

# Keith A. Somers International Foundation (KASIF) Organization Overview

## Background

I was asked by a friend to tell my story to a group of local college students. We both hoped that hearing of my experience and asking me questions would heighten student awareness of the terrible cost of distracted or impaired driving and not take those risks.

While the talk did have this effect, after the presentation, two students told me in confidence that they had been planning on taking their own lives that night, but, after hearing my story, changed their minds. At subsequent talks, students approached me to share heartbreaking dilemmas facing them at such a young age. I was not prepared for that and that the thought of those students still haunts me.

## Mission

My vision for the KASIF is to continually increase the number of students that I speak too, and, to maintain the connection and trust that this talks inspire, assemble a team of professional adolescent counselors who can provide the specific help that students need.

## Goals

**Short term goals:** Arrange to present dynamic personal presentations/workshops to reach students and develop relationships with administration in schools and non-profit community organizations to open doors to further programs. An array of programs are available, with safe driving education as a leading presentation. Create a team of professional adolescent counselors to connect students with the help they need and follow up with every student for a period of time after they reach out for help.

**Medium term goals:** Find and connect with like-minded social entrepreneurs and organizations targeting at-risk student vulnerabilities to develop synergies to create even more powerful behavior changes in even greater numbers of at-risk youth.

**Long range goals:** Based on ongoing experience, develop and refine a framework to scale the aforementioned presentations and workshops to reach a maximum number of at-risk youth. Our plans include developing a hybrid format beginning with a powerful recorded presentation, followed by interactive workshops to develop tools for at-risk students to make healthy choices in areas that their demographic has traditionally made unhealthy ones.

## Unmet Needs that KASIF Addresses

The Centers for Disease Control and Prevention states that motor vehicle crashes are the leading cause of death for U.S. teens. Based on their findings, in 2014 2,650 teens in the United States aged 16–19 were killed and almost 292,000 were treated in emergency departments for injuries suffered in motor-vehicle crashes. That means that seven teens ages 16 to 19 died every day from motor vehicle injuries.

Vehicular injury is not the only serious threat to teenage lives. Other teenagers may pose threats from bullying and abuse, as do, sadly, some adults. Seemingly self-inflicted injuries from alcohol

and drug abuse, eating disorders and suicide also loom in the future of many students. See Appendix II for the alarming current statistics.

While organizations and programs exist to support teenagers, the data shows that there exists a gap in these services that the most vulnerable youth fall into. We hope to fill that gap.

### **How KASIF is designed to uniquely and effectively meet the needs of vulnerable adolescents**

The **Keith A. Somers International Foundation (KASIF)** uses the riveting topic of teenage injury and death from distracted and impaired driving to capture the attention of teenagers by speaking to their heart. As teenage minds open to the possibility of hope for their distress, both a cadre of counseling professionals and additional presentations and workshops will be in place to connect teenagers with the help they may not have known how to ask for.

Though our initial program, S-DAP is focused on addressing and preventing instances of distracted driving, there are several underlying causes why the numbers are higher for young people. While fervently educating about the causes and dangers of distracted driving, we also tackle the fundamental core issues, such as low self-esteem, substance abuse, and more.

KASIF provides educational training, counseling services and resources to help young people thrive and survive through positive, productive outreach; assisting them on their journey towards living healthier lifestyles and becoming productive citizens.

### **How You Can Help Connect Students to the Help They Need**

Funding is needed to:

- recruit and train professional counselors to follow up with at-risk students
- develop a follow up educational program to sustain the effects of the presentation and workshop
- train educators to use this program to support teenagers in making better decisions
- develop interactive online tools, based on the presentation, to reach even great numbers of teenagers
- provide a modest salary to Keith A. Somers, freeing him to devote 100% of his time on youth outreach
- connect and partner with community resources, adhering to our adopted Conflict of Interest Policy and the IRS's exempt organization guidelines.
- hire speaker agents to arrange for placement of workshops in schools and other venues

## **KASIF PROGRAMS**

Our organization's programs are designed to be agile to best connect to the wide variety of youth who are at risk for vehicular injury and other common threats to teenage health. These currently include the following:

