

EPISODE 4: WOUNDED PLACES: Confronting Childhood PTSD in America's Shell-Shocked Cities

TRANSCRIPT

TRT 42:25 MIN

00:00 Opening credits and title sequence

00:51 DVD Chapter 1: What Happened to You?

NARRATOR: Nightmares, flashbacks, hyper vigilance, depression, sudden rages, sudden sadness, mood swings...

NARRATOR: Once the public knew little about post-traumatic stress disorder. It was seeing what happened to our soldiers, in the terrible trauma of war—and the anguish that followed them home, disrupting their physical and mental health and affecting loved ones—that brought the term PTSD to public awareness. But we know now it's not just our soldiers whose lives can be overwhelmed by the symptoms of PTSD. Young people living in impoverished, urban neighborhoods across America too often suffer through similar stressors.

JAVIER ARANGO, Youth Engagement Specialist, Catholic Charities of East Bay: The first time I got shot, I thought was going to really, really, die.

CHRISTINE HENRY, Mother of two preschool-aged sons and a newborn, Philadelphia, PA: And I looked, and it was actually a body in the street, and for my kids to see that...

KENNY RAY JOHNSON, Oakland, CA: It happened so fast... They messed up my whole life.

CAHERI GUTIÉRREZ, Violence Prevention Educator & Case Manager, Youth Alive!: I have, like, high anxiety, and I just feel paranoid all the time.

JOHN RICH, MD, Professor, Drexel University School of Public Health; Director, Center for Non-Violence and Social Justice: For the young people in inner city, we actually see the full-blown syndrome of post-traumatic stress disorder or PTSD, every

bit the same syndrome that we see in returning combat veterans from places like Iraq and Afghanistan.

NARRATOR: Children and young people growing up in pockets of concentrated poverty can often be exposed to violence—personal conflict, extreme anxiety, and other adversities—as disturbing as some war zones.

RICH: If we believe that behaviors are shaped out of experience—and we know that’s how the brain develops—then we should expect that people will behave based on their experiences, and they sometimes are reacting because those experiences were traumatic. If these young people have been harmed or injured by the stress in their lives, then what they really need is healing. We have two choices. We can ask ourselves, “What’s wrong with this person?” or we can ask, “What happened to this person?”

03:30 DVD Chapter 2: Civilian Casualties

NARRATOR: In 2012, The New York Times ranked Oakland, California the fifth most desirable destination to visit in the world, between number four, London and number six, Tokyo. This city is also one of the nation’s most dangerous. The number of shootings in Oakland has risen in recent years, from 869 in 2009, to over 1,500 in 2011. These shootings are overwhelmingly concentrated in two of its most impoverished neighborhoods, East Oakland and West Oakland. The city’s economic renaissance with its new high-tech jobs, trendy boutiques, and pricey condos doesn’t reach that far.

CAHERI GUTIÉRREZ: I heard hella gunshots. I’ve never heard gunshots that close to me...

NARRATOR: Caheri Gutiérrez, age twenty-three, grew up in deep East Oakland and is now a counselor at Youth Alive!

CAHERI GUTIÉRREZ: Raise your hand if you know somebody who’s been affected by gun violence...

NARRATOR: She’s a violence prevention educator, teaching teens about conflict resolution and other safety issues. The teens she trains become leaders who go on to teach younger kids. Caheri uses her own experience to explore how exposure to trauma can trigger dramatic changes in moods and behaviors.

CAHERI GUTIÉRREZ: ...when I was 15, I must have been like a sophomore or freshman in high school...

GUTIÉRREZ: It was when I saw my brother get shot in the head. He was a gang member. I didn’t have a dad in my life, so this was my role model, my father figure, my best

friend. He had a huge bullet hole in his head...

CAHERI GUTIÉRREZ: And I put my hand on the, you know, hole and hella blood was just coming out, and the blood was so warm. Like I vividly remember that.

05:46 NARRATOR: Amazingly, her brother, Gustavo, survived the shooting, but that didn't mean Caheri's own problems were over.

