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THE SNOWBALL EFFECT OF CRIME AND VIOLENCE: MEASURING THE TRIPLE-C IMPACT

Michal Gilad, Abraham Gutman,** & Stephen P. Chawaga****

ABSTRACT

This Article is one of the first to take an inclusive look at Comprehensive Childhood Crime Impact (Triple-C Impact) – the monumental problem of exposure to crime during childhood. This problem is estimated to be one of the most damaging and costly public health and public safety problems in our society today. This Article presents an original empirical analysis revealing the states' failure to provide effective recourse to the millions of children nationwide who suffer from exposure to crime and violence. Additionally, it provides an in-depth, evidence-based investigation into the magnitude of the Triple-C Impact problem, and the full range of adverse outcomes suffered by affected children, as well as our society as a whole, that result from the states' deficient practices. This Article establishes the importance of developing effective policies that will enable early identification of, and intervention for, children harmed by crime exposure, in order to facilitate recovery from trauma. It demonstrates how improving state practices will prevent cascading injurious consequences, improving the lives and

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well-being of millions of children into adulthood, while also providing an almost unparalleled opportunity for savings on fiscal and social costs.

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INTRODUCTION

When a snowball starts rolling down a snowy hill, it continues to exponentially grow and gain momentum, unless stopped by an external force. The effects of crime on children assume a similar pattern. If not brought to a halt by intervention or treatment, the effects can linger and escalate throughout the child's life into adulthood. Crime impacts all aspects of the individual's life, ranging from physical and mental health to fundamental life outcomes, including employment, education, and economic well-being. As is true in many different contexts, timing is everything:

[V]iolence experienced during childhood and adolescence may be particularly damaging to health over time. This is because childhood and adolescence are the periods in which important personal and psychological resources that guide cognition and decision-making, and ultimately influence health, are typically

developed . . . [W]hereas violence experienced at other stages of life might ultimately have relatively fewer life course consequences.¹

Comprehensive Childhood Crime Impact, or “Triple-C Impact,” is a term we coined to embody the distinct effects that direct and indirect exposures to crime have on children.² This Article aims to gauge and measure the devastating harm that results from the states’ failure to provide effective intervention to millions of affected children nationwide, thus enabling the Triple-C Impact snowball to continue careening down the steep slope.

Part I of the Article introduces the foundation and pillars of the Triple-C Impact. It also elaborates on the scope and prevalence of the Triple-C Impact problem in our society today. Part II illuminates the existing failures and gaps in states’ response to this problem by examining the results of a comprehensive fifty-state survey. This Part also identifies and analyzes the root causes of these deficiencies in states’ responses. Relying on empirical evidence and data, Part III provides a detailed explanation of the consequences and risks of the abovementioned gaps in state response, and outlines the pathways leading to these adverse outcomes. Part IV discusses the “spillover effect” — how these issues reach beyond individual children to our society as a whole. Conclusions will follow.

I. THE SCOPE AND PREVALENCE OF THE TRIPLE-C IMPACT

Informed by scientific findings, the Triple-C Impact hinges on a set of factors that differentiate children from adults.³ Evidence shows that the timing of exposure to crime is a critical factor in determining the level of risk for long-term harm.⁴ Despite common misperceptions, children are not merely miniature adults — many more substantive differentiators are at play besides physical size. From a physiological and anatomical perspective, a child’s brain is

1. Niclas Olofsson et al., *Long-Term Health Consequences of Violence Exposure in Adolescence: A 26-Year Prospective Study*, 12 BMC PUB. HEALTH, 2012, at 1–2.

2. See generally Michal Gilad, *Falling Between the Cracks: Understanding Why States Fail in Protecting Our Children from Crime* (Univ. of Pa. Law Sch. Pub. Law & Legal Theory Research Paper Series, Paper No. 17-32, 2018), https://scholarship.law.upenn.edu/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=2859&context=faculty_scholarship [<https://perma.cc/N8JS-N85B>].

3. *Id.* at 7.

4. Olofsson et al., *supra* note 1.

extremely malleable during the early years of life.⁵ The plasticity of a child's central nervous system leads the human brain to be dramatically affected by early experiences.⁶ Exposure to crime and violence during childhood causes heightened levels of stress and overstimulation of certain brain structures, which can lead to chemical imbalances in the child's brain and to abnormal development of neurological and cerebral systems.⁷

Children are also in the critical stages of their emotional and cognitive development.⁸ Their identity is not yet formed, their personality traits are in transitory stages,⁹ and they are less mentally stable than adults.¹⁰ Exposure to crime at this critical stage interrupts the delicate and complex process of maturation,¹¹ affects the timing of developmental trajectories, and disrupts children's progression through age-appropriate milestones.¹² This state of psychological

5. Gilad, *supra* note 2, at 7. Gayla Margolin & Elana B. Gordis, *The Effects of Family and Community Violence on Children*, 51 ANN. REV. PSYCHOL. 445, 459 (2000). See generally Bruce Perry, *Incubated in Terror: Neurodevelopmental Factors in the "Cycle of Violence,"* in CHILDREN IN A VIOLENT SOCIETY 124 (Joy D. Osofsky ed., 1997).

6. Margolin & Gordis, *supra* note 5, at 459; Michael J. S. Weiss & Sheldon H. Wagner, *What Explains the Negative Consequences of Adverse Childhood Experiences on Adult Health? Insights from Cognitive and Neuroscience Research*, 14 AM. J. PREVENTATIVE MED. 356, 357 (1998); Bruce D. Perry & Ronnie Pollard, *Homeostasis, Stress, Trauma, and Adaptation: Neurodevelopmental View of Childhood Trauma*, 7 CHILD & ADOLESCENT PSYCHIATRY CLINICS N. AM. 33, 33-34 (1998).

7. REPORT OF THE AMERICAN PSYCHIATRIC ASSOCIATION TASK FORCE ON THE BIOPSYCHOSOCIAL CONSEQUENCES OF CHILDHOOD VIOLENCE 23 (Richard J. Loewenstein & Frank W. Putnam eds., 2013), <http://www.researchgate.net/publication/239939460> [<https://perma.cc/P6JA-NBYG>] [hereinafter REPORT ON THE BIOPSYCHOSOCIAL CONSEQUENCES OF CHILDHOOD VIOLENCE]. See Margolin & Gordis, *supra* note 5, at 459. See generally Ayelet Lahat & Louis A. Schmidt, *Early Violence Exposure and Executive Function: Implications for Psychopathology and Other Cautionary Points*, 56 HUM. DEV. 274 (2013); Dana Charles McCoy, *Early Violence Exposure and Self-Regulatory Development: A Bioecological Systems Perspective*, 56 HUM. DEV. 254 (2013).

8. Gilad, *supra* note 2, at 8.

9. *Id.*

10. Roper v. Simmons, 543 U.S. 551, 569-70 (2005). See also Jessica Feerman et al., *The Eighth Amendment Evolves: Defining Cruel and Unusual Punishment Through the Lens of Childhood and Adolescence*, 15 U. PA. J.L. & SOC. POL'Y 285, 294-97 (2012).

11. Gilad, *supra* note 2, at 8.

12. Stephanie Holt et al., *The Impact of Exposure to Domestic Violence on Children and Young People: A Review of the Literature*, 32 CHILD ABUSE & NEGLECT 797, 802 (2008); Margolin & Gordis, *supra* note 5, at 449. See generally Sue Boney-McCoy & David Finkelhor, *Psychosocial Sequelae of Violent Victimization in a National Youth Sample*, 63 J. CONSULTING & CLINICAL PSYCHOL. 726 (1995);

immaturity also makes it difficult for children to process and cope with trauma without assistance.¹³ Children are at increased risk that damage caused by exposure at this delicate developmental stage will become permanently embedded in their core personality structure.¹⁴

Because of their social and psychological immaturity, children are dependent on adults for their survival and basic psychological and emotional needs.¹⁵ As a consequence, they have little choice over their living environment¹⁶ and the people they associate with. Additionally, they do not have the capabilities or resources to remove themselves from harmful circumstances created by crime and violence.¹⁷ When caregivers are incapacitated by victimization, illicit substance abuse, or incarceration, their ability to make coherent fundamental decisions on behalf of their children, and to fully consider the child's best interests, is inevitably diminished.¹⁸ The dependent children, therefore, are often deprived of the care, guidance, and protection essential for their development.

Lastly, children are in the midst of legal socialization¹⁹ — the process through which they develop an inclination towards compliance with the law and cooperation with legal actors.²⁰ The

Suzanne G. Martin, *Children Exposed to Domestic Violence: Psychological Considerations for Health Care Practitioners*, 16 *HOLISTIC NURSING PRAC.* 7 (2002); Jennifer E. McIntosh, *Thought in the Face of Violence: A Child's Need*, 26 *CHILD ABUSE & NEGLECT* 229 (2002).

13. Jessica Feierman et al., *supra* note 10, at 296–97; Margolin & Gordis, *supra* note 5, at 450.

14. Linda G. Mills, *The Justice of Recovery: How the State Can Heal the Violence of Crime*, 57 *HASTINGS L.J.* 457, 486 (2005).

15. Gilad, *supra* note 2, at 9; Elizabeth Scott, *The Legal Construction of Childhood*, 29 *HOFSTRA U. L. REV.* 547, 550 (2000).

16. Gilad, *supra* note 2, at 9.

17. Brief for Am. Psychol. Ass'n et al. as Amici Curiae Supporting Petitioners at 14–15, *Graham v. Florida*, 560 U.S. 48, 52 (2010) (Nos. 08-7412, 08-7621), <http://www.apa.org/about/offices/ogc/amicus/graham-v-florida-sullivan.pdf> [<https://perma.cc/FGV4-5MXB>]; Alan E. Kazdin, *Adolescent Development, Mental Disorders, and Decision Making of Delinquent Youths*, in *YOUTH ON TRIAL* 47 (Thomas Grisso & Robert G. Schwartz eds., 2000); *Miller v. Alabama*, 567 U.S. 460 (2012). Although this series of Supreme Court cases, including *Roper*, *Graham*, and *Miller*, dealt with juvenile offenders rather than victims, the court and amici's analysis of scientific developmental psychology is useful for an understanding of the special needs of juvenile and their unique characteristics and behavioral traits. David Finkelhor & Patricia Y. Hashima, *The Victimization of Children & Youth: A Comprehensive Overview*, in *LAW AND SOCIAL SCIENCE PERSPECTIVES ON YOUTH AND JUSTICE* 49, 59–61 (S.O. White ed., 2001).

18. See Margolin & Gordis, *supra* note 5, at 451.

19. Gilad, *supra* note 2, at 10.

20. Jeffrey Fagan & Tom R. Tyler, *Legal Socialization of Children and Adolescent*, 18 *SOC. JUST. RES.* 217, 219–22 (2005). See generally Jeffrey Fagan et al.,

process is highly influenced by childhood experiences with crime, law enforcement, legal actors, and the justice system.²¹ Disruption of this fundamental developmental process,²² particularly as a result of childhood exposure to crime, could increase proclivity towards criminal behavior and illicit substance abuse later in life.²³

These fundamental differences between children and adults necessitate specialized legal solutions tailored specifically to the unique needs of minor children, rather than superimposing improper, adult-oriented policies on them. Accounting for these differences will set solid foundations for effectively protecting this especially vulnerable group.

Empirical studies also show that due to the aforementioned differences between adults and minor children, the understanding of crime-induced harm to children must be expanded beyond the conventional perspective of direct victimization.²⁴ That is to say, even when a criminal offense is not committed directly against the body of the child, and the child is “only” indirectly exposed to a crime, this indirect exposure can leave marks that are acute and long-lasting.²⁵

Developmental Trajectories of Legal Socialization Among Adolescent Offenders, 96 J. CRIM. L. & CRIMINOLOGY 267 (2005).

21. Gilad, *supra* note 2, at 11; Fagan & Tyler, *supra* note 20, at 217.

22. Gilad, *supra* note 2, at 11.

23. *Id.*; Cathy Spatz Widom, *Child Victims: Searching for Opportunities to Break the Cycle of Violence*, 7 APPLIED & PREVENTIVE PSYCHOL. 225, 226 (1998). See generally Dean G. Kilpatrick et al., *Risk Factors for Adolescent Substance Abuse and Dependence: Data from a National Sample*, 68 J. CONSULTING & CLINICAL PSYCHOL. 19 (2000).

24. See David Finkelhor, *Developmental Victimology: The Comprehensive Study of Childhood Victimization*, in VICTIMS OF CRIME 9, 12 (R.C. David et al. eds., 3d ed. 2007); Margolin & Gordis, *supra* note 5, at 450; Olofsson et al., *supra* note 1, at 2.

25. See ROBERT L. LISTENBEE ET AL., REPORT OF THE ATTORNEY GENERAL'S NATIONAL TASK FORCE ON CHILDREN EXPOSED TO VIOLENCE 66 (Dec. 20, 2012), <https://www.justice.gov/defendingchildhood/cev-rpt-full.pdf> [<https://perma.cc/PF7V-YHL7>]; Ilan Harpaz-Rotem et al., *Clinical Epidemiology of Urban Violence: Responding to Children Exposed to Violence in Ten Communities*, 22 J. INTERPERSONAL VIOLENCE 1479, 1480 (2007); William W. Harris et al., *In the Best Interests of Society*, 48 J. CHILD PSYCHOL. & PSYCHIATRY & ALLIED DISCIPLINES 392, 392 (2007); Ruth Gilbert et al., *Burden and Consequences of Child Maltreatment in High-Income Countries*, 373 LANCET 68, 68 (2009); Helen W. Wilson & Cathy Spatz Widom, *Pathways from Childhood Abuse and Neglect to HIV-Risk Sexual Behavior in Middle Adulthood*, 79 J. CONSULTING & CLINICAL PSYCHOL. 236, 236 (2011). See generally Tyrone Bentley & Cathy Spatz Widom, *A 30-Year Follow-Up of the Effects of Child Abuse and Neglect on Obesity in Adulthood*, 17 OBESITY 1900 (2009); Preeti Chauhan & Cathy Spatz Widom, *Childhood Maltreatment and Illicit Drug Use in Middle Adulthood: The Role of Neighborhood Characteristics*, 24 DEV. & PSYCHOPATHOLOGY 723 (2012); Janet Currie & Cathy Spatz Widom, *Long-Term Consequences of Child Abuse and*

In response to these findings, we designed the Triple-C Impact concept to incorporate the full range of direct and indirect forms of exposure to crime that commonly affect children. When evaluating which forms of childhood crime exposure should be included under the Triple-C Impact umbrella, the primary criterion we used was whether there is significant empirical evidence that supports and demonstrates potential harm to the child that rises to, or nearly meets, the harm caused by the “gold standard” of direct victimization.²⁶ Meticulous review of over 150 studies examined the many aspects of the effects that exposure to crime has on all facets of children’s lives and identified five categories of exposure that meet this rigorous standard. These are direct victimization, exposure to family crime, exposure to community crime, parental victimization, and parental incarceration.²⁷ As science evolves and advances, this list could change to adapt to new findings, relying on similar harm-based criteria.²⁸

As noted, the first and most obvious and commonly recognized form of exposure to crime is direct victimization. It occurs when an act defined by law as a criminal offense is committed against the person of the child. As a result, the child can be physically injured during the act, suffer emotional and mental impairments, or both.²⁹

Neglect on Adult Economic Well-Being, 15 CHILD MALTREATMENT 111 (2010); Valentina Nikulina et al., *The Role of Childhood Neglect and Childhood Poverty in Predicting Mental Health, Academic Achievement and Crime in Adulthood*, 48 AM. J. COMMUNITY PSYCHOL. 309 (2011); Cathy Spatz Widom et al., *A Prospective Investigation of Physical Health Outcomes in Abused and Neglected Children: New Findings from a 30-Year Follow-Up*, 102 AM. J. PUB. HEALTH 1135 (2012); Cathy Spatz Widom et al., *Childhood Victimization and Lifetime Revictimization*, 32 CHILD ABUSE & NEGLECT 785 (2008).

26. Due consideration should be given to the fact that children are not all equally affected by crime victimization and trauma. Some children are deeply traumatized by victimization, whether direct or indirect, while others exhibit high levels of resilience. See generally Finkelhor & Hashima, *supra* note 17, at 12. The exact combination of factors that allow some children to develop higher levels of resilience than others is not yet fully understood. However, factors such as age, gender, relationship with the caregiver, personal strengths and vulnerabilities, characteristics of the child’s family and community, and the frequency and severity of the victimization, were shown by empirical research to have an effect on children’s responses. BETSY MCALISTER GROVES ET AL., FAM. VIOLENCE PREVENTION FUND, IDENTIFYING AND RESPONDING TO DOMESTIC VIOLENCE: CONSENSUS RECOMMENDATIONS FOR CHILD AND ADOLESCENTS HEALTH 6 (2004), <http://www.futureswithoutviolence.org/userfiles/file/HealthCare/pediatric.pdf> [<https://perma.cc/H3VB-NS8S>]; see ANNE PETERSEN ET AL., NEW DIRECTIONS IN CHILD ABUSE AND NEGLECT 17 (2013).

27. Gilad, *supra* note 2, at 11–29.

28. *Id.* at 28.

29. McCoy, *supra* note 7, at 259.

Few data sources exist that measure the number of children affected by crime across the nation. To provide the most accurate prevalence indicators for the Triple-C Impact categories outlined below, we utilized the raw data of the National Survey of Children's Exposure to Violence (NatSCEV III).³⁰ We designed a customized analysis model of this nationally representative dataset that tallies the categories and definitions of the Triple-C Impact.³¹ Our analysis found that 52.31% of minor children nationwide were direct victims of a violent crime during their childhood years.³² This includes physical assault with or without a weapon, sexual assault and kidnapping, or attempts to commit any of these acts against the child. When the prevalence percentages are synthesized with population estimates, the result indicates that 38.8 million minor children were direct victims of a violent crime nationwide.³³ Boys are affected at a higher rate than girls, 56.14% compared to 48.3%.³⁴ This is the category in which the difference between boys and girls is the most significant.

The second and most well-known manifestation of indirect exposure to crime is witnessing family crime and violence. These are

30. Collected by Dr. David Finkelhor et al., the National Survey of Children's Exposure to Violence (NatSCEV) includes a representative sample of U.S. telephone numbers from August 28, 2013 to April 30, 2014. Via telephone interviews, self-reported information was obtained from 4,000 children zero to seventeen years old, with information about exposure to violence, crime, and abuse provided by youth ten to seventeen years old and by caregivers for children zero to nine years old. It is important to note that only the raw survey data was used in our analysis. The definitions and categories of our analysis differ from those used by Dr. Finkelhor's team, and therefore our results also vary from those presented in their published study. For comparison, see David Finkelhor et al., *Prevalence of Childhood Exposure to Violence, Crime, and Abuse: Results from the National Survey of Children's Exposure to Violence*, 169 JAMA PEDIATRICS 746, 752 (2015).

31. All the statistical figures included in Part I of this Article are derived from the authors original analysis of the NatSCEV data.

32. Full analysis results are archived with the authors.

33. The calculation is based on a population estimate of 74,182,000 children under the age of eighteen living in the U.S., based on the official 2010 Census data. See generally William O'Hare, *The Changing Child Population of the United States: Analysis of Data from the 2010 Census* (Nov. 2011), <http://www.aecf.org/m/resourcedoc/AECF-ChangingChildPopulation-2011-Full.pdf> [<https://perma.cc/9WSW-V8XQ>]. Although more current population estimates exist, no significant change in the number children under the age of eighteen was noted since 2010. See, e.g., *POP1 Child Population: Number of Children (in Millions) Ages 0-17 in the United States by Age, 1950-2017 and Projected 2018-2050*, FED. INTERAGENCY F. ON CHILD AND FAM. STAT., <https://www.childstats.gov/americaschildren/tables/pop1.asp> [<https://perma.cc/V2RU-APH6>] [hereinafter *POP1 Child Population*].

34. Full analysis results are archived with the authors.

cases where the child witnesses³⁵ a crime committed in the home, among immediate family members, but does not suffer direct physical harm as a result of the witnessed crime. The presence of crime and violence in the home disrupts the sense of safety, security, and stability that this environment is meant to foster in a child, which is vital for healthy development.³⁶ Affected children are often preoccupied with fear of losing a parent, whether it is the battered parent who is in imminent danger of being severely injured or killed,³⁷ or the batterer who may be incarcerated or even executed.³⁸ The developmentally ego-centric thinking of children frequently leads them to be burdened by profound guilt, as they are inclined to believe that they are at fault for causing the violence, or that they could or should have done something to prevent it.³⁹ Affected children also describe deep confusion and ambivalence towards both parents, including “fear and empathy” towards the abuser, and “compassion

35. For the purpose of this Article, a child is considered to be a witness to a crime when he or she perceives the criminal incident through any one of his or her senses (sight, hearing, etc.) or observes the aftermath of the crime (injuries, damage to property, etc.).

36. Gilad, *supra* note 2, at 16. See LISTENBEE ET AL., *supra* note 25, at 32; Holt et al., *supra* note 12, at 802–03. See generally E. Mark Cummings et al., *Children and Violence: The Role of Children’s Regulation in the Marital Aggression-Child Adjustment Link*, 12 CLINICAL CHILD & FAM. PSYCHOL. REV. 3 (2009); Martin, *supra* note 12; McIntosh, *supra* note 12; Suzanne C. Perkins et al., *The Mediating Role of Self-Regulation Between Intrafamilial Violence and Mental Health Adjustment in Incarcerated Male Adolescents*, 27 J. INTERPERSONAL VIOLENCE 1199 (2012).

37. See Patrick T. Davies et al., *Child Emotional Security and Interparental Conflict*, 67 MONOGRAPHS SOC’Y RES. CHILD DEV. 10 (2002); E. Mark Cummings et al., *Interparental Discord and Child Adjustment: Prospective Investigations of Emotional Security as an Explanatory Mechanism*, 77 CHILD DEV. 132, 134 (2006); Daniel S. Schechter et al., *Distorted Maternal Mental Representations and Atypical Behavior in a Clinical Sample of Violence-Exposed Mothers and Their Toddlers*, 9 J. TRAUMA & DISSOCIATION 123, 129 (2008). See generally Alexander J. Botsis et al., *Parental Loss and Family Violence as Correlates of Suicide and Violence Risk*, 25 SUICIDE & LIFE-THREATENING BEHAV. 253 (1995); Theodore Gaensbauer et al., *Traumatic Loss in a One-Year-Old Girl*, 34 J. AM. ACAD. CHILD & ADOLESCENT PSYCHIATRY 520 (1995).

38. See Elizabeth Beck & Sandra J. Jones, *Children of the Condemned: Grieving the Loss of a Father to Death Row*, 56 OMEGA 191, 194 (2007).

39. Gilad, *supra* note 2, at 16; Holt et al., *supra* note 12, at 803; LISTENBEE ET AL., *supra* note 25, at 32. See Andrée Fortin et al., *Children’s Appraisals as Mediators of the Relationship Between Domestic Violence and Child Adjustment*, 26 VIOLENCE & VICTIMOLOGY 377, 381 (2011); Patrick T. Davies et al., *Pathways Between Profiles of Family Functioning, Child Security in the Interparental Subsystem, and Child Psychological Problems*, 16 DEV. & PSYCHOPATHOLOGY 525, 547 (2004).

[for,] coupled with a sense of obligation to protect[,]” the abused.⁴⁰ The rattling presence of violence in the home can also lead to erroneous beliefs: the conceptualization that aggression is a functional and legitimate part of intimate relationships and family dynamics,⁴¹ and the belief that men are intrinsically dominant and privileged.⁴²

Ongoing exposure to aggression in the immediate home environment is also shown to put the child at potential risk of adopting anti-social rationalization for their own abusive behavior or for abuse perpetrated against them,⁴³ thus contributing to the creation of an inter-generational cycle of violence.⁴⁴ Additionally, preoccupation with dysfunctional home dynamics saturated with violence is likely to make parents less available as effective caregivers — the abuser is perceived as “unpredictable and frightening,” while the abused parent is distracted by basic concerns for their own, as well as the child’s, safety and survival.⁴⁵ The cumulative effect of these factors leads experts in the field to conclude that childhood exposure to family violence “has the potential to induce catastrophic and long-term trauma in the child-witness.”⁴⁶ Further, the fact that a child has not exhibited distinct symptoms of trauma during childhood does not

40. Gilad, *supra* note 2, at 16–17; Hadass Goldblatt, *Strategies of Coping Among Adolescents Experiencing Interparental Violence*, 18 J. INTERPERSONAL VIOLENCE 532, 542 (2003); Holt et al., *supra* note 12, at 802.

