percent also speak English very well. Among younger Dominicans ages 5 to 34, the share who speak English very well is higher: 74 percent.

Age Distribution



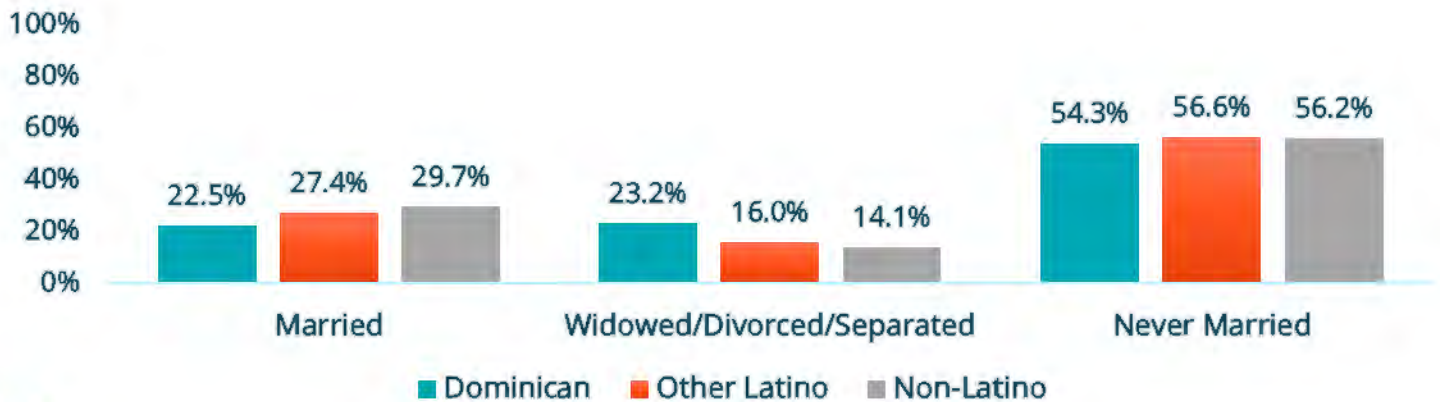
² U.S. Census Bureau, 2000 & 2010 Decennial Census, 2015 American Community Survey, BPDA Research Division Analysis

³ U.S. Census Bureau, 2011-2015 American Community Survey, BPDA Research Division Analysis

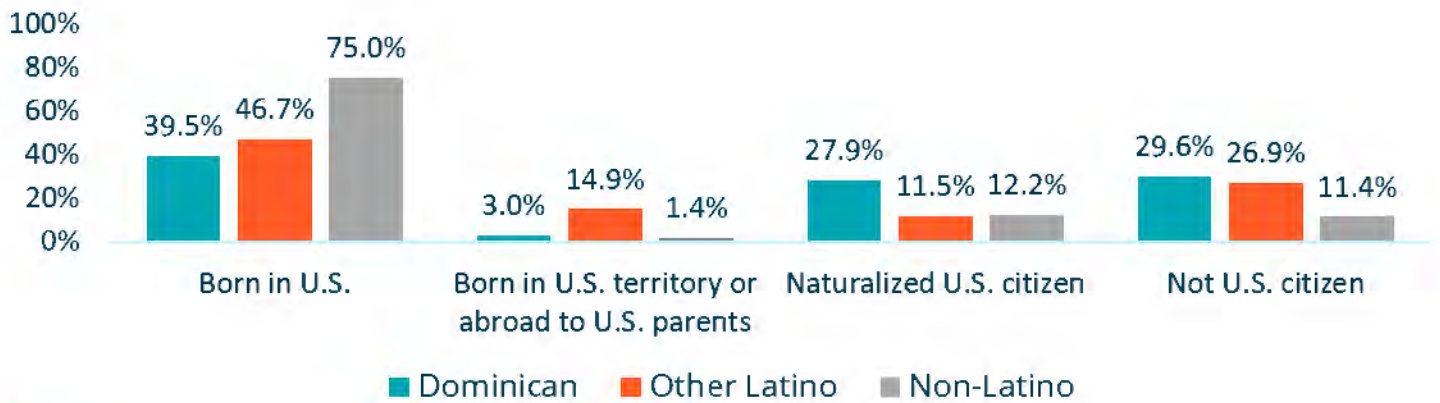
24% of Boston's Latinos are Dominican



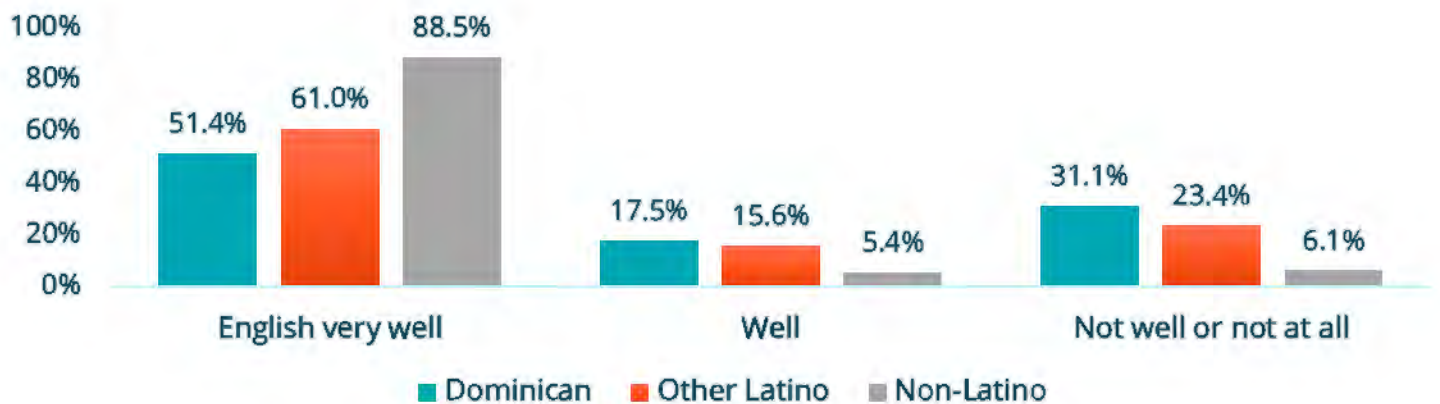
Marital Status (ages 15 and older)



Citizenship

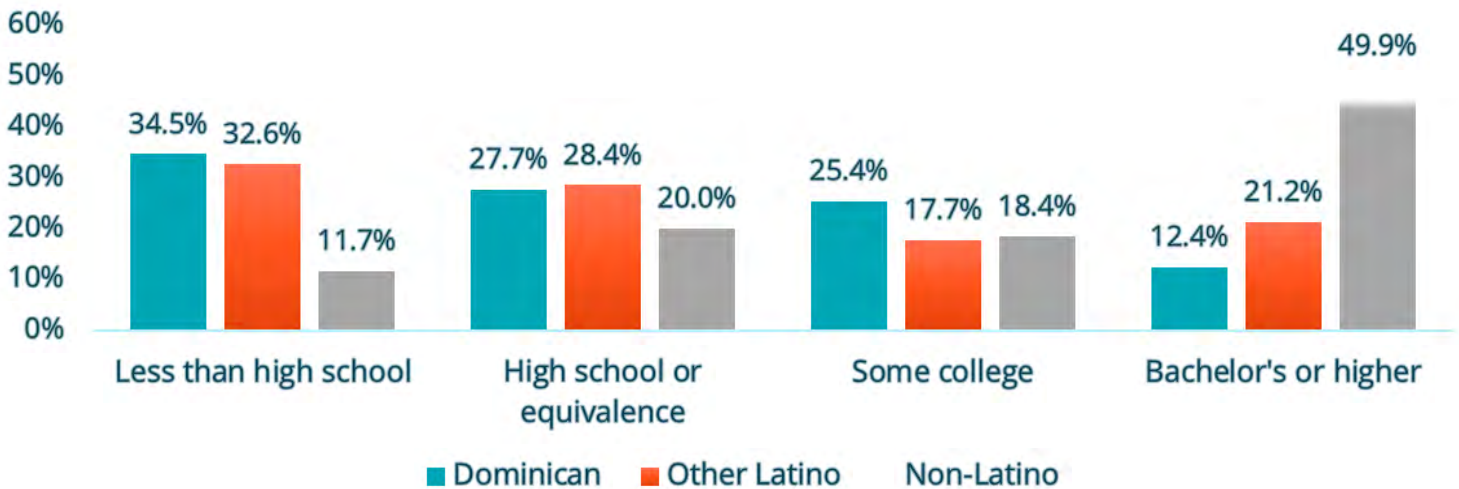


English Proficiency (ages 5 and older)





Educational Attainment (ages 25 and older)



Educational Attainment | Many Dominican adults have low levels of educational attainment. Almost 35 percent lack a high school education and only 12 percent have a Bachelor's degree.

School Enrollment | Dominicans make up 11 percent of Boston residents enrolled in pre-kindergarten through twelfth grade, but only 4 percent of Boston residents enrolled in college or university.

Labor Force Participation | Almost 68 percent of Dominicans ages 16 and older participate in the labor force, similar to the rates for other groups. Labor force participation is higher for Dominican men than women (71 percent vs. 65 percent).

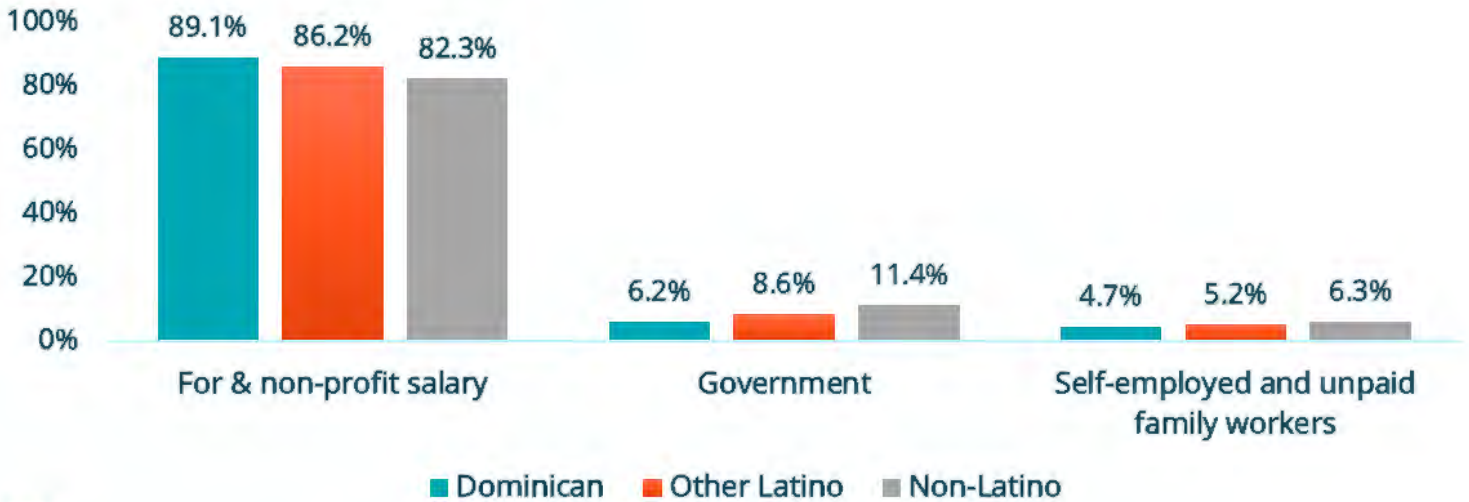
Employment | Almost 90 percent of employed Dominicans work in private sector payroll jobs. Over 42 percent of employed Dominicans work in service occupations. In contrast, only 8 percent of Dominicans work in managerial and professional occupations.

Commuting | A smaller share of Dominicans (27 percent) work outside of Suffolk County than other Latinos (30 percent) and non-Latinos (33 percent). Dominicans are more likely than non-Latinos to take public transportation to work (43 percent compared to 32 percent). Similar shares of Dominicans and non-Latinos (45 percent) travel to work in an automobile.

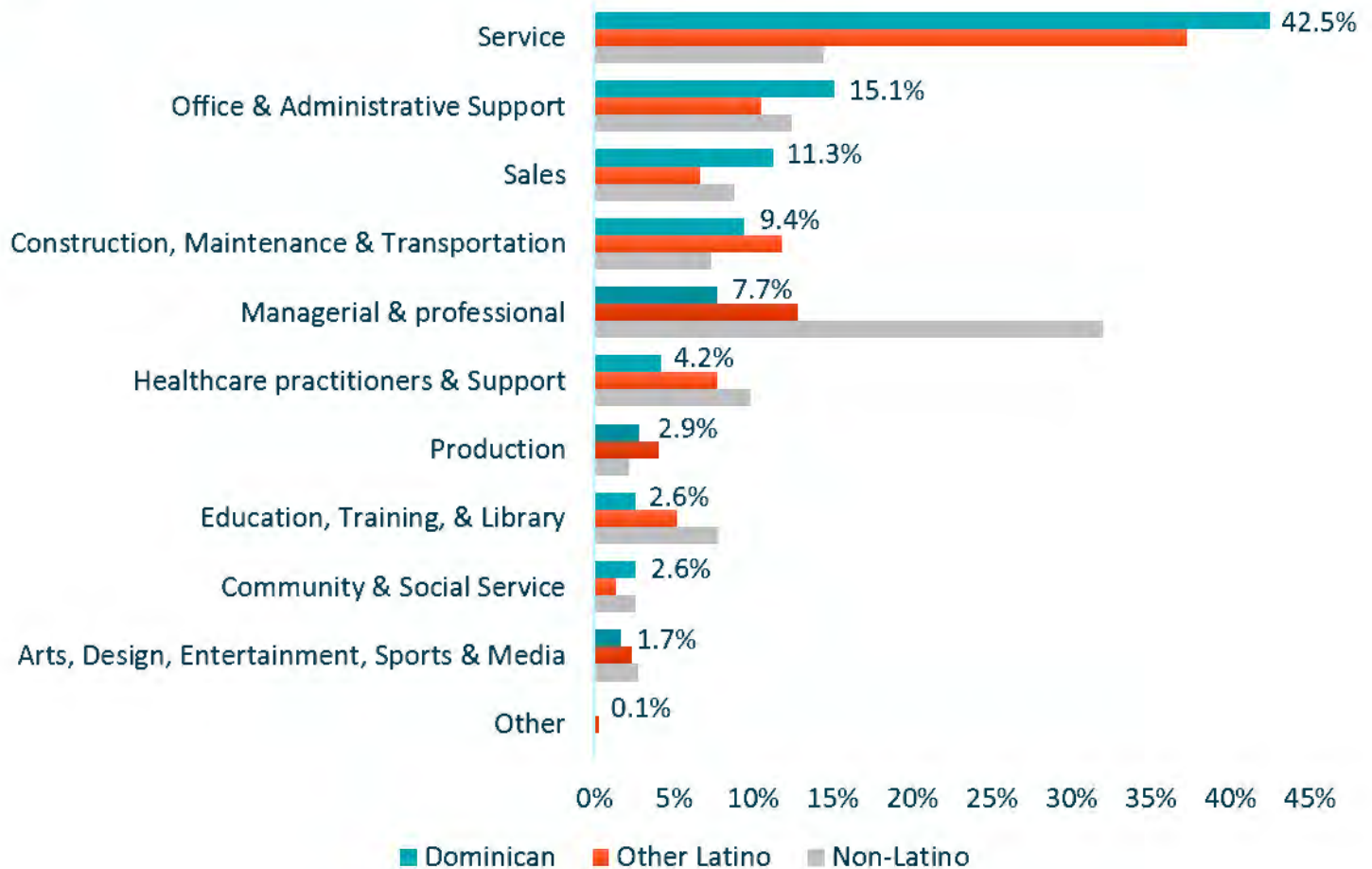


58% of Dominicans are employed

Employment Type (ages 16 and older)



Occupations of Employed Workers



Standard of Living

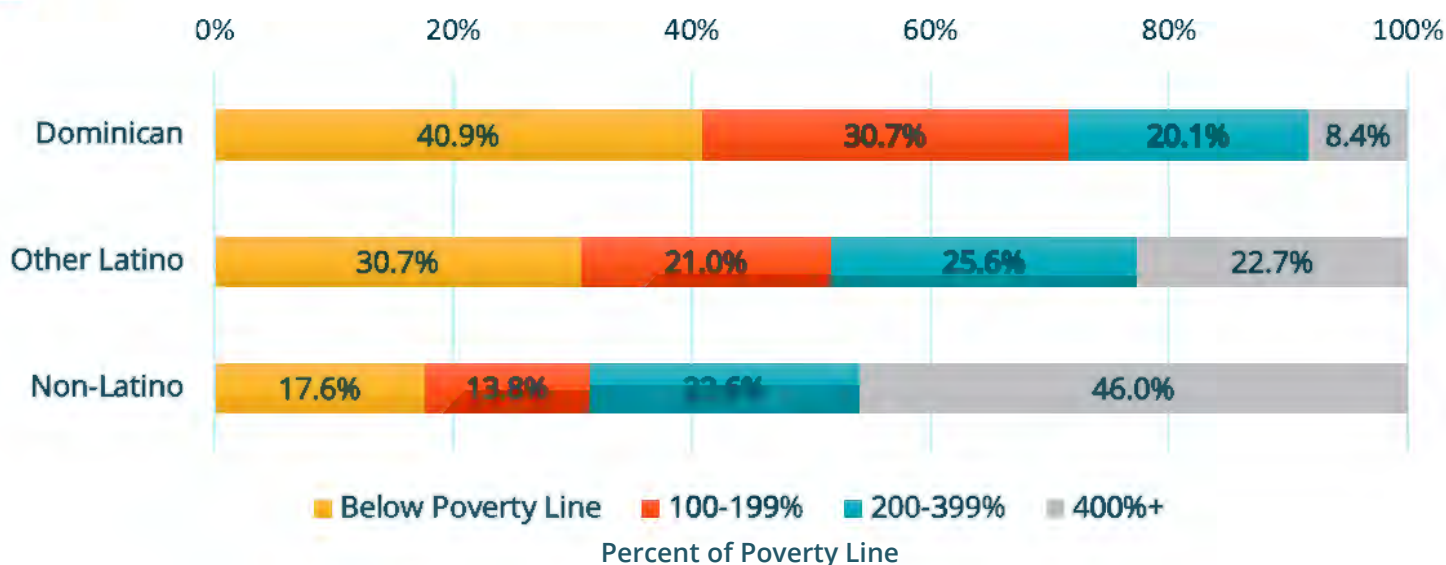


Dominicans in Boston struggle economically. Over 40 percent of Dominicans live below the Census poverty line, and only 8 percent of Dominicans have achieved a middle class standard of living, compared to 23 percent for other Latinos and 46 percent for non-Latinos. A family income four times the poverty line is used as a proxy for a middle-class standard of living. The actual income needed to achieve this standard depends on family composition. For a two-person family in 2015, the poverty line is \$15,391, and a middle class income would need to be at least \$61,564. The median household income for Dominican-headed households is only \$21,100. Despite their low income, 94 percent of Dominicans have health insurance.

Dominicans are less likely to own their home (8 percent), than other Latinos (19 percent) and non-Latinos (37 percent).⁴ More than 52 percent of Dominican households are housing burdened and pay more than 30 percent of their income in housing costs, a higher housing burden rate than other groups. About 62 percent of Dominican households own a car, a higher share than other Latinos (56 percent), but lower than non-Latinos (66 percent).

Approximately 75 percent of Dominican households are families and the average household size is 2.8 larger than the average for non-Latinos, 2.1.

Individual Poverty Rates

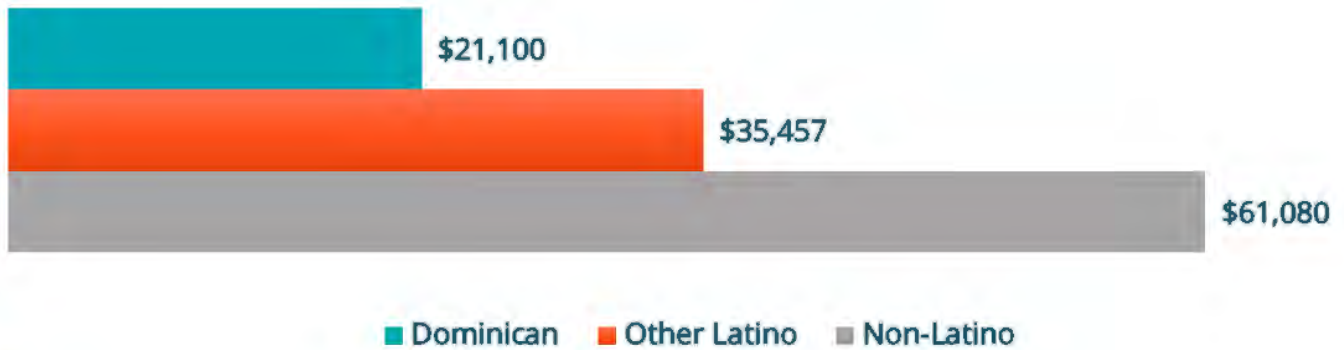


⁴The ACS excludes households that are vacant, being bought, occupied without rent payment, have no household income or are group quarters when reporting owner/renter costs as a percentage of household income. Therefore, the sum of housing-burdened and non-housing-burdened households may not add exactly to the total number of homeowners/renters.

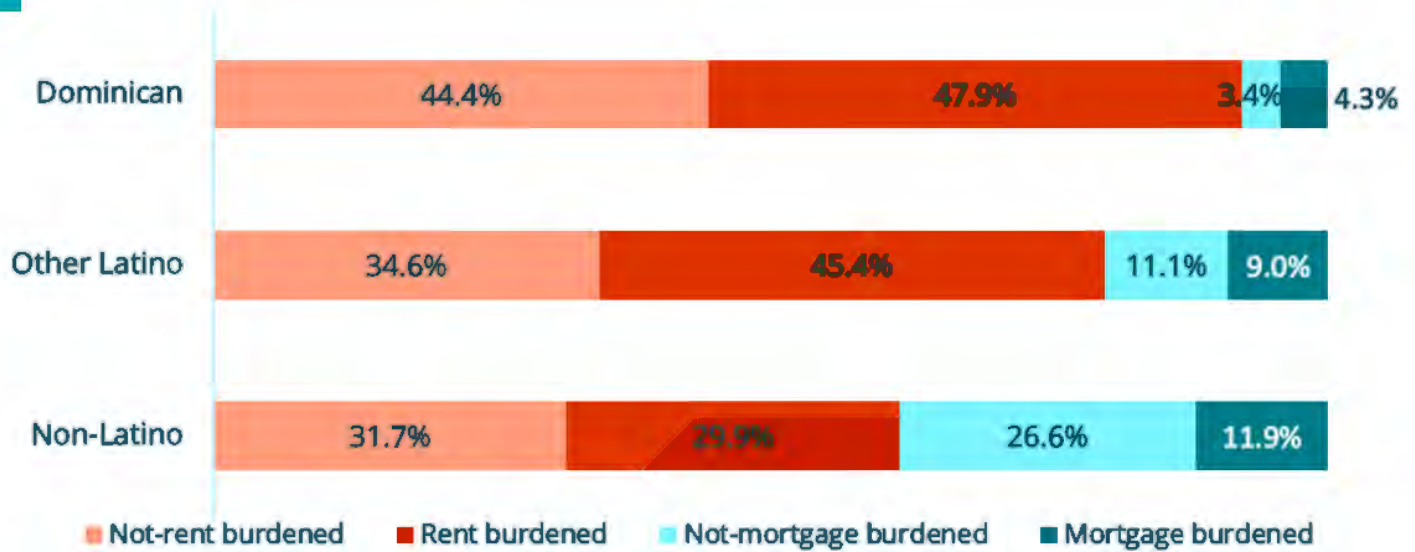
41% of Dominicans in Boston live in poverty



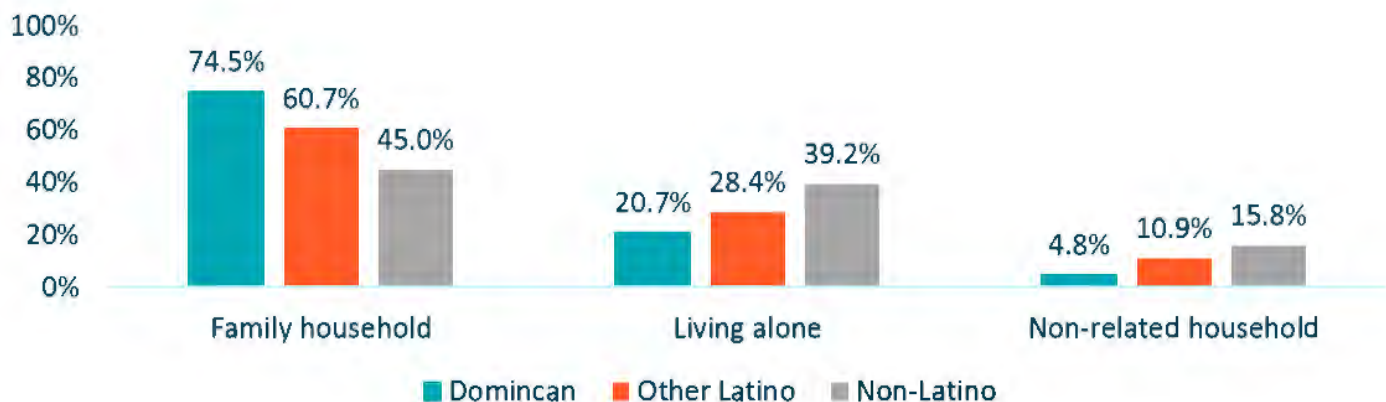
Median Household Income



Tenure and Housing Burden



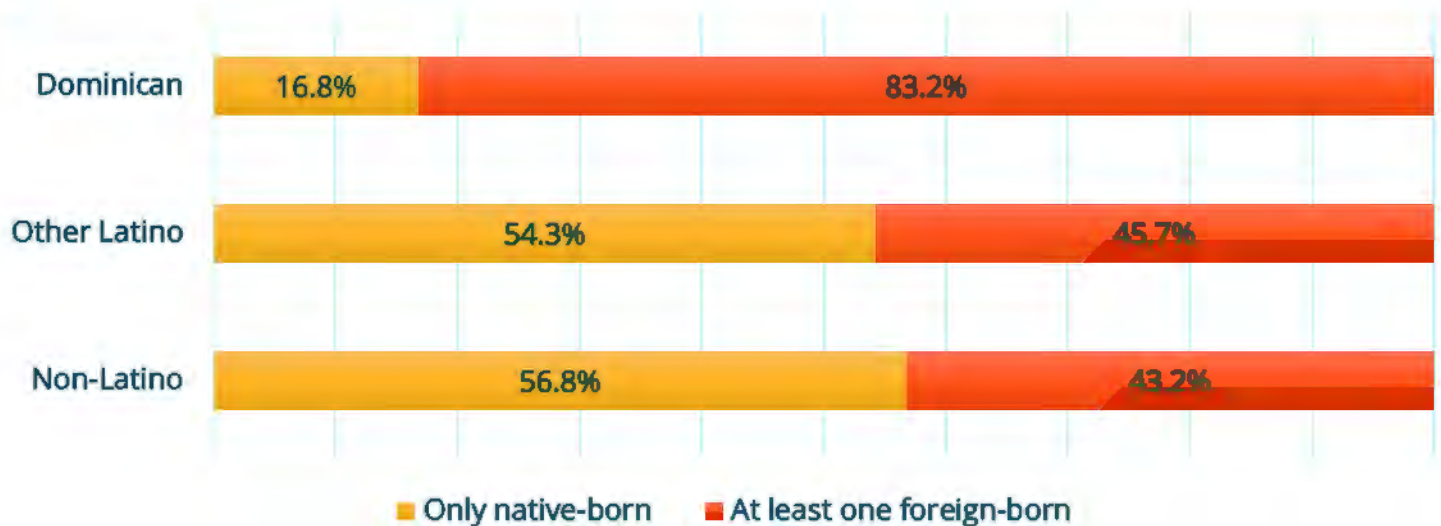
Household Type



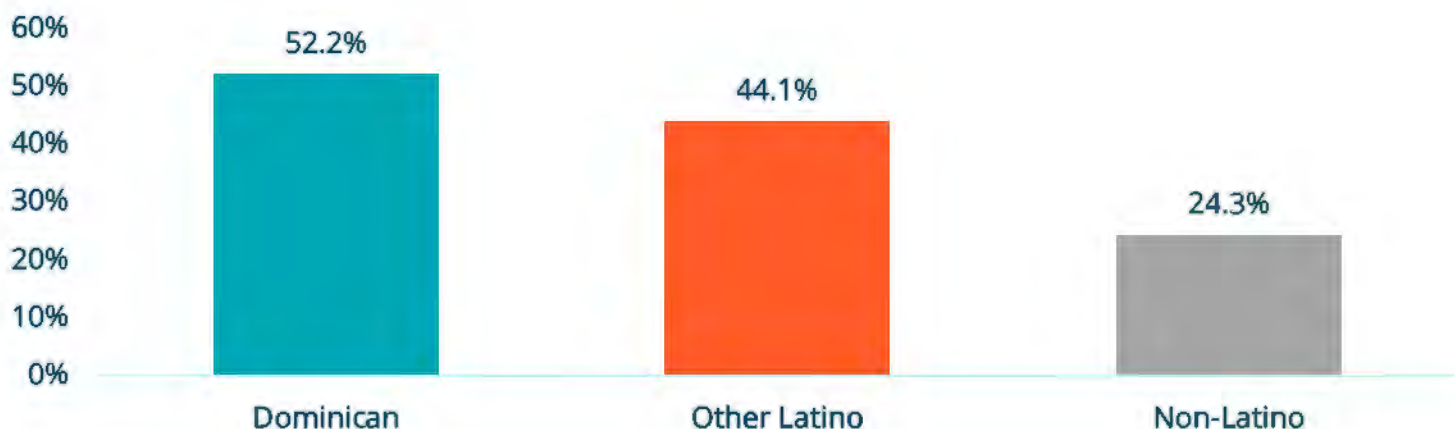
Dominican Children

The 2011-2015 American Community Survey estimates 10,093 Dominican children reside in Boston. Almost 51 percent of Dominican households include children, a higher share than other Latinos (39 percent) and non-Latinos (20 percent). Even though 83 percent of Dominican children are native born, 83 percent of them have at least one foreign-born parent. Dominican children are more likely to live in poverty (52 percent), but over 99 percent of Dominican children in Boston have health insurance.

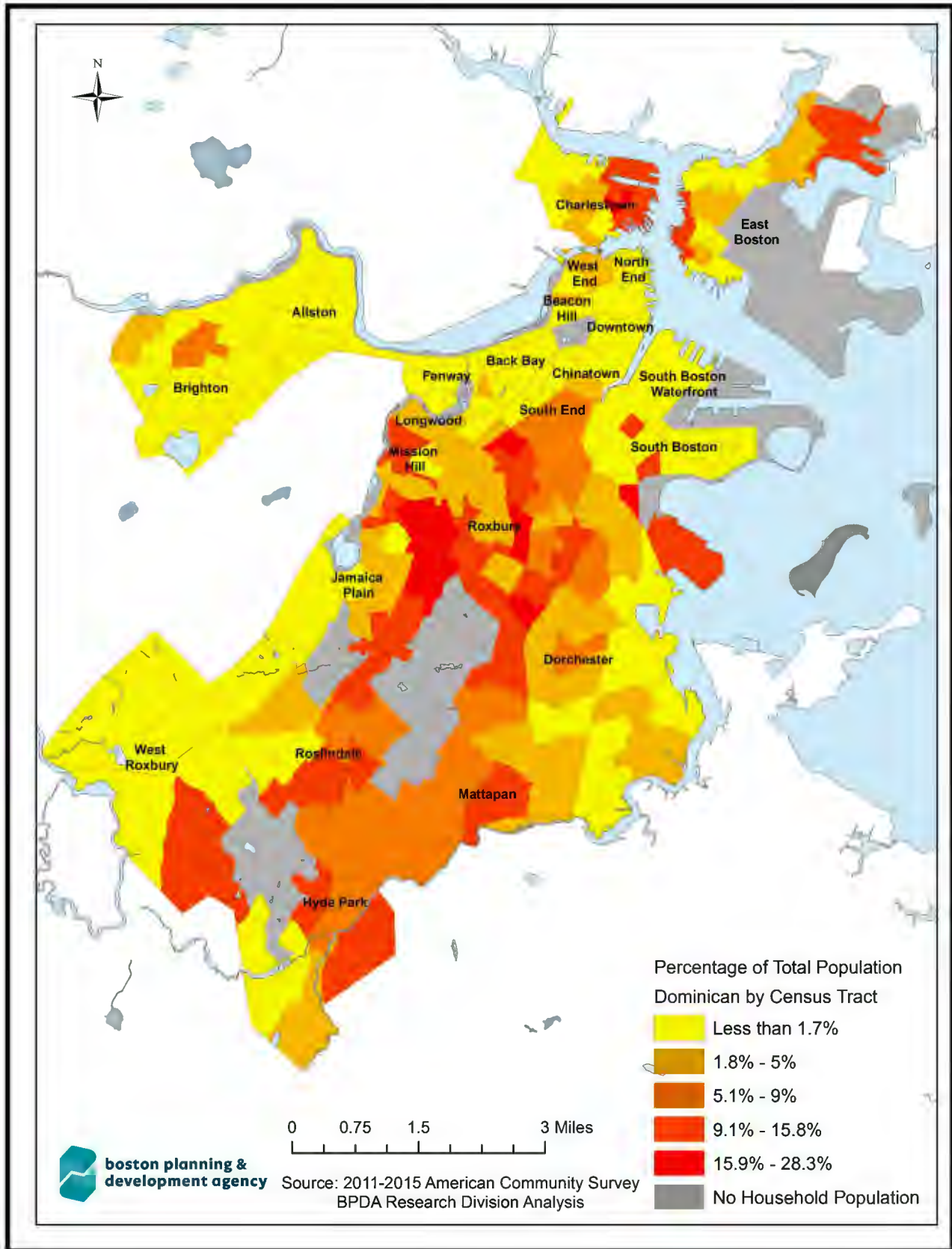
Parent Nativity



Child Poverty



Map of Dominicans in Boston



Salvadorans

in
Boston



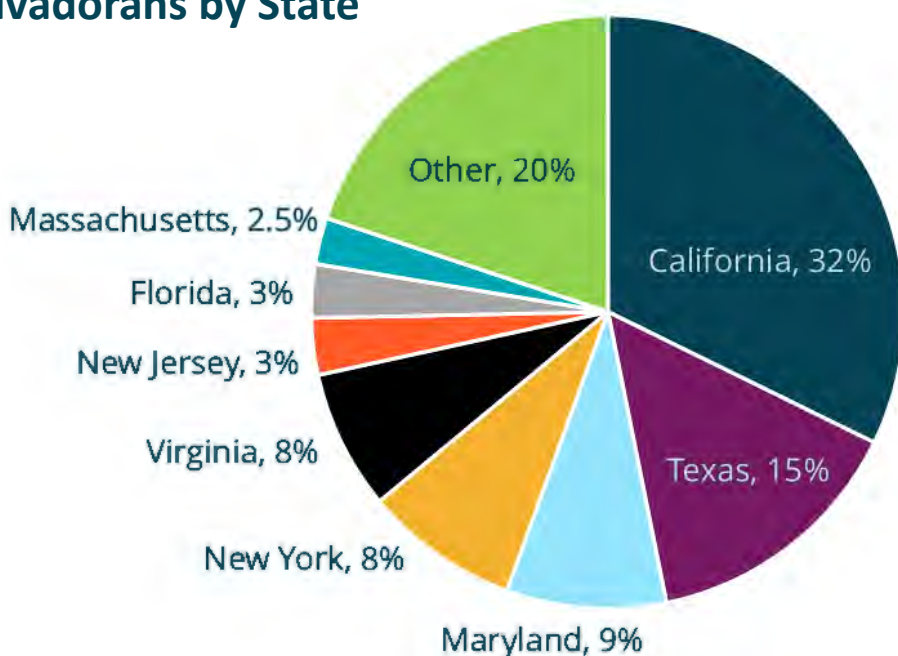
Banda El Salvador at the 2013 Rose Parade in Pasadena, California. Photo by Prayitno Photography, retrieved from flickr.com/photos/prayitnophotography (Creative Commons Attribution 2.0 Generic).

In the 1980s when Salvadoran population started rapidly increasing in the United States, it was related to people being displaced by a decade-long civil war. The U.S. Justice Department did not grant refugee status to Salvadorans, and many entered the country without visas. In response to these displaced persons fleeing from political violence and human rights violations in countries like El Salvador, and their having no legal immigration status in The United States, a collaboration of religious and immigrant organizations worked with cities like Cambridge to become “sanctuary cities.”

Even though Los Angeles was the primary destination for Salvadorans during the Salvadoran civil war, sanctuary initiatives help explain the migration of Salvadorans to other parts of the country like Massachusetts.

In 2015, 2.2 million people with Salvadoran origin lived in the United States.¹ With an estimated 54,631 Salvadorans residing in Massachusetts, the state accounts for 2.5 percent of all Salvadorans in the country. Massachusetts has the eighth largest Salvadoran population. California (32.2 percent) and Texas (14.6 percent) are states with the largest Salvadoran populations. In the Northeast, New York (8.4 percent) and New Jersey (3.1 percent) have larger Salvadoran populations. Boston is home to 27 percent of the state’s Salvadoran population.

Salvadorans by State



¹ U.S. Census Bureau, 2015 1-year American Community Survey, BPDA Research Division Analysis

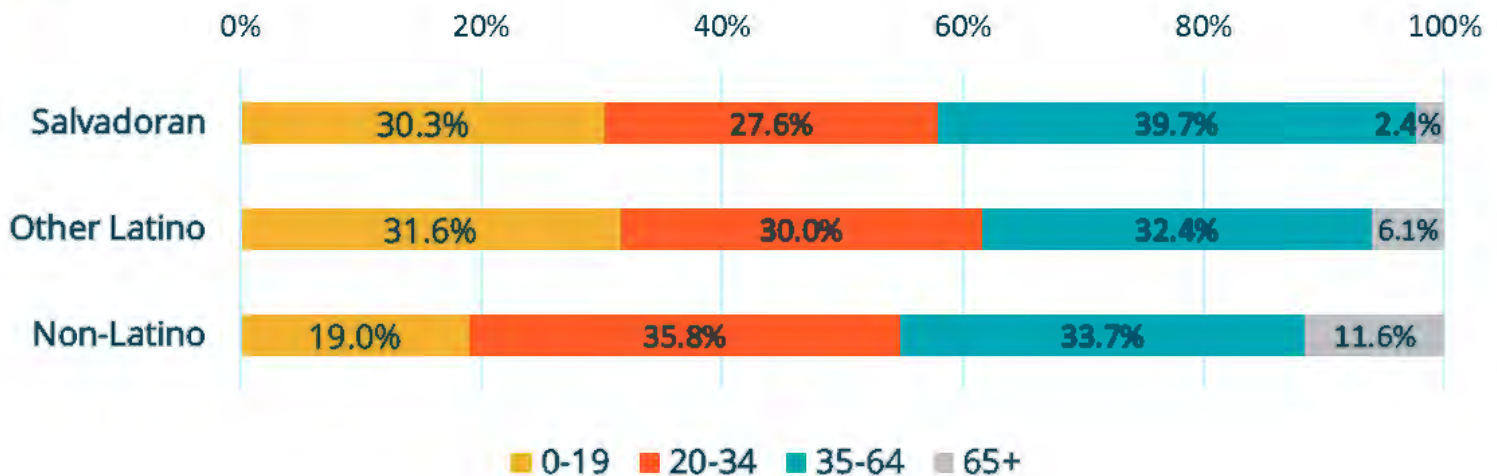
Salvadorans in Boston



According to the 2010 Census, Boston had 10,850 Salvadoran residents, up from 6,067 in the 2000 Census. The American Community Survey reports that Boston's Salvadoran population had grown by 2015 to 14,980 (+/-3,846).² Accounting for 11 percent of all Latinos in Boston, Salvadorans are the third largest Latino population in the city. Other large Latino populations include Puerto Ricans (28 percent), Dominicans (24 percent), Colombians (6 percent), and Mexicans (5 percent). Salvadorans are concentrated in East Boston (87 percent), and smaller shares live in Dorchester (6 percent), and Roxbury (2 percent).³

Salvadorans' median age is 30 years, older than other Latinos (27) but younger than non-Latinos (32). Unlike other groups, Salvadorans are predominately male (55 percent). A larger share of adult Salvadorans are married—36 percent. The majority of Salvadorans are foreign born (70.7 percent), and 62.3 percent are not U. S. citizens. Almost 97 percent of Salvadorans speak Spanish at home and only 28 percent speak English very well. A somewhat higher share of younger Salvadorans under age 35 speak English very well (46 percent).

Age Distribution



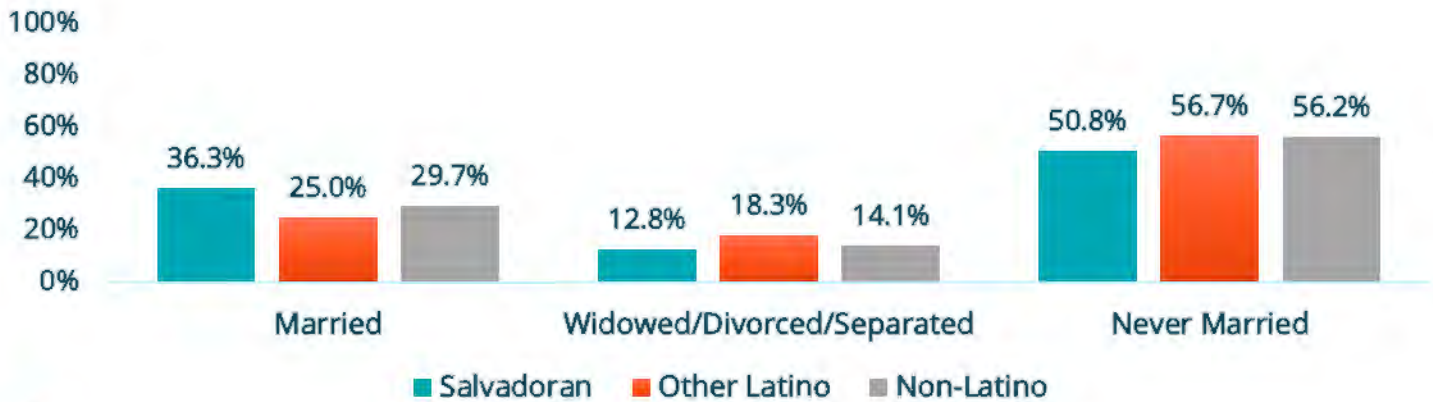
² U.S. Census Bureau, 2015 1-year American Community Survey, BPDA Research Division Analysis

³ U.S. Census Bureau, 2011-2015 American Community Survey, BPDA Research Division Analysis

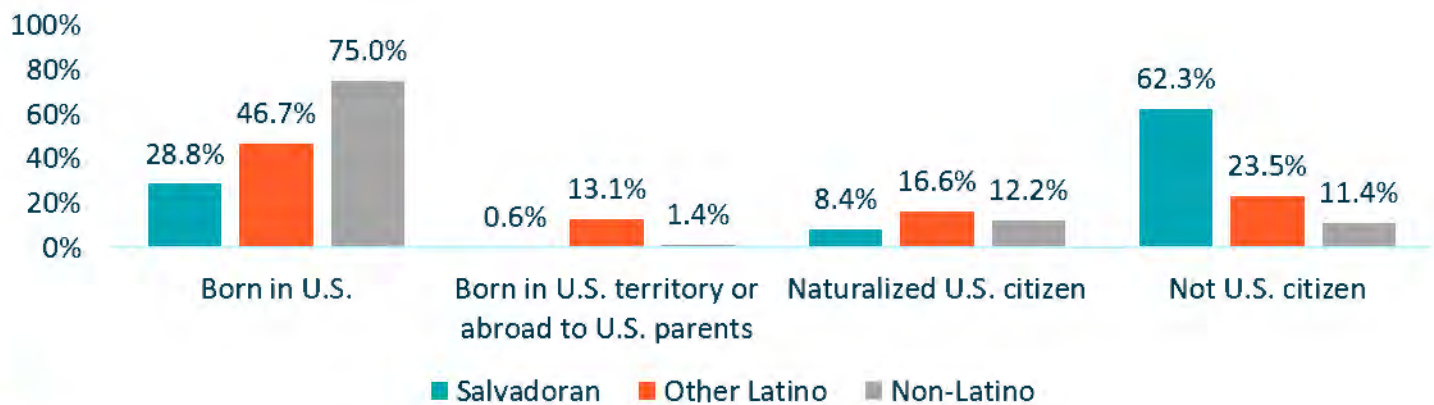
11% of Boston's Latinos are Salvadoran



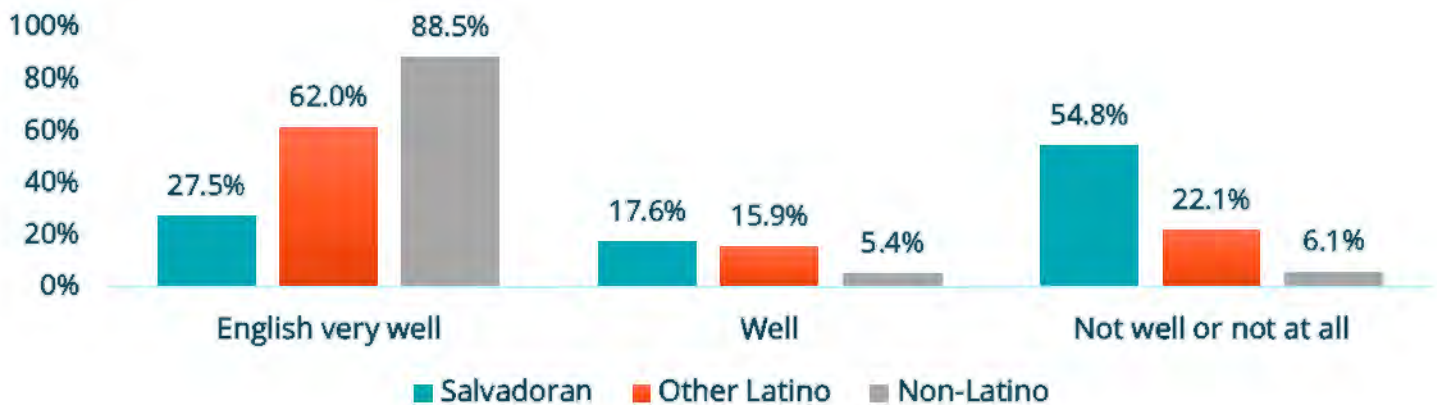
Marital Status (ages 15 and older)



Citizenship

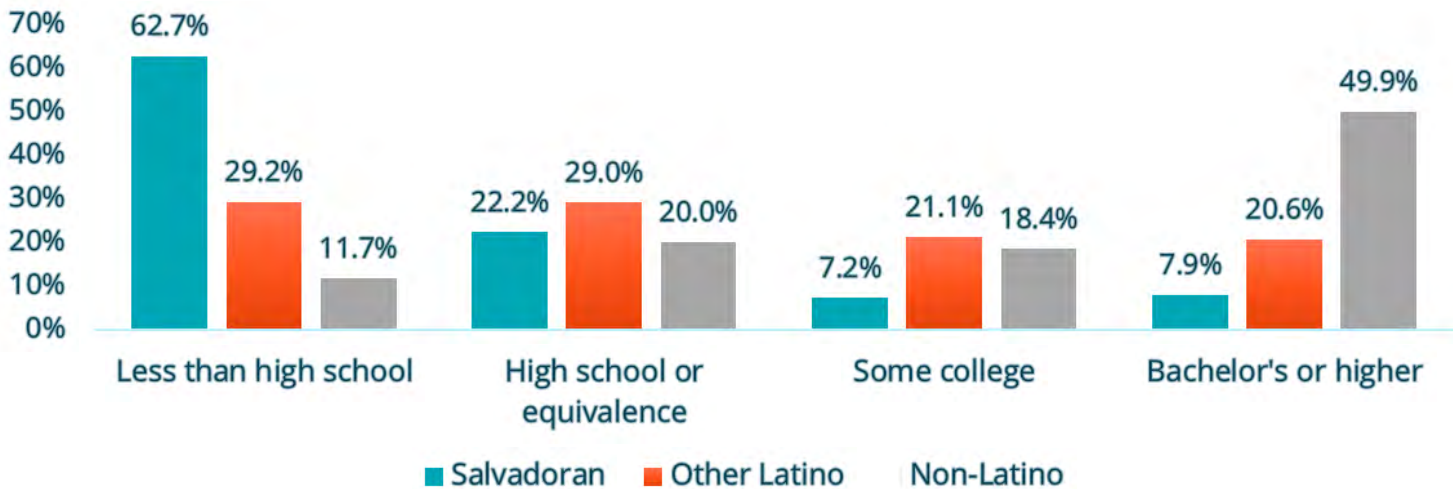


English Proficiency (ages 5 and older)





Educational Attainment (ages 25 and older)



Educational Attainment | Salvadorans have a low level of educational attainment. Approximately two thirds of adult Salvadorans have not completed high school, and only 8 percent have a Bachelor's degree or higher.

School Enrollment | Salvadorans make up 3 percent of Boston residents enrolled in pre-kindergarten through twelfth grade, but less than a third of a percent of Boston residents enrolled in college or university.

Labor Force Participation | A higher share of adult Salvadorans (79 percent) participate in the labor force than other Latinos (66 percent) and non-Latinos (68 percent). Labor force participation is higher for Salvadoran men than women (84 percent vs. 73 percent).

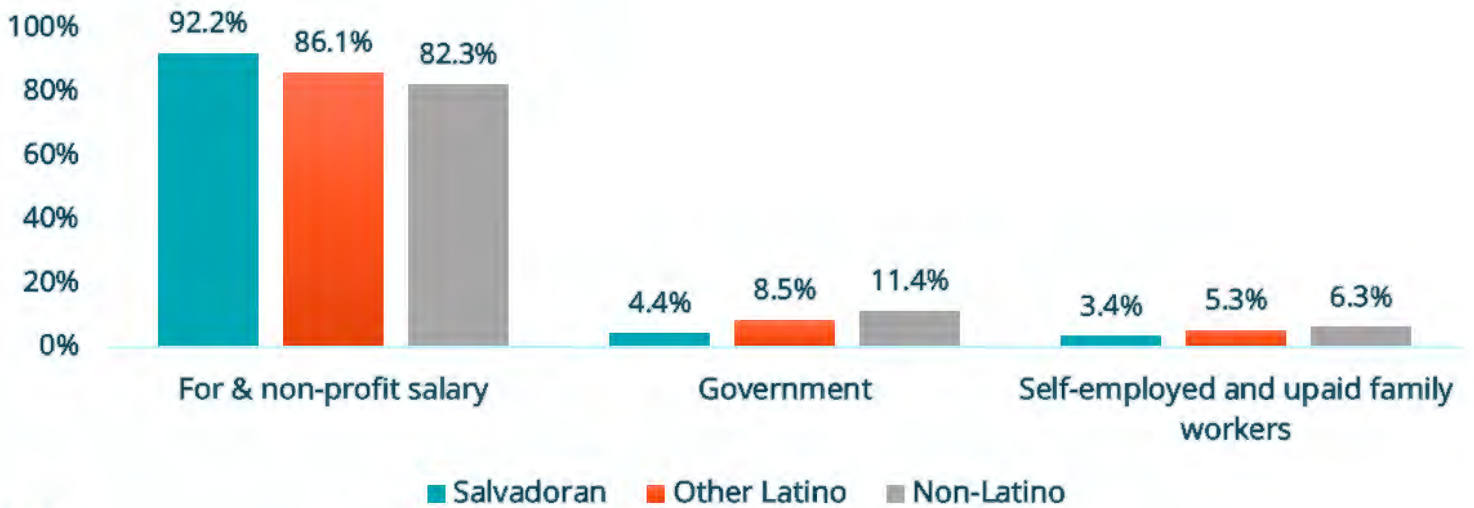
Employment | Over 92 percent of employed Salvadorans work in private sector payroll jobs, with only 3 percent being self-employed. Nearly 55 percent of employed Salvadorans work in service occupations, and only 5 percent work in managerial and professional occupations.

Commute | A larger share of Salvadorans (35 percent) work outside of Suffolk County than other Latinos (29 percent) and non-Latinos (33 percent). Salvadorans are much more likely to travel to work on public transportation—59 percent compared to 42 percent for other Latinos and 32 percent for non-Latinos.

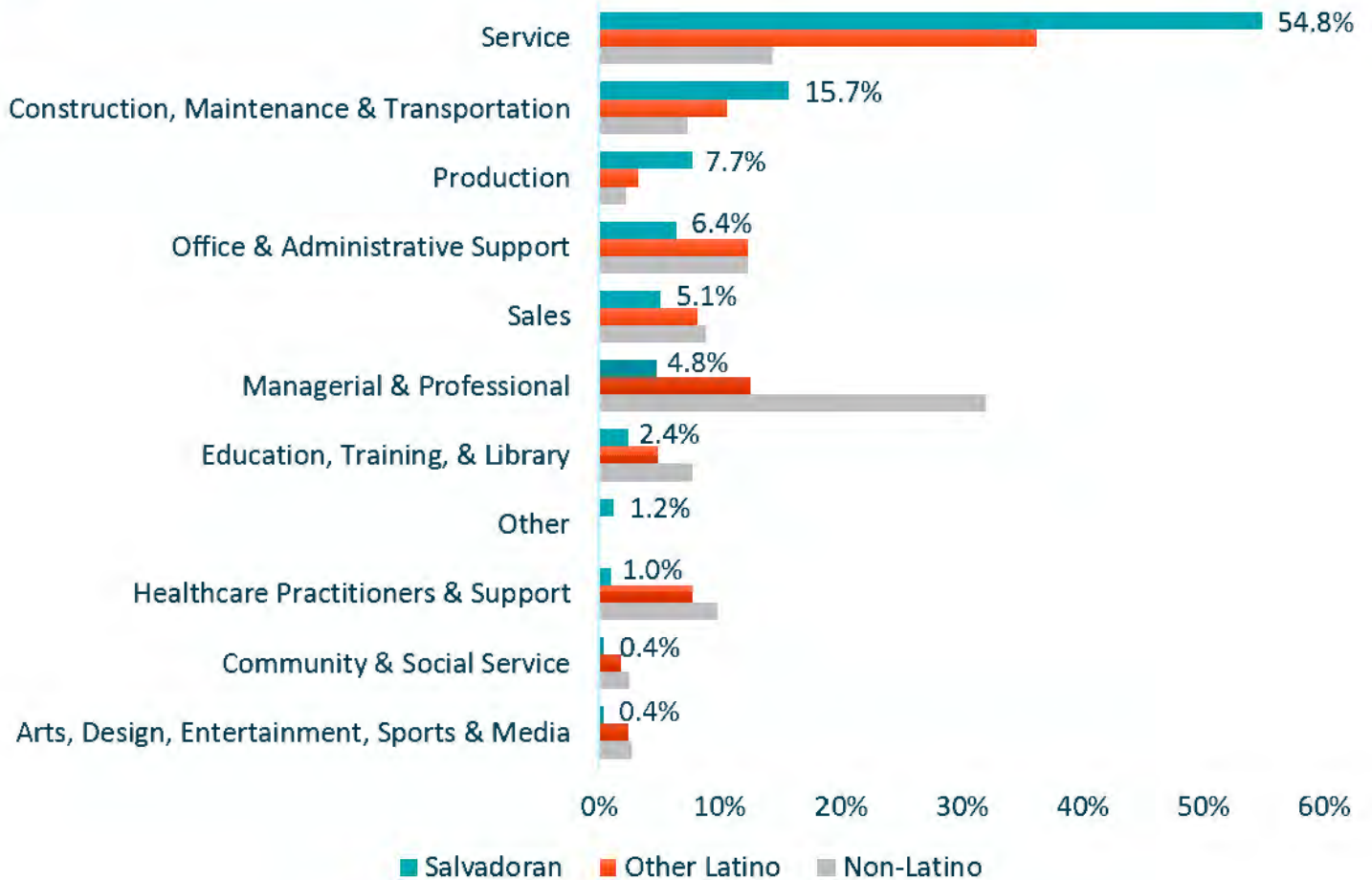


72% of Salvadorans are employed

Employment Type (ages 16 and older)



Occupations of Employed Workers



Standard of Living

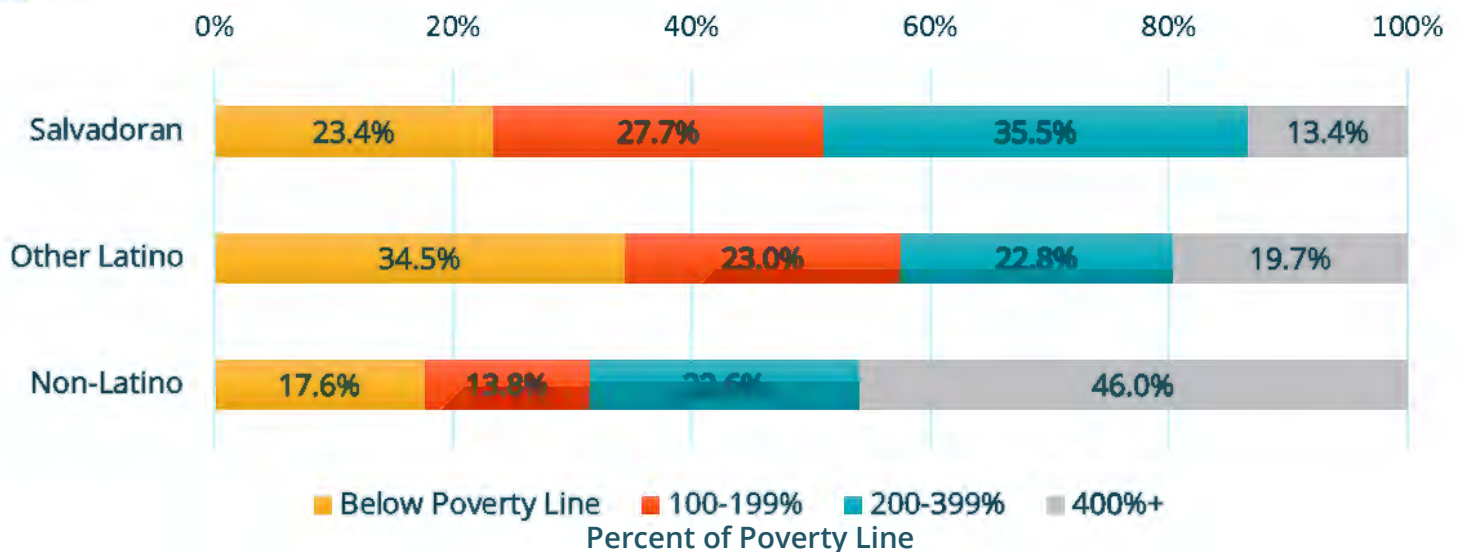


Despite their low levels of educational attainment and English proficiency a lower share of Salvadorans live below the Census poverty line than other Latinos. However, only 13 percent of Salvadorans have achieved a middle class standard of living, compared to 20 percent for other Latinos and 46 percent for non-Latinos. A family income four times the poverty line is used as a proxy for a middle-class standard of living. The actual income needed to achieve this standard depends on family composition. For a two-person family in 2015, the poverty line is \$15,391, and a middle class income would need to be at least \$61,564. The median household income for Salvadoran-headed households is \$54,728. Despite median incomes that may be considered lower middle class and their high share of payroll employment, 14 percent of Salvadorans lack health insurance.

