

# Hope For Children Foundation

2012 Annual Report



Education available in this Annual Report  
on Protecting Children:

**PROTECT, HEAL & THRIVE**

Educational Excerpts from:

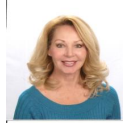
“Report of the Attorney General’s National Task Force on  
**Children Exposed to Violence**”

Released 12-12-2012

**Living an abuse free life...is more than a hope or a dream!**

## THE SUCCESS OF OUR WORK IS MEASURED BY ONE QUESTION:

Are Texans better off now than when we started 15 years ago?



**Patricia Kirby**

Executive Director, Co-Founder, President Emeritus

**500,000 + TEXANS** have received training by Hope For Children Foundation from Year 2000 to date.

**5,000,000 + TEXANS** In communities throughout Texas are protected by law enforcement officers who received our training from Year 2000, to date.

**10,000 + VOLUNTEER HOURS DONATED SINCE 1998**

This Special Edition Annual Report Explains Services Provided by Hope For Children Foundation and Reveals:

- The need for education, and training, and the mission of Hope For Children Foundation.
- Overview of the unique partnerships we build to solve problems and improve lives.
- How to get involved and support our youth through Hope For Children Foundation.
- 61 of 242 page excerpts: Attorney General's National Task Force on **Children Exposed to Violence**

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**J. DOUGLAS CROWDER, M.D.**

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**GENERAL AND FORENSIC PSYCHIATRY**

President's Message

Child abuse is a multi-generational problem that not only robs children of their innocence and hope, but also deprives our nation and our families of the full fruits of our present and future human infrastructure. For 15 years, HFCF has supported teachers, law enforcement officials, and a host of other dedicated professionals and citizens in safeguarding this precious resource by securing childhood from its enemies, cruelty, ignorance, and neglect. Thank you for your interest in this vital endeavor. I hope you will join me and the many thousands of others who will take action to protect the youth which are so vulnerable now, but will soon hold civilization in their hands. What we do for ourselves is transient, but what we can do to assist them perpetuates our love for them through time.



J. Douglas Crowder, MD

Dallas, Texas  
May 2013

**Dear Friends,**

We are grateful to the dedicated people whose efforts and talents make our programs possible. You make a difference in the lives of so many individuals served by our agency, and have for 15 years now. We sincerely want to thank our Executive Assistant, Mrs. Lisa Spikes, and our Executive Secretary Miss Quanisha Lewis, for their dedication, time and work as they help the public access our projects.

Children's exposure to violence represents a national crisis and a threat to the health and wellbeing of our nation's children. We can prevent the long-term negative outcomes of exposure to violence, and we can help children exposed to violence recover. When these children are identified early and receive specialized services, evidence-based treatment, and proper care and support, they can heal.

Despite the involvement of many well meaning child protective workers, district attorneys, judges, attorneys, police officers and medical workers, our system sometimes fails to meet the needs of abused children for safety, protection and stability. A parental education gap exists. When protective parents know what to expect in the court system, children can receive the help they need. Our training fills this gap. Problems are widespread in the justice system. These obstacles add to the problem documented by the FBI, which reports 97% of abused children referred to the legal system are **not** protected by it. We must join together and forge justice for children.

The United States Attorney General Eric Holder initiated an investigation nationwide on Children Exposed to Violence. The investigation resulted in a 242 page report, in which about 61 pages are including in this Hope For Children Foundation 2012 Annual Report. Most importantly he is calling for the entire nation to invest in defending our children from exposure to violence, and psychological trauma. In addition, the report focuses on healing families, communities, and enabling all of our children to imagine and experience lives filled with safety, security, a healthy environment and creativity while they develop their future surrounded by productivity. We hope to do our part in helping citizens move steadily toward providing children with the hope and security they deserve — resulting in a country in which families, schools and communities are safe for children.

We must recognize sexual assault and domestic violence are preventable public health problems. Sexual assault and domestic violence affects the victim, the abuser, the family and the community surrounding them. These are not isolated incidents; they have a physical, emotional and systemic ripple effect.

Everyone must be involved in stopping abuse for the sake of our families and communities. Individuals must be empowered within their own towns, families, churches, community centers, businesses and schools to make effective changes. Since abuse is perpetuated by inaction, please join us and together we can enhance better public health and protection for our children.

As we continue our work creating positive responses to strengthen survivors of these crimes, we count on your continued support in 2013, and each year thereafter. We encourage you to take a few minutes to read about the services performed in 2012, goals we have for 2013, and the excerpts included in the 61 pages from the United States Attorney General Eric Holder's report. Please feel free to share this report with your family, friends and colleagues and access the full report online. Thank you for caring!

Sincerely,



Patricia Kirby  
Executive Director

## Board of Directors



Picture not available

Jaye D. Crowder, MD President, Board Chair Board Member	Patricia L. Hope Kirby Treasurer/Secretary Board Member	Clarice Grimes, MD Board Member	Sheree Baur Board Member	Pamela Noblitt Board Member
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## Goals and Objectives:

Hope For Children Foundation's, HFCF, (hereinafter), mission is to prevent cruelty to children, including reducing crimes of sexual assault and domestic violence. By working together, the prospect of precious children living abuse-free lives can be realized.

HFCF provides education to the general public, and to professionals who are charged with protecting children and adults against crimes of sexual assault and domestic violence. Trainees have received the education courses well in Texas.

HFCF believes education is one of the most important elements of bringing about prevention, protection, safety, accountability, security and justice in each community concerning crimes of sexual assault, domestic violence, stalking, bullying; and also when these elements are present establishing paternity and/or child custody issues.

Our goal is to provide more resources to benefit those who have been victimized. We make training available at no charge to viewers on the Web site of Hope For Children Foundation. The Web site offers 60 + language selections to translate the materials for those when another language is required.

It is time to ensure that children are not further impacted by acts of violence, we must provide appropriate protection for these children. We must not allow violence to deny any child the physical or mental health, education, life saving skills, and pathways to development children need to become successful students, productive workers, responsible family members, parents, and citizens.

Together, we have the abilities including: creativity, knowledge, leadership, economic resources, and talent to effectively intervene on behalf of children exposed to violence. We can provide these children with the opportunity to recover and to claim their birthright: life, liberty, and the pursuit of happiness. When our children no longer have to bear the traumatic burden of violence exposure but are supported by informed and committed citizenry with well-trained trauma-informed providers and community members, they will have the opportunity to contribute to the social capital, productivity, strength, and security of our country. Thank you for standing with us and the children of this nation.

## 2012 ANNUAL UPDATE:

Thank you very much for your support throughout the year. The great news is we educated approximately 61,411 people in 2012; about 37,491 people in 2011; an estimated 48,784 people in 2010; and around 35,321 in 2009. Across all initiatives, Hope For Children Foundation emphasizes:

- **Partnership and Collaboration.** The Foundation brings together government and businesses in partnerships that harness each sector's unique expertise and resources. No matter where the Foundation works, it engages partners on the ground to ensure that projects are properly responding to local needs.
- **Measurable Results.** The Foundation focuses its efforts in areas where it can have the greatest impact. Foundation projects develop best practices and lessons learned.
- **Innovation and Markets.** The Foundation drives innovation to develop new technologies and approaches that respond to markets and economies.
- **Efficiency and Sustainability.** The Foundation spends every dollar and every moment wisely and works to ensure that projects can be affordably sustained by local communities.
- **Replication and Scale.** The Foundation ensures that programs can be replicated and expanded by organizations, governments, and individuals to address their own specific challenges.
- **Systemic Change and Local Impact.** The Foundation takes comprehensive approaches that still respond to the unique challenges in the places where we work; while emphasizing solutions that make meaningful and positive changes in individual lives.