41. See Joy D. Osofsky, *Prevalence of Children’s Exposure to Domestic Violence and Child Maltreatment: Implications for Prevention and Intervention*, 6 CLINICAL CHILD & FAM. PSYCHOL. REV. 161, 165 (2003). See generally Sandra A. Graham-Bermann & Victoria Brescoll, *Gender, Power and Violence: Assessing the Family Stereotypes of the Children of Batterers*, 14 J. FAM. PSYCHOL. 600 (2000); George W. Holden, *Children Exposed to Domestic Violence and Child Abuse: Terminology and Taxonomy*, 6 CLINICAL CHILD & FAM. PSYCHOL. REV. 151 (2003).

42. Graham-Bermann & Brescoll, *supra* note 41, at 605.

43. Holt et al., *supra* note 12, at 803.

44. See K. Daniel O’Leary et al., *Multivariate Models of Men’s and Women’s Partner Aggression*, 75 J. CONSULTING & CLINICAL PSYCHOL. 752, 761 (2007); Christine Wekerle & David A. Wolfe, *Dating Violence in Mid-Adolescence: Theory, Significance, and Emerging Prevention Initiatives*, 19 CLINICAL PSYCHOL. REV. 435, 442 (1999); Alytia A. Levendosky et al., *Adolescent Peer Relationships and Mental Health Functioning in Families with Domestic Violence*, 31 J. CLINICAL CHILD PSYCHOL. 206, 207 (2002).

45. Gilad, *supra* note 2, at 17; Margolin & Gordis, *supra* note 5, at 451; Gayla Margolin, *Effects of Domestic Violence on Children*, in VIOLENCE AGAINST CHILDREN IN THE FAMILY AND THE COMMUNITY 90 (Penelope K. Trickett & Cynthia J. Schellenbach eds., 1998).

46. Gilad, *supra* note 2, at 19; Kym L. Kilpatrick & L. M. Williams, *Potential Mediators of Post-Traumatic Stress Disorder in Child Witnesses of Domestic Violence*, 22 CHILD ABUSE & NEGLECT 328 (1998).

necessarily mean that the child is unaffected by the violence, as the child may still develop physical or emotional symptoms later in life.⁴⁷

Our analysis found that more than one in every five children is exposed to family violence, a total of 22.94%.⁴⁸ This includes violent physical assault of a parent by a spouse, violent assault of a sibling by a parent (beyond spanking), other violent altercation between immediate family members at the home, and violent destruction of property. When translated to numerical figures, over seventeen million children living in the U.S. today witnessed a crime in their own home before turning eighteen.⁴⁹ This is the only category in which girls experience a slightly higher risk of exposure, at 24%, compared with 21.93% of boys.

Third, even when the child's home environment is violence-free, the child could be exposed to community crime.⁵⁰ The child may witness criminal activity outside the home, among non-relatives, around the neighborhood or at school.⁵¹ Although the child is not directly physically injured, significant harm can result from this kind of traumatic exposure.⁵² Negative effects have been documented for children who witnessed community violence directly through sight or sound, as well as for those who only heard about the violence after the fact.⁵³ Children living in economically impoverished families and communities are particularly prone to this form of exposure to community crime.⁵⁴

47. See Margolin & Gordis, *supra* note 5, at 446; Jennifer E. McIntosh, *Children Living with Domestic Violence: Research Foundations for Early Intervention*, 9 J. FAM. STUD. 219, 224–26 (2003); Holt et al., *supra* note 12, at 806.

48. Full analysis results are archived with the authors.

49. The calculation is based on a population estimate of 74,182,000 children under the age of eighteen living in the U.S. For this calculation, we used the official 2010 Census data. See generally O'Hare, *supra* note 33. Although more current population estimates exist, no significant change in the number children under the age of eighteen was noted since 2010. See, e.g., *POP1 Child Population*, *supra* note 33.

50. Gilad, *supra* note 2, at 19.

51. *Id.*

52. *Id.*

53. *Id.*; Michael Lynch, *Consequences of Children's Exposure to Community Violence*, 6 CLINICAL CHILD & FAM. PSYCHOL. REV. 265, 267 (2003); see Patrick T. Sharkey et al., *The Effect of Local Violence on Children's Attention and Impulse Control*, 102 AM. J. PUB. HEALTH 2287, 2287 (2012); Patrick T. Sharkey, *The Acute Effect of Local Homicides on Children's Cognitive Performance*, 107 PNAS 11733, 11733 (2010). See generally Dawn K. Wilson, *Violence Exposure, Catecholamine Excretion, and Blood Pressure Non-Dipping Status in African-American Male Versus Female Adolescents*, 64 PSYCHOSOMATIC MED. 906 (2002).

54. Gilad, *supra* note 2, at 19–20. See generally Lin Huff-Corzine & Jay Corzine, *Deadly Connections: Culture, Poverty, and the Direction of Lethal Violence*, 69 SOC.

Like the home, the neighborhood and school are considered to be part of a child's primary safe haven.⁵⁵ Exposure to crime and violence in these environments can eviscerate the protective and comforting qualities necessary for proper development of the child's sense of security and trust.⁵⁶ Children might interpret their inability to feel safe in their own schools and neighborhoods to mean that the world itself is unsafe, and that "relationships are too fragile to trust because one never knows when violence will take the life of a friend or loved one."⁵⁷ This can often lead to a state of hypervigilance, where the child is constantly wired and anticipates an outbreak of violence.⁵⁸ Some children may resort to believing that they are unworthy of safety and protection, affecting their self-esteem and perception of self-worth.⁵⁹ Exposure to community crime may also lead the child to believe that violence is "normal"⁶⁰ and to feel compelled to resort to aggression, gangs, or criminal activity to avoid being targeted and viewed as weak.⁶¹

Living in a community saturated with crime and violence may also negatively affect parents' caretaking abilities due to their own feelings of helplessness, fear, and grief.⁶² Indeed, "[e]fforts to protect the

FORCES 55 (1991); Carol B. Cunradi et al., *Neighborhood Poverty as a Predictor of Intimate Partner Violence Among White, Black, and Hispanic Couples in the United States: A Multilevel Analysis*, 10 ANNALS EPIDEMIOLOGY 297 (2000); Lisa A. Goodman et al., *When Crises Collide: How Intimate Partner Violence and Poverty Intersect to Shape Women's Mental Health and Coping*, 10 TRAUMA VIOLENCE ABUSE 306 (2009).

55. Gilad, *supra* note 2, at 20; Margolin & Gordis, *supra* note 5, at 449.

56. Gilad, *supra* note 2, at 20; Margolin & Gordis, *supra* note 5, at 449.

57. Gilad, *supra* note 2, at 20–21; LISTENBEE ET AL., *supra* note 25, at 4.

58. Gilad, *supra* note 2, at 20. See P.J. Fowler et al., *Community Violence: A Meta-Analysis on the Effect of Exposure and Mental Health Outcomes of Children and Adolescents*, 21 DEV. & PSYCHOPATHOLOGY 227, 228 (2009); Michel Janosz et al., *Are There Detrimental Effects of Witnessing School Violence in Early Adolescence?*, 43 J. ADOLESCENT HEALTH 600, 601 (2008); Nancy Shields et al., *The Effects of Community Violence on Children in Cape Town, South Africa*, 32 CHILD ABUSE & NEGLECT 589 (2008). See generally Wendy Klierer & Terri N. Sullivan, *Community Violence Exposure, Threat Appraisal, and Adjustment in Adolescents*, 37 J. CLINICAL CHILD & ADOLESCENT PSYCHOL. 860 (2008).

59. Gilad, *supra* note 2, at 20. Michael Lynch & Dante Cicchetti, *An Ecological Transactional Analysis of Children and Contexts: The Longitudinal Interplay Among Child Maltreatment, Community Violence, and Children's Symptomatology*, 10 DEV. PSYCHOPATHOLOGY 235, 252 (1998); Margolin & Gordis, *supra* note 5, at 458.

60. LISTENBEE ET AL., *supra* note 25, at 33.

61. *Id.*; Gilad, *supra* note 2, at 21. See Shields et al., *supra* note 58, at 591; Catherine A. Taylor et al., *Cumulative Experiences of Violence Among High-Risk Urban Youth*, 23 J. INTERPERSONAL VIOLENCE 1618, 1629 (2008).

62. Gilad, *supra* note 2, at 21.

child may be exhibited in authoritarian and restrictive parenting practices, as well as in certain precautions that may heighten the child's anxiety."⁶³ Other parents may yield to the sense of helplessness and cease any efforts to protect the child at all.⁶⁴ Nationally, community violence was found to affect 34.87% of children, or 25.8 million children nationwide⁶⁵ — 36.83% of boys and 32.81% of girls.⁶⁶ This measure includes witnessing assault with or without a weapon, witnessing shooting, bombing or violent street riots, and witnessing illegal drug trade.

Fourth, when the child's parent is a victim of a violent crime, the child is often affected by proxy.⁶⁷ When a parent is victimized, the child can be harmed even when the child is not a witness to the crime against the parent,⁶⁸ “[s]imply put, the well-being of a child is inextricably linked to the well-being of the adults in his or her life”⁶⁹ The most extreme scenario of victimized parents is homicide cases, when a child loses a parent to crime.⁷⁰ More common cases are parents who have experienced violent victimization in childhood or adulthood and suffer harmful consequences that spill over to their children.⁷¹

The effect of parental victimization is found to be most severe when the parent does not receive treatment and services to facilitate recovery.⁷² Victimized parents are more likely than non-victimized caregivers to suffer from a range of mental health problems and to be in poorer physical health.⁷³ Some evidence shows that victimization

63. *Id.*; Margolin & Gordis, *supra* note 5, at 452.

64. Gilad, *supra* note 2, at 21.

65. The calculation is based on a population estimate of 74,182,000 children under the age of eighteen living in the U.S. For this calculation we used the official 2010 Census data. *See generally* O'Hare, *supra* note 33. Although more current population estimates exist, no significant change in the number children under the age of eighteen was noted since 2010. *See, e.g., POPI Child Population, supra* note 33.

66. Full analysis results are archived with the authors.

67. Gilad, *supra* note 2, at 22.

68. *Id.* This differs from the category of exposure to family crime and violence, when the child perceives the crime in one of their senses and is considered a direct witness.

69. *Id.*; LISTENBEE ET AL., *supra* note 25, at 110.

70. Gilad, *supra* note 2, at 22.

71. *Id.* *See generally* Jennie G. Noll et al., *The Cumulative Burden Borne by Offspring Whose Mothers Were Sexually Abused as Children: Descriptive Results from a Multigenerational Study*, 24 J. INTERPERSONAL VIOLENCE 424 (2009).

72. Cindy E. Weisbart et al., *Child and Adult Victimization: Sequelae for Female Caregivers of High-Risk Children*, 13 CHILD MALTREATMENT 235, 242 (2008).

73. *Id.*

against the parents may affect parenting skills and, thus, influence the interactions between parent and child.⁷⁴ Survivors of victimization may have difficulties establishing clear generational boundaries with their children and be over-permissive as parents, or, conversely, they might exhibit overly restrictive parenting practices and be more inclined to use harsh physical discipline.⁷⁵ Crime-induced trauma can compromise “a parent’s ability to play a stable, consistent role in the child’s life,” and to remain “emotionally available, sensitive, and responsive to their children.”⁷⁶ A victimized parent who is depressed or overwhelmed because of past victimization may have difficulty maintaining structure or managing children’s inability to understand and control their own emotions, coloring their children’s experience of emotional expression.⁷⁷ Parental victimization has also been found to affect the quality of attachment between parent and child.⁷⁸

74. Gilad, *supra* note 2, at 23; Holt et al., *supra* note 12, at 800–01; LISTENBEE ET AL., *supra* note 25, at 32–33. See generally Heidi N. Bailey et al., *The Impact of Childhood Maltreatment History on Parenting: A Comparison of Maltreatment Types and Assessment Methods*, 36 CHILD ABUSE & NEGLECT 236 (2012); Patrick T. Davies et al., *A Process Analysis of the Transmission of Distress from Interparental Conflict to Parenting: Adult Relationship Security as an Explanatory Mechanism*, 45 DEV. PSYCHOL. 176 (2009).

75. Gilad, *supra* note 2, at 23; David DiLillo, *Parenting Characteristics of Women Reporting a History of Childhood Sexual Abuse*, 8 CHILD MALTREATMENT 319, 323–24 (2003); Margolin & Gordis, *supra* note 5, at 452. See Richard Thompson, *Mothers’ Violence Victimization and Child Behavior Problems: Examining the Link*, 77 AM. J. ORTHOPSYCHIATRY 306, 307 (2007). See generally George W. Holden, *Parenting Behaviour and Beliefs of Battered Women*, in CHILDREN EXPOSED TO MARITAL VIOLENCE: THEORY, RESEARCH, AND APPLIED ISSUES (George W. Holden et al. eds., 1998); Carol Coohy, *Battered Mothers Who Physically Abuse Their Children*, 9 J. INTERPERSONAL VIOLENCE 943 (2004).

76. Joy D. Osofsky, *The Impact of Violence on Children*, 9 DOMESTIC VIOLENCE & CHILD. 33, 40–41 (1999). See generally Kihyun Kim et al., *Childhood Experiences of Sexually Abused and Comparison Girl*, 34 CHILD ABUSE & NEGLECT 610 (2010); Eli Buchbinder, *Motherhood of Battered Women: The Struggle for Repairing the Past*, 23 CLINICAL SOC. WORK J. 307 (2004); Alytia A. Levendosky & Sandra A. Graham-Bermann, *Parenting in Battered Women: The Effects of Domestic Violence on Women and Their Children*, 16 J. FAM. VIOLENCE 171, 184–86 (2001); McIntosh, *supra* note 12; Melanie Marysko et al., *History of Childhood Abuse Is Accompanied by Increased Dissociation in Young Mothers Five Months Postnatally*, 43 PSYCHOPATHOLOGY 104 (2010); Holden, *supra* note 41.

77. See Buchbinder, *supra* note 76, at 321; McIntosh, *supra* note 12, at 234; see also Holden, *supra* note 41, at 66. See generally Levendosky & Graham-Bermann, *supra* note 76; Osofsky, *supra* note 76.

78. See Holt et al., *supra* note 12, at 800–02; Levendosky & Graham-Bermann, *supra* note 76, at 184; Osofsky, *supra* note 76, at 41. See generally Alytia A. Levendosky et al., *The Impact of Domestic Violence on the Maternal–Child Relationship and Preschool-Age Children’s Functioning*, 17 J. FAM. PSYCHOL. 275 (2003); see also HEDY CLEAVER ET AL., CHILDREN’S NEEDS—PARENTING CAPACITY,

Victimized parents, particularly in cases of ongoing victimization, may be “living in constant fear” and so “may deny their children normal developmental transitions and the sense of basic trust and security that is the foundation of healthy emotional development.”⁷⁹

Parental victimization has considerable detrimental impacts on child development, behavior, and the child’s relationship with the parent. This is true even when the child has no awareness or direct exposure to the criminal act committed against the parent. As of August 2018, there is no known data on the state or national level that measures the number of children affected by parental victimization in the United States. This is the only category for which estimations of the extent of exposure are completely unknown. Hopefully, by raising awareness of the cumulative impact that parental victimization has on children, more attempts will be made by state agencies and empirical scientists to assess the prevalence of this form of childhood crime exposure.

The fifth and last form of exposure to crime identified under the Triple-C Impact umbrella is parental incarceration — when a child is separated from a primary caregiver as a result of the caregiver’s confinement in a correction facility. Incarceration of a parent normally results in severe economic, social, and psychological consequences to the child and may have life-long repercussions.⁸⁰

THE IMPACT OF PARENTAL MENTAL ILLNESS, PROBLEM ALCOHOL AND DRUG USE, AND DOMESTIC VIOLENCE ON CHILDREN’S DEVELOPMENT 63 (1999).

79. Osofsky, *supra* note 76, at 40; see Holt et al., *supra* note 12, at 801. See generally Alytia A. Levendosky et al., *Mothers’ Perceptions of the Impact of Woman Abuse on Their Parenting*, 6 VIOLENCE AGAINST WOMEN 248 (2000); Levendosky & Graham-Bermann, *supra* note 76.

80. See generally Sarah Abramowicz, *Rethinking Parental Incarceration*, 82 U. COLO. L. REV. 793 (2011); Joseph Murray et al., *Children’s Antisocial Behavior, Mental Health, Drug Use, and Educational Performance After Parental Incarceration: A Systematic Review and Meta-Analysis*, 138 PSYCHOL. BULL. 175 (2012); Danielle H. Dallaire, *Children with Incarcerated Mothers: Developmental Outcomes, Special Challenges and Recommendations*, 28 J. APPLIED DEV. PSYCHOL. 15 (2007); Amanda Burgess-Proctor et al., *Comparing the Effects of Maternal and Paternal Incarceration on Adult Daughters’ and Sons’ Criminal Justice System Involvement*, 43 CRIM. JUST. & BEHAV. 1034 (2016); Rucker C. Johnson, *Ever-Increasing Levels of Parental Incarceration the Consequences and for Children*, in DO PRISONS MAKE US SAFER? THE BENEFITS AND COSTS OF THE PRISON BOOM 177 (Steven Raphael & Michael A. Stoll eds., 2009); Melinda Tasca et al., *Family and Residential Instability in the Context of Paternal and Maternal Incarceration*, 38 CRIM. JUST. & BEHAV. 231 (2011); Rosa Minhyo Cho, *Maternal Incarceration and Children’s Adolescent Outcomes: Timing and Dosage*, 84 SOC. SERV. REV. 257 (2010); Amanda Geller et al., *Parental Incarceration and Child Wellbeing: Implications for Urban Families*, 90 SOC. SCI. Q. 1186, 1191–92 (2009). See generally Raymond R. Swisher & Unique R. Shaw-Smith, *Parental Incarceration and*

When the incarcerated parent is the primary caregiver, the family's life is profoundly disrupted. The child is usually uprooted and may be separated not only from the incarcerated parent but also from siblings, other relatives, and friends. The child is at risk of being moved frequently between different caregivers and even becoming a ward of the state.⁸¹ Maintaining a close relationship and regular contact with the incarcerated parent is a significant challenge.⁸² If the child is too young to fully understand the reasons for the parent's "disappearance," destructive feelings of self-blame and anger can emerge.⁸³ The caregiver who remains with the child might struggle to provide support and to find a suitable way to convey the information to the child in an age-appropriate manner. Economic hardship is another likely result of parental incarceration, due to added legal expenses and loss of income or social benefits.⁸⁴ Lastly, the child is likely to be subjected to negative stigma and shame associated with parental incarceration.⁸⁵

This is the most controversial and seldom recognized group of Triple-C Impacted children, due to the strong association between a child's status and the perceived moral wrongdoing or blameworthiness of the parent. Children suffering from parental

Adolescent Well-Being: Life Course Contingencies and Other Moderators, 104 J. CRIM. L. & CRIMINOLOGY 929 (2015); ROSS PARKE & K. ALISON CLARKE-STEWART, EFFECTS OF PARENTAL INCARCERATION ON YOUNG CHILDREN, FROM PRISON TO HOME (Jan. 2002), <https://www.urban.org/sites/default/files/publication/60691/410627-Effects-of-Parental-Incarceration-on-Young-Children.PDF> [<https://perma.cc/N5YQ-36DR>].

81. See Donna K. Metzler, *Neglected by the System: Children of Incarcerated Mothers*, 82 ILL. BAR J. 428, 430 (1994); Murray et al., *supra* note 80, at 177; Abramowicz, *supra* note 80, at 814.

82. See generally Michal Gilad & Tal Gat, *U.S. v. My Mommy: Evaluation of Prison Nurseries as a Solution for Children of Incarcerated Women*, 37 N.Y.U. REV. L. & SOC. CHANGE 371 (2013).

83. NELL BERNSTEIN, ALL ALONE IN THE WORLD: CHILDREN OF THE INCARCERATED 143–48 (2005); see ALISON CUNNINGHAM & LINDA BAKER, INVISIBLE VICTIMS: THE CHILDREN OF WOMEN IN PRISON 5–6, VOICES OF CHILDREN (Dec. 2004), <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.555.9642&rep=rep1&type=pdf> [<https://perma.cc/W2CU-7ZT9>].

84. See DONALD BRAMAN, DOING TIME ON THE OUTSIDE: INCARCERATION AND FAMILY LIFE IN URBAN AMERICA 155–56 (2004); BERNSTEIN, *supra* note 83, at 115–16; Christopher Wildeman, *Parental Incarceration, Child Homelessness, and the Invisible Consequences of Mass Imprisonment*, 651 ANNALS AM. ACAD. 77 (2014).

85. See Abramowicz, *supra* note 80, at 815; Murray et al., *supra* note 80, at 178. See generally Denise Johnston, *Services for Children of Incarcerated Parents*, 50 FAM. CT. REV. 91 (2012); Julie Poehlmann, *Children of Incarcerated Mothers and Fathers*, 24 WIS. J.L. GENDER & SOC'Y 331 (2009).

incarceration are often referred to as the “invisible victims” of crime, as they are forced to bear the consequences of their parents’ criminal behavior and the system’s inability, or possibly unwillingness, to address their needs and mitigate the displayed harms.⁸⁶ At present, federal or state Departments of Corrections do not systematically collect data on the parental status of inmates. Only 40% of states collect such data in one form or another.⁸⁷ Our analysis reveals that 4.77% of children are estimated to be affected by either paternal or maternal incarceration at some point during childhood, amounting to over 3.5 million children.⁸⁸ Parental incarceration affects boys (5.16%) slightly more than girls (4.36%).⁸⁹

Overall, an astonishing 64.12%, or 47.56 million,⁹⁰ children living in the United States today are affected by at least one form of exposure to crime during their childhood.⁹¹ If we go one step further and apply these percentages to the total U.S. population, rather than only the population of minor children, we can conclude that there are approximately 210.5 million individuals walking among us, children and adults alike, who have been exposed to at least one category of the Triple-C Impact during their childhood.⁹² Boys are at a higher risk of exposure, at 66.49%, as compared to girls at 61.64%.⁹³

86. See generally CUNNINGHAM & BAKER, *supra* note 83; Wildeman, *supra* note 84; Rebecca Covington, *Incarcerated Mother, Invisible Child*, 31 EMORY INT’L L. REV. 99 (2016).

87. See *infra* Part II (explaining Triple-C Impact 50-States Survey results).

88. Full analysis results are archived with the authors.

89. Full analysis results are archived with the authors.

90. The calculation is based on a population estimate of 74,182,000 children under the age of eighteen living in the U.S. For this calculation, we used the official 2010 Census data. See LINDSAY M. HOWDEN & JULIE A. MEYER, AGE AND SEX COMPOSITION: 2010 2 tbl.1 (2001), <https://www.census.gov/prod/cen2010/briefs/c2010br-03.pdf> [<https://perma.cc/H CZ5-RKR9>]. Although more current population estimates exist, no significant change in the number children under the age of eighteen was noted since 2010. See, e.g., *POPI Child Population*, *supra* note 33.

91. Full analysis results are archived with the authors.

92. This calculation is based on a population of 328,347,000. U.S. population estimate is taken from <https://www.census.gov/popclock/> [<https://perma.cc/6RAD-CV3E>]. We tested the validity of the application to total population (adults and minors combined) by comparing our data to the state collected Adverse Childhood Experience Data incorporated in the CDC BRFSS survey, <https://www.cdc.gov/brfss/index.html> [<https://perma.cc/GH2N-7HMA>]. The survey is a population representative sample that covers retrospective self-reporting by adults of experiences they endured during childhood.

