Things I Have Seen and Heard

How Educators, Youth Workers and Elected Leaders Can Help Reduce the Damage of Childhood Exposure to Violence in Communities

A CHHIRJ Research Brief
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Children who live in neighborhoods of concentrated poverty are exposed to astonishingly high levels of violence in their communities. Not until fairly recently, though, have we gathered research evidence to deepen our understanding of the damaging effects of witnessing violence. Similarly, a research consensus is growing that leads us toward programs, practices and policies that would ameliorate, though not erase, the negative effects of community violence on children’s behavior, mental health and school performance.

**Seeing Violence: A Common Experience**

Research on rates of violence exposure has been remarkably consistent over more than a decade. Generally, in urban, high-poverty neighborhoods, about one third of teenage and pre-teenage children report having been victims of violence. Meanwhile, studies demonstrate that huge majorities of children in high poverty neighborhoods have been exposed to community violence.1

Researchers often estimate violence exposure levels using a survey called “Things I Have Seen and Heard” developed by John E. Richters & Pedro Martinez at the National Institute of Mental Health. The survey asks children how many times they have seen someone beaten up, chased by a gang, arrested, stabbed, shot, or killed, how many times they have seen a drug deal, and how many times they have seen a dead body outside of the home. In their landmark study of violence in Washington, DC, Richters and Martinez found that by the first and second grades, 19 percent of children had already been victims of violence, and 61 percent had already witnessed violence against someone else.2

More recent work suggests that even as violence dropped in the nation at large, this was not true for children who live in areas of concentrated poverty. For them, violence exposure still remains a constant feature of life. A 1999 study of antisocial behavior among 6 to 10 year old boys living in New York City found that 84 percent had heard a gunshot, 87 percent had seen someone get arrested, 15 percent had witnessed three or more shootings, 11 percent had seen someone stabbed on three or more occasions, and 75 percent had witnessed four or more violent events.3 Five years later, in 2004, Emily Ozer and Rhonna Weinstein of the University California at Berkeley found that 52 percent of seventh graders from urban middle schools in California saw someone they know get beaten up. Twenty-nine percent of the boys and girls surveyed had themselves been beaten up.4

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3 Miller, supra note 1, at 7.
Which Children Are Most Likely to Be Exposed to Violence in Their Communities?

A child is more likely to be exposed to community violence if he is male, near or at adolescence, Latino or African American and/or poor. One study demonstrated that as household income increased, the likelihood of witnessing community violence decreased for white adolescents, but not for African American or Latino adolescents. At each income level, African American and Latino adolescents were significantly more likely to report exposure to community violence than white adolescents. It may be that violence continues despite income improvements because entrenched segregation coupled with discriminatory economic practices have prevented people of color from moving away from violence. White families, however, have generally found it easier to move to safer neighborhoods and, even if they are poor, they are far less likely than Latino and African American families to live in high poverty neighborhoods.

The Link between Children’s Behavior and Violence Exposure

Although children living in areas of concentrated poverty are exposed to high levels of violence, it is important to remember that most such children do not exhibit aggressive behavior. As Sonya Brady from the University of California, San Francisco and her colleagues point out, how a child copes with violence is likely to make an important difference in whether or not the child will become aggressive. In a five year study, Brady and her team investigated the relationship between community violence exposure and violent behavior among young African American and Latino males in Chicago. Greater violence exposure during middle adolescence was associated with greater violent behavior during late adolescence, but only among adolescents with ineffective coping strategies. Ineffective coping strategies included drug use, arguing or fighting with others, isolating oneself or trying to forget a violent experience. Young people who coped effectively by seeking advice from others or playing sports were less likely to exhibit antisocial or aggressive behavior.

