Assessment of the School-to-Prison Pipeline in Georgia

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Introduction

Like many states in the United States, the school-to-prison pipeline (SPP) in Georgia is a real and persistent issue (Akua, 2022). Zero- tolerance policies that remove discretion from teachers to discipline their students in ways they deem best, undermines teachers and fuels the pipeline (Darby, 2021). Although findings in peer-reviewed research continue to suggest that helping students engage in school may be a preemptive measure against disproportionate school discipline (Mizel et al, 2016), practices in the state of Georgia do the opposite. The consistent practice of policies that lead to probation, jail or prison for thousands of students who are disciplined harshly for minor infractions have indeed resulted in a raging pipeline in the state of Georgia. The discipline is divided on race-based lines, and is further exacerbated in the developmental disability (DD) community. This trend must end. Policy makers in Georgia should end all zero-tolerance approaches to discipline in schools and adopt a therapeutic and restorative justice approach. Other states have passed similar legislation, and are seeing positive results (Darby, 2021).

According to the Georgia Department of Education there were approximately 1,686,318 children enrolled in public schools PreK-12th grade in the 2022-2023 school year (Georgia Department of Education, 2023). Of those enrolled, approximately 224,052 had a developmental disability and were assessed and categorized as a student with a disability (SWD) representing 13.66% of the total population. Unfortunately, 71.66% of SWD were suspended out of school for 10 or more school days. With these astronomical numbers, and a rate that the data shows is more than doubling each year, there is little wonder why the SPP is bustling in Georgia. The graduation rate for SWD is trending in the wrong direction at an alarming rate as well.

Statistics Support the Existence of the School-to-Prison Pipeline

The SPP posits that changes in school environments, with the increasing presence of school security/resource officers, the drastic increase of school-based zero tolerance policies, and an increasing reliance on exclusionary discipline, have created a direct path that leads students from school into contact with the justice system (Novak & Fagan, 2021). For decades, teachers have reported that their primary obstacle for delivering high-quality instruction to students of any age is the daunting attention they give to students who are behaving in a way that disrupts the learning environment (Brownell & Walther-Thomas, 2001), (Eddison, 2013). (Joslyn & Kronfli, 2021). While school system's throughout the state of Georgia have increased their punishments for misbehavior or perceived misbehavior, there has been little measurable effort to address the emotional and mental health cause of *why* the students are acting out. Providing treatment for emotional and mental health may address the root causes of misbehavior in schools (Albritton et al., 2019).

The policy practice of withholding attention to students' mental and emotional health is prevalent in Georgia school systems, even with the students the school systems have internally diagnosed as developmentally delayed, formally labeled as disabled with one of twelve disabilities, and officially enrolled into the special education program. Addressing mental and emotional health needs may: stop the school-to-prison pipeline (Novak, 2018), end overrepresentation of developmentally delayed students in in-school suspension (ISS) and out-of-school suspension (OSS), end overrepresentation of African American students in ISS, OSS, and prison, increase the graduation rate among all demographics, increase the daily

attendance rate and minimize problems with bullying and fighting in schools statewide.

According to the most recent data shared from the Georgia Department of Education (GDE) for the fiscal years of 2021 and 2022, students who have a disability of any kind, are more likely to be disciplined by being removed from the classroom and/or from the school.

In 2021 and 2022, the number of students with disabilities (SWD) who were removed from the classroom and missed valuable instructional time was disturbing. There were 19,890 total students removed from their classroom and assigned ISS or OSS. There are twelve categories the GDE uses to identify students from the developmental disability (DD) community: Autism Spectrum Disorder (ASD), Deaf Blind (DB), Significant Developmental Delay (SDD), Emotional and Behavioral Disorder (EBD), Deaf/Hearing Impaired (DHI), Intellectual Disability (ID), Other Health Impairment (OHI), Intellectual Disability (ID), Orthopedic Impairment (OI), Specific Learning Disability (SLD), Speech-Language Impairment (SLI), Traumatic Brain Injury (TBI), and Visual Impairment (VI). All of these disability areas are represented in some way in the data, reflecting the students who were removed from the classroom and assigned ISS or OSS.