93. Full analysis results are archived with the authors.

Population: % of Exposure Under Each of the Triple-C Impact Categories – Gender Distribution						
	Direct Victimization	Family Violence	Community Violence	Parental Incarceration	Parental Victimization	Any Exposure
Total	52.31	22.94	34.87	4.77	No Data	64.12
Male	56.14	21.93	36.83	5.16	No Data	66.49
Female	48.3	23.99	32.81	4.36	No Data	61.64

Our findings also reinforce the fact that the aforementioned categories are not mutually exclusive. It is often the case that children experience poly-victimization: They suffer from multiple forms of direct and/or indirect crime exposures simultaneously.⁹⁴ More than 25.2 million children, comprising 33.94% of children in the United States, are affected by two or more different types of exposure.⁹⁵ A further 2.08%, or 1.5 million children, are impacted by four or more of the categories included in this study.⁹⁶ When compared to single-category exposure, cumulative exposure compounded in poly-victimization exacerbates the harmful effect to the child.⁹⁷

Poly-Victimization: % of Exposure to Multiple Different Triple-C Impact Categories			
# of exposures ⁹⁸	Total %	Male %	Female %
0	35.88	33.51	38.36
1	30.18	31.75	28.52
2	19.2	19.04	19.37
3	12.66	12.53	12.79
4+	2.08	3.15	0.96

94. See generally David Finkelhor et al., *Poly-Victimization: A Neglected Component in Child Victimization*, 31 CHILD ABUSE & NEGLECT 7 (2007).

95. Full analysis results are archived with the authors.

96. Full analysis results are archived with the authors.

97. See generally Finkelhor et al., *supra* note 94; David Finkelhor et al., *Pathways to Poly-Victimization*, 14 CHILD MALTREATMENT 316 (2009); Heather A. Turner et al., *Poly-Victimization in a National Sample of Children and Youth*, 38 AM. J. PREVENTIVE MED. 323 (2010).

98. This column reflects the number of different Triple-C Impact categories a child has been exposed to (e.g., exposure to direct victimization in addition to exposure to community crime). It does not account for multiple exposures under the same category (e.g., a case of child abuse and a case of sexual abuse will both be counted under the direct victimization category, and therefore will be counted in this table as only 1 exposure).

These overwhelming figures make it clear that the Triple-C Impact problem is vast and expansive, rather than an isolated occurrence reserved to marginalized populations. As determined by the Attorney General Task Force, the problem is “not limited to one community or one group of children. It occurs among all ethnic and racial groups; in urban, suburban, and rural areas; in gated communities and on tribal lands.”⁹⁹ In fact, our analysis establishes that every child living in the U.S. is more likely than not to be stung by the venom of crime at one point or another during their tender childhood years.¹⁰⁰ The colossal magnitude of this problem is a fact that can no longer be ignored. Each one of the Triple-C Impact forms of exposure serves as a trigger that starts the snowball rolling down the hill. Assuming that crime is a fact of life that will remain present in society to some degree, even with earnest prevention efforts, it is important to turn our focus to what takes place on the slippery slopes, while the snowball gains size and speed.

II. IDENTIFYING GAPS IN LAW AND POLICY

A primary factor influencing the level of harm caused by the Triple-C Impact is the manner in which affected children are addressed, identified, managed, and treated.¹⁰¹ We conducted a fifty-state survey to better understand states’ varied responses to the

99. LISTENBEE ET AL., *supra* note 25, at viii.

100. Full analysis results are archived with the authors.

101. Gilad, *supra* note 2, at 29. See generally Susan J. Ko et al., *Creating Trauma-Informed Systems: Child Welfare, Education, First Responders, Health Care, Juvenile Justice*, 39 PROF. PSYCHOL. 396 (2008); Judith A. Cohen et al., *Community Treatment of Posttraumatic Stress Disorder for Children Exposed to Intimate Partner Violence: A Randomized Controlled Trial*, 165 ARCHIVES PEDIATRIC & ADOLESCENT MED. 16 (2011); LISTENBEE ET AL., *supra* note 25, at 66; Spatz Widom, *Child Victims, supra* note 23; Tamra B. Loeb et al., *Associations Between Child Sexual Abuse and Negative Sexual Experiences and Revictimization Among Women: Does Measuring Severity Matter?*, 35 CHILD ABUSE & NEGLECT 946 (2011); Sarah E. Ullman et al., *Child Sexual Abuse, Post-Traumatic Stress Disorder, and Substance Use: Predictors of Revictimization in Adult Sexual Assault Survivors*, 18 J. CHILD SEXUAL ABUSE 367 (2009); Taryn Lindhorst et al., *Mediating Pathways Explaining Psychosocial Functioning and Revictimization as Sequelae of Parental Violence Among Adolescent Mothers*, 79 AM. J. ORTHOPSYCHIATRY 181 (2009); Jamison D. Fargo, *Pathways to Adult Sexual Revictimization: Direct and Indirect Behavioral Risk Factors Across the Lifespan*, 24 J. INTERPERSONAL VIOLENCE 1771, 1776 (2009); Jaclyn E. Barnes et al., *Sexual and Physical Revictimization Among Victims of Severe Childhood Sexual Abuse*, 33 CHILD ABUSE & NEGLECT 412 (2009).

Triple-C Impact problem¹⁰² and to assess their efforts to block the path of the accelerating snowball.

Our survey gathered data on statutory eligibility criteria for therapeutic services and other resources available to children directly and indirectly exposed to crime in each of the fifty states and the District of Columbia.¹⁰³ The survey addressed all five categories of the Triple-C Impact: direct child victims, children exposed to family violence, children exposed to community violence, children with a victimized parent, and children affected by parental incarceration. The survey's questionnaire was sent to a broad range of state agencies — state victim compensation agencies or assistance offices, state police departments and district attorney office, state department of children and family services, state department of human services, and state department of corrections, as well as nongovernmental organizations that serve children affected by crime. In conducting this survey, we aimed to answer fundamental questions such as: What resources are statutorily available on the state level? Which state agencies are charged with responding to affected children? Are there mechanisms to identify affected children? Which categories of children are statutorily eligible for services and resources?¹⁰⁴

In sum, the survey found that resources and services are theoretically available for affected children in most states. Furthermore, eligibility for services and resources is recognized by law in most states for many categories of exposure to crime. Nevertheless, access to these services and resources in practice is obstructed by a myriad of bureaucratic labyrinths and system design flaws. Additionally, there are currently no effective mechanisms in place to identify affected children and refer them to vital services. As a result, the majority of children harmed by crime cannot access available resources, and so never receive much-needed services and treatment to facilitate recovery from trauma caused by exposure to crime.

102. *See* Gilad, *supra* note 2.

103. Although the survey made some reference to services provided by the general public school and public health systems, or those provided through medical insurance, it did not directly cover them. The survey also did not cover services by Child Protective Services, which are exclusively for children facing risk from a caregiver, rather than the general population of children.

104. All state responses were cross-referenced and verified against the governing statutes, administrative rules, case law, agency guidelines and internal policies. The results were logged in descriptive form and then translated into numerical data and analyzed.

A. Statutory Mapping

Through the fifty-state survey, we took on the monumental task of meticulously mapping all state-level statutory provisions that detail eligibility criteria for children affected by each of the Triple-C Impact categories to qualify for services and resources. The results provide an empirical, systematic image of the manner in which state laws and policies address children affected by the Triple-C Impact.

A quantitative analysis of the survey's results reveals a relatively high number of state laws and agency guidelines that provide access to services and resources for affected children. These findings come in stark contradiction to the common hypothesis in existing literature and policy reports stating that the current deficiencies in response to the problem of childhood exposure to crime stem from statutory lacunas, narrow statutory definitions, and restrictive eligibility criteria that exclude many categories of exposed children from access to services.¹⁰⁵

To quantify and measure the level of each state's response to the problem, we created the Triple-C Impact Index ("TCII").¹⁰⁶ The TCII assigns each state a score between 0 to 6,¹⁰⁷ depending on the number of Triple-C Impact categories that were officially recognized by state law as eligible for therapeutic services or compensation.¹⁰⁸ The average state TCII score was 2.61, with the most common score being 3, indicating that most states (57%) recognize three or more of the Triple-C Impact categories by law. Indiana was lowest on the scale with a TCII score of 0, as it fails to statutorily recognize any of

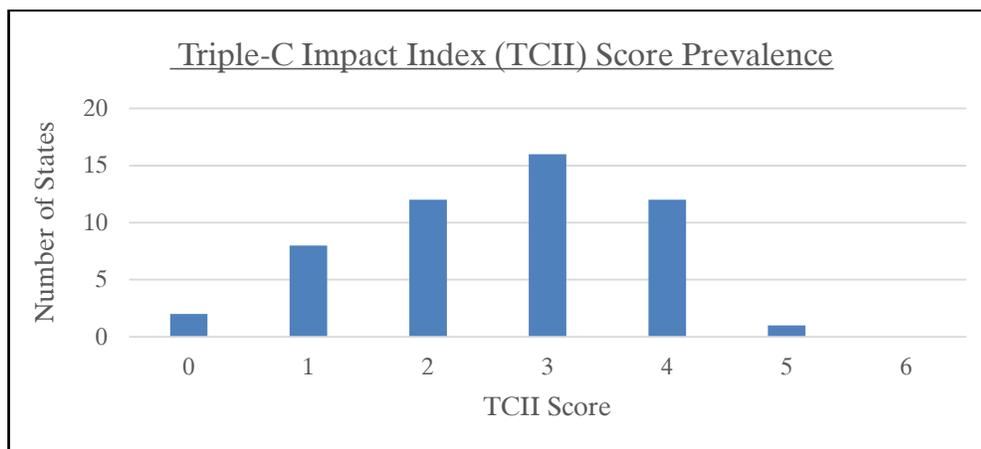
105. See SUSAN SCHECHTER & JEFFREY L. ELDELSON, OPEN SOCIETY INST., CTR. ON CRIME, COMMUNITIES & CULTURE, DOMESTIC VIOLENCE & CHILDREN: CREATING A PUBLIC RESPONSE 6–8 (2000); NAT'L CHILD TRAUMATIC STRESS NETWORK (NCTSN), *Identifying Children Affected by Domestic Violence*, <http://www.nctsn.org/content/identifying-children-affected-domestic-violence> [<https://perma.cc/46EF-49AZ>]. See generally Gilad & Gat, *supra* note 82; Abramowicz, *supra* note 80.

106. Gilad, *supra* note 2, at 33.

107. *Id.* The Index covers the 5 Triple-C Impact Categories (Direct victimization—existence of a specific Child Victims act or provision; exposure to family crime; exposure to community crime; parental victimization; parental incarceration). Importantly, an additional point is awarded if the state collects statistical data on the parental status of inmates under the custody of the state's department of corrections, raising the TCII from 5 to 6 total. Under each category, a state could be scored either 1 or 0. When no eligibility for services or other resources was available in any form, 0 was logged. When some degree of eligibility to services or other resources was available, 1 was logged. The states were given the "benefit of the doubt," receiving a score of 1 even when available services were minimal and eligibility criteria was limited and restricting.

108. Gilad, *supra* note 2, at 33.

the surveyed categories of Triple-C Impact.¹⁰⁹ On the other end, New York scored 5 on the TCII for recognizing five of the six surveyed categories, only excluding eligibility for services for children affected by parental incarceration.¹¹⁰



Among responding states, forty-five (88.2%) reported that children exposed to family crime were formally recognized and statutorily eligible for therapeutic services, compensation, or reimbursement.¹¹¹ Only five states (9.8%) explicitly excluded eligibility for this group of children.¹¹² Thirty-one of the responding states (60.8%) recognized eligibility for children with a victimized parent, even when the child was not a witness to the criminal act.¹¹³ Twenty-two states (43.1%) had laws authorizing services and resources to children exposed to community crime.¹¹⁴ Consistently excluded were children affected by parental incarceration, with only three states reporting the availability of any statutory recourse for this group of vulnerable children.¹¹⁵

109. The State of Maryland was also scored 0 by default, as it refused participation in the survey.

110. A full summary table of state scores is available in the Appendix.

111. Gilad, *supra* note 2, at 34.

112. *Id.* The five states are: Hawaii, Indiana, North Carolina, Rhode Island, and Wisconsin.

113. *Id.*

114. *Id.* Complete survey data is archived with the author.

115. *Id.* at 35. It should be noted that in the State of Vermont, therapeutic services to children with incarcerated parents are provided through the general behavioral health parity system, rather than through a dedicated policy that specifically targets this group of children. However, having an incarcerated parent is a factor that is explicitly considered as part of the eligibility assessment to accessing this program. Thus, we considered Vermont as having statutory eligibility for services for children

Furthermore, the majority of states (58.8%) do not collect any systematic data on whether inmates in correctional facilities are parents or caregivers, and therefore have no practical ability to identify or track children affected by parental incarceration.¹¹⁶ It should be noted that responses were obtained from fifty out of the fifty-one jurisdictions, amounting to a 98% response rate.¹¹⁷ Only the State of Maryland explicitly refused to provide information per our survey questionnaire.¹¹⁸

50-State Survey: Result Summary						
	Direct Victimization	Family Violence	Community violence	Parental Victimization	Parental Incarceration	Incarceration Data
Yes	11	45	22	31	3	21
No	39	5	28	19	47	19
No Info.	1	1	1	1	1	11
Recognition%	21.6%	88.2%	43.1%	60.8%	5.9%	41.2%

It should be clarified that only services and resources that are clearly mandated by law, and that target the specific population of children affected by each of the Triple-C Impact categories, were included in the survey.¹¹⁹ Some additional services may be available through a host of other means, such as grassroots or civil society organizations that provide assistance, as well as through private medical insurance or Medicaid, Medicare, and Children's Health Insurance Program (CHIP) coverage.¹²⁰ Additionally, child protective services agencies in many states provide some services to eligible children, but those are restricted to individual children who experience danger on the part of their caregivers, rather than the entire group of children affected by exposure to crime; these services are thus excluded from the survey.¹²¹ In several states, some counseling services are available through the public school system, but these do not specifically target Triple-C Impact children and are often sporadically available

affected by parental incarceration. Interview with Kim Bushey, Program Servs. Dir., Vt. Dep't of Corr. (Mar. 25, 2016) (on file with author).

116. Gilad, *supra* note 2, at 35. Complete survey data is archived with the author.

117. *Id.* at 33.

118. *Id.* Interview with D. Scott Beard, Exec. Dir., Criminal Injuries Comp. Bd., Dep't of Pub. Safety & Corr. Serv. (Mar. 8, 2017) (on file with the author).

119. Gilad, *supra* note 2, at 33.

120. *Id.*

121. *Id.*

depending on the budget and discretion of each school district in the state.¹²²

B. Statutory Application

Despite the letter of the law, a closer analysis of the survey results indicates that existing statutes, meant to serve as blockades to speeding snowballs by allocating resources to support children affected by the Triple-C Impact, are not applied effectively. Our survey revealed that even when statutes that provide eligibility for services and resources are readily available (as part of a state Victim Compensation system, for example), de facto claim rates for these resources are astonishingly low.

Number of State Victim Compensation Claims in 2015 by Category of Exposure		
State	Category	VC Claims in 2015 ¹²³
Arizona	Exposure to Family Crime	35
California	Exposure to Community Crime	35
Iowa	Exposure to Family Crime	21
Kentucky	Exposure to Family Crime	0
	Exposure to Community Crime	0
	Parental Victimization	0
Maine	Exposure to Family Crime	0
Montana	Exposure to Family Crime	15
	Exposure to Community Crime	0
Nebraska	Exposure to Family Crime	1
	Exposure to Community Crime	0
Nevada	Exposure to Family Crime	0
Virginia	Exposure to Family Crime	0
West Virginia ¹²⁴	Exposure to Community Crime	0

122. *Id.* In one case, school-based services were statutorily mandated to all school districts in the state, and eligibility criteria relied on the status of the child as affected by different categories of crime exposure. In this case, the services and resources provided were included in the survey.

123. Claims reported are for victim compensation.

124. In the case of West Virginia, there are 0 claims for exposure to community violence documented in the history of the state's Victim Compensation Program despite the fact that the governing statute theoretically permits eligibility for compensation for children under this category. Interview with Becky O'Fiesh, Chief Deputy Clerk, W. Va. Crime Victim Comp. Fund (Mar. 12, 2017) (on file with author).

These numbers are particularly astounding in light of the data presented in the previous section. The National Association of Crime Victim Compensation Boards estimates that the average victim compensation claim rate for all categories of victims is at 5–10%.¹²⁵ However, even when accounting for such low rates across the board the above figures are hard to explain. Take, as an example, the State of California: based on population estimates from 2015, approximately 1,650,223 children were exposed to community violence that year.¹²⁶ Assuming a common low victim compensation claim rate of 5%, approximately 82,511 claims should have been made that year. As indicated above, the actual number was shockingly low, thirty-five claims, amounting to only 0.002% of estimated victims. Similar numbers are observed in the State of Arizona, where the thirty-five claims made based on exposure to family violence amount to 0.025% of estimated exposures in this category that year,¹²⁷ and the State of Iowa where the twenty-one claims amount to 0.03% of estimated cases of children exposed to family violence statewide in

125. Interview with Dan Eddy, Exec. Dir., Nat'l Assoc. of Crime Victim Comp. Bds. (Feb. 25, 2016) (on file with author). According to Dan Eddy, there are various primary reasons that lead to such low claim rates across the board. Affected children or parents may not fully comprehend the severity of the harm endured by the child and the long-term implications that avoiding treatment will have. Some children can obtain services elsewhere through medical insurance, urgent care, or child protective services. Others are not interested in obtaining assistance from government agencies due to negative past experiences or general distrust common among marginalized communities. Interview with Dan Eddy, Exec. Dir., Nat'l Assoc. of Crime Victim Comp. Bds. (June 28, 2017) (on file with author).

126. In 2015, the population of the State of California was estimated at 28,993,940, of which 23% were minor children under the age of eighteen, estimated at 8,968,606. The rate of exposure to community violence this past year, based on the NatSCEV data, is estimated to be 18.4%; hence, 1,659,223 minor children were estimated to suffer exposure to community violence in the state of California that year. For population estimates, see *California Population 2018*, WORLD POPULATION REV., <http://worldpopulationreview.com/states/california-population/> [<https://perma.cc/6TJM-2X4W>]; U.S. CENSUS BUREAU, *California – Profile Data – Census Reporter*, <https://censusreporter.org/profiles/04000US06-california/> [<https://perma.cc/9C2D-UBM6>]. See generally Finkelhor et al., *supra* note 33.

127. In 2015, the population of the state of Arizona was estimated at 6,817,565, of which 24% were minor children under the age of eighteen, estimated at 1,636,215. The rate of exposure to family violence this past year, based on the NatSCEV data, is estimated to be 8.4%; hence, 137,442 minor children were estimated to suffer exposure to family violence in the state of Arizona that year. For population estimates, see *Arizona Population 2018*, WORLD POPULATION REV., <http://worldpopulationreview.com/states/arizona-population/> [<https://perma.cc/5LWG-7JHU>]; U.S. CENSUS BUREAU, *Arizona Profile Data – Census Reporter*, <https://censusreporter.org/profiles/04000US04-arizona/> [<https://perma.cc/S3LK-3FXF>]. See generally Finkelhor et al., *supra* note 33.

2015.¹²⁸ Certainly, not all exposed individuals will seek remedy and services the same calendar year as the exposure event, but chronological fluidity cannot explain such alarming gaps.

It is important to flag that the reporting systems of most states do not break down data according to the categories of our survey.¹²⁹ As a result, claim rate data was provided by only ten states,¹³⁰ and only for part of the surveyed categories. Thus, the available figures should be considered anecdotal, and although telling and indicative, cannot be construed as conclusive evidence. That said, these findings are supported by statements made by the Attorney General Task Force on Children Exposed to Violence, which recognized that few of the children affected by exposure to crime are effectively identified.¹³¹ Moreover, “[t]he majority of children in our country who are identified as having been exposed to violence never receive services or treatment that effectively help them to stabilize themselves, regain their normal developmental trajectory, restore their safety, and heal their social and emotional wounds.”¹³² There is also support from empirical studies that show professionals and service providers

128. In 2015, the population of the State of Iowa was estimated at 3,130,869, of which 23% were minor children under the age of eighteen, estimated at 720,100. The rate of exposure to family violence this past year, based on the NatSCEV data, is estimated to be 8.4%; hence, 60,488 minor children were estimated to suffer exposure to family violence in the State of Iowa that year. For population estimates, see *Iowa Population 2018*, WORLD POPULATION REV., <http://worldpopulationreview.com/states/iowa-population> [https://perma.cc/9BHS-F5L8]; U.S. CENSUS BUREAU, *American Community Survey 1-Year Estimates* (2017), <https://censusreporter.org/profiles/04000US19-iowa/> [https://perma.cc/ZNY4-WT9A]). See generally Finkelhor et al., *supra* note 33.

129. Interview with Dan Eddy, Exec. Dir., Nat’l Assoc. of Crime Victim Comp. Bds. (Feb. 25, 2016) (on file with author).

130. The numbers obtained are either from states with more sophisticated data systems, or those that agreed to hand-count the cases for the benefit of the survey.

131. See generally LISTENBEE ET AL., *supra* note 25. See generally David Finkelhor et al., *Children’s Exposure to Violence: A Comprehensive National Survey*, JUV. JUST. BULL. (Oct. 2009), <https://www.ncjrs.gov/pdffiles1/ojdp/227744.pdf> [https://perma.cc/6D5N-YB8J]; CHILDREN’S BUREAU, *Child Maltreatment 2010* (2010), http://www.ncdsv.org/images/HHS-Children’sBureau_ChildMaltreatment2010.pdf [https://perma.cc/857L-N7UN]; U.S. HEALTH RESOURCES AND SERVICES ADMIN., CHILD HEALTH USA 2011 4, 8 (2011), <http://mchb.hrsa.gov/chusa11/more/downloads/pdf/c11.pdf> [https://perma.cc/SBY5-9JTS]; Rebecca Wells et al., *Health Service Access Across Racial/Ethnic Groups of Children in the Child Welfare System*, 33 CHILD ABUSE & NEGLECT 282 (2009); John A. Fairbank & Doreen W. Fairbank, *Epidemiology of Child Traumatic Stress*, 11 CURRENT PSYCHIATRY REP. 289 (2009); Philip T. Yanos et al., *A Prospective Examination of Service Use by Abused and Neglected Children Followed up into Adulthood*, 61 PSYCHIATRIC SERVICES 796 (2010). See Gilad, *supra* note 2, at 29–30.

132. LISTENBEE ET AL., *supra* note 25, at 12; Gilad, *supra* note 2, at 30.

frequently fail to recognize the connection between exposure to crime and harm to children, and that responding agencies and institutions do not have proper protocols and procedures to assist children exposed to crime.¹³³ These findings were also confirmed by our survey results. Even in criminal cases, which are inevitably reviewed by a multitude of professionals and service providers, including judges, law enforcement agents, prosecutors, and caseworkers, the status of children affected by the Triple-C Impact is often overlooked, and few of the professionals involved in the criminal process inquire about affected children.¹³⁴

This aggregation of findings, from a varied array of sources, can explain why Triple-C Impacted children are commonly referred to as the “silent” or “hidden” victims of crime.¹³⁵ Their presence is habitually overlooked by the system, as they slide faster and faster down the snowy slope of life. To address this descent, we must develop a clearer understanding of the reasons behind this dire reality.

C. Root Causes

To provide a full and comprehensive depiction of the present state of affairs, one of the survey’s primary objectives was to identify the root causes behind the existing lapses in the access to services that are available to children harmed by crime and violence, who suffer

133. LISTENBEE ET AL., *supra* note 25, at 83. For example, a study of pediatric emergency department response to cases of child exposure to domestic violence revealed that only 4.2% of the surveyed pediatric emergency departments have a protocol in place for responding to such cases. Another study conducted by the American Prosecutors Research Institute has found that less than half of the prosecution offices responding to the survey were aware of protocols directing law enforcement officers to ask about child victims or witnesses when investigating domestic violence reports. *See* SCHECHTER & ELDELSON, *supra* note 105, at 7–8; DEBRA WHITCOMB, NAT’L CRIMINAL JUST. REFERENCE SERV., CHILDREN AND DOMESTIC VIOLENCE: THE PROSECUTOR’S RESPONSE III-6-3, III-6-5 (2004), <https://www.ncjrs.gov/pdffiles1/nij/199721.pdf> [<https://perma.cc/Z5A5-HR5T>]. *See generally* Rosalind J. Wright et al., *Response of Battered Mothers in the Pediatric Emergency Department: A Call for Interdisciplinary Approach to Family Violence*, 99 PEDIATRICS 186 (1997).