- I. Somers' Drive Alive Project (S-DAP)
- II. Somers' Youth Preparation Project (SYPP)
- III. Somers' Diversity Project (SDP)
- IV. Somers' Young Healers Project (SYHP)

### **I. Somers' Drive Alive Project (S-DAP) Executive Summary:**

This project educates at-risk youth about the risks and consequences of distracted and impaired driving. The delivery formats vary to accommodate audience time constraints. The briefest is a 35 minute presentation, which may include bracing statistics, powerful personal storytelling and strategies to combat distracted and impaired driving, followed by a period for questions and answers.

This may be expanded to be more interactive, beginning with audience members sharing personal losses due to distracted or impaired driving, including powerful short videos on distracted driving, adding a role play section and guided brainstorming on implementing deterrents to distracted and impaired driving for oneself and loved ones.

Through our comprehensive presentations at schools and other programs for youth, we promote constant seat belt use, absolutely no drinking & driving and basic driver's education. We partner with drivers education programs because driving is a complex skill. Teenagers' lack of driving experience, together with risk-taking behavior, puts them at heightened risk for crashes. S-DAP makes sure participants are aware of the leading causes of teen crashes.

A core component of presentations is focusing of the three types of distractions, particularly texting while driving.

#### **The Difference the Introductory S-DAP Makes**

1. Live, first person experience of loss of life due to distracted and impaired driving forms a stronger, lasting memory to be accessed when the threat of such driving is imminent
2. Outside, empathetic authorities command great attention than more familiar guides, such as parents, administrators and parent
3. The interactive components are designed to create internalized knowledge and skills in teenaged drivers and passengers

4. The team of counselors on hand to address trauma or fear that this topic triggers in some teenagers

## **II. Somers' Youth Preparation Project (SYPP) Executive Summary:**

The Somers' Youth Preparation Initiative (SYPI)'s presentations and workshops are designed to help develop independent, capable, and socially adjusted youth (ages 12-18), through our SYPI empowerment tours – bringing joy and hope to the disenfranchised. As SYPI travels and spreads brighter opportunities of joy through school districts, participants will have a brighter outlook of their circumstances and life.

The program begins with a powerful first person narrative of facing intimidating obstacles to personal empowerment. It continues with students reflecting and exploring similar feelings they have and are experiencing. After optional sharing, the community brainstorms conditions that currently threaten their well-being and sense of hope. For each condition, powerful, effective techniques to address these unique challenges are brainstormed and shared. The program ends with creation of personalized action plans and a pledge to use these new tools to help oneself and one's community.

SYPI focuses on touring schools, beginning locally and expanding across the country to empower youth that are struggling with various obstacles on a daily basis, i.e., crime, bullying, gangs, aberrant sexual practices, drugs, and other harmful/anti-social behavior. Our tour will include various speakers, celebrities and professional athletes that want to aid in empowering our generations of tomorrow. See Appendix I for a recent testimonial on the power of the SYPI.

### **The Difference Somers' Youth Preparation Project (SYPP) Makes:**

- Helps individuals identify their strengths – teaching them how to use them more, in order to be fully engaged in what they do
- Addresses the suicide rate among youths and teens by identifying warning signs and providing strategies to address suicidal ideation
- Frankly defines substance and alcohol abuse and impairment, the typical costs of each and strategies to avoid impairment.
- Shares a framework for participants to break free of past circumstances and events that rob their joy, and discourage and hold them back
- Models strategies for developing greater optimism and resilience, freeing them of feelings of hopelessness, allowing the growth of new positive habits that will make life richer and more fulfilling
- Explores the benefits of gratitude, and everyday practices to integrate gratitude into teenagers' daily lives in order to build a history of joy and satisfaction.

### **III. Somers' Diversity Project (SDP) Executive Summary:**

Building on awareness of distracting and impaired driving threats and opportunities, common threats to teenagers and strategies to respond in a healthy, powerful way, SDP intends to focus on honoring the inherent dignity, value and human rights of every race, ethnicity, and religion, around the world.