Salvadorans are more likely to own their home own home (23 percent), than other Latinos (16 percent) but less likely than non-Latinos (37 percent).⁴ More than 52 percent of Salvadoran-headed households are housing burdened and who pay more than 30 percent of their income in housing costs, a similar housing burden rate to other Latinos. Almost 63 percent of Salvadoran households own a car, a higher share than other Latinos (57 percent).

Most Salvadoran households are families (80 percent) and the average household size is 3.9, much large than the average for non-Latinos, 2.1.

Poverty Rates

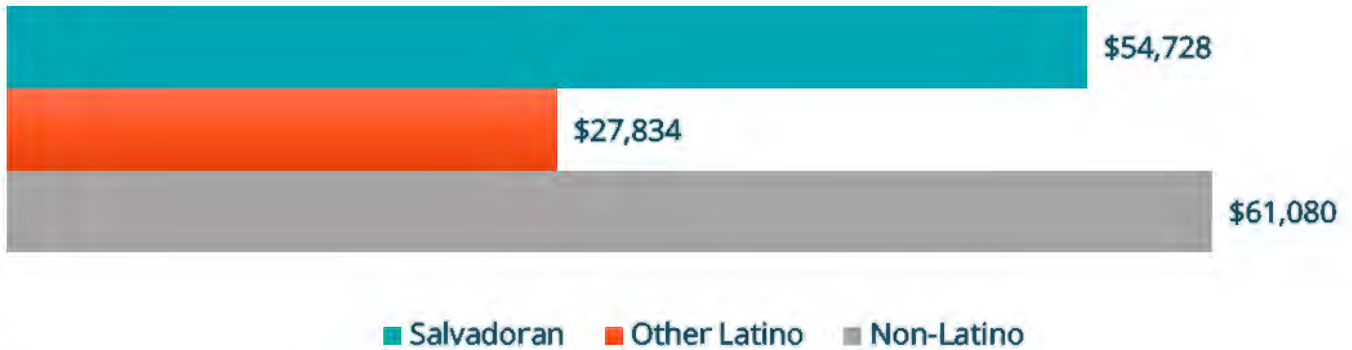


⁴ The ACS excludes households that are vacant, being bought, occupied without rent payment, have no household income or are group quarters when reporting owner/renter costs as a percentage of household income. Therefore, the sum of housing-burdened and non-housing-burdened households may not add exactly to the total number of homeowners/renters.

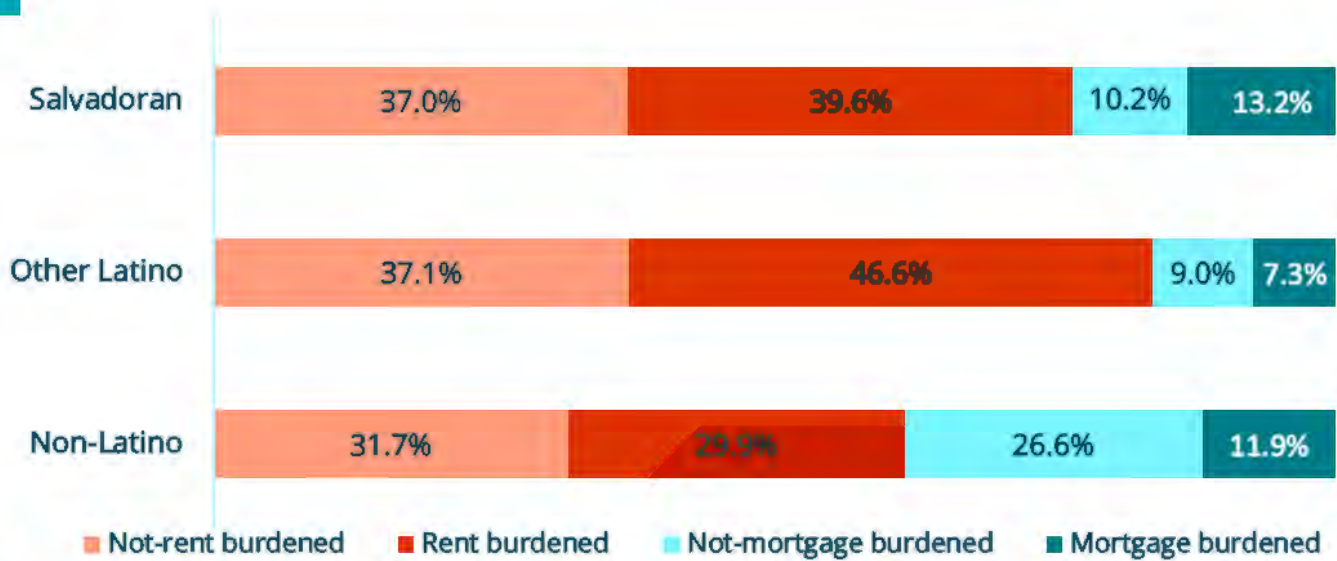
23% of Salvadorans in Boston live in poverty



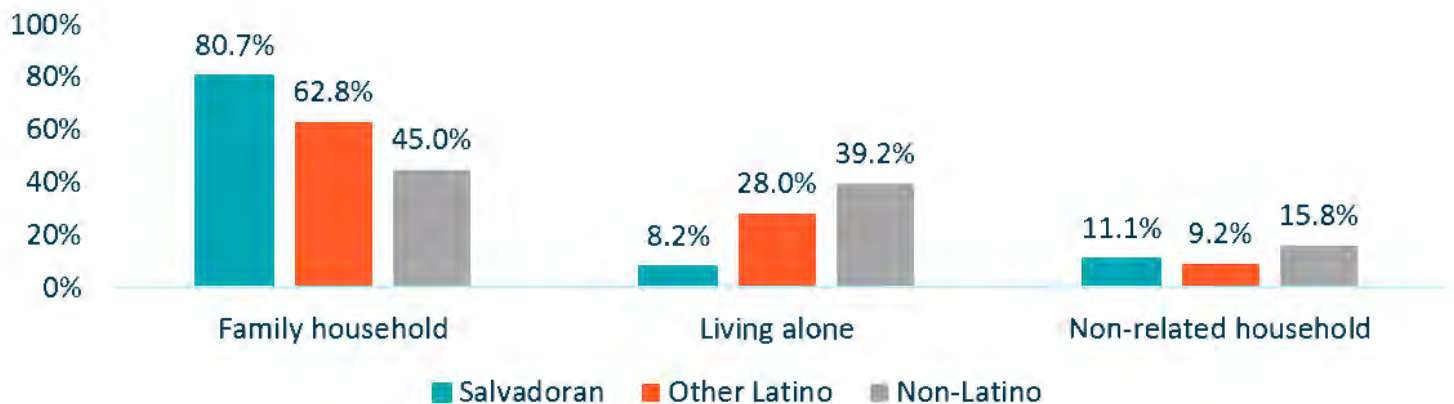
Median Household Income



Tenure and Housing Burden



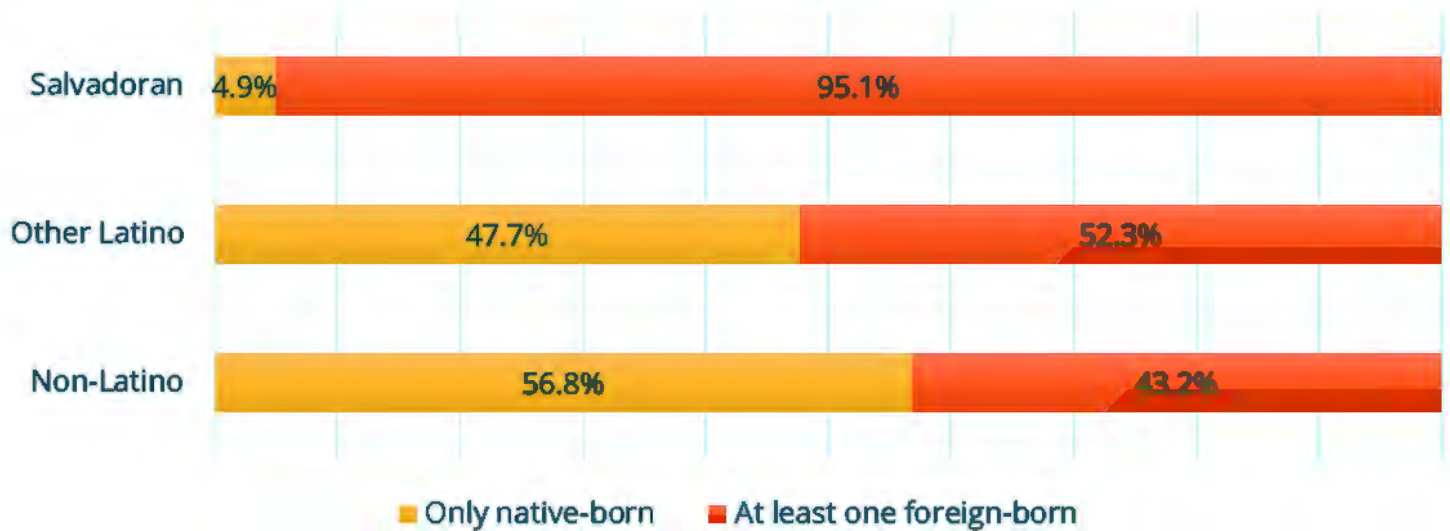
Household Type



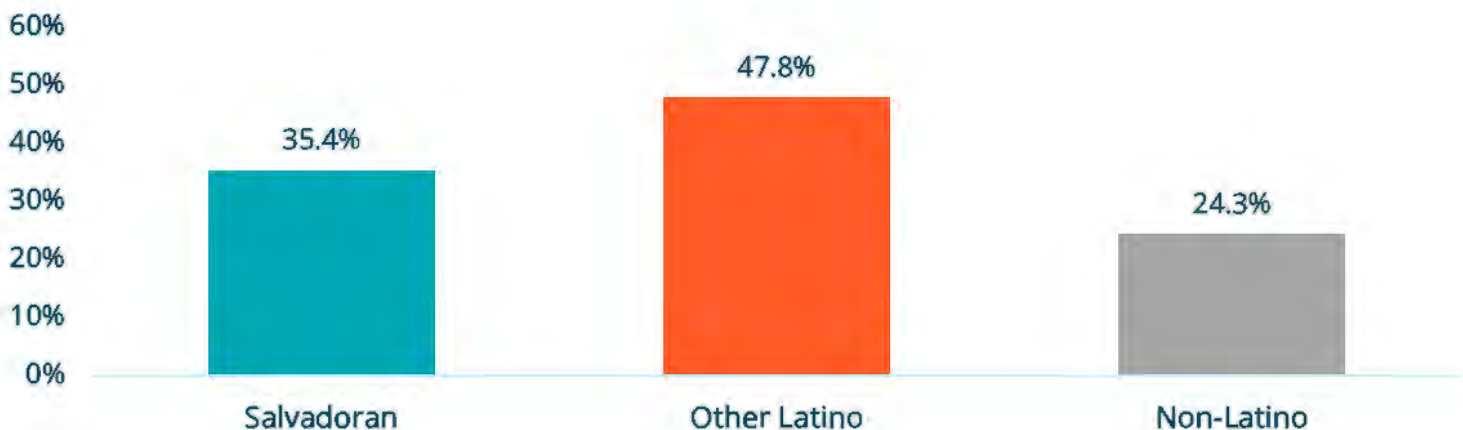
Salvadoran Children

The 2011-2015 American Community Survey estimates 3,570 Salvadoran children reside in Boston. A high share of Salvadoran households include children—58 percent compared to 20 percent of non-Latino households. Even though 86 percent of Salvadoran children are native born, 95 percent of them have at least one foreign-born parent. Salvadoran children are less likely to live in poverty than other Latinos, and over 99 percent of Salvadoran children in Boston have health insurance.

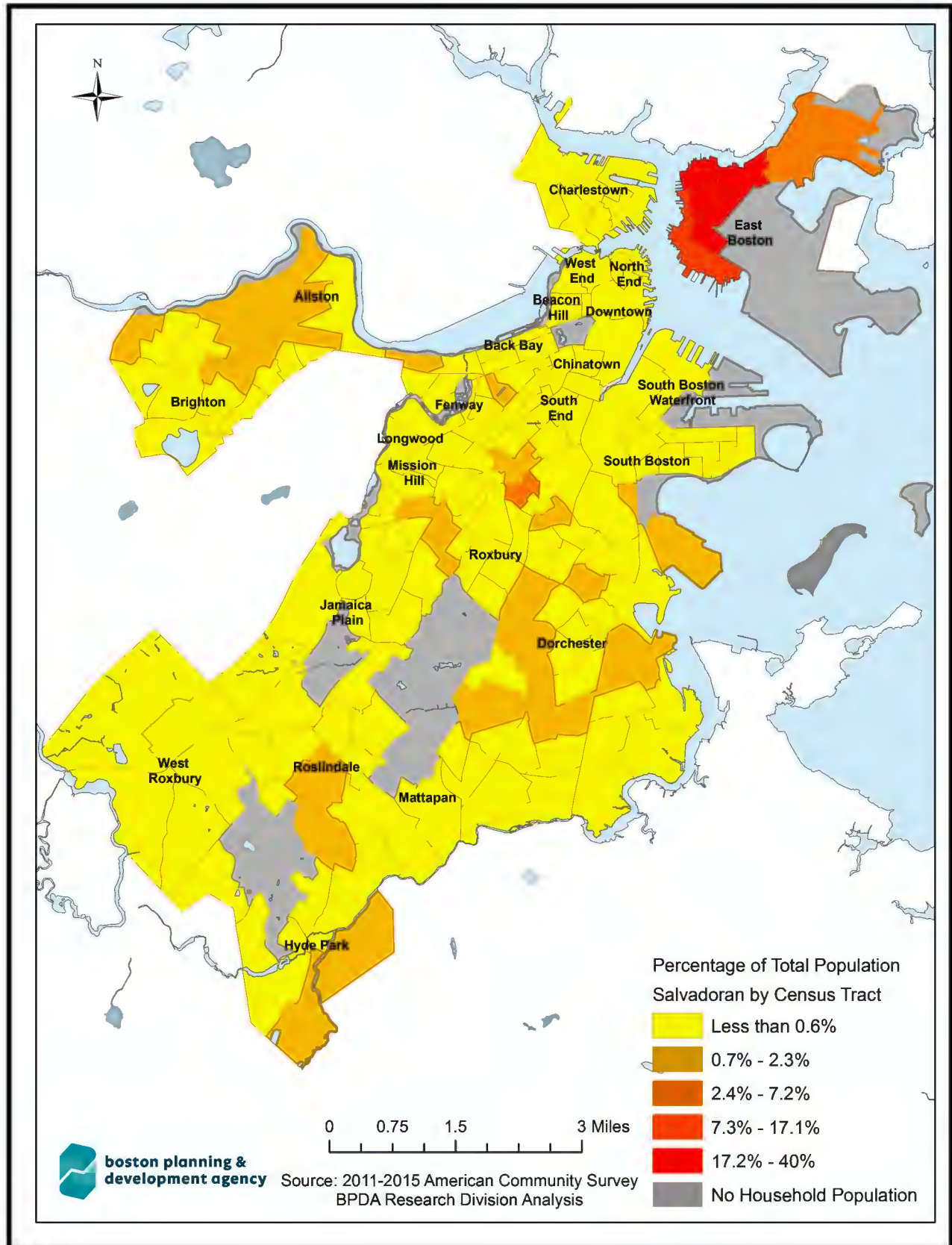
Parent Nativity



Child Poverty



Map of Salvadorans in Boston



Colombians

in
Boston



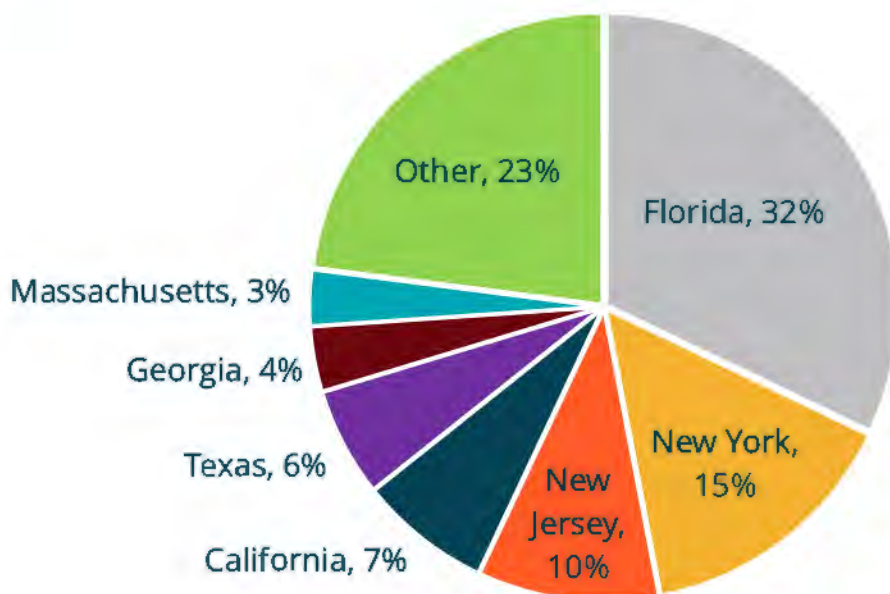
Vivian Gutierrez de Pineres, a U.S. Air Guard recruit originally from Colombia, takes the Oath of Allegiance to the United States on July 20, 2016 in Tucson, Arizona, making her a naturalized citizen (U.S. Air Force Photo by Maj. Gabe Johnson, ANG Public Affairs).

Even though Colombians migrated to the United States throughout the 20th century, their migration intensified during certain periods due to changing conditions in the country. In the 1950s, migration increased due to a civil war; in the 1980s, due to drug-related violence; and in the mid-1990s, due to collapsing of social institutions. The 1980s migration was from more rural areas, and the 1990s migration was from more urban areas and consisted of more professionals. As a result, the Colombian population in the United States represents diverse segments of the country's population.

In 2015, 1.1 million people with Colombian origin lived in the United States.¹ With an estimated 33,492 Colombians residing in Massachusetts, the state accounts for 3.1 percent of all Colombians in the country.

Massachusetts has the seventh largest Colombian population. Florida (32.1 percent) and New York (14.9 percent) are states with the largest Colombian populations. In the Northeast, in addition to New York, New Jersey (10.0 percent) has a large Colombian population. Boston is home to 25 percent of Massachusetts' Colombian population.

Colombians by State



¹ U.S. Census Bureau, 2015 1-year American Community Survey, BPDA Research Division Analysis

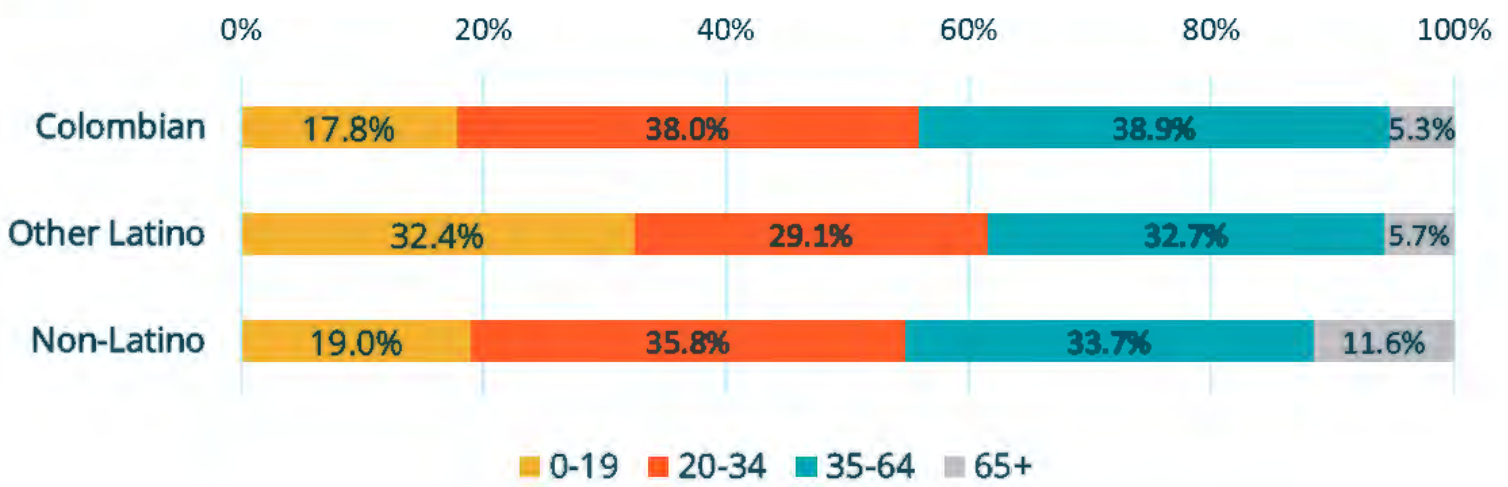


Colombians in Boston

According to the 2010 Census, Boston had 6,649 Colombian residents, up from 4,677 in the 2000 Census. The American Community Survey reports that Boston’s Colombian population grew by 2015 to 8,440 (+/-2,676).² Accounting for 6 percent of all Latinos in Boston, Colombians are the fourth largest Latino population in the city. Other large Latino populations include Puerto Ricans (28 percent), Dominicans (24 percent), Salvadorans (11 percent), and Mexicans (5 percent). Colombians are concentrated in East Boston (61 percent), and smaller shares live in Brighton (4 percent), Dorchester (4 percent), and Hyde Park (4 percent).³

Colombians’ median age of 33 years is older than both other Latinos (27) and non-Latinos (32). Colombians are predominately male (52 percent) compared to other Latinos and non-Latinos, both 48 percent. A higher share of Colombians are married—32 percent. The majority are foreign born (76 percent), and only 34 percent of foreign-born Colombians are naturalized citizens. Nearly 90 percent of Colombians speak Spanish at home, and only 45 percent speak English very well. Among younger Colombians under age 35, 68 percent speak English very well.

Age Distribution



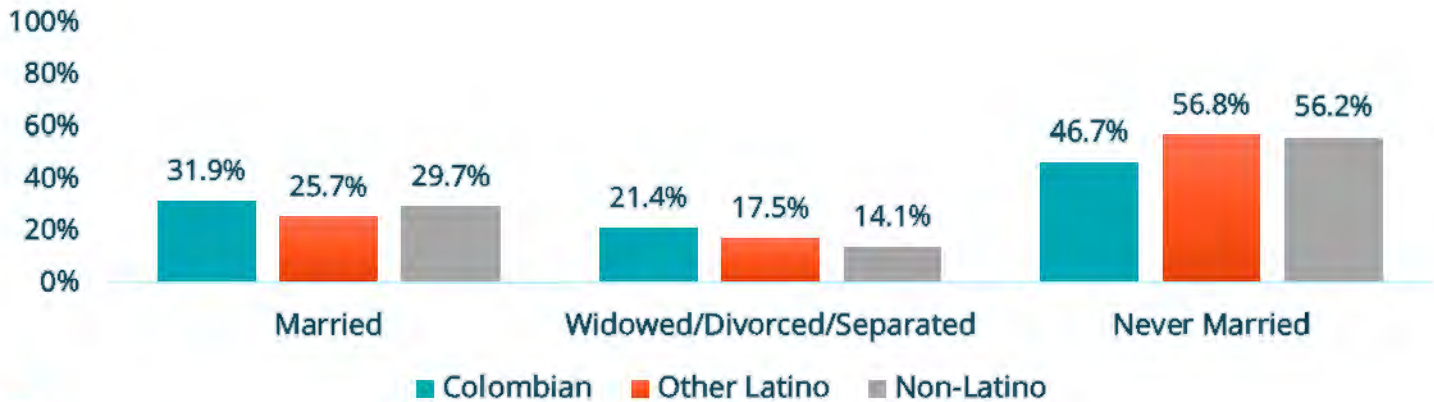
² U.S. Census Bureau, 2015 1-year American Community Survey, BPDA Research Division Analysis

³ U.S. Census Bureau, 2011-2015 American Community Survey, BPDA Research Division Analysis

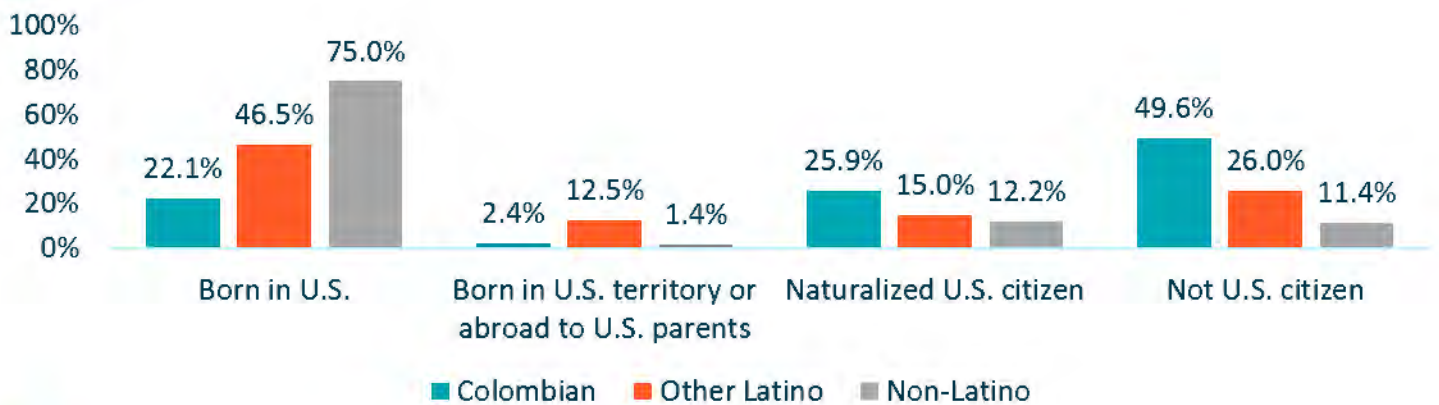
6% of Boston's Latinos are Colombian



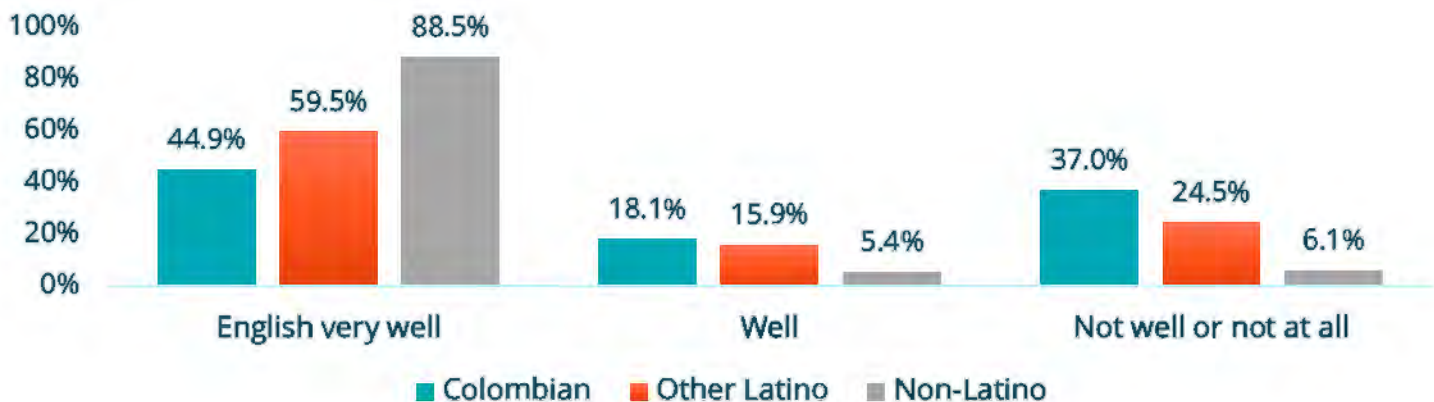
Marital Status (ages 15 and older)



Citizenship

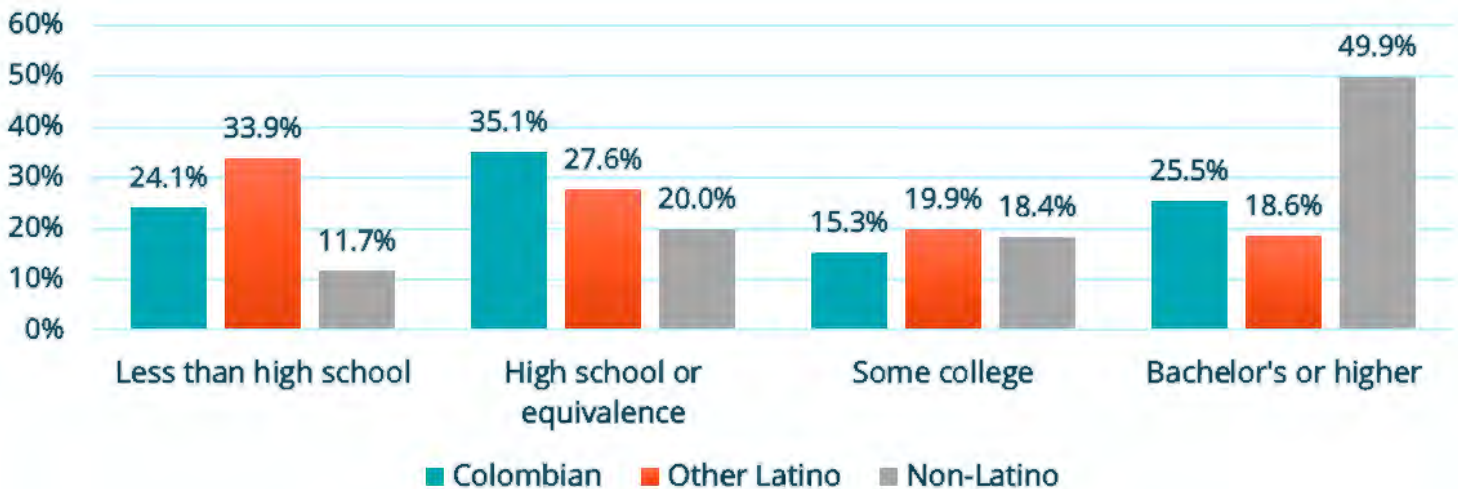


English Proficiency (ages 5 and older)





Educational Attainment (ages 25 and older)



Educational Attainment | The educational attainment of Colombians varies widely among individuals. About a quarter of adult Colombians have not completed high school, but another quarter of adult Colombians have a Bachelor's degree or higher.

School Enrollment | Colombians make up about one percent of both Boston residents enrolled in pre-kindergarten through twelfth grade, and Boston residents enrolled in college or university.

Labor Force Participation | A much higher share of adult Colombians participate in the labor force—80 percent compared to 66 percent for other Latinos (66 percent) and 68 percent for non-Latinos. Labor force participation is higher for Colombian men than women (82 percent vs. 78 percent).

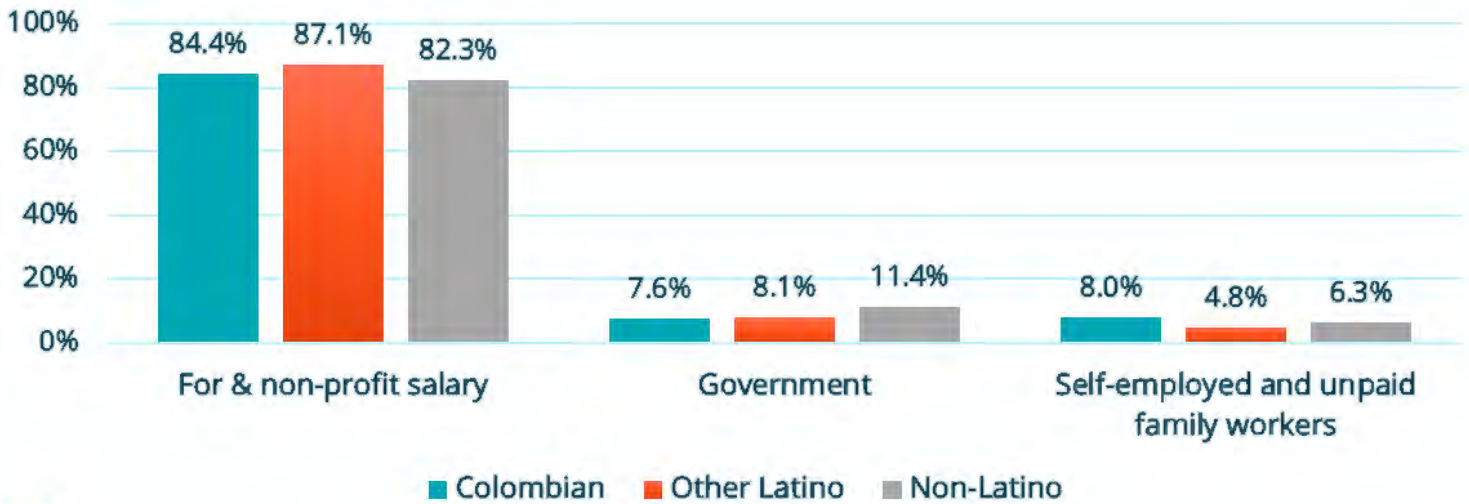
Employment | About 8 percent of employed Colombians are self-employed, a higher share than other groups. Over 57 percent of employed Colombians work in service occupations, and only 8 percent work in managerial and professional occupations.

Commute | A smaller share of Colombians (28 percent) work outside of Suffolk County than other Latinos (30 percent) and non-Latinos (33 percent). Colombians (56 percent) are more likely to travel to work by public transportation than other Latinos (43 percent) or non-Latinos (32 percent).

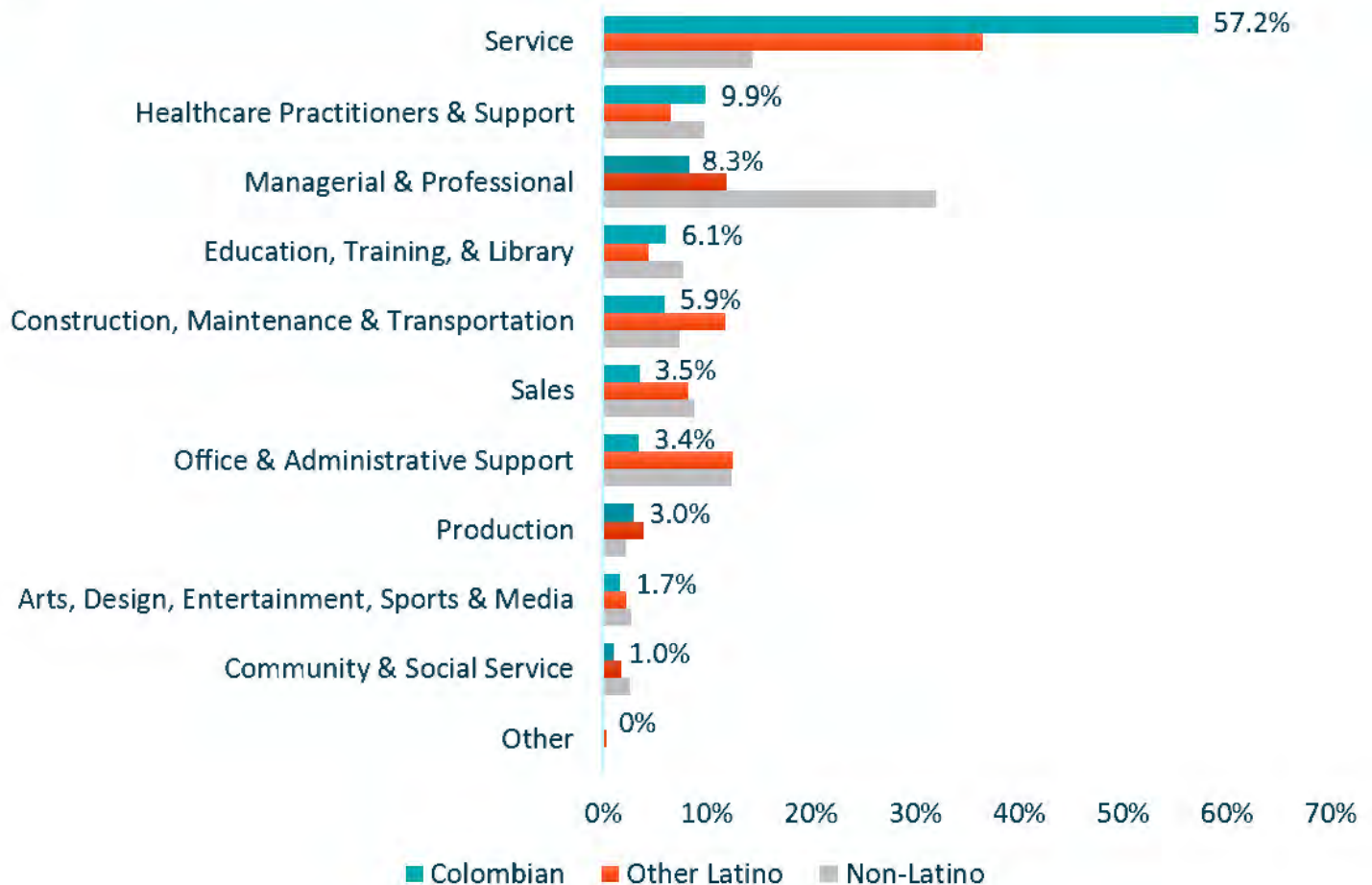


76% of Colombians are employed

Employment Type (ages 16 and older)



Occupations of Employed Workers



Standard of Living

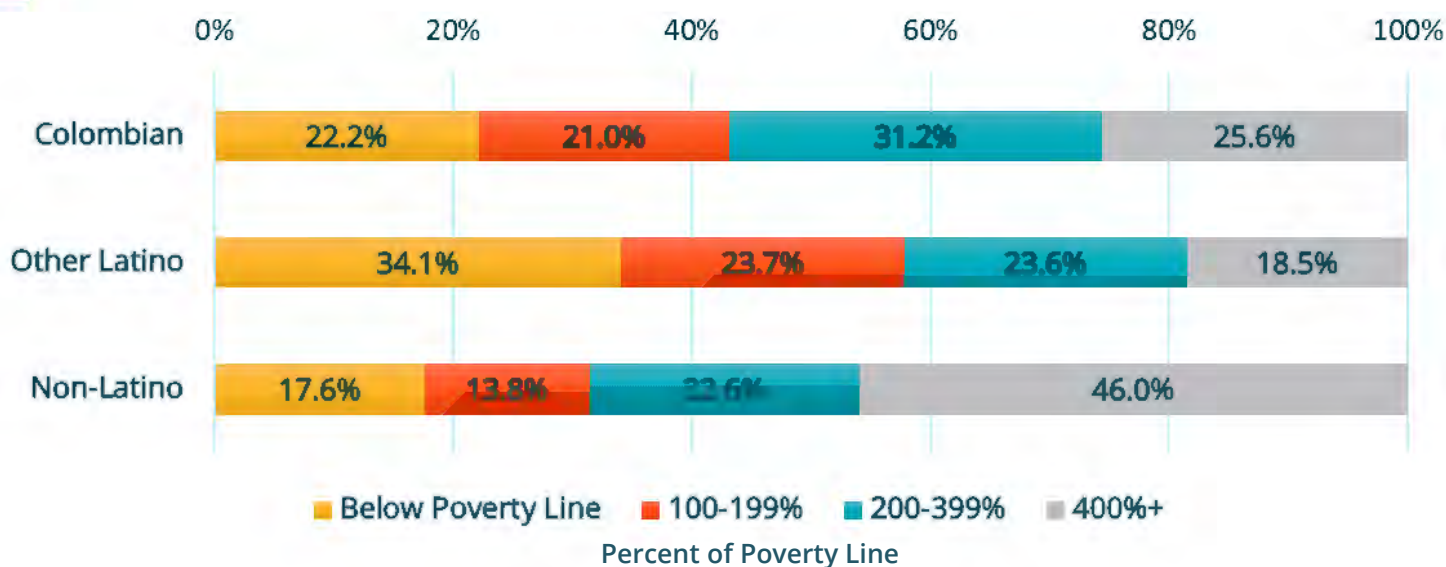


Approximately 22 percent of Colombians live below the Census poverty line, a lower share compared to other Latinos. Only 26 percent of Colombians have achieved a middle class standard of living. A family income four times the poverty line is used as a proxy for a middle-class standard of living. The actual income needed to achieve this standard depends on family composition. For a two-person family in 2015, the poverty line is \$15,391, and a middle class income would need to be at least \$61,564. The median household income for Colombian-headed households is \$48,903. Despite median incomes that may be considered lower middle class, a high share (14 percent) of Colombians do not have health insurance, perhaps because of the high rate of self-employment.

Colombians are less likely to own their own home (13 percent), than other Latinos (17 percent) and non-Latinos (37 percent).⁴ More than half of Colombian households (53 percent) are housing burdened and pay more than 30 percent of their income in housing costs. Just 46 percent of Colombian households own a car, a lower share than other Latinos (58 percent) and non-Latinos (66 percent).

Approximately 57 percent of Colombian households are families and the average household size is 2.7, larger than the average for non-Latinos, 2.1.

Poverty Rates

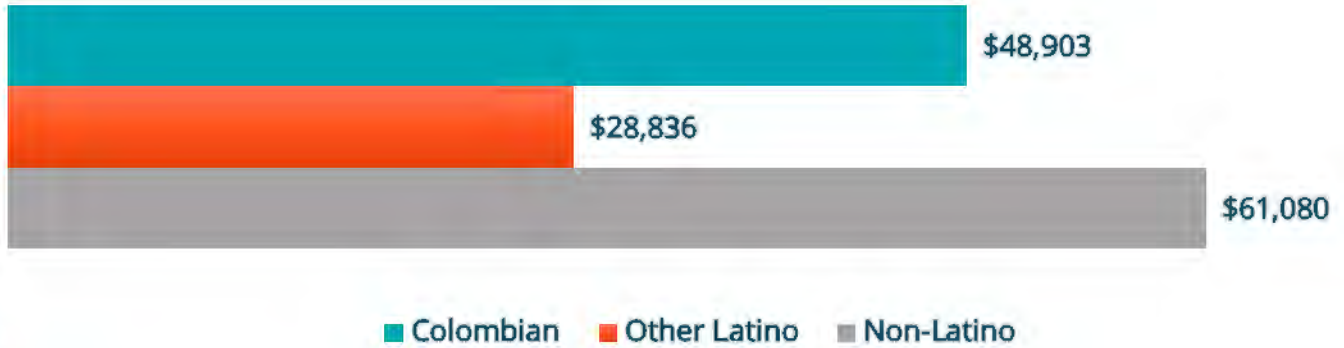


⁴ The ACS excludes households that are vacant, being bought, occupied without rent payment, have no household income or are group quarters when reporting owner/renter costs as a percentage of household income. Therefore, the sum of housing-burdened and non-housing-burdened households may not add exactly to the total number of homeowners/renters.

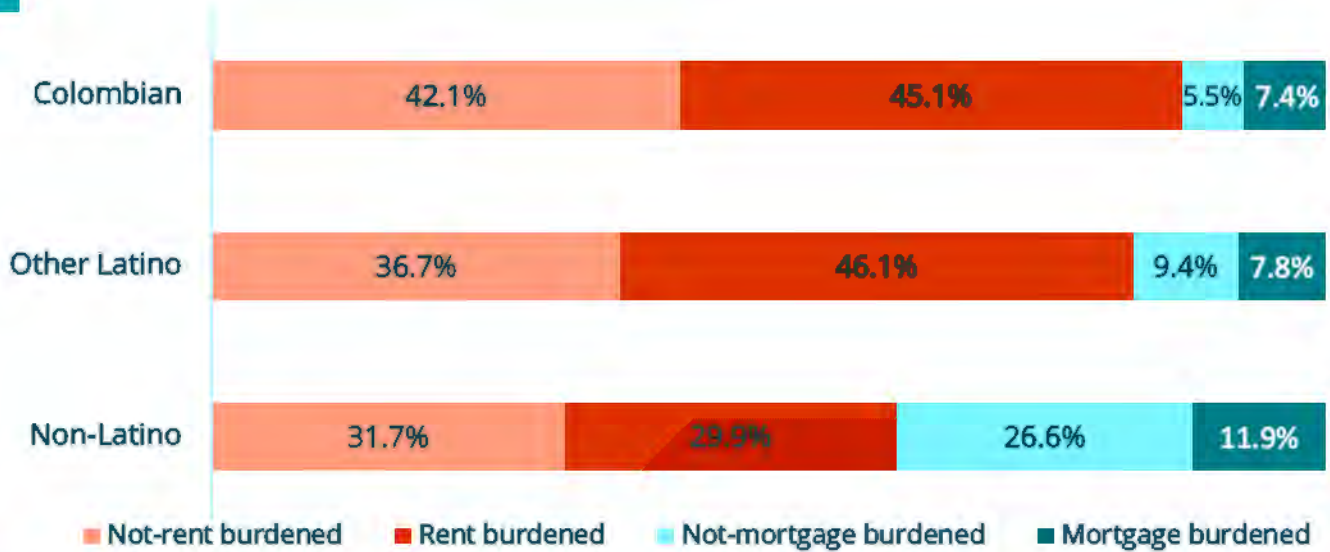
22% of Colombians in Boston live in poverty



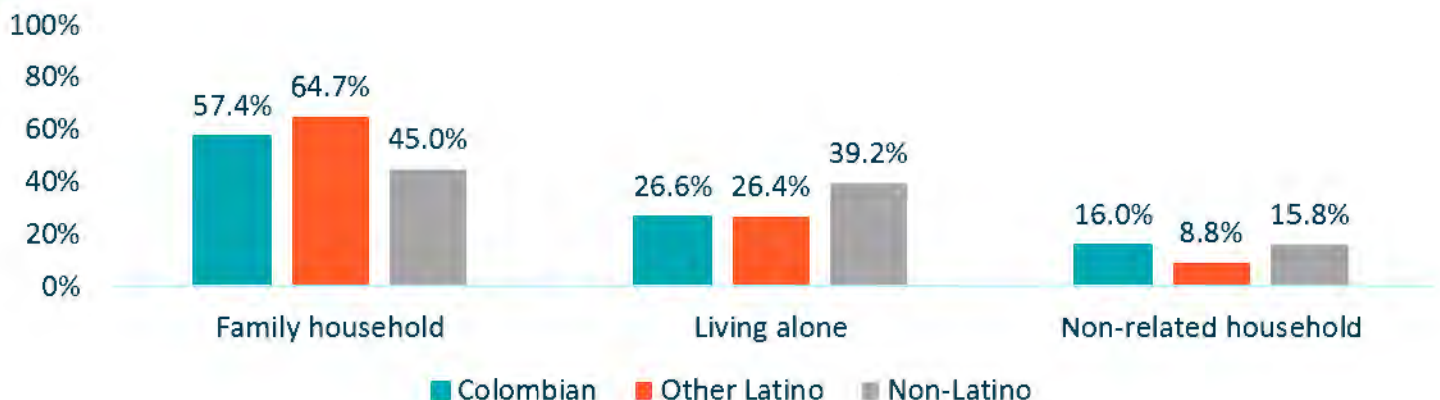
Median Household Income



Tenure and Housing Burden



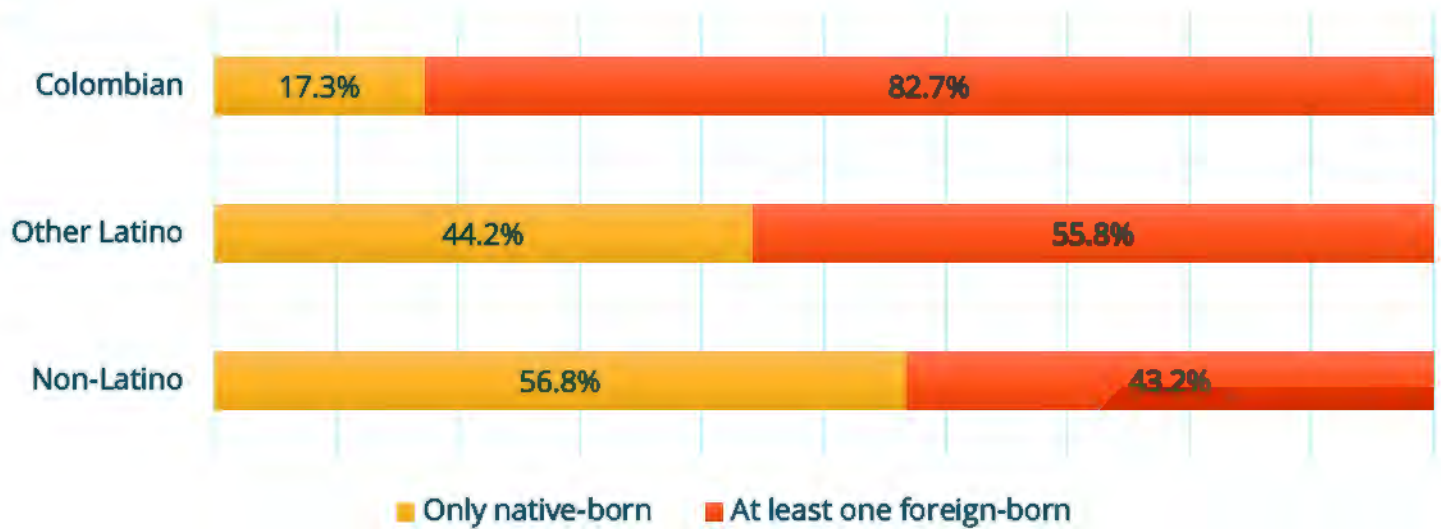
Household Type



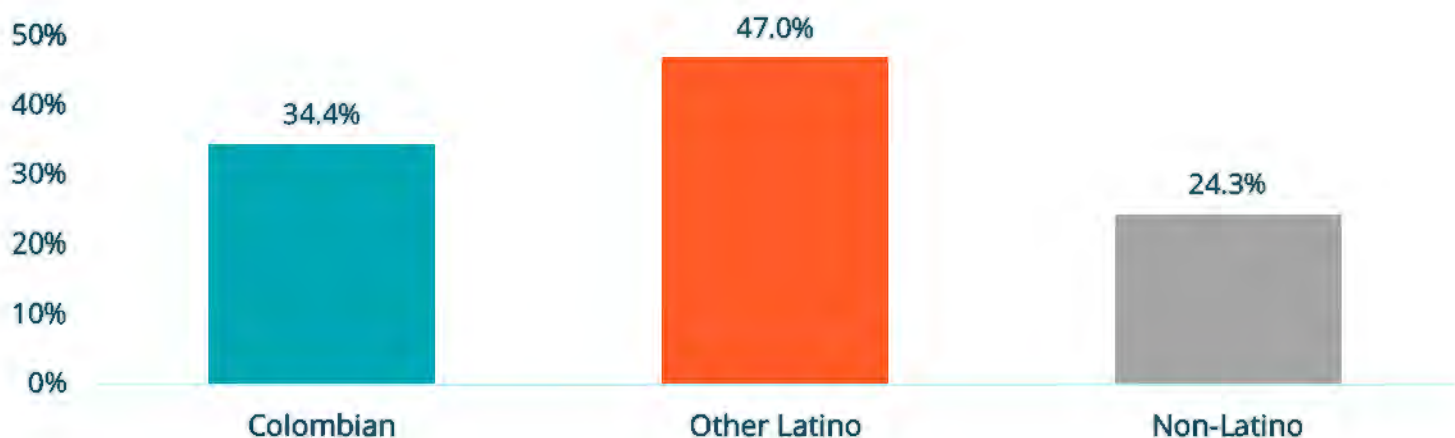
Colombian Children

The 2011-2015 American Community Survey estimates 1,345 Colombian children reside in Boston. A smaller share of Colombian households include children compared to other Latinos- 31 percent compared to 43 percent. Even though 78 percent of Colombian children are native born, 83 percent have at least one foreign-born parent. Colombian children are less likely to live in poverty (34 percent), and over 99 percent of Colombian children have health insurance.

