**36TH LEGISLATURE OF THE VIRGIN ISLANDS**
**COMMITTEE ON CULTURE, YOUTH, AGING, SPORTS AND PARKS**

The Honorable Senator Angel Bolques, Jr
Chair of Committee

Testimony Presented By
The Honorable Justa Encarnacion, RN, BSN, MBA/HCM
Health Commissioner

On

The rise of youth violence in the Virgin Islands as a public health emergency that demands a comprehensive, trauma-informed response.

Good day, Honorable Senator Angel Bolques, Jr., Chairperson of the Committee on Culture, Youth, Aging, Sports and Parks; Honorable Senator Hubert Frederick, Vice Chair; Committee members; other Senators in attendance; and members of the listening and viewing public.

I am Dr. Nicole Craigwell-Syms, Assistant Commissioner of the Department of Health of the Virgin Islands of the United States, here to provide testimony on behalf of the Honorable Justa Encarnacion, Commissioner of Health. Joining me today are Assistant Commissioner Reuben Molloy, Deputy Commissioner Janis Valmond for Health Promotion and Disease Prevention, Deputy Commissioner Renan Steele with oversight of the Behavioral Health Division, and Gesil Ramos, the Director of Behavioral Health.

We extend heartfelt appreciation to the dedicated teams within the Maternal and Child Health and Children with Special Health Care Needs (MCH&CSHCN) Division and the Behavioral Health Division for their unwavering commitment to serving our youth and families. We also thank Governor Albert Bryan Jr. and Lieutenant Governor Tregenza A. Roach, Esq. for their continued leadership and support in advancing behavioral health and wellness throughout the Virgin Islands.

Chair and members of the Committee, we thank you for examining youth violence as a public health emergency. We share your concern for the youth of this territory and appreciate your commitment to addressing this crisis through prevention, healing, and long-term community partnerships. The Department of Health views youth violence not merely as a criminal or social issue but as a symptom of deeper trauma and unaddressed behavioral health needs that demand a coordinated, trauma-informed response.

When we look into the eyes of our children, we see promise, talent, and unimaginable potential. Yet too often, beneath that potential lies pain they did not choose and burdens they should never have to carry. We agree that their experiences tell a story that demands our attention and our intentional action.

Nationally, young people are navigating unprecedented levels of stress, trauma, and behavioral health challenges. Data from the Centers for Disease Control and Prevention show that nearly two-thirds of U.S. adults report at least one Adverse Childhood Experience (ACE), and about

one in six report four or more. These adverse experiences, such as abuse, neglect, or exposure to household dysfunction, which are often associated with emotional trauma and abuse, significantly increase the risk for later aggression, substance use, and chronic mental health challenges.

Youth who are exposed to community violence or poverty carry an even higher burden, often presenting symptoms of post-traumatic stress, depression, and aggression. National data also indicate that one in five high school students is involved in a physical fight each year, and marijuana remains the most frequently used illicit substance among adolescents. Trauma and aggression do not appear suddenly. They are rooted in repeated adversity and the absence of stable support.

Although the need is clear, access to services remains limited. Only about one-third of adolescents receive any mental health treatment each year, and close to 40 percent of youth experiencing major depression receive no care at all. Child and adolescent psychiatrists are in extremely short supply across the United States, averaging only about fourteen providers per 100,000 youth, and many communities have none. Cost, stigma, transportation, and a lack of culturally responsive services continue to create significant barriers.

In the U.S. Virgin Islands, poverty significantly intensifies the behavioral health challenges already seen nationwide. With nearly one third of our children living below the federal poverty level, many face daily insecurity related to food, housing, and community safety. These conditions elevate chronic stress and teach survival-based behaviors that can appear as aggression, while caregiver instability and limited resources further weaken emotional support systems. Local behavioral health services remain under-resourced, difficult to access, and not always aligned with the cultural and lived experiences of our youth.