These sensitive topics are a cause for concern among today's youth and some educators prefer to have external professionals lead group discussions, which is why SDP has created this culturally attentive platform to give students a voice and introduce them to choices that enhance everyone's feeling of safety, security and inclusion.

The program begins with powerful, moving personal testimony of facing prejudice. It sets the framework with a review of civil rights gains and the work that still needs to be done, using the 1990 Hate Crime Statistics Act (HCSA) as a lens into incidents that fragment and isolate our communities, tearing apart the interwoven fabric of American society.

It continues by engaging students to share their own experiences in both being discriminated against and discriminating against others. Both components of the program reassure students that they are not alone. Motivations for prejudice and discrimination are explored. The program ends with brainstorming effective strategies for responding to prejudice and discrimination with dignity and quiet strength. Students will create personalized action plans and pledge to use these new tools to help themselves and their communities.

#### **The Difference the Somers' Diversity Project (SDP) Makes**

KASIF's thoughtful exercises allow youth to view "others" from a perspective of similarity, rather than differences. For each perceived difference, students brainstorm similarities and bridges between cultures. The interactions of individuals and groups are seen through the lens of mutual benefits and enrichment, rather than a "zero sum" equation.

### **IV. Somers' Young Healers Positive Paths (SYHPP) Executive Summary:**

These six programs guide youth in choosing healthy and safe, rather than high-risk behavior when confronted with today's gravest issues. Each program stands alone or may be offered in concert with any of the other 5 programs.

SYHPP will help program participants identify their strengths and weaknesses through our designed self-awareness processes. Our presentations and training will help participants identify and accomplish their developmental goals. Our staff and collaborative partners (trained counselors, local hospital staff, community leaders and

organizations), along with the individual, will jointly design their individual path to success.

SYHPP will help our participants feel lighter in spirit, more resilient to life's scattered potholes, empowered and more appreciative of the good things around them. Students become more self-reliant and empowered. These programs may occur in schools or in beyond-the-bell environments.

Our Positive Paths Programs consists of six (6) core components:

1. Think Positive
2. Be Well Project
3. Meditation for Empowerment
4. Teen Substance Abatement Project
5. We're Here For You – Support for Sexual Abuse Victims
6. Think Again! -- Suicide Prevention Program

### **The Difference the Somers' Young Healers Positive Paths Makes**

- Helps individuals identify their strengths – teaching them how to use them more, in order to be fully engaged in what they do
- Combats the high instances of distracted driving, which is highest among teens
- Aids in reducing the suicide rate among youths and teens
- Reduces the instances of substance and alcohol abuse
- Helps participants break free of past circumstances and events that rob their joy, and discourage and hold them back
- Develops greater optimism and resilience, freeing them of feelings of hopelessness, allowing the growth of new positive habits that will make life richer and more fulfilling
- Develop gratitude, and make it an everyday practice in order to build a history of joy and satisfaction

### **Somers' Young Healers Positive Paths (SYHPP)**

#### **1) Think Positive**

Positive thinking is an outgrowth of the cognitive therapy movement, which holds that people can change how they experience the world by changing their way of thinking. But they need to actually exercise this new thinking and incorporate it into their very being.

To educate people about happiness, SYHP will conduct regular training, workshops, and presentations on positive theory and practice.

## 2) Be Well Project

Over the past 20 years, obesity among children and adolescents has skyrocketed from 6% to 15%. This makes overweight and obesity the most common chronic illness among children and teens. Obesity and overweight are equally prevalent for girls and boys. Without weight loss, the consequences can be dire. The direct effects of obesity in children and teenagers are clear and well established.

The SYHP action approach will:

1. Develops health workshops to provide nutrition classes and education resources
2. Designs a Needs Assessment to obtain health information, and physical fitness abilities of enrolled participants
3. Designs age-appropriate fitness and nutrition activities for the program participants
4. Provides comprehensive training for parents and guardians to ensure to monitor the progress of the participants, while also tracking the success of the project.

