

Congressional Testimony of Allison Pinto, Ph.D.
Hearing on Abuse and Neglect of Youth in Private Residential Facilities
October 10, 2007

Thank you, Mr. Chairman and committee members, for this opportunity to testify before you today regarding the very serious problems of mistreatment, abuse and neglect of youth in residential facilities.

I am a child psychologist licensed in the states of California and Florida, an assistant professor at the University of South Florida, and a researcher at the Children's Board of Hillsborough County, a children's services council in Florida.

For the past three years I have served as the coordinator of A START: Alliance for the Safe, Therapeutic and Appropriate use of Residential Treatment. A START is a national, cross-sector alliance of mental healthcare and other child-serving professionals, as well as parents and youth, who have come together in response to growing concerns regarding the mistreatment and abuse of youth in residential facilities.

Each week, I receive phone calls and emails from concerned youth, family members and professionals who are trying to navigate the increasingly complex world of residential services for youth, or to cope with the aftermath of their experience in residential programs. I have also spoken with a variety of individuals associated with the growing number of residential programs that are being framed as alternatives to traditional residential mental healthcare.

Many parents and professionals are shocked by the descriptions of institutional abuse that continue to emerge regarding the care that American adolescents are receiving in alternative residential programs. In disbelief, they often ask, "How do you know that these aren't just a few isolated incidents that have been sensationalized in the media?" or "How do you know that these aren't just the complaints of manipulative, "troubled teens" or disgruntled families?"

In order to address these questions, and to gain a clearer understanding of the variety of residential programs now available for youth, my colleagues and I posted an online survey to systematically gather reports from individuals who participated in residential programs when they were adolescents. Within six months over 700 people responded to the survey.

The detailed descriptions that young adults have been willing to share through this survey provide data that reveal a highly disturbing phenomenon. While there are youth and families who are satisfied with the care and services they have received in residential programs, a significant number of adolescents report being mistreated and maltreated in programs across the country. To give you a sense of the nature and scope of problems that have emerged, I will be

submitting for the record a preliminary summary of our survey findings, which reveal the following:

1. **Reports of mistreatment, abuse and neglect are widespread.** There were concerns relating to 85 programs located in 23 states, and in U.S.-owned programs based in foreign countries as well. More than half of the identified programs are self-described “therapeutic boarding schools,” and more than one third of the identified programs are members of NATSAP.
2. **Youth are being transported to residential facilities by escort services under threat or use of force, without their consent.** Youth were transported in handcuffs and leg-irons, and experienced these practice as highly distressing – they frequently felt like they were being kidnapped with their parents’ permission.
3. **Facilities are not maintaining health and safety standards.** Youth were not provided with the basics of a sanitary environment, leading to illnesses such as scabies, and staff supervision was not consistently provided to ensure the safety of program participants.
4. **Amateur psychological interventions are being conducted.** In the guise of “behavior modification,” youth were required to earn their human rights to privacy, dignity, contact with family members, and peer relations – rights that are now safeguarded for all participants in licensed and regulated mental healthcare facilities. Youth were recruited and admitted on the basis of identified psychiatric disorders, but then received services that ignored established standards of care specific to their presenting problems.
5. **Educational deprivation is occurring.** In a variety of programs, youth were not receiving instruction from trained and qualified teachers, textbooks and educational materials did not meet state curriculum standards, and vacuous education is being provided in the guise of “independent study.” Some students returned home to their original school settings to find themselves significantly behind and some who “graduated” from the alternative residential programs discovered afterward that the diplomas they received were not recognized by their home states or college admissions departments.
6. **Medical neglect is occurring.** Medications were administered without appropriate supervision by trained medical personnel, as well as the discontinuation of medications without physician monitoring. The absence of trained medical providers in residential programs has caused health problems to go unrecognized and untreated, in some cases leading to death.

7. **The use of seclusion and restraint is grossly inappropriate.** Seclusion or physical restraint were used as a punishment for rule violations and negative attitudes. Isolation for periods of weeks was reported, and youth described enduring painful, dangerous and humiliating restraint practices. In licensed mental healthcare facilities this would be prohibited, as seclusion and physical restraint can only be used when a person is determined to be a serious danger to self or others.
8. **Treatment is violating human rights.** Youth were deprived of food, sleep and shelter as a consequence for breaking rules or not evidencing sufficient progress in the program. Youth have been forced to endure stress positions, physical pain and fear-inducing encounters such as being taken into the woods or onto the highway blindfolded.
9. **Treatment is explicitly abusive.** There were incidents of physical and sexual abuse that youth never reported due to distrust of staff, threatening program environments, or the absence of universal access to child protection and advocacy hotlines.
10. **Youth are in distress and suffering.** Respondents expressed profound distress about their residential experiences. Comments included:
 - “It was a terrible place. Mentally scarring. I would hope NO ONE would ever have to go to a place like that. It's worse than jail.”
 - “I don't ever want another child to be so abjectly hopeless or so horribly abused. I don't ever want another family to be torn up when there is the possibility of being reunited and healed.”
 - “I still have bad dreams about it. I wake up shaking and nervous that I am there again. It has scarred me emotionally and I don't know if I will ever get over it.”

Some youth were informed by staff that their parents were aware of the maltreatment that they were enduring, and then felt betrayed and abandoned by their families, causing damage to their relationships that has been difficult to heal even after families have been reunited. For some respondents, the memories of their experience in alternative residential programs remain deeply disturbing and have led to a pattern of anxiety consistent with post traumatic stress disorder.

Are these reports credible? Based on the level of detail and the overall coherence of the accounts provided, and using my clinical judgment as a child psychologist, I conclude that they are very credible. If those of us who are mandated reporters of suspected child abuse were to learn of such treatment occurring in a family's home, we would be required to file suspected child abuse reports so that the concerns could be investigated. We must consider the reports of mistreatment and abuse occurring in residential facilities just as carefully.

Recognizing that the online reports provided are retrospective and are not necessarily from a representative sample of *all* individuals who attended residential programs as youth, the survey findings nonetheless provide compelling information indicating that there are far more than a few isolated cases of youth who are being mistreated and are suffering in residential programs. Because there are now hundreds of reports, related to such a diversity of programs, in such a broad range of states and countries, these reports reveal a coherent pattern of institutional maltreatment. Once a pattern becomes apparent in this manner, it is not appropriate, scientifically or ethically, to dismiss reports of maltreatment as exceptions to the norm. Rather, it becomes necessary to understand each report in the context of an evolving, societal phenomenon of institutional mistreatment and abuse, which must be acknowledged if it is to be eliminated.

Thank you for bringing attention and responding to this disturbing phenomenon, in order to safeguard and restore the well-being of American youth and families.