### 1<sup>st</sup> Quarter 2012 Update

Educational initiatives were scheduled for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup> quarters. About 7,041 persons were trained. Our Web site was redesigned with HFCF video training streamed for viewing; in addition United States Department of Justice videos are also present. This donation is estimated at \$30,000; the donor is anonymous. About 50 + Volunteers were available.

### 2<sup>nd</sup> Quarter 2012 Update

HFCF filed for Trademark for our name and logo; About 21,211 people were educated. About 50+ Volunteers were available throughout Texas to assist HFCF's mission. Educational initiatives were scheduled for 2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup> quarters.

### 3<sup>rd</sup> Quarter 2012 Update

About 23,427 people were educated. About 50 + Volunteers were available throughout Texas to assist HFCF's mission.

### 4<sup>th</sup> Quarter 2012 Update

9,732 people were educated via HFCF live training and/or through HFCF DVD sets. About 50 + Volunteers were available throughout Texas to assist HFCF's mission. We are working on grants to help fulfill the financial needs for 2012 & 2013 budgets. We added a new service through the Web site to help the unemployed seek and secure job opportunities. Continued unemployment sometimes add to acts of domestic violence. This service is provided at no cost to recipient, in hopes of building sustainable livelihoods. We have new projects underway for 2013 in other cities and states. People from over 40 countries have accessed our Internet and/or video streaming training. Persons within about 44 US States have accessed our Internet training.



## Our Recommendations to Reduce Violent Crime

**The Foundation's recommendations may literally require an act of the U.S. Congress and/or a constitutional amendment, but we firmly believe our nation's children are worth it! Please unite with us to protect our most vulnerable treasures!**

All children and adults deserve to feel confident to better protect themselves from abuse throughout their lives. We recommend the integration of training focussed on prevention of abuse into the national accademic curriculum. While the specific details of the curriculum's implementation will need to be worked out with variouse stake holders, teachers, parents, legal authorities, we suggest thirty minute daily classes from kindergarten through university level students to impact the decrease of violent crime. We would also offer similar criteria curriculum to adults. These classes would address:

1. Building character, including respect for self and others;
2. Signs and symptoms of sexual assault/domestic violence and what to do if you suspect someone being abused;
3. Awareness and prevention of mass violence.



Children – using proven age appropriate developed curricula in school through university level.  
Adults – similar curricula offered to businesses, churches and interested community entities.

### Course objectives

- Build Character;
- Instill respect for self, friends, family, teachers, coworkers, neighbors and the general public;
- Equip students to recognize and respond to signs and symptoms of sexual assault and domestic violence;
- Educate students about how to recognize, prevent and respond to substance abuse;
- Teach students about healing and recovery from abuse;
- Teach citizens of all ages how to respond to mass violence, including attacks at schools;
- Empower children as well as adults to make educated and informed decisions.

Some programs making a positive impact on Americans are reference on CDC's Web site:  
<http://www.cdc.gov/ViolencePrevention/childmaltreatment>.

# Those We Train

- Shelter workers
- Psychologists
- Psychiatrists
- Doctors
- Police
- Law enforcement (State and Federal)
- FBI
- Judges
- Prosecutors
- Teachers
- Professors
- Mental health workers
- Clergy
- CPS workers
- Paramedics
- Military



## Cycle of Abuse



Hope For Children Foundation IS the Tip of the Spear

2<sup>nd</sup> Best = First responders prevent future incidents

Best = Prevention



**Usually prosecutors can expect a 100% conviction rate when the Hope For Children Foundation training is applied to cases of sexual assault and domestic violence. Living an abuse free life...is more than a hope or a dream!**