## 3) Teen Substance Abatement Project

According to the National Youth Network, drug and substance abuse among teenagers, is substantial. Among youth age 12 to 17, about 1.1 million meet the diagnostic criteria for dependence on drugs, and about 1 million are treated for alcohol dependency.

Teenagers at risk of substance abuse include those with a family history of substance abuse, who have low self-esteem, who feel hopelessly alienated, as if they don't fit in, or who are depressed. Our program will guide the screening for signs of substance abuse, introducing the three categories of substance abuse: use, abuse and dependency.

Because of the prevalence of the coexistence of forms of mental illness and substance abuse, we will do basic mental health screening to refer students to effective professional co-treatment of substance abuse and mental illness.

All participant will be equipped with knowledge to recognize possible substance abuse and the treatments available and share their insights with peers. They have access to peers that adults may not and may assist both peers and themselves in getting help.

## 4) We're here for you – Support for Sexual Abuse Victims

Teen years are some of the most exciting and challenging years of a person's life. It is the time to meet new people, form special friendships and make life long decisions. Some of these decisions are fairly simple, while others are more complex. Some involve dating. While dating can be a wonderful experience to some, it can also be frightening and

traumatic to others, especially with the increased incidences of date rape. Some victims will escape serious effects on their lives, while others will be set off on a path of self-destruction.

Our presentations will help to make at-risk teens more aware of their vulnerability, and of the many ways in which they can protect themselves and avoid yielding to peer pressure, through self-awareness, and setting and enforcing their personal limits. Our prevention programs are specifically designed to help teens:

- Understand the dynamics of date and acquaintance rape and sexual harassment
- Make healthy decisions about dating
- Establish their own personal limits
- Understand when others are ignoring their limits
- Avoid situations that put them at risk.

The program will discuss myths about sexual assault, relationship socialization that may lead to an assault, signs of a potentially abusive dating relationship, tips on dating and information about sexual harassment and how it differs from flirting. Our training concepts and materials will be age appropriate with a very strong focus on risk reduction.

The program begins with powerful personal accounts, optional sharing by participants, either confidentially or with the group, information detailed above and immediate counseling by professionals specializing in adolescent sexual abuse.

#### 5) Think Again! -- Suicide Prevention Program

KASIF's preceding programs are designed to keep youth from needing this curriculum. Our hope is to become so proactive in the causes that lead to suicidal thought, that we will be able initiate a reduction in those that require the Think Again! – Suicide Prevention Program.

Suicide is the third leading cause of death for youth. To prevent this, Think Again will build public awareness, offer training in prevention, and work with collaborating schools and community organization to take action.

Our program begins with powerful personal storytelling that has moved students to think again and not take their lives. See Appendix II. This story will be followed by discussions of thoughts and events that tempt teenagers to suicide, followed by strategies to counteract those thoughts with facts and feelings. Trained professional counselors who specialize in adolescents will be available for immediate and follow up treatment.

## Appendix I

### Testimonial of the power of KASIF presentations

Keith Somers has already seen how vital our programs are, and experienced first-hand, the urgency, as detailed here:

*November 2011: Founder, Keith A. Somers, was invited to be the Guest Speaker at the Young Person's "Hold strong Meeting" on Abbott Kinney Blvd., in Venice, CA. At the conclusion of Keith having shared his personal testimony, a 16 yr. old female approached Keith at the end of his speech and proceeded to inform him that only at the behest of her best friend, did she attend his presentation. But what her best friend didn't know, and wasn't told, was that she was planning on going home immediately following that evening's meeting at "Hold Strong", and slit her wrists, in the hope of ending her life. But as a direct result of Keith's testimony, she decided not to kill herself, and to instead seek immediate and effective clinical help.*