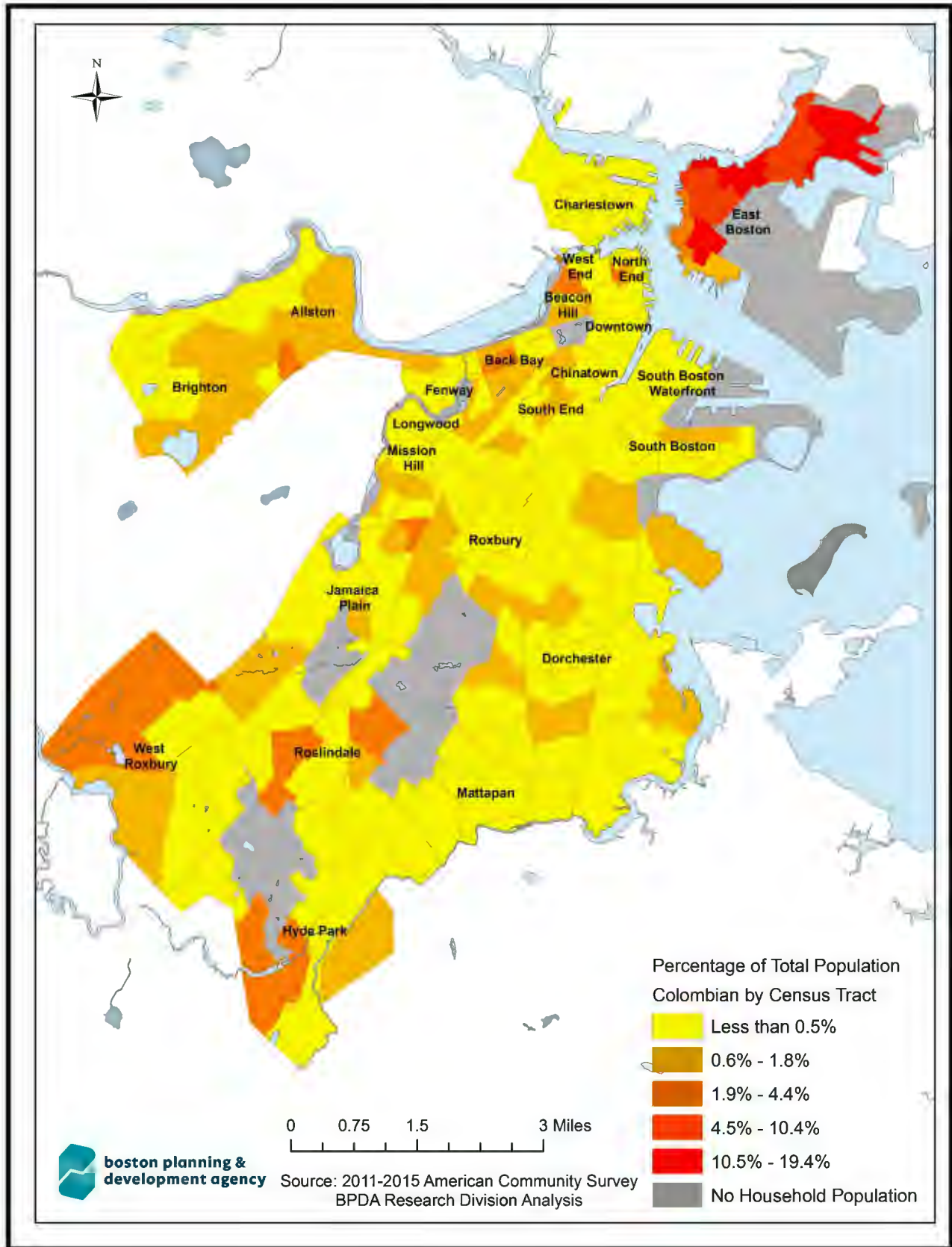
Parent Nativity



Child Poverty



Map of Colombians in Boston



Mexicans

in
Boston



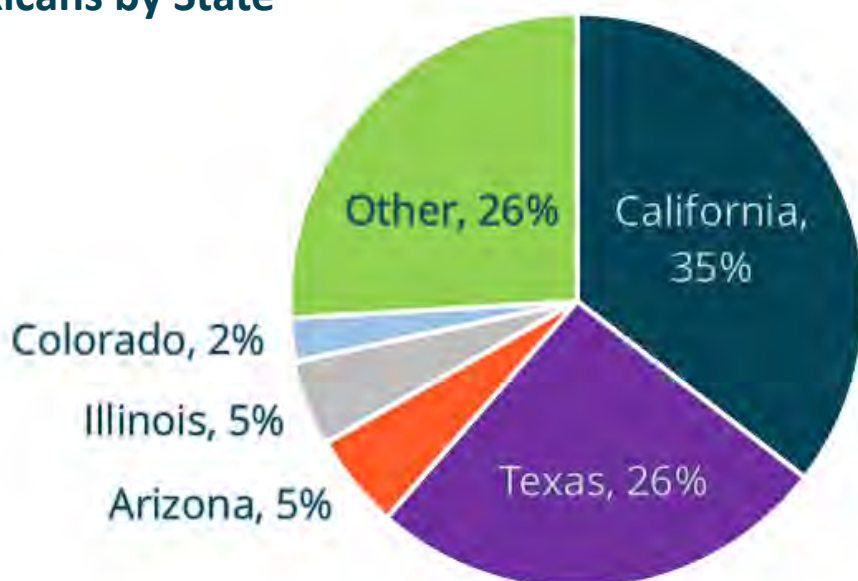
Mexican and American flags are held high during an immigration protest in Washington, DC on March 26, 2006. Phot by Narith5, retrieved from flickr.com/photos/naritheole (Creative Commons Attribution 2.0 Generic).

Due to an economic crisis that hit Mexico in the early 1980s followed by implementation of the North American Free Trade Agreement in the 1990s, the Mexican-origin population in the United States ballooned from 9 million to nearly 32 million between 1980 and 2010. The Mexican-born population increased fivefold during this period, from 2.2 million to 11.5 million. Prior to 1990, the Mexican population in the United States frequently returned to Mexico and thus remained in Southwestern states. With the change in U.S. immigration policy in 1986 that increased border control, the Mexican population in the United States limited their return trips to Mexico and expanded their U.S. residency beyond the Southwest.

As the demand for Mexican labor in the United States changed from primarily agricultural labor to services, more Mexican women began arriving and greater shares of Mexicans moved to U.S. cities. These trends help explain the four-fold increase of Mexicans in Boston since 1980.

In 2015, 35.8 million people with Mexican origin lived in the United States.¹ California (35 percent) and Texas (26 percent) are states with large Mexican populations. By comparison, New York has 1 percent of the U.S. Mexican population. Massachusetts ranks 38th in its share of Mexicans with 50,586 Mexican residents. Boston has 14 percent of the Mexican population of Massachusetts.

Mexicans by State



¹ U.S. Census Bureau, 2015 1-year American Community Survey, BPDA Research Division Analysis

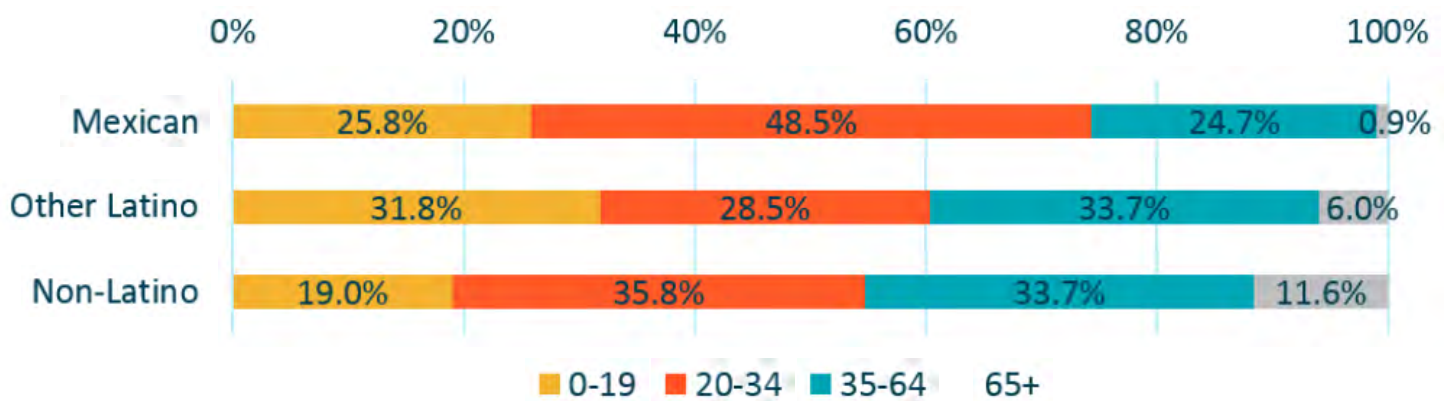
Mexicans in Boston



According to the 2010 Census, Boston was home to 5,961 Mexicans, up from 4,967 in the 2000 Census. The American Community Survey report that Boston's Mexican population grew by 2015 to 6,834 (+/-1,745).² Mexicans are the fifth largest Latino population in the city making up 5 percent of all Latinos in Boston. Other larger Latino populations include Puerto Ricans (28 percent), Dominicans (24 percent), Salvadorans (11 percent), and Colombians (6 percent). Mexicans can be found in all neighborhoods of Boston, but greater shares of Mexicans live in East Boston (28 percent), Brighton (12 percent), and Dorchester (8 percent).³

Mexicans' median age is 25 years, younger than other Latinos (28) and non-Latinos (32). Mexicans are predominately female (53 percent), which is a greater share than other Latinos (51 percent) and non-Latinos (52 percent). Greater shares of Mexicans 15 years and older have never married (67 percent) than other Latinos and non-Latinos. The majority of Mexicans are native born (57 percent), and 68 percent are U.S. citizens. About 68 percent of Mexican speak Spanish at home, and about 73 percent speak English very well. Most younger Mexicans under age 35 speak English very well (83 percent).

Age



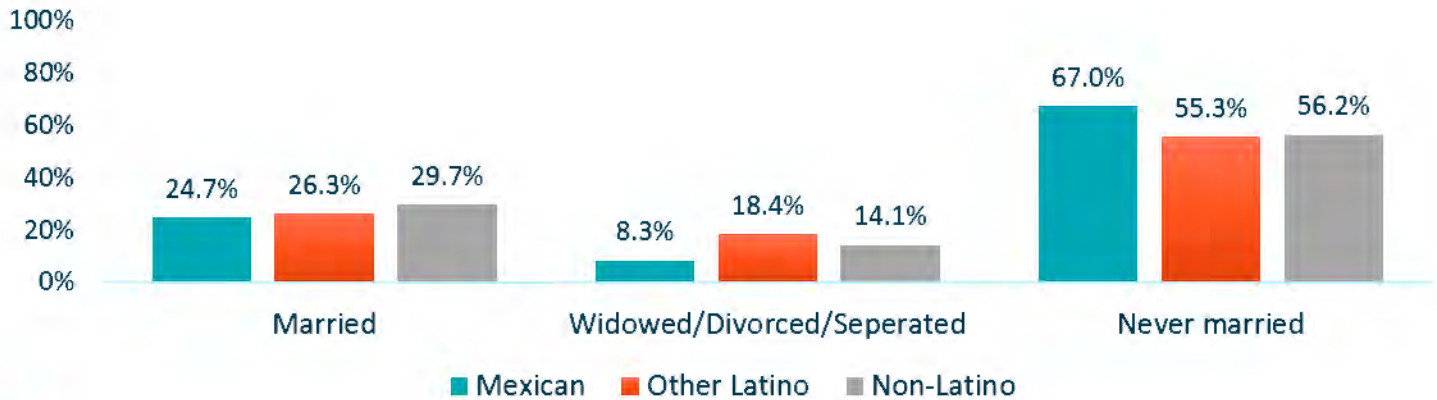
² U.S. Census Bureau, 2015 1-year American Community Survey, BPDA Research Division Analysis

³ U.S. Census Bureau, 2011-2015 American Community Survey, BPDA Research Division Analysis

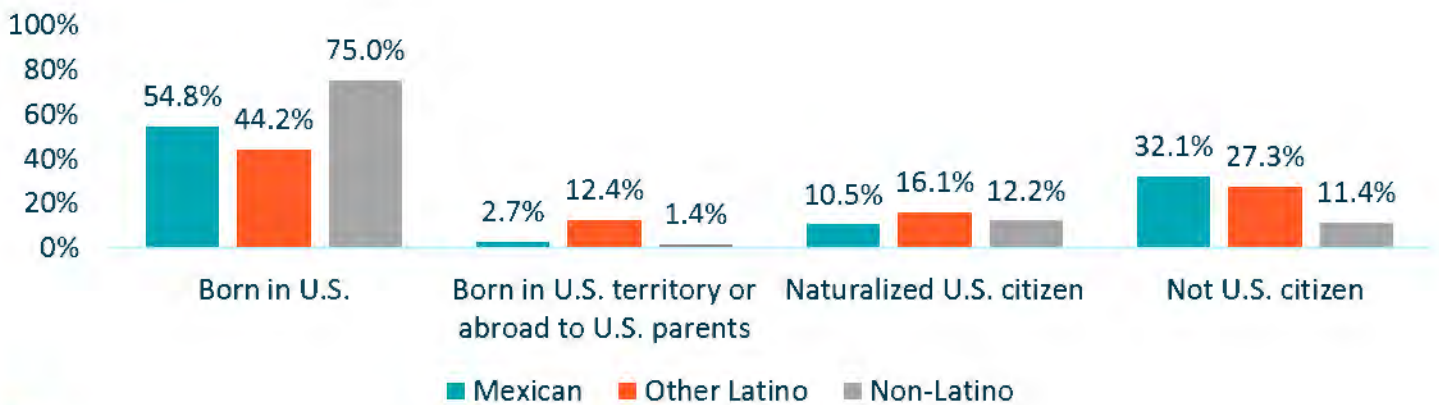
5% of Boston's Latinos are Mexican



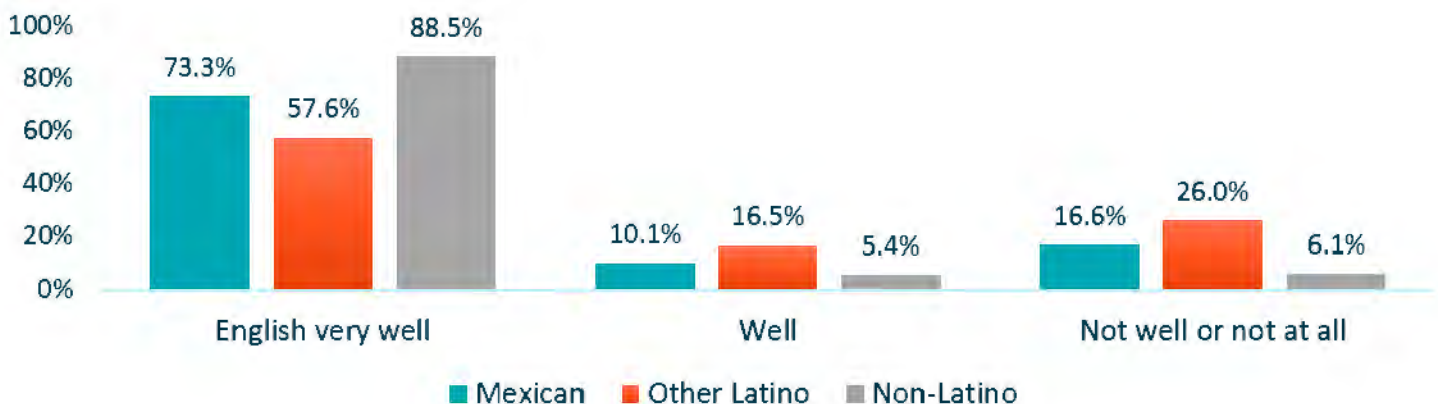
Marital Status (ages 15 and older)



Citizenship

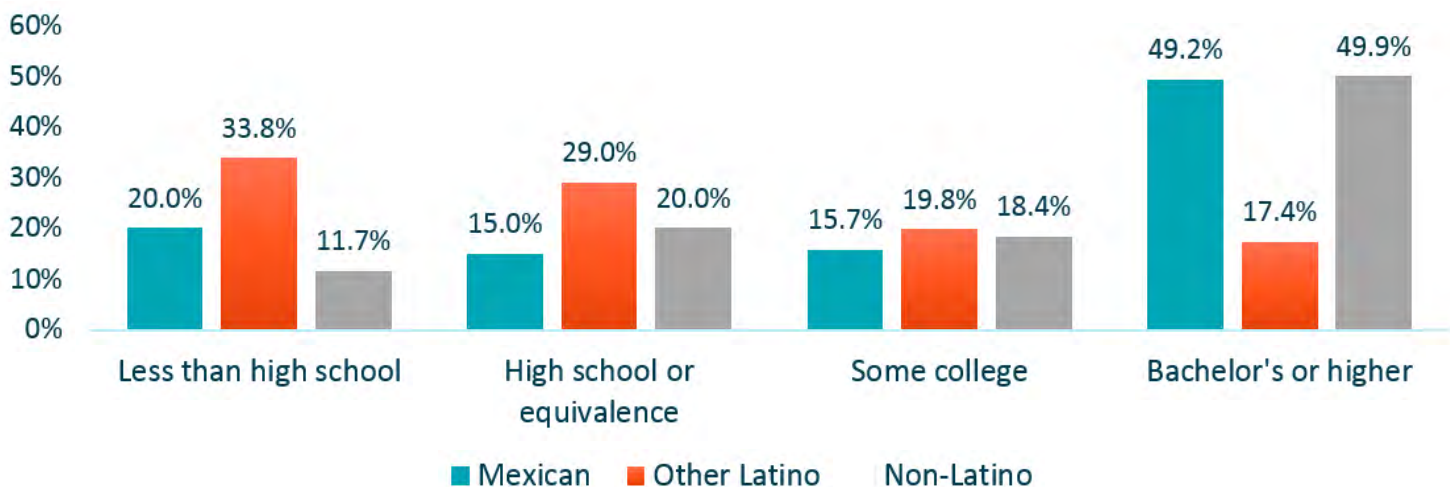


English Proficiency (ages 5 and older)





Educational Attainment (ages 25 and older)



Educational Attainment | The educational profile of Mexicans ages 25 and older is more similar to non-Latinos than other Latinos. Almost half (49 percent) of adult Mexicans have a Bachelor's or graduate degree.

School Enrollment | Unlike most other Latino groups, Mexicans are more highly represented in Boston's college and university enrollment (2 percent) than in its pre-kindergarten through twelfth grade enrollment.

Labor Force Participation | Almost 68 percent of Mexicans age 16 and older participate in the labor force, a similar rate to other groups. Labor force participation rates are higher for Mexican men than Mexican women—75 percent vs. 61 percent.

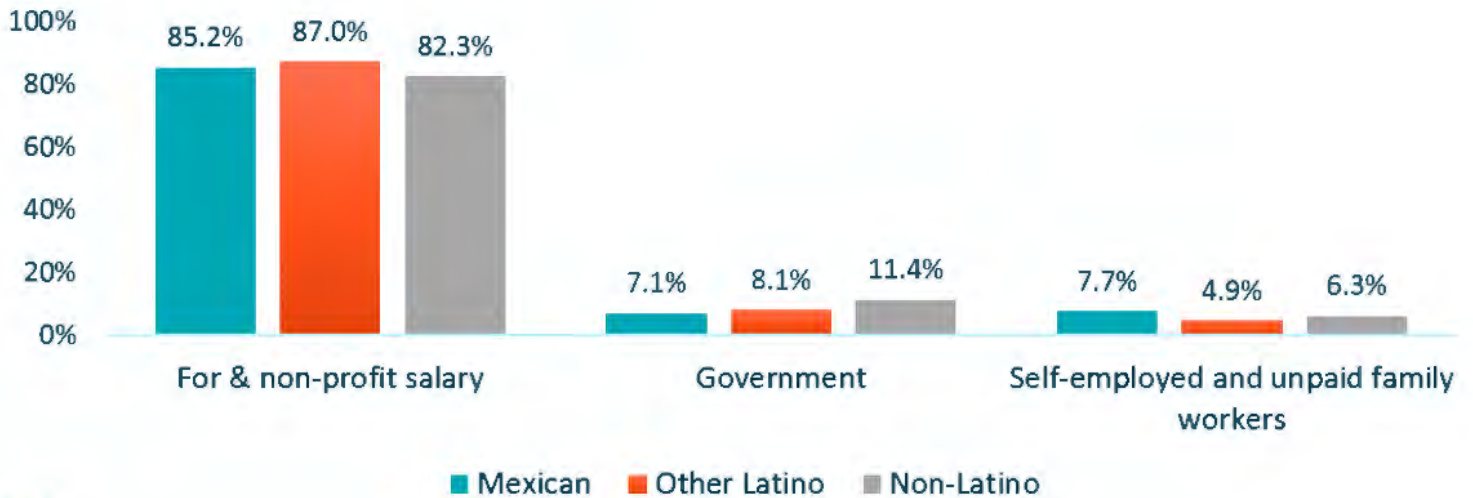
Employment | Almost 8 percent of Mexicans in Boston are self-employed, a higher rate than other groups. Unlike other Latino groups, the largest occupation group for Mexicans is managerial and professional occupations (27 percent).

Commute | Smaller shares of Mexicans and other Latinos (29 percent) work outside of Suffolk County compared to non-Latinos (33 percent). Mexicans are less likely to commute to work by car—34 percent compared to 41 percent for other Latinos and 45 percent for non-Latinos.



62% of Mexicans are employed

Employment Type (ages 16 and older)



Occupations of Employed Workers



Standard of Living

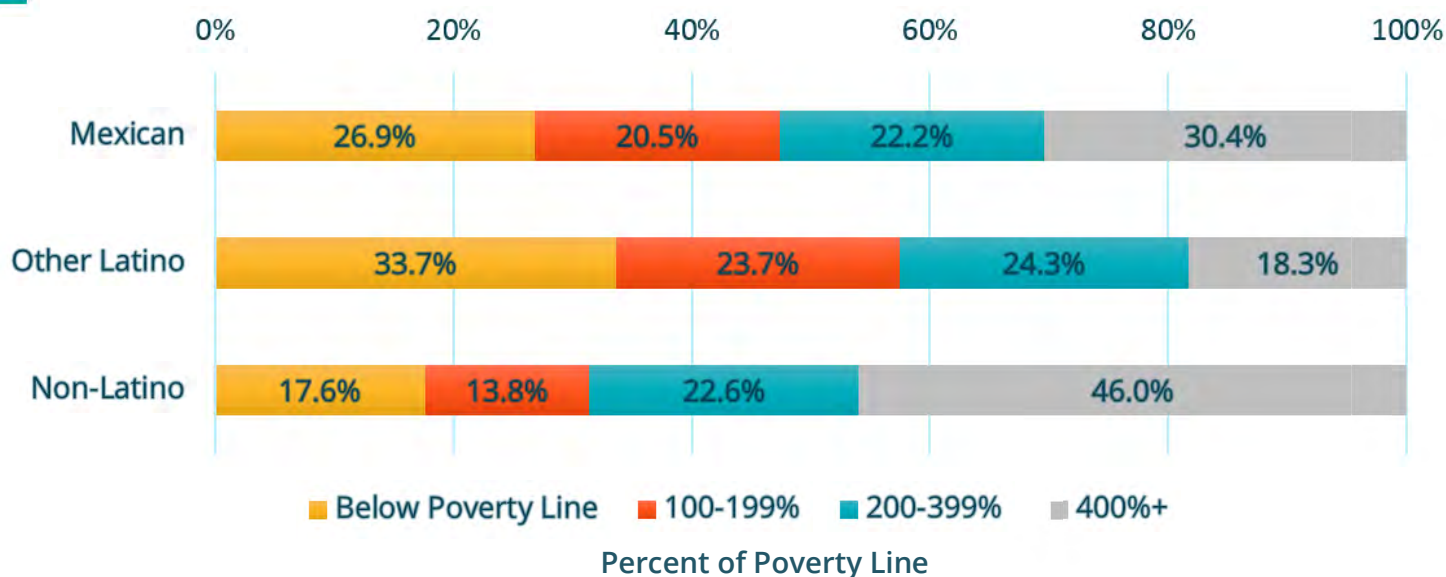


About 27 percent of Mexicans live below the Census poverty line, and approximately 30 percent have achieved a middle class standard of living. . A family income four times the poverty line is used as a proxy for a middle-class standard of living. The actual income needed to achieve this standard depends on family composition. For a two-person family in 2015, the poverty line is \$15,391, and a middle class income would need to be at least \$61,564. The median household income for Mexican-headed households is \$42,924. Despite their lower middle class median income, a higher share of Mexicans lack health insurance (9 percent).

Similar shares of Mexicans and other Latinos own their home (16 percent), lower than the home ownership rate for non-Latinos (37 percent).⁴ More than 61 percent of Mexican households are housing burdened and pay more than 30 percent of their income in housing costs, a higher housing cost burden than other groups. Less than half of Mexican households in Boston own a car, a lower rate than other Latinos (58 percent) and non-Latinos (66 percent).

Mexican households are more likely to consist of unrelated roommates living together—25 percent, and less likely to be families, 42 percent. The average Mexican household size is 2.3, smaller than the average for other Latinos, 2.7.

Individual Poverty Rates

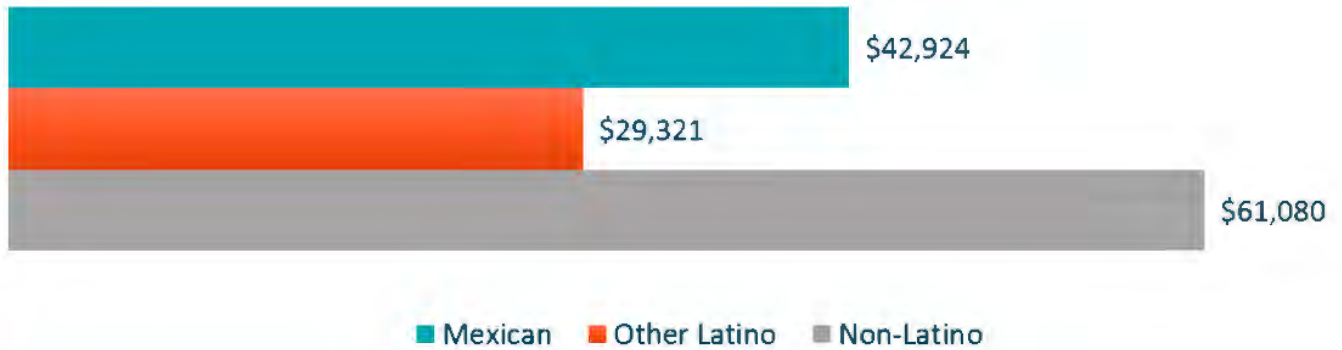


⁴ The ACS excludes households that are vacant, being bought, occupied without rent payment, have no household income or are group quarters when reporting owner/renter costs as a percentage of household income. Therefore, the sum of housing-burdened and non-housing-burdened households may not add exactly to the total number of homeowners/renters.

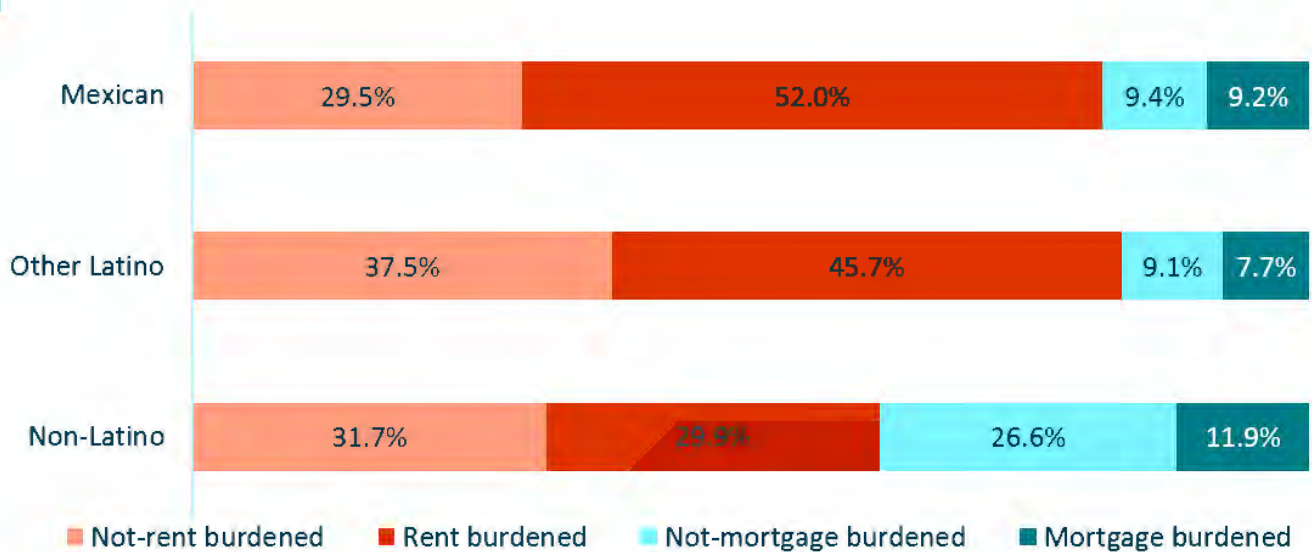
27% of Mexicans in Boston live in poverty



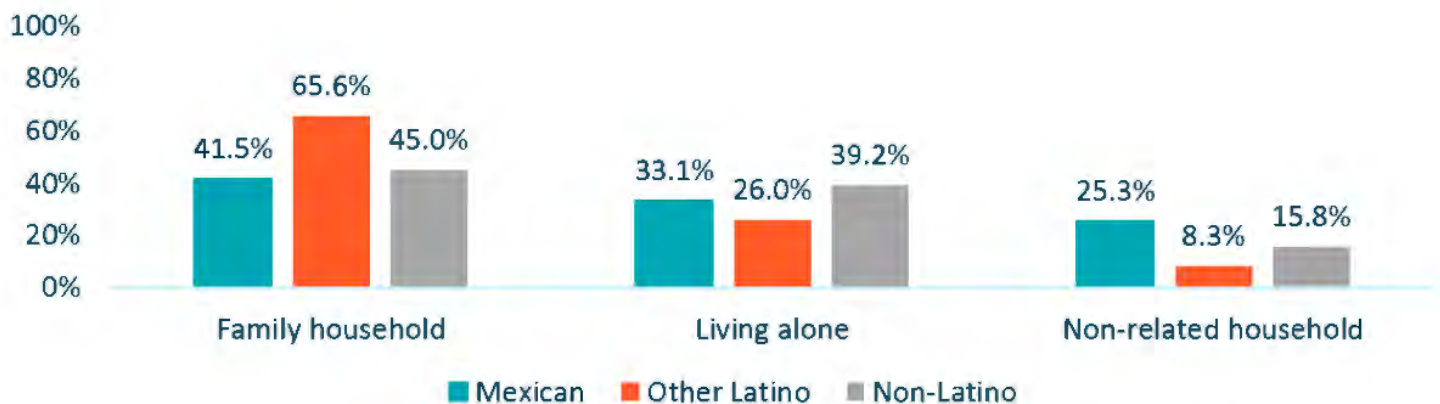
Median Household Income



Tenure and Housing Burden



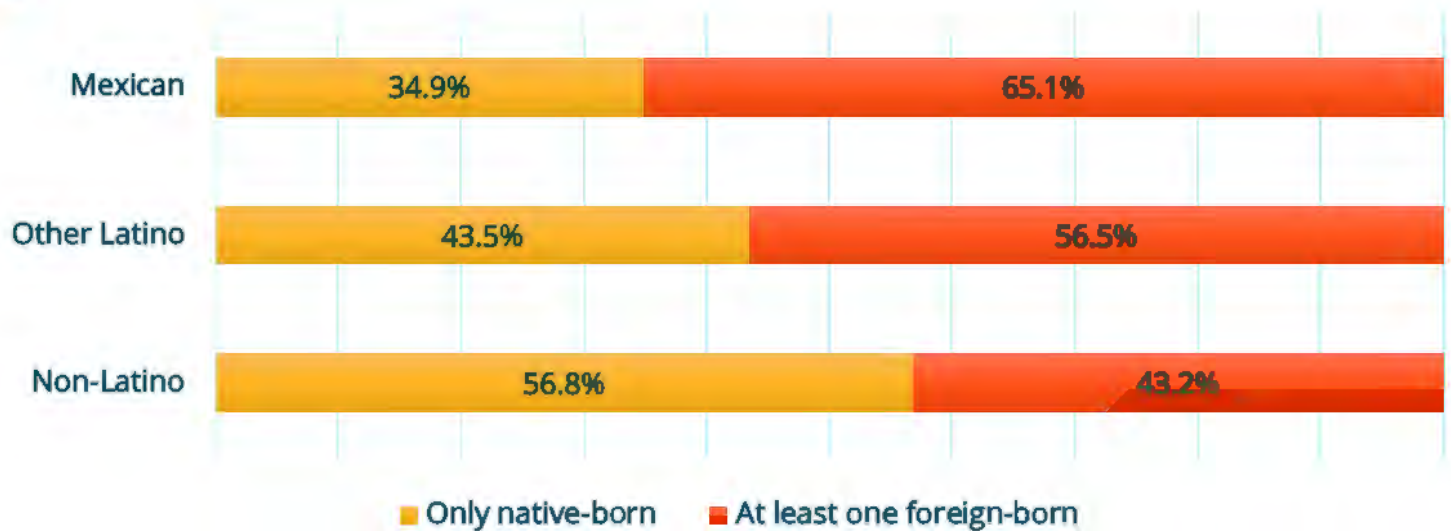
Household Type



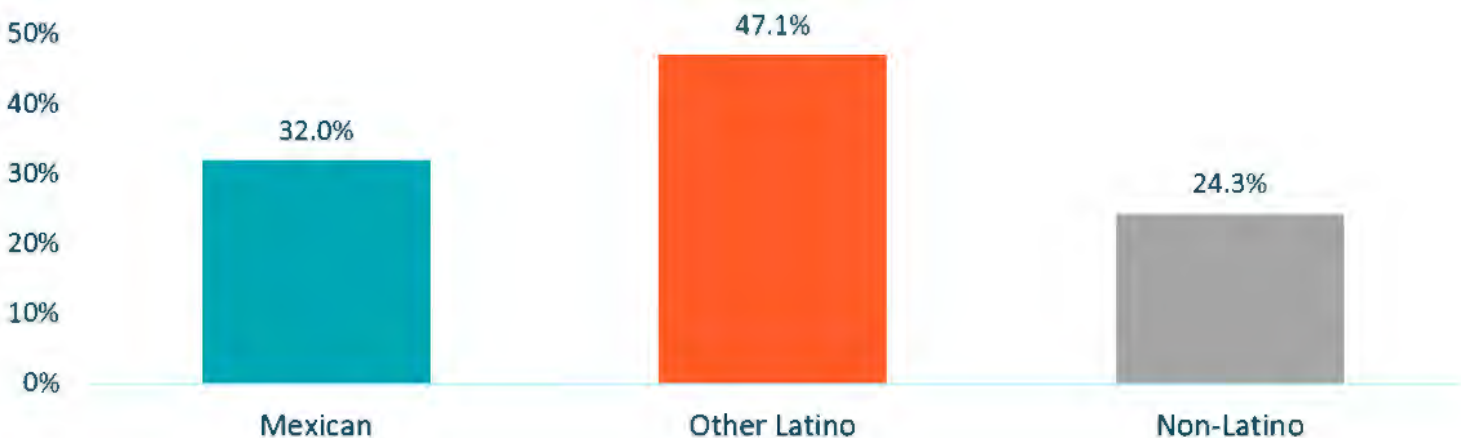
Mexican Children

The 2011-2015 American Community Survey estimates 1,388 Mexican children reside in Boston. Just 29 percent of Mexican households include children, lower than 43 percent for other Latinos. Even though 85 percent of Mexican children are native born, 65 percent of them have at least one foreign-born parent. Mexican children are less likely to live in poverty (32 percent, and over 99 percent of Mexican children in Boston have health insurance.

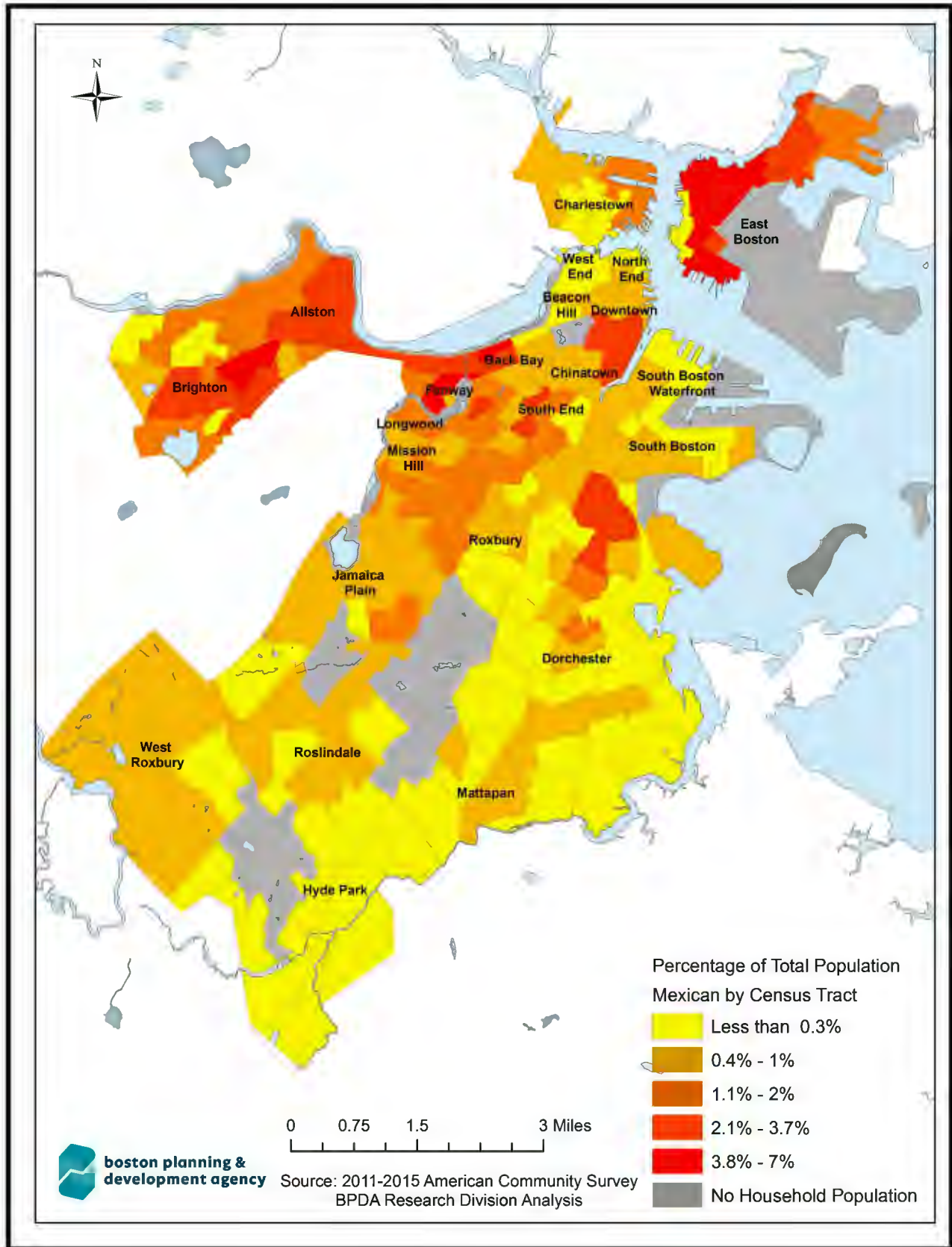
Parent Nativity



Child Poverty



Map of Mexicans in Boston



Guatemalans

in
Boston



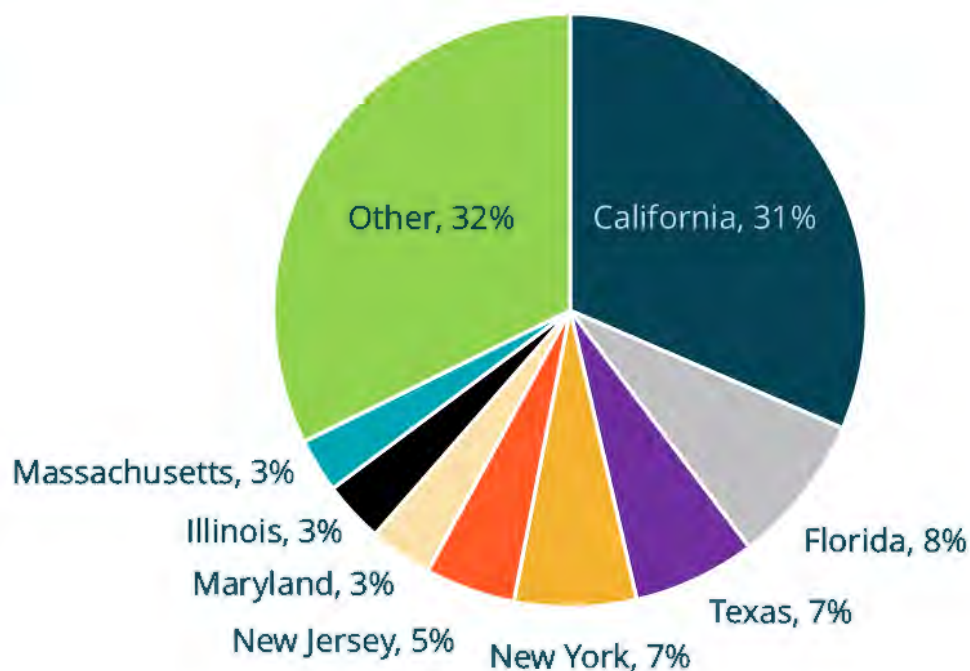
As part of the day "Celebrating Our Identity," the Guatemalan community celebrated its culture with a fundraiser dinner. (Casa Guatemala, photo by Cameros Fotografia).

Even though Guatemalans migrated to the United States throughout the 20th century, their migration intensified in the 1980s and 1990s. Guatemala’s indigenous population, known as the Maya Quiché, were the target of military repression and emigrated to the U.S. in the later years of a decades-long civil war. The Maya Quiché population in Massachusetts can be found in Southeastern Massachusetts around New Bedford. In Boston, the Guatemalan population is more likely to be non-indigenous.

In 2015, 1.4 million people with Guatemalan origin lived in the United States.¹ With an estimated 40,526 Guatemalans residing in Massachusetts, the state accounts for 3 percent of all Guatemalans in the country.

California (31 percent) and Florida (8 percent) are states with the largest populations. In the Northeast, New York (7 percent) and New Jersey (5 percent) have large Guatemalan populations. Massachusetts has the eighth largest Guatemalan population. Boston is home to 11 percent of Massachusetts’ Guatemalans.

Guatemalans by State



¹ U.S. Census Bureau, 2015 1-year American Community Survey, BPDA Research Division Analysis

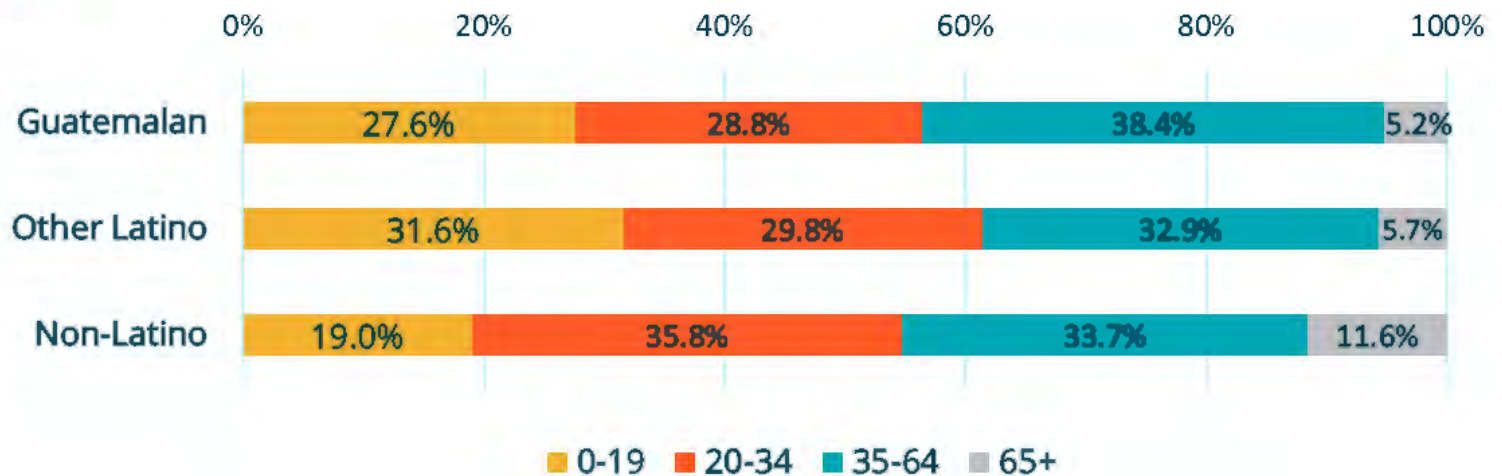
Guatemalans in Boston



According to the 2010 Census, Boston was home to 4,451 Guatemalans, up from 2,554 in the 2000 Census. The American Community Survey reports that the Guatemalan population of Boston Boston's Guatemalan population in 2015 was about the same as in 2010. (4,435 +/-2,141).² Guatemalans are the sixth largest Latino population in the city, accounting for 3 percent of Boston's Latinos. Other larger Latino populations include Puerto Ricans (28 percent), Dominicans (24 percent), Salvadorans (11 percent), Colombians (6 percent), and Mexicans (5 percent).

Guatemalans' median age of 30 years is older than other Latinos (28) but younger than non-Latinos (32).³ Unlike other Latinos and non-Latinos in Boston, Guatemalans are predominately male (56 percent). A higher percentage of Guatemalans are married (40 percent). The majority are foreign born (65.6 percent), and only 26 percent of foreign-born Guatemalans are naturalized U. S. citizens. Over 95 percent of Guatemalans speak Spanish at home, and only 35 percent speak English very well. Among younger Guatemalans under age 35, 56 percent speak English very well.

Age Distribution



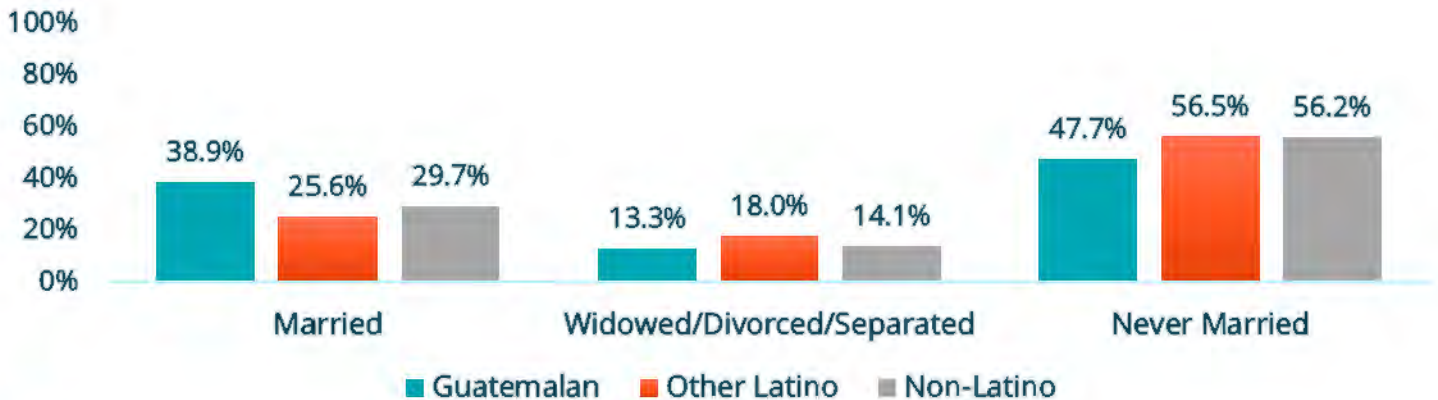
² U.S. Census Bureau, 2000 & 2010 Decennial Censuses, 2015 American Community Survey, BPDA Research Division Analysis

³ U.S. Census Bureau, 2011-2015 American Community Survey, BPDA Research Division Analysis

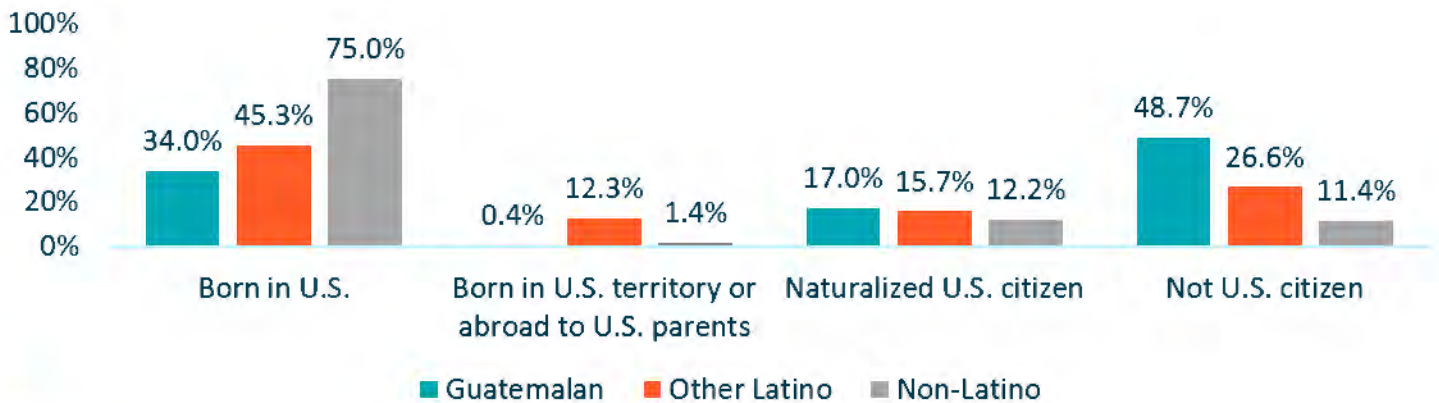
3% of Boston's Latinos are Guatemalan



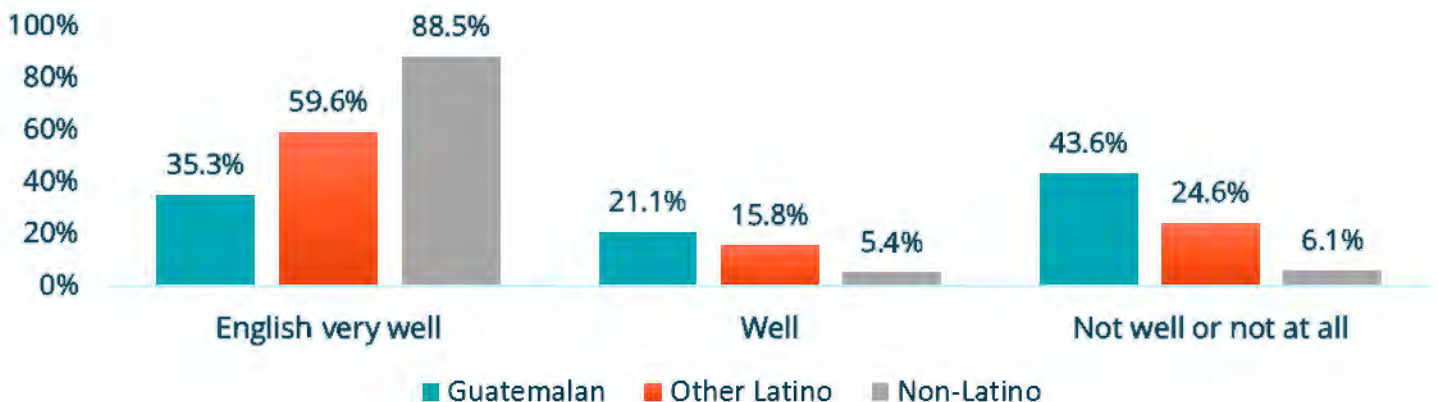
Marital Status (ages 15 and older)



Citizenship



English Proficiency (ages 5 and older)



Standard of Living

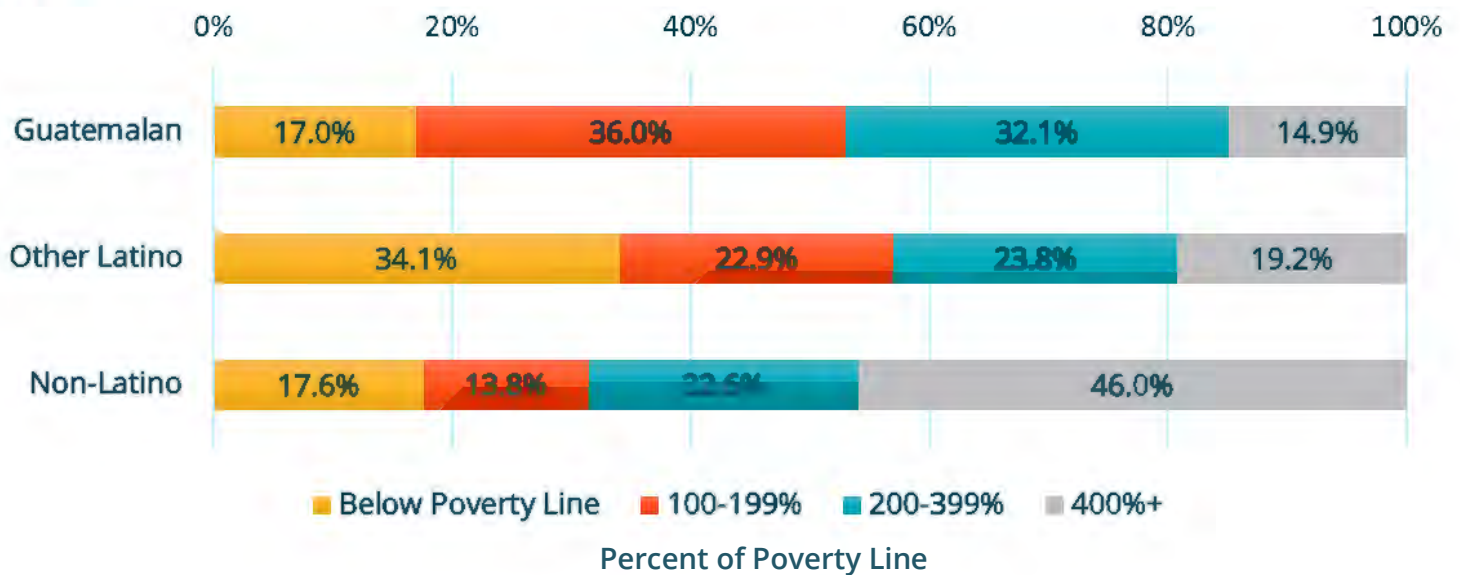


A similar share of Guatemalans (17 percent) compared to non-Latinos (18 percent) live below the Census poverty line. In contrast, only 15 percent of Guatemalans have achieved a middle class standard of living, compared to 46 percent for non-Latinos. A family income four times the poverty line is used as a proxy for a middle-class standard of living. The actual income needed to achieve this standard depends on family composition. For a two-person family in 2015, the poverty line is \$15,391, and a middle class income would need to be at least \$61,564. The median household income for Guatemalan-headed households is \$36,143. Despite low poverty rates, 12 percent of Guatemalans lack health insurance, a higher rate than other groups.

Guatemalans are less likely to own their own home (12 percent), than other Latinos (17 percent) and non-Latinos (37 percent).⁴ A large share of Guatemalan households (61 percent) are housing-burdened and pay more than 30 percent of their income in housing costs.

A large share (74 percent) of Guatemalan households are family households, and just over half (52 percent) include children, a higher rate than other Latinos (42 percent) and much higher than non-Latinos (20 percent).

Individual Poverty Rates

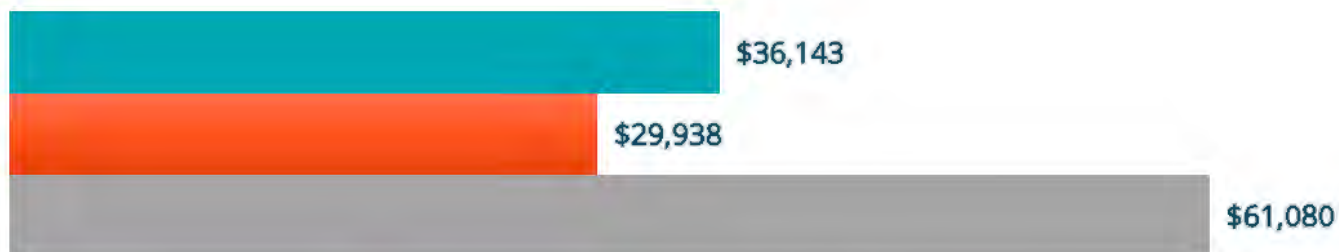


⁴ The ACS excludes households that are vacant, being bought, occupied without rent payment, have no household income or are group quarters when reporting owner/renter costs as a percentage of household income. Therefore, the sum of housing-burdened and non-housing-burdened households may not add exactly to the total number of homeowners/renters.