Several longitudinal studies have demonstrated a close relationship between exposure to community violence and aggressive behavior. Mary Schwab-Stone from the Yale Child Study Center found that witnessing violence or being the victim of community violence was associated with willingness to fight if insulted among 6th, 8th and 10th graders in an urban public school system. Another study found that for African American and Latino boys in the 5th and 7th grades, exposure to community violence was associated with increases in aggressive behavior, even after controlling for earlier aggressive episodes and other stressful life events that might explain

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aggression. Laurie Miller and her colleagues from Columbia University reported similar results among early elementary school age children living in New York City. In their study of 6 to 10 year old boys in an urban public school, witnessing community violence was associated with parental reports of antisocial behavior.\textsuperscript{12}

Further research is needed to examine how gender might affect the relationship between community violence exposure and aggressive behavior. For example, Albert Farrell and Steven Bruce from Virginia Commonwealth University examined the effect of witnessing community violence on behavior among sixth-grade students at three different points in time over an eight month period. Each time, exposure to community violence was associated with more frequent violent behavior, but, interestingly, this was true only among girls.\textsuperscript{13}

Some studies suggest that interventions designed to improve coping skills may be an effective way to lessen the risk of behavior problems among adolescents who have been exposed to community violence.\textsuperscript{14} One such intervention is called the Coping Power Program. It is designed to help aggressive children with behavioral and personal goal setting, relaxation techniques, and problem-solving skills. It includes a parental component to help parents establish age appropriate rules, give effective instructions, reward appropriate behavior, and apply consequences for disruptive behavior. A randomized controlled trial found that after one year, 4\textsuperscript{th} and 5\textsuperscript{th} grade boys assigned to the Coping Power group had lower rates of delinquent behavior than the control group.\textsuperscript{15}

**Does Violence in a Community Affect the Mental Health of Residents?**

Most studies suggest that witnessing violence and being victims of community violence place children at risk for mental health problems. Often, aggression is referred to as an “externalizing” behavior and psychological disturbances such as anxiety and depression are referred to as “internalized” symptoms.

In 1999, Mary Schwab-Stone and colleagues found that among 6\textsuperscript{th}, 8\textsuperscript{th}, and 10\textsuperscript{th} grade boys and girls in an urban public school system, exposure to community violence was closely associated with depression and anxiety. This was particularly true for younger adolescents, who were far more likely than older children to report internalizing symptoms and higher levels of physical symptoms, such as stomach aches and headaches in response to violence.\textsuperscript{16}

Other findings underscore the importance of social support. In 2004, researchers again found that exposure to violence were associated with more symptoms of depression and posttraumatic stress disorder (PTSD) among middle schoolers. Such symptoms included an involuntary re-experiencing of the traumatic event, avoidance of reminders, and hyper arousal or feeling jumpy and easily startled.\textsuperscript{17} Most students in this study also reported talking with parents, teachers and siblings about a violent event. However, of the adolescents who reported talking to

\textsuperscript{12} Miller, supra note 1, at 2-11.
\textsuperscript{14} Brady, supra note 9, at 105-115.
\textsuperscript{16} Schwab-Stone, supra note 10, at 359-367.
\textsuperscript{17} Ozer, supra note 4, at 463-476.
someone about a violent event in the past 6 months, 35 percent said the person gave them the impression that he or she did not want to hear about it. Forty-six percent said they kept their feelings to themselves because they perceived that talking about the event made the other person feel uncomfortable.

Similarly, Wendy Kliewer of Virginia Commonwealth University and colleagues found that violence exposure was significantly associated with anxiety, depression, and intrusive thoughts—i.e. thinking about what happened even when you don’t want to—among 8 to 12 year olds in Richmond, Virginia. This was true even after researchers controlled for other types of life stressors. However, not all children were equally likely to develop psychological problems in response to violence exposure. Children with high levels of violence exposure and low levels of social support or high levels of social strain were more likely to have intrusive thoughts about violence. And yet, as Kliewer cautions, “good coping skills can only go so far.” At the highest levels of violence exposure, young people with good ability to regulate their emotions and young people with poor emotional regulation were equally likely to have symptoms of depression and anxiety.

**Does Violence Exposure Affect a Child’s School Performance?**

We know far less about how violence exposure affects a child’s ability to function successfully in the classroom, though research strongly suggests that the accumulation of stress—of which community violence is one source—is a risk factor for school-related difficulties in both the short and long term.

Natasha Bowen and Gary Bowen from the University of North Carolina at Chapel Hill studied student reports of exposure to danger in schools and neighborhoods, and how that exposure affects attendance, behavior in school and grades. The study was based on a nationally representative sample of 1,828 high school and middle school students. The researchers measured neighborhood danger by asking students questions about how often young people in their neighborhood were likely to get in trouble with the police, use drugs, or join a gang, and how many times in the last 30 days they saw someone mugged or threatened with a weapon. Students were also asked whether fighting, stealing and destruction of school property were problems in

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their schools. The researchers found that as neighborhood and school danger increased both attendance rates and grades went down.  