*June 5, 2014 -Founder, Keith A. Somers, once again was the noted Guest Speaker at a young person's gathering, on this particular occasion it was aptly named, "Over-comers Society", in West Los Angeles, CA. On this particular evening, Keith spoke on overcoming depression and suicidal tendencies. Then, at the end of that evening, after nearly everyone in attendance had shaken Keith's hand, thanking him for being their guest speaker, a young girl waited until everyone else had gone home, and then approached Keith. She began crying violently, sobbing uncontrollably, while repeatedly saying, "You don't know what you just did to me, you don't know what you just did to me"! over and over and over. Keith asked her, "What did I do to you"? She responded, "I wasn't supposed to be here tonight, I had given up, but my friend wouldn't stop asking me to attend tonight's meeting, unless I promised her I'd come, and I did. But what my friend didn't know, was that after I had attended tonight's meeting, I was going home to ingest two full bottles of OxyContin, and drink a half gallon of vodka, and end my life, I just wanted the pain to stop, I just wanted to die"! But Keith, after you've gone through what you've gone through, and you're still here, I don't know how I will survive, but if you can do it, I guess so can I, even though I haven't the slightest clue how"!*

*Luckily, there was a woman in attendance that evening, who not only Keith had known previously, but who also had training in teen crisis intervention, and Keith facilitated an introduction between his acquaintance, and this young, at-risk, teenaged girl, who only moments earlier had every intention of committing suicide before listening to Keith's speech/testimony.*

*No matter the socioeconomic status, youth are carrying pain, and insecurities, etc.*

## Appendix II

### Statistics on the Issues Threatening Teenagers Today

#### Depression Statistics:

- Over 60 percent of all people who die by suicide suffer from major depression. If one includes alcoholics who are depressed, this figure rises to over 75 percent.
- Depression affects nearly 10 percent of Americans ages 18 and over in a given year, or more than 24 million people.
- More Americans suffer from depression than coronary heart disease (17 million), cancer (12 million) and HIV/AIDS (1 million).
- About 15 percent of the population will suffer from clinical depression at some time during their lifetime. Thirty percent of all clinically depressed patients attempt suicide; half of them ultimately die by suicide.
- Depression is among the most treatable of psychiatric illnesses. Between 80 percent and 90 percent of people with depression respond positively to treatment, and almost all patients gain some relief from their symptoms. But first, depression has to be recognized.

*Source: The American Foundation for Suicide Prevention (AFSP)*

#### Youth Suicide Statistics:

- Many suicides have a mental disorder, like depression, which is often undiagnosed, untreated or both.
- Some reports estimate as many as 80% of those thinking about suicide want others to be aware of their emotional pain and stop them from dying.
- 1.3% of all deaths are from suicide.
- On average, one suicide occurs every 16 minutes.
- Suicide is the eleventh leading cause of death for all Americans.
- Suicide is the sixth leading cause of death among those 5-14 years old.
- Suicide is the third leading cause of death for young people aged 15-24 year olds. (1st = accidents, 2nd = homicide)
- Suicide is the second leading cause of death among college students.
- Suicide is the second leading cause of death for 25-34 year olds.
- More males die from suicide than females. (4 male deaths by suicide for each female death by suicide.)
- More people die from suicide than from homicide. (Suicide ranks as the 11th leading cause of death; Homicide ranks 13th.)
- There were over 800,000 suicide attempts in 2005
- Between the mid-1950s and the late 1970s, the suicide rate among U.S. males aged 15-24 more than tripled (from 6.3 per 100,000 in 1955 to 21.3 in 1977). Among females aged 15-24, the rate more than doubled during this period (from 2.0 to 5.2). The youth suicide

rate generally leveled off during the 1980s and early 1990s, and since the mid-1990s has been steadily decreasing.

- Between 1980 and 1996, the suicide rate for African-American males aged 15-19 has also doubled.
- Risk factors for suicide among the young include suicidal thoughts, psychiatric disorders (such as depression, impulsive aggressive behavior, bipolar disorder, and certain anxiety disorders), drug and/or alcohol abuse and previous suicide attempts, with the risk increased if there is situational stress and access to firearms.