134. *See* SCHECHTER & ELDELSON, *supra* note 105, at 7–8; Gilad, *supra* note 2, at 31; Covington, *supra* note 86, at 126–27. *See generally* LISTENBEE ET AL., *supra* note 25.

135. *See* THE NAT’L CHILD TRAUMATIC STRESS NETWORK (NCTSN), IDENTIFYING CHILDREN AFFECTED BY DOMESTIC VIOLENCE, <http://www.nctsn.org/content/identifying-children-affected-domestic-violence> [<https://perma.cc/9QQN-WJ7B>]. *See generally* CUNNINGHAM & BAKER, *supra* note 83; Wildeman, *supra* note 84; Covington, *supra* note 86.

devastating consequences as a result. Qualitative review and analysis of states' responses to the survey unearthed several possible explanations.

As illustrated above, the quantitative results clearly show that for most Triple-C categories, the primary cause for the existing ineffective state response is not lack of statutory eligibility or narrow legal definitions. Despite the wealth of statutory provisions providing that Triple-C Impacted children are eligible for services, only a marginal fraction of these services are specifically geared towards and designed to accommodate the unique developmental needs of minor children. Most of the statutes identified were intended to address the general adult population, with children included as an afterthought — without any account for the substantial psychological and developmental differences between adults and children.¹³⁶ Only thirteen states (25.4%) reported having acts or provisions dedicated particularly to child victims.¹³⁷ Six additional states (11.7%)¹³⁸ reported a statutory provision with child-specific elements for at least one of the Triple-C categories.¹³⁹ Absent child-specific, developmentally-oriented accommodations, existing policies will inevitably have diminished efficacy.

Additionally, the vast majority (if not all) of the services and resources identified through the survey rely solely on parental initiative, which requires the child's parent or guardian to actively seek and apply for assistance.¹⁴⁰ None of the responding states reported the existence of an effective system designed to identify children affected by the Triple-C Impact and refer them to services, for any of the categories of children included in the survey.¹⁴¹ Only one state, Rhode Island, reported a systematic mechanism to identify and track children exposed to family crime.¹⁴² However, Rhode Island's identification method does not appear to be linked to any referral mechanism to provide further services.¹⁴³ It was also not extended to children exposed to crime under any of the other Triple-

136. *See supra* Part I.

137. Gilad, *supra* note 2, at 39. Complete survey data is archived with the author.

138. *Id.*

139. *Id.*

140. *Id.* at 39.

141. *Id.*

142. *Id.* at 39–40.

143. *Id.* at 40.

C Impact categories, such as exposure to community violence or parental incarceration.¹⁴⁴

The consequences of depending exclusively on parents to seek out services and support for children harmed by exposure to crime are aggravated by a lack of transparency in the system. The process of conducting the survey has unveiled an abundance of technical difficulties that obscure access to imperative information required to obtain statutorily available services.¹⁴⁵ These technicalities pose colossal hurdles for parents and guardians seeking assistance, who struggle to identify and tap into available support. Throughout the survey process, we repeatedly encountered difficulties in identifying the agency responsible for providing services to each of the surveyed categories. Once the agency was finally identified, locating the specific officials within these agencies who might hold relevant information was similarly tricky. Lack of availability or access to contact information for relevant public servants, such as phone numbers or email addresses, was a reoccurring issue in many states.¹⁴⁶ Some state agencies justified this lack of transparency by describing it as a security measure, to protect agents from threats.¹⁴⁷ While the physical safety of government agents is vital, the safety measures enforced should not be so extreme that they compromise vulnerable populations' ability to access needed services, especially when the methods of contact are not face-to-face.¹⁴⁸ Furthermore, even once we acquired contact information, we often experienced a lack of responsiveness from relevant state officials.¹⁴⁹ Phone contact often proved to be futile, as we would be frequently transferred from one person to another until reaching a dead end (usually a voicemail full to capacity).¹⁵⁰ Once again, the most notable difficulties were experienced in collecting data on children affected by parental incarceration—in some states, up to five different agencies had to be contacted in order to obtain and confirm the needed information.¹⁵¹

144. *Id.* Interview with Deborah DeBare, Exec. Dir., R.I. Coal. Against Domestic Violence (Mar. 22, 2016) (on file with author).

145. Gilad, *supra* note 2, at 41.

146. *Id.*

147. *Id.* Interview with Dan Eddy, Exec. Dir., Nat'l Assoc. of Crime Victim Comp. Bds. (June 28, 2017) (on file with author).

148. Gilad, *supra* note 2, at 41.

149. *Id.* It should be noted that there were also many states in which officials were extremely responsive and cooperative, provided a wealth of helpful information, and assisted in locating additional sources of information.

150. *Id.*

151. *Id.*

This slew of access barriers was so severe that it took over a full year of persistent and repeated efforts to compile all the data necessary to complete the survey.¹⁵²

The survey also revealed that lack of transparency and ineffective communication are not only external issues facing the general public, but are also internal problems among the stakeholders within the system itself. Varying agencies and personnel were often found to “speak a different language” in terms of the terminologies and definitions used.¹⁵³ We observed unwarranted inconsistencies between different actors’ understanding of the division of labor, the scope of responsibility, the expected standard of service and care, level of accessibility to existing services, and the amount of information publicly available.¹⁵⁴ No methodical attempts for standardization, model policies, or guidelines for “best practices” to ensure a minimum level of care were identified on the national or state level.¹⁵⁵ Absent fluent communication among all government and non-government players, the coordinated inter-agency response necessary to effectively combat the Triple-C Impact problem, as illustrated by the Attorney General Task Force,¹⁵⁶ is doomed to fail.

One clear demonstration of the deficiency in communication within the system, which was uncovered by our survey, is the myriad instances where statutorily available resources for affected children were wholly unknown to service providers, to advocates who serve these children, or even to government agencies entrusted with servicing the relevant populations. In the State of Kentucky, for example, a representative of the Victim Compensation Board reported that pending documentation of a medical practitioner indicating a child was emotionally injured in relation to a crime, the child could be considered for compensation and therapeutic services in cases of exposure to family crime, exposure to community crime, and parental victimization.¹⁵⁷ By contrast, a representative of a non-governmental youth advocacy organization that serves children affected by the Triple-C Impact in the state responded that children

152. *Id.*

153. *Id.* at 36.

154. *Id.* at 36–37.

155. *Id.* at 36.

156. *See generally* LISTENBEE ET AL., *supra* note 25; Letter from Eric H. Holder, Jr., U.S. Att’y Gen., to Members of the Nat’l Task Force on Children Exposed to Violence (Dec. 20, 2012), *in* LISTENBEE ET AL., *supra* note 25.

157. Gilad, *supra* note 2, at 37. Interview with Lindsay Crawford, Policy Advisor/Interim SAEP Coordinator, Ky. Crime Victims Comp. Bd. (Feb. 3–4, 2016) (on file with author).

under all three of the abovementioned categories “are not considered ‘victims of crime’ and are not eligible for services or compensation.”¹⁵⁸

Similar trends of miscommunication were detected among governmental agencies.¹⁵⁹ In Nebraska, while a representative of the Victim Reparation Program confirmed that “children who witness family crime are eligible for compensation,”¹⁶⁰ a Victim Specialist with the office of the State Attorney General stated she was “not familiar with any specific statutes or policies that provide for specific programming or services to children exposed to violence in their home.”¹⁶¹ Similarly, in the State of Virginia, the director of the state Criminal Injuries Compensation Fund reported that “for counseling purposes, minor child witnesses of violence involving a caretaker are considered to be [] primary victim[s]” and therefore eligible for services.¹⁶² Conversely, the Crime Victim Programs Manager at the Virginia Department of Justice asserted, “[a]s far as statutes or guidelines around eligibility for services to child witnesses to domestic violence, there are none.”¹⁶³

These findings depict a picture of a system in which each player on the field rarely knows what the others are doing, let alone works in tandem with them towards the common goal of assisting children affected by the Triple-C Impact.¹⁶⁴ This state of affairs flies in the face of our reasonable expectation that government agencies will work together in a cooperative and coordinated manner towards a common goal. Even more alarming is the fact that many non-government organizations and service providers in this field receive state and federal funding.¹⁶⁵ As such, they are mandated by law to assist and inform their clients of victim compensation benefits for

158. Gilad, *supra* note 2, at 37. Interview with Shannon Moody, Policy Dir., Ky. Youth Advocates (Feb. 1–2, 2016) (on file with author).

159. Gilad, *supra* note 2, at 37.

160. Interview with Sher Schrader, Crime Victims’ Reparations Program, Neb. Comm’n on Law Enf’t & Criminal Justice (Feb. 5, 2016) (on file with author).

161. Gilad, *supra* note 2, at 37–38. Interview with Patricia L. Sattler, MSW, Victim/Witness Specialist, Neb. Dep’t of Justice, Attorney Gen. Doug Peterson (Feb. 10, 2016) (on file with author).

162. Gilad, *supra* note 2, at 38. Interview with Jack Ritchie, Dir., Va. Criminal Injuries Comp. Fund (Mar. 9–10, 2016) (on file with author).

163. Gilad, *supra* note 2, at 38. Interview with Cassandra (Kay) Bullock, Victims Servs. Manager, Va. Dep’t of Criminal Justice Servs. (Mar. 8, 2016) (on file with author).

164. Gilad, *supra* note 2, at 37.

165. *Id.* at 38.

which they are eligible.¹⁶⁶ It is highly unlikely that these statutory obligations are fulfilled if relevant government agencies, as well as funded service providers, are not informed, educated, and regularly trained regarding the rights and eligibilities of each and every category of impacted children.¹⁶⁷

The survey identified another major systemic design flaw: improper division of labor and budget distribution under the Victims of Crime Act (VOCA). VOCA is the primary federal act that governs the field of assistance and services to victims of crime, and allocates funds to support the provision of such services on the state and federal level. VOCA facilitates federal funding to state entities through two main actors — the Victim Compensation Programs and the Victim Assistance Program. The Victim Compensation Programs allow eligible victims to receive reimbursement for costs associated with the harms caused by crime.¹⁶⁸ The Victim Assistance Program is a government-funded program that provides a variety of services to victims of crime.¹⁶⁹ At present, the vast majority of statutory provisions that explicitly offer counseling services for the relevant categories of children exposed to crime are funded through reimbursements from the states' Victim Compensation Programs. Yet, by design, these programs are not equipped to provide effective recourse to the scale of the problem. Compensation programs are severely underfunded, allocated with a negligible sliver of federal VOCA funds (only 7% of the total VOCA budget, which amounted to \$133 million in 2017 for all states and territories combined).¹⁷⁰ The application process for VOCA funding is long and tedious, and programs in most states do not have the capacity to process large volumes of applications.¹⁷¹ Most importantly, compensation agents do not have direct access to affected children, and thus do not have

166. *Id.* See 42 U.S.C. 10603 (b)(1)(E); Interview with Dan Eddy, Exec. Dir., Nat'l Assoc. of Crime Victim Comp. Bds. (Feb. 25, 2016) (on file with author).

167. Gilad, *supra* note 2, at 38.

168. See *Victim Compensation*, OFF. FOR VICTIMS OF CRIME, <https://ovc.ncjrs.gov/topic.aspx?topicid=58> [<https://perma.cc/ZVL2-82DN>].

169. *Victim and Witness Assistance*, OFF. FOR VICTIMS OF CRIME, <https://ovc.ncjrs.gov/topic.aspx?topicid=59> [<https://perma.cc/2QGC-692N>].

170. Gilad, *supra* note 2, at 40. *Crimes Victim Fund Allocation: Compensation*, OVC CRIMES FORMULA CHART 2017 (2017), <https://ojp.gov/ovc/grants/Crime-Victims-Fund-Compensation-Allocations-2017.pdf> [<https://perma.cc/ED73-DUMB>]. Interview with Dan Eddy, Exec. Dir., Nat'l Assoc. of Crime Victim Comp. Bds. (June 27, 2017) (on file with author).

171. Gilad, *supra* note 2, at 40. Interview with Dan Eddy, Exec. Dir., Nat'l Assoc. of Crime Victim Comp. Bds. (Feb. 25, 2016) (on file with author).

the capabilities or resources to pursue effective outreach, identification, or referral efforts.¹⁷²

At the same time, the federal Victim Assistance Program is allocated 93%, or \$1.8 billion,¹⁷³ of the federal VOCA budget, which prioritizes funds to services dedicated to child victims.¹⁷⁴ In theory, VOCA permits the use of grants to support a variety of local services and programs, including services to “secondary victims” such as children affected by indirect exposure to crime.¹⁷⁵ But eligibility criteria for the funded programs does not seem to be regulated by any overarching policies, either by law or internal protocols.¹⁷⁶ No state-reported protocols that assure funds are distributed to all affected categories of children.¹⁷⁷ All states that provided information on this issue in our survey stated that eligibility criteria depends on each program and a case-by-case examination.¹⁷⁸ No state could provide information about specific programs or services that accommodate the different categories of children affected by the Triple-C Impact.¹⁷⁹ Publicly available lists of VOCA funded programs in each state include only vague, general information, and do not specify whether eligibility criteria cover “secondary victims.”¹⁸⁰ Under these circumstances, increased burdens are placed on underfunded and unequipped state victim compensation programs,¹⁸¹ in a manner that prevents maximization of existing resources. This exacerbates already existing lack of transparency and severely hinders accessibility to relevant services that may be legally available for Triple-C Impacted children.

Ultimately, this cluster of bureaucratic hurdles and design flaws pushes the Triple-C Impact snowball onward as it proceeds rapidly

172. Gilad, *supra* note 2, at 40.

173. *Id.* *Crime Victims Fund Allocation: Assistance*, OVC CRIMES FORMULA CHART 2017 (2017), <https://ojp.gov/ovc/grants/Crime-Victims-Fund-Assistance-Allocations-2017.pdf> [<https://perma.cc/ED73-DUMB>]. Interview with Dan Eddy, Exec. Dir., Nat’l Assoc. of Crime Victim Comp. Bds. (June 27, 2017) (on file with author).

174. Gilad, *supra* note 2, at 40. The specific words of VOCA prioritize funds for child abuse prevention and treatment, but some broader interpretations for the term “child abuse” are available (42 U.S.C. § 10603(a)(2)(A)).

175. Gilad, *supra* note 2, at 40. Complete survey data is archived with the author.

176. *Id.*

177. *Id.*

178. *Id.* at 40–41.

179. *Id.* at 41.

180. *Id.*; *see, e.g., Locate a Program*, OFF. OF VICTIM SERVICES, <https://ovs.ny.gov/locate-program> [<https://perma.cc/H9SA-YMP2>].

181. Gilad, *supra* note 2, at 41.

downhill, uninterrupted, gaining size and speed. Once the deficiencies in the states' responses to the Triple-C Impact problem are understood, it is now possible to draw the connections between the overarching policies and the real lives of affected children. The next Part will examine the broad range of destructive outcomes suffered by the crime-exposed children who are left without effective recourse. A thorough and concrete understanding of these corollaries and their pervasiveness will help paint a full picture of the depth and magnitude of the harms caused by Triple-C Impact.

III. UNDERSTANDING THE CONSEQUENCES

The gaps created by the states' failure to provide for effective solutions to the Triple-C Impact, as outlined in Part II, create a reality in which millions of children across the nation are deprived of vital assistance and resources for trauma recovery. As reported by the Attorney General Task Force on Children Exposed to Violence, "without services or treatment, even children who appear resilient and seem to recover from exposure to violence still bear emotional scars that may result in health and psychological problems years or decades later"¹⁸²; this is also known as the "sleeper effect."¹⁸³ Furthermore, when there is no response to a child's trauma, the harmful effects of exposure can deepen due to a growing sense of isolation and betrayal.¹⁸⁴ As it continues rolling, each snowball gradually accelerates and expands.

Although each child is different, medical and social science studies have found a significant array of adverse symptoms closely associated with Triple-C Impact. These symptoms infiltrate all of life's disciplines, ranging from increased involvement with the criminal justice system and a heightened risk of substance abuse and dependence, to physical and mental health problems.¹⁸⁵ The studies

182. *Id.* at 30; LISTENBEE ET AL., *supra* note 25, at 12.

183. See Nicole L. Vu et al., *Children's Exposure to Intimate Partner Violence: A Meta-Analysis of Longitudinal Associations with Child Adjustment Problems*, 46 *CLINICAL PSYCHOL. REV.* 25, 26 (2016). See generally Megan R. Holmes, *The Sleeper Effect of Intimate Partner Violence Exposure: Long-Term Consequences on Young Children's Aggressive Behavior*, 54 *J. CHILD PSYCHOL. & PSYCHIATRY* 986 (2013).

184. Gilad, *supra* note 2, at 30; see LISTENBEE ET AL., *supra* note 25, at 30.

185. See generally Vincent J. Felitti et al., *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study*, 14 *AM. J. PREVENTATIVE MED.* 245 (1998); Robert F. Anda et al., *The Enduring Effects of Abuse and Related Adverse Experiences in Childhood: A Convergence of Evidence from Neurobiology and Epidemiology*, 256 *EUR. ARCHIVES PSYCHIATRY & CLINICAL NEUROSCIENCE* 174

further identified associations between crime exposure and unfavorable life outcomes, including poor educational outcomes, higher rates of unemployment and homelessness, and inferior economic well-being.¹⁸⁶ Considering the overarching similarities, each child's endured harm may vary depending on the type, severity, timing, and frequency of their exposure to violence.¹⁸⁷ The studies also found that a child's age, gender, socioeconomic status, level of familial support, and emotional capacity affect the degree of harm.¹⁸⁸

This Part examines the host of mechanisms and pathways that lead Triple-C Impacted children to experience adverse outcomes later in life. This involves exploring the complex interlocking ways through which different negative outcomes interact with one another, as various life disciplines and choices intertwine. In-depth comprehension of these intricate relationships, between exposure and adverse outcome, can help us better understand the snowball metaphor — how the ball continues to grow, layer upon layer, as it speeds downhill. This knowledge is also essential when designing effective solutions to the problem, by identifying the most efficient methods to bring the snowball to a halt, thereby minimizing future damage.

A. Criminal Justice

One of the more thoroughly researched outcomes for Triple-C impacted children is their increased involvement with the criminal justice system. This involvement can result from engagement in delinquent acts, from criminal activity once reaching adulthood, or

(2006); Murray et al., *supra* note 80, at 189–92; Leana A. Bouffard & Maria D.H. Koepfel, *Understanding the Potential Long-Term Physical and Mental Health Consequences of Early Experiences of Victimization*, 31 JUST. Q. 568 (2014); Olofsson et al., *supra* note 1.

186. See, e.g., Currie & Spatz Widom, *supra* note 25, at 117; Ross Macmillan & John Hagan, *Violence in the Transition to Adulthood: Adolescent Victimization, Education, and Socioeconomic Attainment in Later Life*, 14 J. RES. ADOLESCENCE 127, 152 (2004); Marilyn Metzler et al., *Adverse Childhood Experiences and Life Opportunities: Shifting the Narrative*, 72 CHILD. & YOUTH SERVICES REV. 141, 147 (2017); Joseph Murray & David P. Farrington, *The Effects of Parental Imprisonment on Children*, 37 CRIME & JUST. 133, 186 (2008); Wildeman, *supra* note 84, at 92.

187. GROVES ET AL., *supra* note 26, at 6; Holt et al., *supra* note 12, at 804; Sara R. Jaffee et al., *Individual, Family, and Neighborhood Factors Distinguish Resilient from Non-Resilient Maltreated Children: A Cumulative Stressors Model*, 31 CHILD ABUSE & NEGLECT 231, 248 (2007); PETERSEN ET AL., *supra* note 26, at 111; see Lucy Salcido Carter et al., *Domestic Violence and Children: Analysis and Recommendations*, 9 FUTURE CHILD. 4, 6 (1999).

188. Gilad, *supra* note 2, at 12; Carter et al., *supra* note 187; GROVES ET AL., *supra* note 26, at 6; Holt et al., *supra* note 12, at 804; Jaffee et al., *supra* note 187, at 247.

due to re-victimization.¹⁸⁹ Several different pathways and mechanisms can help us better understand the proclivity towards criminal conduct among children affected by the Triple-C Impact. As mentioned, the high levels of stress and neural overstimulation caused by exposure to crime trigger chemical reactions that affect the development of the child's delicate brain and nervous system.¹⁹⁰ One area found to be particularly affected is the brain's prefrontal cortex, which is responsible for executive functions such as impulse control, reflective regulation, decision-making, planning, and higher-level attentional processing.¹⁹¹ Once these critical functions are compromised, children are prone to higher levels of behavioral

189. See Bryndis B. Asgeirsdottir et al., *Associations Between Sexual Abuse and Family Conflict/Violence, Self-Injurious Behavior, and Substance Use: The Mediating Role of Depressed Mood and Anger*, 35 CHILD ABUSE & NEGLECT 210, 210 (2011); Laura Bevilacqua et al., *Interaction Between FKBP5 and Childhood Trauma and Risk of Aggressive Behavior*, 69 ARCHIVES GEN. PSYCHIATRY 62, 62 (2012); Sophie Boivin et al., *Past Victimization and Dating Violence Perpetration in Adolescence: The Mediating Role of Emotional Distress and Hostility*, 27 J. INTERPERSONAL VIOLENCE 662, 673–75 (2012); Shi Huang et al., *The Long-Term Effects of Childhood Maltreatment Experiences on Subsequent Illicit Drug Use and Drug-Related Problems in Young Adulthood*, 36 ADDICTIVE BEHAVIORS 95, 101 (2011); Deborah J. Jones et al., *Linking Childhood Sexual Abuse and Early Adolescent Risk Behavior: The Intervening Role of Internalizing and Externalizing Problems*, 41 J. ABNORMAL CHILD PSYCHOL. 139, 139 (2013); Eleni Maneta et al., *Links Between Childhood Physical Abuse and Intimate Partner Aggression: The Mediating Role of Anger Expression*, 27 VIOLENCE & VICTIMS 315, 315 (2012); Roberto Maniglio, *The Role of Child Sexual Abuse in the Etiology of Substance-Related Disorders*, 30 J. ADDICTIVE DISORDERS 216, 225 (2011); Christina S. Meade et al., *Methamphetamine Use Is Associated with Childhood Sexual Abuse and HIV Sexual Risk Behaviors Among Patrons of Alcohol-Serving Venues in Cape Town, South Africa*, 126 DRUG & ALCOHOL DEPENDENCE 232, 235 (2012); Lynette M. Renner & Stephen D. Whitney, *Risk Factors for Unidirectional and Bidirectional Intimate Partner Violence Among Young Adults*, 36 CHILD ABUSE & NEGLECT 40, 40 (2012); Sunny H. Shin et al., *Exposure to Childhood Neglect and Physical Abuse and Developmental Trajectories of Heavy Episodic Drinking from Early Adolescence into Young Adulthood*, 127 DRUG & ALCOHOL DEPENDENCE 31, 34 (2013); Wilson & Spatz Widom, *supra* note 25, at 236; Helen W. Wilson & Cathy Spatz Widom, *The Role of Youth Problem Behaviors in the Path from Child Abuse and Neglect to Prostitution: A Prospective Examination*, 20 J. RES. ADOLESCENCE 210, 210 (2010).

190. Gilad, *supra* note 2, at 7–8. See REPORT ON THE BIOPSYCHOSOCIAL CONSEQUENCES OF CHILDHOOD VIOLENCE, *supra* note 7, at 21; Margolin & Gordis, *supra* note 5; Kathryn R. Wilson et al., *The Traumatic Stress Response in Child Maltreatment and Resultant Neuropsychological Effects*, 16 AGGRESSION & VIOLENT BEHAV. 87, 89 (2011).