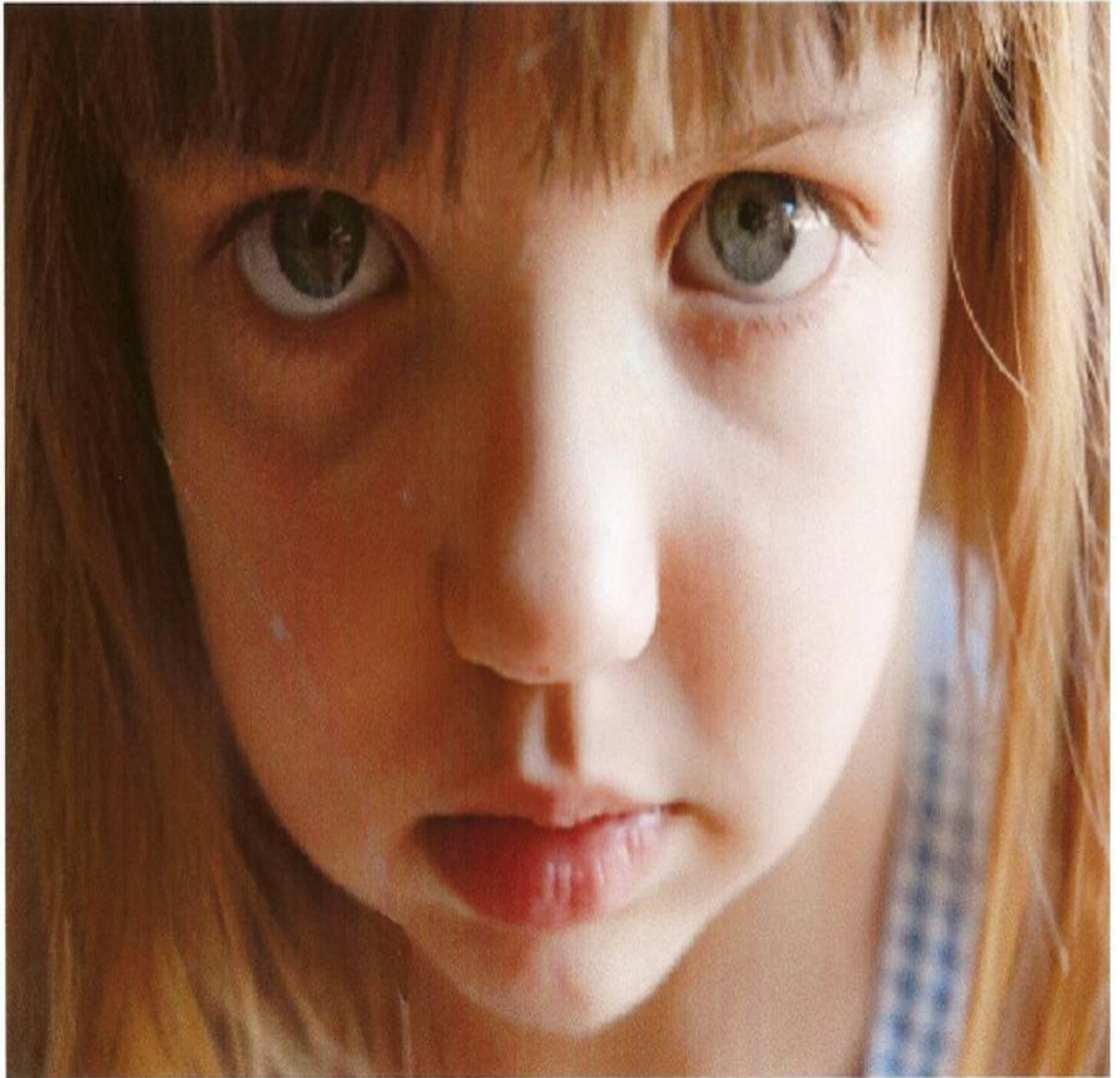
## 100% Conviction Rate

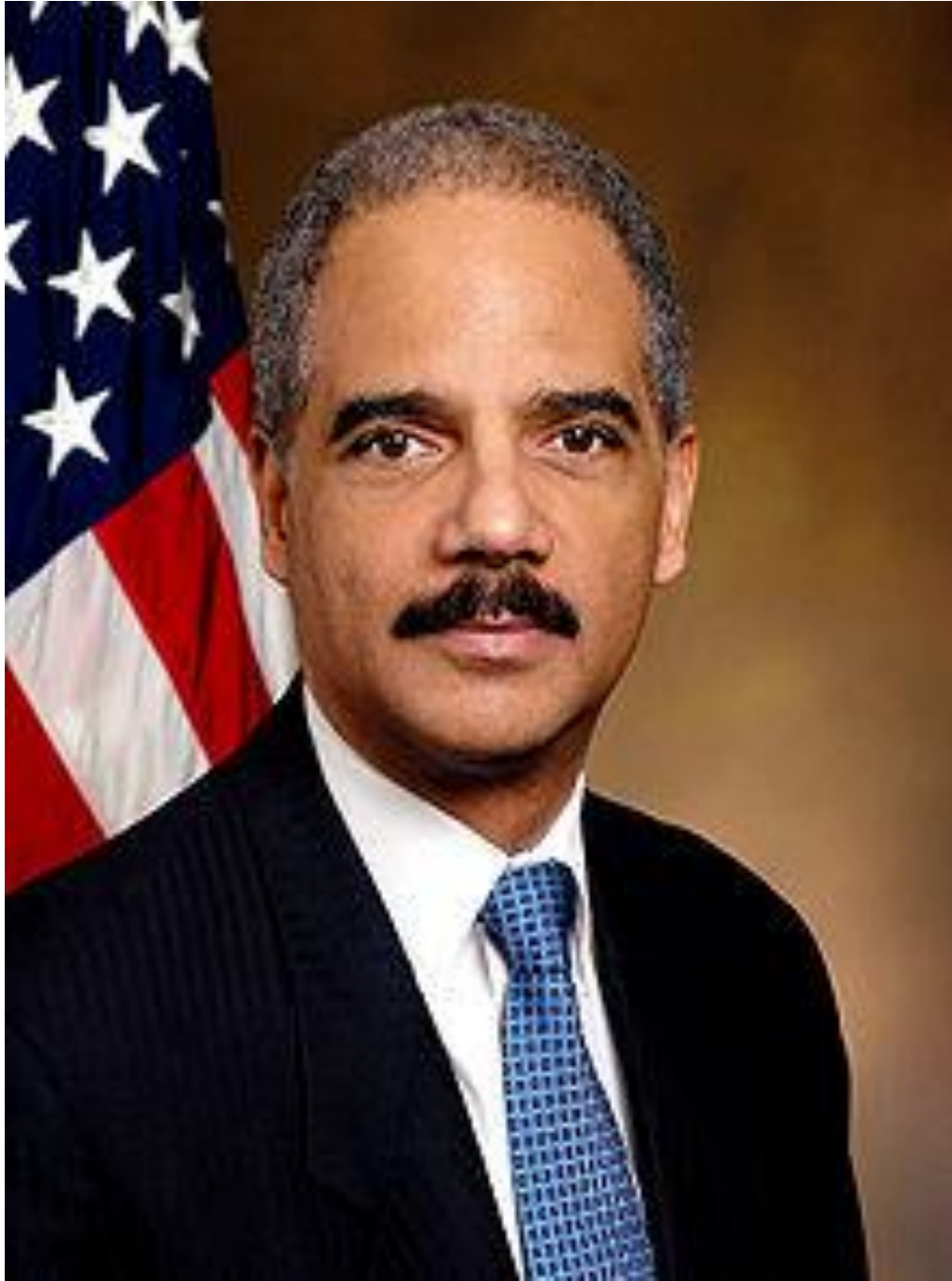
When officials follow our training and collect:

- Assault Investigation Report
- Photos of the Crime Scene
- Photos of the Victim
- DNA Collection
- Recorded Interview of Victim
- Recorded Interview of Perpetrator



# What If You Were Abused?





**United States Attorney General Eric H. Holder Jr.**

**"It's only by working together — in common cause, in good faith, and with mutual respect — that our nations will be able to secure the progress we need in bringing criminals to justice and getting abused and exploited children to safety." Eric Himpton Holder, Jr.**





Office of the Attorney General  
Washington, D. C. 20530

December 20, 2012

Dear Messrs. Torre and Listenbee and  
Members of the National Task Force on Children Exposed to Violence:

First, thank you for your extraordinary work on the report on children exposed to violence that you presented to me on December 12, 2012. It details not only the shocking, national scope of this phenomenon, but also lays out 56 concrete recommendations for responding. Your findings are the result of countless hearings, listening sessions, and meetings with experts, community members, advocates, and survivors over the past year. They make clear that, of the 76 million children in the United States, an estimated 46 million are exposed to violence, crime, and abuse on an annual basis. And they indicate, this is much more than a public health crisis which imposes a cost burden on our health care system amounting to hundreds of billions of dollars each year. It is also a significant public safety and criminal justice problem – with growing financial and human costs. As your report clearly illustrates, we cannot yet be satisfied – and this is no time to become complacent.

Protecting our nation's children and young people – and combating youth violence and victimization – has been a personal and professional priority of mine for many years – not only as a former prosecutor, judge, United States Attorney, and Deputy Attorney General, but as a father of three.

Through the landmark Defending Childhood Initiative – which I launched in 2010, we are making meaningful, measurable differences in the lives of countless young people across the country who are in need and at risk. We can all be proud of this work, and encouraged by the significant progress currently underway.

Fortunately, your report has provided us with a promising blueprint for taking our collective work to a new level. And that is why I commit that the recommendations included in this report will not be shelved. They will not be set aside. They will be taken into careful consideration and, wherever possible, used as the basis for action – and a plan for strengthening the robust anti-youth violence efforts that are already in place.

This Task Force has correctly noted that this is not a problem that government alone can solve. Certainly, coordination across federal agencies will be a critical part of the answer, and I look forward to leading that effort. But you also highlight the important work that must be done in communities across the nation to better understand the effects of violence on children. You remind us all that if we work together, across professional disciplines, and with community members of all kinds, we will be able to prevent this violence when possible, identify it when it does occur, and provide support that helps children heal so that they can grow into healthy adults. Once again, I thank you for your insights, expertise, time, and remarkable commitment to this work.

Sincerely,

A handwritten signature in blue ink, reading "Eric H. Holder, Jr.", is positioned above the typed name.