GUTIÉRREZ: I left Highland Hospital with a whole different attitude like a straight bitch. I don't give a fuck, da-da-da-da, that attitude...smoking hella weed, yeah, drinking, too. Hmm-hmm.

RICH: There's a cascade of things that happen after trauma. Many young people turn to alcohol or marijuana in order to treat their symptoms.

GUTIÉRREZ: Man, I had some good-ass grades in high school. I was playing volleyball for the state of California...I couldn't focus, I just couldn't. The teacher's talking about biology and the cells and da-da-da-da-da, and I'm just thinking about images of my brother getting shot again, and again, and again.

SANDRA BLOOM, MD, Associate Professor, Drexel University School of Public Health: A child in that state cannot sit comfortably and calmly in a seat and take in information about world geography. They can't do it. Our minds don't work that way.

NARRATOR: Caheri struggled hard to keep her life together after Gustavo was shot. A year later, on a November night, Caheri was on her way with a friend to help out at her mother's job, cleaning offices near the airport.

GUTIÉRREZ: All of a sudden, the driver starts screaming, "We're shot! We're shot! We're shot!" When he looked at me, I just saw a look on his face that was like he saw a ghost. So, the bullet came in through the back window, and it struck me on my right mandible, came out of my mouth, knocked down, you know, a lot of my front teeth and back teeth. Into the guy's arm. Same bullet.

NARRATOR: Caheri doesn't know who shot her. The perpetrator was never arrested. Over time, she would endure five surgeries to rebuild her face.

GUTIÉRREZ: I woke up in the hospital. From the moment I opened my eyes, I knew that things had changed.

08:15 DVD Chapter 3: Hidden Brain Injuries

NARRATOR: We know that people who've suffered trauma are often left not only with physical but also psychological injuries.

GUTIÉRREZ: I was suicidal. I was paranoid. I had nightmares, nightmares so much that I did not want to sleep...

RICH: We often see young people who are hyper-vigilant or hyper-aroused. That means if you clap your hands or make a noise, these young people will jump out of their skin.

GUTIÉRREZ: If someone will come from behind me and be like, "Hey, Caheri," I'd be like – oh sh...! Like that. And then just start crying because I felt like I'm crazy.

NARRATOR: For people suffering with PTSD, the natural fight or flight response doesn't really turn off. Their brain continues releasing chemicals which trigger feelings of fear, anxiety, anger or depression— even when the danger long gone. Across town, twenty-three-year-old Antonio Carter also suffers with similar symptoms of trauma brought on by a pile-up of adversities. Though getting shot himself wasn't one of them.

ANTONIO CARTER, Oakland, CA: Where's the cars at? Ahh, the city fell, Tony...

TONY, JR.: It fell?

ANTONIO CARTER: Yeah, got to pick it back up...

09:50 NARRATOR: The problems came on early. Cancer took his mother when he was twelve years old.

CARTER: And my dad, like, we asked him to take care of us but he couldn't do it. With us not having a father figure around, it was like life or death, every man for they-self, like, you know what I mean?

NARRATOR: Now, mostly on his own, without trusted adults to help him, Antonio found tensions in the neighborhood could be overwhelming.

CARTER: We were sitting together, and we were all in, like, in a circle, and him and my friend, my other friend, started arguing, and my other friend just pulled out a gun and shot him right there, like right in front me. Like right here... I was just looking like...

ANTONIO CARTER: Make it bigger then. How big are you gonna make it then?

CARTER: After seeing so much blood and so many people dying for so long... it only makes you crazy.

NARRATOR: Today there are new worries, like completing his Emergency Medical

Technician certification and keeping two-year-old Tony, Jr. safe in the same Oakland streets.

CARTER: Right now, I don't even let him go outside to the front, to play in the front yard...because I know what could happen. One of my worst fears is, like, walking down the street with my son, and you know what I mean, like, and all of a sudden, like shots just start...I wouldn't know what to do if I lose him because, like, him and his mom, he's all I got.

NARRATOR: As it turns out, such worry over safety is only one of an unending stream of stressors, which many young people and children face.