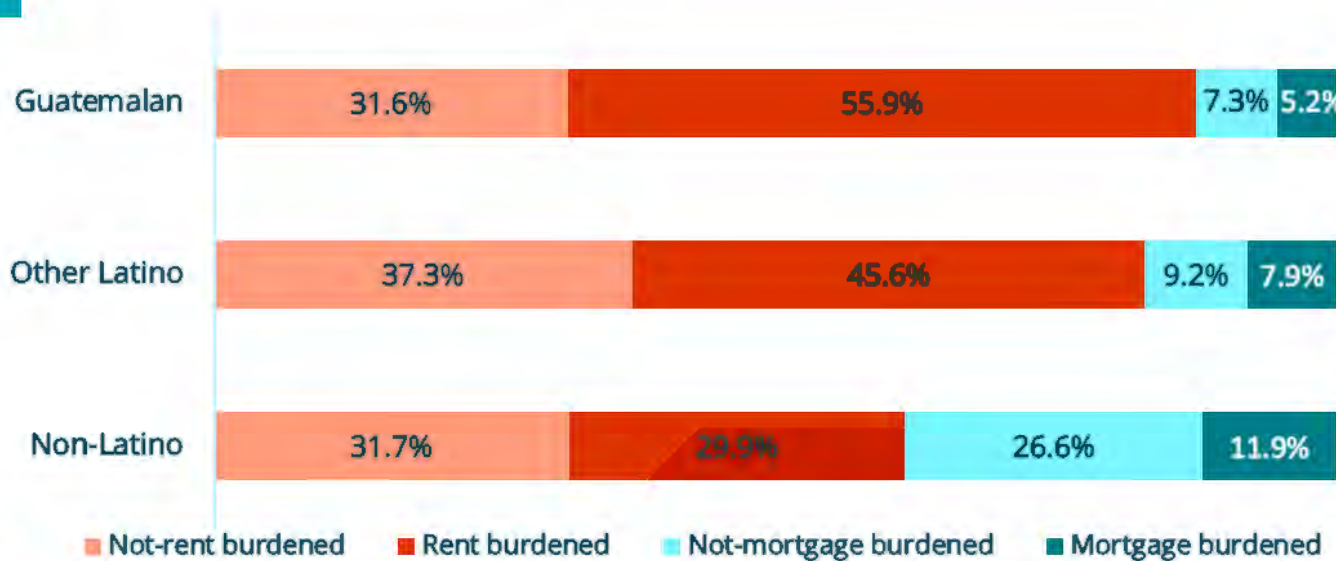
17% of Guatemalans in Boston live in poverty



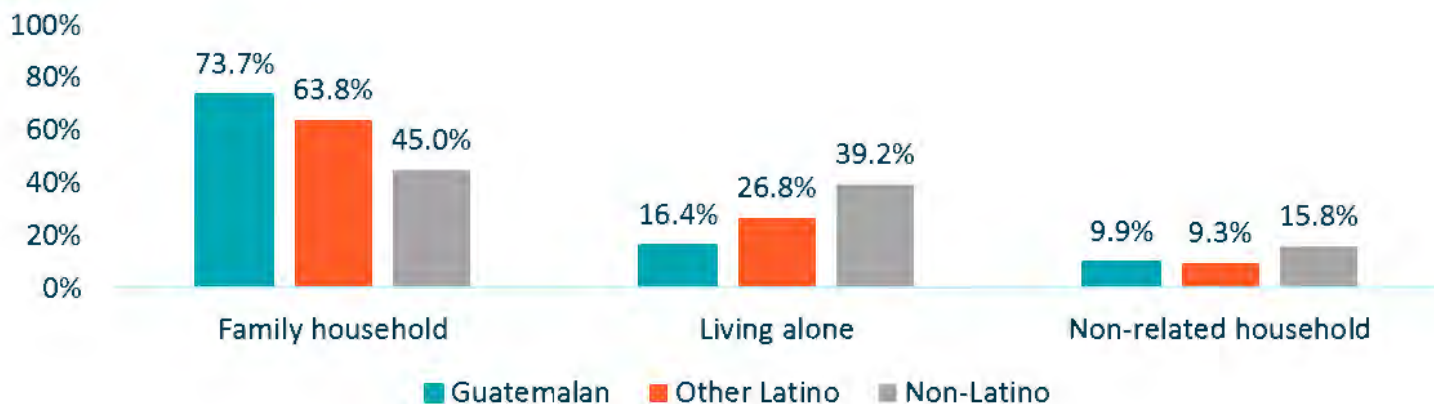
Median Household Income



Tenure and Housing Burden

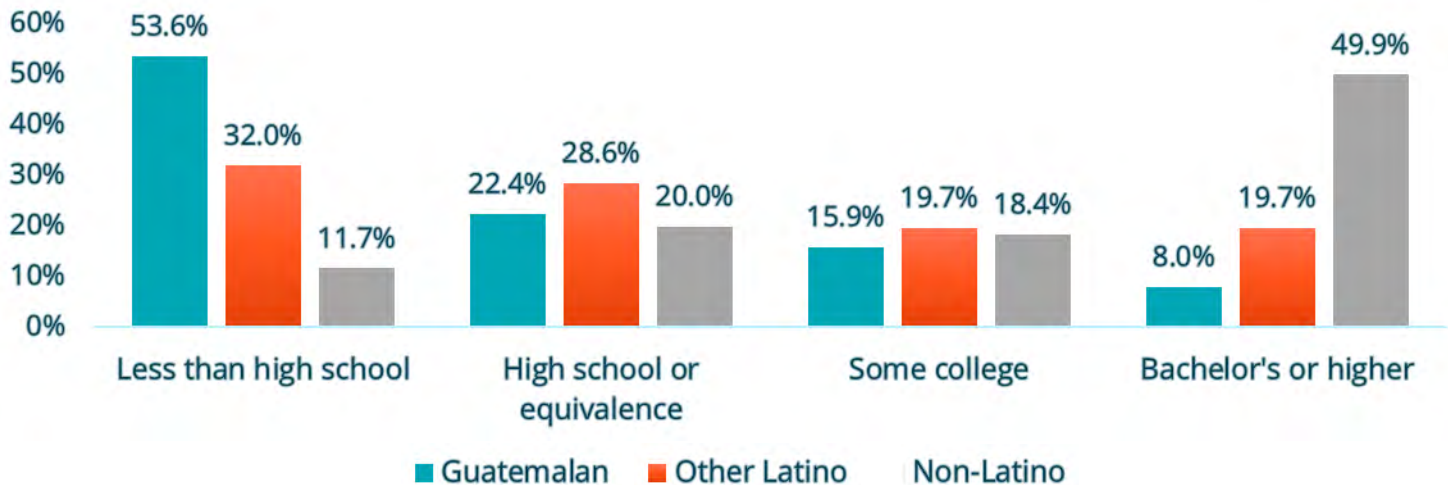


Household Type





Educational Attainment (ages 25 and older)



Educational Attainment | Guatemalan adults have low levels of formal education. Almost 54 percent lack a high school education, and only 8 percent have a Bachelor’s degree or higher.

School Enrollment | Guatemalans make up one percent of Boston residents enrolled in pre-kindergarten through twelfth grade, but only .2 percent of Boston residents enrolled in college or university.

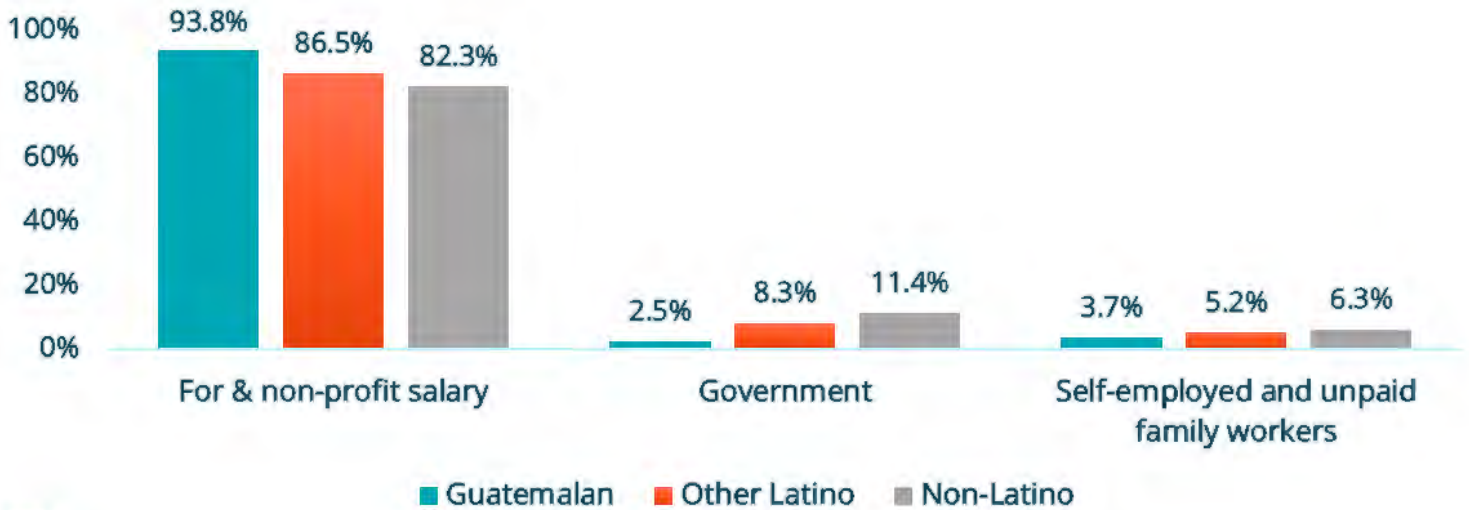
Labor Force Participation | A higher share (77 percent) of Guatemalans age 16 and over participate in the labor force than other Latinos (67 percent) and non-Latinos (68 percent). Labor force participation is much higher for Guatemalan men than women (90 percent vs. 60 percent).

Employment | Almost 94 percent of employed Guatemalans hold private-sector payroll jobs and few Guatemalans work for the government or are self-employed. More than 43 percent of employed Guatemalans work in service occupations, and an additional 28 percent work in blue collar jobs such as construction, transportation, production, installation, and maintenance occupations. Only 10 percent of employed Guatemalans work as managers or healthcare practitioners or in professional occupations such as computers, science, or engineering.

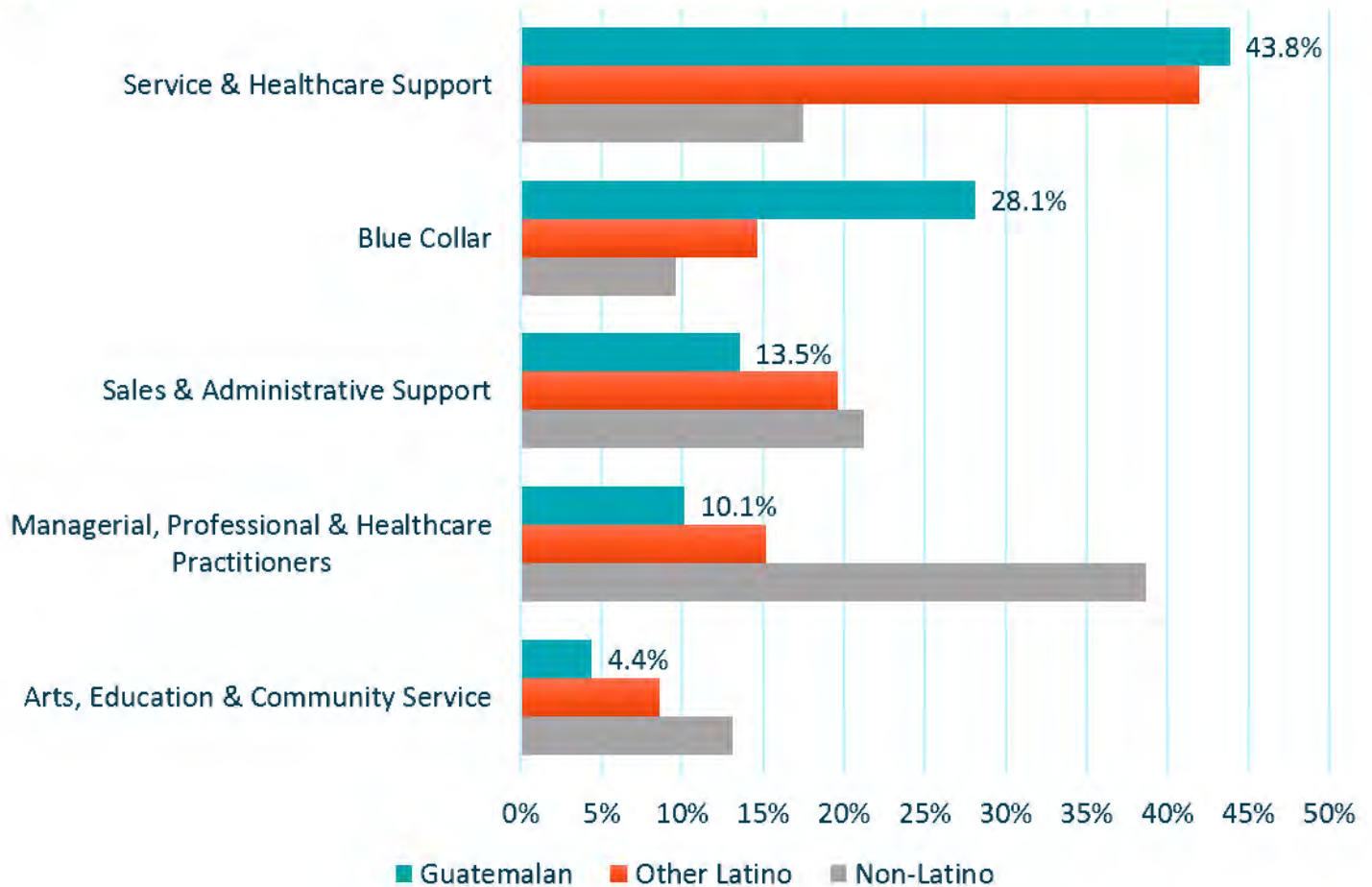


66% of Guatemalans are employed

Employment Type (ages 16 and older)



Occupations of Employed Workers

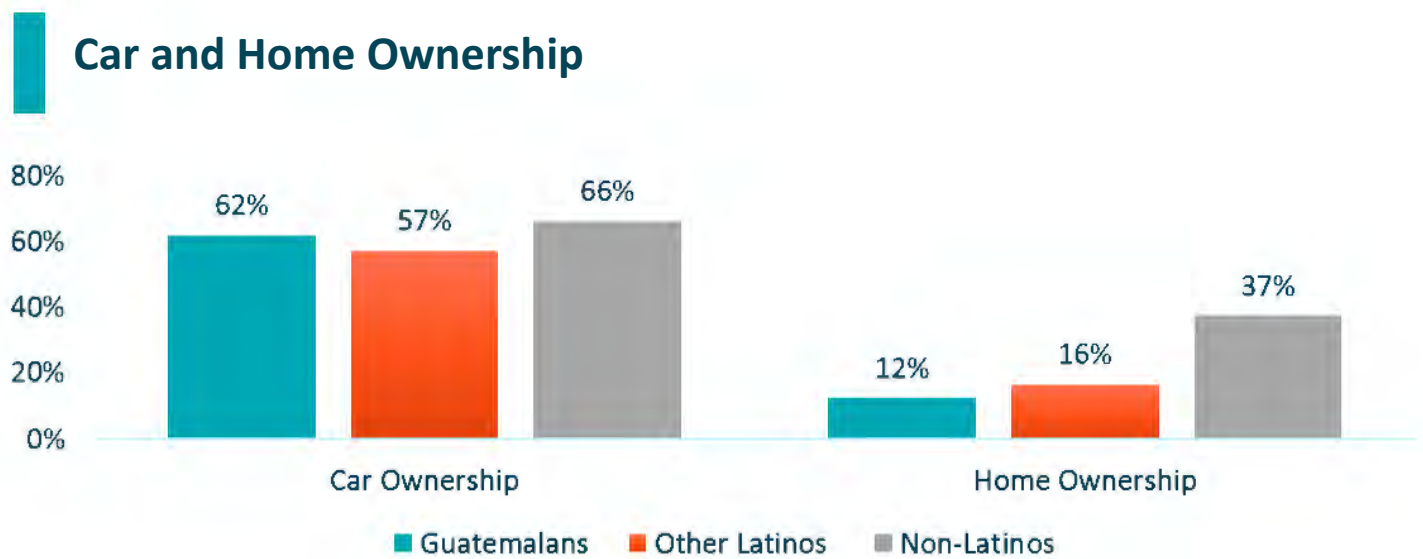




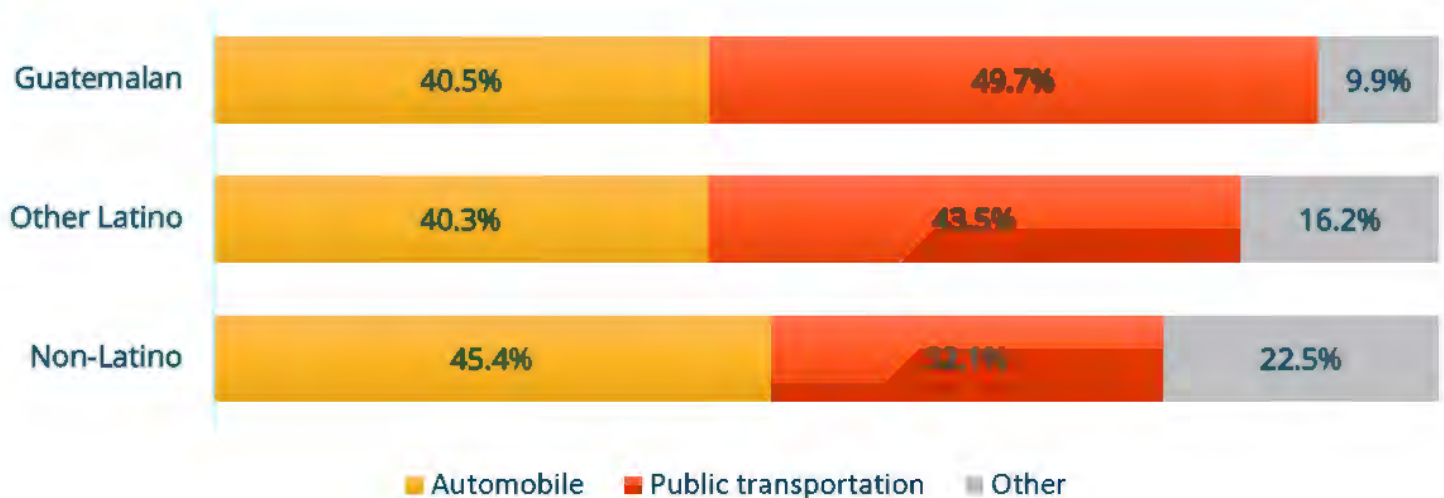
Transportation

Guatemalan residents of Boston are concentrated in East Boston (34 percent), and smaller shares live in Dorchester (21 percent) and Jamaica Plain (13 percent). About 68 percent of employed Guatemalans work in Suffolk County (Boston, Chelsea, Revere, and Winthrop). The average Guatemalan commute time to work is 29 minutes, which is shorter than the average commute time for other Latinos (32 minutes). About half of employed Guatemalans commute to work on public transportation, and 41 percent commute by automobile. Almost 62 percent of Guatemalan households own a vehicle compared to 57 percent of other Latinos and 66 percent of non-Latinos.

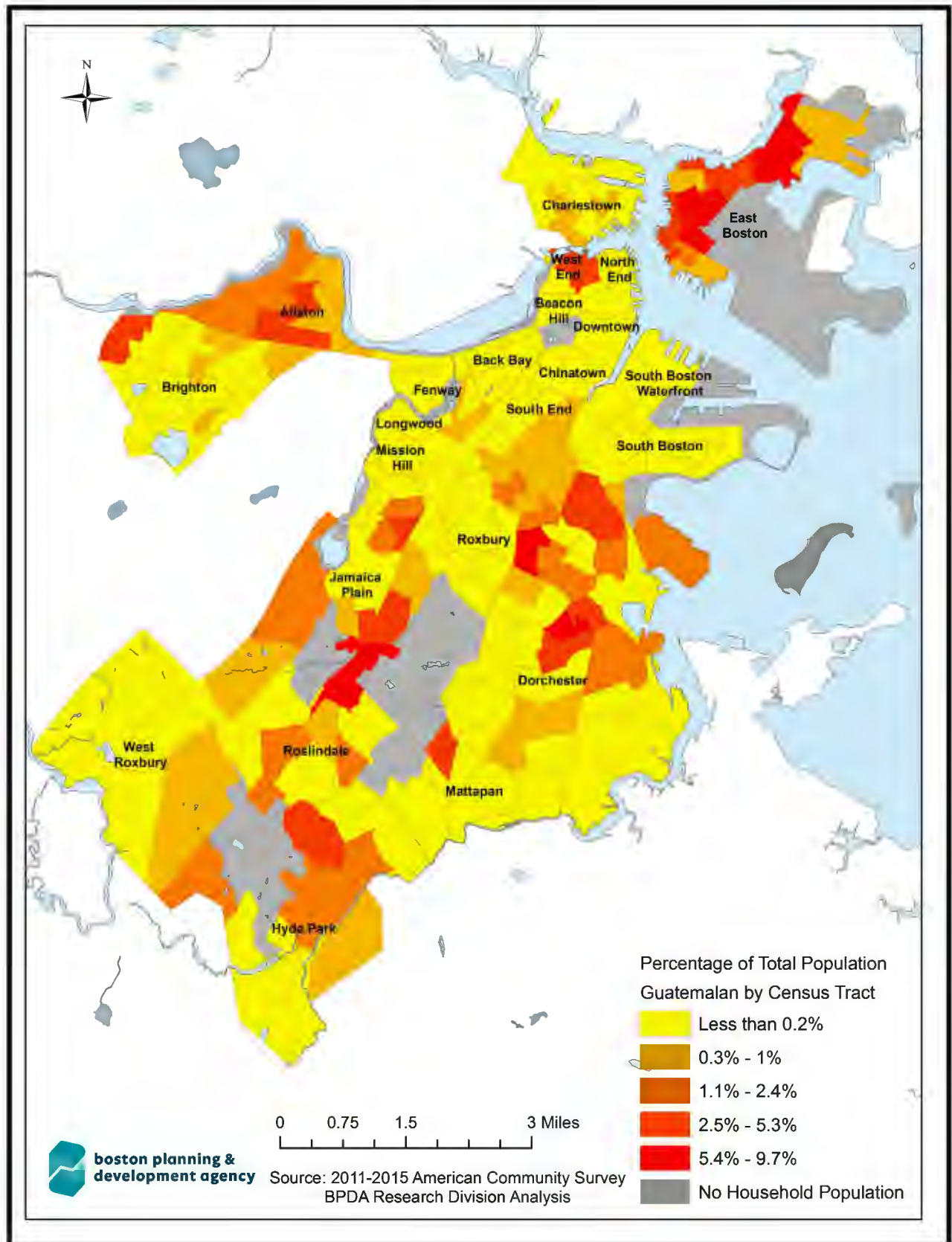
Car and Home Ownership



Transportation Mode to Work



Map of Guatemalans in Boston



Brazilians

in
Boston



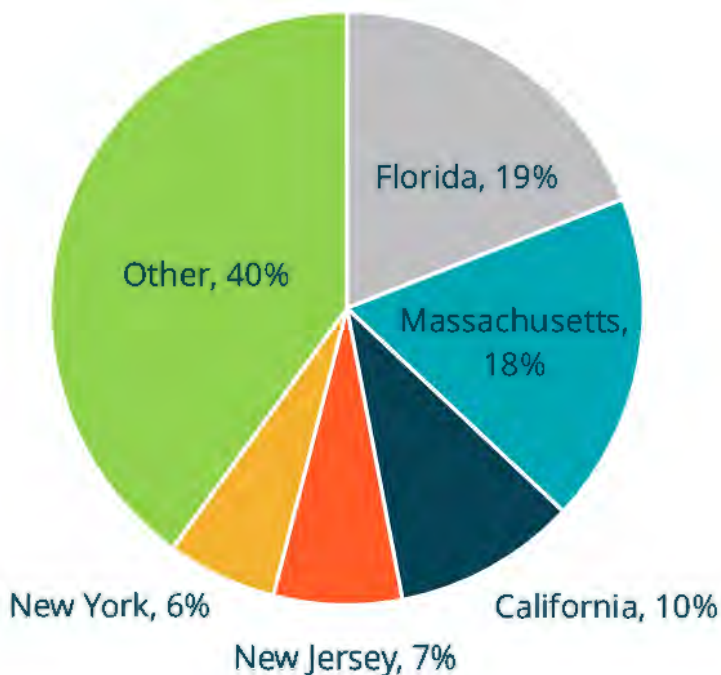
The Dewey Square mural (2012), by the Brazilian artist duo Os Gêmeos (twins Otávio and Gustavo Pandolfo), spray painted on a 25-metre wide wall on the occasion of their exhibition at the ICA in Boston (Photo by Bosc D'Anjou, retrieved from [flickr.com/photos/boscdanjou/](https://www.flickr.com/photos/boscdanjou/)).

Large-scale migration from Brazil began after the military coup in 1964 when thousands of Brazilians went into exile. Although most of these exiles returned to Brazil after the amnesty of 1979, the number of economic emigrants grew in the late 1980's when an economic crisis hit Brazil. The United States has been one of the main destinations of Brazilian emigration.

In 2015, 502,650 people with Brazilian origin lived in the United States.¹ With an estimated 90,903 Brazilians residing in Massachusetts, the state accounts for 18 percent of all Brazilians in the country.

Massachusetts has the second largest Brazilian population behind Florida (19 percent). Brazilian immigrants were initially attracted to existing Portuguese-speaking communities in Massachusetts. Nationally, California (10 percent) and Texas (5 percent) are other states with large Brazilian populations. In the Northeast, New Jersey (7 percent), New York (6 percent) and Connecticut (5 percent) also have large Brazilian populations.

Brazilians by State



The foreign-born Brazilian population in Metropolitan Boston increased rapidly during the 1990s and peaked before the recession of 2008-2009. Brazilians settled in cities and towns in eastern Massachusetts, especially in Boston, Framingham, Everett, and Somerville. Boston is now home to 5 percent of Massachusetts' Brazilian population.

¹ U.S. Census Bureau, 2015 1-year American Community Survey, BPDA Research Division Analysis

Brazilians in Boston

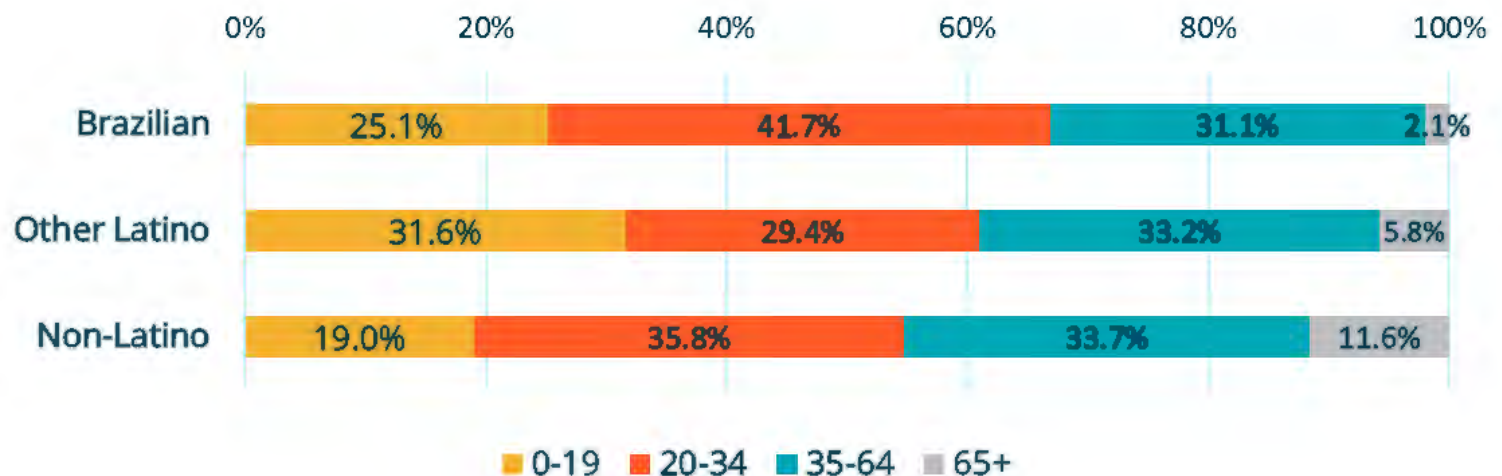


The American Community Survey reports that Boston's Brazilian population was 4,208 in 2015, down from 5,015 in 2010.² Accounting for 3 percent of all Latinos in Boston, Brazilians are the seventh largest Latino population in the city. Other Latino populations include Puerto Ricans (28 percent), Dominicans (24 percent), Salvadorans (11 percent), Colombians (6 percent), Mexicans (5 percent), and Guatemalans (3 percent).

Brazilians' median age of 29 years is older than other Latinos (28) but younger than non-Latinos (32).³ Brazilians are predominately female (55 percent), more so than other Latinos and non-Latinos, both of which are 52 percent female. About 41 percent of Brazilians are married, a higher share than the other groups.

The majority of Brazilians are foreign born (73 percent), and 30 percent of foreign-born Brazilians are naturalized U.S. citizens. Portuguese is the official language of Brazil, and 72% of Brazilians in Boston speak Portuguese at home. In addition, 61 percent of Brazilians over age five speak English very well. Younger Brazilians under age 35 are more likely to speak English very well (73 percent).

Age Distribution



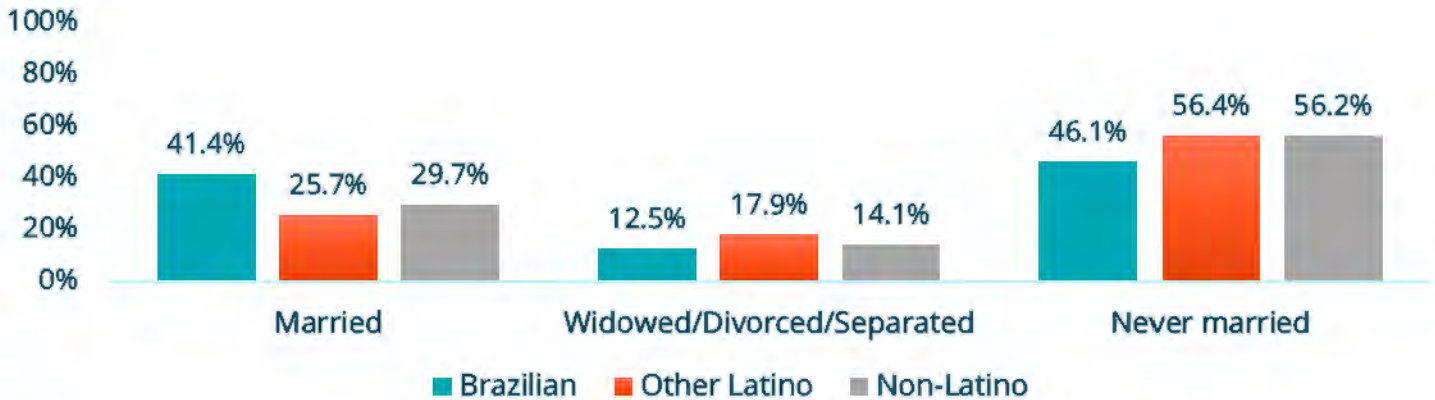
² U.S. Census Bureau, 2010 & 2015 1-year American Community Survey, BPDA Research Division Analysis

³ U.S. Census Bureau, 2011-2015 American Community Survey, BPDA Research Division Analysis

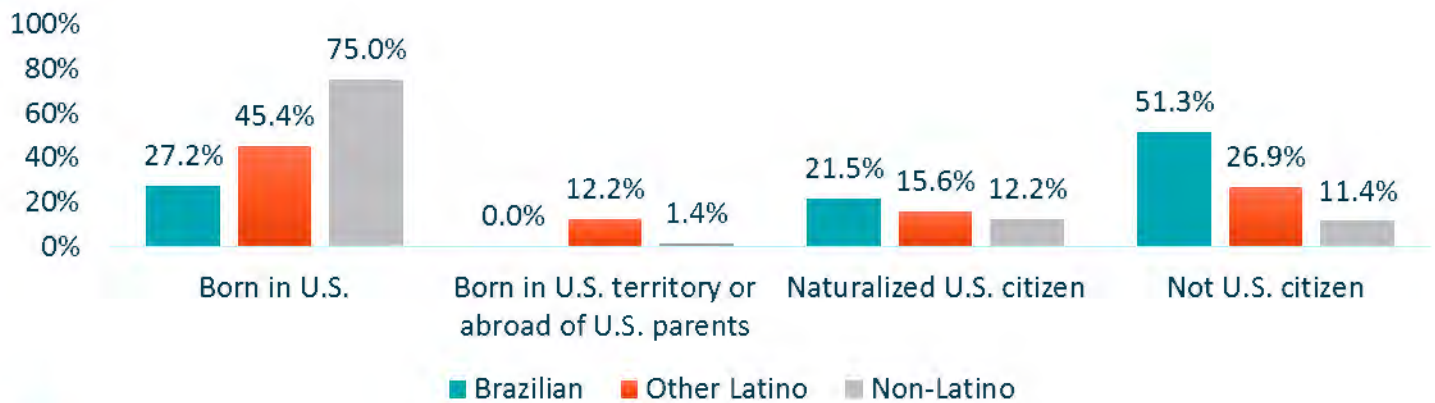
3% of Boston's Latinos are Brazilian



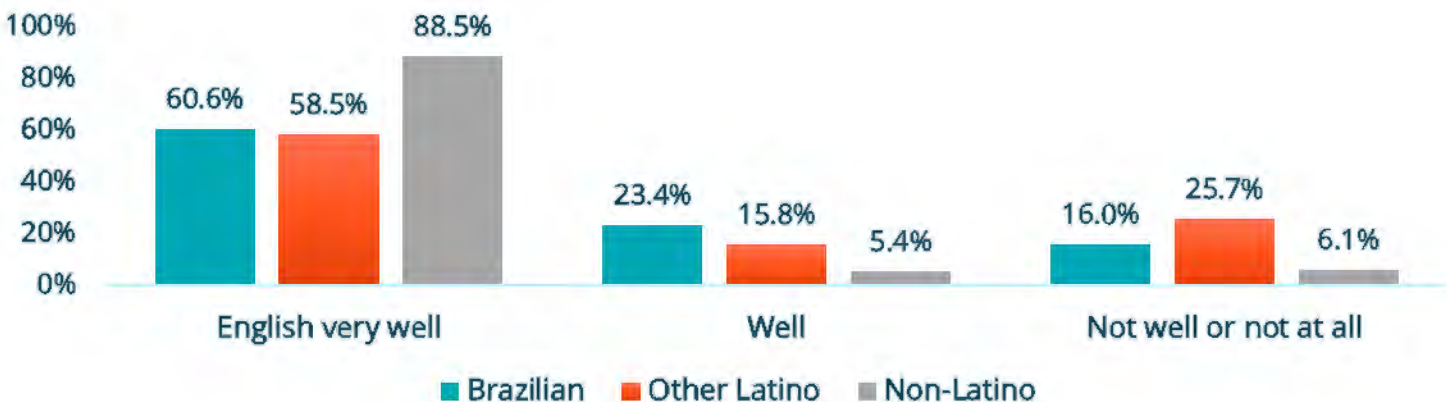
Marital Status (ages 15 and older)



Citizenship



English Proficiency (ages 5 and older)



Standard of Living

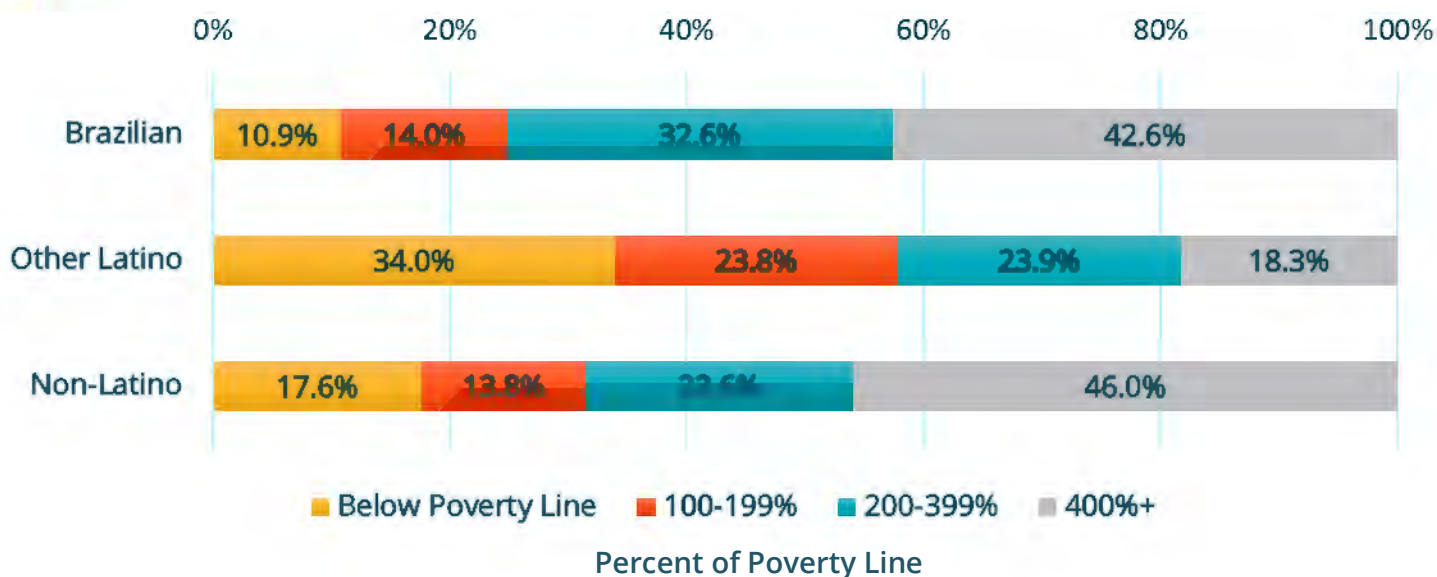


Brazilians in Boston have a higher standard of living than other Latino groups. Only 11 percent of Brazilians live below the Census poverty line, and 43 percent have achieved a middle class standard of living. A family income four times the poverty line is used as a proxy for a middle-class standard of living. The actual income needed to achieve this standard depends on family composition. For a two-person family in 2015, the poverty line is \$15,391, and a middle class income would need to be at least \$61,564. The median household income for Brazilian-headed households is \$61,000, and only 6 percent of Brazilians lack health insurance.

Brazilians have higher rates of home ownership (26 percent) than other Latino groups (16 percent). However, Brazilians are less likely to own their own home than non-Latinos, who have a home ownership rate of 37 percent.⁴ Almost 41 percent of Brazilians in Boston are housing burdened, meaning they must spend more than 30 percent of their household income on housing costs. This is a lower rate of housing burden than either non-Latinos or other Latino groups.

Approximately 68 percent of Brazilian households are families, and 39 percent of the households include children, compared to 20 percent of non-Latino households. The average household size is 2.6, larger than 2.1 for non-Latino households.

Individual Poverty Rates

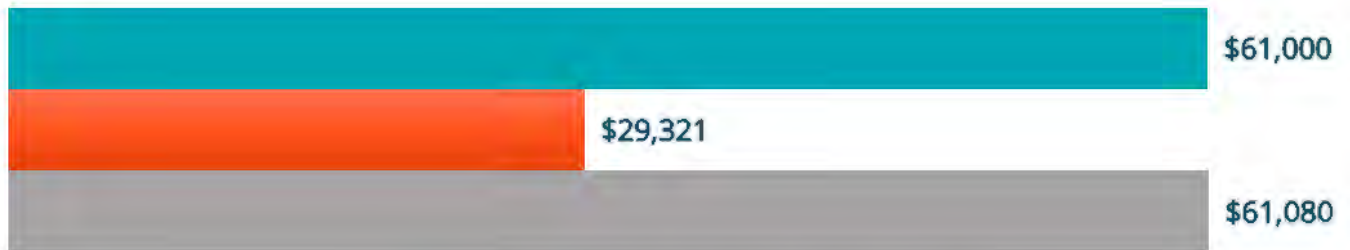


⁴ The ACS excludes households that are vacant, being bought, occupied without rent payment, have no household income or are group quarters when reporting owner/renter costs as a percentage of household income. Therefore, the sum of housing-burdened and non-housing-burdened households may not add exactly to the total number of homeowners/renters.

11% of Brazilians in Boston live in poverty

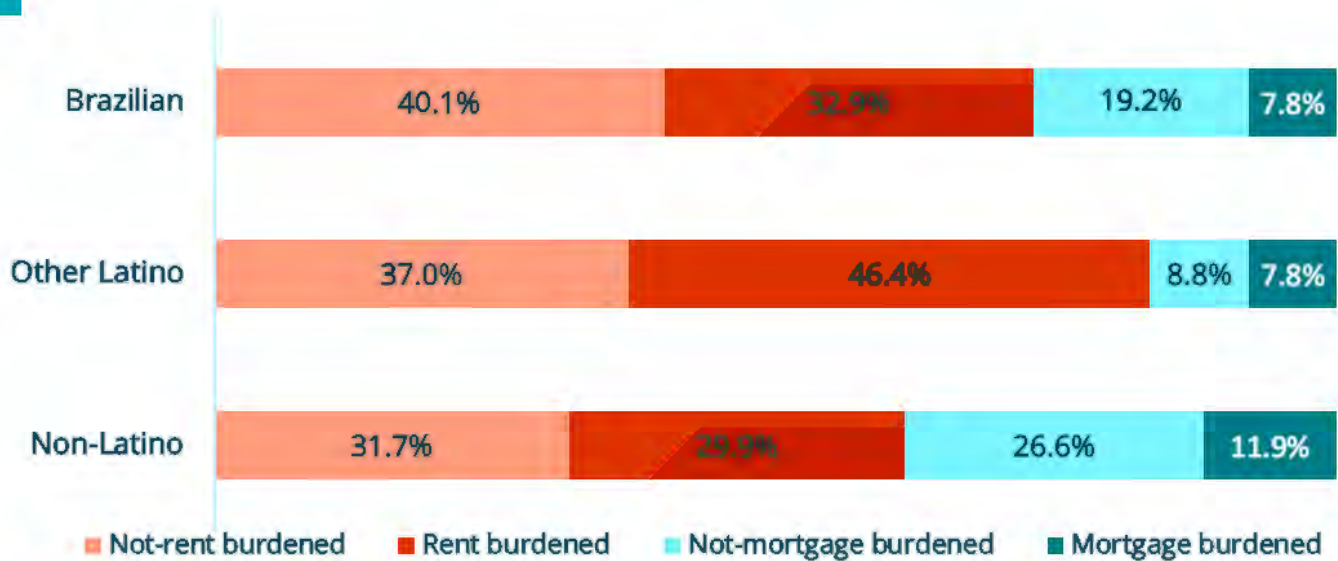


Median Household Income



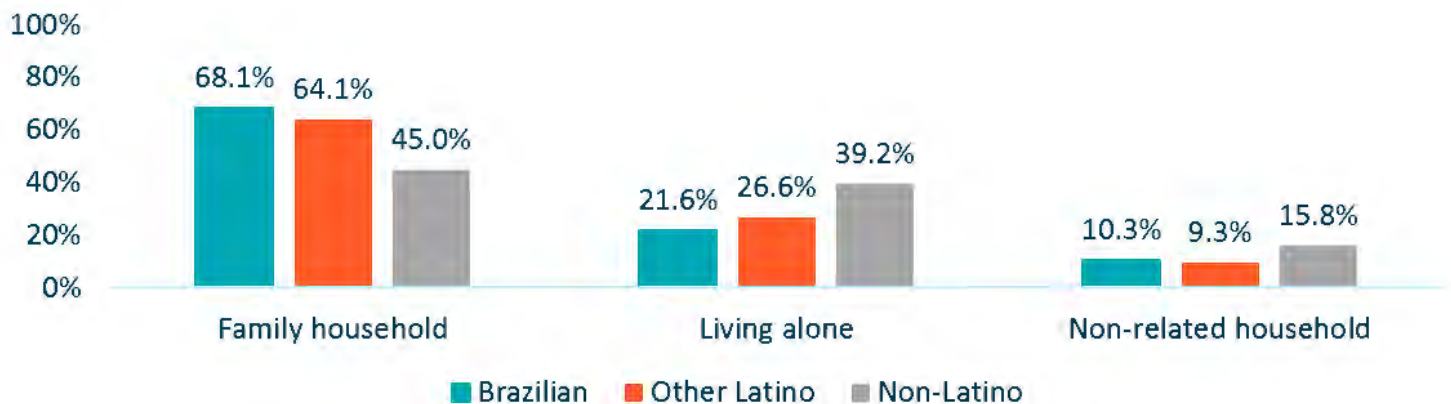
■ Brazilian ■ Other Latino ■ Non-Latino

Tenure and Housing Burden



■ Not-rent burdened ■ Rent burdened ■ Not-mortgage burdened ■ Mortgage burdened

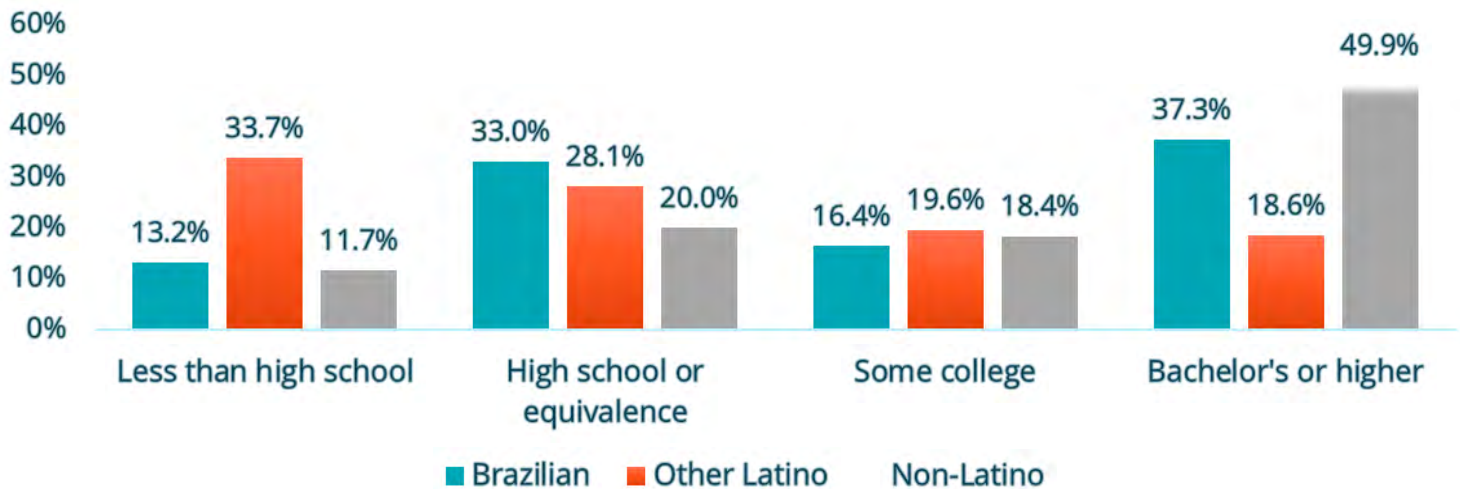
Household Type



■ Brazilian ■ Other Latino ■ Non-Latino



Educational Attainment (ages 25 and older)



Educational Attainment | The relatively high standard of living of Boston Brazilians is supported by their educational attainment. Only 13 percent of Brazilians lack a high school education, and 37 percent have a Bachelor's degree or higher. While this level of education is lower than non-Latinos, it is higher than other Latino groups.

School Enrollment | Brazilians make up less than one percent of both the pre-kindergarten through grade twelve enrollment and the college and university enrollment of Boston residents.

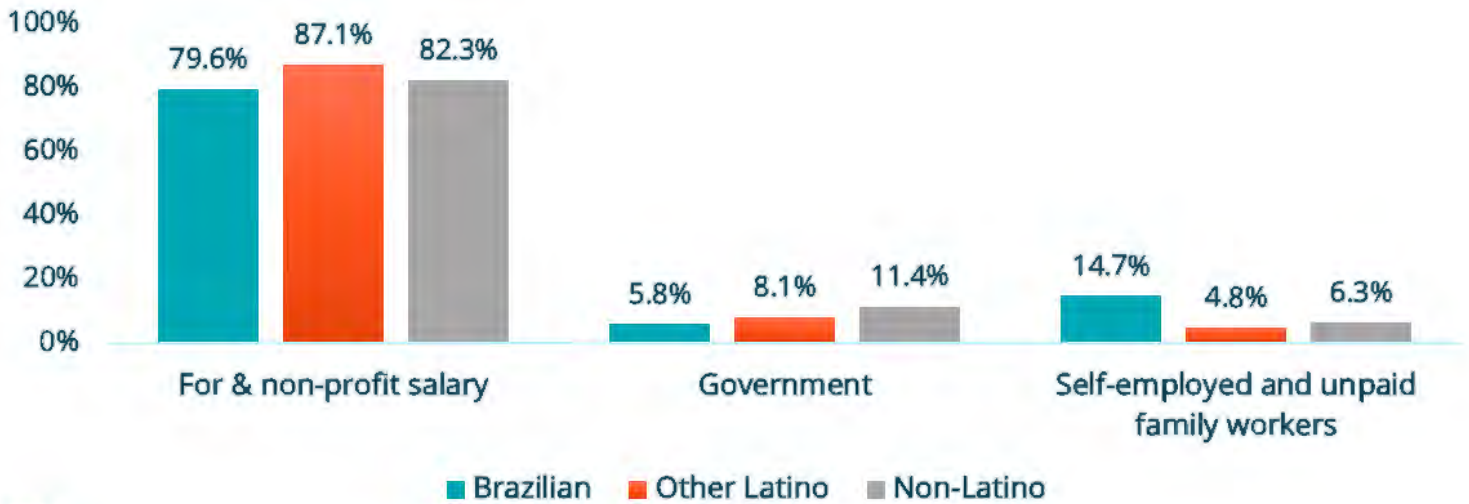
Labor Force Participation | About 71 percent of Brazilians ages 16 and over participate in the labor force. Labor force participation is higher for Brazilian men than women (81 percent vs. 60 percent).

Employment | A larger share of employed Brazilians (15 percent) are self-employed. More than 44 percent of employed Brazilians work in service occupations. Other leading occupational categories for Brazilians are managerial, professional, and healthcare practitioners (26 percent) and blue collar occupations (18 percent). Blue collar occupations include construction, transportation, production, installation, and maintenance occupations.

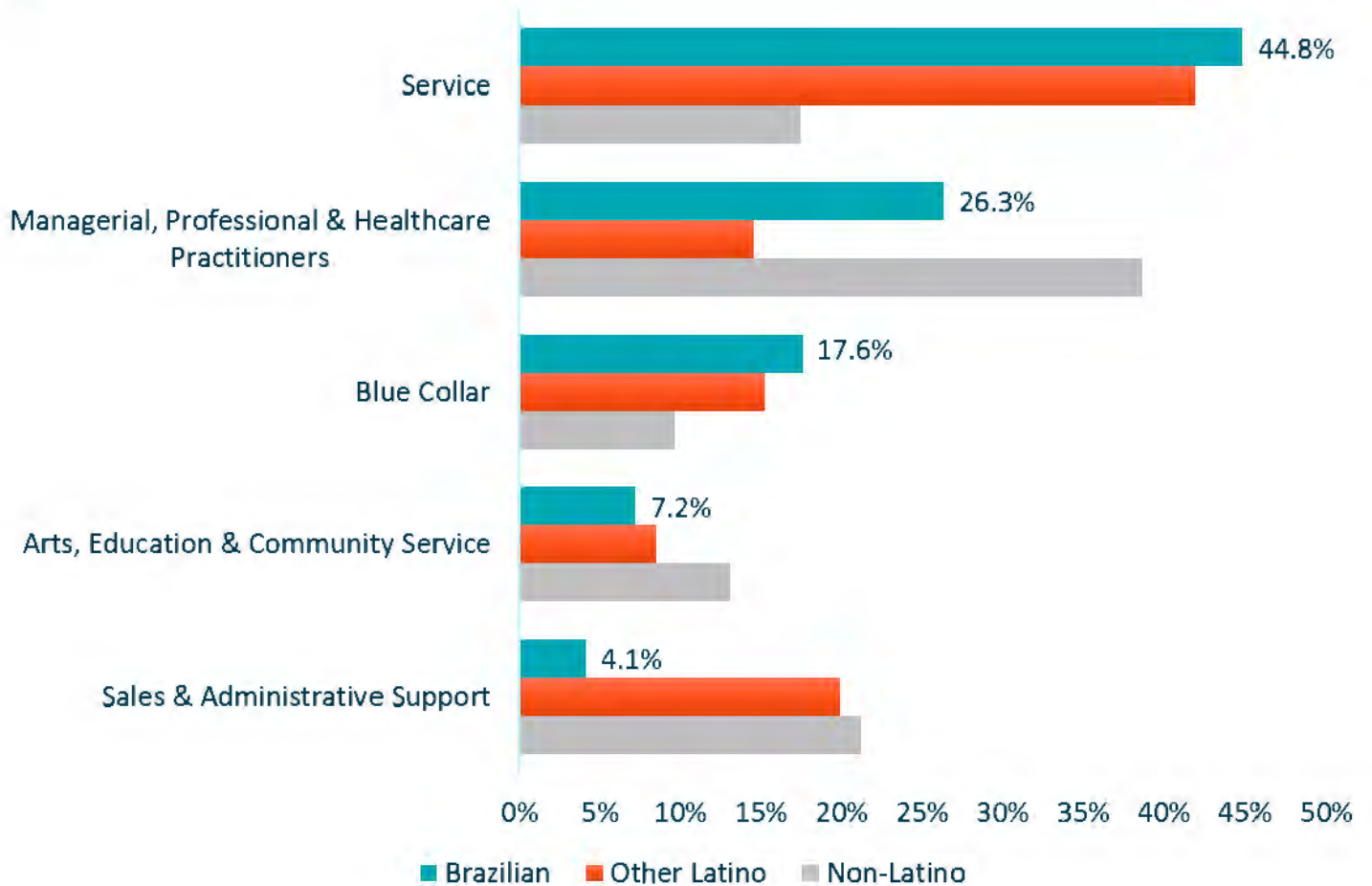


66% of Brazilians are employed

Employment Type (ages 16 and older)



Occupations of Employed Workers

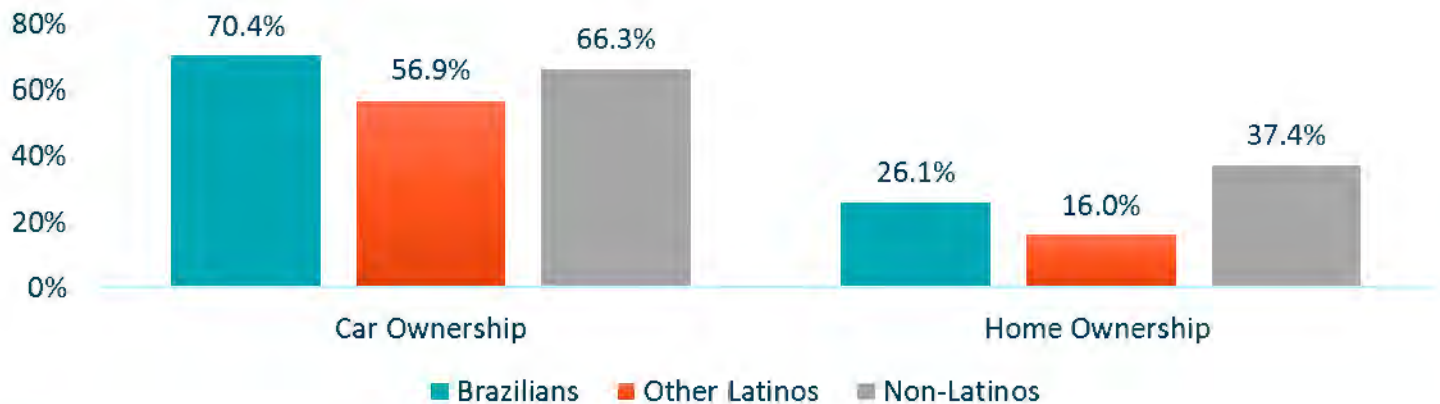


Transportation

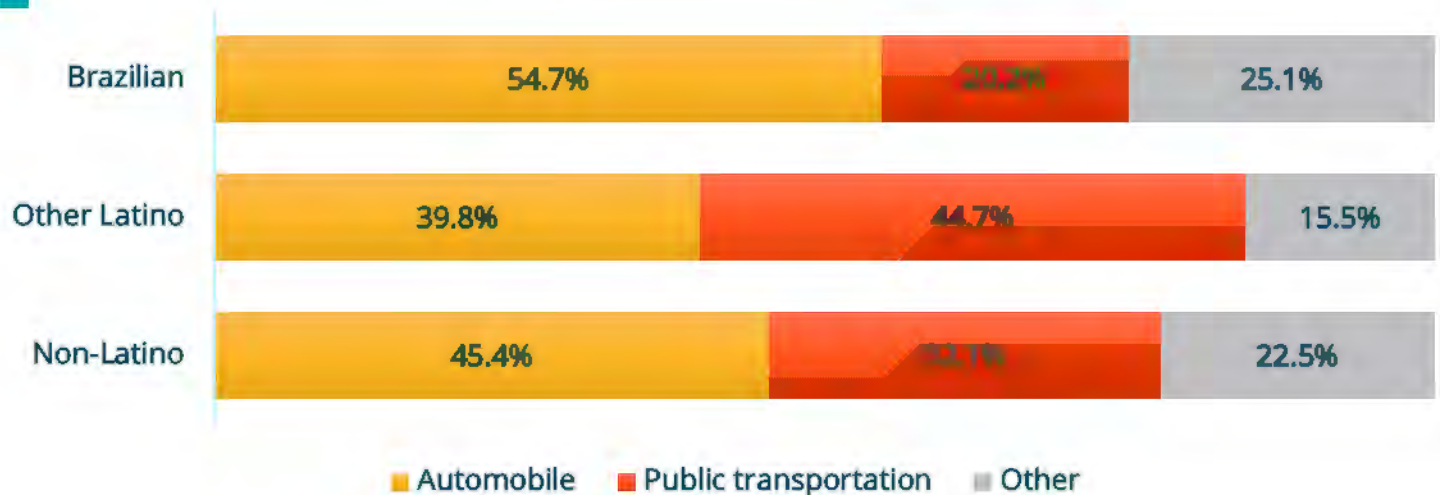


Brazilians are concentrated in East Boston, Allston, Brighton, and West Roxbury, as well as Jamaica Plain, Hyde Park, and South Boston. A smaller share of Brazilians (24 percent) work outside of Suffolk County than other Latinos (30 percent) and non-Latinos (33 percent). The average Brazilian commute time to work is 27 minutes, shorter than other groups. Only 20 percent of Brazilians travel to work on public transportation compared to 32 percent of non-Latinos and 45 percent of other Latinos. In contrast, 70 percent of Brazilian household own a car, and 55 percent of employed Brazilians commute by car.

