



Testimony Opposing S.B. 453: An Act Concerning Classroom Safety and Disruptive Behavior

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Education Committee
March 14, 2018

Senator Slossberg, Senator Boucher, Representative Fleischmann, Representative Lavielle, and esteemed members of the Education Committee:

We are submitting testimony today on behalf of Connecticut Voices for Children, a research-based child advocacy organization working to ensure that all Connecticut children have an equitable opportunity to achieve their full potential. Thank you for this opportunity to submit testimony in opposition of S.B. 453: An Act Concerning Classroom Safety and Disruptive Behavior.

S.B. 453 would require that boards of education update school climate plans to address issues of “daily classroom safety.” The bill defines “daily classroom safety” as: “a classroom environment in which students and school employees are not assaulted, harassed, verbally abused or physically harmed by other students, school employees or parents, or exposed to such assault, harassment, verbal abuse or physical harm.” The bill also specifies that schools should address issues of repeated “daily classroom safety” violations through counseling, mental health services, and/or discipline. **We are concerned regarding the subjective nature of the definition of “daily classroom safety” as well as by the use of mental health services as a form of punishment.**

For a decade, Connecticut Voices for Children has conducted research on school climate and discipline with a particular focus on reducing racial and ethnic disparities in school discipline. During this decade, Connecticut has drastically reduced its use of exclusionary discipline from 11 percent of Connecticut students experiencing a suspension or expulsion in the 2007-2008 school year¹ to less than 7 percent of Connecticut students experiencing a suspension or expulsion in the 2015-2016 school year.² Despite this reduced reliance on exclusionary discipline, significant racial and ethnic

¹ Connecticut State Department of Education. (2009). “The Condition of Education in Connecticut.” Retrieved from: <http://edsight.ct.gov/relatedreports/Condition%20of%20Education%202007-08.pdf>

² Connecticut State Department of Education. (2016). “The Condition of Education in Connecticut: 2015-2016.” Retrieved from: <http://edsight.ct.gov/relatedreports/Condition%20of%20Education%202015-16.pdf>

disparities in the use of exclusionary discipline remain. Suspension rates are more than four times as high for Black students as for White students³ and 2.67 times as high for Latino students as for White students.⁴

We are concerned that **the vagueness of the definition of “daily classroom safety” will exacerbate racial and ethnic disparities in school discipline.** Terms including “assaulted,” “verbally abused,” and “harassed” have a wide range of definitions that are subject to the viewpoint and biases of teachers and administrators. In many cases, these subjective interpretations contribute to racial and ethnic disparities in discipline. Although there is evidence that Black and Latino students do not misbehave more frequently than White students,⁵ they are punished more harshly for subjective offences⁶ such as those encompassed within the current definition of “daily classroom safety.”

Research has long supported the need for culturally informed definitions of behavioral health needs and has established that there exists a wide variety of definitions of what behavior is/is not “acceptable” within different communities in the United States.⁷ A sense of safety is both subjective and determined by one’s family and community context. This proposed bill risks treating students’ behavior as a cause for isolation and punishment rather than as an opportunity for these students to learn and adapt to a teacher’s set of classroom norms and for teachers to learn about cultural norms that differ based on students’ backgrounds.⁸ Established school-based interventions to address children’s behavioral health needs call for multicultural awareness and competency to address the implicit biases of students and teachers.⁹

While educators can be provided with the necessary skills to identify and address the conscious biases that they may have, implicit biases still can have an impact on decisions¹⁰ to report students for disrupting “daily classroom safety,” especially when the definition is unclear. Thus, implicit bias

³ Stokes Hudson, Camara. (2018). “The Black-White Education Gap in Connecticut: Indicators of Inequality in Access and Outcomes.” *Connecticut Voices for Children*. Retrieved from: <http://www.ctvoices.org/publications/black-white-education-gap-connecticut-indicators-inequality-access-and-outcomes>

⁴ Connecticut State Department of Education. (2016). “The Condition of Education in Connecticut: 2015-2016.” Retrieved from: <http://edsight.ct.gov/relatedreports/Condition%20of%20Education%202015-16.pdf>

⁵ Skiba, R. J., & Williams, N. T. (2014). Are Black kids worse? Myths and facts about racial differences in behavior. *The Equity Project at Indiana University*.

⁶ Skiba, Russel J, et al. (200). The Color of Discipline: Sources of Race and Gender Disproportionality in School Punishment. *Indiana Education Policy Center*. Retrieved from: www.indiana.edu/~equity/docs/ColorOfDiscipline.pdf

⁷ For example, see: American Psychological Association. (2015). “In search of cultural competence.” Retrieved from: <http://www.apa.org/monitor/2015/03/cultural-competence.aspx> and Bourgois, P. (2003). In Search of Respect: Selling Crack in El Barrio (Structural Analysis in the Social Sciences). *Cambridge University Press*.