Eric H. Holder, Jr.  
Attorney General

This following disclaimer is posted on most of Dept. of Justice documents when others beside the Department's employees are involved. This project was supported by Grant No. 2011-DD-BX-K037 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

The full report can be accessed on the Internet, copy and paste the following into your Browser: [www.justice.gov/defendingchildhood/cev-rpt-full.pdf](http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf) About 61 pages of excerpts copied from the 242 page report of the US Attorney General's Task Force on Children Exposed To Violence, are included. We hope a plan of action with dates for implementation will begin soon to resolve problems surrounding children exposed to violence. Thank you again US Attorney General Eric Holder for initiating this project. Our nation's children await protection.

## **Report of the Attorney General's Task Force on Children Exposed to Violence.**

### **"From the Task Force Co-Chairs**

We are facing one of the most significant challenges to the future of America's children that we have ever known. Our children are experiencing and witnessing violence on an alarming scale.

This exposure to violence is not limited to one community or one group of children. It occurs among all ethnic and racial groups; in urban, suburban, and rural areas; in gated communities and on tribal lands.

Advances in neuroscience and child development have taught us that the trauma children experience when they are exposed to physical, sexual, and emotional violence harms their ability to mature cognitively and emotionally, and it scars them physically and emotionally well into their adult lives.

Some of our children may grow up in safety and stability, but when millions do not, our entire society suffers. We pay astronomical costs to the healthcare, child welfare, justice, and other systems because we have not yet done what we know works to prevent and treat childhood exposure to violence.

U.S. Attorney General Eric Holder charged this task force with recommending ways our nation can prevent, reduce, and treat children's exposure to violence. We have taken this charge seriously.

We have heard from dozens of people who work to prevent, reduce, and treat children's exposure to violence, as well as from those who have experienced it. Their stories of what they had seen and lived through were sometimes horrifying but always inspired us to deeper commitment. What we learned from them has changed the way we think about this issue.

The good news is that we know what works to address children's exposure to violence. Now we must work courageously to find the resources to spread the solutions and implement them where they are needed. We must actively engage youth, families, and communities in the development of local solutions to these problems.

We must protect children, and we must not look away when they are in pain. We also must not let our own fears and pain stop us from helping. Above all, we must give them hope that their future will be better and safer.

We thank Attorney General Holder for shining a bright light on children's exposure to violence. It has been a tremendous honor to serve on this task force. We stand with the Attorney General and you, the reader of this report, ready to begin. When our children are dying, we cannot afford to wait.

Joe Torre

Robert L. Listenbee, Jr. JD



## Executive Summary

### ***The Attorney General's Task Force on Children Exposed to Violence***

Exposure to violence is a national crisis that affects *approximately two out of every three of our children*. Of the 76 million children currently residing in the United States, an estimated 46 million can expect to have their lives touched by violence, crime, abuse, and psychological trauma this year. In 1979, U.S. Surgeon General Julius B. Richmond declared violence a public health crisis of the highest priority, and yet 33 years later that crisis remains. Whether the violence occurs in children's homes, neighborhoods, schools, playgrounds or playing fields, locker rooms, places of worship, shelters, streets, or in juvenile detention centers, the exposure of children to violence is a uniquely traumatic experience that has the potential to profoundly derail the child's security, health, happiness, and ability to grow and learn — with effects lasting well into adulthood.

**Exposure to violence in any form harms children, and different forms of violence have different negative impacts.**

**Sexual abuse** places children at high risk for serious and chronic health problems, including posttraumatic stress disorder (PTSD), depression, suicidality, eating disorders, sleep disorders, substance abuse, and deviant sexual behavior. Sexually abused children often become hypervigilant about the possibility of future sexual violation, experience feelings of betrayal by the adults who failed to care for and protect them.

**Physical abuse** puts children at high risk for lifelong problems with medical illness, PTSD, suicidality, eating disorders, substance abuse, and deviant sexual behavior. Physically abused children are at heightened risk for cognitive and developmental impairments, which can lead to violent behavior as a form of self-protection and control. These children often feel powerless when faced with physical intimidation, threats, or conflict and may compensate by becoming isolated (through truancy or hiding) or aggressive (by bullying or joining gangs for protection). Physically abused children are at risk for significant impairment in memory processing and problem solving and for developing defensive behaviors that lead to consistent avoidance of intimacy.

**Intimate partner violence** within families puts children at high risk for severe and potentially lifelong problems with physical health, mental health, and school and peer relationships as well as for disruptive behavior. Witnessing or living with domestic or intimate partner violence often burdens children with a sense of loss or profound guilt and shame because of their mistaken assumption that they should have intervened or prevented the violence or, tragically, that they caused the violence. They frequently castigate themselves for having failed in what they assume to be their duty to protect a parent or sibling(s) from being harmed, for not having taken the place of their horribly injured or killed family member, or for having caused the offender to be violent. Children exposed to intimate partner violence often experience a sense of terror and dread that they will lose an essential caregiver through permanent injury or death. They also fear losing their relationship with the offending parent, who may be removed from the home, incarcerated, or even executed. Children will mistakenly blame themselves for having caused the batterer to be violent. If no one identifies these children and helps them heal and recover, they may bring this uncertainty, fear, grief, anger, shame, and sense of betrayal into all of their important relationships for the rest of their lives.

**Community violence** in neighborhoods can result in children witnessing assaults and even killings of family members, peers, trusted adults, innocent bystanders, and perpetrators of violence. Violence in the community can prevent children from feeling safe in their own schools and neighborhoods. Violence and ensuing psychological trauma can lead children to adopt an attitude of hypervigilance, to

become experts at detecting threat or perceived threat — never able to let down their guard in order to be ready for the next outbreak of violence. They may come to believe that violence is “normal,” that violence is “here to stay,” and that relationships are too fragile to trust because one never knows when violence will take the life of a friend or loved one. They may turn to gangs or criminal activities to prevent others from viewing them as weak and to counteract feelings of despair and powerlessness, perpetuating the cycle of violence and increasing their risk of incarceration. They are also at risk for becoming victims of intimate partner violence in adolescence and in adulthood.

The picture becomes even more complex when children are “polyvictims” (**exposed to multiple types of violence**). As many as 1 in 10 children in this country are polyvictims, according to the Department of Justice and Centers for Disease Control and Prevention’s groundbreaking National Survey of Children’s Exposure to Violence (NatSCEV). The toxic combination of exposure to intimate partner violence, physical abuse, sexual abuse, and/or exposure to community violence increases the risk and severity of posttraumatic injuries and mental health disorders by at least twofold and up to as much as tenfold. Polyvictimized children are at very high risk for losing the fundamental capacities necessary for normal development, successful learning, and a productive adulthood.

The financial costs of children’s exposure to violence are astronomical. The financial burden on other public systems, including child welfare, social services, law enforcement, juvenile justice, and, in particular, education, is staggering when combined with the loss of productivity over children’s lifetimes.

It is time to ensure that our nation’s past inadequate response to children’s exposure to violence does not negatively affect children’s lives any further. We must not allow violence to deny any children their right to physical and mental health services or to the pathways necessary for maturation into successful students, productive workers, responsible family members, and parents and citizens.

*We can stem this epidemic if we commit to a strong national response. The long-term negative outcomes of exposure to violence can be prevented, and children exposed to violence can be helped to recover. Children exposed to violence can heal if we identify them early and give them specialized services, evidence-based treatment, and proper care and support. We have the power to end the damage to children from violence and abuse in our country; it does not need to be inevitable.*

We, as a country, have the creativity, knowledge, leadership, economic resources, and talent to effectively intervene on behalf of children exposed to violence. We can provide these children with the opportunity to recover and, with hard work, to claim their birthright ... life, liberty, and the pursuit of happiness. We invest in the future of our nation when we commit ourselves as citizens, service providers, and community members to helping our children recover from exposure to violence and ending all forms of violence in their lives.