Car and Homeownership



Transportation Type



Map of Brazilians in Boston

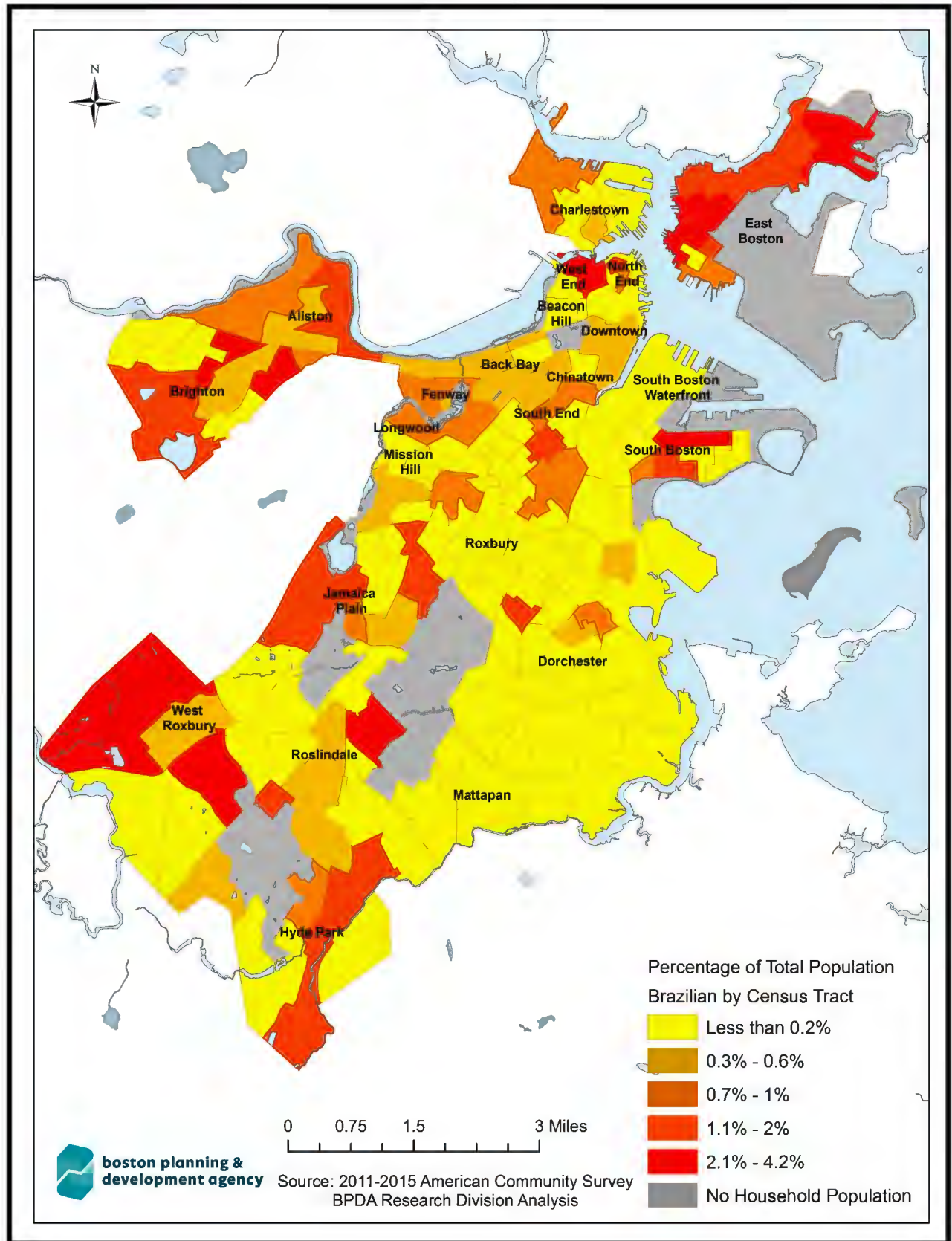


Exhibit 95



OFFICE OF REFUGEE RESETTLEMENT
Division of Children’s Services
LEGAL RESOURCE GUIDE – LEGAL SERVICE PROVIDER LIST FOR UAC IN ORR CARE

PART I: OVERVIEW

You have the right to retain any attorney that you choose, at no cost to the government, and are not limited to the legal service providers and attorneys on this list.

Legal Services for UAC in ORR Care and Custody

The Office of Refugee Resettlement (ORR) funds the organizations listed under the subheading “Legal Service Providers Funded by ORR” to provide you free legal assistance that includes teaching you about immigration court and your legal rights and conducting interviews to assess your eligibility for immigration relief to remain in the United States. The legal service providers may help to coordinate a referral to a pro bono (free) attorney to provide you with legal representation. You are not limited to using ORR funded legal service providers. You may also contact any of the organizations listed under the subheading “Other Legal Service Providers and Pro Bono Attorneys,” or any other legal service provider or attorney that you or your family choose.

Legal Services for UAC After They Have Been Released from ORR Care and Custody

ORR legal service providers may help to coordinate a referral to a pro bono (free) attorney for you to provide legal services to you. You may also contact the National Center for Refugee and Immigrant Children at:

<http://www.refugees.org/our-work/child-migrants/>

In addition, the following two resources list pro bono (free of charge) legal service providers by state:

Vera Institute of Justice Pro Bono Referral Resource Guide:

<https://www.vera.org/publications/unaccompanied-children-pro-bono-directory>

The U.S. Department of Justice Free Legal Services Providers List by State:

<http://www.justice.gov/eoir/probono/states.htm>

PART II: UAC SIGNATURE PAGE UPON ADMISSION

Upon admission, I received a copy of the following (initial each):

- _____ *Legal Service Provider List for UAC in ORR Care Part I Overview*
- _____ *Legal Service Provider List for UAC in ORR care/Legal Resource Guide (Espanol) Guia de Recursos Legales*
- _____ *Legal service providers and attorneys for the immigration court to which I must go*
- _____ *Notice to Juvenile Aliens in Federal Facilities Funded by DHS or HHS by Reason of Their Immigration Status*
- _____ *An Introduction to What you Need to Know about Your Rights and Responsibilities Under the Law*
- _____ *Notice of Rights and Provisions of Services*
- _____ *Know Your Rights Handout*
- _____ *CA Department of Social Services – Unaccompanied Children Legal Services Provider List (August 2016)*

UAC’s Signature

Date

Care Provider Staff/Witness and Name/Title

Date

PART III: UAC SIGNATURE PAGE UPON RELEASE

Upon release from the program, I received a copy of (please initial):

- _____ *Legal Service Provider List for UAC in ORR Care Part I Overview*
- _____ *Legal Service Providers and Attorneys for the Immigration Court to which I must go.*
- _____ *Notice to Juvenile Aliens in Federal Facilities Funded by DHS or HHS by Reason of Their Immigration Status*
- _____ *An Introduction to What you Need to Know about Your Rights and Responsibilities Under the Law*
- _____ *Notice of Rights and Provisions of Services*
- _____ *Know Your Rights Handout*
- *CA Department of Social Services – Unaccompanied Children Legal Services Provider List (August 2016)*

UAC’s Signature

Date

Care Provider Staff/Witness and Name/Title

Date

PART IV: STATE BY STATE LISTING OF LEGAL SERVICE PROVIDERS AND ATTORNEYS FOR UAC IN ORR CARE

ARIZONA

PHOENIX IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDERS FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Florence Immigrant and Refugee Rights Project (FIRRP) *Long term foster care and continued post-release representation available	Children’s Program	Address: 2025 N. 3 rd Street Ste 205 Phoenix, AZ 85004 Email: kids@firrp.org Phone: (602) 307-1008
POST-RELEASE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDERS FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Florence Immigrant and Refugee Rights Project (FIRRP)	N/A	Address: 2025 N. 3 rd Street Ste 205 Phoenix, AZ 85004 Email: kids@firrp.org Phone: (520) 868-0191
OTHER LEGAL SERVICE PROVIDERS AND PRO BONO ATTORNEYS		
Legal Service Provider	Contact Name	Contact Information
Arizona State University Immigration Law and Policy Clinic * Arizona long term foster care only	Claudia Diaz Castro	Address: 111 East Taylor Street, 3 rd Floor Phoenix, AZ 85004 Email: Claudia.diaz.castro@asu.edu Phone: (480) 727-9274

TUCSON IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDERS FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Florence Immigrant and Refugee Rights Project (FIRRP) * Continued post-release representation available	Children’s Program	Address: 738 N 5th Ave, #103 Tucson, AZ 85705 Email: kids@firrp.org Phone: (520) 203-7912

CALIFORNIA

SAN FRANCISCO IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDERS FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Legal Services for Children (LSC) *Continued post-release representation available	Erin Maxwell	Address: 1254 Market Street, 3 rd Floor San Francisco, CA 94102 Email: ErinM@lsc-sf.org Phone: (415) 863-3762, Ext. 308
Kids in Need of Defense (KIND)	N/A	Email: infosanfrancisco@supportkind.org Phone: (415) 694-7389

POST-RELEASE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDERS FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Community Legal Services in East Palo Alto	Helen Beasley	Address: 2117-B University Avenue East Palo Alto, CA 94303 Email: helen@clsepa.org Phone: (650) 391-0350
OTHER LEGAL SERVICE PROVIDERS AND PRO BONO ATTORNEYS		
Legal Service Provider	Contact Name	Contact Information
Asian Pacific Islander Legal Outreach	Leah Price	Address: 1121 Mission Street San Francisco, CA 94103 Email: lprice@apilegaloutreach.org Phone: (415) 567-6255

Central American Resource Center (CARECEN) San Francisco Office	Gladys Rodriguez	Address: 3101 Mission Street Suite 101 San Francisco, CA 94110 Email: laura@carecensf.org Phone: (415) 642-4400
Immigration Center for Women and Children San Francisco Office *SIJS, U-Visa, and VAWA Cases	Grace Mandry	Address: 3543 18 th Street, Suite #32 San Francisco, CA 94110 Email: grace@icwclaw.org Phone: (415) 861-1449
Lawyers' Committee for Civil Rights of the San Francisco Bay Area	Silvia Contreras	Address: 131 Steuart Street, Suite 400 San Francisco, CA 94105 Email: scontreras@lccr.com Phone: (415) 543-9444, Ext. 202
Sacramento Employment Training Agency – Rescue/Restore Program *Trafficking Victim Cases	Mary Jennings	Address: 925 Del Paso Boulevard Sacramento, CA 95815 Email: mjennin@delpaso.seta.net Phone: (916) 263-1555
Community Legal Services in East Palo Alto	Helen Beasley	Address: 2117-B University Avenue East Palo Alto, CA 94303 Email: helen@clsepa.org Phone: (650) 391-0350
Legal Services for Children (LSC)	N/A	Address: 1254 Market Street, 3 rd Floor San Francisco, CA 94102 Phone: 415-863-3762
LEGAL SERVICE PROVIDERS FUNDED BY STATE OF CALIFORNIA		
Legal Service Provider	Contact Name	Contact Information
Asian Pacific Islander Legal Outreach	Dean Ito Taylor	Address: 1121 Mission Street San Francisco, CA 94103 1305 Franklin Street Oakland, CA 94612 Phone: (415) 567-6255

California Rural Legal Assistance Foundation, Inc. (CRLAF)	Amagda Perez	Address: 2210 K Street, Suite 201 Sacramento, CA 95814 Email: aperez@crlaf.org Phone: (916) 446-7904, Ext. 101
Catholic Charities CYO – Refugee and Immigrant Services *San Francisco, Marin, and San Mateo Counties Only	Diana A. Otero Francisco J. Gonzalez	<u>Diana A. Otero</u> Address: 36 37th Avenue San Mateo, CA 94403 Email: (650) 295-2160 Phone: dotero@catholiccharitiesSF.org <u>Francisco J. Gonzalez</u> Address: 990 Eddy Street San Francisco, CA 94109 Email: fgonzalez@catholiccharitiessf.org Phone: (415) 972-1313
Catholic Charities of the East Bay – West County Service Center *Alameda and Contra Costa Counties Only	Christopher Martinez	Address: 217 Harbour Way Richmond, CA 94801 Email: cmartinez@cceb.org Phone: (510) 234-5110
Central American Resource Center (CARECEN)	Lariza Dugan-Cuadra	Address: 3101 Mission Street, Suite 101 San Francisco, CA 94110 Phone: (415) 642-4417
Centro Legal de la Raza	Eleni Wolfe-Roubatis	Address: 3022 International Blvd, Suite 410 Oakland, CA 94601 Phone: (510) 437-9111
Community Legal Services in East Palo Alto	Helen Beasley	Address: 2111(A) University Ave East Palo Alto, CA 94303 Email: helen@clsepa.org Phone: (650) 391-0350
East Bay Community Law Center *Alameda County Only	N/A	Address: 2921 Adeline Street Berkeley, CA 94703 Phone: (510) 584-4040, Ext. 395

San Joaquin College of Law – New American Legal Clinic	Gregory Olson	Address: 901 Fifth Street Clovis, CA 93612 Email: golson@sjcl.edu Phone: (559) 323-2100
U.C. Davis School of Law Clinical Program	Leticia Saucedo	Address: 400 Mrak Hall Drive Davis, CA 95616 Phone: (530) 752-3426
University of San Francisco – Immigration Law Clinical Programs	Bill Hing Jacqueline Brown Scott	Address: 2130 Fulton Street San Francisco, CA 94117 Email: bhing@usfca.edu (Bill) jacqueline@brownscottlaw.com (Jacqueline) Phone: (415) 422-3330

SAN DIEGO IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Casa Cornelia Law Center *Continued post-release representation available	Matthew Cannon Elizabeth Camarena	Address: 2760 Fifth Avenue, Suite 200 San Diego, CA 92103 Email: mcannon@casacornelia.org (Matthew Cannon) ecamarena@casacornelia.org (Elizabeth Camarena) Phone: (619) 231-7788, Ext. 323 (Matthew Cannon) (619) 231-7788, Ext. 326 (Elizabeth Camarena)

POST-RELEASE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY STATE OF CALIFORNIA		
Legal Service Provider	Contact Name	Contact Information

Casa Cornelia Law Center	Matthew Cannon Elizabeth Camarena	Address: 2760 Fifth Avenue, Suite 200 San Diego, CA 92103 Email: mcannon@casacornelia.org (Matthew) ecamarena@casacornelia.org (Elizabeth) Phone: (619) 231-7788, Ext. 326 (Matthew Cannon)
Legal Aid Foundation of Los Angeles * Serves Southern California	Kate Marr	Address: 1102 Crenshaw Blvd Los Angeles, CA 90019 Phone: (213) 640-3845
Catholic Charities of the East Bay West County Service Center *Alameda and Contra Costa Counties Only	Matt Weisner	Address: 217 Harbour Way Richmond, CA 94801 Email: mweisner@cceb.org Phone: (510) 439 -4261
LEGAL SERVICE PROVIDERS FUNDED BY DOJ/EOIR		
Legal Service Provider	Contact Name	Contact Information
Casa Cornelia Law Center	Elizabeth Camarena	Address: 2760 Fifth Avenue, Suite 200 San Diego, CA 92103 Email: ecamarena@casacornelia.org Phone: (619) 231-7788, Ext. 326

LOS ANGELES IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Immigrant Defenders Law Center *Long term foster care and continued post-release representation available	Sofia Teodoro	Address: 634 S. Spring Street, 10 th Floor Los Angeles, CA 90014 Email: Sofia@immdef.org Phone: (213) 634-0999

POST-RELEASE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Immigrant Defenders Law Center	Tania Karina Vargas	Address: 634 S. Spring Street, 10 th Floor Los Angeles, CA 90014 Email: Tania@immdef.org Phone: (213) 634-0999
Central American Resource Center (CARECEN)	Gina Manciatì	Address: 2845 W 7 th Street Los Angeles, CA 90005 Email: gmanciatì@carecen-la.org Phone: (213) 385-7800 (213) 892-2065
Kids in Need of Defense (KIND)	N/A	Email: infosangeles@supportkind.org Phone: (214) 892-2043
Public Counsel	N/A	Address: 610 South Ardmore Avenue Los Angeles, CA 90005 Phone: (213) 385-2977 ext. 275
OTHER LEGAL SERVICE PROVIDERS AND PRO BONO ATTORNEYS		
Legal Service Provider	Contact Name	Contact Information
Immigration Center for Women and Children Los Angeles Office *SIJS, U-Visa, and VAWA cases	Marina Serrano	Address: 634 South Spring Street, Suite 727 Los Angeles, CA 90014 Email: marina@icwclaw.org Phone: (213) 614-1165 Ext. 1331
LEGAL SERVICE PROVIDER FUNDED BY STATE OF CALIFORNIA		
Legal Service Provider	Contact Name	Contact Information
Catholic Charities of Los Angeles – Esperanza Immigrant Rights Project *Los Angeles, Ventura, and Santa Barbara Counties Only	Miguel Mexicano	Address: 1531 James M. Wood Blvd. Los Angeles, CA 90015 Email: mmexicano@ccharities.org Phone: (213) 251-3532

International Institute of Los Angeles	Robert J. Foss	Address: 435 S Boyle Avenue Los Angeles, CA 90033 Phone: (323) 264-6217
Kids in Need of Defense (KIND)	N/A	Email: info@supportkind.org Phone: (213) 892-2043 (213) 892-2065
Legal Aid Foundation of Los Angeles	Kate Marr	Address: 1102 Crenshaw Blvd Los Angeles, CA 90019 Phone: (213) 640-3845
Los Angeles Center for Law and Justice	Gladys La Torre	Address: 1241 S Soto Street, Suite 102 Los Angeles, CA 90023 Email: gladys@lclj.org Phone: (323) 980-3500, Ext. 20
Neighborhood Legal Services of Los Angeles County	Yvonne Maria Jimenez	Address: 1102 East Chevy Chase Drive Glendale, CA 91205 Phone: (818) 834-7531
Public Law Center	Kenneth Babcock	Address: 601 Civic Center Drive West Santa Ana, CA 92701 Phone: (714) 541-1010, Ext. 272

COLORADO

DENVER IMMIGRATION COURT

POST-RELEASE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDERS FUNDED BY DOJ/EOIR		
Legal Service Provider	Contact Name	Contact Information
Catholic Charities of Denver Immigration Services	Cheryl Martinez-Gloria	Email: cmartinezgloria@ccdenver.org
Rocky Mountain Immigration Advocacy Network (RMIAN), Children’s Program (Westminster)	Ashley Harrington	Address: 3489 West 72 nd Avenue, Suite 211 Westminster, CO 80030 Email: aharrington@rmian.org Phone: (720) 370-9104

CONNECTICUT

HARTFORD IMMIGRATION COURT

POST-RELEASE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDERS FUNDED BY DOJ/EOIR		
Legal Service Provider	Contact Name	Contact Information
Connecticut Legal Services	Joanne Lewis	Address: 16 Main Street New Britain, CT 06051 Email: jlewis@connlegalservices.org Phone: (860) 357-9302

FLORIDA

MIAMI IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Americans for Immigrant Justice (AI Justice) *Continued post-release representation available	Jennifer Anzardo Valdes	Address: 3000 Biscayne Boulevard, Suite 400 Miami, FL 33137 Email: janzardo@aijustice.org Phone: (305) 573-1106, Ext. 1680
POST-RELEASE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Catholic Charities Legal Services of Miami	Kristie-Anne Padron Gracia Cuzzi Daniella Palmiotto	Address: 28 West Flagler Street, Suite 1000 Miami, FL 33130 Email: kpadron@cclsmiami.org Gcuzzi@cclsmiami.org dpalmiotto@cclsmiami.org Phone: (305) 373-1073 Ext. 213 (305) 373-1073 ext. 225
LEGAL SERVICE PROVIDERS FUNDED BY DOJ/EOIR		
Legal Service Provider	Contact Name	Contact Information
Catholic Charities Legal Services of Miami	Randolph McGrorty	Address: 25 SE 2 nd Avenue, Suite 220 Miami, FL 33131 Email: rmcgrorty@cclsmiami.org (Randolph McGrorty) Phone: (305) 373-1073, Ext. 201 (Randolph McGrorty)

ORLANDO IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Gulfcoast Legal Services	Adriana Dinis	Address: 501 1st Avenue North, Ste 420 St. Petersburg, FL 33701 Email: adrianad@gulfcoastlegal.org Phone: (727) 821-0726 Ext. 243

GEORGIA

ATLANTA IMMIGRATION COURT

POST-RELEASE LEGAL SERVICE PROVIDERS		
OTHER LEGAL SERVICE PROVIDERS AND PRO BONO ATTORNEYS		
Legal Service Provider	Contact Name	Contact Information
Access To Law, Inc. *Serves Atlanta, GA, Norcross, GA, and the state of Alabama	Rebeca Salmon	Address: 2415 Beaver Ruin Road, Ste B Norcross, GA 30071 Email: rsalmon@accesstolawfoundation.org Phone: (770) 685-1499
Catholic Charities of the Archdiocese of Atlanta, Inc. – Immigration Services	Jennifer Bensman	Address: 2305 Parklake Drive, Suite 150 Atlanta, GA 30345 Email: jbensman@catholiccharitiesatlanta.org Phone: (678) 222-3932
Kids in Need of Defense (KIND)	N/A	infoatlanta@supportkind.org Phone: (404) 885-3629
LEGAL SERVICE PROVIDERS FUNDED BY DOJ/EOIR		
Legal Service Provider	Contact Name	Contact Information
Catholic Charities of the Archdiocese of Atlanta, Inc. – Immigration Services	Jennifer Bensman,	Address: 2305 Parklake Drive Atlanta, GA 30345 Email: jbensman@catholiccharitiesatlanta.org (Jennifer Bensman) Phone: (678) 222-2932 (Jennifer Bensman)
The Latin American Association, Inc.	Jessica Daman	Address: 2750 Buford Highway NE Atlanta, GA 30324 Email: jdaman@thelaa.org Phone: (404) 638-0395

ILLINOIS

CHICAGO IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
National Immigrant Justice Center (NIJC) *Chicago Immigration Court *Long term foster care and continued post-release representation available	Immigrant Children’s Protection Project	Address: 208 S. La Salle Street, Suite 1300 Chicago, IL 60604 Email: njckids@heartlandalliance.org Phone: (312) 660-1331
POST-RELEASE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDERS FUNDED BY DOJ/EOIR		
Legal Service Provider	Contact Name	Contact Information
National Immigrant Justice Center (NIJC)	N/A	Address: 208 S. La Salle Street, Suite 1300 Chicago, IL 60604 Email: njckids@heartlandalliance.org Phone: (773) 672-6550

KANSAS

KANSAS CITY IMMIGRATION COURT

POST-RELEASE LEGAL SERVICE PROVIDERS		
OTHER LEGAL SERVICE PROVIDERS AND PRO BONO ATTORNEYS		
Legal Service Provider	Contact Name	Contact Information
The Clinic *Also serves children residing in Missouri	Genevra Alberti	Address: 515 Avenida Cesar E. Chavez Kansas City, MO 64108 Email: genevra@theclinicc.org Phone: (816) 994-2300

LOUISIANA**NEW ORLEANS IMMIGRATION COURT**

POST-RELEASE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Catholic Charities of New Orleans Unaccompanied Children’s Programs, Immigration Services	Silvia Haughton	Address: 4200 South 1-10 Service Road West, Suite 110 Metairie, LA 70001 Phone: (504) 310-8761
OTHER LEGAL SERVICE PROVIDERS AND PRO BONO ATTORNEYS		
Legal Service Provider	Contact Name	Contact Information
El Pueblo	Annie Johnston	Address: 856 Division Street Biloxi, MS 39530 Email: ajohnston@elpueblo-ms.org Phone (228) 436-3986
Louisiana State University Law Clinic – Immigration Clinic	Lauren Aronson	Address: LSU Law Clinic LSU Box 25080 Baton Rouge, LA 70803 Email: lauren.aronson@law.lsu.edu Phone: (225) 578-2071
Catholic Charities of the Diocese of Baton Rouge	Annie Allen	Address: 1900 South Acadian Thruway Baton Rouge, LA 70808 Email: aallen@ccdibr.org Phone: (225) 346-0660

OAKDALE IMMIGRATION COURT

POST-RELEASE LEGAL SERVICE PROVIDERS		
OTHER LEGAL SERVICE PROVIDERS AND PRO BONO ATTORNEYS		
Legal Service Provider	Contact Name	Contact Information
Louisiana State University Law Clinic – Immigration Clinic	Lauren Aronson	Address: LSU Law Clinic LSU Box 25080 Baton Rouge, LA 70803 Email: lauren.aronson@law.lsu.edu Phone: (225) 578-2071

MARYLAND

BALTIMORE IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Capital Area Immigrants’ Rights Coalition (CAIR) *Long term foster care and continued post-release representation available	Nithya Nathan-Pineau	Address: 1612 K Street NW, Suite 204 Washington, DC 20006 Email: nithya@caircoalition.org Phone: (202) 331-3320, Ext. 29

POST-RELEASE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Associated Catholic Charities, Inc. – Esperanza Center	Susan Pazos	Address: 430 S Broadway Baltimore, MD 21231 Email: spazos@cc-md.org Phone: (443) 825-3429
Ayuda	N/A	Address: 6925 B Willow Street NW Washington, DC 20012 Phone: (202) 387-4848
Kids in Need of Defense (KIND)	N/A	Email: infobaltimore@supportkind.org Phone: (443) 470-9437

LEGAL SERVICE PROVIDERS FUNDED BY DOJ/EOIR		
Legal Service Provider	Contact Name	Contact Information
Catholic Charities of the Archdiocese of Washington, DC	N/A	Address: 12247 Georgia Avenue Silver Spring, Maryland 20902 Email: LOPC@catholiccharitiesdc.org Phone: (202) 465-9245
Equal Justice Works	Qudsiya Naqui	Address: 1730 M Street NW, Suite 1010 Washington, DC 20036 Email: qnaqui@equaljusticeworks.org Phone: (202) 466-3686, Ext. 142
Kids in Need of Defense (KIND)	N/A	Email: infobaltimore@supportkind.org Phone: (443) 470-9437

MASSACHUSETTS

BOSTON IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Ascentria Care Alliance – Immigration Legal Assistance Program *Long term foster care only	Dayanna Moreno	Address: 11 Shattuck Street Worcester, MA 01605 Email: dmoreno@ascentria.org Phone: (774) 243-3029
POST-RELEASE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Kids in Need of Defense (KIND)	N/A	Email: infoboston@supportkind.org Phone: (617) 207-4138
OTHER LEGAL SERVICE PROVIDERS AND PRO BONO ATTORNEYS		
Legal Service Provider	Contact Name	Contact Information
Greater Boston Legal Services – Immigration Unit	Jane Rocamura	Address: 197 Friend Street Boston, MA 02114 Email: jrocamura@gbls.org Phone: (617) 603-1808
Harvard Immigration and Refugee Clinic – Clinic of Greater Boston Legal Services	Jane Rocamora	Address: 197 Friend Street Boston, MA 02114 Email: jrocamora@gbls.org Phone: (617) 603-1808

South Royalton Legal Clinic	Erin Jacobsen	Address: 190 Chelsea Street, P.O. Box 117 South Royalton, VT 05068 Email: ejacobsen@vermontlaw.edu Phone: (802) 831 1500
Association of Africans Living in Vermont	Michele Jenness	Address: 20 Allen Street, FL 3 Burlington, VT 05401 Email: jenness@gmavt.net Phone: (802) 359-2067
Catholic Charities Refugee and Immigration Services		Address: 275 West Broadway South Boston, MA 02127 Phone: (617) 464-8100
Catholic Social Services of Fall River, Inc.	Schuyler Pisha	Address: 1600 Bay Street Fall River, MA 02724 Email: spisha@cssdioc.org Phone: (508) 674-4681
Children’s Law Center of Massachusetts		Address: 298 Union Street, 2 nd Floor Lynn, MA 01901 Phone: (781) 224-1433
Community Legal Aid		Address: 405 Main Street, 4 th Floor Worcester, MA 01608 Phone: (508) 752-3718
Community Legal Aid		Address: One Monarch Place, Suite 400 Springfield, MA 01144 Phone: (413) 781-7814

Community Legal Services Counseling Center		Address: One West Street Cambridge, MA 02139 Phone: (617) 661-1010
Justice Center of Southeast Massachusetts, LLC Subsidiary of South Coastal Counties Legal Services, Inc.		Address: 231 Main Street, Ste 201 Brockton, MA 02301-4342 Phone: (508) 586-2110
MetroWest Legal Services		Address: 63 Fountain Street, Ste 304 Framingham, MA 01702 Phone: (508) 620-1830
Political Asylum/Immigration Representation Project (PAIR)		Address: 98 North Washington Street, Ste 106 Boston, MA 02114 Phone: (617) 741-9296
University of Massachusetts School of Law- Dartmouth Immigration Law Clinic		Address: 333 Faunce Corner Road Dartmouth, MA 02747 (508) 985-1174
LEGAL SERVICE PROVIDERS FUNDED BY DOJ/EOIR		
Legal Service Provider	Contact Name	Contact Information
Kids in Need of Defense (KIND)	N/A	Email: infoboston@supportkind.org Phone: (617) 207-4138

MICHIGAN**DETROIT IMMIGRATION COURT**

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Michigan State University College of Law – Immigration Law Clinic *Long term foster care and continued post-release representation available	Veronica Thronson	Address: 610 Abbot Road East Lansing, MI 48823 Email: veronica.thronson@law.msu.edu Phone: (517) 336-8088 / (517) 913-9677
POST-RELEASE LEGAL SERVICE PROVIDERS		
OTHER LEGAL SERVICE PROVIDERS AND PRO BONO ATTORNEYS		
Legal Service Provider	Contact Name	Contact Information
Ford Motor Company	Jane Regan	Address: One American Road, Ste 403-A1 Dearborn, MI 48126 Email: jregan18@ford.com Phone: (313) 248-6866
Justice for Our Neighbors (JFON)	Katrina Pradelski	Address: 207 Fulton Street East Grand Rapids, MI 49503 Email: jfon_assist@jfonwestmichigan.org Phone: (616) 301-7461
Miller Canfield	Kristen Niemi	Address: 840 W. Long Lake Road, Suite 200 Troy, MI 48098 Phone: (248) 267-3270

National Immigrant Justice Center (NIJC)	Mary Roche	Address: 208 S. La Salle Street, Suite 1818 Chicago, IL 60604 Email: mroche@heartlandalliance.org Phone: (312) 660-1331
LEGAL SERVICE PROVIDERS FUNDED BY DOJ/EOIR		
Legal Service Provider	Contact Name	Contact Information
Michigan Immigrants Rights Center	Susan Reed	Address: 420 N 4 th Avenue Ann Arbor, MI 48104 Email: susanree@michiganimmigrant.org Phone: (269) 492-7196

MISSOURI

KANSAS CITY IMMIGRATION COURT

POST-RELEASE LEGAL SERVICE PROVIDERS		
OTHER LEGAL SERVICE PROVIDERS AND PRO BONO ATTORNEYS		
Legal Service Provider	Contact Name	Contact Information
The Clinic *Also serves children residing in Kansas	Genevra Alberti	Address: 515 Avenida Cesar E. Chavez Kansas City, MO 64108 Email: genevra@theclinic.org (Genevra Alberti) Phone: (816) 994-2300

NEVADA

LAS VEGAS IMMIGRATION COURT

POST-RELEASE LEGAL SERVICE PROVIDERS		
OTHER LEGAL SERVICE PROVIDERS AND PRO BONO ATTORNEYS		
Legal Service Provider	Contact Name	Contact Information
Board of Regents NSHE University of Nevada Las Vegas	Karen Brokaw	Address: 4505 S. Maryland Pkwy, Box 451055 Las Vegas, NV 89154 Email: Karen.brokaw@unlv.edu Phone: (702) 895-2080

NEW JERSEY

NEWARK IMMIGRATION COURT

POST-RELEASE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Kids in Need of Defense (KIND)	N/A	Email: infonewark@supportkind.org Phone: (862) 926-2084
OTHER LEGAL SERVICE PROVIDERS AND PRO BONO ATTORNEYS		
Legal Service Provider	Contact Name	Contact Information
American Friends Service Committee – Immigrant Rights Program *No Criminal/Delinquency History	N/A	Address: 89 Market Street, 6 th Floor Newark, NJ 07102 Email: irpnewark@afsc.org Phone: (973) 643-1924

NEW YORK

BUFFALO IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Erie County Bar Association – Volunteer Legal Project *Long term foster care only	Brenda Cisneros	Address: 237 Main Street, Suite 1000 Buffalo, NY 14203 Email: bcisneros@ecbavlp.com Phone: (716) 847-0662, Ext. 304

NEW YORK CITY IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Catholic Charities Community Services (CCCS) – Archdiocese of New York *Long term foster care and continued post-release representation available	Margaret Martin	Address: 80 Maiden Lane, 13 th Floor New York, NY 10038 Email: margaret.martin@archny.org Phone: (212) 419-3710

POST-RELEASE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Kids in Need of Defense (KIND)	N/A	Email: infonewyork@supportkind.org Phone: (646) 677-9900

OTHER LEGAL SERVICE PROVIDERS AND PRO BONO ATTORNEYS		
Legal Service Provider	Contact Name	Contact Information
Hofstra Child Advocacy Clinic *SIJS Cases	Yvonne Atkinson	Email: lawclinic@hofstra.edu Phone: (516) 463-5934
Safe Horizon – Anti-Trafficking Program *Trafficking Victim Cases	Olivia Wilson	Address: 50 Court St. Suite 811 Brooklyn, NY 11201 Email: olivia.wilson@safehorizon.org Phone: (718) 943-8648
LEGAL SERVICE PROVIDERS FUNDED BY DOJ/EOIR		
Legal Service Provider	Contact Name	Contact Information
Catholic Charities of Rockville Center	N/A	Email: maquilon.carmen@catholiccharities.cc
Catholic Migration Services	Sharone Kaufman	Address: 191 Joralemon Street, 4 th Floor Brooklyn, NY 11201 Email: skaufman@catholicmigration.org Phone: (718) 236-3000 Ext. 206
New York Immigration Coalition	Hallam Tuck	Address: 131 W 33rd Street New York, NY 10001 Phone: (212) 627-2227, Ext. 227

NORTH CAROLINA

CHARLOTTE IMMIGRATION COURT

POST-RELEASE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDERS FUNDED BY DOJ/EOIR		
Legal Service Provider	Contact Name	Contact Information
Catholic Charities of Charlotte	N/A	Email: ceponce@charlottediocese.org
Legal Services of Southern Piedmont	Sharika Shropshire	Address: 1431 Elizabeth Avenue Charlotte, NC 28204 Email: sharikas@lssp.org Phone: (704) 971-4790

OHIO

CLEVELAND IMMIGRATION COURT

POST-RELEASE LEGAL SERVICE PROVIDERS		
OTHER LEGAL SERVICE PROVIDERS AND PRO BONO ATTORNEYS		
Legal Service Provider	Contact Name	Contact Information
Advocates for Basic Legal Equality, Inc.	Jessica A. Ramos	Email: jramos@ablelaw.org Phone: (800) 837-0814
Catholic Charities Diocese of Cleveland	Allyson DiPofi	Address: 7800 Detroit Ave. Cleveland, OH 44102 Email: akdipofi@ccdoble.org Phone: (216) 939-3735

OREGON

PORTLAND IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Immigration Counseling Service (ICS) *Long term foster care and continued post-release representation available	Barbara Babcock	Address: 519 SW Park Avenue, Suite 610 Portland, OR 97205 Email: bbabcock@ics-law.org (Barbara Babcock) Phone: (503) 221-1689 ext. 2103

PENNSYLVANIA

PHILADELPHIA IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
HIAS Pennsylvania *Long term foster care continued post-release representation available	Youth Advocacy Project	Address: 2100 Arch Street, 3 rd Floor Philadelphia, PA 19103 Phone: (215) 832-0900
Jewish Family and Children’s Services of Pittsburgh	Joyce Ramirez	Address: 5743 Bartlett Street Pittsburgh, PA 15217 Email: jramirez@ifcpgh.org Phone: (412) 422-7200

TENNESSEE**MEMPHIS IMMIGRATION COURT**

POST-RELEASE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Midsouth Immigration Advocates *Serves Memphis & Louisville	N/A	Address: 258 N Merton Street Memphis, TN 38112 Phone: (901) 244-4367 (901) 466-8819 (Spanish)
OTHER LEGAL SERVICE PROVIDERS AND PRO BONO ATTORNEYS		
Legal Service Provider	Contact Name	Contact Information
Community Legal Center *Also Serves Arkansas, Mississippi (North of Jackson), and Kentucky (Western Third of the state)	Emily Stotts	Address: 910 Vance Memphis, TN 38126 Email: emilys@clcmemphis.com Phone: (901) 543-3395 Ext. 212
Tennessee Coalition to End Domestic and Sexual Violence *Domestic violence, sexual assault, and human trafficking cases only	Rebecca Montgomery	Address: 2 International Plaza Drive, Suite 425 Nashville, TN 37217 Email: rmontgomery@tncoalition.org Phone: (615) 386-9406
LEGAL SERVICE PROVIDERS FUNDED BY DOJ/EOIR		
Legal Service Provider	Contact Name	Contact Information
Latino Memphis: Derechos - Programa de Inmigración *Also Serves Arkansas, Mississippi (North of Jackson), and Kentucky (Western Third of the state)	Casey Bryant	Address: 6041 Mt. Moriah Rd. Ext. Suite 16 Memphis, TN 38115 Email: derechos@latinomemphis.org Phone: (901) 410-0195 (Spanish); (901) 366-5882 for general inquiries

TEXAS

DALLAS IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Human Rights Initiative of North Texas *Long term foster care and continued post-release representation available	Melissa Weaver Marcela Evans	Address: 2801 Swiss Avenue Dallas, TX 75204 Email: mweaver@hrionline.org (Melissa Weaver) mevans@hrionline.org (Marcela Evans) Phone: (214) 855-0520

POST-RELEASE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDERS FUNDED BY DOJ/EOIR		
Legal Service Provider	Contact Name	Contact Information
Catholic Charities of Dallas – Immigration and Legal Services	Vanna Slaughter	Address: 9461 LBJ Freeway, Ste 100 Dallas, TX 75234 Email: vanna@ccdallas.org
Refugee and Immigrant Center for Education and Legal Services (RAICES) *Long term foster care and continued post-release representation available	Andrea Aguilar	Address: 503 W. Jefferson Blvd. Dallas, TX 75208 Email: andrea.aguilar@raicestexas.org Phone: (214) 295-9554

EL PASO IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Diocesan Migrant and Refugee Services, Inc. (DMRS) *Continued post-release representation available	Melissa Lopez	Address: 2400 E Yandell Street El Paso, TX 79903 Email: mlopez@dmrs-ep.org Phone: (915) 532-3975, Ext. 213
POST-RELEASE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
New Mexico Immigrant Law Center	Eva Eitzen	Address: P.O. Box 7040 Albuquerque, NM 87194 Email: eeitzen@nmilc.org Phone: (505) 247-1023
LEGAL SERVICE PROVIDERS FUNDED BY DOJ/EOIR		
Legal Service Provider	Contact Name	Contact Information
Diocesan Migrant Refugee Services	N/A	Email: mlopez@dmrs-ep.org

HARLINGEN IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
South Texas Pro Bono Asylum Representation Project (ProBAR) *Continued post-release representation available	Children’s Program	Address: 119 W Van Buren, Suite 204 Harlingen, TX 78550 Phone: (956) 365-3775

HOUSTON

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Catholic Charities of Houston – St. Francis Cabrini Center for Immigrant Legal Assistance *Serving Houston-area ORR facilities *Long term foster care and continued post-release representation available	Cynthia Garza-Schammel	Address: 2707 North Loop West, Suite 300 Houston, TX 77008 Phone: 713-595-4100
Refugee and Immigrant Center for Education and Legal Services (RAICES) *Serving Corpus Christi-area ORR facilities *Long term foster care and continued post-release representation available	Hannah Zimmermann	Address: 403 Waco Street Corpus Christi, Texas 78401 Email: hannah.zimmermann@raicestexas.org Phone: (361) 693-5838

POST-RELEASE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Catholic Charities of Houston – St. Francis Cabrini Center for Immigrant Legal Assistance	Elizabeth Sanchez-Kennedy	Address: 2707 North Loop West, Suite 300 Houston, TX 77008 Phone: (713) 595-4100 Email: ucreferrals@catholiccharities.org
Kids in Need of Defense (KIND)		Email: infohouston@supportkind.org Phone: (832) 779-4030

OTHER LEGAL SERVICE PROVIDERS AND PRO BONO ATTORNEYS		
Legal Service Provider	Contact Name	Contact Information
Tahirih Justice Center	Javier Dominquez	Address: 1717 St. James Place, Suite 450 Houston, TX 77056 Email: javierd@tahirih.org Phone: (713) 496-0100

SAN ANTONIO IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Refugee and Immigrant Center for Education and Legal Services (RAICES) *Long term foster care and continued post-release representation available	Mayra Jimenez	Address: 5121 Crestway, Ste 105 San Antonio, TX 78239 Email: mayra.jimenez@raicetexas.org Phone: (210) 544-7983

POST-RELEASE LEGAL SERVICE PROVIDERS		
OTHER LEGAL SERVICE PROVIDERS AND PRO BONO ATTORNEYS		
Legal Service Provider	Contact Name	Contact Information
Asociacion de Servicios Para el Inmigrante	Linda A. Brandmiller	Address: 8802 Marbach Road, Suite 101 San Antonio, TX 78227 Email: lbrandmiller@asiinc.org Phone: (210) 900-0991
The Bernardo Kohler Center, Inc.	David R. Walding	Address: 4009 Banister Lane, Ste 240 Austin, TX 78704 Email: dwalding@bernardokohler.com Phone: (512) 831-4272
Catholic Charities of Corpus Christi, Inc. Immigration Services	Doreya E. Dean	Address: 615 Oliver Court Corpus Christi, TX 78408 Email: ddean@diocesecc.org Phone: (361) 884-0651 Ext. 245
Refugee and Immigrant Center for Education and Legal Services (RAICES)	Mayra Jimenez	Address: 5121 Crestway, Ste 105 San Antonio, TX 78239 Email: mayra.jimenez@raicestexas.org Phone: (210) 544-7983

LEGAL SERVICE PROVIDERS FUNDED BY DOJ/EOIR		
Legal Service Provider	Contact Name	Contact Information
Refugee and Immigrant Center for Education and Legal Services (RAICES)	Mayra Jimenez	Address: 5121 Crestway, Ste 105, San Antonio, TX 78212 San Antonio, TX 78212 Email: mayra.jimenez@raicestexas.org Phone: (210) 544-7983

VIRGINIA

ARLINGTON IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Capital Area Immigrants’ Rights Coalition (CAIR) *Long term foster care and continued post-release representation available	Nithya Nathan-Pineau	Address: 1612 K Street NW, Suite 204 Washington, DC 20006 Email: nithya@caircoalition.org Phone: (202) 331-3320, Ext. 29
POST-RELEASE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Kids in Need of Defense (KIND)	N/A	Email: infodc@supportkind.org Phone: (202) 670-3585
OTHER LEGAL SERVICE PROVIDERS AND PRO BONO ATTORNEYS		
Legal Service Provider	Contact Name	Contact Information
Commonwealth Catholic Charities	Tim Reddish	Address: 1512 Willow Lawn Drive Richmond, VA 23230 Phone: (804) 285-5900

WASHINGTON

SEATTLE IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDER FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Kids in Need of Defense (KIND) *Long term foster care and continued post-release representation available	N/A	Email: infoseattle@supportkind.org Phone: (206) 359-3266
POST-RELEASE LEGAL SERVICE PROVIDERS		
OTHER LEGAL SERVICE PROVIDERS AND PRO BONO ATTORNEYS		
Legal Service Provider	Contact Name	Contact Information
Northwest Immigrant Rights Project (NWIRP)	Mike Peters	Address: 615 2 nd Avenue, Suite 400 Seattle, WA 98104 Phone: (206) 957-8600
Kids in Need of Defense (KIND)	N/A	Email: infoseattle@supportkind.org Phone: (206) 359-3266
LEGAL SERVICE PROVIDERS FUNDED BY DOJ/EOIR		
Legal Service Provider	Contact Name	Contact Information
Kids in Need of Defense (KIND)	N/A	Email: infoseattle@supportkind.org Phone: (206) 359-3266

Exhibit 96



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- › Chapter 74 Nonresident Tuition
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School Finance: Statistical Comparisons

FY13-FY17 Per-Pupil Expenditures, All Funds

The per pupil expenditure report has been updated to include **expenditures from fiscal years 2013-2017** (this file works best with Excel 2007 or later). This update continues the effort to present Massachusetts school spending data in a way that is comprehensive, comparable, and transparent to the general public.

These calculations show **all** school operating expenditures including those outside the general fund such as grants, private donations, and revolving accounts. They also include payments for local resident pupils who are being educated in schools outside the district. In addition to showing the overall cost per pupil, they provide detail about how much schools spend in specific functional areas such as administration, teaching, and maintenance.

The file opens to a single, detailed district report by funding source and functional areas. Use the dropdown menus on the detailed report to select a district and fiscal year. By clicking on the tabs at the bottom of the workbook, there are additional reports showing a 3-year trend by major functional areas, and a summary showing per pupil expenditures for all districts. There are also tabs with the complete 5-year dataset, both expenditures and pupils, to support additional analysis.

It is important to note that per pupil expenditures are not calculated for out-of-district expenditures, only total expenditures are shown, see additional explanation below.

Data source and timing

Per pupil expenditures are calculated from information provided on each district's End of Year Financial Report (EOYR). This is a comprehensive report of revenues and expenditures that occurred during each fiscal year.

Districts are required to hire auditing firms to verify the accuracy of the data on the EOYR. In addition, the Massachusetts Department of Elementary and Secondary Education (ESE) conducts a careful review of the data during the months following the report's submission. If any changes are necessary, districts must file amendments.

Spending from all funds

The following funding sources are all included in the functional expenditure per pupil measure:

- school committee appropriations
- municipal appropriations outside the school committee budget that affect schools
- federal grants
- state grants
- circuit breaker funds
- private grants and gifts
- school choice and other tuition revolving funds
- athletic funds
- school lunch funds
- other local receipts such as rentals and insurance receipts

Typically, school committee and municipal school appropriations, approved annually by town meetings and city councils, account for seven out of every eight dollars spent upon education.

Functional categories

The functional spending categories included in the per pupil calculations follow the order of the DESE chart of accounts:

Code	Function
In-District Expenditures	
1110	School Committee
1210	Superintendent
1220	Assistant Superintendents
1230	Other District-Wide Administration
1410	Business and Finance
1420	Human Resources
1430	Legal Service for School Committee
1435	Legal Settlements
1450	District-wide Information Systems
ADMN	Administration (sub-total)
2110	Curriculum Directors (Supervisory)
2120	Dept Heads (Non-Supervisory)
2210	School Leadership
2220	Curriculum Leaders (School Level)
2250	Admin. Technology (School Level)
2315	Instructional Coordinators
LDRS	Instructional Leadership (sub-total)
2305	Teachers, Classroom
2310	Teachers, Specialists
TCHR	Teachers (sub-total)
2320	Medical/ Therapeutic Services
2325	Substitute Teachers
2330	Paraprofessionals
2340	Librarians/Media Center Directors
TSER	Other Teaching Services (sub-total)

2351	Professional Development Leaders
2353	Professional Days
2355	Substitutes for Prof. Development
2357	Professional Development Costs
PDEV	Professional Development (sub-total)
2410	Textbooks, Software/Media/Matls
2415	Instructional Materials (Libraries)
2420	Instructional Equipment
2430	General Classroom Supplies
2440	Other Instructional Services
2451	Classroom Technology
2453	Technology (Libraries)
2455	Instructional Software
MATL	Instructional Materials/Equip/Tech (sub-total)
2710	Guidance/Adjustment Counselors
2720	Testing and Assessment
2800	Psychological Services
GUID	Guidance, Counseling, Testing (sub-total)
3100	Attendance and Parent Liaisons
3200	Medical/Health Services
3300	Transportation Services
3400	Food Services
3510	Athletics
3520	Other Student Activities
3600	School Security
SERV	Pupil Services (sub-total)
4110	Custodial Services
4120	Heating of Buildings
4130	Utility Services
4210	Maintenance of Grounds
4220	Maintenance of Buildings
4225	Building Security System
4230	Maintenance of Equipment
4300	Extraordinary Maintenance
4400	Networking/Telecommunications
4450	Technology Maintenance
OPMN	Operations and Maintenance (sub-total)
5100	Employer Retirement Contributions
5150	Employee Separation Costs
5200	Insurance for Active Employees
5250	Insurance for Retired Employees
5260	Other Non-Employee Insurance
5300	Rental Lease of Equipment
5350	Rental Lease of Buildings
5400	Short Term Interest RANs
5500	Other Fixed/Crossing Guards
5550	School Crossing Guards
BENE	Benefits and Fixed Charges (sub-total)
III	Total In-District Expenditures
	Out-of-District Expenditures (total expenditures only)
9100	Tuition to Mass. Schools
9110	Tuition for School Choice
9120	Tuition to Commonwealth Charter Schools
9125	Tuition to Horace Mann Charter Schools
9200	Tuition to Out-of-State Schools
9300	Tuition to Non-Public Schools
9400	Tuition to Collaboratives
ODTR	Transportation
ODDD	Total Out-of-District Expenditures
TTPP	Total Expenditures

Spending categories that are **not** included in the per pupil expenditure calculations are: Community services (6000 series), fixed assets (7000 series), and debt service (8000 series).

In-District and Out-of-District Spending and Pupils

Most school spending goes toward educating local resident pupils in local schools. However, about five percent of the nearly one million public school children in Massachusetts are enrolled in publicly-funded settings outside the district. School districts pay tuition for pupils at special education schools, charter schools, and other placements. Transportation costs often add to the expense.

The first ten functional categories are for services provided within the school district. In those categories, per pupil calculations are limited to the pupils enrolled at the district. An in-district per pupil expenditure is calculated for these functions and measures what is spent on the pupils enrolled at the district.

The eleventh category includes expenditures made on out-of-district tuitions and transportation. Previous versions of this report included an out-of-district per pupil expenditure. However, this measure was difficult to interpret when comparing districts because it is typically a combination of high-cost special education placements and lower-cost school choice, charter school, and other out-of-district settings. If we were able to assign students to each tuition function to calculate per pupil expenditures at that level, it might be more useful, but that information is not available. Instead, the report only shows total expenditures for each 9000 series function.

The total per pupil expenditure includes all eleven categories of spending, and combines both groups of students, in-district and out-of-district.

Measuring enrollment: the concept of full-time equivalent average membership

The per pupil spending calculations published compare spending, which occurs throughout the school year, to the average number of pupils, which normally fluctuates over the school year. The enrollment statistic used is called full-time equivalent average membership or FTE.

Full-time equivalency refers to the percentage of time that students are enrolled during the school year. A pupil who arrives on November 1 and is still enrolled at the end of the year, for example, would be assigned full-time equivalency of somewhere in the range of eight-tenths.

District spending requirements

The Commonwealth does impose a strictly enforced total spending requirement called net school spending which is an integral component of the Chapter 70 state aid formula. Net school spending includes local appropriations, Chapter 70 aid, and special education circuit breaker monies, but not grants or revolving funds. Because of this, what qualifies as net school spending is slightly lower than a district's total expenditure. Reports showing each district's actual and budgeted net school spending, compared to what is required, are available on the DESE website, see [detailed compliance reports](#) and the [Chapter 70 district profiles](#).

Otherwise, aside from one maintenance spending provision administered by the Massachusetts School Building Authority, there are no spending requirements for specific functional areas imposed by the Commonwealth.

Charter school per pupil expenditures

Charter schools report their spending in a different format than the districts contained in this report, see charter school [revenue and expenditure](#) data.

Contacts

Questions and comments can be addressed to:

[Rob O'Donnell](#) 781-338-6512

Last Updated: May 16, 2018

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Exhibit 97

Understanding the Affordable Care Act: Non-citizens' eligibility for MassHealth & other subsidized health benefits

March 2018

To qualify for comprehensive MassHealth benefits (not just emergency services or safety net benefits) and to qualify to purchase low-cost insurance through the Massachusetts Health Connector, people must satisfy several financial and non-financial eligibility criteria. Among the non-financial criteria is a requirement that individuals be U.S. citizens or non-citizens who have an eligible immigration status.¹ This paper summarizes the rules that MassHealth and the Connector use to determine when non-citizens have an eligible status. Of course, eligible immigrants, like U.S. citizens, must also satisfy all the other applicable financial and non-financial eligibility criteria in order to receive benefits.

To be eligible to purchase insurance through the Connector, with or without a premium tax credit or other subsidy under the Affordable Care Act, a non-citizen must have an immigration status on the list of statuses defined as *Lawfully Present*. A Lawfully Present non-citizen is eligible for benefits through the Connector in the same way as if he or she were a U.S. citizen.

MassHealth uses additional factors besides Lawful Presence to determine when immigrants have an eligible immigration status. MassHealth offers various types of comprehensive coverage with different benefits based on age, income, health status and other factors. Some eligible immigrants can obtain the same MassHealth benefits they could obtain if they were US citizens. Other eligible immigrants can obtain more than just emergency or safety net benefits, but not the same benefits for which they would be eligible if they were US citizens.

Table 1 compares the relationship between the Lawfully Present category used by the Connector and the additional categories of eligible immigrants used in MassHealth.

Table 2 summarizes the factors that affect immigrants' eligibility for different types of MassHealth plans and also shows eligibility for the Connector. However, Table 2 does not summarize all the other eligibility criteria that eligible immigrants and U.S. citizens must satisfy to receive benefits.

Four Appendices list the various immigration statuses and other conditions that determine whether someone falls into one of the eligibility categories used by the Connector and MassHealth as shown in Table 1

¹ Two groups of non-citizens: Pregnant women and certain "grandfathered" individuals who were receiving MassHealth or CommonHealth in 1997 may be eligible for comprehensive MassHealth benefits even without an eligible immigration status.

Table 1. Comparing Connector and MassHealth Immigrant Categories & Terminology			
Connector Term	MassHealth Terms	Code in HIX Computer System	Eligible Immigration Status?
Lawfully Present	Qualified	QLP	Yes
	Qualified Barred	QAB	
	Nonqualified Individual Lawfully Present	ILP	
Not Lawfully Present	Nonqualified PRUCOL	NQP	No
	Other (including undocumented)	UNDOC	

- *Lawfully Present* adults are eligible for comprehensive MassHealth only if they are also *Qualified* with three exceptions: 1) Pregnant women who are Lawfully Present need not be Qualified to be eligible for MassHealth Standard, 2) elderly or disabled poverty level immigrants who are Lawfully Present need not be Qualified to be eligible for MassHealth Family Assistance, 3) Lawfully Present immigrants receiving benefits since 1997 need not be Qualified to remain eligible for MassHealth Standard or CommonHealth
- Lawfully present children and 19 and 20 year old young adults are eligible for MassHealth Standard in the same way as they would be as US citizens.
- Immigrants who are *Nonqualified PRUCOL* are not eligible for the Connector but may be eligible for MassHealth Family Assistance, or, for disabled children and young adults, CommonHealth.
- Pregnant women are eligible for MassHealth Standard regardless of status.
- Immigrants who have been receiving MassHealth or CommonHealth continuously since June 30, 1997 or who have been in a nursing home since then remain eligible for MassHealth regardless of status. They are “Protected Non-Citizens,” see 130 CMR §§ 504.003(B) and 518.003(B).
- Undocumented non-citizens are only eligible for safety net programs with limited benefits: MassHealth Limited, Health Safety Net and/or the Children’s Medical Security Plan. Adults who are Qualified Barred or Nonqualified Individuals Lawfully Present may be eligible for both MassHealth Limited and the Connector.