In addition to the pressures of poverty, young people in the Virgin Islands continue to carry the collective trauma of Hurricanes Irma and Maria, followed by the profound disruptions of the COVID 19 pandemic. Research shows that repeated disaster exposure places children and adolescents at higher risk for depression, anxiety, and post-traumatic stress. The burden is even heavier in communities where gun violence is present, especially on St. Croix and St. Thomas,

where too many youths have witnessed or experienced violence firsthand. In these circumstances, aggression can become a learned survival strategy that reinforces cycles of fear and retaliation.

According to the 2017 Youth Risk Behavior Survey (YRBS), among high school students, 35.5% felt so sad or hopeless almost every day for two or more weeks in a row that they stopped doing some usual activities, 17% had seriously considered attempting suicide, 13.6% made a plan to commit suicide, and 10.3% had actually attempted suicide.

Among middle school youth, 16.2% reported ever having carried a weapon, 65.1% recalled ever being in a physical fight, 22.5% seriously thought about killing themselves, 14.3% reported they made a plan, and 8.5% tried to kill themselves. Further, 32.5% felt so sad or hopeless almost every day for two or more weeks in a row that they stopped doing some usual activities.

The impact of these behaviors is often magnified when adults minimize or dismiss the emotions and concerns of adolescents, sending the message that their pain does not matter. When young people feel unheard or invalidated, frustration and aggression can grow as one of the few ways they feel they can make themselves seen.

Cultural stigma further complicates access to care, as seeking behavioral health support is often viewed as a weakness, particularly for boys and young men. As a result, many youths internalize distress, self-medicate, or act out rather than receiving the help they need. Addressing these challenges requires lifting youth's voices, validating their experiences, and providing safe, culturally grounded pathways to care that meet them where they are.

Addressing these concerns requires a shift toward immediate, community-centered solutions. We will begin with public, private, and non-profit collaboration throughout our territory. The Virgin Islands Department of Health, through its Behavioral Health Division, leads the core network of mental health and substance use services across the territory.

Both our Behavioral Health Division and Maternal Child Health and Children with Special Healthcare Needs (MCH&CSHCN) Program make routine school visits simply to talk with students, identify emotional needs and provide strategies for coping with symptoms. The

Behavioral Health Division enhances its outreach by taking the "Zen Van" on the road to visit junior high and high school campuses territory wide. The Zen Van provides a calming mobile environment where students can access on-site mental health counseling and resources.

The Behavioral Health Division has also partnered with the U.S. Virgin Islands High Intensity Drug Trafficking Area (USVI HIDTA), Puerto Rico HIDTA, the U.S. Drug Enforcement Administration (DEA), the VI Police Department, and the VI Department of Education on a prevention initiative called "Positive Vibes Alone." This territory-wide program promotes healthy decision-making and aims to reduce substance use among youth.

Since its launch on September 3rd, the team has visited 10 schools reaching more than 1,700 students across St. Croix. The initiative uses relatable conversations to inspire youth and to encourage self-respect and responsible life choices. Topics include substance misuse, peer pressure, violence prevention, opioids (prescribed and illicit), edibles, marijuana, alcohol, vaping, and bullying, which was added by request of students themselves. Together, this partnership empowers youth through education, dialogue, and connection.

Additionally, the activation of the 988 Suicide and Crisis Lifeline across the territory and legislative action to enhance our mobile Psychiatric Emergency Response Team reflects meaningful progress toward improved crisis care.

Our behavioral health services are also strengthened by other essential partners to include Federally Qualified Health Centers, Schneider Regional Medical Center, Juan F. Luis Hospital, and the Myrah Keating Smith Community Health Center, as well as community organizations such as The Village – VI Partners in Recovery, which support prevention and treatment efforts for adolescents.

The Virgin Islands Child Psychiatry Access Program (VICPAP) within MCH&CSHCN, works in collaboration with the Behavioral Health Division and the Virgin Islands Department of Education to ensure timely consultation and access to child psychiatric support. In addition, approval for biennial data collection will guide the expansion of telehealth services across districts, improving coordination with private providers, and ensuring earlier diagnosis and care for youth in need. MCH&CSHCN has also been awarded a federal grant for a Zen Room pilot

program to provide calm spaces in schools and to train staff on identifying and addressing early signs of emotional or behavioral distress.