To prepare this report, the Attorney General commissioned a task force of diverse leaders dedicated to protecting children from exposure to violence and to healing those who were exposed. The report calls for action by the federal government, states, tribes, communities, and the private sector across the country to marshal the best available knowledge and all of the resources needed to defend all of our children against exposure to violence. The Attorney General’s task force asks all readers of this report to imagine a safe country for our children’s creative, healthy development and to join together in developing a national plan to foster that reality.

The findings and recommendations of the task force are organized into six chapters. The first chapter provides an overview of the problem and sets forth 10 foundational recommendations. The next two chapters offer a series of recommendations to ensure that we reliably identify, screen, and assess all children exposed to violence and thereafter give them support, treatment, and other services designed

to address their needs. In the fourth and fifth chapters, the task force focuses on prevention and emphasizes the importance of effectively integrating prevention, intervention, and resilience across systems by nurturing children through warm, supportive, loving, and nonviolent relationships in our homes and communities. In the sixth and final chapter of this report, the task force calls for a new approach to juvenile justice, one that acknowledges that the vast majority of the children involved in that system have been exposed to violence, necessitating the prioritization of services that promote their healing.

The challenge of children's exposure to violence and ensuing psychological trauma is not one that government alone can solve. The problem requires a truly national response that draws on the strengths of all Americans. Our children's futures are at stake. Every child we are able to help recover from the impact of violence is an investment in our nation's future. Therefore, this report calls for a collective investment nationwide in defending our children from exposure to violence and psychological trauma, in healing families and communities, and in enabling all of our children to imagine and claim their safe and creative development and their productive futures. The time for action is now. Together, we must take this next step and build a nation whose communities are dedicated to ending children's exposure to violence and psychological trauma. To that end, the task force offers the following recommendations.

## **Task Force Recommendations**

### ***Chapter One:***

#### ***1. Ending the Epidemic of Children Exposed to Violence***

##### **1.1 Charge leaders at the highest levels of the executive and legislative branches of the federal government with the coordination and implementation of the recommendations in this report.**

The executive branch should designate leadership at the highest levels of government to implement the recommendations in this report. Working with the executive branch, Congress should take legislative action on the recommendations in this report, making these recommendations a bipartisan priority.

##### **1.2 Appoint a federal task force or commission to examine the needs of American Indian/Alaska Native children exposed to violence.**

A federal task force or commission should be developed to examine the specific needs of American Indian/Alaska Native (AIAN) children exposed to violence and recommend actions to protect AIAN children from abuse and neglect and reduce violence. The management of this task force or commission, and the selection of its members, should be carried out through an equal collaboration between the Attorney General and the Secretary of the Interior.

##### **1.3 Engage youth as leaders and peer experts in all initiatives defending children against violence and its harmful effects.**

Local, state, and regional child-serving initiatives and agencies should be directed to involve youth as leaders, planners, problem solvers, and communicators and be given the support they need to do this. Engagement with youth is essential in order to develop effective solutions to the complex problems leading to and resulting from children's exposure to violence.

##### **1.4 Ensure universal public awareness of the crisis of children exposed to violence and change social norms to protect children from violence and its harmful effects.**

Precedents exist for solving epidemic and seemingly intractable problems. Federal, state, and regional initiatives should be designed, developed, and implemented to launch a national public awareness campaign to create fundamental changes in perspective in every organization, community, and household in our country.

**1.5 Incorporate evidence-based trauma-informed principles in all applicable federal agency grant requirements.**

The federal government should lead the development of standards of care for identification, assessment, treatment, protection, and other crucial services for children exposed to violence and psychological trauma as well as the development of protocols for monitoring the quality of these services as measured against the national standards.

**1.6 Launch a national initiative to promote professional education and training on the issue of children exposed to violence.**

Standards and a curriculum must be developed to ensure that all students and professionals working with children and families are aware of the scope of the problem of children's exposure to violence as well as their responsibility to provide trauma-informed services and trauma-specific evidence-based treatment within the scope of their professional expertise.

**1.7 Continue to support and sustain the national data collection infrastructure for the monitoring of trends in children exposed to violence.**

Continued support for the National Survey of Children's Exposure to Violence (NatSCEV) is essential to ensure that the survey is conducted at frequent, regular intervals. The government must gather and examine additional data on a regular basis, in concert with the NatSCEV, to address related justice, education, health, and human services issues; to establish a clear picture of children's continuing exposure to violence; and to track and demonstrate the progress our country makes in ending this epidemic.

**1.8 Create national centers of excellence on children's exposure to violence.**

To ensure the success of this report's recommendations, national centers of excellence should be established and fully funded to support the implementation of a sustained public awareness campaign, reforms to maximize efficiencies in funding, standards for professional education and practices, and ongoing monitoring of trends and the translation of data; and to bring together the scientific, clinical, technical, and policy expertise necessary to systematically ensure the success of each of the foregoing goals.

**1.9 Develop and implement public policy initiatives in state, tribal, and local governments to reduce and address the impact of childhood exposure to violence.**

Every community's governing institutions and leaders should be provided with guidance from national centers of excellence to enable them to create local public policy initiatives, regulations, and services that ensure that children are protected against the harmful effects of exposure to violence and psychological trauma to the fullest extent possible.

**1.10 Finance change by adjusting existing allocations and leveraging new funding.**

The federal government should provide financial incentives to states and communities to redirect funds to approaches with an established record of success in defending children against exposure to violence and enabling victimized children to heal and recover.

## ***2. Identifying Children Exposed to Violence***

Every year, millions of children in this country are exposed to violence, and yet very few of these children ever receive help in recovering from the psychological damage caused by this experience. The first crucial step in protecting our children is to *identify and provide timely and effective help to those who already are being victimized by violence*. The recommendations below are offered to address identification, assessment, and screening:

### **2.1 Galvanize the public to identify and respond to children exposed to violence.**

Sustained public information and advocacy initiatives should be implemented in every community in order to create an informed citizenry that can advocate for higher levels of services and support from policymakers for both prevention and early intervention for children exposed to violence. These initiatives are crucial to challenge the misplaced pessimism that makes violence seem like an inevitable part of life.

### **2.2 Ensure that all children exposed to violence are identified, screened, and assessed.**

Every professional and paraprofessional who comes into contact with pregnant women and children must routinely identify children exposed to (or at risk for) violence, provide them with trauma-informed care or services, and assist them and their families in accessing evidence-based trauma-specific treatment.

### **2.3 Include curricula in all university undergraduate and graduate programs to ensure that every child- and family-serving professional receives training in multiple evidence-based methods for identifying and screening children for exposure to violence.**

It is imperative to equip all professionals who serve children and families with the knowledge and skills they need to recognize and address the impact of violence and psychological trauma on children.

### **2.4 Develop and disseminate standards in professional societies and associations for conducting comprehensive specialized assessments of children exposed to violence.**

Professional societies and associations of educators, law enforcement personnel, public health workers, providers of faith-based services, athletic coaches, physicians, psychologists, psychiatrists, social workers, counselors, and marriage and family therapists — and those representing specialists in child abuse and domestic violence prevention and treatment — should develop, update, and disseminate standards for training and practice in the specialized assessment of children exposed to violence.