191. See Anda et al., *supra* note 185, at 175; McCoy, *supra* note 7, at 260–61. See generally Lahat & Schmidt, *supra* note 7.

reactivity, impulsive behavior, and aggression.¹⁹² Hence, the likelihood of resorting to violence and criminal or delinquent behavior increases.¹⁹³

Another vital aspect of child development negatively affected by the Triple-C Impact is the attachment between the child and the main caregiver, normally the parents.¹⁹⁴ This compromised attachment can “result in emotion regulation deficits, faulty social information processing, and hostile expectations about the meaning of relationships; these deficits may, in turn, increase the risk for aggressive behavior in childhood and across the life span,” which is likely to translate into criminal behavior later in life.¹⁹⁵

The General Strain Theory, developed by Robert Agnew,¹⁹⁶ further establishes the role that stressors and strain experienced due to childhood exposure to crime play as inducers of delinquent and criminal behavior. According to this theory, the loss of a positive stimulus and the presence of a negative stimulus are key sources of strain.¹⁹⁷ Such strain leads to intense negative emotions like anger and frustration and creates pressure for corrective action.¹⁹⁸ According to Agnew, exposure to crime and violence, whether direct

192. See Lahat & Schmidt, *supra* note 7, at 277; Margolin & Gordis, *supra* note 5, at 459–60; McCoy, *supra* note 7, at 261.

193. Margolin & Gordis, *supra* note 5, at 466; see also Lahat & Schmidt, *supra* note 7, at 275; McCoy, *supra* note 7, at 261.

194. JOHN BOWLBY, *Attachment and Loss*, in ATTACHMENT 291, 291 (2d ed. 1969).

195. Miriam K. Ehrensaft et al., *Intergenerational Transmission of Partner Violence: A 20-Year Prospective Study*, 71 J. CONSULTING & CLINICAL PSYCHOL. 741, 742 (2003); see also Kenneth A. Dodge et al., *Mechanisms in the Cycle of Violence*, 250 SCI. NEW SERIES 1678, 1679 (1990); Megan Eliot & Dewey G. Cornell, *Bullying in Middle School as a Function of Insecure Attachment and Aggressive Attitudes*, 30 SCH. PSYCHOL. INT'L 201, 209 (2009). See generally Cindy Sousa et al., *Longitudinal Study on the Effects of Child Abuse and Children's Exposure to Domestic Violence, Parent-Child Attachments, and Antisocial Behavior in Adolescence*, 26 J. INTERPERSONAL VIOLENCE 111 (2011).

196. See Lisa Broidy & Robert Agnew, *Gender and Crime: A General Strain Theory Perspective*, 34 J. RES. CRIME & DELINQ. 275, 276 (1997); Stephen J. Watts & Thomas L. McNulty, *Childhood Abuse and Criminal Behavior: Testing a General Strain Theory Model*, 28 J. INTERPERSONAL VIOLENCE 3023, 3024 (2013). See generally Robert Agnew, *Foundation for a General Strain Theory of Crime and Delinquency*, 30 CRIMINOLOGY 47 (1992); Robert Agnew, *A Revised Strain Theory of Delinquency*, 64 SOC. FORCES 151 (1985); Robert Agnew, *Experienced, Vicarious, and Anticipated Strain: An Exploratory Study on Physical Victimization and Delinquency*, JUST. Q. 603, 604 (2002).

197. Chelsea Farrell & Gregory M. Zimmerman, *Does Offending Intensify as Exposure to Violence Aggregates? Reconsidering the Effects of Repeat Victimization, Types of Exposure to Violence, and Polyvictimization on Property Crime, Violent Offending, and Substance Use*, 53 J. CRIM. JUST. 25, 26 (2017).

198. Agnew, *Experienced, Vicarious, and Anticipated Strain*, *supra* note 196.

or vicarious, is one of the prime forms of strain most likely to lead an individual to pursue corrective action through negative coping mechanisms, which are manifested as socially unacceptable deviant acts. Affected individuals may engage in deviant actions “to reduce their strain (e.g., steal the money they desire, run away from the parents who abuse them), seek revenge against those who have mistreated them or related targets, or alleviate their negative emotions (e.g., through the use of illicit drugs).”¹⁹⁹

The Social Learning and Intergenerational Transmission of Violence theories provide another possible path from exposure to crime to criminal behavior. Those theories posit that “violent behavior, like any other behavior, is learned through processes of imitation, modeling, and reinforcement.”²⁰⁰ When children are continuously exposed to crime and violence in their natural environment during crucial years of socialization, they are likely to normalize violence and become desensitized to this kind of behavior.²⁰¹ Such exposure can foster the impression that violence is acceptable and an “appropriate way to deal with certain problems, and disrupt ties to conventional others as individuals retreat from social life or as their social skills suffer.”²⁰² This leads affected children to more readily take on the roles of perpetrators or victims.²⁰³

199. *Id.*; see also Farrell & Zimmerman, *supra* note 197.

200. Robert J. Franzese et al., *Adolescent Exposure to Violence and Adult Violent Victimization and Offending*, 42 CRIM. JUST. REV. 42, 43 (2017); see also Sharon W. Mihalic & Delbert Elliott, *A Social Learning Theory Model of Marital Violence*, 12 J. FAM. VIOLENCE 21, 22 (1977).

201. Timothy Brezina, *Adolescent Maltreatment and Delinquency: The Question of Intervening Processes*, 35 J. RES. CRIME & DELINQ. 71, 77 (1998); Franzese et al., *supra* note 200; Zena H. Rudo et al., *The Effects of Violence in the Home on Children’s Emotional, Behavioral, and Social Functioning: A Review of the Literature*, 6 J. EMOTIONAL & BEHAV. DISORDERS 94, 95 (1998); see also Stephen W. Baron et al., *Male Street Youths’ Conflict: The Role of Background, Subcultural, and Situational Factors*, 18 JUST. Q. 759, 780 (2001); L. D. Eron, *Seeing Is Believing: How Viewing Violence Alters Attitudes and Aggressive Behavior*, in CONSTRUCTIVE & DESTRUCTIVE BEHAVIOR: IMPLICATIONS FOR FAMILY, SCHOOL, & SOCIETY 51, 51 (Arthur C. Bohart & Deborah J. Stipek eds., 2001).

202. Agnew, *Experienced, Vicarious, and Anticipated Strain*, *supra* note 196, at 612.

203. Franzese et al., *supra* note 200, at 43; Sandra M. Smith et al., *The Intergenerational Transmission of Spouse Abuse: A Meta-Analysis*, 62 J. MARRIAGE & FAM. 640, 648 (2000); see also Holt et al., *supra* note 12, at 803; Fred E. Markowitz, *Attitudes and Family Violence: Linking Intergenerational and Cultural Theories*, 16 J. FAM. VIOLENCE 205, 215–16 (2001).

Furthermore, children have a developmental need to rationalize and justify observed behavior in order to cope with traumatic experiences. Children may inappropriately or inaccurately rationalize abusive behavior, and if not addressed, they are potentially at risk of adopting antisocial rationales for the abuse perpetrated against them or for their own abusive behavior.²⁰⁴ This faulty processing sequence is aggravated by the disruptions of the Legal Socialization process caused by crime exposure, leading to the development of distorted attitudes towards the law, the justice system, and legal actors.²⁰⁵ The failure of the legal system to protect the child from these harmful experiences is a breach of trust that can result in diminished regard for the law and a greater tendency towards deviant behavior.

Children affected by the Triple-C Impact who live in environments saturated with crime and violence may also adopt criminal behavior as a survival mechanism.²⁰⁶ They may feel compelled to resort to violence to avoid being perceived as weak and being targeted by bullies or other violent community members.²⁰⁷ Children living in such violent environments “may turn to gangs or criminal activities due to despair and powerlessness, perpetuating a cycle of violence by inflicting violence on others and becoming targets for further violence or incarceration.”²⁰⁸

Another approach, the Life-Course Theory, takes a broader perspective on this issue. It provides that the failure to reach critical developmental milestones, and failure to adopt proper developmental roles, as a result of the negative forces of the Triple-C Impact, ultimately leads to negative outcomes and fewer successes later in life.²⁰⁹ The inability to achieve socially approved goals can severely limit opportunities later in life for legitimate earning and economic well-being. For example, the reduced odds of graduating from high

204. Holt et al., *supra* note 12, at 803.

205. *See* Fagan et al., *supra* note 20, at 268; Fagan & Tyler, *supra* note 20, at 231.

206. *See* Janosz et al., *supra* note 58, at 607.

207. *See id.*; Gilad, *supra* note 2, at 21.

208. Gilad, *supra* note 2, at 21; LISTENBEE ET AL., *supra* note 25, at 33.

209. Maureen A. Allwood & Cathy Spatz Widom, *Child Abuse and Neglect, Developmental Role Attainment, and Adult Arrests*, 50 J. RES. CRIME & DELINQ. 551, 552 (2013); *see also* Robert J. Sampson & John H. Laub, CRIME IN THE MAKING: PATHWAYS & TURNING POINTS THROUGH LIFE 247–49 (1993) [hereinafter CRIME IN THE MAKING]; Robert J. Sampson & John H. Laub, *A Life-Course Theory of Cumulative Disadvantage and the Stability of Delinquency*, in DEVELOPMENTAL THEORIES OF CRIME & DELINQUENCY 2, 2 (T. P. Thornberry ed., 1997) [hereinafter *A Life-Course Theory*]. *See generally* Robert J. Sampson & John H. Laub, *A Life-Course View of the Development of Crime*, 602 ANNALS AM. ACAD. POL. & SOC. SCI. 12 (2005) [hereinafter *A Life-Course View*].

school due to childhood exposure to crime is highly likely to limit the possibility for higher education, employment, or home ownership, making crime a more appealing route to overcome financial struggles.²¹⁰

Triple-C Impact exposure can trigger a chain reaction that will continually reinforce aggressive and antisocial behavior throughout the child's life. Initially, the aggressive behavior is absorbed and learned, increasing stress levels and reducing impulse-control and self-regulation by altering brain development.²¹¹ As a result, the child's interpersonal skills and expectation from interpersonal relationships will be adversely affected.²¹² The child may exhibit more aggressive and impulsive behavior patterns that are "inconsistent with those normatively displayed by his or her peers," and therefore likely to experience rejection by them.²¹³ Such rejection will elevate strain and frustration and could also "limit future opportunities for learning constructive means of relating to others."²¹⁴ Being unwelcomed by the mainstream social circle, the child has a greater likelihood of gravitating towards more marginalized and even deviant social groups.²¹⁵ "The deviant peer group serves as a training ground for antisocial and violent behavior from middle to late adolescence," which reinforces learning and adoption of the violence the child is exposed to at home or in the community.²¹⁶ Being ostracized from mainstream peers can also affect opportunities for conventional successes later in life, increasing both mental and financial strain. This only serves to feed the cycle by creating a motivation to use violence and resort to crime as a coping

210. See Allwood & Spatz Widom, *supra* note 209, at 567; CRIME IN THE MAKING, *supra* note 209, at 247-49. See generally *A Life-Course Theory*, *supra* note 209, at 2; *A Life-Course View*, *supra* note 209, at 12.

211. Ehrensaft et al., *supra* note 195; see also Thomas J. Dishion et al., *Family, School, and Behavioral Antecedents to Early Adolescent Involvement with Antisocial Peers*, 27 DEVELOPMENTAL PSYCHOL. 172, 172 (1991).

212. Ehrensaft et al., *supra* note 195; see also Dishion et al., *supra* note 211.

213. Ehrensaft et al., *supra* note 195.

214. *Id.*

215. *Id.*; see also Dishion et al., *supra* note 211.

216. Ehrensaft et al., *supra* note 195. See generally Thomas J. Dishion et al., *Preventive Interventions for High-Risk Youth the Adolescent Transitions Program*, in PREVENTING CHILDHOOD DISORDERS (Ray DeV. Peters & Robert J. McMahon eds., 1996); Thomas J. Dishion et al., *Friendships and Violent Behavior During Adolescence*, 6 SOC. DEV. 207 (1997).

mechanism. This cyclical phenomenon is referred to as the Theory of the Continuity of Antisocial Behavior.²¹⁷

Empirical evidence collected on the effect that Triple-C Impact exposure has on potential involvement with the criminal justice system varies quite substantially in comparison with other outcomes discussed in this section. Children who have been exposed to crime have a greater chance of experiencing revictimization later in life. Children who were direct victims have a 43% greater chance of revictimization and children who were exposed to family violence have a 60% greater chance of revictimization.²¹⁸ Children who were direct victims have a 50% greater chance of juvenile arrest, and children who were exposed to family violence have between an 80% and 200% greater chance of juvenile arrest.²¹⁹ Exposure to most of the Triple-C Impact categories is associated with a 50% to 60% increase in the likelihood of adult arrest. Children who are affected by direct victimization and parental incarceration have 80% greater odds of engaging in criminal conduct in adulthood when compared to individuals who were never exposed to crime.²²⁰ The most significant effect is found on violent adult offending — the odds of Triple-C Impacted children committing a violent crime at some point in their

217. Ehrensaft et al., *supra* note 195; see also Deborah M. Capaldi & Sara Clark, *Prospective Family Predictors of Aggression Toward Female Partners for At-Risk Young Men*, 34 DEVELOPMENTAL PSYCHOL. 1175, 1185 (1998); Amy Holtzworth-Munroe & Gregory L. Stuart, *Typologies of Male Batterers: Three Subtypes and the Differences Among Them*, 116 PSYCHOL. BULL. 476, 492–93 (1994); Lynn Magdol et al., *Developmental Antecedents of Partner Abuse: A Prospective-Longitudinal Study*, 107 J. ABNORMAL PSYCHOL. 375, 375 (1998).

218. Chien-Chung Huang et al., *Children's Exposure to Intimate Partner Violence and Early Delinquency*, 30 J. FAM. VIOLENCE 953, 960 (2015); Katie A. Ports et al., *Adverse Childhood Experiences and Sexual Victimization in Adulthood*, 51 CHILD ABUSE & NEGLECT 313, 319 (2016); Charles L. Whitfield et al., *Violent Childhood Experiences and the Risk of Intimate Partner Violence in Adults: Assessment in a Large Health Maintenance Organization*, 18 J. INTERPERSONAL VIOLENCE 166, 177 (2003).

219. Jennifer E. Lansford et al., *Early Physical Abuse and Later Violent Delinquency: A Prospective Longitudinal Study*, 12 CHILD MALTREATMENT 233, 234 (2007); Sousa et al., *supra* note 195, at 9; Cathy Spatz Widom, *The Cycle of Violence*, NAT'L INST. JUST. RES. (Sept. 1992), <https://www.ncjrs.gov/pdffiles1/nij/136607.pdf> [<https://perma.cc/8XZG-ZLS7>]. See generally Allwood & Spatz Widom, *supra* note 209; Abigail A. Fagan, *The Short- and Long-Term Effects of Adolescent Violent Victimization Experienced Within the Family and Community*, 18 VIOLENCE & VICTIMS 445 (2003); Veronica M. Herrera & Laura Ann McCloskey, *Gender Differences in the Risk for Delinquency Among Youth Exposed to Family Violence*, 25 CHILD ABUSE & NEGLECT 1037 (2001); Joshua P. Mersky & Arthur J. Reynolds, *Child Maltreatment and Violent Delinquency: Disentangling Main Effects and Subgroup Effects*, 12 CHILD MALTREATMENT 246 (2007).

220. Burgess-Proctor et al., *supra* note 80, at 1048.

lives is found to be more than double, or even triple, according to some studies of the risk observed in the general population.²²¹ Similar effects are found regarding the probability of perpetrating domestic violence.²²²

Nevertheless, no deterministic forces are causing the commission of these crimes. Other than rare cases of duress, automatism, and extreme mental incapacitation, Triple-C affected individuals make conscious and willful choices to break the law. “[T]he choices a person makes are shaped by the choices a person has.”²²³ As clearly demonstrated throughout this section, Triple-C Impact influences the range of life choices available to affected children and increases the odds of tipping the scale towards unlawful choices.

B. Substance Abuse

Studies suggest that children affected by the Triple-C Impact are more likely to abuse and depend on substances such as tobacco, alcohol, and prescription or street drugs during adolescence and adulthood.²²⁴ Additionally, studies have found the age of first use to be younger, and the likelihood of using stronger substances, such as intravenously injected drugs, to be greater.²²⁵ Despite the firmly

221. Farrell & Zimmerman, *supra* note 197, at 31; Franzese et al., *supra* note 200, at 49.

222. Ehrensaft et al., *supra* note 195, at 746; Whitfield et al., *supra* note 218, at 178.

223. Metzler et al., *supra* note 186, at 142.

224. See Anda et al., *supra* note 185, at 178; Shane Darke & Michelle Torok, *The Association of Childhood Physical Abuse with the Onset and Extent of Drug Use Among Regular Injecting Drug Users*, 109 ADDICTION 610, 614 (2013); Shanta R. Dube et al., *Childhood Abuse, Neglect, and Household Dysfunction and the Risk of Illicit Drug Use: The Adverse Childhood Experiences Study*, 111 PEDIATRICS 564, 570 (2003); Ehrensaft et al., *supra* note 195, at 742; Farrell & Zimmerman, *supra* note 197, at 26; Esme Fuller-Thomson et al., *Three Types of Adverse Childhood Experiences, and Alcohol and Drug Dependence Among Adults: An Investigation Using Population-Based Data*, 51 SUBSTANCE USE & MISUSE 1451, 1454 (2016); Tom Luster et al., *The Correlates of Abuse and Witnessing Abuse Among Adolescents*, 17 J. INTERPERSONAL VIOLENCE 1323, 1333 (2002); Scott Menard et al., *Adolescent Exposure to Violence and Adult Illicit Drug Use*, 42 CHILD ABUSE & NEGLECT 30, 37 (2015); Michael E. Roettger et al., *Paternal Incarceration and Trajectories of Marijuana and Other Illegal Drug Use from Adolescence into Young Adulthood: Evidence from Longitudinal Panels of Males and Females in the United States*, 106 ADDICTION 121, 128 (2010).

225. Menard et al., *supra* note 224, at 37; Dube et al., *supra* note 224, at 567; Farrell & Zimmerman, *supra* note 197, at 31; Murray & Farrington, *supra* note 186, at 161; Ehrensaft et al., *supra* note 195, at 742; Roettger et al., *supra* note 224, at 128; Darke & Torok, *supra* note 224, at 613; Luster et al., *supra* note 224, at 1326; Anda et al., *supra* note 185, at 178; Fuller-Thomson et al., *supra* note 224, at 1454; Daniel P.

established association between the Triple-C Impact exposures and illicit substance use,²²⁶ as well as the intuitive link between the hardship caused by exposure to crime and substance abuse, there is less scientific knowledge as to the exact pathways that connect the two.²²⁷

According to the neurobiological approach, disruptions in the early development of a child's central nervous system caused by Triple-C exposure may impede the child's ability to cope with negative or disruptive emotions, leading to problems with emotional and behavioral self-regulation later in life. As a result, "[b]ehaviors such as substance use may manifest as a means to help regulate emotional states."²²⁸ Chemical imbalances in the brain caused by exposure to crime, coupled with the reciprocal effect that different illicit substances has on the brain's chemical environment, are also thought to play a role in drawing Triple-C Impacted children towards substance use.²²⁹ Substance use that is medically, socially, and often legally "viewed as a 'problem' may, from the perspective of the user, represent an effective immediate solution that leads to chronic use."²³⁰

Other known outcomes of the Triple-C Impact can also consequentially increase the odds that a child will turn to illicit substance use. For example, poor mental health, Post Traumatic Stress Disorder (PTSD), anxiety, and mood disorders — all known consequences of childhood exposure to violence — have been found

Mears & Sonja E. Siennick, *Young Adult Outcomes and the Life-Course Penalties of Parental Incarceration*, 53 J. RES. CRIME & DELINQ. 3, 9 (2016).

226. Dube et al., *supra* note 224, at 567; Robert F. Anda et al., *Adverse Childhood Experiences and Smoking During Adolescence and Adulthood*, 11 PERMANENTE J. 5, 6 (1999); Susan D. Hillis et al., *The Association Between Adverse Childhood Experiences and Adolescent Pregnancy, Long-Term Psychosocial Outcomes, and Fetal Death*, 113 PEDIATRICS 320, 322 (2004); Shin et al., *supra* note 189, at 36; Huang et al., *supra* note 189, at 98; Jones et al., *supra* note 189, at 2; Meade et al., *supra* note 189, at 234; Maniglio, *supra* note 189, at 222; Asgeirsdottir et al., *supra* note 189, at 210–11; Wilson & Widom, *supra* note 25, at 236; Wilson & Spatz Widom, *supra* note 189, at 215; Whitfield et al., *supra* note 218, at 179.

227. See generally Menard et al., *supra* note 224; Hanie Edalat & Marvin D. Krank, *Childhood Maltreatment and Development of Substance Use Disorders: A Review and a Model of Cognitive Pathways*, 17 TRAUMA VIOLENCE & ABUSE 454 (2015); W. Alex Mason et al., *Parent and Peer Pathways Linking Childhood Experiences of Abuse with Marijuana Use in Adolescence and Adulthood*, 66 ADDICTIVE BEHAVIORS 70, 71 (2017).

228. Dube et al., *supra* note 224, at 570; see Perry & Pollard, *supra* note 6, at 45; Edalat & Krank, *supra* note 227, at 462.

229. Anda et al., *supra* note 185, at 181.

230. Felitti et al., *supra* note 185, at 253–54.

to have a strong association with substance dependence.²³¹ Additionally, sleep disorders and injuries or physical health conditions that involve pain can also increase substance use and addiction as a form of self-medication.²³² This situation can be aggravated under strenuous economic circumstances when mainstream medical care is less accessible and illicit self-medication is commonly used as a less-costly substitute.

The heightened tendency among children affected by the Triple-C Impact to gravitate towards marginalized and deviant social circles, discussed above, is another factor that can increase exposure and access to illicit substances.²³³ The impact peers have as behavioral models is heightened in circumstances where a child's attachment to parents and adult caregivers is weakened, as is often the case for children exposed to crime.²³⁴ Lastly, increased risk of homelessness plays a similar role,²³⁵ as life on the street brings more opportunities for substance use, particularly highly addictive street drugs.

231. Fuller-Thomson et al., *supra* note 224, at 1454; Susan Yoon et al., *Developmental Pathways from Child Maltreatment to Adolescent Substance Use: The Roles of Posttraumatic Stress Symptoms and Mother-Child Relationships*, 82 CHILD YOUTH SERV. REV. 271, 274 (2017); David M. Fergusson et al., *Exposure to Childhood Sexual and Physical Abuse and Adjustment in Early Adulthood*, 32 CHILD ABUSE & NEGLECT 607, 608 (2008); Muzi Li et al., *Maltreatment in Childhood Substantially Increases the Risk of Adult Depression and Anxiety in Prospective Cohort Studies: Systematic Review, Meta-Analysis, and Proportional Attributable Fractions*, 46 PSYCHOL. MED. 717 (2016); Deborah Hasin et al., *Prevalence, Correlates, Disability, and Comorbidity of DSM-IV Alcohol Abuse and Dependence in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions*, 64 ARCHIVES GEN. PSYCHIATRY 830, 844 (2007); Wilson M. Compton et al., *Prevalence, Correlates, Disability, and Comorbidity of DSM-IV Drug Abuse and Dependence in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions*, 64 ARCHIVES GEN. PSYCHIATRY 566, 570–71 (2007); Menard et al., *supra* note 224, at 3; Anda et al., *supra* note 185, at 175. *See generally* Bruce Perry, *The Neurodevelopmental Impact of Violence in Childhood*, in TEXTBOOK OF CHILD AND ADOLESCENT FORENSIC PSYCHIATRY 221 (D. Schetky & E. P. Benedict eds., 2001).

232. Fuller-Thomson et al., *supra* note 224, at 1458. *See generally* Peter Friedman & Michael Stein, *Disturbed Sleep and Its Relationship to Alcohol Use*, 26 SUBSTANCE ABUSE 1, 5 (2006); Laxmaiah Manchikanti et al., *Controlled Substance Abuse and Illicit Drug Use in Chronic Pain Patients: An Evaluation of Multiple Variables*, 9 PAIN PHYSICIAN 215, 220 (2006).

