



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1537		DATE: 1/16/2024	
COMMITTEE: Children and Families			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 1/16/2024 11:28 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am in Support of this Bill and its intension to Protect Social Workers as Victims when Assaulted in the Line-Of-Duty.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1537		DATE: 1/16/2024	
COMMITTEE: Children and Families			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JOANNE SCHRADER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: crazyhorse1876@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 1/12/2024 2:10 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

This bill is long overdue. As a DYS employee since 2008, I can attest that we are routinely assaulted by being hit, kicked, or spat upon by youth in our custody. At times, an object is involved to stab or cut. I have experienced physical injuries to my cheek, finger, and a large painful hematoma above my ankle. I have seen worse in other staff including broken bones. Usually, it one or two youth who are being combative. However, that can spread to a whole cottage of 12 teenage boys being out of control. Following such incidents, did victimized staff receive justice? Youth are circled up to talk about what occurred, encouraged to take accountability and change as part of the treatment process. Occasionally, a youth would be sent to another facility and/or have their program extended. The first time I was assaulted a coworker told me I could file a police report, but it would not do any good. Why is that? In addition to the physical assaults, female staff have been sexually harassed. One had semen smeared on her face. For over two months, I was sexually harassed through indecent exposure, gestures simulating intercourse, explicit pictures, and humping furniture by several boys. This occurred openly in front of other youth, staff, and security cameras. Despite reporting it to management and filing a grievance, I was still assigned to work in the same cottage with the perpetrators. My only relief came in the form of FMLA. Later, I pursued a mission to get DYS to acknowledge and address this systemic problem. I offered solutions that went by the wayside. The Human Resource Director's response was "I have to understand that these youth are not like us, and it is up to us to understand that." In other words, zero support for staff. It was then I knew I should have reported it to the law enforcement first place. Despite these negative experiences, I still believe in the DYS model. I have see positive outcomes in even the most difficult of youths. That is why I stayed when so many other Youth Services Workers quit. By the nature of our employment, DYS employees are no different than other special victims. We serve youth with criminality, mental illnesses, substance abuse, and aggressiveness. Often because staff must remain on shift to provide adequate coverage, we have no choice but to be there. We potentially put ourselves in harm's way each day when we report to work.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1537		DATE: 1/16/2024	
COMMITTEE: Children and Families			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MARY WAGGENER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: marywaggener@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 1/10/2024 7:31 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1537		DATE: 1/16/2024	
COMMITTEE: Children and Families			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input checked="" type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: RYAN CONWAY		PHONE NUMBER: 573-751-2209	
BUSINESS/ORGANIZATION NAME: MISSOURI DEPARTMENT OF SOCIAL SERVICES		TITLE: LEGISLATIVE DIRECTOR	
ADDRESS: 221 W. HIGH STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/16/2024 12:00 AM	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.