*Source: "U.S. Suicide Statistics", Centers for Disease Control and Prevention, 2005.*

### Bullying Statistics:

- Those who felt bullied in 6th grade were more likely to report feelings of loneliness six years later. Those who bullied in 6th grade felt more overtly aggressive in 12th grade.
- Research clearly indicates that children as young as age 5 who continually observe bullying that goes unchecked or ignored by adults are at greater risk of becoming bullies themselves.
- Over 83% of adults who stuttered as children said they had been teased or bullied. Approximately 71% said that bullying happened at least once a week.
- "Bully-victims" are students who can be both a bully and a victim. They often have been victimized and then begin inflicting the same behavior on others. Those who are both bully and victim are at a higher risk than either bullies or victims for depression, high-conflict relationships, substance abuse, hyperactive behavior, and school truancy.
- Research shows that half of all children are bullied at some time during their school years. More than 10% are bullied regularly.
- More parents are allowing their young children to undergo plastic surgery to combat bullying. For example, Samantha Shaw, a 1st grader, underwent surgery to get her ears pinned back to prevent her from being bullied.
- Girl's bully in groups more than boys do.
- Though girls tend to use more indirect, emotional forms of bullying, research indicates that girls are becoming more physical than they have in the past.
- Boys tend to bully according to group, such as "athlete" versus "non-athlete." Girls tend to bully according to social status, such as "popular" vs. "non-popular."
- When boys bully, they tend to use more threats and physical intimidation on both boys and girls. Girls are usually more verbal and tend to target other girls.
- Several factors increase the risk of a child being bullied, including parental over-control, illness or disability, passivity, social phobia, agoraphobia, and higher levels and expression of general anxiety.
- Many adults who were bullying victims report that over time, feelings of unhappiness and shame decreased. However, those who remembered bullying as intensely painful continued to show low self-esteem, depression, pathological perfection, and greater neuroticism.

- Research by Fight Crime/Invest in Kids reports that 60% of boys who bullied from first grade through ninth grade were convicted of at least one crime by age 24 and 40% had three or more convictions by age 24.
- The average bullying episode lasts only 37 seconds. Teachers notice or intervene in only one in 25 incidents.
- Children who have a learning disability or Attention-Deficit/Hyperactivity Disorder are more likely than other children to be bullied. They also are slightly more likely than others to bully.
- Children with medical conditions that affect their appearance, such as spinal bifida and cerebral palsy, are more likely to be bullied.
- Children who are obese are more likely to be bullied. Additionally, overweight and obese girls are more likely to be physically bullied.
- According to disability, harassment, civil, and criminal laws, bullying can easily become a crime.
- Megan Meier hanged herself three weeks before her 14th birthday in 2006 after receiving cruel messages on Myspace. A mother of one of her friends had created a false Myspace account to send Megan harassing emails. The bullying mother was indicted on the incident but was acquitted.
- Bullies are more likely to engage in vandalism, shoplifting, truancy, and substance abuse than students who do not bully during early childhood. There is also a direct correlation between substance abuse and gun violence and bullying behavior.
- Overly aggressive and overly permissive parents are equally likely to have children who bully.
- Boys are least likely to report bullying.
- Did you know that in a recent report, kindergarten teachers reported that toddlers were entering school with the stress level of a ninth grader?
- Did you know there is a direct connection between bullying and being exposed to violence? Unfortunately, by the time an average child enters kindergarten, he will have witnessed 8,000 murders on television.
- Did you know that those who felt bullied in 6th grade were more likely to report feelings of loneliness six years later? Those who bullied in 6th grade felt more overtly aggressive in 12th grade.
- Overly aggressive and overly permissive parents are equally likely to have children who are overly aggressive and bully.
- A child's early socialization, or lack of, outside the family may increase their risk of drug abuse later in life.
- In the United States of America, we build jails on the basis of the third- and fourth-grade test scores (Baltimore Sun, March 2009).
- Academically gifted students, especially those with high verbal aptitude, are often bullied and are more likely than less gifted students to suffer emotionally.
- In 2007, the five worst states for bullying in kindergarten through 12th grade were (1) California, (2) New York, (3) Illinois, (4) Pennsylvania, and (5) Washington.
- Every day, 160,000 students skip school because they are afraid they will be bullied.