233. Ehrensaft et al., *supra* note 195, at 742; Thomas J. Dishion et al., *Peer Ecology of Male Adolescent Drug Use*, 7 DEV. PSYCHOPATHOLOGY 803, 805 (1995).

234. Mason et al., *supra* note 227, at 73.

235. *See* Wildeman, *supra* note 84, at 75; Deborah Keys et al., *Giving up on Drugs: Homeless Young People and Self-Reported Problematic Drug Use*, 33 CONTEMP. DRUG PROBS. 63, 65 (2006).

Agnew's Strain Theory is also applicable when considering substance abuse – the experience of strain caused by exposure to crime “may lead to different methods of adaptation, one of which, retreatism, is particularly associated with substance use problems. Retreatism involves the abandonment of both success goals and of normative constraints defining legitimate means of achieving goals.”²³⁶ Escapism to the cover of substance abuse is a coping mechanism to confront experienced strain, both from the traumatic exposure itself and from the consequent adverse outcomes.

Empirical studies have found that exposure to any of the Triple-C Impact categories is associated with an increase in the odds of an individual using an illicit drug at some point in his or her life by 60% to 70%, compared to individuals who were never exposed.²³⁷ When looking at specific categories of exposure, such as exposure to family violence and direct victimization, some studies estimate the odds of illicit drug use to increase by 90% to 100% specifically associated with such exposure.²³⁸ The odds of an individual turning to alcoholism doubles with exposure to any of the categories.²³⁹ Individuals affected by the Triple-C Impact are estimated to have 30% to 60% greater odds of using an intravenous drug.²⁴⁰ The effect on cigarette smoking is milder and is estimated at an increase of around 10%.²⁴¹ Among children exposed to family violence, the probability of substance abuse before age fourteen rises by 80%, and by 110% for children exposed to community violence.²⁴²

C. Mental Health

The Triple-C Impact can have significant adverse effects on children from a mental health perspective. Compared to the general population, affected children are at increased risk of suffering from depression, PTSD, anxiety, developmental and behavioral problems, aggression, attention disorders, personality disorders, suicide risk,

236. Menard et al., *supra* note 224, at 31; Scott Menard, *A Developmental Test of Mertonian Anomie Theory*, 32 J. RES. CRIME DELINQ. 136, 138 (1995); Scott Menard, *A Developmental Test of Cloward's Differential Opportunity Theory*, in THE FUTURE OF ANOMIE THEORY 142, 144 (N. Passas & Robert Agnew eds., 1997).

237. Anda et al., *supra* note 185, at 178; Felitti et al., *supra* note 185, at 245.

238. Dube et al., *supra* note 224, at 569–70; Menard et al., *supra* note 224, at 36.

239. Anda et al., *supra* note 185, at 179; Felitti et al., *supra* note 185, at 253; Fuller-Thomson et al., *supra* note 224, at 1457.

240. Felitti et al., *supra* note 185, at 253; Dube et al., *supra* note 224, at 570.

241. Anda et al., *supra* note 185, at 179; Felitti et al., *supra* note 185, at 252.

242. Dube et al., *supra* note 224, at 569.

attachment disorders and deficit in social adaptation.²⁴³ These conditions may affect the child in the short-term, immediately after the exposure itself, or in the long-term through adulthood.²⁴⁴ In some cases, symptoms may only appear years after the exposure, as the child struggles to process the experience without adequate assistance and support.²⁴⁵

The pathway leading from the Triple-C Impact to poor mental health is more direct than the paths to other outcomes discussed, such

243. Frank W. Putnam, *The Impact of Trauma on Child Development*, 57 JUV. FAM. CT. J. 1, 1 (2006); Ronald C. Kessler et al., *Childhood Adversities and Adult Psychopathology in the WHO World Mental Health Surveys*, 197 BRIT. J. PSYCHIATRY 378, 379–80 (2010); Margolin & Gordis, *supra* note 5, at 457–64; LISTENBEE ET AL., *supra* note 25, at 31; Jacqueline G. Hovens et al., *Impact of Childhood Life Events and Trauma on the Course of Depressive and Anxiety Disorders*, 126 ACTA PSYCHIATRICA SCANDINAVICA 198, 203 (2012); Sara Larsson et al., *High Prevalence of Childhood Trauma in Patients with Schizophrenia Spectrum and Affective Disorder*, 54 COMPREHENSIVE PSYCHIATRY 123, 125 (2012); Anna Plaza et al., *Childhood Physical Abuse as a Common Risk Factor for Depression and Thyroid Dysfunction in the Earlier Postpartum*, 200 PSYCHIATRY RES. 329, 329 (2012); Saaniya Bedi et al., *Risk for Suicidal Thoughts and Behavior After Childhood Sexual Abuse in Women and Men*, 41 SUICIDE & LIFE-THREATENING BEHAV. 406, 412 (2011); Laura P. Chen et al., *Sexual Abuse and Lifetime Diagnosis of Psychiatric Disorders: Systematic Review and Meta-Analysis*, 85 MAYO CLINIC PROC. 618, 620–21 (2010); Tracie O. Afifi et al., *Population Attributable Fractions of Psychiatric Disorders and Suicide Ideation and Attempts Associated with Adverse Childhood Experiences*, 98 AM. J. PUB. HEALTH 946, 948–49 (2008); Sarah Jonas et al., *Sexual Abuse and Psychiatric Disorder in England: Results from the 2007 Adult Psychiatric Morbidity Survey*, 4 PSYCHOL. MED. 709, 709 (2011); Luisa Sugaya et al., *Child Physical Abuse and Adult Mental Health: A National Study*, 25 J. TRAUMATIC STRESS 384, 384 (2012); Scott E. Hadland et al., *Suicide and History of Childhood Trauma Among Street Youth*, 136 J. AFFECTIVE DISORDERS 377, 378–79 (2012); Brigitte Wanner et al., *Childhood Trajectories of Anxiousness and Disruptiveness Explain the Association Between Early-Life Adversity and Attempted Suicide*, 42 PSYCHOL. MED. 2373, 2373 (2012); Mette Ystgaard et al., *Is There A Specific Relationship Between Childhood Sexual and Physical Abuse and Repeated Suicidal Behavior?*, 28 CHILD ABUSE & NEGLECT 863, 864 (2004); Paul Rohde et al., *Associations of Child Sexual and Physical Abuse with Obesity and Depression in Middle-Aged Women*, 32 CHILD ABUSE & NEGLECT 878, 884 (2008); Lena Sanci et al., *Childhood Sexual Abuse and Eating Disorders in Females: Findings from the Victorian Adolescent Health Cohort Study*, 162 ARCHIVES PEDIATRIC ADOLESCENT MED. 261, 265 (2008); Jacqueline C. Carter et al., *The Impact of Childhood Sexual Abuse in Anorexia Nervosa*, 30 CHILD ABUSE & NEGLECT 257, 264 (2006); Jennie G. Noll et al., *Sleep Disturbances and Childhood Sexual Abuse*, 31 J. PEDIATRIC PSYCH. 469, 475 (2006); Annmarie C. Hulette et al., *Dissociation in Middle Childhood Among Foster Children with Early Maltreatment Experiences*, 35 CHILD ABUSE & NEGLECT 123, 125 (2011).

244. LISTENBEE ET AL., *supra* note 25, at 12; Vu et al., *supra* note 183, at 31. See generally Holmes, *supra* note 183.

245. LISTENBEE ET AL., *supra* note 25, at 12; Vu et al., *supra* note 183, at 31. See generally Holmes, *supra* note 183.

as unemployment or criminal behavior. Triple-C exposure is considered a trauma-eliciting event.²⁴⁶ It triggers intense feelings of sadness, fear, shame, anger, hopelessness, and uncertainty.²⁴⁷ These will affect the child's self-image, perception of interpersonal relationships, sense of safety, and ability to trust.²⁴⁸ Exposure to violence is a stressful experience that requires psychological adaptation, which could overwhelm the limited adaptive capacity of the individual, resulting in psychological sequelae.²⁴⁹ Although human systems strive to adapt to trauma, "these adaptations often tax a child's developing biological and psychosocial systems, resulting in dysregulations (e.g., stress sensitization) that dilute psychological and physical well-being."²⁵⁰ Neurobiology is a key element in this process.²⁵¹ The alteration of central brain and neurological structures as a consequence of exposure is believed to affect information processing as well as mood and emotional regulation, which interferes with the individual's mental and emotional state.²⁵² The

246. Gayla Margolin & Katrina A. Vickerman, *Posttraumatic Stress in Children and Adolescents Exposed to Family Violence: I. Overview and Issues*, 38 PROF. PSYCHOL. 613, 614 (2007).

247. See Aaron Curry et al., *Pathways to Depression: The Impact of Neighborhood Violent Crime on Inner-City Residents in Baltimore, Maryland, USA*, 67 SOC. SCI. & MED. 23, 23–24 (2008); see also Margolin & Vickerman, *supra* note 246, at 614–15.

248. See generally Vu et al., *supra* note 183.

249. Cody W. Wilson & Beth S. Rosenthal, *The Relationship Between Exposure to Community Violence and Psychological Distress Among Adolescents: A Meta-Analysis*, 18 VIOLENCE & VICTIMS 335, 335–36 (2003); see Beth Spencer Rosenthal, *Exposure to Community Violence in Adolescence: Trauma Symptoms*, 35 ADOLESCENCE 271, 271–72 (2000). See generally I. Lisa McCann et al., *Trauma and Victimization: A Model of Psychological Adaptation*, 16 COUNSELING PSYCHOL. 531 (1988).

250. Paula S. Nurius et al., *Life Course Pathways of Adverse Childhood Experiences Toward Adult Psychological Well-Being: A Stress Process Analysis*, 45 CHILD ABUSE & NEGLECT 143, 149 (2015); see Andrea Danese & Bruce McEwen, *Adverse Childhood Experiences, Allostasis, Allostatic Load, and Age-Related Disease*, 106 PHYSIOLOGY & BEHAV. 29, 31 (2012). See generally Camelia E. Hostinar & Megan R. Gunnar, *The Developmental Effects of Early Life Stress: An Overview of Current Theoretical Frameworks*, 22 CURRENT DIRECTIONS PSYCHOL. SCI. 400 (2013).

251. See Terrie E. Moffitt, *Childhood Exposure to Violence and Lifelong Health: Clinical Intervention Science and Stress-Biology Research Join Forces*, 25 DEV. & PSYCHOPATHOLOGY 1619, 1626 (2013); see also Heledd Hart & Katya Rubia, *Neuroimaging of Child Abuse: A Critical Review*, 6 FRONTIERS HUM. NEUROSCIENCE 1, 4 (2012). See generally Eamon McCrory et al., *Research Review: The Neurobiology and Genetics of Maltreatment and Adversity*, 51 J. CHILD PSYCHOL. & PSYCHIATRY 1079 (2010).

252. See Anda et al., *supra* note 185, at 181; Margolin & Vickerman, *supra* note 246, at 615. See generally Martin H. Teicher et al., *Developmental Neurobiology of*

overwhelming experiences of dysregulation and emotional instability can eventually increase stress sensitization, leading to a state in which even “minor stressors can lead to serious distress.”²⁵³

Interference with the development of healthy attachment caused by the Triple-C Impact also affects the child’s short- and long-term mental health.²⁵⁴ Poor attachment is considered to be one of the risk factors for impaired resilience in children,²⁵⁵ negatively affecting their ability to explore their environment, learn skills of engagement, and develop confidence in their own ability to thrive independently.²⁵⁶ Absent secure attachment, children have a lesser capacity to cope with the mental strain of trauma and are more prone to emotional harm.

Beyond the direct effects of exposure to crime, circumstances in the child’s environment can exacerbate the impact of the exposure. The presence of crime and violence in the child’s home, school, or neighborhood can lead the child to perceive it as a bad and problematic place. Such negative perceptions of one’s environment have been found to increase the likelihood that a child might experience higher levels of stress and depression.²⁵⁷

Furthermore, stress tends to accumulate throughout an individual’s life.²⁵⁸ Exposure to toxic stressors such as crime and violence early in life has been shown to create a lasting vulnerability that acts as a catalyst for subsequent stressful experiences throughout youth and into adulthood, exacerbating stress and increasing the likelihood of

Childhood Stress and Trauma, 25 PSYCHIATRY CLINICAL NORTH AM. 397 (2002); Vu et al., *supra* note 183.

253. Margolin & Vickerman, *supra* note 246, at 615–16; see Nurius et al., *supra* note 250, at 144–45 (2015). See generally Bessel A. van der Kolk, *Posttraumatic Therapy in the Age of Neuroscience*, 12 PSYCHOANALYTIC DIALOGUES 381 (2008).

254. See generally BOWLBY, *supra* note 194.

255. See Laurel Davis & Rebecca J. Shlafer, *Mental Health of Adolescents with Currently and Formerly Incarcerated Parents*, 54 J. ADOLESCENCE 120, 125 (2017); see also Keva M. Miller, *Risk and Resilience Among African American Children of Incarcerated Parents*, 15 J. HUM. BEHAV. SOC. ENV’T 25, 26 (2007); Ann S. Masten et al., *Resilience and Development: Contributions from the Study of Children Who Overcome Adversity*, 2 DEV. & PSYCHOPATHOLOGY 425, 425 (1991).

256. See DOUGLAS DAVIES, *CHILD DEVELOPMENT: A PRACTITIONER’S GUIDE* 10 (2004); see also Sousa et al., *supra* note 195, at 156. See generally BOWLBY, *supra* note 194.

257. Curry et al., *supra* note 247, at 24; see Mary E. Schwab-Stone, *No Safe Haven: A Study of Violence Exposure in an Urban Community*, 34 AM. ACAD. CHILD ADOLESCENT PSYCHIATRY 1343, 1349 (1995).

258. See Davis & Shlafer, *supra* note 255, at 122; Nurius et al., *supra* note 250, at 144.

negative mental health.²⁵⁹ This is referred to as the construct of stress proliferation.²⁶⁰ In the short run, exposure to crime will often lead to significant changes in a child's everyday life: disruption to the family system, a parent leaving, an out-of-home placement, temporary relocation to a shelter or alternative housing, and added social stigma.²⁶¹ Such changes will intensify the mental and emotional struggle involved in the already negative experience of exposure to crime.²⁶²

In the longer run, as explained throughout this section, the Triple-C Impact can compound upon itself:

Consequences such as less educational achievement, which leads to financial insecurity that then increases risk of adult adversities such as homelessness, marital conflict, injuries, and unemployment. Subsequently, this cascade of adversities over the life course weakens opportunities for stable social supports, ability to obtain professional help, and maintenance of healthy habits; all of which collectively and progressively chip away at psychological well-being.²⁶³

In addition to the high levels of stress that Triple-C Impacted children must cope with, this group of children was found to possess fewer protective factors such as strong social networks, familial support, stability, and healthy and balanced lifestyles. Under normal circumstances, these factors enhance the individual's ability to confront stress and recover from trauma.²⁶⁴ Children affected by the Triple-C Impact must overcome the fatal combination of high-stress and low-resource, which results in the steady erosion of mental health and well-being.²⁶⁵

The Adverse Child Experience studies ("ACE studies") are the most comprehensive and reputable studies examining the effects of childhood crime exposure and other childhood adversities on mental and physical health.²⁶⁶ The ACE studies found that the odds of

259. Nurius et al., *supra* note 250, at 144.

260. *Id.*

261. See Margolin & Vickerman, *supra* note 246, at 614; Davis & Shlafer, *supra* note 255, at 121–22.

262. See generally Margolin & Vickerman, *supra* note 246; Davis & Shlafer, *supra* note 255, at 121–22.

263. Nurius et al., *supra* note 250, at 149.

264. *Id.* at 150.

265. See *id.*

266. The Triple-C Impact categories covered under the original ACE study are direct victimization, exposure to family violence, and parental incarceration. The category of exposure to community crime was empirically validated as an ACE

having committed a suicide attempt increases by 80% among individuals exposed to crime, compared to those not exposed,²⁶⁷ and the likelihood of suffering from depression increases by 50%.²⁶⁸ The odds of having difficulties controlling anger increases by 40%,²⁶⁹ while the odds of suffering from anxiety and high stress levels are elevated by 20%.²⁷⁰ Furthermore, there is a 10% increase in odds of experiencing hallucination disorders compared to non-exposed individuals.²⁷¹ Additional evidence is available regarding the effects of parental incarceration on the mental health of children, but broadly speaking, a meta-analysis found that exposure to parental incarceration at least doubles the chances that the child will experience mental health problems.²⁷² Further, the odds of attempting suicide is more than 150% greater among children with an incarcerated parent.²⁷³ Moreover, parental incarceration is associated with a 95% increase in the odds to resort to self-injury,²⁷⁴ 86% increase in likelihood to suffer from internalized mental health problems such as depression, anxiety, and withdrawal,²⁷⁵ and 72% increase in the likelihood to suffer from PTSD.²⁷⁶

D. Physical Health

Studies establish a strong link between childhood victimization and life-threatening health conditions, such as cancer, lung, heart, liver and skeletal diseases, sexually transmitted diseases, diabetes, and

adversity in a later study. See Eunju Lee et al., *Exposure to Community Violence as a New Adverse Childhood Experience Category: Promising Results and Future Considerations*, 98 FAMILIES SOC'Y 67 (2017); David Finkelhor et al., *A Revised Inventory of Adverse Childhood Experiences*, 48 CHILD ABUSE & NEGLECT 13 (2015)). It should be noted that, like most cited studies, the definitions of the ACE adversities are not identical to the definitions of the Triple-C Impact categories (see subsection G for explanation for methodological limitations).

267. See Felitti et al., *supra* note 185, at 252. See generally Leah K. Gilbert et al., *Childhood Adversity and Adult Chronic Disease: An Update from Ten States and the District of Columbia, 2010*, 48 AM. J. PREVENTATIVE MED. 345 (2015).

268. See Anda et al., *supra* note 185, at 178; Felitti et al., *supra* note 185, at 252.

269. See Anda et al., *supra* note 185, at 180.

270. See *id.* at 178, 180.

271. See *id.* at 178.

272. See Murray & Farrington, *supra* note 186, at 157.

273. See Davis & Shlafer, *supra* note 255, at 129.

274. See *id.*

275. See *id.* at 128.

276. See Rosalyn D. Lee et al., *The Impact of Parental Incarceration on the Physical and Mental Health of Young Adults*, 131 PEDIATRICS 1188, 1192 (2013).

obesity.²⁷⁷ It is no surprise that children affected by the Triple-C Impact suffer from short-term injuries or ailments, either from direct violence or in the form of trauma soon after exposure to violence. However, the nexus between exposure to violence and long-term health conditions, which may manifest decades later, is more mysterious.

As with most other outcomes outlined here, brain and neuro-system chemistry serve as focal points when considering long-term physical health effects of violence exposure.²⁷⁸ In fact, the biomarker alterations associated with exposure to violence that onset in childhood were found to be present in the body into adulthood.²⁷⁹ Those findings support the strong connection between childhood exposure and health conditions that emerge later in life.

Findings from physiological research indicate that exposure to crime has an expansive effect on a child's developing brain. Exposure can adversely impact the volume and functioning of multiple central structures, including the hippocampus, corpus callosum, and amygdala. Furthermore, exposure to crime appears to alter central neurological structures that are involved in mediating the body's stress response, such as the hypothalamic-pituitary-adrenal axis.²⁸⁰ While, under normal circumstances, such stress responses are protective, alterations due to exposure can elevate them to a toxic level.²⁸¹ In particular, exposure to crime has the greatest effect on the nervous, endocrine, and immune systems.²⁸² Further, the developing

277. See generally Renée Boynton-Jarrett et al., *Child and Adolescent Abuse in Relation to Obesity in Adulthood: The Black Women's Health Study*, 130 PEDIATRICS 245 (2012); Alanna D. Hager & Marsha G. Runtz, *Physical and Psychological Maltreatment in Childhood and Later Health Problems in Women: An Exploratory Investigation of the Roles of Perceived Stress and Coping Strategies*, 36 CHILD ABUSE & NEGLECT 393 (2012); Roberto Maniglio, *The Impact of Child Sexual Abuse on Health: A Systematic Review of Reviews*, 29 CLINICAL PSYCHOL. REV. 647 (2009); Molly L. Paras et al., *Sexual Abuse and Lifetime Diagnosis of Somatic Disorders: A Systematic Review and Meta-Analysis*, 302 JAMA 550 (2009); Natalie Slopen et al., *Childhood Adversity and Cell-Mediated Immunity in Young Adulthood: Does Type and Timing Matter?*, 10 BRAIN BEHAV. & IMMUNITY 177 (2012); Gilad, *supra* note 2, at 14.

278. See generally Moffitt, *supra* note 251.

279. See *id.* at 1625.

280. See Meeyoung O. Min et al., *Pathways Linking Childhood Maltreatment and Adult Physical Health*, 37 CHILD ABUSE & NEGLECT 361, 362 (2013).

281. Olofsson et al., *supra* note 1, at 6–7.

282. See Mariette J. Chartier et al., *Health Risk Behaviors and Mental Health Problems as Mediators of the Relationship Between Childhood Abuse and Adult Health*, 99 AM. J. PUB. HEALTH 847, 847 (2009); Andrea Danese et al., *Biological Embedding of Stress Through Inflammation Processes in Childhood*, 16 MOLECULAR

immune system's long-term impairment was found to be especially detrimental, leaving exposed children "vulnerable to chronic health conditions and infections."²⁸³

Additionally, biochemical changes triggered by the Triple-C Impact were found to affect structures called "telomeres," which are present in human cells and serve as the caps at the end of the DNA strands that protect chromosomes. As our cells age, telomeres gradually erode and shorten. Without telomeres, DNA strands become damaged, and our cells cannot function.²⁸⁴ Studies have established a strong association between exposure to crime and telomere length. In those studies, adults who reported exposure during childhood "had significantly shorter telomere length, regardless of key potential confounding factors such as age, sex, smoking, or body mass index."²⁸⁵ This is hugely problematic from a physical health viewpoint, as "[s]horter telomere length and increased erosion rate are both associated with higher risk of morbidity and mortality."²⁸⁶

It is important to consider the interplay between mental health and physical health. As mentioned, there is a well documented association between Triple-C Impact and poor mental health.

PSYCHIATRY 244, 245 (2011); Andrea Danese et al., *Childhood Maltreatment Predicts Adult Inflammation in a Life-Course Study*, 104 NAT'L ACAD. SCI. 1319, 1319 (2007); Janice K. Kiecolt-Glaser et al., *Childhood Adversity Heightens the Impact of Later-Life Caregiving Stress on Telomere Length and Inflammation*, 73 PSYCHOSOMATIC MED. 16, 17 (2011); Kiley W. Liming & Whitney A. Grube, *Wellbeing Outcomes for Children Exposed to Multiple Adverse Experiences in Early Childhood: A Systematic Review*, 35 CHILD & ADOLESCENT SOC. WORK J. 317, 318 (2018); Min et al., *supra* note 280, at 362; Moffitt, *supra* note 251, at 1622; Elizabeth A. Shirtcliff et al., *Early Childhood Stress Is Associated with Elevated Antibody Levels to Herpes Simplex Virus Type 1*, 106 NAT'L ACAD. SCI. 2963, 2963 (2009); Natalie Slopen et al., *Early Life Adversity and Inflammation in African Americans and Whites in the Midlife in the United States Survey*, 72 PSYCHOSOMATIC MED. 694, 694 (2010); Paul Surtees et al., *Adverse Experience in Childhood as a Developmental Risk Factor for Altered Immune Status in Adulthood*, 10 INT'L J. BEHAV. MED. 251, 253 (2003).

283. Liming & Grube, *supra* note 282, at 318; *see also* Min et al., *supra* note 280, at 361.

284. *See What Is a Telomere?*, T.A. SCI., <https://www.tasciences.com/what-is-a-telomere/> [<https://perma.cc/9DG3-SRV5>].