Chapter Three:

## ***3. Treatment and Healing of Exposure to Violence***

The majority of children in our country who are identified as having been exposed to violence never receive services or treatment that effectively help them to stabilize themselves, regain their normal developmental trajectory, restore their safety, and heal their social and emotional wounds. But help isn't optional or a luxury when a child's life is at stake; it's a necessity. Even after the violence has ended, these child survivors suffer from severe problems with anxiety, depression, anger, grief, and posttraumatic stress that can mar their relationships and family life and limit their success in school or work, not only in childhood but throughout their adult lives. Without services or treatment, even children



who appear resilient and seem to recover from exposure to violence still bear emotional scars that may lead them to experience these same health and psychological problems years or decades later.

### **3.1 Provide all children exposed to violence access to trauma-informed services and evidence-based trauma-specific treatment.**

Service and treatment providers who help children and their families exposed to violence and psychological trauma *must* provide trauma-informed care, trauma-specific treatment, or trauma-focused services.

### **3.2 Adapt evidence-based treatments for children exposed to violence and psychological trauma to the cultural beliefs and practices of the recipients and their communities.**

Federal, regional, and state funding should be dedicated to the development, testing, and distribution of evidence-based, trauma-specific treatments that have been carefully adapted to recipients' cultural beliefs and practices in order to reach the millions of children currently in need in diverse communities throughout the country.

### **3.3 Develop and provide trauma-informed care in all hospital-based trauma centers and emergency departments for all children exposed to violence.**

Hospital-based counseling and prevention programs should be established in all hospital emergency departments — especially those that provide services to victims of violence — including victims of gang violence. Professionals and other staff in emergency medical services should be trained to identify and engage children who have been exposed to violence or to prolonged, extreme psychological trauma.

### **3.4 Share information and implement coordinated and adaptive approaches to improve the quality of trauma-specific treatments and trauma-focused services and their delivery by organizations and professionals across settings and disciplines to children exposed to violence.**

To be effective, trauma-specific treatments and trauma-focused services must be provided in a consistent manner across the many systems, programs, and professions dedicated to helping children exposed to violence.

### **3.5 Provide trauma-specific treatments in all agencies and organizations serving children and families exposed to violence and psychological trauma that are suitable to their clinicians' and staff members' professional and paraprofessional roles and responsibilities.**

Agencies and organizations serving children and families should have access to training on and assistance in sustained, effective implementation of widely available trauma-specific treatments that have been shown scientifically to be effective with young children, school-age children, and adolescents.

### **3.6 Ensure that every professional and advocate serving children exposed to violence and psychological trauma learns and provides trauma-informed care and trauma-focused services.**

Treatment providers should be made available in every setting in which children spend their days — schools, youth centers, even the family's home — as well as where children receive care — clinics, hospitals, counseling centers, the offices of child protective services, homeless shelters, domestic violence programs — and where they encounter the legal system — on the street with police officers, in the courts, in probation and detention centers — to help children recover from violence and psychological trauma by providing trauma-informed care and trauma-focused services.

**3.7 Grow and sustain an adequate workforce of trauma-informed service providers, with particular attention paid to the recruitment, training, and retention of culturally diverse providers.**

Trauma-informed care and trauma-focused services should be taught as a required part of the curriculum for all graduate and undergraduate students enrolled in professional education programs in colleges, universities, and medical and law schools where these students are preparing for careers in the healthcare, human services, public health, child welfare, or juvenile justice fields. The same recommendation applies to technical and vocational schools in which the students are preparing to work in similar fields.

**3.8 Ensure that professional societies should develop, adopt, disseminate, and implement principles, practices, and standards for comprehensive evidence-based treatment of children exposed to violence or psychological trauma.**

Every professional society in the United States that represents children and families should develop and formally adopt principles, practices, guidelines, and standards for evidence-based trauma-informed care, trauma-specific treatments, and trauma-focused services for violence-exposed children and their families.

**3.9 Provide research funding to continue the clinical and scientific development of increasingly effective evidence-based treatments for children exposed to violence.**

Research and funding infrastructures that encourage the creation and testing of innovative practices and programs that allow for the evolution of increasingly effective evidence-based treatments for children exposed to violence must be expanded or newly developed.

**3.10 Provide individuals who conduct services and treatment for children exposed to violence with workforce protection to prepare them for the personal impact of this work and to assist them in maintaining a safe and healthy workplace.**

All providers should receive training and resources in their workplace that enable them to maintain their own emotional and physical health and professional and personal support systems.

**3.11 Incentivize healthcare providers and insurance providers to reimburse trauma-focused services and trauma-specific treatment.**

Even evidence-based treatments will fail if they are poorly implemented. Treatment providers must be incentivized in their practices to routinely monitor and report on the quality, reach, and outcomes of the evidence-based or evidence-informed services they provide using established methods for doing so.

Chapter Four:

***4. Creating Safe and Nurturing Homes***

Each year, millions of children in this country are exposed to violence and abuse in their homes or, less often, outside the home. Violence in the home can take many forms, including, but not limited to,

physical and sexual abuse of children; intimate partner violence; and violence among family members, including siblings, grandparents, or extended family. In some cases, family members may even lose their lives because of criminal violence.

Recognizing that the best place for children and adolescents to not only survive but also to thrive is in families that keep them safe and nurture their development, the task force offers 11 recommendations that are described below.

**4.1 Expand access to home visiting services for families with children who are exposed to violence, focusing on safety and referral to services.**

Home visitation programs should be expanded to address the dynamics of child abuse and domestic violence; to provide evidence-based safety planning for parents, including pregnant mothers who are victims of domestic violence and sexual assault; and to strengthen the connections between children and their non-offending and protective parent(s), recognizing that every violence-exposed child's well-being is inextricably linked to the safety of that child's home and the well-being of her/his parents and caregivers.

**4.2 Increase collaborative responses by police, mental health providers, domestic violence advocates, child protective service workers, and court personnel for women and children who are victimized by intimate partner violence.**

We need to enhance coordination between law enforcement and service providers to identify children who are traumatized by domestic violence in order to assess immediate and subsequent threats and to follow up with visits to evaluate safety and other concerns of victims.

*Coordinated responses must be developed to address safety issues, basic needs, trauma-focused assessment, and identification of children needing treatment, to support children's recovery from the impact of exposure to intimate partner violence.*

*Models for integrated planning and intervention following initial police responses to domestic disturbances to law enforcement, mental health, child protective services, and domestic violence services agencies and courts should be disseminated nationwide.*

**4.3 Ensure that parents who are victims of domestic violence have access to services and counseling that help them protect and care for their children.**

Parents who have experienced intimate partner violence should be provided with trauma-informed services and treatment themselves in order to assist them in providing their children with emotional security and support for healthy development.

**4.4 When domestic violence and child sexual or physical abuse co-occur, ensure that the dependency and family courts, the child protection system, and domestic violence programs work together to create protocols and policies that protect children and adult victims.**

When domestic violence and child abuse co-occur in a family, all victims need protection. Adult caregivers who are victimized, and their children involved in custody and dependency cases, should be provided with coordinated trauma-informed services and trauma-specific treatment appropriate to their circumstances and developmental stage. Every reasonable effort should be made to keep the violence-exposed child and non-offending parent(s) or other family caregiver(s) together.