Table 2: Immigrants Eligible for MassHealth & the Connector			
Immigration Status	Other Factors for MassHealth Cov. Type (% of poverty level)	MassHealth Coverage Type Eligibility	Connector Eligible Status?
Qualified –see Appendix 1 for list of Qualified statuses	Qualified immigrants are eligible for all MassHealth benefits in the same way as US citizens	MassHealth Standard, CommonHealth, CarePlus, Family Assistance & Medicare Savings Programs (QMB, SLMB, Q-1)	Yes
Qualified Barred and Non-Qualified Lawfully Present , see Appendix 3 for list of Lawfully Present statuses & Appendix 2 for Qualified Barred	Pregnant women & infants $\leq 200\%$; children 1-20 $\leq 150\%$	MassHealth Standard	Yes
	Children 1-18 $> 150\%$ $\leq 300\%$	Family Assistance	
	Disabled children 0-18 $> 150\%$	CommonHealth	
	Elderly & disabled adults $\leq 100\%$ (asset test for elderly)	Family Assistance	
	Other adults $\leq 133\%$	MassHealth Limited	
	Other adults $> 133\%$	None	
Nonqualified PRUCOL - see Appendix 4 for list of statuses	Pregnant women $\leq 200\%$	MassHealth Standard	No
	Infants $\leq 200\%$	Family Assistance	
	Children 1-18 $\leq 300\%$ FPL	Family Assistance	
	Disabled Children under 19	CommonHealth	
	Disabled young adults 19 & 20 $\leq 150\%$	CommonHealth	
	Other adults age 19-64 $\leq 300\%$; elderly $\leq 100\%$ & asset test	Family Assistance	
Other – including undocumented non US citizens	Pregnant women $\leq 200\%$	MassHealth Standard	No
	Infants $\leq 200\%$; Children & Young Adults 1-20 $\leq 150\%$; Adults 21-64 $\leq 133\%$; Adults 65 or older $\leq 100\%$ & asset test	MassHealth Limited	
	Children under 19	Children’s Medical Security Plan (CMSP)	
	All ages, $\leq 300\%$	Health Safety Net	
	On MassHealth since 1997 (grandfathered)	Standard or CommonHealth	

Appendix 1

Qualified (not barred) Non-Citizens

130 CMR 504.003(A)(1); 504.006(A) (under 65)

130 CMR 518.003(A)(1); 518.006(A) (65 and older)

8 U.S.C. 1641 (definition of Qualified); 8 USC 1613 (5-year bar); 8 USC 1612(b)(2)(C) (veterans) and (E) (certain Indians); Victims of Trafficking Protection Act of 2000; Pub. L. 106-386, Section 107

All Qualified non-citizens are Lawfully Present.

Group A: Individuals who are qualified regardless of date of entry into US or length of time with Qualified Status (never barred):

- Asylee (granted asylum)
- Refugee
- Granted withholding of deportation or withholding of removal under Immigration & Nationality Act (INA) but not under Convention Against Torture (CAT)
- Veteran or active duty military and spouse, widow and dependent child/ren
- Cuban/Haitian entrant including a Cuban or Haitian
 - Paroled into US after 1980,
 - Applicant for Asylum, or
 - Subject to a non-final order of exclusion
- American Indian born in Canada or other member of federally recognized tribe
- Victim of trafficking and his or her spouse, child, sibling, or parent
- Conditional entrant granted before 1980

Group B: Individuals with one of the following statuses potentially subject to 5-year bar who are not barred either because 5 years have been met or because they satisfy additional factors that exempt them from the 5-year bar:

- Lawful permanent resident (LPR/Green Card holder),
- Paroled into the U.S. for more than 1 year, or
- Battered spouse and child/ren, or battered child and parent

- Battered in US by US citizen or Legal Permanent Resident spouse or parent or family member of spouse or parent,
- No longer living with abuser, and
- With an approved or pending petition that sets forth a “prima facie case” that will lead to permanent resident status

AND

- Had Permanent Resident/Parole/Battered Immigrant status for 5 or more years or
- Had such status for less than 5 years, but exempt from 5-year bar because:
 - Entered US prior to 8/22/96 (regardless of status at time of entry) & continuously present until becoming Permanent Resident/Parolee/Battered Immigrant,
 - Veteran or Active Duty Military or his/her spouse, widow or dependent child,
 - Iraqi or Afghan Special Immigrant,
 - American Indian born in Canada (or other member of federally recognized tribe),
 - Cuban or Haitian who became a legal permanent resident under certain special laws (not through a family member or employer),
 - Amerasian born in Vietnam during Vietnam War era, or
 - Before becoming a legal permanent resident was an asylee, refugee, granted withholding of deportation, Cuban-Haitian Entrant, or trafficking victim.

**Appendix 2
Qualified Barred Non-Citizens**

**130 CMR 504.003(A)(2); 504.006(B) (under 65)
130 CMR 518.003(A)(2); 518.006(B) (65 and older)**

All Qualified Barred non-citizens are Lawfully Present.

Individuals with one of the following statuses who have had status for less than 5-years and are not exempt from the 5-year bar (see exemptions to 5 year bar in Appendix 1 Group B):

- Lawful permanent resident (LPR/Green Card holder),
- Paroled into the U.S. for more than 1 year, or
- Battered spouse and child/ren, or battered child and parent

Appendix 3

Lawfully Present Non-Citizens

130 CMR 504.003 (A)(1)(2) and (3); 504.006(A) and (B) (under 65)
130 CMR 518.003(A)(1)(2) and (3); 518.006 (A) and (B) (65 & older)
45 CFR §§155.20 and 152.2; proposed § 155.20 and 42 CFR § 435.4 at 78 Fed. Reg. 4594
(Jan. 22, 2013) (definition of lawful presence); 45 CFR §155.305,(Exchange)
956 CMR § 12.05 (ConnectorCare)

All Qualified and Qualified Barred Non-Citizens are also Lawfully Present. All Lawfully Present non-citizens are eligible for the Connector in the same way as US citizens. All Lawfully Present Children under 19 at any income level and 19 & 20 year old young adults with income under 150% FPL are eligible for MassHealth in the same way as US citizens.

Lawfully Present and Qualified (as shown in Apx. 1 and 2)

- Lawful permanent resident (LPR/Green Card holder)
- Asylee
- Refugee
- Cuban/Haitian entrant
- Person paroled into the U.S. for at least one year
- Conditional entrant granted before 1980
- Battered spouse, child, or parent
- Victim of trafficking and his or her spouse, child, sibling, or parent
- Person granted Withholding of Deportation or Withholding of Removal, under the INA
- Member of a federally recognized Indian tribe or American Indian born in Canada

Lawfully Present but not Qualified (not shown in Apx. 1 and 2)²

- Person paroled into the US for less than one year
- Person granted Withholding of Deportation or Withholding of Removal under the Convention against Torture (CAT)
- Individual with valid non-immigrant status (including student visas (F-visa), crime victims (U-visa), specialty workers (H-visa), religious workers (R-visa) and others)

² MassHealth describes this group as Non-qualified individuals lawfully present

- Temporary Protected Status (TPS)
- Deferred Enforced Departure (DED)
- Deferred Action Status (except Deferred Action for Childhood Arrivals (DACA); they are Nonqualified PRUCOL, see Apx. 4.)
- Applicant for:
 - Special Immigrant Juvenile Status
 - Adjustment to LPR Status with an approved visa petition
 - Asylum who has either been granted employment authorization, OR is under 14 and has had an application for asylum pending for at least 180 days.
 - Withholding of Deportation or Withholding of Removal, under the INA or under the CAT who has either been granted employment authorization, OR is under 14 and has had an application for withholding of deportation or withholding removal under the immigration laws or under the CAT pending for at least 180 days.
- Individuals with employment authorization under 8 CFR 274a.12(c) including:
 - Registry applicants
 - Those under an Order of supervision
 - Applicants for Cancellation of Removal or Suspension of Deportation
 - Applicants for Legalization under IRCA
 - Applicants for Temporary Protected Status (TPS)
 - Persons granted legalization under the LIFE Act
- Lawful temporary resident granted under legalization program (8 USC 1160 or 1255a)
- Granted an administrative stay of removal by the Department of Homeland Security (DHS)

Appendix 4

Nonqualified Persons Residing in US under Color of Law (PRUCOL)

130 CMR 504.003(C); 504.006(C) (under 65)
130 CMR 518.003(C); 518.006(C) (65 and older)

Non-qualified PRUCOL non-citizens are not included on the Lawfully Present list but are residing in the US under color of law. They are not eligible to purchase insurance through the Connector.

Non-citizens who are not listed in Appendix 3 and have one of the following statuses/conditions:

- Granted indefinite stay of deportation;
- Granted indefinite voluntary departure;
- Have approved immediate relative petition, entitled to voluntary departure, and whose departure the U.S. Department of Homeland Security (DHS) does not contemplate enforcing;
- Granted voluntary departure by the DHS or an Immigration Judge, and whose deportation the DHS does not contemplate enforcing;
- Living under orders of supervision who do not have employment authorization under 8 CFR 274a.12(c);
- Have entered and continuously lived in the United States since before January 1, 1972;
- Granted suspension of deportation, and whose departure the DHS does not contemplate enforcing;
- Have a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C. 1231, or under the Convention against Torture who have *not* been granted employment authorization, or are under the age of 14 and have *not* had an application pending for at least 180 days;
- Granted Deferred Action for Childhood Arrivals(DACA) or who have a pending application for DACA;
- Have filed an application, petition, or request to obtain a lawfully present status that has been accepted as properly filed, but who have not yet obtained employment authorization and whose departure the Dept. of Homeland Security (DHS) does not contemplate enforcing; or
- Any noncitizen living in the United States with the knowledge and consent of the DHS, and whose departure the DHS does not contemplate enforcing. (These include persons granted Extended Voluntary Departure due to conditions in the noncitizen's home country based on a determination by the U.S. Secretary of State.)

Additional Resources

Massachusetts

MassHealth and Connector, Member Booklet, Section 9, US Citizenship and Immigration rules; and Senior Guide to Health Coverage, Part 11, US Citizenship and Immigrations rules.

<https://www.mass.gov/lists/masshealth-member-guides-and-handbooks>

MassHealth and Connector, Immigration Document Types-description of documents, how to find codes from different documents and photos of sample documents (link from Getting Started Guide on mahealthconnector.org): <https://betterhealthconnector.com/immigration-document-types>

Table comparing benefits in the different types of MassHealth:

<https://www.masslegalservices.org/content/benefits-included-masshealth-coverage-type>

Overview of benefits in Connector Care:

https://betterhealthconnector.com/wp-content/uploads/ConnectorCare_Overview-2018.pdf

National

National Immigration Law Center, information about immigrants and access to health benefits:

<https://www.nilc.org/issues/health-care/>

Send questions or comments to Vicky Pulos, vpulos@mlri.org, 617-357-0700 Ext. 318. This document is available on-line at masslegalservices.org

Exhibit 98

**Vermont Agency of Education
Classifying School Districts by Size and Type of Education Offered: FY2017**

	1 Small S <100 EqPup	2 Medium 100<=M<500	3 Large 500<=L<1000	4 X-large XL >= 1000	Total
A. Number of School Districts					
1 Do not operate a school, tuition all students grades K-12	18	2			20
2 Operate elementary school, designated high school	1	4			5
3 Operate public K-12	-	14	7	7	28
4 Operate elementary school, tuition high school students	8	34	4	1	47
5 Operate elementary school, belong to a union	27	47	12	2	88
6 Belong to a union or joint elementary, tuition high school students	3	1			4
7 Belong to a union or joint elementary and a union or joint H.S.	14	2			16
8 Do not operate elementary, but belong to a union H.S.	4	1			5
9 Gores and unorganized towns	9	-			9
10 Union High School District	-	11	10	4	25
11 Union Elementary School District	2	4	1		7
12 Unified Union School District & Interstate School District	-	7	3	2	12
All towns, gores, & unorganized towns	86	127	37	16	266

B. Number of Equalized Pupils in School Districts					
1 Do not operate a school, tuition all students grades K-12	703	269			972
2 Operate elementary school, designated high school	36	860			895
3 Operate public K-12		4,061	5,091	15,437	24,589
4 Operate elementary school, tuition high school students	607	7,557	2,692	1,119	11,975
5 Operate elementary school, belong to a union	1,845	9,309	8,932	2,325	22,410
6 Belong to a union or joint elementary, tuition high school students	73	125			197
7 Belong to a union or joint elementary and a union or joint H.S.	464	438			902
8 Do not operate elementary, but belong to a union H.S.	115	131			246
9 Gores and unorganized towns	11				11
10 Union High School District		3,982	7,812	5,285	17,079
11 Union Elementary School District	169	1,032	657		1,858
12 Unified Union School District & Interstate School District		2,463	2,493	2,934	7,890
All towns, gores, & unorganized towns	4,023	30,226	27,677	27,100	89,025

C. Budgeted Expenditures as Voted per Equalized Pupil					
1 Do not operate a school, tuition all students grades K-12	17,263	20,291	-	-	18,101
2 Operate elementary school, designated high school	14,937	18,369	-	-	18,233
3 Operate public K-12	-	19,285	18,181	20,125	19,584
4 Operate elementary school, tuition high school students	19,214	17,822	16,781	17,420	17,621
5 Operate elementary school, belong to a union	20,626	17,996	16,927	17,971	17,784
6 Belong to a union or joint elementary, tuition high school students	18,115	18,969	-	-	18,654
7 Belong to a union or joint elementary and a union or joint H.S.	16,191	20,982	-	-	18,516
8 Do not operate elementary, but belong to a union H.S.	16,388	21,345	-	-	19,028
9 Gores and unorganized towns	8,814	-	-	-	8,814
10 Union High School District	-	20,659	19,967	21,364	20,560
11 Union Elementary School District	21,166	17,778	18,103	-	18,201
12 Unified Union School District & Interstate School District	-	18,900	19,170	17,397	18,426
All towns, gores, & unorganized towns	152,714	212,396	109,128	94,277	18,877

D. Education Spending in School Districts (budgeted expenditures minus local revenues)					
1 Do not operate a school, tuition all students grades K-12	10,722,480	4,435,946	-	-	15,158,426
2 Operate elementary school, designated high school	344,066	13,477,055	-	-	13,821,121
3 Operate public K-12	-	59,845,375	70,397,098	222,965,289	353,207,762
4 Operate elementary school, tuition high school students	9,019,789	110,439,756	38,028,856	14,037,173	171,525,574
5 Operate elementary school, belong to a union	28,115,013	134,486,526	124,416,675	33,823,947	320,842,161
6 Belong to a union or joint elementary, tuition high school students	964,258	1,971,028	-	-	2,935,286
7 Belong to a union or joint elementary and a union or joint H.S.	6,142,089	7,633,904	-	-	13,775,993
8 Do not operate elementary, but belong to a union H.S.	1,452,040	2,195,356	-	-	3,647,396
9 Gores and unorganized towns	94,035	-	-	-	94,035
10 Union High School District	-	60,669,875	121,722,469	80,427,226	262,819,570
11 Union Elementary School District	2,737,955	14,791,989	10,194,815	-	27,724,759
12 Unified Union School District & Interstate School District	-	38,018,105	37,771,854	42,924,668	118,714,627
All towns, gores, & unorganized towns	59,591,725	447,964,915	402,531,767	394,178,303	1,304,266,710

E. Education Spending per Equalized Pupil (budgeted expenditures minus local revenues divided by equalized pupils)					
1 Do not operate a school, tuition all students grades K-12	15,250	16,495	-	-	15,595
2 Operate elementary school, designated high school	9,689	15,673	-	-	15,436
3 Operate public K-12	-	14,735	13,828	14,444	14,364
4 Operate elementary school, tuition high school students	14,857	14,615	14,129	12,541	14,324
5 Operate elementary school, belong to a union	15,240	14,447	13,929	14,551	14,317
6 Belong to a union or joint elementary, tuition high school students	13,240	15,811	-	-	14,863
7 Belong to a union or joint elementary and a union or joint H.S.	13,231	17,433	-	-	15,271
8 Do not operate elementary, but belong to a union H.S.	12,608	16,732	-	-	14,804
9 Gores and unorganized towns	8,788	-	-	-	8,788
10 Union High School District	-	15,236	15,582	15,218	15,389
11 Union Elementary School District	16,173	14,337	15,522	-	14,923
12 Unified Union School District & Interstate School District	-	15,437	15,150	14,630	15,046
All towns, gores, & unorganized towns	119,077	170,951	88,140	71,383	14,651

* Gores and Unorganized Town have not been included in statewide rankings

District Name	LEA	County	Grades Operated	Town District's Entire Equalized Pupils	FY 2017 Equalized Pupils	FY 2017 Budgets per Equalized Pupil	Budget per EqPup Group Rank (High to Low)	* State Rank of Budgets per Equalized Pupils	FY 2017 Education Spending Per Equalized Pupil	* State Rank of Education Spending Per Equalized Pupil	Act 68 Homestead Equalized Tax Rate	Size Detail
Do not operate a school, tuition all students grades K-12												
Winhall	T248	Bennington	None	Yes	143.90	21,668.48	2	15	16,429.21	43	1.6936	100 <= medium < 500
St. George	T178	Chittenden	None	Yes	125.03	18,705.81	9	120	16,570.29	40	1.7081	100 <= medium < 500
Lemington	T111	Essex	None	Yes	14.98	24,471.96	1	36	23,947.80	1	2.4686	Small <100
Victory	T216	Essex	None	Yes	9.93	18,613.49	10	125	17,880.77	11	1.8432	Small <100
East Haven	T064	Essex	None	Yes	51.15	21,564.24	3	31	19,108.93	4	1.9698	Small <100
Norton	T144	Essex	None	Yes	14.51	18,155.82	12	43	14,147.28	162	1.4583	Small <100
Plymouth	T156	Windsor	None	Yes	52.48	19,307.07	6	46	17,059.55	23	1.7585	Small <100
Granville	T085	Addison	None	Yes	42.20	15,948.60	15	50	13,714.45	186	1.4137	Small <100
Maidstone	T118	Essex	None	Yes	21.34	14,132.52	17	55	12,126.29	228	1.2500	Small <100
Bloomfield	T021	Essex	None	Yes	33.76	14,163.89	16	73	11,332.73	241	1.1682	Small <100
Searsburg	T182	Bennington	None	Yes	24.65	19,491.52	4	74	14,327.18	153	1.4769	Small <100
Stratton	T200	Windham	None	Yes	29.49	19,354.32	5	95	14,583.62	136	1.5033	Small <100
Pittsfield	T153	Rutland	None	Yes	75.97	19,169.53	7	105	18,351.32	6	1.8917	Small <100
Hancock	T091	Addison	None	Yes	51.33	18,822.11	8	110	17,134.54	21	1.7663	Small <100
Baltimore	T008	Windsor	None	Yes	49.30	18,278.86	11	144	15,576.15	75	1.6056	Small <100
Kirby	T108	Caledonia	None	Yes	86.98	16,986.41	14	189	15,878.88	62	1.6368	Small <100
Granby	T083	Essex	None	Yes	12.01	11,915.40	18	192	9,826.31	247	1.0129	Small <100
Sandgate	T181	Bennington	None	Yes	52.05	17,100.61	13	194	15,471.74	85	1.5949	Small <100
Brunswick	T035	Essex	None	Yes	19.18	8,395.46	20	202	7,444.53	253	1.0000	Small <100
Ira	T101	Rutland	None	Yes	61.79	11,446.84	19	223	9,969.72	246	1.0277	Small <100
1 Group Data					972.03	16,755.51			14,204.80			
Operate elementary school, designated high school												
Thetford	T205	Orange	PK-6	Yes	407.02	20,417.31	1	69	18,184.27	8	1.8745	100 <= medium < 500
Stratford	T199	Orange	PK-8	Yes	178.93	18,597.30	2	131	15,558.90	77	1.6038	100 <= medium < 500
Wells	T228	Rutland	PK-6	Yes	149.95	15,579.76	3	232	12,694.48	217	1.3086	100 <= medium < 500
Pawlet	T150	Rutland	None	Yes	123.98	14,690.10	5	245	11,196.98	244	1.1542	100 <= medium < 500
Rupert	T172	Bennington	None	Yes	35.51	14,936.58	4	247	9,689.27	249	1.0000	Small <100
3 Group Data					895.39	18,023.87			15,166.63			
Operate public K-12												
Rochester	T168	Windsor	PK-12	Yes	133.71	24,976.28	2	1	15,558.45	78	1.6038	100 <= medium < 500
Canaan	T041	Essex	PK-12	Yes	150.07	23,878.45	4	8	13,272.84	202	1.3682	100 <= medium < 500
Craftsbury	T055	Orleans	PK-12	Yes	154.57	25,076.77	1	10	16,260.01	50	1.6761	100 <= medium < 500
Cabot	T038	Washington	PK-12	Yes	181.25	20,458.82	8	97	16,796.63	32	1.7485	100 <= medium < 500
Chelsea	T046	Orange	K-12	Yes	173.14	20,307.17	9	113	16,016.24	54	1.6736	100 <= medium < 500
Windsor	T247	Windsor	PK-12	Yes	495.69	19,966.43	10	129	13,353.79	198	1.3765	100 <= medium < 500
Bethel	T020	Windsor	PK-12	Yes	283.98	19,888.82	11	135	16,609.78	37	1.7122	100 <= medium < 500
Danville	T057	Caledonia	PK-12	Yes	317.65	19,482.89	13	169	15,083.71	109	1.5754	100 <= medium < 500
Arlington	T005	Bennington	PK-12	Yes	380.07	19,102.13	15	13	15,294.09	96	1.5766	100 <= medium < 500
Proctor	T160	Rutland	PK-12	Yes	288.59	17,873.74	20	28	15,464.46	86	1.5941	100 <= medium < 500
Royalton	T171	Windsor	PK-12	Yes	332.09	18,504.46	16	34	14,756.90	127	1.5212	100 <= medium < 500
Poultney	T158	Rutland	PK-12	Yes	401.85	18,450.95	17	85	14,793.33	125	1.5249	100 <= medium < 500
West Rutland	T237	Rutland	PK-12	Yes	329.75	17,632.17	22	22	14,209.29	158	1.4647	100 <= medium < 500
Richford	T165	Franklin	PK-12	Yes	438.91	15,430.20	28	196	12,550.13	220	1.2937	100 <= medium < 500
Hartford	T093	Windsor	PK-12	Yes	1,456.31	24,615.34	3	56	15,084.18	108	1.5549	1000 <= very large
Rutland City	T173	Rutland	PK-12	Yes	2,218.03	22,737.27	6	81	14,308.43	154	1.4749	1000 <= very large
Springfield	T193	Windsor	PK-12	Yes	1,325.17	21,815.75	7	84	16,229.69	52	1.6730	1000 <= very large
Burlington	T037	Chittenden	PK-12	Yes	4,124.30	19,881.45	12	137	14,133.35	164	1.4569	1000 <= very large
South Burlington	T191	Chittenden	PK-12	Yes	2,420.12	19,409.66	14	234	15,051.93	110	1.5516	1000 <= very large
Milton	T126	Chittenden	PK-12	Yes	1,615.45	17,704.43	21	213	14,083.29	165	1.4517	1000 <= very large

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Colchester	T050	Chittenden	K-12	Yes	2,277.57	16,647.02	27	186	13,297.47	201	1.3707	1000 <= very large
Enosburgh	T068	Franklin	PK-12	Yes	511.75	23,118.73	5	60	11,941.67	231	1.2310	500 <= large <1000
Northfield	T142	Washington	PK-12	Yes	585.58	18,314.39	18	101	14,631.33	134	1.5082	500 <= large <1000
Montpelier	T129	Washington	PK-12	Yes	1,030.46	18,029.78	19	164	15,020.53	113	1.5484	500 <= large <1000
Winooski ID	T249	Chittenden	PK-12	Yes	951.02	17,612.45	23	142	13,358.83	197	1.3771	500 <= large <1000
Williamstown	T243	Orange	PK-12	Yes	520.66	17,387.30	24	153	13,889.19	175	1.4317	500 <= large <1000
Stowe	T198	Lamoille	PK-12	Yes	715.63	17,276.53	25	170	14,566.15	137	1.5015	500 <= large <1000
Fairfax	T071	Franklin	PK-12	Yes	775.89	17,089.92	26	179	12,733.82	215	1.3126	500 <= large <1000
5 Group Data					24,589.26	19,371.43			14,522.48			
Operate elementary school, tuition high school students												
West Windsor	T238	Windsor	K-6	Yes	137.07	22,909.85	1	24	18,437.27	5	1.9731	100 <= medium < 500
Marlboro	T120	Windham	PK-8	Yes	128.77	21,238.81	4	76	16,675.69	35	1.7312	100 <= medium < 500
Concord	T051	Essex	PK-8	Yes	229.76	20,506.45	6	93	16,429.03	44	1.6935	100 <= medium < 500
Sunderland	T202	Bennington	PK-6	Yes	143.10	20,097.26	8	103	13,793.00	181	1.4218	100 <= medium < 500
Stockbridge	T197	Windsor	PK-6	Yes	100.89	19,380.76	12	124	15,292.34	97	1.5764	100 <= medium < 500
Middletown Springs	T125	Rutland	PK-6	Yes	119.80	19,976.77	9	127	16,587.72	39	1.7099	100 <= medium < 500
Wardsboro	T221	Windham	PK-6	Yes	122.89	18,500.90	18	139	15,356.71	93	1.5931	100 <= medium < 500
Alburgh	T003	Grand Isle	PK-8	Yes	306.36	19,428.74	11	149	14,981.58	115	1.5443	100 <= medium < 500
Dover	T060	Windham	PK-6	Yes	165.10	19,378.46	13	150	15,256.71	101	1.5727	100 <= medium < 500
Dorset	T059	Bennington	PK-8	Yes	311.21	18,740.45	14	156	15,028.98	112	1.5492	100 <= medium < 500
Tunbridge	T210	Orange	K-8	Yes	173.07	18,535.30	17	157	15,431.38	89	1.5907	100 <= medium < 500
Burke	T036	Caledonia	PK-8	Yes	294.36	18,620.29	15	162	15,573.09	76	1.6053	100 <= medium < 500
Grand Isle	T084	Grand Isle	PK-8	Yes	288.73	18,555.05	16	165	15,404.84	91	1.5880	100 <= medium < 500
Weathersfield	T227	Windsor	PK-8	Yes	327.40	18,393.23	19	178	15,326.79	94	1.5799	100 <= medium < 500
Hartland	T094	Windsor	PK-8	Yes	486.03	18,115.17	21	180	15,531.88	79	1.6011	100 <= medium < 500
South Hero	T192	Grand Isle	PK-8	Yes	194.91	17,883.65	25	187	14,906.67	119	1.5366	100 <= medium < 500
Waterford	T225	Caledonia	PK-8	Yes	226.53	17,989.98	22	199	15,092.55	107	1.5558	100 <= medium < 500
Wolcott	T250	Lamoille	PK-6	Yes	279.24	17,985.17	23	201	14,890.85	120	1.5377	100 <= medium < 500
Barnet	T010	Caledonia	PK-8	Yes	280.82	17,969.99	24	204	15,175.61	105	1.5814	100 <= medium < 500
Washington	T223	Orange	PK-8	Yes	128.45	17,840.30	26	209	13,814.53	180	1.4240	100 <= medium < 500
Sutton	T203	Caledonia	PK-8	Yes	155.62	17,239.20	32	220	14,135.84	163	1.4572	100 <= medium < 500
Sharon	T184	Windsor	PK-6	Yes	251.79	17,403.65	29	237	14,890.21	121	1.5349	100 <= medium < 500
Westford	T232	Chittenden	PK-8	Yes	296.61	17,035.20	35	239	15,032.95	111	1.5496	100 <= medium < 500
Lunenburg	T116	Essex	PK-8	Yes	180.12	17,271.04	30	248	13,651.80	189	1.4073	100 <= medium < 500
Fairfield	T072	Franklin	PK-8	Yes	329.67	17,063.09	34	251	14,374.86	152	1.4818	100 <= medium < 500
Orange	T146	Orange	K-8	Yes	164.60	17,032.58	36	182	13,563.63	192	1.3982	100 <= medium < 500
Coventry	T054	Orleans	PK-8	Yes	170.42	16,970.26	37	235	13,761.59	184	1.4186	100 <= medium < 500
Bakersfield	T007	Franklin	PK-8	Yes	210.10	16,795.89	38	240	13,727.86	185	1.4151	100 <= medium < 500
Walden	T218	Caledonia	PK-8	Yes	148.66	16,396.19	39	29	12,582.77	219	1.2971	100 <= medium < 500
Berkshire	T018	Franklin	PK-8	Yes	299.33	15,552.01	41	45	13,136.17	207	1.3541	100 <= medium < 500
Stamford	T194	Bennington	K-8	Yes	114.88	15,350.71	43	53	11,286.42	243	1.1634	100 <= medium < 500
Fletcher	T077	Franklin	PK-6	Yes	211.57	15,297.33	44	66	13,839.86	177	1.4266	100 <= medium < 500
Sheldon	T187	Franklin	PK-8	Yes	395.66	15,139.55	46	104	11,976.94	229	1.2346	100 <= medium < 500
Montgomery	T128	Franklin	PK-8	Yes	183.09	14,469.14	47	188	11,969.47	230	1.2338	100 <= medium < 500
St. Johnsbury	T179	Caledonia	PK-8	Yes	1,119.29	17,420.11	28	233	12,541.14	221	1.2928	1000 <= very large
Manchester	T119	Bennington	PK-8	Yes	604.41	19,657.40	10	128	15,583.02	73	1.6322	500 <= large <1000
Lyndon	T117	Caledonia	PK-8	Yes	703.75	17,123.03	33	243	14,175.17	161	1.4612	500 <= large <1000
Georgia	T079	Franklin	PK-8	Yes	855.92	15,418.58	42	52	13,334.43	200	1.3745	500 <= large <1000
Rutland Town	T174	Rutland	PK-8	Yes	527.56	15,237.64	45	82	13,688.19	187	1.4110	500 <= large <1000
Roxbury	T170	Washington	PK-6	Yes	83.01	21,396.08	3	47	16,995.15	26	1.7519	Small <100
Isle La Motte	T103	Grand Isle	PK-6	Yes	56.22	21,457.26	2	64	15,714.41	70	1.6199	Small <100
Newark	T135	Caledonia	PK-8	Yes	80.11	21,215.35	5	77	15,725.03	69	1.6210	Small <100
Guildhall	T088	Essex	K-6	Yes	34.95	17,469.41	27	78	12,780.23	214	1.3174	Small <100
Peacham	T151	Caledonia	PK-6	Yes	87.59	20,493.68	7	98	18,112.83	9	1.9300	Small <100
Readsboro	T164	Bennington	PK-8	Yes	90.32	16,249.45	40	130	11,469.41	239	1.1823	Small <100
Hallfax	T090	Windham	K-8	Yes	80.24	18,376.56	20	154	13,412.52	195	1.3826	Small <100
North Hero	T143	Grand Isle	PK-6	Yes	94.67	17,270.13	31	177	13,948.62	173	1.4379	Small <100
6 Group Data					11,974.65	17,328.45			14,351.99			

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Operate elementary school, belong to a union												
Addison	T001	Addison	PK-6	No	79.31	20,258.92	23	172	15,513.08	82	1.5991	Small <100
Albany	T002	Orleans	PK-8	No	90.93	19,741.38	26	26	14,420.54	147	1.4865	Small <100
Barnard	T009	Windsor	PK-6	No	59.75	20,500.35	21	80	14,986.13	114	1.5448	Small <100
Barre City	T011	Washington	PK-8	No	875.31	15,211.37	84	37	11,862.28	232	1.2228	500 <= large <1000
Barre Town	T012	Washington	PK-8	No	795.94	14,434.68	87	67	11,860.45	233	1.2226	500 <= large <1000
Barton ID	T013	Orleans	PK-8	No	183.00	15,923.39	79	190	12,604.10	218	1.2993	100 <= medium < 500
Bennington ID	T015	Bennington	PK-5	No	902.52	16,645.27	72	208	13,226.37	203	1.3634	500 <= large <1000
Benson	T017	Rutland	PK-8	No	92.54	17,780.64	54	89	14,209.96	157	1.4648	Small <100
Berlin	T019	Washington	PK-6	No	176.01	19,208.43	33	132	15,890.47	61	1.6380	100 <= medium < 500
Bradford ID	T023	Orange	PK-6	No	241.53	17,423.80	61	236	13,780.44	182	1.4205	100 <= medium < 500
Braintree	T024	Orange	K-6	No	80.01	17,509.27	59	133	13,956.07	172	1.4386	Small <100
Brattleboro	T027	Windham	PK-6	No	876.87	18,232.60	49	167	15,291.69	98	1.5763	500 <= large <1000
Bridport	T029	Addison	PK-6	No	79.17	20,245.13	24	183	16,534.17	41	1.7044	Small <100
Brighton	T030	Essex	PK-8	No	91.45	22,311.11	13	176	15,250.84	102	1.5721	100 <= medium < 500
Bristol	T031	Addison	PK-6	No	286.74	17,510.61	58	244	14,739.11	129	1.5193	100 <= medium < 500
Brookfield	T032	Orange	K-6	No	67.24	17,158.98	66	119	13,604.02	191	1.4023	Small <100
Brownington	T034	Orleans	PK-8	No	107.27	16,014.73	78	155	11,676.50	237	1.2036	100 <= medium < 500
Calais	T039	Washington	PK-6	No	117.76	17,478.66	60	63	14,884.57	122	1.5343	100 <= medium < 500
Cambridge	T040	Lamoille	PK-6	No	338.31	17,341.05	62	19	13,815.77	179	1.4242	100 <= medium < 500
Cavendish	T043	Windsor	PK-6	No	99.90	19,165.37	34	225	15,266.33	100	1.5737	Small <100
Charleston	T044	Orleans	PK-8	No	115.24	16,190.50	76	238	11,766.00	234	1.2129	100 <= medium < 500
Charlotte	T045	Chittenden	PK-8	No	391.33	18,914.47	36	116	16,014.33	55	1.6508	100 <= medium < 500
Cornwall	T053	Addison	PK-6	No	78.99	19,520.88	29	51	15,988.10	58	1.6481	Small <100
Derby	T058	Orleans	PK-6	No	349.91	16,936.34	69	3	11,609.47	238	1.1967	100 <= medium < 500
Dummerston	T061	Windham	PK-8	No	163.29	21,285.20	15	175	17,214.12	20	1.7745	100 <= medium < 500
East Montpelier	T065	Washington	PK-6	No	183.93	22,707.29	11	21	19,856.11	3	2.0468	100 <= medium < 500
Eden	T066	Lamoille	PK-6	No	119.66	22,778.91	9	57	16,897.50	28	1.7418	100 <= medium < 500
Essex Junction ID	T069	Chittenden	PK-8	No	1,077.92	17,597.17	57	121	14,712.66	132	1.5166	1000 <= very large
Essex Town	T070	Chittenden	PK-8	No	1,246.60	18,293.53	47	99	14,411.10	149	1.4855	1000 <= very large
Fair Haven	T073	Rutland	PK-8	No	311.58	17,073.58	67	231	13,947.57	174	1.4378	100 <= medium < 500
Fayston	T075	Washington	PK-6	No	94.02	18,876.62	37	102	15,459.67	87	1.5936	Small <100
Ferrisburgh	T076	Addison	PK-6	No	184.69	18,583.97	42	250	15,869.31	63	1.6358	100 <= medium < 500
Franklin	T078	Franklin	PK-6	No	130.72	13,632.20	88	122	11,683.80	235	1.2044	100 <= medium < 500
Glover	T080	Orleans	PK-8	No	122.46	18,558.80	44	17	14,451.36	145	1.4897	100 <= medium < 500
Guilford	T089	Windham	PK-6	No	164.51	18,761.51	40	158	15,821.06	65	1.6309	100 <= medium < 500
Hardwick	T092	Caledonia	PK-6	No	254.65	18,584.43	41	148	14,956.79	117	1.5418	100 <= medium < 500
Highgate	T095	Franklin	PK-6	No	310.98	16,102.77	77	147	12,723.14	216	1.3115	100 <= medium < 500
Hinesburg	T096	Chittenden	PK-8	No	529.15	17,328.90	64	61	14,782.61	126	1.5238	500 <= large <1000
Holland	T097	Orleans	PK-6	No	42.34	22,744.14	10	242	13,857.68	176	1.4285	Small <100
Huntington	T099	Chittenden	PK-4	No	119.27	18,415.19	46	185	14,948.34	118	1.5409	100 <= medium < 500
Hyde Park	T100	Lamoille	PK-6	No	226.33	19,394.86	32	123	14,414.65	148	1.4859	100 <= medium < 500
Irasburg	T102	Orleans	PK-8	No	137.19	15,046.06	85	94	11,168.07	245	1.1512	100 <= medium < 500
Jamaica	T104	Windham	PK-6	No	56.25	21,252.23	16	108	15,406.99	90	1.6121	Small <100
Johnson	T107	Lamoille	PK-6	No	244.86	17,932.11	52	117	13,960.39	171	1.4391	100 <= medium < 500
Lincoln	T112	Addison	PK-6	No	122.16	18,141.14	51	25	15,359.24	92	1.5833	100 <= medium < 500
Lowell	T114	Orleans	PK-8	No	113.65	16,544.74	73	218	11,676.65	236	1.2037	100 <= medium < 500
Ludlow	T115	Windsor	PK-6	No	103.29	23,365.85	6	227	16,802.79	31	1.7321	100 <= medium < 500

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Middlebury ID	T123	Addison	PK-6	No	460.18	16,332.04	75	211	14,637.88	133	1.5089	100 <= medium < 500
Middlesex	T124	Washington	PK-6	No	164.49	19,414.91	31	134	16,804.77	30	1.7323	100 <= medium < 500
Monkton	T127	Addison	PK-6	No	159.39	17,654.31	56	90	15,136.95	106	1.5604	100 <= medium < 500
Moretown	T130	Washington	PK-6	No	107.71	22,940.34	7	173	17,697.15	14	1.8243	100 <= medium < 500
Mt. Holly	T133	Rutland	PK-6	No	74.31	22,839.38	8	146	17,494.64	16	1.8034	Small <100
New Haven	T138	Addison	PK-6	No	103.18	18,260.55	48	222	14,200.61	159	1.4638	Small <100
Newbury	T136	Orange	PK-6	No	127.93	18,917.32	35	14	13,976.63	169	1.4407	100 <= medium < 500
Newport City	T139	Orleans	PK-6	No	329.66	17,334.52	63	9	13,420.14	194	1.3834	100 <= medium < 500
Newport Town	T140	Orleans	PK-6	No	139.54	19,497.66	30	171	14,815.02	124	1.5272	100 <= medium < 500
Norwich	T145	Windsor	K-6	No	611.84	19,535.27	28	143	17,746.28	13	1.8293	500 <= large <1000
Orleans ID	T147	Orleans	PK-8	No	99.50	18,789.94	38	241	12,795.95	213	1.3190	Small <100
Orwell	T148	Addison	K-8	No	129.35	15,013.72	86	18	12,814.57	212	1.3210	100 <= medium < 500
Pownal	T159	Bennington	PK-6	No	263.31	18,578.47	43	217	14,558.89	138	1.5008	100 <= medium < 500
Putney	T161	Windham	PK-8	No	182.82	20,526.93	20	118	17,025.61	24	1.7550	100 <= medium < 500
Randolph	T162	Orange	K-6	No	306.96	15,401.56	82	16	13,383.98	196	1.3797	100 <= medium < 500
Reading	T163	Windsor	PK-6	No	47.25	22,424.28	12	163	17,359.43	17	1.7895	Small <100
Ripton	T167	Addison	PK-6	No	36.78	25,913.70	3	65	17,287.85	19	1.7821	Small <100
Rockingham	T169	Windham	PK-8	No	538.07	20,608.53	19	212	16,362.02	45	1.6866	500 <= large <1000
Salisbury	T180	Addison	PK-6	No	92.42	19,649.17	27	197	15,981.37	59	1.6474	Small <100
Shaftsbury	T183	Bennington	PK-6	No	255.01	15,585.18	81	58	12,498.91	223	1.2884	100 <= medium < 500
Shelburne	T186	Chittenden	PK-8	No	794.65	16,986.06	68	203	14,270.73	156	1.4711	500 <= large <1000
Sherburne	T188	Rutland	PK-6	No	54.90	30,650.40	2	88	15,577.23	74	1.6057	Small <100
Shoreham	T189	Addison	PK-6	No	79.87	19,871.35	25	30	15,308.20	95	1.5780	Small <100
St. Albans City	T176	Franklin	PK-8	No	792.34	15,891.13	80	2	12,866.26	211	1.3263	500 <= large <1000
St. Albans Town	T177	Franklin	PK-8	No	716.74	15,332.66	83	161	13,151.32	205	1.3557	500 <= large <1000
Starksboro	T196	Addison	PK-6	No	173.17	16,870.54	70	86	14,390.51	150	1.4834	100 <= medium < 500
Swanton	T204	Franklin	PK-6	No	525.73	16,512.76	74	42	13,140.22	206	1.3545	500 <= large <1000
Townshend	T208	Windham	PK-6	No	74.12	21,004.11	17	226	16,440.89	42	1.6948	Small <100
Troy	T209	Orleans	PK-8	No	177.95	16,722.90	71	228	12,893.35	208	1.3291	100 <= medium < 500
Vernon	T214	Windham	PK-6	No	239.92	18,153.28	50	23	14,720.29	131	1.2594	100 <= medium < 500
Waitsfield	T217	Washington	PK-6	No	127.32	17,750.09	55	136	15,493.41	84	1.5994	100 <= medium < 500
Warren	T222	Washington	PK-6	No	147.67	17,221.68	65	91	14,006.54	167	1.4438	100 <= medium < 500
Waterville	T226	Lamoille	PK-6	No	48.73	32,647.26	1	35	16,256.68	51	1.6758	Small <100
Westminster	T234	Windham	PK-6	No	246.73	20,806.16	18	111	15,988.16	57	1.6481	100 <= medium < 500
Weybridge	T239	Addison	PK-6	No	48.31	24,372.99	4	249	19,918.53	2	2.0533	Small <100
Williston	T244	Chittenden	PK-8	No	973.21	17,889.23	53	184	14,276.90	155	1.4717	500 <= large <1000
Windham	T246	Windham	PK-6	No	20.70	18,500.34	45	96	14,523.14	142	1.4971	Small <100
Woodbury	T251	Washington	PK-6	No	48.31	21,658.37	14	92	14,858.15	123	1.5316	Small <100
Woodford	T252	Bennington	PK-6	No	25.16	23,703.46	5	214	9,641.81	250	1.0000	Small <100
Woodstock	T253	Windsor	K-6	No	157.88	20,477.62	22	206	15,239.78	103	1.5710	100 <= medium < 500
Worcester	T254	Washington	PK-6	No	70.80	18,787.51	39	20	14,749.83	128	1.5204	Small <100
7	Group Data				22,410.44	18,189.59			14,680.12			

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Belong to a union or joint elementary, tuition high school students												
Danby	T056	Rutland	None	No	124.66	18,969.20	2	72	15,811.23	66	1.6299	100 <= medium < 500
Hubbardton	T098	Rutland	None	No	27.13	19,759.49	1	115	15,999.08	56	1.6601	Small <100
Mt. Tabor	T134	Rutland	None	No	14.88	17,201.08	3	151	9,701.01	248	1.0000	Small <100
Stannard	T195	Caledonia	None	No	30.82	17,109.38	4	193	12,519.53	222	1.2905	Small <100
			8	Group Data	197.49	48,146.26			39,920.98			
Belong to a union or joint elementary and a union high school or joint H.S.												
Wilmington	T245	Windham	None	Yes	245.17	20,668.08	2	33	17,092.03	22	1.7619	100 <= medium < 500
Whitingham	T242	Windham	None	Yes	192.73	21,380.23	1	39	17,866.71	12	1.8417	100 <= medium < 500
Bridgewater	T028	Windsor	K-6	Yes	42.28	16,363.95	7	48	12,213.55	225	1.2590	Small <100
Westfield	T231	Orleans	None	Yes	42.12	18,325.55	3	140	15,507.34	83	1.6169	Small <100
Newfane	T137	Windham	None	Yes	83.80	16,947.64	5	198	14,524.69	140	1.4972	Small <100
Brookline	T033	Windham	None	Yes	46.02	16,948.31	4	205	14,523.97	141	1.4972	Small <100
Pomfret	T157	Windsor	K-6	Yes	51.79	16,393.88	6	216	12,213.54	226	1.2590	Small <100
Grafton	T082	Windham	None	Yes	58.82	16,151.87	8	224	12,880.23	210	1.3277	Small <100
Jay	T105	Orleans	None	Yes	54.22	15,865.62	9	229	13,189.75	204	1.3596	Small <100
Athens	T006	Windham	None	Yes	60.47	14,791.48	10	246	12,127.70	227	1.2502	Small <100
Andover	T004	Windsor	None	Yes	1.82	11,580.77	12	251	8,454.95	252	0.8716	Small <100
Chester	T047	Windsor	None	Yes	16.97	13,470.65	11	253	11,327.52	242	1.1677	Small <100
Greensboro	T086	Orleans	None	Yes	5.92	8,285.98	13	254	6,873.14	254	0.7085	Small <100
**Duxbury	T063	Washington	None	Yes	-	-	#N/A	#N/A	-	255	0.0207	Small <100
Castleton	T042	Rutland	None	Yes	-	-	#N/A	#N/A	-	256	-	Small <100
Waterbury	T224	Washington	None	Yes	-	-	#N/A	#N/A	-	256	-	Small <100
			9	Group Data	902.13	18,877.68			15,451.04			
Do not operate elementary, but belong to a union H.S.												
North Bennington ID	T141	Bennington	None	No	131.21	21,345.42	1	49	16,731.62	33	1.7247	100 <= medium < 500
Belvidere	T014	Lamoille	None	No	32.12	19,414.63	2	100	16,052.62	53	1.6547	Small <100
Morgan	T131	Orleans	None	No	33.85	16,366.32	3	221	12,416.99	224	1.2800	Small <100
Westmore	T235	Orleans	None	No	24.32	15,316.12	4	230	11,416.32	240	1.1768	Small <100
West Haven	T233	Rutland	None	No	24.88	13,557.48	5	252	9,584.81	251	1.0000	Small <100
			10	Group Data	246.38	18,760.39			15,863.20			
Gores and unorganized towns												
Buel's Gore	T255	Chittenden	None	Yes	5.45	17,305.50	1	-	17,254.13	-	1.0000	Small <100
Ferdinand	T258	Essex	None	Yes	5.25	-	2	-	-	-	1.0000	Small <100
Averill	T256	Essex	None	Yes	-	-	2	-	-	-	1.0000	Small <100
Avery's Gore	T257	Essex	None	Yes	-	-	2	-	-	-	1.0000	Small <100
Glastenbury	T259	Bennington	None	Yes	-	-	2	-	-	-	1.0000	Small <100
Lewis	T260	Essex	None	Yes	-	-	2	-	-	-	1.0000	Small <100
Somersset	T261	Windham	None	Yes	-	-	2	-	-	-	1.0000	Small <100
Warner's Grant	T262	Essex	None	Yes	-	-	2	-	-	-	1.0000	Small <100
Warren's Gore	T263	Essex	None	Yes	-	-	2	-	-	-	1.0000	Small <100
			11	Group Data	10.70	8,103.08			8,047.38			

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Union High School Districts												
Oxbow UHSD #30	U030	Orange	7-12	Yes	324.97	28,574.23	2	7	15,448.61	88	1.5925	100 <= medium < 500
Woodstock UHSD #4	U004	Windsor	7-12	Yes	452.31	25,710.70	4	41	17,001.42	25	1.7535	100 <= medium < 500
Leland And Gray UHSD #34	U034	Windham	7-12	Yes	296.59	24,006.94	6	83	16,646.06	36	1.7159	100 <= medium < 500
Hazen UHSD #26	U026	Orleans	7-12	Yes	355.41	21,576.24	8	114	16,323.65	46	1.6827	100 <= medium < 500
Black River USD #39	U039	Windsor	7-12	Yes	193.11	20,149.08	11	200	16,715.88	34	1.7231	100 <= medium < 500
North Country Jr UHSD #22	U022A	Orleans	7-8	Yes	258.97	19,761.45	13	11	14,374.99	151	1.4818	100 <= medium < 500
Lake Region UHSD #24	U024	Orleans	9-12	Yes	364.19	19,124.11	15	195	14,529.13	139	1.4977	100 <= medium < 500
Green Mountain UHSD #35	U035	Windsor	7-12	Yes	342.50	18,830.98	16	6	14,189.05	160	1.4626	100 <= medium < 500
Bellows Falls UHSD #27	U027	Windham	9-12	Yes	421.06	18,684.63	17	27	15,236.51	104	1.5706	100 <= medium < 500
Randolph UHSD #2	U002	Orange	7-12	Yes	487.41	16,695.33	24	152	14,611.24	135	1.5062	100 <= medium < 500
Fair Haven UHSD #16	U016	Rutland	9-12	Yes	485.45	16,749.63	23	207	13,558.61	193	1.3977	100 <= medium < 500
Essex Comm. Ed. Ctr. UHSD #46	U046	Chittenden	9-12	Yes	1,144.76	28,940.69	1	5	16,313.93	48	1.6817	1000 <= very large
Brattleboro UHSD #6	U006	Windham	7-12	Yes	1,117.17	25,048.11	5	68	17,349.15	18	1.7884	1000 <= very large
Champlain Valley UHSD #15	U015	Chittenden	9-12	Yes	1,275.99	17,177.94	20	71	14,510.46	143	1.4958	1000 <= very large
Mt. Anthony UHSD #14	U014	Bennington	6-12	Yes	1,747.20	17,100.01	21	87	13,653.01	188	1.4074	1000 <= very large
Bellows Free Academy UHSD #48	U048	Franklin	9-12	Yes	750.17	28,186.04	3	12	16,598.48	38	1.7110	500 <= large <1000
Lamoille UHSD #18	U018	Lamoille	7-12	Yes	825.39	22,756.98	7	109	14,972.93	116	1.5434	500 <= large <1000
Vergennes UHSD #5	U005	Addison	7-12	Yes	543.45	20,506.02	9	126	18,112.19	10	1.9179	500 <= large <1000
U32 High School (UHSD #32)	U032	Washington	7-12	Yes	755.33	20,331.74	10	210	16,320.09	47	1.6823	500 <= large <1000
Harwood UHSD #19	U019	Washington	7-12	Yes	707.06	20,110.36	12	4	16,972.82	27	1.7496	500 <= large <1000
Middlebury UHSD #3	U003	Addison	7-12	Yes	963.73	19,739.31	14	191	17,648.27	15	1.8192	500 <= large <1000
Mt Abraham UHSD #28	U028	Addison	7-12	Yes	743.48	18,009.78	18	44	15,652.61	71	1.6135	500 <= large <1000
Missisquoi Valley UHSD #7	U007	Franklin	7-12	Yes	880.32	17,695.34	19	70	13,625.47	190	1.4045	500 <= large <1000
North Country Sr UHSD #22	U022B	Essex	9-12	Yes	853.83	16,778.97	22	166	13,972.28	170	1.4403	500 <= large <1000
Spaulding HSUD #41	U041	Washington	9-12	Yes	788.96	16,490.65	25	219	12,891.73	209	1.3289	500 <= large <1000
			12	Group Data	17,078.81	21,735.87			16,299.27			
Union Elementary School Districts												
Mettawee Community UESD #47	U047	Rutland	PK-6	Yes	176.12	20,554.28	3	181	15,855.55	64	1.6344	100 <= medium < 500
Chester Andover UESD #29	U029	Windsor	PK-6	Yes	206.48	18,926.81	4	215	14,424.91	146	1.4870	100 <= medium < 500
Vergennes UESD #44	U044	Addison	PK-6	Yes	283.05	16,782.34	6	40	13,981.05	168	1.4412	100 <= medium < 500
Castleton Hubbardton UESD #42	U042	Rutland	PK-8	Yes	366.11	16,563.10	7	59	13,831.14	178	1.4257	100 <= medium < 500
Duxbury/Waterbury UESD #45	U045	Washington	PK-8	Yes	656.78	18,102.61	5	138	15,522.42	80	1.6001	500 <= large <1000
Currier Memorial USD U023	U023	Rutland	PK-6	Yes	95.71	21,449.88	1	62	16,858.56	29	1.8166	Small <100
Lakeview USD U043	U043	Orleans	PK-6	Yes	73.58	20,797.59	2	107	15,281.63	99	1.5753	Small <100
			13	Group Data	1,857.83	17,766.18			14,740.69			
Unified Union School Districts & Interstate School Districts												
Rivendell Interstate School District	U146	Orange	PK-12	Yes	296.68	22,673.72	1	32	18,311.04	7	1.8875	100 <= medium < 500
Miller's Run USD U037	U037	Caledonia	PK-8	Yes	197.54	19,552.09	4	38	16,302.71	49	1.6805	100 <= medium < 500
Blue Mountain Union U021	U021	Orange	PK-12	Yes	404.32	20,128.03	3	106	15,773.39	67	1.6260	100 <= medium < 500
Mountain Towns RED	U301	Bennington	PK-8	Yes	463.27	19,160.45	5	141	15,519.03	81	1.5797	100 <= medium < 500
Waits River Valley USD U036	U036	Orange	PK-8	Yes	350.95	17,180.48	11	160	13,772.59	183	1.4197	100 <= medium < 500
Barstow USD 49	U049	Chittenden	PK-12	Yes	353.73	16,457.47	12	168	13,349.22	199	1.2961	100 <= medium < 500
Twinfield USD U033	U033	Washington	PK-12	Yes	396.29	17,895.64	8	54	15,752.71	68	1.6442	100 <= medium < 500
Otter Valley USD 53	U053	Rutland	PK-12	Yes	1,299.54	17,394.47	10	112	14,495.35	144	1.4142	1000 <= very large
Mt. Mansfield MUSD U401B	U401B	Chittenden	9-12	Yes	1,634.47	17,399.57	9	159	14,737.12	130	1.4591	1000 <= very large
Mill River USD 52	U052	Rutland	PK-12	Yes	824.70	20,620.98	2	75	15,614.95	72	1.5296	500 <= large <1000
Mt. Mansfield Musd U401A	U401A	Chittenden	PK-8	Yes	776.31	19,089.30	6	145	15,937.39	60	1.5829	500 <= large <1000
Elmore-Morristown USD 50	U050	Lamoille	PK-12	Yes	892.12	17,897.54	7	174	14,036.06	166	1.4469	500 <= large <1000
			14	Group Data	7,889.92	10,604.81			8,736.07			

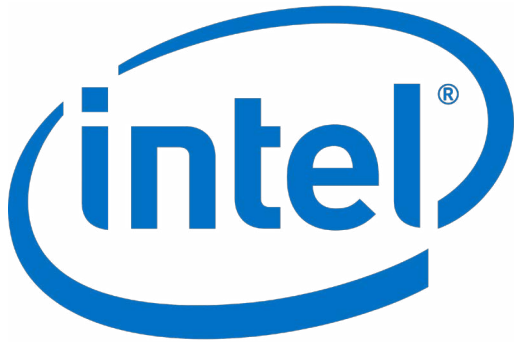
** These districts belong to two unions but also have a local budget. The Budget per Equalized Pupil and the Education spending per equalized pupil are calculated using the equalized pupil count that the local budget supports.

Exhibit 99

The Contributions of New Americans in Vermont



Partners



The Contributions of New Americans in Vermont

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Demographics

In the last decade, Vermont has struggled with population decline, particularly among the young population. The state for years had one of the lowest birthrates in the United States.¹ Relative to other states, it has also sent the largest share of its high school graduates out of the state for college—with many not returning to the workforce afterwards.² With working-age residents in short supply, many Vermont employers—from furniture manufacturers to rural resorts—have struggled to find the workers they need in recent years to expand and keep growing in the state.³ Vermont is additionally challenged by its 3.2 percent unemployment rate, one of the lowest in the nation—meaning few state residents are available to fill jobs.⁴

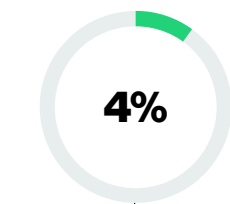
Recent trends regarding the state’s immigrant population have only added to some of these labor challenges. In the country as a whole, immigrants are

much more likely to be in the prime of their working years than the native-born population. In some states, particularly in the Rust Belt, policymakers have aimed to stave off population decline—and support employers based in the state—by making concerted efforts to attract and retain young immigrants with needed skills.⁵ No similar statewide effort has been adopted in Vermont, a policy that could be particularly beneficial here. From 2010 to 2014, the number of immigrants living in Vermont fell by more than 3,500 people.