In 1999, a study of 299 low-income urban first grade children found that as exposure to community violence increased, IQ scores and performance on standardized reading achievement tests declined. The researchers found an inverse relationship between community violence exposure and school outcomes, even after controlling for other factors such as gender, the caregiver’s IQ, home environment and socioeconomic status. 

Other studies have found that community violence exposure is associated with academic problems for kids. In 2003, David Schwartz from the University of Southern California and Andrea Gorman from Occidental College reported an association between community violence exposure and academic problems among urban elementary school children in Los Angeles. Schwartz and Gorman measured academic performance using grades and achievement scores. They also measured disruptive behavior based on reports from teachers and fellow students. They found that kids who were exposed to more violence fared less well in school. Evidence suggested that the students’ depression and disruptive behavior were the reasons for poor school performance among children who had been exposed to violence in their communities.

Finally, a well-controlled 2005 study by Douglas Massey and his colleagues at Princeton University found that even after freshmen and sophomores had left behind the violence of their segregated home neighborhoods, they continued to experience higher levels of stress than their counterparts from more diverse or “integrated” neighborhoods. This stress usually involved friends and family members back home who faced problems related to violence. Grades suffered as a result.

There Are Strategies to Improve School Success for Child Witnesses to Violence

Research suggests that professionals who work with youth–educators, social workers, psychologists and others—can indeed help reduce the negative school-related effects for children traumatized by violence.

For example, William Saltzman and his colleagues from the University of California at Los Angeles evaluated the effectiveness of a school based psychotherapy program for adolescents who have been exposed to community violence. Students in the program are screened for violence exposure, symptoms of posttraumatic stress, grief, and depression. Students who report significant distress complete an individual screening interview to determine the appropriateness of individual or group therapy. A third interview provides more detailed information on the traumatic event and prepares participants for group therapy. Group therapy consists of 20 semi-structured sessions designed to build group cohesion, coping skills and to help students process traumatic experiences. Groups meet once a week on school grounds for 50 minutes or one class period.

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The study found that group therapy was associated with significant improvements in symptoms of posttraumatic stress and GPA. Still, the Saltzman study has limitations. The participant sample of 26 students is relatively small, and without random assignment to a control group, it is impossible to know whether improvements in PTSD symptoms and GPA would have occurred without the intervention.

Others have raised legitimate concerns about the appropriateness of group therapy in response to community violence. Steven Berkowitz and Steven Marans from the Yale Child Study Center note the potential for a “contamination effect” whereby “[c]hildren or adults who are more distraught and symptomatic may have a negative psychological impact on mildly symptomatic or previously resilient children.” If group therapy is indicated, Berkowitz and Marans recommend groups that are homogenous in symptom level and developmental levels. Berkowitz and Marans also stress that providers should not force children to describe a traumatic event. “Otherwise providers are in the position of potentially being perceived as forcing them to re-experience the event and children may feel re-victimized by the very people who are trying to help them.” Children will eventually describe the event, but it is important to let them do so on their own terms.

How Exposure to Community Violence Affects a Child’s Brain

Only a few studies have examined the impact of exposure to community violence on a child’s brain. However, studies have shown that exposure to chronic stress and violence can lead to dysregulation of the hypothalamic-pituitary-adrenal (HPA) system, which regulates the body’s response to stress. Stress causes an increase in cortisol production, heart rate and blood pressure. Sustained activation of the hormone systems that respond to stress can have adverse developmental consequences, among them heightened risk for depression, anxiety, cardiovascular disease, diabetes, and stroke. Cortisol is the primary hormone released by activation of the hypothalamic-pituitary-adrenal system. Cortisol production is associated with increased alertness in stressful situations, but long term elevations in cortisol levels can damage areas of the brain that are essential for learning and memory. One study found that when compared to people who had not been subjected to violence, witnesses to community violence were more likely to self-report aggression and to experience increased cortisol production following a stressful task. The findings suggest that people who have been subjected to violence may be more likely to respond with aggression in a demanding or stressful situation.