**4.5 Create multidisciplinary councils or coalitions to assure systemwide collaboration and coordinated community responses to children exposed to family violence.**

Every city, county, or tribe should be directed and supported to establish and sustain a multidisciplinary network or council that includes every provider and agency that touches the lives of children exposed to violence, including key decision makers who affect policy, programs, and case management.

*Coordinated multidisciplinary teams that screen, assess, and respond to victims of family violence involved in the child protection and juvenile justice systems, and standards and procedures to prevent families and children who are exposed to violence in the home from becoming unnecessarily involved in those systems, are needed in every community.*

**4.6 Provide families affected by sexual abuse, physical abuse, and domestic violence with education and services to prevent further abuse, to respond to the adverse effects on the family, and to enable the children to recover.**

Programs should be supported and developed to engage parents to help protect and support children, ideally working to stop child sexual or physical abuse before it occurs — and also enabling parents to assist their children in recovery if sexual or physical abuse does occur. Prevention programs that equip parents and other family members with the skills needed to establish healthy, supportive, proactive relationships with children should be available to all families in every community.

**4.7 Ensure that parenting programs in child- and family-serving agencies, including fatherhood programs and other programs specifically for men, integrate strategies for preventing domestic violence and sexual assault and include reparation strategies when violence has already occurred.**

All agencies, programs, and providers working with fathers who have been violent toward their children, partners, or other family members must provide in-depth assessment, diagnosis, treatment planning, and educational services that are linked to the specific problems of each offender. Fathers who use violence also must be held accountable and monitored, as change does not always come easily or quickly.

**4.8 Provide support and counseling to address the unique consequences for children exposed to lethal violence, both in the home as a result of domestic violence homicides and suicides, and in the community.**

Evidence-based treatments that have been developed specifically to help children recover and heal from the traumatic grief of a violent death in their family should be available to all children who experience a loss due to violence, in every community in this country.

**4.9 Develop interventions in all child- and family-serving agencies that build on the assets and values of each family's culture of origin and incorporate the linguistic and acculturation challenges of immigrant children and parents.**

Evidence-based interventions should be created specifically for immigrant children and their families who have been exposed to violence, providing them with a network of services and supports that are grounded in the beliefs and values of their culture and language of origin rather than forcing them to renounce or relinquish those crucial ties and foundations.

**4.10 Ensure compliance with the letter and spirit of the Indian Child Welfare Act (ICWA).**

Thirty-five years after its passage, full implementation of the ICWA remains elusive. Because the ICWA is a federal statute, successful implementation will be best ensured through strong, coordinated

support from the Department of Interior, Bureau of Indian Affairs; Department of Health and Social Services, Administration for Children and Families; and the Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

**4.11 Initiate a nationally sponsored program similar to the Department of Defense's community and family support programs that provides military families with specialized services focused on building strengths and resilience, new parent support, youth programs, and forging partnerships with communities.**

The unique challenges of military families are widely recognized, but military families are too frequently underserved. Family support programs developed in concert with the President's "Strengthening Our Military Families" initiative should be expanded to fully provide for the safety and well-being of the children of military families and veterans living in civilian communities.

Chapter 5:

***5. Communities Rising Up Out of Violence***

Every year, community violence affects tens of millions of children in this country. This violence can occur in episodic incidents such as shootings in schools or other public places that cause children and families to feel terror in their own neighborhoods and schools and leave them to recover from the traumatic grief of losing friends or peers who are killed or who never fully recover. In addition, countless children are victimized when violence becomes part of the fabric of American communities as a result of gangs, or when bullying or corporal punishment is tolerated or sanctioned in schools or youth activities.

To reduce the extent of this pandemic of children's exposure to community violence, on behalf of children not yet exposed to community violence, and to help children who have been victims recover and heal from the trauma and grief caused by violence in their neighborhoods and schools, the task force proposes the following recommendations:

**5.1 Organize local coalitions in every community representing professionals from multiple disciplines and the full range of service systems (including law enforcement, the courts, health care, schools, family services, child protection, domestic violence programs, rape crisis centers, and child advocacy centers) as well as families and other community members, to assess local challenges and resources, develop strategies, and carry out coordinated responses to reduce violence and the number of children exposed to violence.**

Nationwide, local coalitions should be formed to increase children's safety and well-being through public awareness, wraparound support services, and immediate access to services that are tailored to meet the individual needs of children and families exposed to violence in their schools, neighborhoods, or homes.

**5.2 Recognize and support the critical role of law enforcement's participation in collaborative responses to violence.**

Child-serving professionals from all disciplines and law enforcement professionals should partner to provide protection and help in recovery and healing for children exposed to violence.

**5.3 Involve men and boys as critical partners in preventing violence.**



Initiatives must be supported and expanded to involve men and boys in using nonviolence to build healthy communities and to develop a network of men and boys across the country who are committed to creating widespread change that will help break the cycle of violence in our homes, schools, and communities.

#### **5.4 Foster, promote, and model healthy relationships for children and youth.**

Community- and school-based programs should be developed and supported to prevent violence within adolescent relationships, to promote healthy relationships, and to change social norms that tolerate and condone abuse.

#### **5.5 Develop and implement policies to improve the reporting of suspected child sexual abuse in every institution entrusted with the care and nurturing of children.**

To break the silence and secrecy that shrouds child sexual abuse, every institution entrusted with the care and safety of children must improve its policies on mandatory reporting, implement them fully, educate its employees about them, and ensure full compliance.

#### **5.6 Train and require child care providers to meet professional and legal standards for identifying young children exposed to violence and reducing their exposure to it.**

Child care providers must be trained and provided with ongoing supervision and continuing education so as to be able to recognize children in their care who have been exposed to violence and to be able to help their families to access the services and treatment that these children need in order to recover.

#### **5.7 Provide schools with the resources they need to create and sustain safe places where children exposed to violence can get help.**

Every school in our country should have trauma-informed staff and consultants providing school-based trauma-specific treatment. In addition, these professionals should help children who have severe chronic problems to access evidence-based treatment at home or in clinics.

#### **5.8 Provide children, parents, schools, and communities with the tools they need to identify and stop bullying and to help children who have been bullied — including the bullies themselves — to recover from social, emotional, and school problems.**

Trauma-informed services and support should be provided to all children who are bullies or victims of bullying in order to stop the spread of emotional and physical violence in our schools and communities.

#### **5.9 Put programs to identify and protect children exposed to community violence who struggle with suicidality in place in every community.**

Every community in the nation should have immediate access to evidence-based, trauma-informed, trauma-specific, community-adaptive suicide prevention and treatment programs for children and youth at high risk because of their severe suicidality.

#### **5.10 Support community programs that provide youth with mentoring as an intervention and as a prevention strategy, to reduce victimization by and involvement in violence and to promote healthy development by youths.**

All children's mentoring programs should provide ongoing trauma-informed training and supervision to their adult mentors to ensure the children's safety and maximize the benefits of the mentoring relationship.

#### **5.11 Help communities learn and share what works by investing in research.**

A coordinated national initiative should be created to develop public-private partnerships and funding to ensure that scientific research on the causes of children's exposure to community violence, ways to prevent such exposure, and methods of treating its adverse effects is translated into effective and efficient interventions that are available to, and used successfully in, every community in our country.

Chapter 6:

### ***6. Rethinking Our Juvenile Justice System***

The vast majority of children involved in the juvenile justice system have survived exposure to violence and are living with the trauma of those experiences. A trauma-informed approach to juvenile justice does not require wholesale abandonment of existing programs, but instead it can be used to make many existing programs more effective and cost-efficient. By correctly assessing the needs of youth in the justice system, including youth exposed to violence, and matching services directly to those needs, the system can help children recover from the effects of exposure to violence and become whole.