In 2021 there were 15 students with ASD who were assigned ISS for more than 10 days. Strikingly, 468 students with ASD were assigned ISS for less than 10 days. That is a lot of missed daily instruction. 525 students with ASD were assigned OSS for 10 days or less. In 2022, less than 15 students with ASD were given more than 10 days of ISS. There were 1,157 assigned to ISS for 10 days or less. There were 31 students with ASD assigned to OSS for more than 10 days and 1,409 students given OSS for 10 days or less. The numbers of students being assigned to ISS and OSS for 10 days or less more than doubled from 2021 to 2022. Students from the DB population were also represented in the data.

As specified by the GDE, deafblind means a student has both hearing and visual impairments which causes developmental and educational challenges that are so severe they cannot be accommodated in special education programs solely for children with deafness or children with blindness (GDE appendix b, 2023). There were no students with DB assigned ISS or OSS for more than 10 days in 2021 or 2022. Yet in 2021 there were 15 or less assigned to ISS for 10 days or less, 15 or less assigned to OSS for more than 10 days, and 15 or less assigned to OSS for 10 days or less. In 2022 there were no students with DB given ISS at all, but 15 or less were given OSS for more than 10 days and 15 or less given OSS for less than 10 days. It is interesting that the students were given the harshest consequences in 2022, instead of intervention and/or attention to their emotional and mental health, with the huge social push for mental health care post-pandemic (Storey et al., 2018). According to research, DB is a particularly isolating disability due to the lack of access to the environment and including the people in it (Barnhill, 2021).

This combined sensory deficit creates complications in learning and development and in forming and maintaining social and emotional ties with others (Tomasz, 2022). The rarity of the disability, the differences in abilities and experiences of individuals who are DB, and the difficulties in the development of relationships and communication attest to the need for specialized interventions for and educators with training specific to this population (Barnhill, 2021). These students would tremendously benefit from emotional and mental health support during the school day. With this in mind, removing these students from their learning environment could be considered cruel and unusual punishment, and according to the data above, that is the current practice in Georgia. Students with SDD were also subjected to ISS and OSS without emotional and mental health treatment for the 2021 and 2022 fiscal years.

According to GDE, a student is diagnosed with SDD when a delay in a child's development in adaptive behavior, cognition, communication, motor development or emotional development may adversely affect a child's educational performance in age-appropriate activities (GDE, appendix h, 2023). The policy also emphasizes that the diagnosis must be made prior to a child turning 7 years old. There is no data on record that the GDE provides therapy of any kind for the SDD population. Participating in classroom-based behavioral consultation decreases the likelihood of pre-school expulsion and suspension (Albritton et al., 2019). Directly addressing emotional and mental health needs of students with SDD, may prevent their removal from the classroom during instructional time and prevent them from entering the SPP. There were less than 15 students with SDD who were assigned ISS for more than 10 days in 2021 and 161 students with SDD who received ISS for less than 10 days.

However in 2022, no child was reported to have been assigned ISS for more than 10 days, but 365 were assigned ISS for 10 days or less. In 2021, less than 15 students with SDD were assigned OSS for more than 10 days, yet 430 were assigned OSS for 10 or less days. The 2022 data show that similarly in 2021, 15 or less students with SDD were assigned more than 10 days of OSS. But the OSS rate more than doubled, with 1,268 students with SDD being assigned to OSS for 10 days or less. Providing emotional and mental health interventions as early as the pre-school level may have prevented these disciplinary measures of the students losing valuable classroom instruction time (Morgan, 2021). The data for students diagnosed with EBD is also striking.

GDE suggests that an EBD is characterized by: a displayed pervasive mood of unhappiness or depression; an inability to build or maintain appropriate interpersonal relationships with peers and/or teachers; an inability to learn which cannot be adequately

explained by intellectual, sensory or health factors; a consistent or chronic inappropriate type of behavior or feelings under normal conditions; a displayed tendency to develop physical symptoms, pains or unreasonable fears associated with personal or school problems (GDE appendix d). The definition alone should warrant therapy and mandate directly addressing students' emotional and mental health needs in school. However the data for FY 2021 and FY 2022 makes the case.