28 Ibid, 154.
29 Lynch, supra note 5.
30 Margolin, supra note 1, at 445-479.
32 Ibid.
Other researchers have found evidence of under-arousal in response to community violence. In a small study of 64 inner city high school students, researchers from Johns Hopkins and Ohio University found that students with high levels of violence exposure had lower baseline heart rates than those with low exposure. Students with the highest scores on a questionnaire called The Children’s Report of Exposure to Violence (CREV) were considered to have high levels of violence exposure, while students with the lowest scores were placed in the low exposure category. The study findings provide at least some evidence that adolescents living in violent communities adapt by becoming desensitized to violence.

Still, other researchers suggest that exposure to community violence may be associated with hyperarousal. In a sample of healthy African American adolescents, Dawn Wilson and colleagues found that boys and girls who either witnessed violence in their communities or were victimized by violence were less likely to undergo a normal drop in blood pressure at night. Other studies have examined the relationship between parenting and the physiological effects of exposure to community violence. Kira Krenichyn and her colleagues from City University found that greater exposure to community violence was associated with lower resting heart rates among children ages 7 to 12. Harsh, unsupportive parenting was an independent source of stress for children, regardless of violence exposure, while supportive parenting had an independent calming effect. Children with the lowest blood pressure had a combination of high violence exposure and unsupportive parenting. The authors suggest that lower cardiovascular activity associated with high exposure to violence under conditions of harsh parenting may be related to dissociation or a defeatist response among children who lack the resources for active coping. Children who exhibit a defeatist response might also have trouble in the classroom when they are confronted with challenging tasks.

**Families and Parenting**

Supportive parents are potentially valuable in reducing the negative effects of exposure to community violence. However, research also suggests that even the best parents are limited in their ability to protect their children from the detrimental effects of being exposed to community violence. As Suniya Luthar and Adam Goldstein of Columbia University write, “[A]mong families living in conditions of poverty, positive parenting—encompassing high monitoring, support, and cohesiveness—can help children maintain adequate levels of adjustment, but even the ‘best’ of these families will be limited in shielding their children when living in neighborhoods where violence is a constant fact of life.” Most studies agree that families can protect children from developing internalizing and externalizing adjustment problems at low, but not high, levels of exposure to violence.

For example, in a 2004 study of African American children ages 9 to 13, Wendy Kliwer and her colleagues from Virginia Commonwealth University found that children who felt accepted

34 Lynch, supra note 5.
by their parents were less likely to show internalizing and externalizing symptoms when exposure to violence was low. However, when violence exposure was high, parental acceptance was no longer protective. The same study found that a caregiver’s ability to regulate anger was protective at low, but not high, levels of violence exposure. Similarly, Phillip Hammack and his colleagues from the University of Chicago found that time spent with family tended to protect girls exposed to community violence from developing symptoms of anxiety. However, when exposure to violence was high, time spent with family failed to protect both boys and girls from symptoms of depression.

Conclusions & Recommendations

In neighborhoods with high levels of poverty, one third or more pre-teenage and teenage children have been direct victims of violence, and huge majorities of children have witnessed violence in their communities. A research consensus has grown in recent years that exposure to community violence contributes to increased risk for a host of serious problems: anxiety, depression, aggressive behavior and poor school performance over both the short and long term. What can we do about this?

- Improve conditions and enhance opportunities in high-poverty neighborhoods victimized by violence. The best and most obvious thing we can do to reduce the harmful effects of exposure to violence in communities is, of course, to reduce the prevalence of that violence. While that aspiration is beyond the scope of this brief, research strongly suggests that simply arresting and incarcerating people will not lead to improved public safety and violence reduction over the long term. Improving opportunities for people who live and attend school in neighborhoods of concentrated poverty and investing in constructive activities for youth seem to hold promise for reducing violence and crime in neighborhoods.