11:52 DVD Chapter 4: When There is Not "Post" in PTSD

NARRATOR: South Africa, 1987. Psychologist Gill Straker was struggling to describe the traumatic stress and adversity faced by black townships under apartheid. She coined the term, "Continuous Traumatic Stress Syndrome" – continuous, because for these young people, there was neither pre-trauma nor post-trauma. They were living lives of unrelenting adversity—as many young people do in our own cities.

NARRATOR: Chicago. Washington, D.C. Omaha. Baltimore. New Orleans. St Louis. Detroit. Los Angeles. In cities across America, many young people are living from birth in neighborhoods exposed not only to violence, but also entrenched poverty and social isolation—the result of decades of business flight, government neglect and residential segregation.

OLIS SIMMONS, President & CEO, Youth UpRising: So, there are entire communities in America that are disconnected generationally from labor markets. They don't have a job. Their parents didn't have a job. Their grandparents might have been underemployed or unemployed. Those communities are black and brown communities separated very much from communities that are white.

RICH: There's a stress that goes with poverty. Noise, lack of safe housing, lots of vacant lots... The police actually might be perceived as enemies to you. The stress that comes from being low down on the social ladder.

GUTIÉRREZ: A lot of our kids, a lot of our youth, they live in these homes where they've been neglected since they were young...

CAHERI GUTIÉRREZ: If you guys ever had therapy, raise your hand...

GUTIÉRREZ: Maybe they haven't slept, you know, maybe they haven't eaten. Their parents might not have a job, there's constant stress. There's drug dealers; all the time

they're under this stress, hyper-arousal.

RICH: It used to be we thought about trauma as someone being in a plane crash, or someone having a gunshot wound. Those are types of trauma, but more generally, we can talk about trauma as that when the strengths inside you and the resources around you can't respond to a threat. That is an experience of trauma.

14:55 DVD Chapter 5: Early Life Exposures

TED CORBIN, MD, Assistant Professor, Drexel University College of Medicine & School of Public Health; Medical Director, Healing Hurt People Program: It doesn't necessarily have to be from an injury that occurred to them but it could be over the course, over their life course, how they've been exposed to various types of stress, adversity and trauma.

NARRATOR: Dr. Ted Corbin practices emergency medicine at Hahnemann University Hospital in Philadelphia—another city where the class divide can be dramatic. Neighborhoods run the gamut from comfortable historic homes to some of the most economically distressed communities in the country. Researchers suggest the PTSD rate among the urban poor in Philadelphia could be a shocking forty percent.

NARRATOR: The city's corrosive history of race-based politics of economic exclusion undermined many non-white neighborhoods, leaving them without jobs, infrastructure or affordable housing. The poverty rate in 2011 was 34% for African Americans, 42% for Latinos. More than one in three children in Philadelphia grow up in poverty. From birth they are swimming against a stream of stressors: over-crowded or run-down housing; family worries about job loss; making rent and paying bills. Having enough to eat. Substance abuse. Domestic conflict. Neighborhood safety.

CHRISTINE HENRY: Come on. Y'all walk with me...

NARRATOR: Twenty-four-year-old Christine Henry can relate. She's been bringing up her children in North Philadelphia.

CHRISTINE HENRY: Izayah, can you get his hand, please?

16:46 NARRATOR: Three-year-old Key-yon loves trucks. Older brother Izayah is four years old and excited about going to kindergarten next year. Six-week-old Christian is the new family member. Like all loving parents, Christine and her partner, Tracy, work hard to provide the safe, stable and nurturing environment that all children need to thrive.

KEY-YON: No car coming!

CHRISTINE HENRY: You sure?

NARRATOR: It isn't easy. Christine recalls what happened after one family outing.

HENRY: It's like, within a blink of an eye, all you heard was pow, pow, pow, pow, and it was like, extremely close.

NARRATOR: Four-year-old Izayah was with her at the time.