Overall, however, our capacity remains stretched. The Virgin Islands is federally designated as a mental health professional shortage area. Access to child and adolescent behavioral health specialists is limited, and families, particularly on St. John, experience challenges in traveling to appointments. While the Department of Health continues to expand the reach of behavioral health services, demand continues to outpace available resources. These constraints underscore the urgent need to strengthen the behavioral health workforce, increase school and community-based support, and ensure that care is accessible for every young Virgin Islander.

While Medicaid and sliding fee options help reduce financial barriers, many specialized behavioral health services still require referrals off island, which can delay care and place additional stress on families. Services are also often based on mainland models that do not always reflect the cultural values or lived experiences of Virgin Islanders.

Our young people frequently seek guidance from trusted figures such as coaches, pastors, family elders, and close relatives rather than from clinicians. These sources of community support are essential, yet they are not consistently integrated into prevention and outreach efforts. Expanding culturally grounded approaches that elevate these trusted messengers would strengthen early intervention, reduce stigma, and make care more accessible and meaningful for youth and families.

To effectively address trauma and aggression among young people in the Virgin Islands, we must commit to a coordinated and comprehensive strategy that responds to both behavioral health needs and the conditions that shape them. Data collected through the 2024 and 2025 Youth Risk Behavior Surveys will provide a critical starting point. Establishing clear baselines for youth violence, substance use, and school connectedness on each island will allow us to design targeted interventions and measure real progress over time. Immediate expansion of crisis response capacity is also essential. Fully staffing and deploying mobile crisis teams in collaboration with the 988 system will help ensure that youth in acute distress receive timely,

developmentally appropriate care that avoids unnecessary law enforcement involvement or hospitalization.

Schools remain the most direct and consistent point of contact for our youth and must be equipped as the first line of trauma prevention and intervention. Implementing programs like the Student Assistance Program (SAP), Cognitive Behavioral Intervention for Trauma in Schools (CBITS), and LifeSkills Training can reduce aggression, strengthen coping skills, and improve emotional regulation. At the same time, culturally grounded solutions are required. Coaches, pastors, and community mentors should be trained and mobilized to deliver behavioral health literacy and reduce stigma. This is particularly important for boys and young men, whose distress is often overlooked or labeled as misconduct rather than recognized as a call for support. Early identification, restorative responses to behavior, and gender-responsive care models are key strategies for breaking this cycle.

Workforce development must also be prioritized. By maximizing federal loan repayment opportunities, expanding training partnerships with the University of the Virgin Islands, and increasing clinical supervision capacity, we can grow and retain a skilled local behavioral health workforce. These actions will increase access to specialized care and reduce reliance on off-island referrals.

It is important to note that the VI Department of Human Services is the primary agency for child protection, family welfare, and youth social services. When a young person is exposed to violence or neglect, the VI Department of Human Services leads the safety and case management response, while the VI Department of Health addresses the behavioral health and trauma treatment needs. Together, we form a continuum of care — the VI Department of Human Services stabilizing the environment and the VI Department of Health treating the emotional and psychological impact — to help youth recover and thrive.

In closing, the path forward is clear. We must invest in the wellbeing of our youth by strengthening the systems that support them, addressing the conditions that place them at risk, and ensuring that every young person in the Virgin Islands has access to timely, culturally

responsive behavioral health care. The Department of Health is committed to this work. It will require collective action across schools, families, community organizations, and this body.

When we choose to prioritize prevention, expand care in the places where youth naturally seek support, and ensure that their voices guide our decisions, we create safer communities, stronger families, and a healthier future for our territory.

Our young people are resilient, but resilience should not be their only defense. With the support and investment of this body, we can break cycles of trauma and aggression and give the youth of the Virgin Islands what they deserve: the opportunity to grow, to heal, and to thrive.

Mr. Chair, this concludes our testimony. We thank you for the opportunity to speak on this issue and stand ready to respond to any questions you may have.