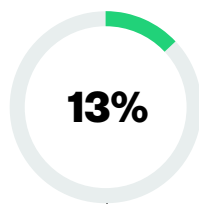
Today Vermont is home to more than 24,000 immigrants. These new Americans play outsize roles as everything from food service managers to computer programmers. For many business owners, such immigrant workers have been a vital reason why their businesses have been able to thrive in recent years.⁶

24,402

Vermont residents were born abroad.



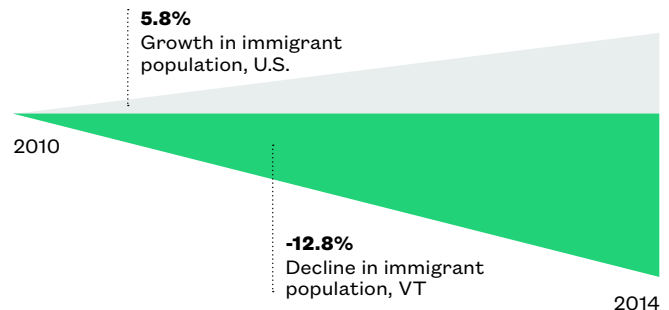
Share of Vermont residents born abroad



Share of U.S. residents born abroad

-3,577

Net decrease in the number of immigrants living in Vermont between 2010 and 2014.

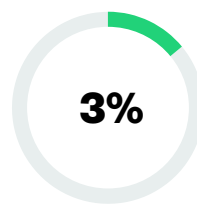


The Role of Immigrants as Entrepreneurs

1,350

immigrants in Vermont are self-employed

Immigrant-owned businesses generated **\$30.3M** in business income in 2014.



Share of entrepreneurs in Vermont who are immigrants

27,605 people in Vermont and Rhode Island are employed at firms owned by immigrants.

* This is a conservative estimate that excludes large, publicly owned firms.

Given that the act of picking up and moving to another country is inherently brave and risky, it should be little surprise that immigrants have repeatedly been found to be more entrepreneurial than the U.S. population as a whole.⁷ According to The Kauffman Foundation, a nonprofit group that studies entrepreneurship, immigrants were almost twice as likely to start a new business in 2015 than the native-born population.⁸ The companies they founded ranged from small businesses on Main Street to large firms responsible for thousands of American jobs. Recent studies, for instance, have indicated that immigrants own more than half of the grocery stores in America and 48 percent of nail salons.⁹ Foreign-born entrepreneurs are also behind 51 percent of our country's billion dollar startups,¹⁰ and more than 40 percent of Fortune 500 firms.

The super-charged entrepreneurial activity of immigrants provides real and meaningful benefits to everyday Americans. In 2010, roughly one in 10 American workers with jobs at private firms were employed at immigrant-founded companies. Such businesses also generated more than \$775 billion in annual business revenue that year.¹¹ Vermont is currently home to almost 1,400 foreign-born entrepreneurs. Such business owners are creating real and meaningful economic opportunities to local, U.S.-born workers. Their firms generated \$30.3 million in business income in 2014. Foreign-born entrepreneurs in Vermont and Rhode Island also provided jobs to roughly 28,000 Americans in 2007.¹²

Currently, there is no visa to come to America, start a company, and create jobs for U.S. workers—even if an entrepreneur already has a business plan and has raised hundreds of thousands of dollars to support his or her

idea. Trying to exploit that flaw in our system, countries around the world—from Canada to Singapore, Australia to Chile—have enacted startup visas, often with the explicit purpose of luring away entrepreneurs who want to build a U.S. business but cannot get a visa to do so.¹³ Here in the United States, many individuals have gone to great lengths to circumnavigate the visa hurdles. Many entrepreneurs sell a majority stake in their company and then apply for a visa as a high-skilled worker, rather than the owner of their firm. And a few enterprising venture capitalists, led by Jeff Busgang in Boston and Brad Feld in Colorado, have launched programs that bring over foreign-born entrepreneurs to serve as “entrepreneurs in residence” at colleges and universities. Because nonprofit academic institutions are exempt from the H-1B cap, such entrepreneurs can secure their visas by working as mentors at a school, and then build their startups in their free time.

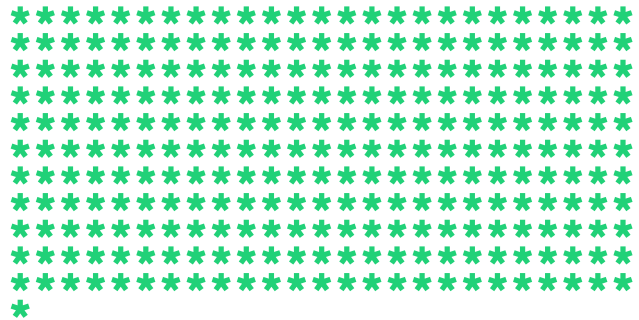
Currently, there is no visa to come to America, start a company, and create jobs for U.S. workers—even if an entrepreneur already has a business plan and has raised hundreds of thousands of dollars to support his or her idea.

These innovative programs, which are currently available at 13 colleges and universities across the country, are already resulting in meaningful economic contributions. As of mid-2016, 23 entrepreneurs had secured visas through these programs nationally. The companies they founded had created 261 jobs and raised more than \$100 million in funding.¹⁴

NUMBER OF EMPLOYEES AT IMMIGRANT-OWNED FIRMS

27,605

people in Vermont and Rhode Island were employed at firms owned by immigrants in 2007.



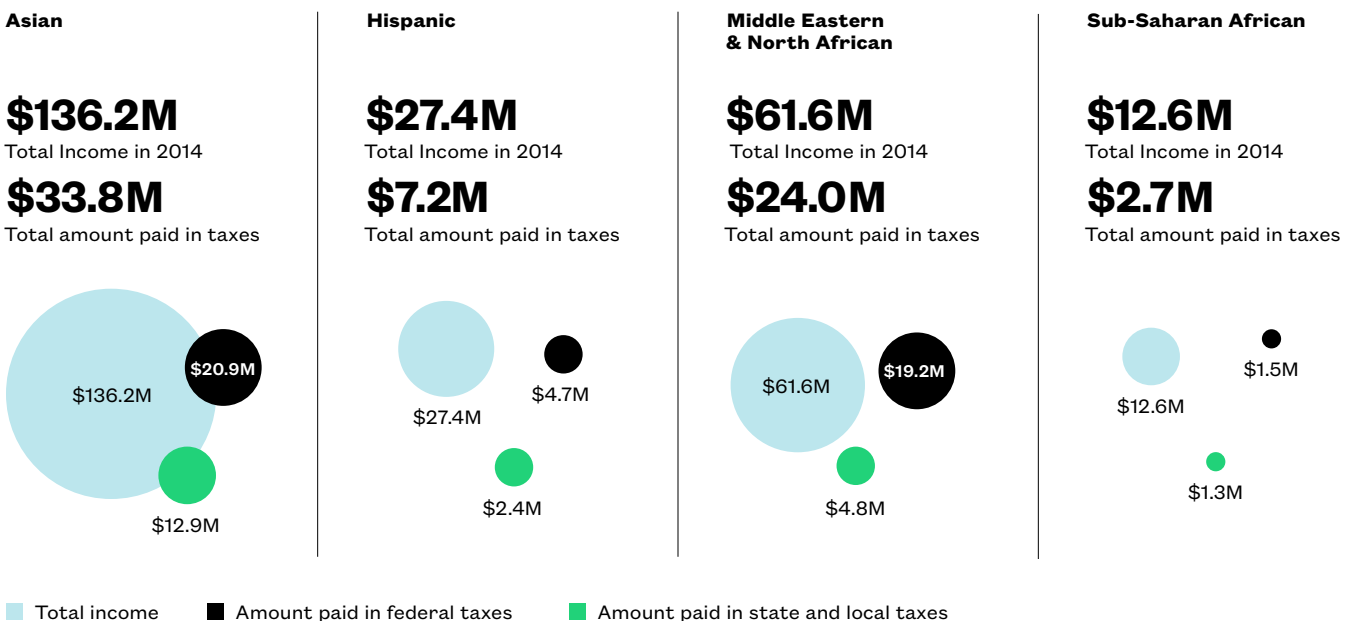
* = 100 people

Income and Tax Contributions

Immigrants in Vermont play an important role contributing to the state as both taxpayers and consumers. In 2014, immigrant-led households in Vermont earned \$654.7 million dollars—or 3.6 percent of all income earned by Vermonter that year. With those earnings, the state’s foreign-born households were able to contribute more than one in every 29 dollars paid by Vermont residents in state and local tax revenues, payments that support important public services such as public schools and police. Through their individual wage contributions, immigrants also paid almost \$86 million into the Social Security and Medicare programs that year.

By spending the money they earn at businesses such as hair salons, grocery stores, and coffee shops, immigrants also support small business owners and job creation in the communities where they live. In Vermont, immigrants held \$462.5 million in spending power in 2014, defined in this brief as the net income available to a family after paying federal, state, and local taxes. We highlight the spending power and tax contributions of several subsets of Vermont’s foreign-born population below, including Hispanics and immigrants from Northern Africa or the Middle East.

INCOME AND TAX CONTRIBUTIONS OF KEY GROUPS WITHIN VERMONT’S IMMIGRANT POPULATION, 2014



In 2014, immigrants in Vermont earned **\$654.7M.**



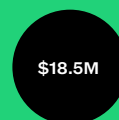
\$57.9M—went to state and local taxes

\$134.4M—went to federal taxes

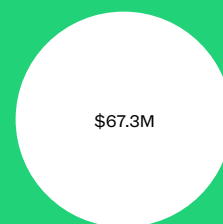
Leaving them with **\$462.5M** in remaining spending power.

ENTITLEMENT CONTRIBUTIONS

Vermont's immigrants also contribute to our country's entitlement programs. In 2014, through taxes on their individual wages, immigrants contributed **\$18.5M** to Medicare and **\$67.3M** to Social Security.

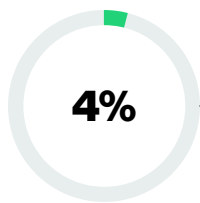


Medicare



Social Security

The Role of Immigrants in the Broader Workforce



Immigrants made up 4% of the employed population in the state.

14,402

immigrants in Vermont were working in 2014.

Because they tended to be working-age,

Immigrants were **14%** more likely to work than native-born Vermonters.

59.0%

of immigrants of all ages worked in 2014.



51.6%

of the native-born population worked.



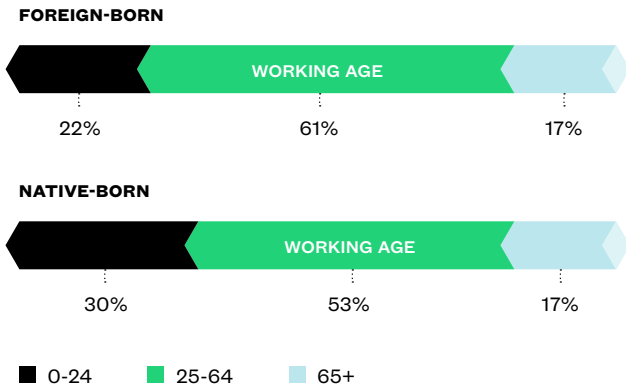
People who come to the United States often come here to work. Because of that, they often have skills that make them a good fit for our labor force—and a strong complement to American workers already here. In the country as a whole, immigrants are much more likely to be working-age than the U.S.-born. They also have a notably different educational profile. The vast majority of Americans – more than 79 percent of the U.S.-born population – fall into the middle of the education spectrum by holding a high school or bachelor’s degree. Immigrants, by contrast, are more likely to gravitate toward either end of the skill spectrum. They are more likely to lack a high school diploma than the native born, but also more likely to have an advanced degree. This makes them good candidates for labor-intensive positions, such as housekeeping, that many more educated U.S.-born

workers are less interested in pursuing, as well as high-level positions that allow innovation-driven firms to expand and add jobs for Americans at all skill levels.

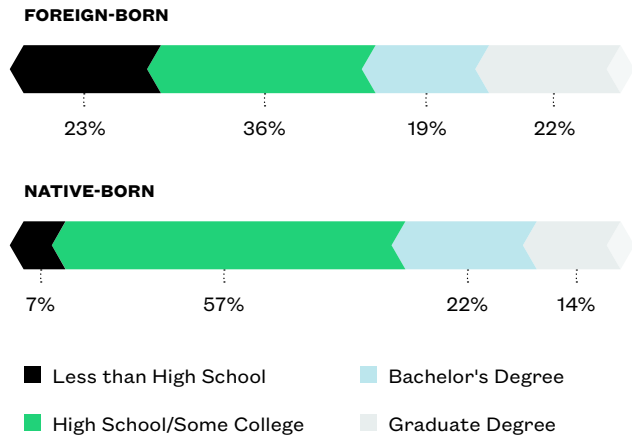
Immigrants in Vermont are **56.3%** more likely to hold a graduate degree than natives.

Both these dynamics are strong in the state of Vermont. When it comes to educational attainment, immigrants in the state are 56.3 percent more likely to hold a graduate degree than natives. They are also more than three times as likely to be educated at less than a high-school level. The foreign-born population is also more likely to be working age, which we define in this brief as ranging in age from 25 to 64. In Vermont, 61.0 percent of the

AGE BREAKDOWN OF VERMONT'S FOREIGN-BORN AND NATIVE-BORN POPULATIONS, 2014



EDUCATIONAL ATTAINMENT OF VERMONT'S FOREIGN-BORN AND NATIVE-BORN POPULATION (AGES 25+), 2014



foreign-born population falls into that age band, while only 52.7 percent of the native-born population does. That 8.3-percentage point gap has major implications for the state’s workforce. In 2014, Vermont’s immigrants were 14.3 percent more likely to be actively employed than the state’s native-born residents—a reality driven largely by the fact that a larger than average share of the native-born population had already reached retirement age.

In Vermont, 61.0% of the foreign-born population is in the prime of their working years, or between the ages of 25 and 64, compared to just 52.7% of the native-born population.

The immigrants who are working in Vermont contribute to a wide range of different industries in the state—many of which are growing and important parts of the local economy. Foreign-born residents make up almost one in eight employees in the state’s restaurant industry. They also account for 14.3 percent of the state’s workers in nursing care, contributing to Vermont’s

sizeable healthcare industry, which accounted for 18.8 percent of the state’s Gross Domestic Product in 2014.¹⁵ Immigrants also frequently gravitate toward sectors where employers may struggle to find enough interested U.S.-born workers. Immigrants in Vermont, for instance, make up 15.8 percent of workers in crop production, an industry that includes those picking crops in the field by hand.

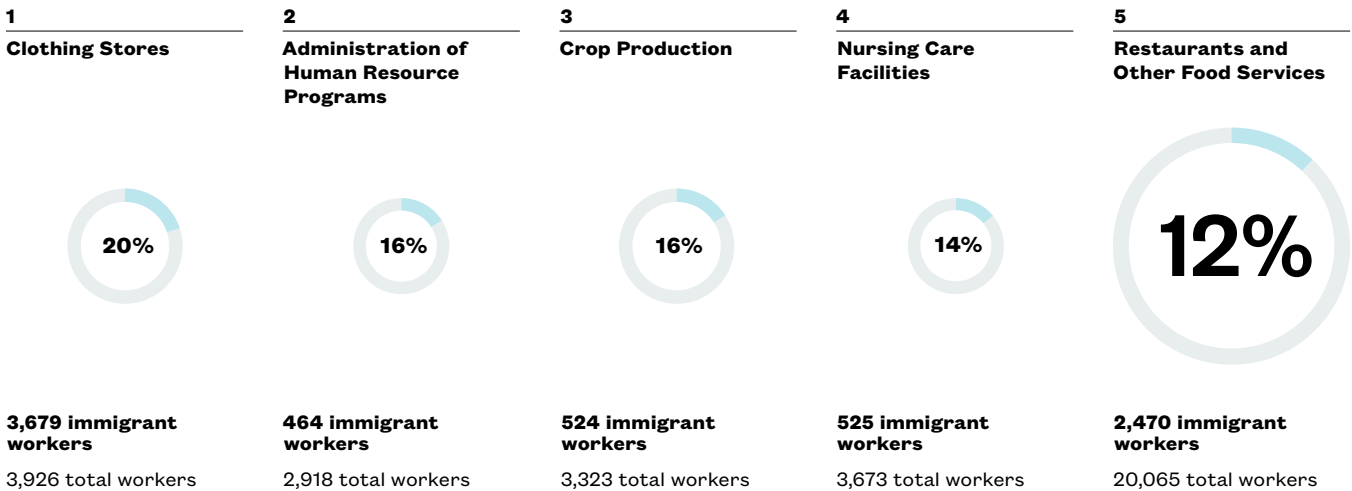
In recent decades, immigrants have also played an important role in Vermont’s manufacturing industry. Studies have found that the arrival of immigrants to a community can have a powerful impact creating or preserving manufacturing jobs. This is because foreign-born workers give employers access to a large and relatively affordable pool of laborers, making it less attractive for firms to move work to cheaper locations offshore. One study by the Partnership for a New American Economy and the Americas Society/Council of the Americas, for instance, found that every time 1,000 immigrants arrive in a given U.S. county, 46 manufacturing jobs are preserved that would otherwise not exist or have moved elsewhere.¹⁶ The almost 28,000 immigrants who were living in the state in 2010 were responsible for creating or preserving almost 1,300 manufacturing jobs.

Aside from just looking at overarching industry groups, our work also examines the share of workers that are foreign-born in specific occupations and jobs. Immigrants in Vermont, like the country as a whole, are often overrepresented in either high-skilled or particularly labor-intensive positions. While foreign-born workers make up 4.4 percent of the state’s employed population, they account for 38.8 percent of food service managers. They also make up 25.0 percent of those working as software developers for applications and systems software, and 13.9 percent of management analysts.

The almost **28,000** immigrants who were living in the state in 2010 were responsible for creating or preserving almost **1,300** manufacturing jobs.

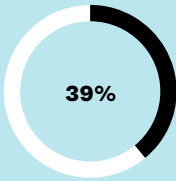
INDUSTRIES WITH LARGEST SHARE OF FOREIGN-BORN WORKERS, 2014

■ Share of workers who are immigrants



OCCUPATIONS WITH LARGEST SHARE OF FOREIGN-BORN WORKERS, 2014

1
Food Service Managers



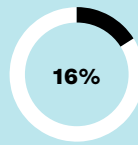
1,057 immigrant workers
2,721 total workers

2
Software Developers, Applications and Systems



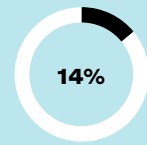
359 immigrant workers
1,434 total workers

3
Packaging and Filling Machine Operators and Tenders



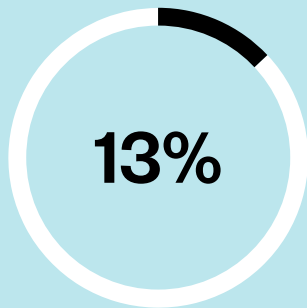
262 immigrant workers
1,609 total workers

4
Management Analysts



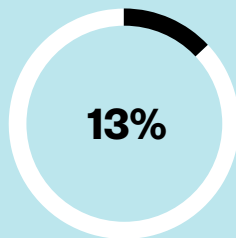
216 immigrant workers
1,559 total workers

5
First-Line Supervisors of Retail Sales Workers



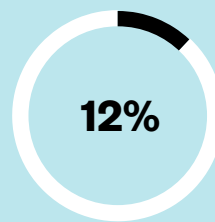
1,127 immigrant workers
8,728 total workers

6
Postsecondary Teachers



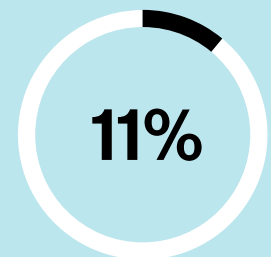
689 immigrant workers
5,492 total workers

7
Nursing, Psychiatric, and Home Health Aides



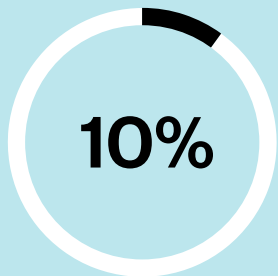
508 immigrant workers
4,269 total workers

8
Personal Care Aides



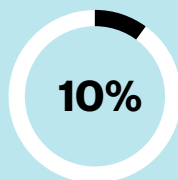
633 immigrant workers
5,691 total workers

9
Janitors and Building Cleaners



702 immigrant workers
6,749 total workers

10
First-Line Supervisors of Non-Retail Sales



315 immigrant workers
3,067 total workers

■ Share of workers who are immigrants

SPOTLIGHT ON

Birgit Matthiesen

Advisor at Vermont-Québec Enterprise Initiative (VQEI)

Birgit Matthiesen was working as a Canadian customs inspector when she struck up a friendship—and, later, a marriage—with a fellow agent, one who worked a few feet to the south and wore an American uniform. “We are,” she says, “the living example of the bilateral relationship.”

Now the couple lives in Burlington, Vermont, and Matthiesen has built a 35-year career in international trade, first as an economic policy assistant at the Canadian Embassy in Washington, DC, then as special advisor to the president of the Canadian Manufacturers & Exporters, Canada’s largest trade and industry association. She now directs Canada-U.S. cross-border business affairs for Arent Fox, a Washington, DC, law firm and lobbying group.

But no matter her success or her longtime status as a U.S. citizen, Matthiesen cannot forget that, at heart, she is an immigrant in this country.

“I appreciate the fact that that bureaucracy and that process approved my application, and I try every day to make sure that they don’t regret it,” she says.

“I appreciate the fact that that bureaucracy approved my [immigration] application, and I try every day to make sure that they don’t regret it,” Matthieson says.

For Matthiesen that means giving back financially, “as most immigrants and most foreign workers do,” she says. As chair of a cross-border business affairs group and as a volunteer advisor for the Vermont-



Québec Enterprise Initiative (VQEI), Matthiesen helps businesses in her home state thrive by connecting them with Canadian goods and customers.

“As an immigrant, I just felt a need to lend my voice and my experience,” she says.

It’s experience that’s proven invaluable, says Tom Torti, president of the Lake Champlain Regional Chamber of Commerce. “The VQEI is, in large part, a result of Birgit seeing an opportunity to strengthen her home state’s relationship with her home country.”

Canada is America’s second-largest trade partner, eclipsed only by the European Union. More than \$2 billion in goods and services and 300,000 people

cross the border every day, a relationship that supports millions of jobs.

In Vermont, an estimated 18,900 jobs depend on trade and investment with Canada, according to the Canadian Trade Commissioner Service. Husky Injection Molding System, for example, is based in Ontario but employs 350 U.S. workers at a Vermont plant. Canadian bicycle apparel company Louis Garneau runs its U.S. operations out of Vermont and recently added an \$8 million building and 30 more jobs in the state.

Many more U.S. jobs are tucked inside American companies able to manufacture goods domestically by importing some of their components from Canada.

“More and more, a finished retail product made in Vermont, or made in Québec, uses each other’s best product line. While one may see a long line of trucks at the border heading into Vermont, you will also see a long line of trucks heading into Québec,” Matthiesen says. “Really, we make things together.”

“While one may see a long line of trucks at the border heading into Vermont, you will also see a long line of trucks heading into Québec,” Matthiesen says. “Really, we make things together.”

Meanwhile, companies in Vermont significantly boost sales with Canadian marketing. Québec’s largest city of Montreal is 45 minutes by car from the Vermont border and home to 4.1 million people, more than six times the total population of Vermont.

For her part, Matthiesen wants to help keep the border from acting as a barrier—to sales people, to repairmen, to anyone doing business. “Nothing kills business like an executive team that can’t get to a meeting,” she says.

Science, Technology, Engineering, and Math

Between 2014 and 2024, science, technology, engineering, and math—or “STEM”—fields are projected to play a key role in U.S. economic growth, adding almost 800,000 new jobs and growing 37.0 percent faster than the U.S. economy as a whole.¹⁷ Immigrants are already playing a huge part ensuring that Vermont remains a leading innovator in STEM fields like advanced manufacturing and green energy. Despite making up 3.9 percent of the state’s population, foreign-born Vermonters represented 6.0 percent of STEM workers in the state in 2014. Our outdated immigration system, however, makes it difficult for STEM employers to sponsor the high-skilled workers they need to fill critical positions. This is problematic because it can slow the ability of firms to expand and add jobs for American workers at all skill levels. It also makes little sense, given the country’s ongoing shortage of STEM talent—an issue that heavily impacts employers here. In 2014, 7.7 STEM jobs were advertised online in Vermont for every one unemployed STEM worker in the state.

Despite making up **3.9%** of the state's population, immigrants represented **6.0%** of all STEM workers in Vermont in 2014.

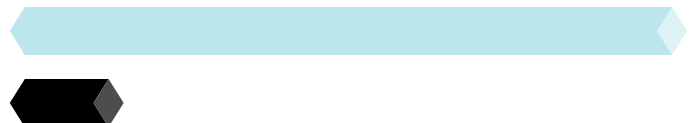
Immigrants, however, are not just a crucial piece of Vermont’s STEM workforce now—they are also likely to help power it in the future. In 2014 students on temporary visas made up roughly one out of every four students earning a STEM PhD degree at Vermont’s universities, and 4.7 percent of students earning a Master’s-level degree in STEM. Even after America’s universities invest in their education, however, many of those students struggle to remain in the country after graduation. Creating visa pathways that would make it easier for them to stay would benefit Vermont’s economy. A study by the Partnership for a New American Economy and the American Enterprise

4,674

available STEM jobs were advertised online in 2014, compared to **604** unemployed STEM workers.

The resulting ratio of open jobs to available workers was

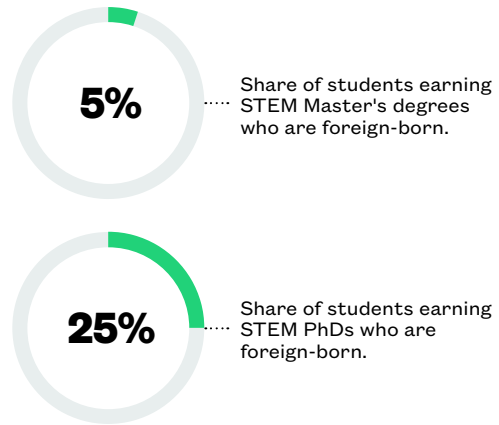
7.7 to 1



If Vermont could retain **100** advanced level STEM grads on temporary visas in the state after graduation...

262

jobs for U.S.-born workers would be created by 2021.



Institute found that every time a state gains 100 foreign-born STEM workers with graduate-level STEM training from a U.S. school, 262 more jobs are created for U.S.-born workers there in the seven years that follow.¹⁸

Healthcare

In the coming years, the American healthcare industry is projected to see incredibly rapid growth—adding more new positions from 2014 to 2024 than any other industry in our economy.¹⁹ Already, caregivers are facing near unprecedented levels of demand. Between 2013 and 2015, the number of Americans with health insurance rose by almost 17 million,²⁰ opening the door for many patients to receive more regular care. The country’s 76.4 million baby boomers are also aging rapidly—at a major cost to our healthcare system. Studies have found that elderly Americans spend three

times more on healthcare services than those of working age each year.²¹

In Vermont, a state where more than one out of every six residents is currently elderly, finding enough healthcare workers remains a challenge—and one that will likely worsen in the future. While the state has a healthy supply of practicing physicians, shortages impact a wide range of other healthcare fields. In 2014, 7.2 healthcare jobs were listed online in Vermont for every one unemployed

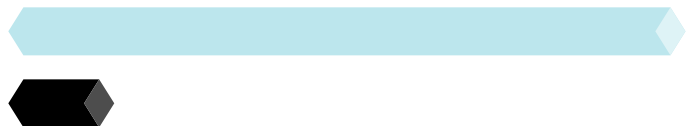
VERMONT HAS A SHORTAGE OF HEALTHCARE WORKERS

6,454

available healthcare jobs were advertised online in 2014, compared to **895** unemployed healthcare workers.

The resulting ratio of open jobs to available workers was

7.2 to 1



Additional number of psychiatrists needed now: **46**



Shortage of occupational therapists by 2030: **142**



Shortage of dentists projected by 2025: **26**

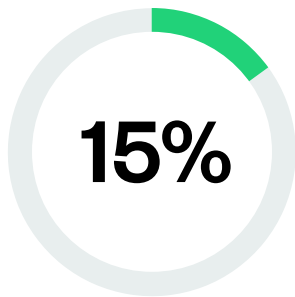


FOREIGN-BORN AND FOREIGN-EDUCATED PROFESSIONALS HELP FILL HEALTHCARE LABOR GAPS

Foreign-Educated

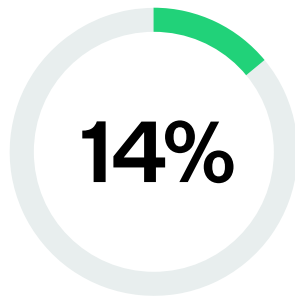
Doctors

347 graduates of foreign medical schools



Psychiatrists

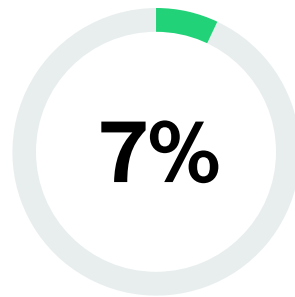
26 graduates of foreign medical schools



Foreign-Born

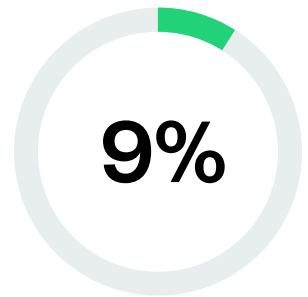
Nurses

477 foreign-born workers



Nursing, Psychiatric, and Home Health Aides

505 foreign-born workers



healthcare worker in the state. Other occupations that cater largely to seniors are also stretched thin.

In 2016 more than **one in seven** physicians in Vermont graduated from a foreign medical school, a likely sign they were born elsewhere.

Immigrants are already playing a valuable role helping Vermont meet some of its healthcare workforce gaps. In 2016 more than one in seven physicians in Vermont graduated from a foreign medical school, a likely sign they were born elsewhere. Immigrant healthcare

practitioners also made up 6.5 percent of the state's nurses in 2014, as well as 8.9 percent of those working as nursing, psychiatric, or home health aides. In fact, Vermont's share of foreign-born nurses ranks in the top half of states nationwide.

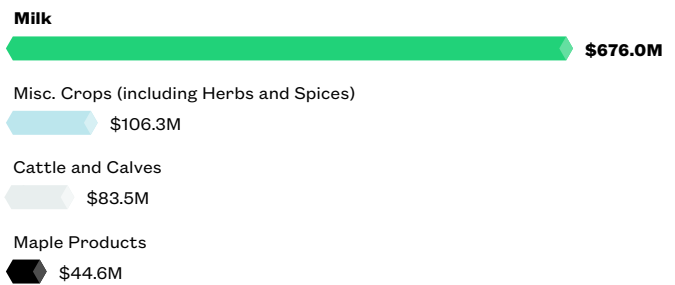
Agriculture

\$516.0M

Amount agriculture contributes to Vermont's GDP annually.



TOP FOUR CROPS PRODUCED IN THE STATE, AS MEASURED BY SALE RECEIPTS



One sector of the economy that is important to the state of Vermont is agriculture. In 2014, the agriculture sector contributed almost \$516 million to the state’s economy. It also directly employed more than 8,400 Vermonters. Although Vermont is not known as a major producer of fresh fruits and vegetables, the type of crops that most commonly depend on immigrant workers to harvest them by hand, the state does produce large amounts of livestock, maple, and dairy. One 2015 study found that 51 percent of the laborers on U.S. dairy farms were immigrants. What’s more, roughly 70 percent of the dairies the hired immigrant laborers reported having “low” or “medium” levels of confidence in the authenticity of their workers’ documents—indicating that such establishments are vulnerable to immigration raids or uncertainty surrounding their ability to find sufficient workers in the future.²²

The current visa system for agriculture presents many problems for states like Vermont. The H-2A visa program, which is designed to bring in temporary farm laborers, is

too expensive and burdensome for many U.S. farms.²³ Farmers frequently complain that delays issuing H-2A visas often result in workers arriving late, which can lead to crop loss; dairies are also excluded from the program altogether. For the 46.4 percent of Vermont farms that do grow at least some fresh fruits and vegetables, the current labor picture is increasingly untenable. Between 2002 and 2014, the number of field and crop workers in the Northeast region decreased by 17.9 percent. Wage trends indicate that caused a major labor shortage on Vermont farms: Real wages for the state’s field and crop workers jumped by 33.2 percent during the period.

The current labor picture for Vermont farms is increasingly untenable. Between 2002 and 2014, the number of field and crop workers in the Northeast region decreased by **17.9%**.

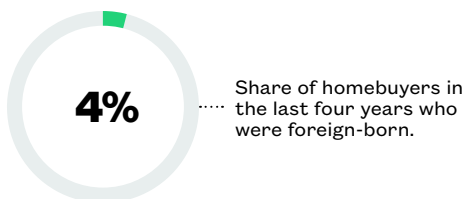
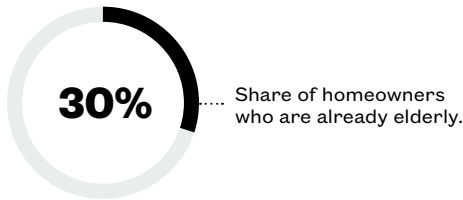
Housing

Immigrant families have long played an important role helping to build housing wealth in the United States. One study released by the Partnership for a New American Economy and Americas Society/Council of the Americas, for instance, found that in recent decades the country's more than 40 million immigrants collectively raised U.S. housing wealth by \$3.7 trillion. Much of this was possible because immigrants moved into neighborhoods once in decline, helping to revitalize communities and make them more attractive to U.S.-born residents.²⁴

In Vermont, immigrants are actively strengthening the state's housing market. The roughly 6,000 foreign-

born homeowners in the state held almost \$2 billion in housing wealth in 2014. Immigrant-led households also generated 4.2 percent of the state's rental income, even though they led only 3 percent of households in the state. Because Vermont's immigrants are more likely to be working age, they help address another major concern of housing experts as well— that the large wave of baby boomers retiring in the coming years could result in more homes going up for sale than there are buyers to purchase them. In a state where seniors already own 29.7 percent of homes, immigrant families made up 3.7 percent of new homebuyers from 2010 to 2014— a larger than expected portion given their share of the population.

Immigrants are **bolstering the housing market** by buying the wave of homes coming on the market as the baby boomers retire.



5,574

Number of immigrant homeowners in 2014

\$1.5B

Amount of housing wealth held by immigrant households



\$2.9M

Amount paid by immigrant-led households in rent



Visa Demand

One key measure of the demand for immigrant workers involves the number of visas requested by employers in a given state. Before an employer can formally apply for many types of visas, however, it must first obtain “certification” from the Department of Labor—essentially a go-ahead from the DOL that the employer can apply for a visa to fill a given job or role. For the H-1B visa, which is used to sponsor high-skilled workers, an employer gains certification by filing what’s known as a Labor Condition Application, or LCA. In the LCA the employer must detail

the position the foreign national would fill, the salary he would be paid, and the geographic location of the job. Firms must also attest that hiring an immigrant will not adversely impact similarly situated American workers. For two other large work visa categories—the H-2A for agricultural laborers and the H-2B for seasonal or temporary needs—employers file what is known as a Labor Certification application, or a “labor cert” for short. To get a labor cert approved, the employer must demonstrate that it is unable to locate an American worker that is available, willing, and able to fill the job.

H-1B

Number of positions:

637

Top jobs:

- Computer Systems Analysts
- Software Developers, Applications
- Accountants and Auditors

GREEN CARD

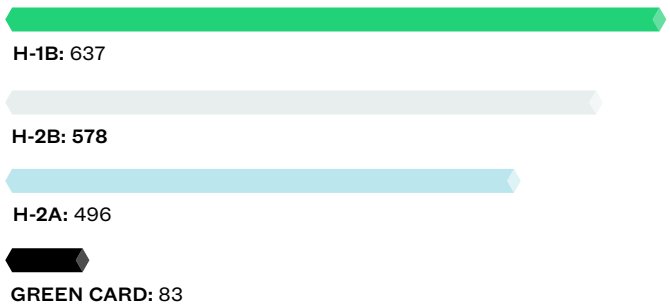
Number of positions:

83

Top jobs:

- Software Developers, Applications
- Computer Systems Analysts
- Foreign Language and Literature Teachers, Postsecondary

CERTIFIED POSITIONS BY VISA TYPE, 2014



* This includes only employment-based green cards

H-2A

Number of positions:

496

Top crops or jobs:

- Apples
- Fruits and Vegetables
- Poultry

H-2B

Number of positions:

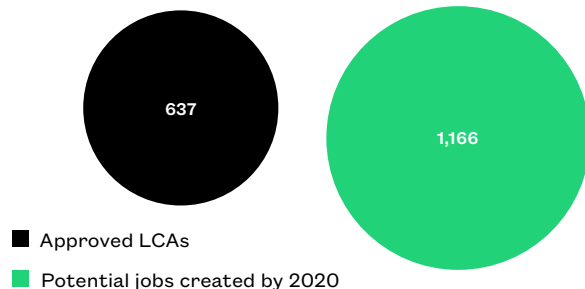
578

Top jobs:

- Housekeeping Cleaners
- Cooks, Institution and Cafeteria
- Laborers and Freight, Stock, and Material Movers

IF ALL APPROVED LCAS HAD TURNED INTO VISAS...

637 LCAs for H-1B workers could have created **1,166 jobs**.

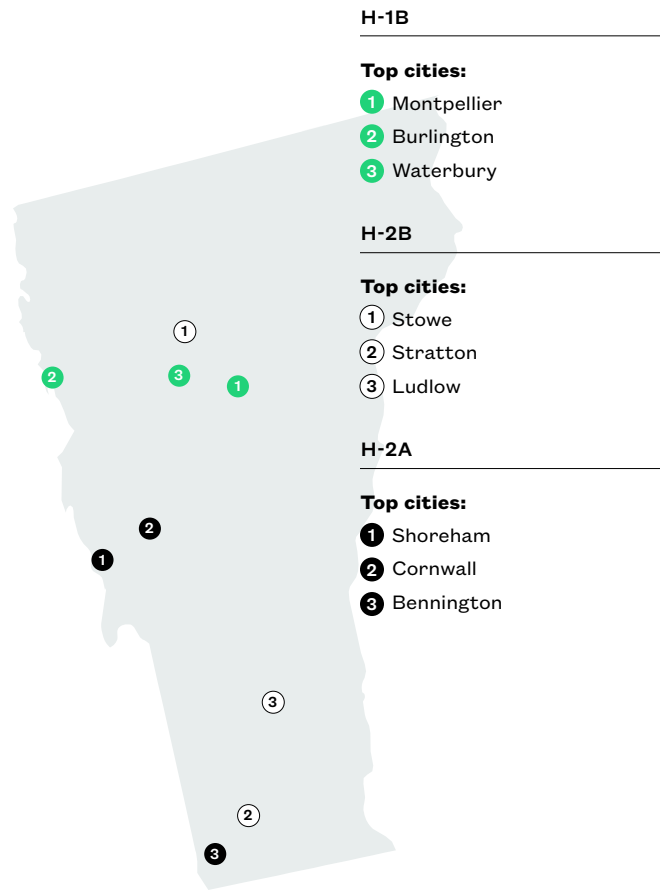


In fiscal year 2014, Vermont employers received DOL certification for almost 1,800 positions, including jobs across a wide variety of occupations and geographies within the state. They included almost 640 positions for potential workers on H-1B visas, as well as roughly 500 for H-2A workers. Federal officials also issued almost 600 certifications for H-2B visas, which are frequently used to staff places like hotels, fisheries, and ski resorts during the high season. Given that it is expensive and cumbersome for employers to obtain labor certs—and similarly daunting to formally apply for an H-1B visa—the large interest in all these visa categories indicates Vermont employers likely were having real trouble finding the workers they needed on U.S. soil.

Obtaining certification, however, is not the same as receiving a visa. The H-1B program is currently capped at 85,000 visas a year for private sector employers. In the country as a whole, this resulted in almost half of all such applications being rejected in fiscal year 2014 alone. The H-2B program is similarly limited to just 66,000 visas per year. Even permanent immigrants get ensnared in the limitations of our outdated immigration system. Only seven percent of all green cards can go to nationals of any one country in a given year—resulting in backlogs lasting years for many Indian, Chinese, Mexican, and Filipino workers.²⁵

When companies are denied the visas they need, company expansion is commonly slowed—often at a real and meaningful cost to the U.S.-born population. One study by the Partnership for a New American Economy and the American Enterprise Institute estimated that when a state receives 100 H-2B visas, 464 jobs are created for U.S.-born workers in the seven years that follow.²⁶ The fact that H-1B visa holders actually create—not take away—jobs from Americans has also been widely supported in the literature. A 2013 paper written by professors at Harvard University looking at the 1995 to 2008 period found that 1 additional young, high-skilled immigrant worker hired by a firm created 3.1 jobs for U.S.-born workers at that same company during the period studied.²⁷ Other academics have tied each H-1B visa award or labor request with the creation of four²⁸ or five²⁹ American jobs in the immediate years that follow.

CITIES ARE DEMANDING VISAS ALL OVER THE STATE



In this brief, we rely on a more conservative estimate of the impact of the H-1B program on the American workforce. Specifically, we use the estimate that every 1 additional H-1B visa awarded to a state was associated with the creation of 1.83 more jobs for U.S.-born workers there in the following seven years.³⁰ On the first page of this section, we show the number of jobs that would have been created for U.S.-born workers in Vermont by 2020 if all the fiscal year 2014 LCAs for H-1Bs had turned into actual visas.

Naturalization

Vermont’s immigrants are not only living in the state, they are also laying down roots in the state as well. Our analysis found that immigrants in Vermont are naturalizing, or becoming citizens, at considerably higher rates than they are in the country overall. In 2014, 50.3 percent immigrants in Vermont were already U.S. citizens. Nationally, the equivalent figure was 47.3 percent.

Like almost all parts of the country, however, Vermont is also home to a population of immigrants who are eligible to naturalize, but haven’t yet done so. Embracing public policies that would help those individuals navigate the naturalization process could have an important economic impact on the state. Studies have found that immigrants who become citizens seek out higher

education at greater rates than non-citizens.³¹ Because citizenship allows immigrants to pursue a greater range of positions, including public and private sector jobs requiring a security clearance, it also has been found to raise a person’s annual wages. One study by researchers at the University of Southern California pegged the size of that wage increase at 8 to 11 percent.³² If the average non-citizen in Vermont saw a wage boost at the low end of that range, or 8 percent, she would earn almost \$2,800 more per year— money that could be reinvested in the state’s economy through her spending at local businesses. Multiplied by the roughly 4,000 non-citizens in Vermont currently eligible to naturalize, such policy initiatives could collectively boost wages in the state by almost \$11.0 million.

3,962

Number of non-citizens eligible to naturalize in 2014

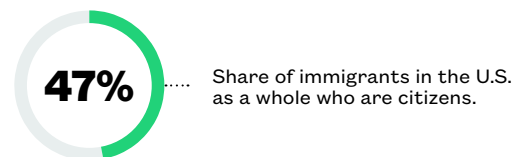
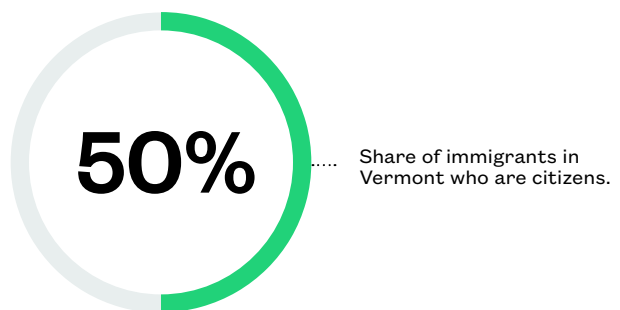


The average non-citizen in Vermont earns **\$34,712** per year. If they naturalized, they each could earn an average of **\$2,777 more** per year.

\$11.0M

Aggregate additional earnings if eligible non-citizens naturalized.

NATURALIZATION RATES IN VERMONT



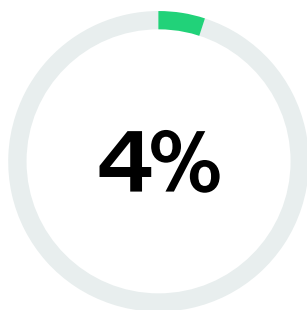
International Students

Policymakers are increasingly realizing that international students provide huge benefits to the communities where they live and study. The World Bank has found that an increase in the number of international graduate students studying at American schools leads to large boosts in the number of patents awarded to local research universities in the years that follow.³³ Through their tuition payments and day-to-day spending, international students in the broader United States also contributed more than \$30.5 billion to the U.S. economy in the 2014-2015 school year and supported more than 370,000 jobs.³⁴

In Vermont, the roughly 1,500 international college students studying on temporary visas make up just 3.5 percent of all college students in the state. Still, their economic contribution is meaningful. They support more than 500 jobs in the state, including positions in transportation, health insurance, and retail.

Through their tuition payments and day-to-day spending, international students in the broader United States contributed more than **\$30.5B** to the U.S. economy in the 2014-2015 school year and supported more than **370,000** jobs.

International students represent a very small portion of all students in Vermont, but they make a big impact...



International students make up only **4%** of all students in Vermont.

\$60.4M **596**

Economic contribution of international students to the state, 2015.

Jobs supported by international students, 2015.

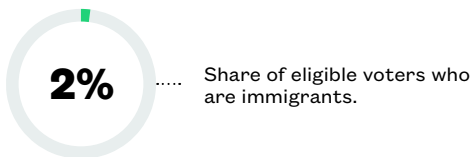
Voting Power

Immigrants in Vermont do not only make a difference to the state's economy, they also play a role at the voting booth. In 2014, Vermont was home to more than 9,900 foreign-born residents who were eligible to vote, including an estimated 7,000 foreign-born residents who had formally registered. Those numbers are unlikely to sway a presidential election in this relatively safe Democratic state, where President Barack Obama won by roughly 107,000 votes in 2012. Still, it can make a difference in closer statewide contests and primaries.

Going forward, immigrants will likely continue to gain voting power in Vermont. Based on voting participation patterns in recent years, we would expect more than 5,700 foreign-born voters to cast formal ballots in the presidential election this year. An additional 4,000 more immigrants will either naturalize or turn 18 by 2020, expanding the pool of eligible new American voters in Vermont to almost 13,000 people.

9,941

Number of immigrants eligible to vote.



7,110

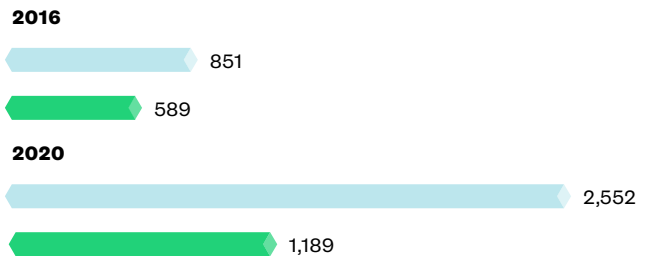
Number of immigrants registered to vote.

106,541

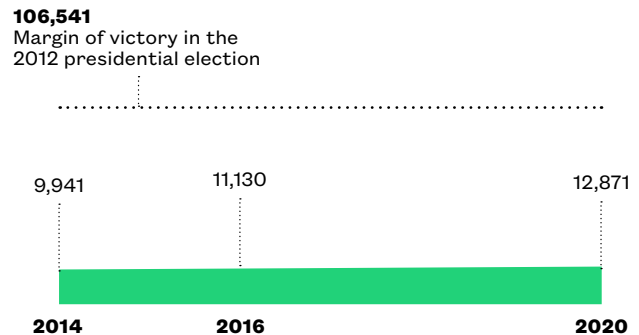
Margin of victory in the 2012 presidential election.

THE GROWING POWER OF THE IMMIGRANT VOTE

- Immigrants who will become eligible to vote by turning 18
- Immigrants who will become eligible to vote through naturalization



PROJECTED POOL OF ELIGIBLE IMMIGRANT VOTERS, 2014-2020



* Margin not drawn to scale.

Undocumented Population

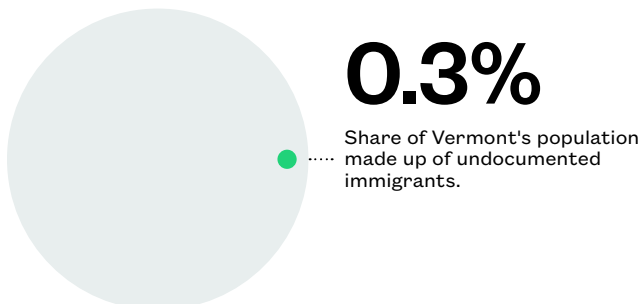
The United States is currently home to an estimated 11.4 million undocumented immigrants, the vast majority of whom have lived in the United States for more than five years. The presence of so many undocumented immigrants in our country for such a long time presents many legal and political challenges that are beyond the scope of this report. But while politicians continue to debate what to do about illegal immigration without any resolution, millions of undocumented immigrants are actively working across the country, and collectively, these immigrants have a large impact on the U.S. economy. One recent study found that 86.6 percent of undocumented males in the country were employed in 2012 and 2013, suggesting that most immigrants who come here illegally do so because of work opportunities.³⁵ And because employers are required by law to gather Social Security numbers for all their hires,

many undocumented individuals are paying into our tax system as well—often under falsified or incorrect Social Security numbers.³⁶ These undocumented immigrants generally lack access to federal aid programs such as Medicaid, food stamps, and Temporary Assistance for Needy Families, so they also draw down far less from these programs than their native-born counterparts.³⁷

One recent study found that **86.6%** of undocumented males in the country were employed in 2012 and 2013, suggesting that most immigrants who come here illegally do so because of work opportunities.

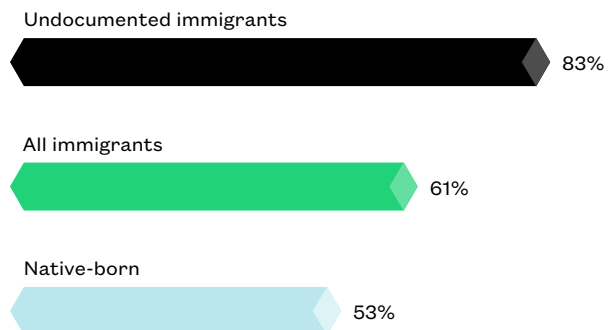
1,979

Estimated number of undocumented immigrants in Vermont.



UNDOCUMENTED IMMIGRANTS ARE MORE LIKELY TO BE WORKING-AGED THAN NATIVES OR OTHER IMMIGRANTS

Share of population ages 25-64, 2014



Of course, there are many compelling reasons that having a large undocumented population is a problem for a society. It undermines law and order, permits a shadow economy that is far harder to regulate, and is simply unfair to the millions of people who have come here legally. But as the undocumented immigration problem has gone largely unaddressed for the past 30 years, undocumented workers in the country have begun to play an increasingly integral role in many U.S. industries. In some sectors, such as agriculture, undocumented immigrants account for 50 percent of all hired crop workers, making them a critical reason why the industry is able to thrive on U.S. soil.³⁸ Many studies have also indicated that these undocumented workers are not displacing the U.S.-born, but rather, taking jobs few Americans are interested in pursuing. Economists have found that low-skilled immigrants, the group that most undocumented immigrants fall into, tend to pursue different jobs than less-skilled natives. While U.S.-born workers without a high school degree are often overrepresented in forward-facing roles like cashiers, receptionists, and coffee shop attendants, many less-skilled immigrants pursue more labor-

intensive work requiring less human interaction, filling jobs as meat processors, sewing machine operators, or nail salon workers.³⁹ This phenomenon exists within industries as well. In construction, for instance, less-skilled immigrants often work as painters and drywall installers, allowing natives to move into higher paying positions requiring more training, such as electricians, contractors, and plumbers.⁴⁰

The challenge of undocumented immigration is becoming increasingly apparent in places like Vermont, which have not historically been home to a large numbers of such immigrants. But just as with the nation as a whole, as these immigrants spend years and decades in America, they get further integrated into our economy. In Vermont, there is evidence that undocumented immigrants are playing a small but important role in the workforce. In this section, we estimate the size and the characteristics of the undocumented population in Vermont by conducting a close analysis of the American Community Survey from the U.S. Census. This work uses a series of variables to identify immigrants in the survey who are likely to

44

Estimated number of undocumented entrepreneurs in Vermont.



\$1.8M

Total business income of self-employed entrepreneurs.

THE VERMONT INDUSTRIES WHERE UNDOCUMENTED IMMIGRANTS MAKE UP THE LARGEST SHARE OF THE WORKFORCE, 2014



lack legal status—a method that has recently emerged in the academic literature on immigration.⁴¹ (See the Methodology Appendix for more details.) Using this technique, we estimate that Vermont is home to almost 2,000 undocumented immigrants. These individuals are far more likely than the native-born population—or even the broader foreign-born one—to be in the prime of their working years, or ranging in age from 25-64. They also contribute to a range of industries that could not thrive without a pool of workers willing to take on highly labor-intensive roles. In 2014, for instance, undocumented immigrants made up 1.1 percent of all employees in Vermont’s manufacturing industry, a sector that includes manufacturing sector, which includes assemblers and fabricators, industrial tractor and truck operators, and freight, stock, and material movers. They also made up 3.6 percent of workers employed in the agriculture sector, as well as almost 1 percent of workers in health industry.

Large numbers of undocumented immigrants in Vermont have also managed to overcome licensing and financing obstacles to start small businesses. In 2014, an estimated 2.7 percent of the state’s working-

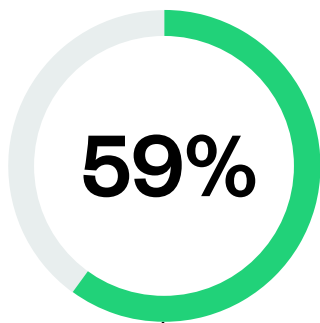
age undocumented immigrants were self-employed. Undocumented entrepreneurs in the state also earned an estimated \$1.8 million in business income that year.

Large numbers of undocumented immigrants in Vermont have also managed to overcome licensing and financing obstacles to start small businesses.

The larger political debate around the economic cost or benefits of undocumented immigration tends to focus on the expense of educating immigrant children or the healthcare costs associated with increased use of emergency rooms and other services. These costs are real and can be substantial, but taken alone they paint an incomplete picture of the impact of undocumented immigration. This is because the debate infrequently recognizes that because most undocumented immigrants are working, they also make large federal and state tax contributions and frequently are net contributors to many of our most important—and most imperiled—benefits programs. Social Security’s

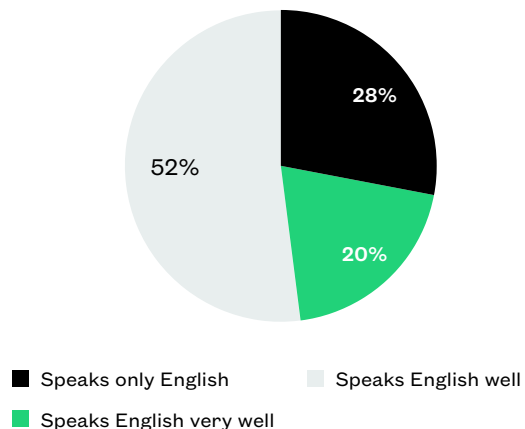
MEASURES OF ASSIMILATION AMONG VERMONT'S UNDOCUMENTED POPULATION, 2014

Time in the United States



Share of undocumented immigrants who have been in the U.S. for five years or more.

English Proficiency (population ages 5+)



Chief Actuary, for example, has credited unauthorized immigrants with contributing \$100 billion more to Social Security than they drew down in benefits during the last decade.⁴¹ Another study found that in 2011 alone unauthorized immigrants contributed \$3.5 billion more to Medicare than they utilized in care.

While the debate over legalization continues without resolution, the data suggests that the undocumented immigrants in Vermont have largely assimilated into the United States.