- Support activities, events and efforts in neighborhoods of concentrated disadvantage that lead to neighbors meeting and working together on community improvement projects and initiatives designed to stem violence through social cohesion. Such practices show promise in improving public safety more effectively than increased arrest and incarceration. Research shows that these measures of so-called “collective efficacy” predict violence levels. High measures of collective efficacy, in which neighbors know one another and work collectively to solve problems, has demonstrated a positive impact upon childrens’ mental

39 Kliewer and her colleagues used a survey of children’s exposure to community violence to measure violence exposure. The researchers divided high scorers and low scorers into high and low exposure groups.
41 Margolin, supra note 1, at 448.
43 Ibid.
health. Movements for “community schools,” which would make schools the center of activity in a neighborhood, would aid such efforts.

- **Advocate for high-quality after-school programs that keep children safe and connect them to opportunity.** Such programs should not merely provide safe haven or academic remediation; they should deliberately connect children to the myriad opportunities in the larger society, through mentoring, field trips and involvement with higher education institutions. Education researcher Edmund Gordon has written extensively about such approaches and recommends that programs for children who live in neighborhoods of concentrated disadvantage should provide enrichment activities, including travel and practice interacting in a variety of settings that middle-class children in more prosperous communities take for granted.

- **Craft and support local, state and federal legislation that would engage communities and children in constructive activities, including community improvement projects.** An excellent example of such legislation on the federal level includes the Youth Promise Act introduced by Congressman Bobby Scott from Virginia. The Youth Promise Act, which is pending in Congress, would provide funding for communities that have high rates of violence and youth gang activity to form a council that would develop a comprehensive plan for implementing evidence-based prevention and intervention strategies. Such interventions could include well-tested, effective programs such as YouthBuild (more information below) in which young people work toward their GED or diploma, develop leadership skills and build low-income housing in their communities.

- **Educators should avoid using suspension and expulsion.** Suspension and expulsion put children on the streets where the chances of witnessing violence or becoming a victim of violence are increased. In place of so-termed “zero tolerance” policies that often don’t

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45 Edmund Gordon, Beatrice Bridgall & Aundra Saa (eds.), 2004, Supplementary Education: The Hidden Curriculum of High Academic Achievement. Lanham: Rowman & Littlefield. The underlying idea of supplementary education is that learning occurs both in and out of school and that learning and experiences out of school can either support or detract from school success. African American and Latino students who come from families with low incomes and/or live in neighborhoods with lower cumulative incomes are less likely to have access to such experiences, which are common in higher income schools and neighborhoods. See also, the statement from the group, A Broader, Bolder Approach to Education. www.boldapproach.org. “Successful programs do not exclusively focus on academic remediation. Rather, they provide disadvantaged children with the cultural, organizations, athletic and academic enrichment activities that middle-class parents routinely make available to their own children.”


47 Youth Prison Reduction through Opportunities, Mentoring, Intervention, Support, and Education (H.R. 3846) (YOUTH PROMISE) [http://www.youthbuild.org/](http://www.youthbuild.org/).

48 [http://www.youthbuild.org/site/apps/nlnet/content2.aspx?c=htIR3PlK0G&b=1286765&content_id={51DDAF22-E821-4980-AC90-07A2D115837B}]&notoc=1

49 We use the term “zero tolerance” to describe rigid discipline policies that establish mandatory or predetermined punishments for certain behaviors. Such policies are intended, at least in part, to not only “punish” but to deter further misbehavior. These
consider the cause of a child’s offending behavior, educators might consider whether or not such behaviors, such as disruptiveness or hyper-arousal or aggressiveness, are symptoms of untreated trauma and then refer children and teens to treatment accordingly.

- **Put in place alternatives to suspension and expulsion that create a more caring and positive school climate** – Tested alternatives to suspension and expulsion include *restorative justice*, in which the offender, the victim and the larger community discuss the crime and determine what type of retribution should be paid. Also, *trauma sensitive schools* focus on addressing mental health needs of students and creating caring, safe environments for children. *School-wide positive behavior support* treats appropriate school behavior as a skill to be learned, much like an academic skill. Under this model, expectations are clearly communicated to students and misbehaviors trigger responses intended to teach students the underlying reasons for the expectation and to internalize that understanding. These approaches are far more harmonious with the research on childhood trauma and child development than suspension and expulsion are. Further, suspension and expulsion have been linked to dropping out, which, in turn, has been linked to future incarceration.  