HENRY: I grabbed him but I actually hid him and I used myself to cover him. So I did everything in my power to keep his eyes away from it, to keep him away from it, to cover his ears, everything to just try and take some of that fear away from him, because instantly he just tensed up. When we finally got into the home and everything was over and everything was done with, he was really scared, he didn't want anybody to touch him.

NARRATOR: After the incident, Christine went to 11th Street Family Health Services for help. It's her North Philadelphia health center, serving a sometimes-dangerous neighborhood.

AISHA COULSON-WALTERS: Come on! We gotta go...

NARRATOR: At 11th Street, social worker Aisha Coulson-Walters was able to provide Christine with counseling and support.

AISHA COULSON-WALTERS: So your brother is the only one you listen to...

NARRATOR: Aisha could also see the incident had affected Izayah.

AISHA COULSON-WALTERS, Social Worker, 11th Street Family Health Services: He was crying, he would get, like, angry. He just seemed fearful. Like, he would jump; he would, you know, have moments of hesitation, and just look like he was afraid.

NARRATOR: But how many of our children grow up facing similar stressors?

DAN TAYLOR: ...things you worry about?

18:53 NARRATOR: On the same side of town, Dr. Dan Taylor recounts a study of seven-year-old children exposed to street violence. He practices at St. Christopher's Hospital for Children, serving residents in this North Philadelphia neighborhood.

DAN TAYLOR, MD, Director, Community and Child Advocacy, St. Christopher's Hospital for Children: 75% of those seven-year-olds heard gunshots in this neighborhood; 61% of those kids, seven-year-olds, were worried that they would get shot and killed themselves. An incredible 10% of kids in this neighborhood saw a dead body, someone being shot, or stabbed. Some people talk about post-traumatic stress disorder, but unfortunately, in a lot of these families, there is no post. It's continuous. It's always there.

It's on the street. It's in the home. We have a lot of mothers who don't let their children ever outside because of the stress and the potential danger outside. We have some moms who even say, you know, I let my kid play on the block. And then we say, "Up and down the block?" And she says, "No, just on the block of cement in front of my house. I don't let him go anywhere else."

IZAYAH: Look! This! This!

HENRY: I wanted to just do whatever necessary to make sure this isn't the life that my kids think is normal...

CHRISTINE HENRY: Come on, give me your hand. We're going to cross the street.

HENRY: ...because it's not.

CHRISTINE HENRY: Hold his hand, Iz.

HENRY: Because it's far from normal to me.

20:27 DVD Chapter 6: The Developing Brain and Traumatic Stress

NARRATOR: Today Christine has come to Eleventh Street Family Health Services for baby Christian's six-week check-up.

AISHA COULSON-WALTERS: Oh, he's so gorgeous...

NARRATOR: 11th Street was developed with the community, as a community partnership, to provide a wide range of services, everything from pre-natal care and dentistry to counseling, art therapy and even urban farming.

AISHA COULSON-WALTERS: You can't see something this scrumptious and just let him sit...

KEY-YON: Hey, why you picking that baby up?

AISHA COULSON-WALTERS: This is your baby?

KEY-YON: Yes! I don't want you pick that baby up!

COULSON-WALTERS: Izayah has become very protective of his middle brother as well as his younger brother and you know, wanted to make sure everybody who was interacting kind of knew, like, "Listen. I'm their bodyguard." It was really cute to see like a big brother express himself like that, but at the same time, maybe the protectiveness that he's displaying

is the result of what he has experienced in that traumatic event that he was exposed to.

NARRATOR: The stressors many children face day to day in neglected communities like North Philadelphia can be relentless.

22:09 VICTOR CARRION, MD, Professor of Psychiatry and Behavioral Sciences, Stanford University School of Medicine: We can really manage a lot of stressors. If we are crossing the street and we see that a truck is coming at us, we can manage that situation, get scared, jump, and move quickly. Unfortunately, many children in our society feel like a truck is coming at them all day long, for more days than not, and this really takes a toll.

NARRATOR: We know from a new body of research that exposure to chronic stress early in life can lead to actual changes in brain architecture.