In 2021 there were 88 students with EBD who were assigned ISS for more than 10 days. 1,147 had ISS for 10 days or less. Although the number of students assigned ISS for more than 10 days decreased in 2022, the number of students who were assigned ISS for 10 days or less more than doubled, with 2,402 students in that category. OSS was assigned to 46 students with EBD for more than 10 days in 2021 and 1,343 students were assigned OSS for 10 days or less. Drastically increasing in 2022, OSS for more than 10 days was almost five times higher with 225 students being assigned to OSS for 10 or more days. More dire are the 2,281 students with EBD who were assigned OSS for 10 days or less. There were a total of 8,205 students with EBD removed from the classroom and/or school setting in 2021 and 2022. Children being removed from the classroom and school at a rate almost five times higher than the previous year is unconscionable.

Exclusionary discipline can have long-term adverse effects on both students and schools (Cruz & Rodl, 2018). Idle time outside of school can be dangerous for any child. Considering a student with EBD and their individual needs, policy makers should directly address emotional and mental health concerns for students in this population. The data for students with DH also suggest that they could benefit from emotional and mental health needs being addressed at school.

Students with DH did not have any students in 2021 who were assigned to ISS for more than 10 days. Yet they had 50 assigned to ISS for 10 days or less, 15 or less assigned to OSS for more than 10 days and 35 students assigned to OSS for 10 days or less. In 2022, there were no students assigned to ISS for more than 10 days, but there were 125 students assigned to ISS for 10 days or less. As disparaging, there were 15 or less students assigned OSS for more than 10 days and 108 students assigned OSS for 10 days or less. Being identified as DH does not have emotional qualifiers by definition. However, students with this qualifying condition still found themselves outside of the classroom during instructional time, and subject to SPP. The data for students with ID also lends itself to justify services for emotional and mental health for SWD.

GDE defines an ID as significantly subaverage intellectual functioning of an IQ of 70 or lower. The lower intellectual functioning exists concurrently with deficits in adaptive behavior that adversely affects educational performance and originates before age 18. (GDE, appendix e, 2023). In 2021, GDE reported that 19 students with ID were assigned ISS for more than 10 days, and 470 were assigned ISS for less than 10 days. OSS was assigned to 15 or less students with ID for more than 10 days, but 424 were assigned OSS for 10 days or less. The data for 2022 are alarming. There were 18 students assigned ISS for more than 10 days, but there were 1,116 students assigned ISS for 10 days or less. There were 66 students assigned OSS for more than 10 days, but 1,272 students with ID were suspended out of school for 10 days or less. The drastic increase in yet another demographic for the amount of time they are out of school leaves no wonder why the SPP is bustling in Georgia. The data for OHI showed a similar trend in data.

A student is classified as OHI due to chronic or acute health problems such as asthma, attention deficit disorder/attention deficit hyperactivity disorder, diabetes, epilepsy, heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia,

and Tourette Syndrome. The disorder or disease must also adversely affect a student's educational performance. (GDE appendix g, 2023). In 2021 there were 164 students with OHI who were assigned ISS for more than 10 days and 3.154 students with OHI who were assigned ISS for 10 days or less. There was a slight increase in 2022 for students who were assigned to ISS for more than 10 days, at 177 students. On the other hand, there was a tremendous increase in 2022 of 6,664 students with OHI who received ISS for 10 days or less. In 2021, 75 students with OHI were assigned OSS for more than 10 days and 2,228 were assigned OSS for 10 days or less. Yet in 2022, 345 students with OHI were assigned OSS for more than 10 days and 5,541 were given OSS for 10 days or less. The data is trending in an alarming direction. We know that these children by definition are not predispositioned for emotional or behavioral problems. Nor by definition do they have difficulty processing information. Still, the data indicates these students often end up chronically out of school and many may be outside of an environment that is supervised, giving credence to an immense increase in the SPP in Georgia. Although students with OHI are identified with health conditions that are not rooted in emotional angst by definition, data suggests that they would still benefit from addressing their emotional and mental health concerns to determine root causes of why they are demonstrating behavior that would warrant them to be removed from the learning environment and from the school completely (Stabler, 2021). OI has concerning data as well.