- **Educators, social service agencies and youth advocates should coordinate services and actively partner so that children can more easily receive appropriate assistance in overcoming the mental health and learning challenges associated with exposure to violence.** The research on exposure to violence, like the research on environmental stressors, provides even more justification for schools and community-based centers to provide a host of interlocking, comprehensive services to children and families under one roof. Some such arrangements take the form of community schools, which are not only places of learning, but centers of civic engagement. A list of examples of “coordinated services” is provided in the final section of this brief. This is congruous, as well, with the recommendation to increase collective efficacy in neighborhoods that suffer from high rates of violence.

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• Implement tested school- and community-based programs that have shown promise in ameliorating the negative effects of exposure to violence in communities. Schools and other youth-oriented organizations should consider implementation of programs such as the Coping Power Program (more information below) to help children develop relaxation techniques and effective problem solving skills. Studies suggest that better coping skills may be an effective way to lessen the risk of behavior problems among children who have been exposed to violence.\(^{53}\) When structured appropriately, in-school group therapy can also improve symptoms of posttraumatic stress.\(^{54}\) Providers should also create groups that are homogenous in symptom and developmental level.\(^{55}\)

• Parents and teachers should listen to children who want to discuss traumatic events. Children who have witnessed violence in their communities will often want to discuss their experiences with a teacher or a parent, but they will keep their feelings to themselves if adults seem uncomfortable or unwilling to talk.\(^{56}\) Coordination between social services, mental health providers and educators can help identify children in need and raise awareness and increase skills among educators and others who work with children but may not have mental health expertise.

\(^{53}\)Lochman, supra note 15, at 571-578.
\(^{54}\)Saltzman, supra note 25, at 291-303.
\(^{55}\)Berkowitz, supra note 26.
\(^{56}\)Ozer, supra note 4, at 463-476.
More Information about Promising Interventions

Coordinated Services

The Harlem Children’s Zone (New York City) – A well-known, much championed effort to incorporate neighborhood revitalization, educational success and family support. It was founded with the goal of keeping families intact and children out of foster care. It has evolved into a national model for coordinated services, and founded and operates two charter schools.

http://www.hcz.org/

Boston Connects is a partnership between Boston Public Schools and Boston College. The organization provides integrated, coordinated support services to children and families. The systemic model serves as a blueprint for meeting the comprehensive needs of students in other school systems. The program builds on a blueprint from the Children’s Aid Society.

http://www.bc.edu/bc_org/avp/soe/bostonconnects/

Community Schools – The Coalition for Community Schools is a center of information and other resources related to the “community schools” movement. Generally, community schools’ academic efforts are tied in with social services, recreation, health, and community revitalization and even job training.

http://www.communityschools.org/

The Minneapolis Youth Coordinating Board – This is an organization created by the state of Minnesota. It joins the city school district with other community agencies. The goal is to promote the healthy development of children in Hennepin County through collaborative action and policy development focused upon youth.

http://www.ycb.org/AboutYcb.asp

Alternatives to Suspension, Expulsion/Zero Tolerance Policies


Schoolwide Positive Behavior Supports – The National Technical Assistance Center provides capacity-building information and technical support about behavioral systems to assist states and districts in the design of effective schools. http://www.pbis.org/schoolwide.htm

Trauma Sensitive Schools – A trauma sensitive school may include staff awareness of trauma, training on teaching students affected by trauma, linking with mental health professionals, academic instruction for traumatized children, and nonacademic strategies for traumatized
children. For more information, contact Jenny Caldwell Curtin, Coordinator, Alternative Education & Trauma Sensitive Programs, Massachusetts Department of Elementary and Secondary Education, 350 Main Street Malden, MA 02148. Phone: 781-338-6839.

*Helping Traumatized Children Learn* is a book published by Massachusetts Advocates for Children that offers a blueprint for educators who want to respond effectively to traumatized children so that they may reach their full potential in the classroom.


Promising Programs Designed to Assist Children Coping With Trauma/Violence

Coping Power Program –


Examples of Policy and Programs that Create “Collective Efficacy” and Channel Children into Positive Activity

The Youth Prison Reduction through Opportunities, Mentoring, Intervention, Support, and Education (Youth PROMISE) Act (H.R. 3846) –


YouthBuild –

[http://www.youthbuild.org](http://www.youthbuild.org)
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