BLOOM: A child's development is affected by chronic stress. The impact of the chemicals that are released as a result of stress – that kind of unrelenting drip-drip-drip that affects then the way the brain develops. So language functions, the ability to think clearly, the ability to focus, to organize thoughts – all of that is being laid down in very early childhood. When a child is exposed to toxic stress then the brain is not connecting the way it should.

NARRATOR: Especially toxic for children can be exposure to conflict or violence in the home.

MARIA MCCOLGAN, MD, Medical Director, Child Protection Program, St. Christopher's Hospital for Children: I remember having a little two-ish, three-ish year old child who was hitting their baby doll. Well, they didn't make that up. Even if they weren't in the room when the domestic violence occurred or when the physical violence occurred, they still feel those effects very, very deeply.

BLOOM: They are perceiving the world as dangerous all the time and defending against those feelings by becoming aggressive.

CARRION: They may have the history of what happened, they may have feelings about what happened: fear, sadness, anger. They may have no words for these feelings, and then they have these behaviors. But they really do not connect all of them. They don't know that because this happened, I developed these feelings that make me behave this way.

23:52 NARRATOR: And for many of us who serve children – we don't make those connections either. A 2005 study reported the number of children expelled from preschool for behavioral problems at three times the expulsion rate for K to 12 students.

NARRATOR: In 2012, in Connecticut alone, 2,000 children 6 years and under—overwhelmingly black and Latino—were suspended from kindergarten and preschool,

dramatically increasing their risk of dropping out later – and being sent to prison. Instead of labeling them as bad kids, why don't we see them as children facing adversities that other children don't? Why are we re-traumatizing young people who are already traumatized?

BLOOM: We've become so blaming that whenever somebody strays, it's their fault and they should be punished.

25:31 DVD Chapter 7: The ACE Studies ... and Poverty

NARRATOR: In the mid-90's, doctors Vincent Felitti and Robert Anda published groundbreaking research, assessing the links between childhood adversity and adult health and well-being. In the original Adverse Childhood Experiences Study, known as the ACE Study, 17,000 mostly white, mostly middle class adults were asked about ten different types of childhood adversity.

NARRATOR: When you were a child, were you physically or psychologically abused by parents? Did you live with someone who abused drugs? Were you neglected? Was there domestic violence? Did anyone go to prison? Was someone in your home mentally ill? Respondents were assigned one ACE for each of the ten types of adversity experienced. Surprisingly more than one in five of this mostly middle class population reported three or more ACEs. But even more eye-opening was the correlation between childhood adversity and adult mental and physical health.

BLOOM: The higher the ACE score, the more likely people were to suffer from things like heart disease, liver disease, lung disease, depression, suicide, I-V drug abuse and alcoholism. What it said was, we've got a common causality for all of our major health and social problems, and it was all related to what had happened to them as children.

NARRATOR: But researchers like Dr. Roy Wade could see the ACE Study didn't take into account economic distress let alone hunger, housing insecurity and other hardships in low-income neighborhoods.

ROY WADE, MD, Department of General Pediatrics, Children's Hospital of Philadelphia: When I came to Philadelphia and I saw the huge amount of blight, the community violence, the episodes of racism and discrimination – those are stressors, too.

NARRATOR: When Philadelphia researchers expanded the ACE survey to add questions about racism, neighborhood safety and violence outside the home, they discovered that while 14% of the general population reported four or more ACEs, in Philadelphia that number was a startling 37%.

WADE: Poverty is an adverse childhood experience that gets under your skin. Living in economic distress can actually translate into long-term negative health outcomes even for

the most resilient individuals.

28:24 DVD Chapter 8: Healing the Hurt: Trauma-Informed Care

NARRATOR: Across the country, physicians, therapists, teachers—and even some police departments and prosecutors—are recognizing how acknowledging trauma as a form of injury opens up the path – to healing.

TED CORBIN: Trauma-informed care is extremely important because it gives a perspective on how children and families live in environments. And also recognizes what happened to them and what they're going through.

BLOOM: They may have been profoundly affected in ways that helped to explain a lot of what the person is struggling with today.

