

February 12, 2024

Dear Representative Moller and members of the House Public Safety Committee:

I am writing to you today to express my strong opposition to HF3489, and to ask for you vote against this troubling and dangerous legislation.

I am writing as a pediatric neuropsychologist who has worked with children with a variety of developmental, medical and behavioral and emotional complexities. My work is a joy. Every day these children and adolescents face barriers that many of us can only imagine. Like all of us they have good days, and they have bad days. What is currently keeping me up at night is the fact that a bad day for these children puts them at direct risk for long-lasting injury or worse if this bill becomes law. Research has clearly demonstrated that children with disabilities, and particularly children of color, are at substantially higher risk for seclusion and restraint. Federal data indicates that more than 100,000 students face seclusion or restraint each year in our public schools. Nearly 4 out of 5 of each of these students is a student with a disability. Those disabilities place them at much higher risk for adverse outcomes as well. Features of their disability such as low muscle tone and communication impairments make it much more likely that they will suffer adverse medical impacts such as restricted breathing, damage due to hypoxia, and cardiac arrest. Again, statistics show that fatalities that result from prone restraint are much more likely to occur for children and adolescents with disabilities, particularly children of color with disabilities (e.g. Nunno et al, 2021). We must also keep in mind that physical injury and death are not the only impacts that must concern us here. Physical restraint and seclusion have deep, lasting emotional impacts on the students that experience them. The outcome is increased anxiety, increased incidence of depression, increased incidence of Post-Traumatic Stress Disorder. These emotional impacts ultimately lead to impairment in social and emotional development, decreased ability to participate in daily activities, including therapeutic intervention and learning, and often times lead to increased emotional and behavioral dysregulation, the very thing the restraint was aiming to address in the first place.

We have many effective tools to positively respond to escalation, and we know the deep, lasting and negative impacts of using these techniques. We saw with our own eyes what happens when law enforcement officers use these techniques when we watched the death of George Floyd. In over two decades of practice, working with children through adults, in inpatient and outpatient settings, often in highly charged situations I have never once been in a situation in which prone restraint was needed, or would have been appropriate for my patients. It would have been unsafe for them and it would have been unsafe for me. And I am not alone in this. Hospitals, prisons, psychiatric facilities and law enforcement agencies across the country have taken steps to eliminate and often ban prone restraint as a tool for behavioral management. Within our own schools, our teachers, paraprofessionals, support staff and therapists, the people who know these students best, are by statute not allowed to use prone restraint as a tool for behavioral management. Prone restraint is not safe, and it is uniquely targeted to the most vulnerable in our student populations. Giving the go ahead to school resource officers to use this dangerous and outdated practice is going backwards, and it is putting the lives of our most vulnerable students at risk. Please do not allow this bill to move forward.

Sincerely,

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Constituent of district 64B