



Representative George Sykes Chairman
HB 507 Committee on Crime Victims Rights
Legislative Office Building
33 North State Street
Concord, NH 03301

October 26, 2020

Chairman Sykes and members of the committee,

Thank you for the opportunity to testify. My name is Kenneth Norton and I am the Executive Director of NAMI NH, the NH Chapter of the National Alliance on Mental Illness. Our mission is to improve the lives of all people impacted by mental illness and suicide. By way of background, I am a Licensed Independent Social Worker in NH, a former licensed foster parent, was a founding member of New Beginnings the Domestic Violence and Sexual Assault Program in Belknap County and have served as a subject matter expert in mental health and suicide prevention for the Department of Defense, Veterans Administration and the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

Numerous studies have reported that people with serious mental illness are much more likely to be victims of crime generally, and violent crime specifically, than the general population. Women with mental illness are particularly vulnerable to victimization including domestic violence and sexual assault. Individuals with co occurring mental illness and substance use disorders are the highest risk for being victims of crime.

Due to their mental health conditions, these people may not report crimes in the first place, or if they do report crimes a determination may be made by prosecutors not to proceed with the case due to their symptoms or perceived credibility as a witness.

Depending on the crime, people may experience a number of different emotional and mental health conditions including depression, anxiety, and even suicidality. However, as I am sure this committee has already heard, trauma is the most common mental health condition experienced by people who have been victimized. From a clinical perspective and using criteria from the Diagnostic and Statistical Manual of Mental Disorders (DSM 5), there are two trauma diagnostic diagnoses which people would fall into: Acute Stress Disorder (ASD) and Post Traumatic Stress Disorder (PTSD). While there is much overlap in the symptoms for both, duration of less than a month is considered ASD, and a month or more is considered PTSD.

One of the characteristics of PTSD is that many people who experience ongoing symptoms of trauma engage in risky and self-destructive behavior. This may manifest itself in two different

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ways. The first is that risk taking and self-destructive behavior may result in an individual with PTSD being victimized multiple times. The second is that this pattern of risky and self-destructive behavior may result in them engaging in criminal conduct and subsequent involvement with the courts and incarceration. For some, the courts can become a vicious cycle for engaging and reinforcing, rather than preventing, self-destructive behaviors. We know that a high percentage of people in prison experienced trauma. One study I have seen indicated that over 75% of the women at our NH' women's prison reported experiencing life-threatening trauma at some point in their lives. Many people who are incarcerated experienced trauma as a child, frequently identified now as adverse childhood events (ACES). There is a large body of research and studies documenting the negative impact of ACES and if you are not already familiar with the Adverse Childhood Events, I encourage you to look into it further. In recent years, some of this research has pointed toward what is referred to as the ACES to prison pipeline – the high percentage of individuals with significant childhood trauma who end up incarcerated.

The point I am trying to make is that the line between victim and perpetrator is blurred at best, and certainly contains a great deal of overlap. Toward that end I have several recommendations I would like to make.

- All criminal justice personnel including prosecutors, judges, court personnel, probation officers and corrections officers should be trained in how to effectively implement trauma informed responses not only for the “victim” but also for the perpetrator who may themselves have a significant trauma history.
- New Hampshire needs to have mental health specialty courts in every jurisdiction. If you are charged with a crime, and if justice is truly blind, the sentence/outcome should not be dependent on the jurisdiction and what services and supports are available through a particular court. Mental health courts provide people with help not handcuffs, and in doing so increase the likelihood that the future will be one of recovery rather than recidivism
- As a state we need to continue to move upstream in our efforts to support children and families and reduce the impact of, as well as the incidence of, Adverse Childhood Events. Senate bill 534 passed in 2016, and Senate bill 14 passed in 2019 created, and enhanced the New Hampshire Children's System of Care under Chapter 135 f. While great strides have been made, increased funding and support for these programs is needed especially in light of the current pandemic and the significant, levels of stress, anxiety and depression, being reported by youth, as evidenced during the past month by the highest numbers of youth New Hampshire has had being boarded in Emergency Departments waiting for an inpatient psychiatric bed to become available. It should be noted that being in a mental health crisis and being boarded in an emergency department for days and sometimes weeks *is* itself a significant adverse childhood experience.

There is one other important topic I would like to address, though I am not sure if it falls under the charge of this committee. It is the need for supports to the individuals and families who are

involved in officer involved shootings, or in some situations use of other forms of deadly force by law enforcement. All other homicides cases in the state are afforded support during the investigation and court process through the victim/witness program at the Attorney General's office/New Hampshire Dept of Justice (NH DOJ) . According to a study done by NH DOJ in 2016, 50% of the incidents of fatalities by law enforcement in New Hampshire involved people with known mental health conditions. I am deliberately not using the word "victim" to describe the individual involved as I know that in many of these situations the individual may have been engaged in criminal conduct. I am also aware that some of these situations could be described as "suicide by cop" where the individual provokes law enforcement to kill them. Regardless of the circumstances, this is an incredibly painful and difficult experience for the families and loved ones of the individuals involved. Other than through the media, they are often left completely in the dark about the circumstances surrounding the incident as well as information regarding the investigative process. I have personally sat with two of those families and was touched by the grace they extended to all involved as well as by the anguish they felt about not having any official communication or support during the process. NAMI NH has long advocated that some type of supports should be offered to these individuals and families which would need to be independent of the current services offered through NH DOJ, and this is the final recommendation I am making to this committee.

Thank you for the opportunity to testify and for your consideration. I am happy to take any questions you might have.

Respectfully,

A handwritten signature in black ink, appearing to read "Kenneth Norton", written in a cursive style.

Kenneth Norton LICSW
Executive Director