JAVIER ARANGO: Well, as you guys know me, I've been through a lot of violence. I could have been dead when I was sixteen years old.

NARRATOR: Javier Arango is 24 years old and a counselor at Catholic Charities of the East Bay in Oakland. Before that, he was he was a gang leader of the 9400 Boys. He was shot and paralyzed when he was 17.

RICH: Feeling unsafe, they may take actions like getting weapons or even joining gangs that put them at risk for greater injury in the future.

JAVIER ARANGO: Everybody that is around me...

NARRATOR: Now Javier counsels young people as part of a trauma-informed approach at the heart of the work of Catholic Charities. They provide not only counseling and therapy initiatives, but also Restorative Justice programs for schools, housing for at-risk youth, and assistance for refugees and immigrants...

Sound up Leo: And they're wondering why this kid's coming back to class...

NARRATOR: ...recognizing how violence and social inequality affect young people. This morning in the check-in circle, the staff considers some of the challenges faced by the young people and families they support.

ARANGO: My little sister, ever since she was 8, she already know when you hear pow-pow-pow, she knows...on the floor.

30:37 MILLIE BURNS, Deputy Chief of Programs, Catholic Charities of the East Bay: Yeah. My kids moved the beds away from the windows.

Sound up on the group: Yeah.

BURNS: I'd never seen kids talk about how they wanted their funeral. I'd never seen kids go to a cemetery to visit 10, 15 graves of their friends. You know, this is a new normality where their mortality is part of their identity. If we don't acknowledge the grief, if we don't acknowledge the trauma, it's more normalization.

ASWAD AARIF, Restorative Practices Care Coordinator, Catholic Charities of the East Bay: And amongst the young people, there's a real clear underlying rage. They have a real clear sense that they're not supposed to, that their lives are supposed to be valued.

RICARDO PEÑA, Clinical Case Manager, Catholic Charities of the East Bay: It shouldn't be this way, you know, because we're the most **RICH**est, wealthiest country that ever existed and it, this stuff's happening here?

AARIF: One young man said, "I was worried about getting killed this summer." We went around, we found out that that was at the core of everybody's concern. One of these summers is going to be the one where everybody's got my name R.I.P. And, umm, that struck me, this sense of inevitability of violence.

AARIF: Children would show up the first day of school and our expectation would be for them to come in prepared to learn, ready to work, and we didn't know how many bodies they had stepped over, over the summer. We didn't know how many loved ones they had lost.

NARRATOR: Javier has become a friend and mentor to Kenny Ray Johnson, who was also 14 years old when he was shot two years ago.

JAVIER ARANGO: Throw over here. I'm gonna punch it...

KENNY RAY JOHNSON: It happened so fast. I got shot, 10 shots. I felt like I was in the movie, and I was just thinking to myself when that happened, this can't be happening right now, like, because I have so much stuff ahead of me.

KENNY RAY JOHNSON: Nobody can never wear that number again at that school.

32:42 KENNETH JOHNSON, Kenny Ray's father: Kenny Ray has never been involved in gangs. Always been a pretty good student, athlete.

NARRATOR: Kenny's injuries left him wheelchair-bound, learning to stand with crutches. The shooting had a devastating psychological as well as financial impact on the family.

ROCHELLE OWENS, Kenny Ray's mother: Me and Dad stayed at the hospital day

and night, and I couldn't keep taking off work. I didn't have no seniority. I had to stop working. So that shattered us. We had to basically start over from scratch. So, we couldn't go back there. It just wasn't the same to go back there. It wasn't home, no more. I didn't even want to come down to West Oakland. I hated even going around the corner where he got shot at. Also, where Keshad's classroom was at – he could look out the window and see where his brother got shot at.

NARRATOR: Catholic Charities stepped in to help solve housing and financial problems that threatened to overwhelm the family. And they sent counselors, including Javier.

ARANGO: These new guys being put into wheelchairs, giving them that little sense of hope that there is a life to continue, that gives me more hope, for me myself to continue doing what I'm doing.

BLOOM: Trauma-informed care begins with how do you make people safe? How do you create safe zones in schools and in playgrounds and in communities for kids to just be kids?