285. Moffitt, *supra* note 251, at 1623.

286. *Id.* at 1622; *see also* Kiecolt-Glaser et al., *supra* note 282, at 1; Aoife O'Donovan et al., *Childhood Trauma Associated with Short Leukocyte Telomere Length in Posttraumatic Stress Disorder*, 70 BIOLOGICAL PSYCHIATRY 465, 465 (2011); Audrey R. Tyrka et al., *Childhood Maltreatment and Telomere Shortening: Preliminary Support for an Effect of Early Stress on Cellular Aging*, 67 BIOLOGICAL PSYCHIATRY 531, 531 (2010).

Population-based studies report that “depressive symptoms and lifetime occurrence of psychiatric disorders substantially explained the effects” of childhood crime exposure and various indicators of adult physical health.²⁸⁷ “[S]ome research suggests that violence exposure has its greatest effects on future health among the subset of violence-exposed individuals who develop mental disorders following violence exposure.”²⁸⁸ In other words, it is likely that psychiatric conditions, which develop due to exposure to crime, generate additional strain that weakens and wears on the body, thereby increasing the likelihood of physical health problems later in life.²⁸⁹ This is a prime example of the snowball speeding downhill—one adverse effect of Triple-C Impact begets another.

Severe ongoing stress throughout the child’s life is another factor that chips at the body’s fortifying walls. Stress may stem directly from the exposure itself, especially if unresolved and untreated. Alternatively, as explained throughout this section, the Triple-C Impact is associated with increased exposure to other adverse life events, that are either caused by, or occur simultaneously to, the exposure. Direct stress from exposure may thus compound and accumulate with subsequent secondary life stressors.²⁹⁰ This accumulated stress persistently burdens and tears at the body’s systems, particularly influencing immune functioning, which may, in turn, contribute to increased adult health problems.²⁹¹ The stress accumulation associated with the Triple-C Impact is “responsible for the etiology and progression of disease and contributes to overall vulnerability to illness by producing a cascade of neuroendocrine, cardiovascular, and immunological changes.”²⁹²

287. Min et al., *supra* note 280, at 362–63; see also Kristen W. Springer, *Childhood Physical Abuse and Midlife Physical Health: Testing a Multi-Pathway Life Course Model*, 69 SOC. SCI. MED. 138, 144 (2009).

288. Moffitt, *supra* note 251, at 1624 (citing Andrea Danese et al., *Elevated Inflammation Levels in Depressed Adults with a History of Childhood Maltreatment*, 65 ARCHIVES GEN. PSYCHIATRY 409 (2008)); Christine Heim et al., *Pituitary–Adrenal and Autonomic Responses to Stress in Women After Sexual and Physical Abuse in Childhood*, 284 J. AM. MED. ASS’N 592 (2000); Meena Vythilingam et al., *Childhood Trauma Associated with Smaller Hippocampal Volume in Women with Major Depression*, 159 AM. J. PSYCHIATRY 2072 (2002)).

289. See Anna W. Wright et al., *Systematic Review: Exposure to Community Violence and Physical Health Outcomes in Youth*, 42 J. PEDIATRIC PSYCHOL. 364, 365 (2017); see also Min et al., *supra* note 280, at 361; Springer, *supra* note 287, at 139.

290. See Min et al., *supra* note 280, at 370; Springer, *supra* note 287, at 145.

291. See Olofsson et al., *supra* note 1, at 7.

292. Min et al., *supra* note 280, at 362.

Another layer is added to the rolling snowball when considering the broad array of risk behaviors associated with the Triple-C Impact. As shown throughout this section, mounting evidence confirms the strong link between childhood exposure to crime and behaviors such as smoking, alcohol or drug abuse, overeating, or sexual promiscuity.²⁹³ These behaviors are likely to be “consciously or unconsciously used because they have immediate pharmacological or psychological benefit as coping devices in the face of the stress” of exposure and its aftermath.²⁹⁴ It is well documented that these kinds of risk behaviors are independently associated with poorer health outcomes.²⁹⁵

Health problems associated with the Triple-C Impact may be more pronounced, severe, and prolonged due to poor medical care, or lack of access to care. Parents affected by victimization, incarceration, or other life adversities associated with exposure to crime may not be able to manage healthcare needs of themselves and their children, or may have limited access to healthcare due to socioeconomic circumstances.²⁹⁶ Health struggles can also exist in the home, as “[p]arents can inadvertently promote poor health habits and lack of autonomy in children by failing to teach important skills, by communicating poor attitudes, and by providing negative role models.”²⁹⁷ Moreover, studies show that children affected by the Triple-C Impact are less medically responsive even to adequate treatment for both mental and physical health conditions, which aggravates the status and duration of illness.²⁹⁸

According to the findings of the ACE studies, exposure to any one of the Triple-C Impact categories is associated with increased odds of contracting a sexually transmitted disease by 40%.²⁹⁹ The associated odds of contracting chronic bronchitis or emphysema increases by 60%.³⁰⁰ The odds for obesity among exposed individuals is 10–30% higher.³⁰¹ For fatal conditions such as cancer, stroke, diabetes, and

293. *Id.*; see Chartier et al., *supra* note 282, at 847; Felitti et al., *supra* note 185, at 253; Springer, *supra* note 287, at 139; Cathy Spatz Widom & Joseph B. Kuhns, *Childhood Victimization and Subsequent Risk for Promiscuity, Prostitution and Teenage Pregnancy: A Prospective Study*, 86 AM. J. PUB. HEALTH 1607, 1607 (1996).

294. Felitti et al., *supra* note 185, at 253.

295. See generally Felitti et al., *supra* note 185; Min et al., *supra* note 280.

296. See Lee et al., *supra* note 276, at 1189.

297. Chartier et al., *supra* note 282, at 847.

298. See Moffitt, *supra* note 251, at 1625.

299. See Felitti et al., *supra* note 185, at 253.

300. See *id.* at 254.

301. See *id.* at 252; Anda et al., *supra* note 185, at 178.

asthma, the probability is elevated by 20%.³⁰² The odds of hepatitis and coronary heart disease increases by 10%.³⁰³ The odds of reaching a state of disability was found to increase by at least 40%.³⁰⁴ For some categories of exposure, the odds for disability is even higher, with a 90% increase associated with parental incarceration, and 120% to 140% increase associated with direct victimization.³⁰⁵

E. Education

A large number of studies have found that Triple-C Impacted children, as a group, do not perform as well as their peers in academic settings.³⁰⁶ They are prone to scoring a lower grade point average

302. See Felitti et al., *supra* note 185, at 254; Gilbert et al., *supra* note 267, at 348.

303. See Felitti et al., *supra* note 185, at 255; Gilbert et al., *supra* note 267, at 348.

304. See Gilbert et al., *supra* note 267, at 348.

305. Sophia Miryam Schüssler-Fiorenza Rose et al., *Adverse Childhood Experiences and Disability in U.S. Adults*, 6 PM&R 1, 19 (2014).

306. See Allwood & Spatz Widom, *supra* note 209, at 552; Joseph M. Boden et al., *Exposure to Childhood Sexual and Physical Abuse and Subsequent Educational Achievement Outcomes*, 31 CHILD ABUSE & NEGLECT 1101, 1101 (2007); Larissa A. Borofsky et al., *Community Violence Exposure and Adolescents' School Engagement and Academic Achievement over Time*, 3 PSYCHOL. VIOLENCE 381, 381 (2013); Natasha K. Bowen & Gary L. Bowen, *Effects of Crime and Violence in Neighborhoods and Schools on the School Behavior and Performance of Adolescents*, 14 J. ADOLESCENT RES. 319, 319 (1999); Nadine J. Burke et al., *The Impact of Adverse Childhood Experiences on an Urban Pediatric Population*, 35 CHILD ABUSE & NEGLECT 408, 412 (2011); Herbert C. Covey et al., *Effects of Adolescent Physical Abuse, Exposure to Neighborhood Violence, and Witnessing Parental Violence on Adult Socioeconomic Status*, 18 CHILD MALTREATMENT 85, 85 (2013); Currie & Spatz Widom, *supra* note 25, at 111; Dallaire, *supra* note 80, at 15; Holly Foster & John Hagan, *The Mass Incarceration of Parents in America: Issues of Race/Ethnicity, Collateral Damage to Children, and Prisoner Reentry*, 623 ANNALS AM. ACAD. POL. SOC. SCI. 179, 179 (2009); Christopher C. Henrich et al., *The Association of Community Violence Exposure with Middle-School Achievement: A Prospective Study*, 25 APPLIED DEVELOPMENTAL PSYCHOL. 327, 327 (2004); Hallam Hurt et al., *Exposure to Violence: Psychological and Academic Correlates in Child Witnesses*, 155 ARCHIVES PEDIATRICS ADOLESCENT MED. 1351, 1351 (2001); Alissa C. Huth-Bocks et al., *The Direct and Indirect Effects of Domestic Violence on Young Children's Intellectual Functioning*, 16 J. FAM. VIOLENCE 269, 283 (2001); Manuel E. Jimenez et al., *Adverse Experiences in Early Childhood and Kindergarten Outcomes*, 137 PEDIATRICS 1, 1 (2016); Johnson, *supra* note 80, at 195; Lisa R. Kiesel et al., *The Relationship Between Child Maltreatment, Intimate Partner Violence Exposure, and Academic Performance*, 10 J. PUB. CHILD WELFARE 434, 435 (2016); Stephen J. Lepore & Wendy Kliewer, *Violence Exposure, Sleep Disturbance, and Poor Academic Performance in Middle School*, 41 J. ABNORMAL CHILD PSYCHOL. 1179, 1184 (2013); Luster et al., *supra* note 224, at 1324 (2002); Macmillan & Hagan, *supra* note 186, at 152; Mears & Siennick, *supra* note 225, at 3; Metzler et al., *supra* note 186, at 144; Cho, *supra* note 80, at 273; Murray & Farrington, *supra* note 186, at 170; Murray et al., *supra* note 80, at 175; Niclas Olofsson et al., *Physical and Psychological Symptoms and Learning Difficulties in Children of Women Exposed*

(GPA), poorer reading and math skills, school disengagement, slower academic progress, and grade incompleteness.³⁰⁷ This effect was found to carry on to adulthood and higher education settings.³⁰⁸ The changes in brain structures and disruptions of the homeostasis of stress-biology systems that result from traumatic exposure to crime affect cognitive capacities, and therefore explain the elevated risk for inferior educational outcomes.³⁰⁹ Reduced cognitive capacities due to exposure impact skills integral to the learning process, such as memory, attention, concentration, executive functions, visual-spatial perceptual reasoning, and verbal comprehension.³¹⁰ Furthermore, children affected by the Triple-C Impact were shown to have deficits in the omnibus IQ.³¹¹ When controlling for alternative explanatory factors, studies found that affected children scored on average five to ten IQ points lower than peers in their cohort.³¹² This gap was shown

and Non-Exposed to Violence: A Population-Based Study, 56 INT'L J. PUB. HEALTH 89, 91 (2011); Stacy Overstreet & Shawnee Braun, *A Preliminary Examination of the Relationship Between Exposure to Community Violence and Academic Functioning*, 14 SCH. PSYCHOL. Q. 380, 380 (1999); Cynthia M. Perez & Cathy Spatz Widom, *Childhood Victimization and Long-Term Intellectual and Academic Outcomes*, 18 CHILD ABUSE & NEGLECT 617, 626 (1994); David Schwartz & Andrea Hopmeyer Gorman, *Community Violence Exposure and Children's Academic Functioning*, 95 J. EDUC. PSYCHOL. 163, 163 (2003); Tracy Vaillancourt & Patricia McDougall, *The Link Between Childhood Exposure to Violence and Academic Achievement: Complex Pathways*, 41 J. ABNORMAL CHILD PSYCHOL. 1177, 1177 (2013); Valerie McGaha-Garnett, *The Effects of Violence on Academic Progress and Classroom Behavior: From a Parent's Perspective*, VISTAS ONLINE (2013), https://www.counseling.org/docs/default-source/vistas/the-effects-of-violence-on-academic-progress-and-classroom-behavior.pdf?sfvrsn=1828de3f_12 [<https://perma.cc/YFE8-J7GE>]; Leila Morsy & Richard Rothstein, *Mass Incarceration and Children's Outcomes: Criminal Justice Policy Is Education Policy*, ECON. POL'Y INST. (Dec. 15, 2016), <https://www.epi.org/publication/mass-incarceration-and-childrens-outcomes/> [<https://perma.cc/PT24-ZJX9>].

307. See *supra* note 306 and accompanying text.

308. *Id.*

309. See McGaha-Garnett, *supra* note 306, at 2; Moffitt, *supra* note 251, at 1625; Wilson et al., *supra* note 190, at 89.

310. See Moffitt, *supra* note 251, at 1625–26.

311. See *id.* at 1625; Wilson et al., *supra* note 190, at 93. See generally Normand J. Carrey et al., *Physiological and Cognitive Correlates of Child Abuse*, 34 J. AM. ACAD. CHILD & ADOLESCENT PSYCHIATRY 1067 (1995); Virginia Delaney-Black et al., *Violence Exposure, Trauma, and IQ and/or Reading Deficits Among Urban Children*, 156 ARCHIVES PEDIATRIC & ADOLESCENT MED. 280–95 (2002); Karestan C. Koenen et al., *Domestic Violence Is Associated with Environmental Suppression of IQ in Young Children*, 15 DEV. & PSYCHOPATHOLOGY 297 (2013).

312. See Moffitt, *supra* note 251, at 1626; see also Koenen et al., *supra* note 311, at 297.

to remain, or even to increase, as exposed children approach adulthood.³¹³

Another variable that explains the lower academic performances of Triple-C Impacted children is the higher rate of psychological distress, PTSD, depression, and anxiety among affected children.³¹⁴ Amongst the common symptoms of such internalizing conditions are sleep disturbances, intrusive thoughts, difficulties in controlling negative emotions, decreased feelings of self-efficacy, loss of energy, decreased motivation, impaired concentration and memory, as well as persistent worrying and fearfulness.³¹⁵ Additionally, children exposed to crime are more likely to exhibit lack of interest in social activities, have lower self-esteem, develop damaged perceptions of agency and self-efficacy, avoid peer relations, maintain unhealthy relationships, and practice increased rebellion through defiant behaviors in the school environment.³¹⁶ These psychological and social outcomes of exposure to crime impair the child's ability to learn and function in the classroom, and the desire to invest in future-oriented activities such as excelling at school.³¹⁷

In parallel, the prevalence of externalizing conditions that result from exposure to crime and violence also have a critical effect.³¹⁸

313. See Moffitt, *supra* note 251, at 1626; Wilson et al., *supra* note 190, at 93.

314. Borofsky et al., *supra* note 306, at 383; see also Tara Mathews et al., *Effects of Exposure to Community Violence on School Functioning: The Mediating Role of Posttraumatic Stress Symptoms*, 47 BEHAV. RES. & THERAPY 586, 586 (2009).

315. See Schwartz & Hopmeyer Gorman, *supra* note 306, at 164. See also Borofsky et al., *supra* note 306, at 383; Lynch & Cicchetti, *supra* note 59, at 243; Margolin & Gordis, *supra* note 5, at 446; Pedro Martinez & John E. Richters, *The NIMH Community Violence Project: II. Children's Distress Symptoms Associated with Violence Exposure*, 56 PSYCHIATRY INTERPERSONAL & BIOLOGICAL PROCESSES 22, 28 (1993).

316. See McGaha-Garnett, *supra* note 306, at 3.

317. Ross Macmillan, *Adolescent Victimization and Income Deficits in Adulthood: Rethinking the Costs of Criminal Violence from a Life-Course Perspective*, 38 CRIMINOLOGY 553, 559 (2000) (“[T]he most immediate consequence of violent victimization is diminished investments in education. Such investments include educational aspirations, the amount of education that one hopes to attain, and the time and energy devoted to schoolwork. As these investments are explicitly purposive and future-oriented, diminished perceptions of agency and self-efficacy stemming from criminal victimization should limit educational investments.”); see, e.g., Borofsky et al., *supra* note 306, at 382; Michele Cooley-Quille & Raymond Lorion, *Adolescents' Exposure to Community Violence: Sleep and Psychophysiological Functioning*, 27 J. COMMUNITY PSYCHOL. 367, 386 (1999); Kliewer & Sullivan, *supra* note 58, at 860; Margolin & Gordis, *supra* note 5, at 449; McGaha-Garnett, *supra* note 306, at 2; Macmillan & Hagan, *supra* note 186, at 131.

318. See, e.g., Borofsky et al., *supra* note 306, at 391; Delaney-Black et al., *supra* note 311, at 285; Schwartz & Hopmeyer Gorman, *supra* note 306, at 171; Dexter R. Voisin et al., *Mechanisms Linking Violence Exposure and School Engagement*

Externalizing disorders involve intense feelings of anger, irritability, and powerful mood states, which can overwhelm children's developing capacities for self-regulation, reducing their ability to "adaptively modulate emotion, attention, and behavior."³¹⁹ Externalized conditions are characterized by behaviors that, under normal circumstances, are defined as "disruptive" and are not welcomed or acceptable in the classroom, such as aggression, hyperactivity, temper tantrums, and frequent fighting.³²⁰ Indeed,

[i]t seems likely that children who experience problems with behavioral control will have difficulty negotiating the academic demands of school. Children who are impulsive, hyperactive, or easily distracted will find it hard to stay on task in the classroom and remain engaged in schoolwork over long periods of time. Aggressive or noncompliant behavior might also interfere with a child's functioning in the classroom.³²¹

There is also a powerful connection between social relationships and success in academic settings. As discussed above, children exposed to crime struggle to create mainstream social relationships, and subsequently develop inclinations towards deviant peer groups. Such deviant relationships can exacerbate school disengagement.³²² Additionally, the use of alcohol or drugs in an effort to cope and achieve immediate relief for the symptoms of distress, which is more likely for children exposed to crime, will aggravate the problem even further. Indeed, some researchers have observed a cyclical

Among African American Adolescents: Examining the Roles of Psychological Problem Behaviors and Gender, 81 AM. J. ORTHOPSYCHIATRY 61, 61 (2011).

319. Schwartz & Hopmeyer Gorman, *supra* note 306, at 164.

320. See, e.g., Schwartz & Hopmeyer Gorman, *supra* note 306, at 164; McGaha-Garnett, *supra* note 306, at 3; Voisin et al., *supra* note 318, at 61.

321. Schwartz & Hopmeyer Gorman, *supra* note 306, at 164; see also John D. Coie & Gina Krehbiel, *Effects of Academic Tutoring on the Social Status of Low-Achieving, Socially Rejected Children*, 55 CHILD DEV. 1465, 1466 (1984); David Schwartz & Laura J. Proctor, *Community Violence Exposure and Children's Social Adjustment in the School Peer Group: The Mediating Roles of Emotion Regulation and Social Cognition*, 68 J. CONSULTING & CLINICAL PSYCHOL. 670, 671 (2000); Ann Shields et al., *The Development of Emotional and Behavioral Self-Regulation and Social Competence Among Maltreated School-Age Children*, 6 DEV. & PSYCHOPATHOLOGY 57, 58 (1994). See generally Alice W. Pope & Karen L. Bierman, *Predicting Adolescent Peer Problems and Antisocial Activities: The Relative Roles of Aggression and Dysregulation*, 35 DEV. PSYCHOL. 335 (1999).

322. Borofsky et al., *supra* note 306, at 390; see Todd I. Herrenkohl et al., *Developmental Risk Factors for Youth Violence*, 26 J. ADOLESCENT HEALTH 176, 177 (2000); Yibing Li & Richard M. Lerner, *Trajectories of School Engagement During Adolescence: Implications for Grades, Depression, Delinquency, and Substance Use*, 47 DEV. PSYCHOL. 233, 233 (2011).

deleterious pattern: exposure to violence places adolescents at risk of becoming disengaged at school, and children “who perform poorly in school may spend more time on the streets and associating with delinquent peers which, in turn, may create more circumstances to be exposed to violence.”³²³

Lastly, it is of note that even without an official mental health diagnosis, the experience of exposure to crime and violence is tantalizing. Especially when not treated and processed, the exposure is likely to preoccupy young minds and divert focus and attention away from taught curriculum. Additionally, the instability associated with many of the Triple-C Impact categories, particularly parental incarceration and exposure to family violence, can severely affect school attendance, the ability to complete school assignments, and exam preparation.³²⁴ This is another route by which exposure to crime inevitably affects academic performance — the snowball only grows larger.

The range of scientific studies investigating the effect of the Triple-C Impact on education yields several interesting findings. Exposure is associated with an increase in odds of suffering from Attention Deficit Hyperactivity Disorder (ADHD); the effect ranges from 40% increase for children affected by parental incarceration to 63% for children affected by direct victimization.³²⁵ Another study estimates the attributed increase in odds of having an attention disorder at 90% when compared to non-exposed children.³²⁶ Triple-C Impact exposure is correlated to a 50% increase in the odds of having poor language and literacy skills, and 60% for poor math skills.³²⁷ The Triple-C Impact was also found to be associated with a 30% to 45% decrease in the odds of graduating from high school.³²⁸

323. Borofsky et al., *supra* note 306, at 382; *see also* Herrenkohl et al., *supra* note 322, at 178; Li & Lerner, *supra* note 322, at 280.

324. *See* Delaney-Black et al., *supra* note 311, at 280; Hurt et al., *supra* note 306, at 1354. *See generally* Macmillan & Hagan, *supra* note 186.

325. Tenah K.A. Hunt et al., *Adverse Childhood Experiences and Behavioral Problems in Middle Childhood*, 67 CHILD ABUSE & NEGLECT 391, 399 (2017) (finding no effect on children exposed to family violence).

326. Jimenez et al., *supra* note 306, at 6.

327. *Id.* at 5.

328. *See* Allwood & Spatz Widom, *supra* note 209, at 568; Lansford et al., *supra* note 219, at 240; Mears & Siennick, *supra* note 225, at 21.

F. Economic Well-Being

It is well documented that the Triple-C Impact is most prevalent among children coming from lower socioeconomic backgrounds.³²⁹ However, there is strong evidence that even when controlling for background and other covariates, exposure to violence in childhood can lead to diminished economic well-being in adulthood.³³⁰ This is detected in higher rates of unemployment, income deficit, higher rates of poverty and homelessness, higher utilization of social services, lower rates of health care coverage and a greater reliance on Medicaid.³³¹

The process of socioeconomic success is considered a life-course phenomenon, built sequentially through life's stages.³³² The pathways leading from Triple-C exposure to diminished economic well-being in adulthood serve as a culmination of the snowball effect, and demonstrate the power of the metaphor — the Triple-C Impact snowball grows from the host of adverse outcomes outlined throughout this section.

Socioeconomic well-being is most directly impacted by the detrimental effects of

329. See Currie & Spatz Widom, *supra* note 28, at 117. See generally Holly Foster et al., *Poverty/Socioeconomic Status and Exposure to Violence in the Lives of Children and Adolescence*, THE CAMBRIDGE HANDBOOK OF VIOLENT BEHAVIOR AND AGGRESSION (Daniel J. Flannery et al. eds., 2007); Deborah Gorman-Smith & Patrick Tolan, *The Role of Exposure to Community Violence and Developmental Problems Among Inner-City Youth*, 10 DEV. & PSYCHOPATHOLOGY 101 (1998).

330. See Macmillan & Hagan, *supra* note 186, at 131–32. See generally Macmillan, *supra* note 317; Metzler et al., *supra* note 186; Allwood & Spatz Widom, *supra* note 209; David S. Zielinski, *Child Maltreatment and Adult Socioeconomic Well-Being*, 33 CHILD ABUSE & NEGLECT 666 (2009); Covey et al., *supra* note 306; Murray & Farrington, *supra* note 186; Randy A. Sansone et al., *Five Forms of Childhood Trauma: Relationships with Employment in Adulthood*, 36 CHILD ABUSE & NEGLECT 676 (2012); Currie & Spatz Widom, *supra* note 25; Yong Liu et al., *Relationship Between Adverse Childhood Experiences and Unemployment Among Adults from Five US States*, 48 SOC. PSYCHIATRY & PSYCHIATRIC EPIDEMIOLOGY 357 (2013); Will Dobbie et al., *The Intergenerational Effects of Parental Incarceration* (The National Bureau of Economic Research, NBER Working Paper No. 24186, 2018), <https://www.princeton.edu/~wdobbie/files/parentspillovers.pdf> [<https://perma.cc/HY87-F9PR>]; Mears & Siennick, *supra* note 225; Foster & Hagan, *supra* note 306.