OI is defined by GDE as: an impairment caused by congenital anomalies, like the deformity or absence of a limb; impairment caused by diseases such as poliomyelitis, osteogenesis imperfecta, muscular dystrophy, or bone tuberculosis, etc.; an impairment from other causes, such as cerebral palsy, amputations, and fractures or burns that cause contractures (GDE appendix f, 2023). There were no students in 2021 with OI who were assigned ISS for

more than 10 days, but there were 15 or less assigned to ISS for less than 10 days. OSS for more than 10 days was assigned to 15 students or less. Similarly, 15 students or less were given OSS for 10 days or less. Like all of the other demographics, in 2022 the trend in students out of class and/or out of school increased. There were no students assigned to ISS for more than 10 days, but there were 21 who were assigned 10 days or less. There was one student assigned ISS for more than 10 days and 17 students assigned 10 days or less. Although OI is not rooted in emotional or mental health related disorders, it is easy to understand how a student of any age may be affected by looking different than other students. Leading the demographics for SWD assigned the most days of ISS, is SLD for both the 2021 and the 2022 fiscal years, with a total of 5,349 in 2021 and 12,108 in 2022.

SLD is defined as a disorder in one or more of the basic psychological processes which are involved in understanding language or in using language, whether it is spoken or written. The disorder may manifest itself in an impaired ability to listen, process information internally, speak, read, write, spell or perform mathematical calculations. SLD includes perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not apply to children who have learning difficulties that are the result of visual or hearing disabilities, motor disabilities, intellectual disabilities, emotional or behavioral disorders, environmental disadvantages, cultural disadvantages or economic disadvantages. SLD also does not include students who are behind on age appropriate academic stills due to a lack of formal instruction in reading, math, writing or limited English proficiency (GDE appendix i, 2023). In 2021 there were 156 students with SLD who were assigned to ISS for more than 10 days. There were 5,193 students assigned to ISS for 10 days or less. Seventy-four students with SLD were assigned OSS for more than 10 days, and the highest number of ISS assignments of all 12

disability categories, 2,907 students with SLD were assigned OSS for 10 days or less. In 2022, those numbers tremendously increased. There were 199 students assigned ISS for more than 10 days and 11,909 students assigned ISS for 10 days or less. Students with SLD who received OSS increased drastically as well, with 502 being assigned OSS for more than 10 days and 8,459 being put out of school for 10 days or less. The SWD not receiving instruction is increasing at an astounding rate. Addressing their emotional and mental health needs during the school day may be a viable remedy. Also trending in a direction that fuels the SPP, are students with SLI.

Defined as a communication disorder, SLI includes stuttering, impaired articulation, language or voice impairment that adversely affects a student's educational performance (GDE appendix j, 2023). It may be congenital or developed over time, and the diagnosis specifically refers to impairments in the areas of articulation, fluency, voice or language. With that in mind, assessing and attending to the emotional and mental health needs of students with SLI may help determine the root cause of the deficit. A preponderance of research and statistical evidence suggests trauma may cause the onset of stuttering and other language disorders (Nicolai, 2018). Bullying both in person and online may further exacerbate the problem. As such, to properly support the education of students with SLI, emotional and mental health care may be necessary. In 2021, there were 366 students with SLI assigned ISS for 10 days or less and 245 students with SLI assigned OSS for 10 days or less. Fitting the drastic increase of time out of the classroom for other diagnoses, 17 students with SLI were assigned ISS for more than 10 days in 2022. More disturbing, 857 students with SLI were assigned ISS for 10 days or less. This uptick in SWD being removed from the classroom and or school persists with students in the TBI population.

No students with TBI were assigned ISS for more than 10 days in 2021, but 19 were assigned ISS for 10 days or less. Less than 15 students with TBI who were assigned OSS for

more than 10 days or for 10 days or less. Unfortunately, the trend of more students being out of the class continued in 2022.

In 2022, there were 15 or less students with TBI who were assigned ISS for more than 10 days. TBI refers to an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects the child's educational performance. TBI also applies to open or closed head injuries resulting in impairments which are immediate or delayed in one or more areas, such as cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, speech and information processing. With this definition in mind, it is quite disturbing to know that these students whose qualifying label for services in GDE's special education program includes the word "trauma", yet no services are provided to address the trauma that caused the injury or the trauma of living with the injury. Students with TBI and all other SWD may benefit from emotional and mental health services being provided in schools, and directly address the SPP in Georgia.