34:33 NARRATOR: That's the approach that inspires Harold Reed and the staff of the Boys and Girls at Wilson Park, in South Philadelphia.

HAROLD REED, Director, Boys & Girls Club of Wilson Park, Philadelphia, PA: Wilson Park, there's an element of tension that you pretty much cut. And it plays a big role on the development of some of the young people in this community. So you can't be judgmental. They need help, you help them. If somebody is cut, you fix the cut. The Boys and Girls club of Wilson Park is a refreshing glass of water for some of these young people.

NARRATOR: Reed and his staff provide a safe and supportive place with tutoring, sports, counseling and other activities.

WADE: Oftentimes folks like me come in, and we come in as the authorities saying, "This is what you have to do." And we don't tap into the leadership and the talent that's in the community. Individuals like Harold, right, who are leaders within the community who have the respect and the skills to navigate some of the challenges within the communities.

REED: Philadelphia is known to be the capital of high school drop-outs. In our community, when we first got here, a lot of people didn't finish high school. It's very frustrating to know that they're building a \$400 million prison when the schools are suffering. Programs, social programs for young people are suffering. And I'm proud of the fact that my young people are graduating middle school, graduating high school and thinking about going to college.

GUTIÉRREZ: It's been five years since the incident. I've had, you know, extensive therapy and I thought I overcame. But I've realized that post-traumatic stress disorder, traumatic experiences – it's a lifelong thing.

NARRATOR: Extensive therapy through the help of Youth Alive! intervention specialist Tammy Cloud brought Caheri to the place where she could use the experience of her ordeal to reach out to other young people in Oakland.

Sound up Girl: What they did to me was hella detrimental...

37:22 NARRATOR: It's one of the many things Caheri does for the teens she counsels.

CAHERI GUTIÉRREZ: It is that serious...

GUTIÉRREZ: I go with my kids – check it out, we're in the same boat. I've been there. I know what you're going through. Let me help you out. A lot of us kids who go through this don't know that there are resources out there, and a lot of parents don't know that when something so traumatic like this happens to your child, you need to connect them with resources.

NARRATOR: At 11th Street Family Health Services in North Philadelphia, no matter who patients speak with, they will be asked questions about their day-to-day lives that help identify distress and adversity. Christine Henry found vital support here for her family in difficult times. Things are better now. She's moved to a different neighborhood and has a new job at department store. But 11th Street is still her family health center.

COULSON-WALTERS: ...by how fast you move.

HENRY: Gotta move quick!

COULSON-WALTERS: I'm telling you!

HENRY: You trying to stretch out or something?... Gotta happen...

COULSON-WALTERS: So how many rooms?

HENRY: Two.

COULSON-WALTERS: The families who come through Eleventh Street want more than the best for their child. They want things to change.

39:01 DVD Chapter 9: Preventing the Hurt: Valuing Families and Communities

NARRATOR: Healing the hurt of young people begins with asking not, "what's wrong with you?" but "what happened to you?" It also means confronting the racial segregation, disinvestment and lack of jobs and decent, safe housing, which generate suffering rather than hope for so many American children and families.

OLIS SIMMONS: We've all heard the adage that, "hurt people hurt people." And it's true. Violence is not the problem. It's the symptom of the problem. The people with the greatest need have the least resource. Have the least skilled teachers. The least outdoor space. The least music. The least recreation. The least art. The least of all of it, when they have the greatest need. And they know that other people have it and they don't. We can't have whole communities of people locked out of economic opportunity, undereducated, under and unemployed and believe that we can continue to thrive, because it's just not possible.

BLOOM: It's time for all Americans to recognize that we're suffocating the abilities of millions of children. We won't really endorse real family values, which mean you take care of families...

CARTER: What's... this one?

TONY, JR.: Ten!

CARTER: Yay!

BLOOM: ...you take care of people that are raising children...

TONY, JR.: Five!!

BLOOM: That's what we need to really believe in.

CARTER: And what number is this one?

TONY, JR.: Ten!!

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