331. *Id.* See Zielinski, *supra* note 330, at 674 (“The results additionally showed maltreatment to be associated with lower rates of health care coverage and a greater reliance on Medicaid.”). See generally Wildeman, *supra* note 84.

332. See generally Macmillan & Hagan, *supra* note 186; Glen H. Elder, *Models of the Life Course*, 21 CONTEMP. SOC. 632 (1992).

Triple-C Impact on education,³³³ which often leads to employment and thus to a steady income.³³⁴ Exposure undermines academic performance and potential educational achievement, which has a bearing on the odds of successful participation in the labor force, stability of employment over time and occupational status; all of these factors directly impact, if not determine, future earnings and economic productivity.³³⁵ In fact, studies estimate that each additional year of education increases potential annual income by approximately \$1,500.³³⁶

The increased risk for poor mental and physical health among Triple-C Impacted children is also an important factor for socioeconomic stability.³³⁷ The debilitating symptoms of health conditions can affect one's ability to participate in the labor force and to maintain a stable position over time, as well as potentially limiting the type of jobs one can take on.³³⁸ As such, adverse health consequences of exposure to crime inevitably have a negative effect on earning capacity. Moreover, involvement in risky behaviors such as criminal offending and illicit substance abuse can affect

333. See generally Zielinski, *supra* note 330; Macmillan & Hagan, *supra* note 186, at 152.

334. See generally WILLIAM H. SEWELL & ROBERT M. HAUSER, EDUCATION, OCCUPATION, AND EARNINGS: ACHIEVEMENT IN EARLY CAREER (1975); W. Norton Grubb, *Postsecondary Education and the Sub-Baccalaureate Labor Market: Corrections and Extensions*, 14 ECON. EDUC. REV. 285 (1995); Metzler et al., *supra* note 186; Macmillan & Hagan, *supra* note 186; Avshalom Caspi et al., *Continuities and Consequences of Interactional Styles Across the Life Course*, 57 J. PERSONALITY 375 (1989); Currie & Spatz Widom, *supra* note 25; Liu et al., *supra* note 330; Orley Ashenfelter & Cecilia Rouse, *Income, Schooling, and Ability: Evidence from a New Sample of Identical Twins*, 113 Q.J. ECON. 253 (1998); Stacey Berg Dale & Alan B. Krueger, *Estimating the Payoff to Attending a More Selective College: An Application of Selection on Observables and Unobservables*, 117 Q.J. ECON. 1491 (2002); JENNIFER CHEESEMAN DAY & ERIC C. NEWBERGER, U.S. CENSUS BUREAU, THE BIG PAYOFF: EDUCATIONAL ATTAINMENT AND SYNTHETIC ESTIMATES OF WORK-LIFE EARNINGS (2002), <https://www.census.gov/prod/2002pubs/p23-210.pdf> [<https://perma.cc/V4RZ-7F8H>].

335. See generally SEWELL & HAUSER, *supra* note 334; Zielinski, *supra* note 330; Ashenfelter & Rouse, *supra* note 334; Dale & Krueger, *supra* note 334; DAY & NEWBERGER, *supra* note 334; Macmillan & Hagan, *supra* note 186; Grubb, *supra* note 334.

336. Macmillan, *supra* note 317, at 570.

337. See Daniel B. Herman et al., *Adverse Childhood Experiences: Are They Risk Factors for Adult Homelessness?*, 87 AM. J. PUB. HEALTH 249, 253–54 (1997). See generally Currie & Spatz Widom, *supra* note 25; Liu et al., *supra* note 330; Metzler et al., *supra* note 186.

338. See generally Zielinski, *supra* note 330; Anne Case et al., *The Lasting Impact of Childhood Health and Circumstances*, 24 J. HEALTH ECON. 365 (2005).

employment stability and income, particularly when such behaviors lead to incarceration.³³⁹

Reduced familial and social support associated with the Triple-C Impact was also found to affect economic well-being and risk for homelessness.³⁴⁰ The family and close social circle are important potential sources of assistance to individuals in trouble — absent these, there is a higher probability for financial struggles to deteriorate until they reach a critical point.³⁴¹ Additionally, Triple-C Impacted children were found to be “more likely to report marital disruption such as divorce and separation.”³⁴² Marital status can influence economic status in a host of ways, including the financial benefits of a two-income household, the social support and stability commonly provided through marital relationships, and the financial strains associated with divorce proceedings.³⁴³

Agnew’s General Strain theory also attempts to explain the complex relationship between the Triple-C Impact and socioeconomic status. Agnew suggests that the disjunction between culturally approved goals and one’s ability to achieve those goals through socially acceptable means can be a significant source of strain, and exposure to the Triple-C Impact may lead one to develop a variety of negative adaptations to reduce that strain.³⁴⁴ One form of adaptation, previously discussed regarding increased criminality, is “innovation” — circumstances where one maintains culturally acceptable goals, such as acquiring wealth, but opts to pursue these through illegitimate means, such as criminal behaviors.³⁴⁵ More relevant adaptations to the context of diminished economic well-being are “retreatism,” which involves rejecting both the goals and the societal norms for achieving those goals, and “ritualism,” where

339. See Zielinski, *supra* note 330, at 675–76.

340. See Herman et al., *supra* note 337, at 253. See generally Liu et al., *supra* note 330.

341. See Herman et al., *supra* note 337, at 253.

342. Liu et al., *supra* note 330, at 358; see Allwood & Spatz Widom, *supra* note 209, at 554; Covey et al., *supra* note 306, at 87; Herman et al., *supra* note 337, at 253. See generally David Finkelhor et al., *Sexual Abuse and Its Relationship to Later Sexual Satisfaction, Marital Status, Religion, and Attitudes*, 4 J. INTERPERSONAL VIOLENCE 379 (1989); Mark A. Whisman, *Childhood Trauma and Marital Outcomes in Adulthood*, 13 PERS. RELATIONSHIPS 375 (2006).

343. See Herman et al., *supra* note 337, at 253. See generally Macmillan & Hagan, *supra* note 186; Ross Macmillan, *Violence and the Life Course: The Consequences of Victimization for Personal and Social Development*, 27 ANN. REV. SOC. 1 (2001); Liu et al., *supra* note 330; Whisman, *supra* note 342.

344. See Covey et al., *supra* note 306, at 86.

345. *Id.*

individuals continue to apply socially acceptable means, but lower their aspirations and abandon “culturally approved goals for success.”³⁴⁶ To relieve the strain caused by childhood exposure to crime, a ritualist may abandon conventional goals such as income and wealth, while a retreatist would abandon not only the goals but also the means of achieving them, such as education and legitimate employment.³⁴⁷ Regardless of the chosen form of adaptation, “[b]oth retreatism and ritualism suggest reduced effort to achieve success, which would result in lower socioeconomic statuses in the form of lower levels of income, education, and other positively valued socioeconomic statuses.”³⁴⁸

Going beyond the effects of the Triple-C Impact on the individual, lower educational attainment, higher unemployment, and lower household income have a multigenerational impact.³⁴⁹ Studies show that undereducation, underemployment, and poverty have a “cyclical and intergenerational effects.” Children of parents who experience any of these conditions were found to have a “heightened risk for poor educational outcomes that result in greater risk of unemployment and lower incomes.”³⁵⁰ The Triple-C Impact can “increase the likelihood of adults living in poverty, which in turn can put their children at greater risk for remaining in poverty and experiencing lower attainment of life opportunities as adults, causing an intergenerational effect.”³⁵¹

Empirical studies indicate that the average income deficit of adults who have been affected by direct victimization during childhood can be as high as \$5,000³⁵² to \$6,000³⁵³ a year, at peak earning.³⁵⁴ The expected lifetime income loss per individual is estimated to be \$82,400.³⁵⁵ Children exposed to crime are also twice as likely to fall

346. *Id.*

347. *Id.* at 87.

348. *Id.* at 86.

349. See Metzler et al., *supra* note 186, at 146.

350. Metzler et al., *supra* note 186, at 146; see also John H. Tyler & Magnus Lofstrom, *Finishing High School: Alternative Pathways and Drop-Out Recovery*, 19 FUTURE CHILD. 77, 85 (2009). See generally Gary Solon, *Intergenerational Income Mobility in the United States*, 82 AM. ECON. REV. 393 (1992); SARAH FASS ET AL., NAT'L CTR FOR CHILDREN IN POVERTY, CHILD POVERTY AND INTERGENERATIONAL MOBILITY (2009), http://www.nccp.org/publications/pdf/text_911.pdf [<https://perma.cc/YT8C-CYE6>].

351. Metzler et al., *supra* note 186, at 146.

352. Currie & Spatz Widom, *supra* note 25, at 117.

353. Macmillan, *supra* note 317, at 570.

354. Currie & Spatz Widom, *supra* note 25, at 117.

355. Macmillan, *supra* note 317, at 574.

below the poverty line and rely on Medicaid for healthcare coverage,³⁵⁶ and 740% more likely to experience homelessness.³⁵⁷ One study estimated the annual deficit among children exposed to parental incarceration at \$2,953 during young adulthood, rather than peak earning.³⁵⁸ Several studies have found Triple-C Impact exposure to double the risk for unemployment in adulthood.³⁵⁹

G. Methodological Limitations

It is important to explain that it is statistically impossible to empirically prove a relationship of direct causation between the Triple-C Impact and the range of adverse outcomes discussed herein. The reason stems from the nature of this field, which is characterized by frequent co-occurrence of confounding factors and circumstances. Childhood crime exposure often overlaps with other serious life adversities such as poverty, social marginalization, and family dysfunctions, as well as cultural and language barriers.³⁶⁰ Furthermore, as shown above, the Triple-C Impact categories are not mutually exclusive and often coincide. That said, existing studies clearly demonstrate a strong association between the different categories of exposure and harm. The use of sophisticated statistical tools and sensitivity tests help control for competing causes of negative outcomes, and to distill the specific effect attributed to the Triple-C Impact. Nevertheless, like any social science or medical research, all the reviewed studies are affected by a range of limitations and methodical complexities.³⁶¹ Disparities in research findings can also be attributed to differences in study design, variable definitions, sample size, and characteristics, and the exact models and methodologies applied. Hence, while we must always remain conscious and mindful of these constraints and the improbability of absolute accuracy in results, the pronounced risk to children affected by the Triple-C Impact established in empirical studies requires our utmost attention and exacting investigation.

356. Zielinski, *supra* note 330, at 671.

357. Herman et al., *supra* note 337, at 252.

358. *See* Mears & Siennick, *supra* note 225, at 22.

359. *See, e.g.*, Macmillan & Hagan, *supra* note 186, at 150; Zielinski, *supra* note 330, at 671; Liu et al., *supra* note 330, at 361; Putnam, *supra* note 243, at 2 (“As adults, they [maltreated children] are twice as likely to be unemployed.”).

360. *See* Todd I. Herrenkohl et al., *Intersection of Child Abuse and Children’s Exposure to Domestic Violence*, 9 TRAUMA VIOLENCE & ABUSE 84, 89 (2008).

361. *See* Holt et al., *supra* note 12, at 798–99.

On a more technical note, it should be clarified that all the percentage figures presented in Part III of the Article reflect the increase in the odds of experiencing the different outcomes associated with the Triple-C Impact exposure. Alternative terminology was occasionally used to enhance flow and ease the reading of the text.

As clearly reflected throughout this section, the Triple-C Impact involves a complex system of reciprocal and sometimes cyclical variables. For some individuals, only one pathway will be activated. For others, several mechanisms will coalesce to create negative outcomes. It is possible, of course, that another segment of exposed children will manage to bypass all pathways and avoid negative outcomes. Gaining an understanding of these intertwining pathways is a critical step in selecting impactful strategies and devising effective solutions to the Triple-C Impact problem—to spot the snowball as close as possible to the top of the hill, bring it to an abrupt stop, and prevent the consequences of cascading deterioration. The next Part will demonstrate how such ongoing deterioration creates a spill-over effect that goes beyond the harms inflicted on individual children exposed to the violence, to adversely impacting our society as a whole.

IV. THE SPILL-OVER EFFECT

When masses of snowballs roll down the mountainside, they create an avalanche with a destructive force. In our existing reality, millions of Triple-C Impacted children across the nation, as well as adults who were impacted during childhood, are left untreated due to insufficient policies. As a result, they suffer the dire consequences that negatively affect their ability to conduct healthy and productive lifestyles. The heightened risk for criminal behavior, delinquency, substance abuse, and re-victimization among affected individuals feeds the cycle of violence and inevitably compromises community safety. The greater likelihood to experience unemployment and homelessness reduces the contribution of this sizeable group of individuals as productive members of society, and places an unnecessary strain on public funds.³⁶² Deteriorating state of physical and mental health throughout these children's lives, as explained in Part III, further aggravates the effect.

362. See, e.g., Mills, *supra* note 14, at 462; REPORT ON THE BIOPSYCHOSOCIAL CONSEQUENCES OF CHILDHOOD VIOLENCE, *supra* note 7, at 2. See generally ERICA J. ADAMS, JUST. POL'Y INST., HEALING INVISIBLE WOUNDS: WHY INVESTING IN TRAUMA-INFORMED CARE FOR CHILDREN MAKES SENSE (2010).

The financial burden created by this aggregated effect of the masses of Triple-C Impacted children is placed on the “public systems, such as child welfare, social services, the public health system, law enforcement, juvenile justice, [the departments of correction,] and, in particular, [public] education.”³⁶³ This burden is paired with the staggering loss of productivity over the children’s lifetimes, which influences tax inputs, while also disrupting the ecosystem of the market economy.³⁶⁴ Furthermore, the effect of this harmful phenomenon is destined to deepen preexisting socioeconomic gaps and inequalities, as the communities disproportionately hurt by the Triple-C Impact are those already at a disadvantage.³⁶⁵

The lack of inclusive examination of the Triple-C Impact problem in its entirety thus far prevents us from gauging the full cost of the ongoing neglect of affected children to the state and our society. Nevertheless, the existing partial economic indicators are already overwhelming.³⁶⁶ The Attorney General Task Force report has described the financial costs of the problem as “astronomical.”³⁶⁷ To provide a sense of the magnitude of the sums involved, the annual costs of the public health system alone are estimated to range from \$333 billion to \$750 billion. One study estimates the annual national costs of only direct victimization, without consideration of the four other Triple-C Impact categories, at \$94,076,882,529.³⁶⁸ Another study evaluated the average lifetime cost per victim of nonfatal child maltreatment is \$210,012 in 2010 dollars and the estimated average

363. LISTENBEE ET AL., *supra* note 25, at 5.

364. *Id.*; Zielinski, *supra* note 330, at 676.

365. *See generally* Foster et al., *supra* note 329; Herrenkohl et al., *supra* note 360.

366. *See generally* THERESA DOLEZAL ET AL., ACADEMY ON VIOLENCE & ABUSE, HIDDEN COSTS IN HEALTH CARE: THE ECONOMIC IMPACT OF VIOLENCE AND ABUSE (2009); Kathryn E. McCollister et al., *The Cost of Crime to Society: New Crime-Specific Estimates for Policy and Program Evaluation*, 108 DRUG ALCOHOL DEPENDENCE 98 (2010); Patrick Sidmore, ALASKA MENTAL HEALTH BOARD & THE ADVISORY BOARD ON ALCOHOLISM & DRUG ABUSE, ECONOMIC COSTS OF ADVERSE CHILDHOOD EXPERIENCES IN ALASKA: THE PRICE OF NOT INTERVENING BEFORE TRAUMA OCCURS, <http://dhss.alaska.gov/abada/ace-ak/Documents/ACEsEconomicCosts-AK.pdf> [https://perma.cc/VY6F-FFBX].

367. LISTENBEE ET AL., *supra* note 25, at 5.

368. SUZETTE FROMM, TOTAL ESTIMATED COST OF CHILD ABUSE AND NEGLECT IN THE UNITED STATES: STATISTICAL EVIDENCE 3 (2001).

lifetime cost per death is \$1,272,900, including \$14,100 in medical costs and \$1,258,800 in productivity losses (in 2010 dollars).³⁶⁹

Thus, a spillover effect is created that touches every facet of our society. These massive expenditures deplete limited and much needed available public resources. In fact, some researchers estimate that the Triple-C Impact phenomenon is one of the most costly public health and public safety problems in the United States today.³⁷⁰ This comes at a time when states' revenues are already stretched to their limit, as many states are facing severe budget deficits that amount to a serious fiscal crisis, and every dollar counts.³⁷¹ This burden ultimately rests on the tax-payers' shoulders, impairs fiscal efficiency, and has a significant negative bearing on the quality of life of each and every one of us.

CONCLUSIONS

Now when we imagine the steep snowy slope of the Triple-C Impact, it is no longer black and white. We can visualize the rippling transition between the initial exposure to crime that sets the snowball in motion, to the gradually accumulating stress and strain, to alterations in cerebral neurobiology, to psychological distress and poor mental health, to self-medication through substance abuse in searching for relief of the unbearable pain. We can imagine the transition from extreme anger and frustration, to aggression and socially maladaptive interaction with peers, to gravitation towards marginalized social groups, resulting in the adoption of delinquent and deviant behaviors. The snowball passes from distraction and inability to focus, to disinterest in school and difficulties to excel academically, to dropping out of school, struggling to integrate in the workforce or to maintain a stable job, to financial strain coupled with

369. Xiangming Fang et al., *The Economic Burden of Child Maltreatment in the United States and Implications for Prevention*, 36 CHILD ABUSE & NEGLECT 156 (2012).

370. REPORT ON THE BIOPSYCHOSOCIAL CONSEQUENCES OF CHILDHOOD VIOLENCE, *supra* note 7, at 2; ADAMS, *supra* note 362, at 33.

371. *See generally American States Face a Revenue Crisis*, ECONOMIST (Apr. 7, 2018), <https://www.economist.com/united-states/2018/04/07/american-states-face-a-revenue-crisis> [<https://perma.cc/66T7-79KJ>]; ELIZABETH MCNICHOL & SAMANTHA WAXMAN, CTR. ON BUDGET & POL'Y PRIORITIES, STATES FACED REVENUE SHORTFALLS IN 2017 DESPITE GROWING ECONOMY: POLICYMAKERS CAN TAKE STEPS TO STRENGTHEN THEIR TAX SYSTEMS AND RESERVES (Oct. 2017); NAT'L ASSOC. OF STATE BUDGET OFFICERS, SUMMARY: FALL 2017 FISCAL SURVEY OF STATES (Dec. 14, 2017), https://higherlogicdownload.s3.amazonaws.com/NASBO/9d2d2db1-c943-4f1b-b750-0fca152d64c2/UploadedImages/Issue%20Briefs%20Summary_-_Fall_2017_Fiscal_Survey.pdf [<https://perma.cc/642E-BXPY>].

a lack of social or familial sources of assistance and support, finally ending in homelessness. Throughout this long, unwinding slope, there are broken gates that let the snowball pass through — deficient policies that rely on political intuition rather than on true understanding of the unique needs of children and the processes they go through once experiencing traumatized exposure to crime. These policies fail to halt the rapidly rolling snowballs. We can imagine the missed opportunities for intervention that could have stopped the snowball in its tracks.

When we have a better understanding of that steep slope, we are better equipped to fortify those gates. For example, since accumulating psychological distress appears to be at the heart of many of the cascading Triple-C Impact outcomes, early identification and provision of trauma-informed cognitive therapy is essential. This can help children process their trauma, equip them with techniques to relieve unbearable stress, and channel them towards positive and constructive coping mechanism. Social isolation is another gate that can be closed through a host of methods: providing behavioral therapy, assisting exposed children in developing skills to generate positive interpersonal interaction, demonstrating alternatives to aggression, helping exposed children regain trust in relationships, and reinforcing the importance of engagement in education. As can be inferred from the volume of evidence presented in this Article, the higher up on the hill we position these reinforced gates, the greater the likelihood of effectively stopping the rolling snowball before it grows too large. A delayed response, when the snowball nears the bottom of the hill, will require costlier and less effective approaches such as substance rehabilitation or complex medical treatment for debilitating mental and physical health conditions.

Efforts must focus on gaining an understanding of the full societal value of investment in early identification of children plagued by the Triple-C Impact, followed by effective intervention. This full understanding necessarily calls for considerations beyond the undisputable life-changing benefits for individual children affected by the Triple-C Impact. It would entail assessing the dollar values of the many adverse outcomes discussed in this Article. These financial figures would have to be amalgamated with the exposure prevalence data presented here, and the risk percentages extracted from empirical studies, in order to provide the most accurate and comprehensive quantification of the short- and long-term economic loss to the state and our society due to the existing statutory gaps and ineffective response to the Triple-C Impact problem.

Once these “wasted” resources are identified, they can then be compared against the costs of developing an effective infrastructure of identification and intervention. This is likely a hidden goldmine, where investment in effective recourse and early-intervention will not only improve the lives and well-being of millions of children, but also provide an almost unparalleled opportunity for savings on fiscal and social costs. Since the muffled cries of millions of children across the nation have yet to motivate policy-makers to act, maybe money will talk on their behalf.

APPENDIX: 50-STATE SURVEY RESULTS

Table 1: State-by-State Triple-C Impact Statutory Recognition by Category (as of 2016)

The table catalogs which of the Triple-C Impact categories are statutorily recognized in each of the fifty states and the District of Columbia. The table presents the results in a 0/1 form. “1” is logged where the state’s law recognizes the category and provides eligibility for therapeutic services or compensation for children under the category. “0” is logged when there is no statutory recognition for the category in the state. Blank logs were placed when information was unavailable.

STATE	Direct Victims: Child Specific Victim Rights Act\Provision	Family Violence	Community Violence	Parental Victimization	Parental Incarceration	Data on Parental status of Inmates	Total
Alabama	0	1	0	1	0	1	3
Alaska	0	1	1	1	0	0	3
Arizona	0	1	0	0	1		2
Arkansas	0	1	0	1	0	0	2
California	0	1	1	1	0	0	3
Colorado	1	1	0	1	0	0	3
Connecticut	0	1	0	1	0	1	3
Delaware	1	1	0	1	1	0	4
Florida	0	1	1	0	0	1	3
Georgia	0	1	1	1	0	1	4
Hawaii	0	0	0	0	0	1	1
Idaho	0	1	0	1	0	0	2
Illinois	0	1	1	1	0	1	4
Indiana	0	0	0	0	0	0	0
Iowa	0	1	0	1	0	1	3
Kansas	0	1	0	1	0	0	2
Kentucky	0	1	1	1	0		3
Louisiana	0	1	0	1	0	0	2
Maine	0	1	0	0	0		1
Maryland					0	0	0
Massachusetts	0	1	0	0	0		1
Michigan	0	1	0	1	0	0	2

Minnesota	1	1	1	1	0		4
Mississippi	1	1	1	1	0		4
Missouri	0	1	0	1	0	1	3
Montana	0	1	1	0	0	0	2
Nebraska	0	1	1	0	0		2
Nevada	0	1	1	0	0	1	3
New Hampshire	0	1	0	1	0	1	3
New Jersey	0	1	0	1	0	1	3
New Mexico	0	1	1	1	0	1	4
New York	1	1	1	1	0	1	5
North Carolina	0	0	0	0	0	1	1
North Dakota	1	1	1	0	0		3
Ohio	0	1	0	0	0	1	2
Oklahoma	0	1	0	0	0	0	1
Oregon	0	1	1	0	0	1	3
Pennsylvania	1	1	1	1	0		4
Rhode Island	1	0	0	0	0	0	1
South Carolina	0	1	1	1	0	1	4
South Dakota	0	1	1	1	0		3
Tennessee	0	1	0	0	0	0	1
Texas	0	1	0	1	0	0	2
Utah	1	1	0	1	0	1	4
Vermont	0	1	1	1	1	0	4
Virginia	0	1	0	0	0	0	1
Washington	1	1	1	0	0	1	4
West Virginia	0	1	1	1	0	0	3
Wisconsin	1	0	0	0	0	1	2
Wyoming	0	1	1	1	0	1	4
Washington DC	0	1	0	1	0		2
Total	11	45	22	31	3	21	Average 2.61