A student with a VI is defined by GDE as a child whose vision, even with correction, adversely impacts their educational performance. Students impaired sight may result from congenital defects, eye diseases, or injuries to the eye. The term includes both visual impairment and blindness. In 2021, 15 or less students with VI were assigned more than 10 days of ISS and 15 or less were assigned more than 10 days of OSS. There were 19 students with VI who were assigned ISS for 10 days or less. Less than 15 were suspended out of school for 10 days or less. As with every other group of SWD who qualified for services in special education, in 2022 the numbers of students out of class or out of school for disciplinary reasons increased.

There were no students assigned ISS for more than 10 days, but there were 38 students who were assigned ISS for 10 days or less which is 3 times more than the previous year. There were 15 or less students assigned OSS for more than 10 days and 15 or less students assigned OSS for 10 days or less. For one of the smaller demographics, there were still a total of 35 students out of class or out of school for a disciplinary reason. A solution that addresses the emotional and mental health of this population may help decrease the numbers and increase overall achievement for all SWD. A preponderance of research shows that completing more years of school reduces subsequent criminal activity (Bacher-Hicks, Billings, & Deming, 2021). Tragically, the high school graduation rate dropped in Georgia as well.

The GDE high school graduation report for the 2021 and 2022 fiscal years included public schools, public city schools, state charter schools, commission charter schools, and the Department of Juvenile Justice. Of the 198 schools the GDE reported data for, 101 of those schools had a decrease in graduation rate during the 2021 FY and the 2022 FY. Although the data for FY 2023 is not yet available, based on the doubled amount of suspensions between FY 2021 and FY 2022 in Georgia schools and the high decrease in graduation rate, it is clear to see the connection between the increase in students being out of school, youth crime/violence, and the SPP in Georgia.

As such many students' mental and emotional health needs are not directly addressed or treated at all. Even those in the DD community have mental and emotional health needs that are ignored and untreated. Unfortunately, those needs largely go unmet unless they go to prison (Muñoz García-Largo et al., 2021). The Georgia Department of Corrections assesses inmates as they arrive to begin their sentence. According to their website, mental health services are also provided to the most violent offenders (Georgia Department of Corrections, 2023). In

summation, the largest mental health provider for most Georgians is the Georgia Department of Corrections. Research has consistently shown for decades that students who are not in school and actively engaged in positive activities often resort to criminal behavior that lands them in jail or in prison (Hullenaar, 2021). This phenomenon is exacerbated in the developmental disability community.

Service Systems and Community Organizations in Georgia

There are hundreds of service systems and organizations in Georgia who work with youth who are potentially at-risk for incarceration. There are also 100's of organizations whose purpose is to support those who are formerly incarcerated, and help them be successful after they return to society. The largest problem many of these organizations face, is the lack of funding and difficulty creating collaborative programs that work cohesively to serve those in the most affected community. There is no intentional overlap provided by the state of Georgia to provide transition services to returning citizens. The disconnect between needs and services lends itself to recidivism, especially for those in the DD community, who may have difficulty accessing services for various reasons.

Best Practices to Prevent the School-to-Prison Pipeline

Research suggests that many states across the nation are looking for solutions to the SPP. Socio-emotional learning (SEL) and Trauma-informed care (TIC) are two of the foremost best practices that are leading the nation as solutions to the SPP. Socio-emotional learning (SEL) is the process of developing self-awareness skills, self-control skills, and interpersonal skills that

are essential to achieve success in school, work, and life (Committee for Children, 2023). Individuals with strong social-emotional skills are better able to cope with everyday challenges and benefit academically, professionally, and socially from learning these skills in formative years. TIC is a framework that delves deeper into the mental and emotional health of a child, to specifically address the root cause of their trauma (Datchi, 2022). TIC acknowledges the widespread impact of trauma and understands potential paths for recovery. This type of emotional and mental health treatment also identifies the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into practices, policies, and procedures. TIC is also intentionally cautious regarding re-traumatizing its patients. For example, identifying that a child has a behavior disorder that is related to them being attacked verbally or physically, and allowing them to be in a situation in school that creates that same harm, would be avoided in TIC. These are two of the practices that are being used and are effective in preventing SPP.