- Thirty percent of students who say they have been bullied said they sometimes had brought weapons to school.
- While teachers say they intervened 71% of the time in bullying incidents, students report that teachers intervened only 25% of the time.
- The devastating Columbine High School massacre was led by two senior students, described as gifted students who had been bullied for years. They killed 13 and injured 21, then committed suicide.

*Source: Random Facts. <http://facts.randomhistory.com/facts-about-bullying.html>*

### Sexual Abuse

- Common long-term effects of sexual abuse include: depression; substance abuse; self-harming behaviors (suicidal, symptoms of post-traumatic stress, increased anxiety, interpersonal difficulties including difficulties relating to peers and later parenting difficulties, teen pregnancy, an increased chance of experiencing some form of victimization such as adult rape and partner violence, as well as an increased risk of a range of health effects such as eating disorders, obesity, smoking, gastrointestinal complaints, chronic pain, somatic complaints, unnecessary surgical procedures, sexually transmitted infections, infertility and childbirth difficulties.
- According to the California Coalition against Sexual Assault (CALCASA), recent studies indicated that 9% of girls and 6% of boys had already experienced some sort of dating violence before they reached high school.
- The same studies found that 1 out of every 10 girls and 1 out of every 20 boys reported that they had experienced violence and /or rape while on a date.
- A national study of college students conducted by the National Center for Injury Prevention and Control reported that 27.5% of the women surveyed said that they had suffered rape or attempted rape at least once since age 14.
- According to recent studies, between 1/3 and 2/3 of known sexual assault victims are age 15 or younger.

*Source: California Coalition against Sexual Assault. <http://www.calcasa.org/>*

### Hate Crimes

- Approximately 51 percent of the reported hate crimes were race-based, with 18.4 percent on the basis of religion, 16.6 percent on the basis of sexual orientation, and 13.2 percent on the basis of ethnicity.
- Approximately 69 percent of the reported race-based crimes were directed against blacks, 19 percent of the crimes were directed against whites, and 4.9 percent of the crimes were directed against Asians or Pacific Islanders.
- For the fourth year in a row, the number of reported crimes directed against Hispanics have drastically increased.

- Though the overall number of hate crimes decreased slightly, the number of hate crimes directed at gay men and lesbians increased almost six percent, recently reported incidents — from 1,195 to 1,265.
- Religion-based crimes decreased, from 1,462 in 2006 to 1,400 in 2007, but the number of reported anti-Jewish crimes increased slightly, from 967 in 2006 to 969 in 2007 — 12.7 percent of all hate crimes reported in 2007 — and 69 percent of the reported hate crimes based on religion.
- Reported crimes against Muslims decreased from 156 to 115, 8.2 percent of the religion-based crimes. This is still more than four times the number of hate crimes reported against Muslims in 2000.

*Source: Federal Bureau of Investigation Hate Crime Statistics Act Report, 2007.  
<http://www.civilrights.org/>*

## Appendix III

### Existing Services to prevent distracted and impaired driving by teenagers

- Sober Driving: Mothers Against Drunk Driving, <http://madd.org>
- Sober Driving: Teens Against Drunk Driving, La Grange, IL, <http://tadd.org/>
- Safe Driving Software: One Simple Decision. <http://www.driverinteractive.com/one-simple-decision/>
- Safe Driving Simulation in a car: UNITE Corporation Drive Alive Tour. <http://arrivealivetour.com/unite/>

### Existing Services to support teenagers

- Anti-bullying tour UNITE Corporation. <http://arrivealivetour.com/unite/got-respect-tour/>
- Anti-Bully Tour: <http://www.allstarnationtour.com>
- Preventing Sexual Abuse Resources:  
<https://www.nsopw.gov/en-US/Education/ResourcesMaterials>  
[http://www.mocsa.org/srv\\_ythed.php](http://www.mocsa.org/srv_ythed.php)  
<http://www.stopitnow.org/ohc-content/tip-sheet-8>  
<http://www.childluresprevention.com/grades7-12/>