⁸ Wallace Jr, J. M., Goodkind, S., Wallace, C. M., & Bachman, J. G. (2008). “Racial, ethnic, and gender differences in school discipline among US high school students: 1991-2005.” *The Negro educational review*, 59(1-2), 47-63. Retrieved from: [https://s3.amazonaws.com/academia.edu.documents/33548997/monroe-libre.pdf?AWSAccessKeyId=AKIAIWOWYYGZ2Y53UL3A&Expires=1520995958&Signature=sOvedQUr4r0Tm%2BG%2Bi6u2SFuk3g%3D&response-content-](https://s3.amazonaws.com/academia.edu.documents/33548997/monroe-libre.pdf?AWSAccessKeyId=AKIAIWOWYYGZ2Y53UL3A&Expires=1520995958&Signature=sOvedQUr4r0Tm%2BG%2Bi6u2SFuk3g%3D&response-content-disposition=inline%3B%20filename%3DUnderstanding_the_discipline_gap_through.pdf)

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⁹ Connecticut School Based Diversion Initiative. (2013) “The SBDI Toolkit: A Community Resource for Reducing School Based Arrests.” Retrieved from: <https://www.chdi.org/publications/resources/sbdi-toolkit-community-resource-reducing-school-based-arrests/>

¹⁰ For examples, see: Wald, J. (2014). “Can ‘De-Biasing’ Strategies Help to Reduce Racial Disparities In School Discipline.” Retrieved from: www.indiana.edu/~atlantic/wpcontent/uploads/2014/03/Implicit-Bias_031214.pdf, and Gilliam, W. S., Maupin, A., Chin, R. et al (2016). “Do Early Educators’ Implicit Biases Regarding Sex and Race Relate to Behavior Expectations and Recommendations of Preschool Expulsions and Suspensions?” Issue brief. *Yale University Child Study Center*. Retrieved from: http://ziglercenter.yale.edu/publications/Preschool%20Implicit%20Bias%20Policy%20Brief_final_9_26_276766_5379.pdf

combined with the ambiguity created by this definition may contribute to the overrepresentation of Black and Latino students in school disciplinary actions.

Furthermore, social and emotional learning, including how one's behavior makes peers and teachers feel, is a key part of education for *all* students—not just those who are in trouble. **A loose definition of behavior that "violates classroom safety" and that is linked to punishment may result in missed opportunities for teaching/learning and may create a school environment in which behavioral health services are seen as a punishment.**

Behavioral health services can help students and teachers address perceived classroom disruptions in a manner that promote long-term success for children. Effective, evidence-based strategies for addressing students' behavioral health needs are widely available and already being integrated in some school districts. The Child Health and Development Institute of Connecticut (CHDI) has provided research, training, and tools for schools engaged in integrating approaches to identifying and addressing children's behavioral health needs. Two of the relevant projects include Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and the School-Based Diversion Initiative.¹¹ These efforts are grounded in national research¹² and help schools identify and address the behavioral health needs of children in grades K-12 whether related to trauma, substance use, or other concerns. These projects offer training in recognizing trauma, managing behavior in the classroom, and modifying discipline policies to meet the needs of all students.¹³ In addition, the Connecticut Association of School Based Health Centers works to destigmatize access to mental health services, particularly for boys who are Black and Latino boys—who are less likely to seek services due to cultural stigma.¹⁴ Increasing the integration of these evidence-based methods of reducing exclusionary discipline and addressing children's mental health needs would increase classroom safety for all staff and children while promoting lifelong success for children whose behavior might be deemed a "violation of classroom safety."

For these reasons, Connecticut Voices for Children opposes S.B. 453. The authors of this testimony are happy to answer further questions and can be reached at lruth@ctvoices.org or (203)498-4240.

¹¹ Child Health and Development Institute of Connecticut. (2016). "Issue Brief: Cognitive Behavioral Intervention for Trauma in Schools." Retrieved from: <https://www.chdi.org/index.php/publications/issue-briefs/issue-brief-44>

¹² <https://cbitsprogram.org/>

¹³ Child Health and Development Institute of Connecticut. (2017). "Issue Brief: From Suspension to Support in the Early Grades." Retrieved from: <https://www.chdi.org/publications/issue-briefs/issue-brief-57-suspension-support-early-grades/>

¹⁴ Connecticut Association of School Based Health Centers. (2012). "Issue Brief: Connecticut School Based Health Centers Engage African American and Latino Males in Mental Health Services." Retrieved from: https://www.cthealth.org/wp-content/uploads/2011/04/IssueBrief_web2-Final.pdf