Vermont is home to so few undocumented immigrants that it is unfortunately impossible for us to estimate with any degree of reliability the amount such immigrants earn in income each year or what they pay in taxes. There is no reason to believe, however, that Vermont's undocumented population would differ from the pattern in other many states. Several in-depth studies have come to the conclusion that undocumented immigrants represent a net benefit to the states in which they live. One paper, from researchers at Arizona State University, estimated that undocumented immigrants in Arizona pay \$2.4 billion in taxes each year—a figure far eclipsing the \$1.4 billion spent on the law enforcement, education, and healthcare resources they use.⁴⁴ Another study estimated that, on a per capita basis, Florida's

undocumented immigrants pay \$1,500 more in taxes than they draw down in public benefits each year.⁴⁵

If undocumented immigrants are ultimately legalized, of course, such calculations are likely to change. On the one hand, giving unauthorized immigrants legal status would open the door for them to collect more public benefits. On the other, legalization is expected to increase their wages—as well as the amount they pay in taxes—by giving undocumented immigrants access to a greater range of jobs and educational opportunities than they have now.⁴⁶ Provisions within immigration reform requiring that undocumented immigrants pay any back taxes before normalizing their status would temporarily boost U.S. tax revenues still further.

But while the debate over legalization continues without resolution, the data suggests that the undocumented immigrants in Vermont have largely assimilated into the United States, making it less likely that mass deportation will ever be a realistic option. We estimate that 58.8 percent of the state's undocumented population has been in the United States for five or more years. An estimated 100 percent speak English well, very well, or fluently. Studies show that when immigrants with limited English proficiency learn the language, they see a substantial wage benefit and become less isolated in their communities.⁴⁷ The labor market outcomes and educational levels of their children increase with time as well.⁴⁸

Methodology

The vast majority of data that appears in this brief was calculated by the Partnership for a New American Economy research team, using a variety of publicly available data sources. Our work relied most heavily on the 2014 American Community Survey (ACS) 1-year sample using the Integrated Public Use Microdata Series (IPUMS) database.¹ Unless otherwise noted this data is weighted using the person weight for analysis at the individual level, and is weighted using the household weight for analysis at the household level.

Demographics

The data points on the foreign-born population in the demographics section are calculated using both the 2010 and 2014 ACS 1-year sample.

Entrepreneurship

The data on self-employed immigrants and the business income generated by immigrant entrepreneurs come from the 2014 ACS 1-year sample. We define immigrants as foreign-born individuals (excluding those that are children of U.S. citizens or born on U.S. territories).

The number of employees at immigrant-owned firms is estimated by using the 2007 Survey of Business Owners (SBO) Public Use Microdata Sample (PUMS),² which is the most recent microdata on business owners currently available. The estimates are weighted using the tabulation weights provided in the dataset. We define immigrant-owned businesses as firms with at least one foreign-born owner. For confidentiality, the data exclude businesses classified as publicly owned firms because they can be easily identified in many states. Based on our own analysis, we believe that many of the publicly owned firms excluded from this data are companies with

500 employees or more. As a result, the final number of employees at immigrant-owned companies in this report is a conservative estimate, and is likely lower than the true value.

Fortune magazine ranks U.S. companies by revenue and publishes a list of top 500 companies and their annual revenue as well as their employment level each year. To produce our estimates, we use the 2015 Fortune 500 list.³ Our estimates in this section build on past work done by PNAE examining each of the Fortune 500 firms in the country in 2011, and determining who founded them.⁴ We then use publicly available data, including historical U.S. Census records and information obtained directly by the firms, to determine the background of each founder. In the rare cases where we could not determine a founder's background, we assumed that the individual was U.S.-born to be conservative in our estimates. Some firms created through the merger of a large number of smaller companies or public entities were also excluded from our analysis. These included all companies in the utilities sector and several in insurance.

To produce the Fortune 500 estimates for each state, we allocate firms to the states where their current headquarters are located. We then aggregate and report the annual revenue and employment of the firms in each state that we identify as "New American" Fortune 500 companies. These are firms with at least one founder who was an immigrant or the child of immigrants.

Income and Tax Contributions

Using the 2014 ACS 1-year data, we estimate the aggregate household income, tax contributions, and spending power of foreign-born households.

To produce these estimates, a foreign-born household is defined as a household with a foreign-born household head. Immigrant sub-groups are defined as follows: 1) Asian immigrants refer to the foreign-born persons who self identify as Chinese, Taiwanese, Japanese, Filipino, Asian Indian, Korean, Native Hawaiian, Vietnamese, Bhutanese, Mongolian, Nepalese, Cambodian, Hmong, Laotian, Thai, Bangladeshi, Burmese, Indonesian, Malaysian, Pakistani, Sri Lankan, Samoan, Tongan, Guamanian/Chamorro, Fijian, or other Pacific Islanders; 2) Hispanic immigrants include those foreign-born persons who report their ethnicity as Hispanic; 3) Immigrants grouped under Sub-Saharan Africa originate from African countries, excluding the North African countries of Egypt, Libya, Tunisia, Algeria, and Morocco; 4) Middle Eastern and North African immigrants are foreign-born persons from North Africa as well as the following Middle Eastern countries: Iran, Iraq, Bahrain, Israel, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arab, Syria, United Arab Emirates, and Yemen.

In this brief, mirroring past PNAE reports on this topic, we use the term “spending power.”⁵ Here and elsewhere we define spending power as the disposable income leftover after subtracting federal, state, and local taxes from household income. We estimate state and local taxes using the tax rates estimates produced by Institute on Taxation and Economic Policy by state income quintiles.⁶ For federal tax rate estimates, we use data released by the Congressional Budget Office in 2014 and calculate the federal tax based on the household income federal tax bracket.⁷

Social Security and Medicare contributions are drawn from taxes on an individual’s wage earnings.⁸ This is far different from a household’s overall income, which may include other revenue streams such as rental income and returns on investments. To account for this difference between overall federal taxes and Social Security and Medicare contributions, we estimate Medicare and Social Security contributions based on wage and salary data provided at the individual level in the ACS. For self-employed individuals, we use the self-employment income as the income base. The amount of earnings that can be taxed by the Social Security

program is capped at \$117,000, while there no such limit for the Medicare program.⁹ We use a flat tax rate of 12.4 percent to estimate Social Security contributions and 2.9 percent for to capture Medicare contributions. This estimates the total amount that immigrants and their employers contributed in 2014.¹⁰

It is also worth noting that half of the amount contributed to Social Security and Medicare (6.4 percent of Social Security tax rate and 1.45 percent of Medicare tax rate) comes from individual workers, while the other half comes directly from their employers. Self-employed workers have to pay the full tax themselves. When estimating Social Security and Medicare contributions, we include all individual wage earners in the households and aggregate the amount paid by state.

Workforce

We use the 2014 ACS 1-year sample to estimate all data points in the workforce segment of the report. We define the working age population as those 25 to 64 years old. When estimating how much more foreign-born persons are likely to be employed than native-born persons, however, we calculate the percentage of native-born and foreign-born residents of all ages who were employed in 2014. The reason why we choose a more inclusive population for that estimate is because we want to make the point that the increased likelihood of being working aged that we see among immigrants leads to higher employment in the vast majority of states.

Because the employment status of people who are 16 years old or younger is not available in the ACS, we assume that these young people are not employed. The employed population also does not include those in the Armed Forces.

To estimate how much more likely immigrants are to be employed than natives, we calculate the percent difference between the immigrant and native-born employment rates. Our estimates on the share of immigrants and natives of different education levels only take into consideration individuals aged 25 or older.

The North American Industry Classification System, or NAICS Industry code, is used to estimate the industries with the largest share of foreign-born workers. All individuals 16 years old and above are included in these calculations. The total number of workers for certain industries in some states is extremely small, thus skewing results. In order to avoid this, we calculate the percentile distribution of the total number of workers per industry per state and drop the industries in each state that fall below the lowest 25th percentile. Estimated occupations with the largest share of foreign-born workers per state also follow the same restrictions—the universe is restricted to workers age 16 and above, and the occupations per state that fall under the 25th percentile benchmark are not included.

Our estimates on the number of manufacturing jobs created or preserved by immigrants rely on a 2013 report by the Partnership for a New American Economy and the Americas Society/Council of the Americas. That report used instrumental variable (IV) strategy in regression analysis and found that every 1,000 immigrants living in a county in 2010 created or preserved 46 manufacturing jobs there.¹¹ We use that multiplier and apply it to the 2010 population data from the ACS to produce our estimates.

Agriculture

We access the agriculture GDP by state from Bureau of Economic Analysis, which includes GDP contributions from the agriculture, forestry, fishing, and hunting industry.¹² The share of foreign-born agricultural workers is estimated using 2014 ACS 1-year sample. Additional data on agriculture output, top three crops per state, and leading agricultural exports come from United State Department of Agriculture (USDA)'s state fact sheets.¹³ When displayed, data on sales receipts generated by the top fresh produce items in each state come the Farm and Wealth Statistics cash receipts by commodity tables available from the USDA's Economic Research Service.¹⁴

The agriculture section uses the Quarterly Census of Employment and Wage (QCEW) to estimate the

percentage of crop farms producing fresh fruits and vegetables, and change in real wage of agricultural workers between 2002 and 2014. The QCEW data uses the North American Industry Classification System (NAICS) to assign establishments to different industries. We identify the following farms as fresh fruits and vegetable farms: other vegetable and melon farming, orange groves, citrus, apple orchards, grape vineyards, strawberry farming, berry farming, fruit and tree nut combination farming, other non-citrus fruit farming, mushroom production, other food crops grown under cover, and sugar beet farming.

The decline in the number of field and crop workers comes from the quarterly Farm Labor Survey (FLS) administered by USDA.¹⁵ Stephen Bronars, an economist with Edgeworth Economics, previously analyzed and produced these estimates for the PNAE report, “A Vanishing Breed: How the Decline in U.S. Farm Laborers Over the Last Decade has Hurt the U.S. Economy and Slowed Production on American Farms” published in 2015. Additional information on those calculations can be found in the methodology section of that paper.¹⁶

Finally, for a small number of states, we also produce estimates showing how growers in the state are losing market share for specific produce items consumed each year by Americans, such as avocados or strawberries. Those estimates originate in a 2014 report produced by PNAE and the Agriculture Coalition for Immigration Reform.¹⁷ The author used data from the USDA's annual “yearbook” for fresh fruits and vegetables, among other sources, to produce those estimates. More detail can be found in the methodology of that report.

Science, Technology, Engineering, and Math

We use the STEM occupation list released by U.S. Census Bureau to determine the number and share of foreign-born STEM workers as well as the number of unemployed STEM workers from 2014 ACS 1-year data.¹⁸ Per U.S. Census classification, healthcare workers such as physicians and dentists are not counted as working in

the STEM occupations. All unemployed workers who list their previous job as a STEM occupation are counted as unemployed STEM workers.

To capture the demand for STEM workers, we use the Labor Insight tool developed by Burning Glass Technologies, a leading labor market analytics firm. Burning Glass, which is used by policy researchers and academics, scours almost 40,000 online sources daily and compiles results on the number and types of jobs and skills being sought by U.S. employers. This search includes online job boards, individual employer sites, newspapers, and public agencies, among other sources. Burning Glass has an algorithm and artificial intelligence tool that identifies and eliminates duplicate listings—including ones posted to multiple job boards as part of a broad search.¹⁹

The data on STEM graduates are from the 2014 Integrated Postsecondary Education Data System (IPEDS) completion survey.²⁰ A study by the Partnership for a New American Economy and the American Enterprise Institute found that every time a state gains 100 foreign-born STEM workers with graduate-level STEM training from a U.S. school, 262 more jobs are created for U.S.-born workers there in the seven years that follow.²¹ We use this multiplier and the number of STEM advanced level graduates on temporary visas to estimate the number of jobs created for U.S.-born workers.

The last part of the STEM section presents data on patents with at least one foreign-born inventor. The data is originally from a study by Partnership for a New American Economy in 2012, which relied on data from U.S. Patent and Trademark Office's database as well as LinkedIn, direct correspondence, and online profiles to determine the nativity of individual inventors.²²

Healthcare

We estimate the number of unemployed healthcare workers using the 2014 ACS 1-year sample. Healthcare workers are healthcare practitioners and technical occupations, or healthcare support occupations as defined by U.S. Census Bureau.²³

Unemployed healthcare workers are individuals who report their previous job as a healthcare occupation, and their employment status as currently not working but looking for work. We took the number of job postings for healthcare workers from the Burning Glass Labor Insight tool, a database that scours online sources and identifies the number and types of job postings. We describe this resource in detail in the section on STEM methodology.

We then delve into specific occupations within the broader healthcare industry. To produce the figures on the total number of physicians and psychiatrists and the share born abroad, we use American Medical Association (AMA) Physician Masterfile data. To give a sense of the supply and demand of physicians and psychiatrists, we also calculate the physician and psychiatrist density in each state by dividing the total number of physicians or psychiatrists by the population estimates in 2015 for each state.²⁴ As for the share of foreign-born nurses and home health aides, we use the 2014 ACS 5-year sample data because data from the 1-year sample is too small to make reliable estimates.

We estimate the shortage of psychiatrists, dentists, and occupational therapists using data from the various U.S. government offices. For example, the shortage of psychiatrists refers to the current lack of psychiatrists per the U.S. government's official definition of a mental health shortage area (1/30,000 residents) in each county, aggregated within each state.²⁵ The shortage of dentists is from an analysis by U.S. Department of Health and Human Services,²⁶ and the shortage of occupational workers is from a journal article published by PM&R, the official scientific journal of the American Academy of Physical Medicine and Rehabilitation.²⁷ For psychiatrists, we project future shortages by accounting for individuals in these occupations as they reach the retirement age of 65.

Housing

The data in the housing section comes from the 2014 ACS 1-year sample. Immigrant homeowners are defined as foreign-born householders who reported living in

their own home. We estimate the amount of housing wealth held by immigrant households by aggregating the total housing value of homes owned by immigrant-led households. We also estimate the amount of rent paid by immigrant-led households by aggregating the rent paid by such families. We then calculate the share of housing wealth and rent that immigrant households held or paid compared to the total population. For characteristics of homeowners, a foreign-born new homebuyer is defined as a household with a foreign-born household head who owned and moved to the current residence within the last five years.

Visa Demand

The data on visa demand are drawn primarily from the 2014 Annual Report produced by the Office of Foreign Labor Certification within the U.S. Department of Labor.²⁸ Our figures on the number of visa requests authorized for each state—as well as the occupations and cities those visas are tied to—originate directly from that report.

In this section, we also present estimates on the number of jobs that would have been created if all the visas authorized in 2014 had resulted in actual visa awards. The multipliers we use to produce these estimates originate in a 2011 report released by PNAE and the American Enterprise Institute. That report, written by the economist Madeline Zavodny, used a reduced-form model to examine the relationship between the share of each state’s population that was immigrant and the employment rate of U.S. natives. More detail on Zavodny’s calculations and the multipliers produced for each visa type can be found in the methodology appendix of that report.²⁹

For purposes of these briefs, we use Zavodny’s finding that the award of 100 additional H-1B visas in a state is tied to 183 additional jobs for natives there in the 7 years that follow. The award of 100 additional H-2B visas creates 464 additional jobs for natives in the state during that same time period. We apply these multipliers to the number of visas in those categories authorized for each state in 2014.

In many of the state reports, we also present figures showing how visa denials resulting from the 2007 and 2008 H-1B lotteries cost the tech sectors of metropolitan areas both employment and wage growth in the two years that followed. The economists Giovanni Peri, Kevin Shih, and Chad Sparber produced these estimates for a PNAE report on the H-1B visa system that was released in 2014. That report relied on Labor Condition Application and I-129 data that the authors obtained through a Freedom of Information Act request, as well as American Community Survey data from 2006 and 2011. The authors did regressions that examined the causal relationship between a “shock” in the supply of H-1B computer workers and computer employment in subsequent years for more than 200 metropolitan areas. More information on those estimates can be found in the methodology appendix of that report.³⁰

Naturalization

Using the ACS 2014 1-year sample, non-citizens eligible to naturalize are defined as non-citizens who are 18 years or above, can speak English, and have continuous residence in the United States for at least five years.

Researchers at the University of Southern California’s Center for the Study of Immigrant Integration published a report in 2012, “Citizen Gain: The Economic Benefits of Naturalization for Immigrants and the Economy,” which concluded that immigrants experience an 8 to 11 percent gain in their individual wages as a result of becoming naturalized. Because this earnings gain phases in over time—and we want to be conservative in our estimates—we model a wage increase of just 8 percent when discussing the possible gains that could accrue due to naturalization.³¹ We use this multiplier and the mean individual wages of non-citizens in each state to estimate the additional earnings that non-citizens would earn if they naturalized. Finally, we calculate the aggregate wage earnings boost by multiplying the total number of non-citizens who are eligible for naturalization by the average increase in wage income per person.

International Students

We obtain the size and share of postsecondary students who are international in each state from the 2014 Integrated Postsecondary Education Data System (IPEDS) fall enrollment data. Those figures are then applied to preexisting work previously done by NAFSA, an organization representing professionals employed in the international offices of colleges and universities across the United States. NAFSA has developed an economic value tool and methodology that estimates the total economic benefit and jobs created or supported by international students and their dependents in each state.³² The economic contributions include the costs of higher education along with living expenses minus U.S.-based financial support that international students receive.

Because the enrollment data from IPEDS that we use in this brief is different from the underlying data used by NAFSA, our figures differ slightly from the NAFSA estimates of the economic contributions made by international students in the 2014-2015 school year.

Voting

The estimates for the number of registered and active voters who are foreign-born are calculated from the Voter Supplement in the Current Population Survey (CPS) for the years 2008, 2010, 2012, and 2014 using the IPUMS database. The sample in CPS includes civilian non-institutional persons only. Foreign-born individuals who stated having voted between 2008 and 2014 are termed active voters.

Using data from the 2014 ACS 1-year sample, we estimate the number and share of foreign-born eligible voters. We define them as naturalized citizens aged 18 or older who live in housing units. Persons living in institutional group quarters such as correctional facilities or non-institutional group quarters such as residential treatment facilities for adults are excluded from the estimation. We also estimate the number of new foreign-born voters who will become eligible to vote in 2016 and 2020, either by turning 18 or through

naturalization, as well as the total number of foreign-born voters in these years. The estimates of newly eligible voters for 2016 include naturalized citizens ages 16 and 17 as of 2014 (thereby becoming of voting age by 2016). Those eligible to vote in 2020 include all naturalized citizens ages 12-17 in 2014. Applicable mortality rates are also applied.³³ In addition, we estimate newly naturalized citizens using data from the Department of Homeland Security, which show the two-year average of new naturalized citizens by state.³⁴ We discount from these numbers the percentage of children below 18 in households with a naturalized householder by state. Estimates of total foreign-born voters include naturalized citizens aged 18 or older in 2014, discounted by average U.S. mortality rates by age brackets, summed to the pool of newly eligible foreign-born voters.

Margin of victory in 2012 refers to President Barack Obama's margin of victory over Republican candidate Mitt Romney in terms of popular vote. The margins are negative in states that Romney won in 2012.³⁵

Undocumented

Using data from the 2014 ACS, we applied the methodological approach outlined by Harvard University economist George Borjas³⁶ to arrive at an estimate of the undocumented immigrant population in the overall United States and individual states. The foreign-born population is adjusted for misreporting in two ways. Foreign-born individuals who reported naturalization are reclassified as non-naturalized if the individual had resided in the United States for less than six years (as of 2014) or, if married to a U.S. citizen, for less than three years. We use the following criteria to code foreign-born individuals as legal U.S. residents:

- Arrived in the U.S. before 1980
- Citizens and children less than 18 year old reporting that at least one parent is native-born
- Recipients of Social Security benefits, SSI, Medicaid, Medicare, Military insurance, or public assistance

- Households with at least one citizen that received SNAP
- People in the armed forces and veterans
- People attending college and graduate school
- Refugees
- Working in occupations requiring a license
- Government employees, and people working in the public administration sector
- Any of the above conditions applies to the householder's spouse

The remainder of the foreign-born population that do not meet this criteria is reclassified as undocumented. Estimates regarding the economic contribution of undocumented immigrants and the role they play in various industries, and tax contributions are made using the same methods used to capture this information for the broader immigrant population in the broader brief. When estimating the aggregate household income, spending power, and tax contributions, we are not able to make reliable estimates for undocumented-led households in Alaska, Maine, Montana, North Dakota, South Dakota, Vermont, and West Virginia due to the small sample size of undocumented-led households in ACS. Finally, the variables giving a sense of the undocumented population's level of assimilation—including their English proficiency and time in the United States—are estimated by examining the traits of the undocumented population in the 1-year sample of the ACS.

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ABOUT

New American Economy

The Partnership for a New American Economy brings together more than 500 Republican, Democratic and Independent mayors and business leaders who support sensible immigration reforms that will help create jobs for Americans today. Visit www.renewoureconomy.org to learn more.



Exhibit 100

Undocumented Immigrants' State & Local Tax Contributions

Institute on Taxation & Economic Policy

Updated March 2017

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About The Institute on Taxation & Economic Policy

The Institute on Taxation and Economic Policy (ITEP) is a non-profit, non-partisan 501 (c) 3 organization that produces timely, accessible, and sound analyses on federal, state, and local tax policy issues. ITEP's research helps inform policy makers, advocates, the media and general public about the fairness, adequacy, and sustainability of existing tax structures and how proposed tax changes would impact revenues and taxpayers across the income spectrum.

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Public debates over federal immigration reform, specifically around undocumented immigrants, often suffer from insufficient and inaccurate information about the tax contributions of undocumented immigrants, particularly at the state level. The truth is that undocumented immigrants living in the United States pay billions of dollars each year in state and local taxes. Further, these tax contributions would increase significantly if all undocumented immigrants currently living in the United States were granted a pathway to citizenship as part of a comprehensive immigration reform. Or put in the reverse, if undocumented immigrants are deported in high numbers, state and local revenues could take a substantial hit.

Accurate information about the tax contributions of undocumented immigrants is needed now more than ever. Divisive and objectionable rhetoric has not tempered in the early months of the Trump administration. Policies adopted and supported by the new administration are haphazard in design and impact; they characterize undocumented families as criminals and encourage indiscriminate deportations. Good policy is informed policy. Just like the horrendous impact of breaking up families should not be ignored, neither should the lost tax contributions from isolating or deporting undocumented immigrants.

To better inform the ongoing debates on immigration policy reform, this report provides state-by-state and national estimates on the current state and local tax contributions of the 11 million undocumented immigrants living in the United States as of 2014, and the increase in contributions if all these taxpayers were granted legal status as part of comprehensive reform.¹

Key Findings:

- ◆ Undocumented immigrants contribute significantly to state and local taxes, collectively paying an estimated **\$11.74 billion** a year.² Contributions range from just over \$550,000 in Montana with an estimated undocumented population of 1,000 to more than \$3.1 billion in California, home to more than 3 million undocumented immigrants.
- ◆ Undocumented immigrants nationwide pay on average an estimated 8 percent of their incomes in state and local taxes (this is their effective state and local tax rate). To put this in perspective, the top 1 percent of taxpayers pay an average nationwide effective tax rate of just 5.4 percent.³
- ◆ Granting legal status to all undocumented immigrants in the United States as part of a comprehensive immigration reform and allowing them to work legally would increase their state and local tax contributions by an estimated **\$2.18 billion** a year. Their nationwide effective state and local tax rate would increase to 8.6 percent.

Who Are Undocumented Immigrants?

Undocumented Immigrants are:

- **Diverse**—Not all undocumented immigrants are from Mexico. While most are from the Americas, many parts of the U.S. are home to immigrants from Asia and the Pacific Islands, Africa, and Europe.
- **Families**—Most families have mixed legal status, such as one parent with legal immigration status, one parent without documentation, and a child with U.S. citizenship.
- **Concentrated**—Although there are undocumented populations in each state, 1 in 6 live in just 20 metro areas. California, Florida, New Jersey, New York, and Texas are the states with the largest populations.
- **Contributing to our Communities**—Over 60% have lived in the U.S. for more than a decade. Labor force participation is high and crime rates are lower than that of U.S. born residents.
- **Not Stealing Jobs**—Undocumented immigrants largely work in the positions that an aging and more educated U.S. workforce is unable to fill.
- **DREAMers**—Many undocumented immigrants were brought to the U.S. as children. DREAMers must meet education requirements and pass an extensive background screening. They were raised in the U.S., and represent the potential of the next generation.

Undocumented Immigrants Pay State and Local Taxes: Current Contributions

Like other people living and working in the United States, undocumented immigrants pay state and local taxes. They pay sales and excise taxes when they purchase goods and services (for example, on utilities, clothing and gasoline). They pay property taxes directly on their homes or indirectly as renters. Many undocumented immigrants also pay state income taxes. The best evidence suggests that at least 50 percent of undocumented immigrant households currently file income tax returns using Individual Tax Identification Numbers (ITINs), and many who do not file income tax returns still have taxes deducted from their paychecks.⁴

Collectively, undocumented immigrants in the United States pay an estimated total of \$11.74 billion in state and local taxes a year (see Table 1 for state-by-state estimates). This includes more than \$7 billion in sales and excise taxes, \$3.6 billion in property taxes, and \$1.1 billion in personal income taxes.

Another way to measure the state and local taxes that undocumented immigrants pay is through their effective tax rate, which is the share of total income paid in taxes. The effective tax rate is useful for more accurate state-to-state comparisons because it accounts for differences between states' tax structures and population size. Undocumented immigrants' nationwide average effective tax rate is an estimated 8 percent. To put this in perspective, the top 1 percent of taxpayers pay an average nationwide effective tax rate of just 5.4 percent.⁵

Table 1: Undocumented Immigrants' State and Local Tax Contributions
Current vs. Full Legal Status for All Undocumented Immigrants

State	Current State and Local Taxes	State and Local Taxes if Granted Full Legal Status	Tax Change	State	Current State and Local Taxes	State and Local Taxes if Granted Full Legal Status	Tax Change
Alabama	\$62,312,000	\$80,061,000	+\$17,749,000	Montana	\$548,000	\$762,000	+\$213,000
Alaska	\$4,043,000	\$4,448,000	+\$404,000	Nebraska	\$39,800,000	\$48,177,000	+\$8,376,000
Arizona	\$213,574,000	\$252,958,000	+\$39,384,000	Nevada	\$86,101,000	\$94,712,000	+\$8,610,000
Arkansas	\$62,767,000	\$77,166,000	+\$14,399,000	New Hampshire	\$7,236,000	\$8,005,000	+\$770,000
California	\$3,199,394,000	\$3,653,985,000	+\$454,591,000	New Jersey	\$587,415,000	\$661,130,000	+\$73,716,000
Colorado	\$139,524,000	\$172,250,000	+\$32,726,000	New Mexico	\$67,743,000	\$75,756,000	+\$8,013,000
Connecticut	\$124,701,000	\$145,284,000	+\$20,583,000	New York	\$1,102,323,000	\$1,349,476,000	+\$247,153,000
Delaware	\$13,532,000	\$19,694,000	+\$6,162,000	North Carolina	\$277,402,000	\$370,780,000	+\$93,378,000
Dist. of Col.	\$31,765,000	\$38,731,000	+\$6,966,000	North Dakota	\$2,844,000	\$3,263,000	+\$419,000
Florida	\$598,678,000	\$658,346,000	+\$59,868,000	Ohio	\$83,247,000	\$108,786,000	+\$25,538,000
Georgia	\$351,718,000	\$455,581,000	+\$103,863,000	Oklahoma	\$84,765,000	\$104,648,000	+\$19,884,000
Hawaii	\$32,343,000	\$42,750,000	+\$10,408,000	Oregon	\$80,775,000	\$119,365,000	+\$38,590,000
Idaho	\$28,613,000	\$34,557,000	+\$5,944,000	Pennsylvania	\$134,872,000	\$186,244,000	+\$51,372,000
Illinois	\$758,881,000	\$917,370,000	+\$158,490,000	Rhode Island	\$31,154,000	\$37,564,000	+\$6,410,000
Indiana	\$92,200,000	\$120,900,000	+\$28,701,000	South Carolina	\$67,753,000	\$86,195,000	+\$18,442,000
Iowa	\$36,728,000	\$45,570,000	+\$8,842,000	South Dakota	\$5,338,000	\$5,872,000	+\$534,000
Kansas	\$67,843,000	\$78,897,000	+\$11,054,000	Tennessee	\$107,465,000	\$118,251,000	+\$10,786,000
Kentucky	\$36,629,000	\$52,702,000	+\$16,073,000	Texas	\$1,560,896,000	\$1,716,985,000	+\$156,090,000
Louisiana	\$67,991,000	\$83,188,000	+\$15,197,000	Utah	\$69,770,000	\$91,255,000	+\$21,485,000
Maine	\$4,367,000	\$5,525,000	+\$1,158,000	Vermont	\$2,936,000	\$3,411,000	+\$475,000
Maryland	\$332,248,000	\$425,779,000	+\$93,531,000	Virginia	\$255,965,000	\$355,924,000	+\$99,959,000
Massachusetts	\$184,605,000	\$240,773,000	+\$56,168,000	Washington	\$316,624,000	\$348,287,000	+\$31,662,000
Michigan	\$86,692,000	\$113,910,000	+\$27,217,000	West Virginia	\$5,112,000	\$6,811,000	+\$1,699,000
Minnesota	\$83,192,000	\$102,646,000	+\$19,453,000	Wisconsin	\$71,792,000	\$91,691,000	+\$19,899,000
Mississippi	\$22,684,000	\$28,028,000	+\$5,344,000	Wyoming	\$4,165,000	\$4,582,000	+\$417,000
Missouri	\$48,897,000	\$63,435,000	+\$14,538,000	All States	\$11,739,961,000	\$13,912,665,000	+\$2,172,703,000

Granting Legal Status to All Undocumented Immigrants Would Boost Their State and Local Tax Contributions

Creating a pathway to citizenship for the 11 million undocumented immigrants living in the United States and allowing them to work here legally would boost their current state and local tax contributions by more than \$2.18 billion a year (see Table 1). Personal income tax collections would increase by \$1.1 billion a year. Sales and excise taxes would increase by \$702 million, and property taxes would grow by \$362 million. As a result, the overall state and local taxes paid by undocumented immigrants as a share of their income would increase from 8 percent to 8.6 percent.

The most significant revenue gain would come from the personal income tax, due to both increased earnings and full compliance with the tax code.⁶ Multiple studies have shown that legal immigrants have higher wages than undocumented immigrants, thus gaining legal status could lead to a boost in wages. The wage boost is in part due to better job opportunities that would be made available to workers with legal status and also in part to an increased access to higher-level skills and better training. Most comprehensive reform measures to date have included strong incentives or requirements for undocumented immigrants granted legal status to fully comply with tax law.

Conclusion

Undocumented immigrants make considerable tax contributions. Like other immigrants and U.S. citizens they purchase goods and services, work, and live across the country. Proposals to remove immigrants ignore their many contributions. In a time when most states are facing revenue shortages, the potential budgetary impacts of mass deportation merits careful consideration. States could lose an estimated \$11.74 billion in revenue if all undocumented immigrants were removed. In addition to the many humanitarian, public health, and moral arguments for a pathway to legal citizenship and against mass deportations, there is also a state fiscal component that should not be ignored.

See Appendix 1 for state-by-state estimates of the current and post-reform state and local tax contributions of the total undocumented immigrant population. The appendix includes effective tax rates and totals for sales and excise, personal income, and property taxes.

Methodology

While the spending and income behavior of undocumented immigrant families is not as well documented as that of US citizens, the estimates in this report represent a best approximation of the taxes families headed by undocumented immigrants likely pay.

The ITEP methodology used to calculate the current and potential tax contribution of undocumented immigrants uses five main data points:

1. Estimated undocumented immigrant population in each state
2. Average size of undocumented immigrant families/taxpaying units
3. Range of annual undocumented immigrant family/taxpayer income in each state
4. Estimated number of undocumented immigrants who are homeowners
5. Estimated effective tax rates (taxes as share of income) for sales, income, and property taxes paid by low- and moderate-income families in each state

Additional assumptions are made (and described below) about the change in tax contributions that would occur if all 11 million undocumented immigrants were granted legal status under comprehensive immigration reform.

See Appendix 2 for state-by-state details on data used to assist in calculating the state and local tax contributions.

1. Estimated undocumented immigrant population in each state

Estimates of each state's undocumented immigrant population are from the Migration Policy Institute (MPI).⁷ According to MPI, an estimated 11,090,000 undocumented immigrants resided in the U.S. as of 2014 (an estimate that is only 13,000 lower than MPI's estimate from 2013 data).

2. Average size of undocumented immigrant families/taxpaying units

The Pew Research Center calculated a nationwide estimate of the number of people per undocumented immigrant family. The most recent estimate, 2.29, is used to find an estimated number of undocumented families (or taxpaying units) by state.⁸ ITEP divided population estimates for each state by the average family size to find an estimated number of undocumented families/taxpaying units living in each state.

3. Range of annual undocumented immigrant family/taxpayer income in each state

Estimates of the income distribution of undocumented families are from MPI data on the number of undocumented immigrants in five discrete income groups based on the 2014 federal poverty level.⁹ ITEP used the midpoint of the income ranges in each group as an estimate of average income within each group and multiplied by the number of families/taxpaying units in each group to calculate aggregate income in these groups.

4. Estimated number of undocumented immigrants who are homeowners

ITEP used MPI data on undocumented families' homeownership rates for each state. We then calculated separate property tax incidence analyses for homeowners and renters in each state. Applying the homeowner effective tax rates to the homeowner population and the renter tax rates to the renter population yielded a combined property tax estimate for all undocumented families in each state.¹⁰

5. Estimated effective tax rates (taxes as share of income) for sales, income, and property taxes paid by low- and moderate-income families in each state¹¹

ITEP's microsimulation computer model is a sophisticated program that applies the state and local tax laws in each state (including sales, excise, income, and property tax laws) to a statistically valid database of tax returns to generate estimates of the effective tax rates paid by taxpayers at various income levels under state and local tax law in place as of December 31, 2014. In January of 2015, ITEP released the 5th edition of *Who Pays?* which estimates the effect of the state and local tax laws as of January 2015 on taxpayers at 2012 income levels. This report applies effective tax rates calculated in the 2015 *Who Pays?* report to the undocumented population with one exception. The effective tax rates in seven states: California, Colorado, Maine, Massachusetts, New Jersey, Oklahoma, and Rhode Island were slightly modified for the analysis to include the enactment, enhancement, or reduction of state EITCs in 2015 and 2016 (this change applies only to the analysis granting legal status and does not impact the current tax contributions).

The following assumptions were made to calculate the sales, income, and property taxes of the undocumented immigration population:

- ◆ **Sales tax:** Sales taxes are collected by retailers every time a purchase is made on a taxable good or service. It is reasonable to assume that undocumented immigrants pay sales tax at similar rates to U.S. citizens and legal immigrants with similar incomes. This analysis adjusts the estimated annual incomes for each state downward by 10 percent for purposes of calculating the sales tax paid to account for remittances. Research shows that undocumented immigrants send about 10 percent of their income to families in their countries of origin, so this portion of undocumented taxpayers' income is unavailable for taxable consumption.¹²
- ◆ **Income tax:** Various studies have estimated between 50 and 75 percent of undocumented immigrants currently pay personal income taxes using either false social security (SSN) or individual tax identification (ITIN) numbers.¹³ This analysis assumes a 50 percent compliance rate for current taxes and 100 percent post-reform granting legal status to all undocumented immigrants.
- ◆ Undocumented immigrants are currently ineligible to receive the federal Earned Income Tax Credit (EITC) and state versions of the credit because they lack the legal authority to work in the U.S. Accordingly, the impact of state EITCs has been removed from the current personal income tax estimates. This has the effect of increasing the effective income tax rates paid by these undocumented taxpayers under current law.
- ◆ **Property tax:** The first step in calculating property taxes was to identify the share of undocumented immigrant families who are homeowners or renters in each state. This analysis used state-by-state data from the MPI to estimate homeownership rates for undocumented immigrants in each state. The model assumes that for renters, half of the cost of the property tax paid initially by owners of rental properties is passed through to renters.

Additional indicators used to make calculations for anticipated state and local tax changes if legal status is granted as part of comprehensive immigration reform:

- ◆ **Wage boost:** This study assumes that having the authority to work legally in the United States would increase undocumented immigrants' wages and thus increase the taxes paid by those same immigrants, based on research by the Fiscal Policy Institute. Examining a number of studies on immigrant wages, this research consistently found that legal immigrants had higher wages than undocumented immigrants and gaining legal status could boost wages anywhere between 6 and 15 percent.¹⁴ A Congressional Budget Office report on the economic impact of immigration reform estimated the eventual wage boost to be 12 percent.¹⁵ This study assumes a conservative estimate of a 10 percent wage hike by granting legal status to all 11 million undocumented immigrants. An increase in income would also contribute to a slight increase in the sales, income, and property tax payments of the currently undocumented immigrant population.
- ◆ **Personal income tax compliance:** As explained above, current estimates of undocumented immigrants' income tax compliance rates range from 50 to 75 percent. To calculate the anticipated income tax gain from allowing undocumented immigrants to work in the U.S. legally, this analysis assumes full compliance with state personal income tax laws post-reform given the strong incentives for tax compliance likely to be included in a comprehensive reform measure. It is important to note that the same tax rules and provisions that apply to the general population will apply to undocumented immigrants filing income taxes.
- ◆ **Earned Income Tax Credit eligibility:** Post-reform, the study assumes that working immigrants granted the legal right to live and work in the U.S. and who are otherwise eligible for the EITC will claim the credit. This analysis also assumes that working immigrants meeting EITC eligibility criteria and granted the legal right to work under comprehensive immigration reform will

claim the state versions of the credit. The states with permanent EITCs included in this report are: California, Colorado, Connecticut, District of Columbia, Delaware, Iowa, Illinois, Indiana, Kansas, Louisiana, Massachusetts, Maryland, Maine, Michigan, Minnesota, Nebraska, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Rhode Island, Virginia, Vermont, and Wisconsin. This study includes the impact of the newly enacted EITCs in California and Colorado, improvements made to EITCs in Maine, Massachusetts, New Jersey, and Rhode Island in 2015 and 2016, and a cut in Oklahoma's EITC.

Changes from ITEP's February 2016 Undocumented Immigrants' State & Local Tax Contributions Report

The analysis presented in this report is an update to an ITEP report published in 2016. The 2017 report uses 2014 estimates on the undocumented immigrant population (size, income, homeownership, and population impacted by the executive actions) whereas the 2016 report used 2013 data. Most notably, the number of undocumented immigrants remained relatively flat. It declined by only about 13,000 between 2013 and 2014, however the amount of estimated income rose slightly. The steady population and slight changes in income led to a small increase in the total amount of state and local taxes undocumented immigrants pay in the 2017 study compared to the 2016 study.

¹ Migration Policy Institute (MPI) analysis of U.S. Census Bureau data from the 2010-2014 ACS pooled, and the 2008 Survey of Income and Program Participation (SIPP) by Colin Hammar and James Bachmeier of Temple University and Jennifer Van Hook of Pennsylvania State University, Population Research Institute.

² See the methodology section for more information on the calculation of estimated undocumented immigrant state and local tax payments.

³ Davis, Carl, et al. "Who Pays? A Distributional Analysis of the Tax Systems in All 50 States." *Who Pays?*, 5th ed., Institute on Taxation and Economic Policy, Jan. 2015, www.whopays.org.

⁴ See this report's methodology section for more information about current personal income tax compliance.

⁵ Institute on Taxation and Economic Policy (see footnote 3).

⁶ See this report's methodology for a detailed description of wage boost and tax compliance assumptions applied to the change in state and local tax contributions post-reform.

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¹¹ Institute on Taxation and Economic Policy (see footnote 3)

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¹⁴ Kallick, David Dyssegaard. "Three Ways Immigration Reform Would Make the Economy More Productive." *Fiscal Policy Institute*, Fiscal Policy Institute, 4 Jun., 2013, fiscalpolicy.org/wp-content/uploads/2013/06/3-ways-reform-would-improve-productivity.pdf (see Appendix A: A Review of the Literature on Legalization and Earnings, and also this report's methodology section for more information on the wage effects of granting legal status to the entire undocumented population).

¹⁵ "Economic Impact of S. 744, Border Security, Economic Opportunity, and Immigration Modernization Act." *Congressional Budget Office*, Congressional Budget Office, Jun. 2013, www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44346-Immigration.pdf

Appendix 1: Detailed State and Local Tax Contributions of Total Undocumented Immigrant Population

Current vs. Full Legal Status for All Undocumented Immigrants

		Sales and Excise Tax Total	Personal Income Tax Total	Property Tax Total	Total State and Local Taxes	Undocumented Immigrant Effective Tax Rate	Top 1% Effective Tax Rate (All Taxpayers) ¹
Alabama	Current	\$45,311,000	\$10,471,000	\$6,530,000	\$62,312,000	7.2%	3.8%
	Full Legal Status	\$49,842,000	\$23,036,000	\$7,183,000	\$80,061,000	8.4%	
Alaska	Current	\$1,877,000	No Income Tax	\$2,167,000	\$4,043,000	4.3%	2.5%
	Full Legal Status	\$2,064,000		\$2,383,000	\$4,448,000	4.3%	
Arizona	Current	\$144,232,000	\$16,388,000	\$52,954,000	\$213,574,000	8.0%	4.6%
	Full Legal Status	\$158,655,000	\$36,054,000	\$58,250,000	\$252,958,000	8.6%	
Arkansas	Current	\$47,382,000	\$7,384,000	\$8,002,000	\$62,767,000	9.1%	5.6%
	Full Legal Status	\$52,120,000	\$16,244,000	\$8,802,000	\$77,166,000	10.1%	
California	Current	\$1,970,679,000	\$157,883,000	\$1,070,833,000	\$3,199,394,000	8.0%	8.7%
	Full Legal Status	\$2,167,746,000	\$308,322,000	\$1,177,916,000	\$3,653,985,000	8.3%	
Colorado	Current	\$82,211,000	\$21,429,000	\$35,883,000	\$139,524,000	6.6%	4.6%
	Full Legal Status	\$90,433,000	\$42,346,000	\$39,471,000	\$172,250,000	7.4%	
Connecticut	Current	\$58,469,000	\$15,551,000	\$50,682,000	\$124,701,000	7.6%	5.3%
	Full Legal Status	\$64,316,000	\$25,219,000	\$55,750,000	\$145,284,000	8.0%	
Delaware	Current	\$4,794,000	\$4,662,000	\$4,076,000	\$13,532,000	3.9%	4.8%
	Full Legal Status	\$5,274,000	\$9,937,000	\$4,483,000	\$19,694,000	5.1%	
Dist. of Col.	Current	\$19,467,000	\$6,647,000	\$5,651,000	\$31,765,000	7.3%	6.4%
	Full Legal Status	\$21,414,000	\$11,101,000	\$6,216,000	\$38,731,000	8.1%	
Florida	Current	\$463,955,000	No Income Tax	\$134,722,586	\$598,677,875	7.3%	1.9%
	Full Legal Status	\$510,351,000		\$148,195,000	\$658,540,000	7.3%	
Georgia	Current	\$214,416,000	\$62,447,000	\$74,856,000	\$351,718,000	7.3%	5.0%
	Full Legal Status	\$235,857,000	\$137,383,000	\$82,341,000	\$455,581,000	8.6%	
Hawaii	Current	\$20,571,000	\$6,521,000	\$5,251,000	\$32,343,000	8.9%	7.0%
	Full Legal Status	\$22,628,000	\$14,347,000	\$5,776,000	\$42,750,000	10.7%	
Idaho	Current	\$17,056,000	\$2,802,000	\$8,754,000	\$28,613,000	7.0%	6.4%
	Full Legal Status	\$18,762,000	\$6,165,000	\$9,630,000	\$34,557,000	7.7%	
Illinois	Current	\$351,926,000	\$95,945,000	\$311,009,000	\$758,881,000	10.3%	4.6%
	Full Legal Status	\$387,119,000	\$188,141,000	\$342,110,000	\$917,370,000	11.3%	
Indiana	Current	\$55,396,000	\$19,802,000	\$17,001,000	\$92,200,000	8.1%	5.2%
	Full Legal Status	\$60,936,000	\$41,263,000	\$18,701,000	\$120,900,000	9.7%	
Iowa	Current	\$21,333,000	\$5,974,000	\$9,420,000	\$36,728,000	7.9%	6.0%
	Full Legal Status	\$23,466,000	\$11,741,000	\$10,362,000	\$45,570,000	8.9%	
Kansas	Current	\$43,049,000	\$6,473,000	\$18,322,000	\$67,843,000	8.2%	3.6%
	Full Legal Status	\$47,354,000	\$11,390,000	\$20,154,000	\$78,897,000	8.7%	
Kentucky	Current	\$20,136,000	\$11,282,000	\$5,211,000	\$36,629,000	6.9%	6.0%
	Full Legal Status	\$22,150,000	\$24,821,000	\$5,732,000	\$52,702,000	9.0%	
Louisiana	Current	\$52,210,000	\$8,536,000	\$7,244,000	\$67,991,000	7.8%	4.2%
	Full Legal Status	\$57,431,000	\$17,788,000	\$7,969,000	\$83,188,000	8.7%	

Appendix 1: Detailed State and Local Tax Contributions of Total Undocumented Immigrant Population

Current vs. Full Legal Status for All Undocumented Immigrants

		Sales and Excise Tax Total	Personal Income Tax Total	Property Tax Total	Total State and Local Taxes	Undocumented Immigrant Effective Tax Rate	Top 1% Effective Tax Rate (All Taxpayers) ¹
Maine	Current	\$2,605,000	\$681,000	\$1,081,000	\$4,367,000	6.5%	7.5%
	Full Legal Status	\$2,865,000	\$1,470,000	\$1,190,000	\$5,525,000	7.5%	
Maryland	Current	\$168,717,000	\$77,970,000	\$85,561,000	\$332,248,000	8.2%	6.7%
	Full Legal Status	\$185,589,000	\$146,073,000	\$94,118,000	\$425,779,000	9.5%	
Massachusetts	Current	\$81,821,000	\$42,471,000	\$60,313,000	\$184,605,000	7.0%	4.9%
	Full Legal Status	\$90,003,000	\$84,426,000	\$66,344,000	\$240,773,000	8.3%	
Michigan	Current	\$46,699,000	\$18,499,000	\$21,495,000	\$86,692,000	6.9%	5.1%
	Full Legal Status	\$51,368,000	\$38,897,000	\$23,645,000	\$113,910,000	8.3%	
Minnesota	Current	\$49,713,000	\$14,796,000	\$18,684,000	\$83,192,000	7.3%	7.5%
	Full Legal Status	\$54,684,000	\$27,409,000	\$20,552,000	\$102,646,000	8.2%	
Mississippi	Current	\$17,180,000	\$2,796,000	\$2,708,000	\$22,684,000	7.4%	5.3%
	Full Legal Status	\$18,898,000	\$6,152,000	\$2,978,000	\$28,028,000	8.4%	
Missouri	Current	\$28,660,000	\$8,771,000	\$11,466,000	\$48,897,000	6.8%	5.5%
	Full Legal Status	\$31,526,000	\$19,297,000	\$12,613,000	\$63,435,000	8.0%	
Montana	Current	\$168,000	\$144,000	\$237,000	\$548,000	4.1%	4.7%
	Full Legal Status	\$185,000	\$316,000	\$260,000	\$762,000	5.2%	
Nebraska	Current	\$21,557,000	\$4,778,000	\$13,465,000	\$39,800,000	8.3%	6.3%
	Full Legal Status	\$23,713,000	\$9,652,000	\$14,812,000	\$48,177,000	9.1%	
Nevada	Current	\$65,830,000	No Income Tax	\$20,271,000	\$86,101,000	5.0%	1.4%
	Full Legal Status	\$72,413,000		\$22,298,000	\$94,712,000	5.0%	
New Hampshire	Current	\$1,987,000	No Income Tax on Wages	\$5,207,000	\$7,236,000	6.0%	2.6%
	Full Legal Status	\$2,186,000		\$5,727,000	\$8,005,000	6.1%	
New Jersey	Current	\$265,945,000	\$49,148,000	\$272,322,000	\$587,415,000	7.7%	7.1%
	Full Legal Status	\$292,540,000	\$69,036,000	\$299,554,000	\$661,130,000	7.9%	
New Mexico	Current	\$50,098,000	\$3,956,000	\$13,689,000	\$67,743,000	9.1%	4.8%
	Full Legal Status	\$55,108,000	\$5,590,000	\$15,058,000	\$75,756,000	9.3%	
New York	Current	\$564,962,000	\$182,675,000	\$354,686,000	\$1,102,323,000	8.9%	8.1%
	Full Legal Status	\$621,458,000	\$337,864,000	\$390,154,000	\$1,349,476,000	9.9%	
North Carolina	Current	\$163,163,000	\$59,671,000	\$54,568,000	\$277,402,000	6.8%	5.3%
	Full Legal Status	\$179,479,000	\$131,276,000	\$60,025,000	\$370,780,000	8.3%	
North Dakota	Current	\$2,214,000	\$123,000	\$507,000	\$2,844,000	7.1%	3.0%
	Full Legal Status	\$2,435,000	\$270,000	\$558,000	\$3,263,000	7.4%	
Ohio	Current	\$47,540,000	\$15,649,000	\$20,059,000	\$83,247,000	7.8%	5.5%
	Full Legal Status	\$52,294,000	\$34,427,000	\$22,064,000	\$108,786,000	9.3%	
Oklahoma	Current	\$57,647,000	\$10,935,000	\$16,183,000	\$84,765,000	7.8%	4.3%
	Full Legal Status	\$63,411,000	\$23,436,000	\$17,801,000	\$104,648,000	8.7%	
Oregon	Current	\$15,292,000	\$29,831,000	\$35,652,000	\$80,775,000	5.5%	6.5%
	Full Legal Status	\$16,821,000	\$63,327,000	\$39,217,000	\$119,365,000	7.4%	

Appendix 1: Detailed State and Local Tax Contributions of Total Undocumented Immigrant Population

Current vs. Full Legal Status for All Undocumented Immigrants

		Sales and Excise Tax Total	Personal Income Tax Total	Property Tax Total	Total State and Local Taxes	Undocumented Immigrant Effective Tax Rate	Top 1% Effective Tax Rate (All Taxpayers) ¹
Pennsylvania	Current	\$64,545,000	\$34,440,000	\$35,887,000	\$134,872,000	7.2%	4.2%
	Full Legal Status	\$71,000,000	\$75,769,000	\$39,475,000	\$186,244,000	9.0%	
Rhode Island	Current	\$17,615,000	\$3,887,000	\$9,652,000	\$31,154,000	7.4%	6.3%
	Full Legal Status	\$19,377,000	\$7,571,000	\$10,617,000	\$37,564,000	8.1%	
South Carolina	Current	\$43,859,000	\$10,606,000	\$13,288,000	\$67,753,000	5.5%	4.5%
	Full Legal Status	\$48,245,000	\$23,333,000	\$14,616,000	\$86,195,000	6.4%	
South Dakota	Current	\$4,302,000	No Income Tax	\$1,036,000	\$5,338,000	8.0%	1.8%
	Full Legal Status	\$4,732,000		\$1,140,000	\$5,872,000	8.0%	
Tennessee	Current	\$91,169,000	No Income Tax on Wages	\$16,260,000	\$107,465,000	7.4%	3.0%
	Full Legal Status	\$100,286,000		\$17,886,000	\$118,251,000	7.4%	
Texas	Current	\$1,067,260,000	No Income Tax	\$493,636,000	\$1,560,896,000	8.6%	2.9%
	Full Legal Status	\$1,173,985,000		\$543,000,000	\$1,716,985,000	8.6%	
Utah	Current	\$40,863,000	\$13,189,000	\$15,718,000	\$69,770,000	6.7%	4.8%
	Full Legal Status	\$44,950,000	\$29,015,000	\$17,290,000	\$91,255,000	8.0%	
Vermont	Current	\$1,515,000	\$326,000	\$1,094,000	\$2,936,000	7.3%	7.7%
	Full Legal Status	\$1,667,000	\$540,000	\$1,204,000	\$3,411,000	7.7%	
Virginia	Current	\$121,514,000	\$71,310,000	\$63,142,000	\$255,965,000	6.0%	5.1%
	Full Legal Status	\$133,665,000	\$152,803,000	\$69,456,000	\$355,924,000	7.6%	
Washington	Current	\$243,047,000	No Income Tax	\$73,577,000	\$316,624,000	10.7%	2.4%
	Full Legal Status	\$267,352,000		\$80,935,000	\$348,287,000	10.7%	
West Virginia	Current	\$3,531,000	\$1,080,000	\$501,000	\$5,112,000	6.4%	6.5%
	Full Legal Status	\$3,884,000	\$2,376,000	\$551,000	\$6,811,000	7.7%	
Wisconsin	Current	\$36,367,000	\$13,230,000	\$22,195,000	\$71,792,000	7.5%	6.2%
	Full Legal Status	\$40,004,000	\$27,273,000	\$24,414,000	\$91,691,000	8.7%	
Wyoming	Current	\$3,442,000	No Income Tax	\$723,000	\$4,165,000	5.2%	1.2%
	Full Legal Status	\$3,787,000		\$795,000	\$4,582,000	5.2%	
All States	Current	\$7,025,296,000	\$1,131,236,000	\$3,583,429,000	\$11,739,961,000	8.0%	5.4%
	Full Legal Status	\$7,727,826,000	\$2,243,067,000	\$3,941,771,000	\$13,912,665,000	8.6%	
	Change	+\$702,530,000	+\$1,111,831,000	+\$358,343,000	+\$2,172,703,000		

¹ Institute on Taxation and Economic Policy, A Distributional Analysis of the Tax Systems in All Fifty States, 5th Edition, January 2015. www.whopays.org

Appendix 2: Data Used to Estimate State and Local Tax Contributions of Undocumented Immigrants

	Estimated Total Undocumented Immigrant Population ¹	Est. Share of Undocumented Immigrant Population who are Homeowners ²	Average Undocumented Family Income ³		Estimated Total Undocumented Immigrant Population ¹	Est. Share of Undocumented Immigrant Population who are Homeowners ²	Average Undocumented Family Income ³
Alabama	71,000	29%	\$28,000	Montana	1,000	31%	\$30,600
Alaska	7,000	31%	\$30,600	Nebraska	38,000	37%	\$29,000
Arizona	244,000	36%	\$25,200	Nevada	129,000	32%	\$30,600
Arkansas	56,000	37%	\$28,400	New Hampshire	9,000	31%	\$30,600
California	3,019,000	27%	\$30,300	New Jersey	498,000	24%	\$35,100
Colorado	163,000	33%	\$29,600	New Mexico	68,000	45%	\$25,000
Connecticut	105,000	24%	\$35,900	New York	850,000	19%	\$33,300
Delaware	23,000	32%	\$34,800	North Carolina	338,000	33%	\$27,500
Dist. of Col.	27,000	23%	\$37,000	North Dakota	3,000	31%	\$30,600
Florida	610,000	33%	\$30,700	Ohio	83,000	26%	\$29,300
Georgia	377,000	33%	\$29,200	Oklahoma	85,000	38%	\$29,400
Hawaii	21,000	40%	\$39,600	Oregon	116,000	30%	\$28,900
Idaho	33,000	44%	\$28,200	Pennsylvania	137,000	30%	\$31,400
Illinois	519,000	39%	\$32,500	Rhode Island	29,000	20%	\$33,300
Indiana	94,000	40%	\$27,700	South Carolina	98,000	29%	\$28,700
Iowa	36,000	39%	\$29,500	South Dakota	5,000	31%	\$30,600
Kansas	63,000	44%	\$30,100	Tennessee	120,000	27%	\$27,900
Kentucky	45,000	21%	\$27,000	Texas	1,470,000	41%	\$28,200
Louisiana	66,000	20%	\$30,100	Utah	81,000	38%	\$29,300
Maine	5,000	31%	\$30,600	Vermont	3,000	31%	\$30,600
Maryland	253,000	32%	\$36,700	Virginia	272,000	32%	\$36,100
Massachusetts	173,000	21%	\$34,800	Washington	219,000	32%	\$30,900
Michigan	97,000	40%	\$29,500	West Virginia	6,000	31%	\$30,600
Minnesota	85,000	32%	\$30,500	Wisconsin	71,000	32%	\$30,800
Mississippi	25,000	23%	\$27,900	Wyoming	6,000	31%	\$30,600
Missouri	57,000	37%	\$28,900				

¹ Migration Policy Institute (MPI) analysis of U.S. Census Bureau data from the 2010-2014 ACS pooled, and the 2008 Survey of Income and Program Participation (SIPP) by Colin Hammar and James Bachmeier of Temple University and Jennifer Van Hook of The Pennsylvania State University, Population Research Institute.

² Ibid.

³ Ibid.

⁴ Ibid.

All States	11,009,000	31%	\$30,700
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