Recommendations

Our recommendations are based on the preponderance of evidence reported in peer-reviewed research and current best practices in other states. The following key recommendations are provided for consideration and implementation by community organizations, community leaders, school leaders, parents and policymakers. Since the data indicates that the most affected communities in the SPP in Georgia are specific to African Americans, students with Low-Income households and SWD, policies and funding should mention those most affected communities specifically:

- 1. Provide emotional and mental health assessment and treatment during the school day for students PreK-12, with implementation preferences being given to SWD.
- 2. Implement evidence-based approaches to discipline, such as restorative justice programs, TIC, and SEL which help children overcome behavioral problems rather than push them into the criminal justice system.
- 3. Implement positive behavior intervention strategies (PBIS) and support for students statewide, ensuring resources to keep those programs thriving in each school they are implemented.
- 4. Provide consistent, long-term, professional development that addresses racism for all educators. It is important that administrators implement a systematic approach to addressing racism and discrimination in schools—one that uncovers attitudes, beliefs, and behaviors that can be harmful to African/ African ancestry students (King & Tillman, 2018, p. 23). This is needed beyond some of the Diversity, Equity and Inclusion (DEI) professional development that some districts provide.
- 5. Expand medicaid and any program that provides healthcare for potential and expecting mothers.
- 6. Provide intensive training to all educators of preschool aged students. Such training should include working with preschool children (age groups, gender differences, appropriate instruction for each age group, classroom management, how to assess progress, working with parents, etc.) as well as anti-disability bias education and anti-racism education. Provide training that is specific to teaching African American males, as early as preschool. (King & Tillman, 2018, p. 24).
- 7. Implement policies that ensure that African American students have access to information about career and technical/vocation, the range of careers available to them, the type of training

needed for various types of jobs, opportunities for internships, and post-secondary education generally. (King & Tillman, 2018, p. 24).

- 8. Ensure school administrators, not police or school resource officers, are responsible for discipline by creating agreements with police departments and court systems to limit school-based arrests and the use of restraints, such as pepper-spray and handcuffs.
- 9. Leaders and teachers should be trained in Restorative Practices as a way of de-escalating discipline issues and transforming approaches to discipline infractions and conflict resolution (Garcia et al., 2022).
- 10. Annual funding should be appropriated and allocated to all school districts to provide materials that are consistent with Afro-centric and culturally relevant instructional strategies. These materi-als can be in the form of books, posters, online curricula, etc. (Akua, 2018).
- 11. Annual funding at the local, state and national level should be appropriated and allocated to replenish the Black teacher/leader pipeline working in conjunction with educator preparation programs at HBCUs who have a proven track record of producing a significant percentage of the nation's Black teachers (Stabler, 2021).
- 12. School leaders and teachers must be provided consistent opportunities for ongoing professional development in Afrocentric education. An Afrocentric approach to teaching that centers students in the best of their culture to examine and analyze information and meet needs and solve problems in their own communities is needed for Cultural Identity Restoration (Akua, 2018).
- 13. Provide extended training for parents as a wrap-around service for students receiving TIC.

Discussion

As established in this paper and previous peer-reviewed research, the school-to-prison pipeline is real and thriving in America, especially in Georgia. The current practices and policies of the GDE have led to an overflowing pipeline of students who are primarily those with developmental disabilities, a population whose well-being is supposed to be protected under federal law by IDEA. Several national organizations including the Children's Defense Fund and the Prison Policy Initiative as well as Alabama Department of Mental Health have published research on what they deem the cradle-to-prison pipeline. However, evidence suggests that the new language relating to the phenomenon of those in particular demographics being systematically funneled into prison should be called the womb-to-prison pipeline (Ross, 2023).

According to Jeremiah Bourgeois, a regular contributor to TCR, and an inmate in Washington State Prison, the essential components for building the womb-to-prison pipeline are African American children and children from low income homes who were exposed to maternal stress, lack of healthcare, drugs, alcohol, and malnourishment (2019). After birth, those babies eventually suffer traumatic experiences at the hands of caretakers who abuse and neglect them. By the time these children reach their formative school years, they have developed disabilities that are labeled by school systems and remain untreated as those dire needs are further neglected (Bourgeois, 2019). Hence, the womb-to-prison pipeline. The womb-to-prison pipeline, constitutes a national security issue that presents a clear and present danger to the wellbeing of the nation (Akua, 2018). This report provides an historical background to contextualize the origins of the problem, current and contemporary occurrences that exacerbate the problem along with research-based solutions and recommendations for school leaders, parents and policymakers.

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