As a guide to addressing the needs of the vast majority of at-risk and justice-involved youth who have been exposed to violence, the task force offers the recommendations listed below.

#### **6.1 Make trauma-informed screening, assessment, and care the standard in juvenile justice services.**

All children who enter the juvenile justice system should be screened for exposure to violence. The initial screening should take place upon the child's first contact with the juvenile justice system and should include youth who meet the criteria for diversion from the system. Where feasible, juvenile justice stakeholders should develop trauma-informed care and treatment for children diverted to prevention, mental health, or dependency programs.

#### **6.2 Abandon juvenile justice correctional practices that traumatize children and further reduce their opportunities to become productive members of society.**

Juvenile justice officials should rely on detention or incarceration as a last resort and only for youth who pose a safety risk or who cannot receive effective treatment in the community. Facilities must eliminate practices that traumatize and damage the youth in their care.

#### **6.3 Provide juvenile justice services appropriate to children's ethnocultural background that are based on an assessment of each violence-exposed child's individual needs.**

Culturally sensitive role models, practices, and programs aimed at healing traumatized youth and preventing youth from being further exposed to violence in the juvenile justice system should be expanded nationwide and incorporated into statewide juvenile justice systems.

#### **6.4 Provide care and services to address the special circumstances and needs of girls in the juvenile justice system.**

Programs that provide gender-responsive services for girls healing from violence and other traumatic events, including sexual and physical abuse, should be supported and developed.

**6.5 Provide care and services to address the special circumstances and needs of LGBTQ (lesbian-gay-bisexual-transgender-questioning) youth in the juvenile justice system.**

Every individual who works in the juvenile justice system should be trained and provided with ongoing supervision in order to be able to deliver trauma-informed care while demonstrating respect and support for the sexual orientation of every youth.

**6.6 Develop and implement policies in every school system across the country that aim to keep children in school rather than relying on policies that lead to suspension and expulsion and ultimately drive children into the juvenile justice system.**

Successful school-based programs that help students develop better ways of handling emotional distress, peer pressures, and problems in family and peer relationships and that integrate recovery from trauma should be expanded and then embedded into existing school curricula and activities to increase students' abilities to have positive experiences with education, recreation, peer relationships, and the larger community.

**6.7 Guarantee that all violence-exposed children accused of a crime have legal representation.**

We should ensure that all children have meaningful access to legal counsel in delinquency proceedings. Screen all children who enter the juvenile and adult justice systems for exposure to violence and provide access to trauma-informed services and treatment. Train defense attorneys who represent children to identify and obtain services for clients who have been exposed to violence and to help identify and prevent abuses of children in juvenile detention and placement programs.

**6.8 Help, do not punish, child victims of sex trafficking.**

Child victims of commercial sex trafficking should not be treated as delinquents or criminals. New laws, approaches to law enforcement, and judicial procedures must be developed that apply existing victim protection laws to protect the rights of these child victims.

**6.9 Whenever possible, prosecute young offenders in the juvenile justice system instead of transferring their cases to adult courts.**

No juvenile offender should be viewed or treated as an adult. Laws and regulations prosecuting them as adults in adult courts, incarcerating them as adults, and sentencing them to harsh punishments that ignore and diminish their capacity to grow must be replaced or abandoned.

## Chapter One: Ending the Epidemic of Children Exposed to Violence

Each year in the United States, millions of children are exposed to violence as victims of physical or sexual abuse, witnesses to intimate partner violence, or witnesses to violence that occurs in their neighborhoods. Exposure to violence causes major disruptions of the basic cognitive, emotional, and brain functioning that are essential for optimal development and leaves children traumatized. When their trauma goes unrecognized and untreated, these children are at significantly greater risk than their peers for aggressive, disruptive behaviors; school failure; posttraumatic stress disorder (PTSD); anxiety and depressive disorders; alcohol and drug abuse; risky sexual behavior; delinquency; and repeated victimization. When left unaddressed, these consequences of violence exposure and the impact of psychological trauma can persist well beyond childhood, affecting adult health and productivity. They also significantly increase the risk that, as adults, these children will engage in violence themselves. Exposure to violence constitutes a major threat to the health and well-being of our nation's children, ages 0 to 21 years. As a nation, we must protect children from the traumatization that results from exposure to violence.

For far too many children, exposure to violence is a matter of life and death. Eighty percent of child fatalities due to abuse or neglect occur within the first 3 years of life and almost always at the hands of adults responsible for their care. Every day, we lose five children in this country to violent deaths caused by abuse or neglect.<sup>1,2</sup>

Homicide is the second leading cause of death for children, youth, and young adults between the ages of 10 and 24, and suicide is a close third. Among very young children (ages 1 to 4), homicide is the third leading cause of death and accounted for 9 percent of deaths in the United States in 2008, an increase of 7 percentage points since 1970. Among children ages 5 to 14, homicide is the fourth leading cause of death, causing 2 percent of child deaths in 1970 and 6 percent in 2008. Suicide is close behind, the fifth leading cause of death in the United States in 2008 among school-age and pre-adolescent children.<sup>3</sup>

In the United States, we lose an average of more than 9 children and youths ages 5 to 18 to homicide or suicide per day — a total of 3,000 children each year.<sup>4</sup>

In addition to the human costs of unaddressed consequences of children's exposure to violence, the financial costs are astronomical. The predicted incremental cost of violence and abuse on the healthcare system alone ranges from \$333 billion to \$750 billion annually, or up to 37½ cents of every dollar spent on health care.<sup>5</sup> The financial burden on other public systems — child welfare, social services, law enforcement and justice, and education, in particular — combined with the loss of productivity over lifetimes is incalculable.

Exposure to violence is a national crisis that affects almost two in every three of our children. According to the National Survey of Children Exposed to Violence (NatSCEV), an estimated 46 million of the 76 million children currently residing in the United States are exposed to violence, crime, and abuse each year.<sup>6</sup> In 1979, U.S. Surgeon General Julius B. Richmond declared that violence was a public health crisis of the highest priority. Although the past 30 years have seen dramatic reductions in the prevalence of violent crime, as measured in certain sectors such as violent crimes in households with children, children's exposure to violence and ensuing psychological trauma remains a national epidemic. As a nation, we must face the horrors of violence and resulting psychological trauma, resist the temptation to turn away, and make sure that children are not left to fend for themselves when they have been unable to escape their up-close and personal experiences of that horror.

We do not need to remain helpless, and our children do not need to remain alone with the consequences of their exposure to violence. With greater awareness of the enormous strides that have been made in developing effective ways of interrupting and responding to the consequences of violence exposure, our country is poised to confront the reality of violence in children's lives and initiate effective and long-lasting changes. It is time, as a nation, to commit to the protection of our children and to ensuring that they receive the assistance they need to recover when violence enters their lives.

*It is time to use effective, coordinated approaches that address the needs of children traumatized by violence — and their families and communities. It is time to ensure that interrupting the cycle of costly life-altering consequences of children's violence exposure becomes a national priority.*

To prepare this report, the Attorney General commissioned a diverse group of leaders who are dedicated to protecting children from violence and helping them to heal in the wake of violence. The task force is issuing this report as a call to action for the federal government, states, tribes, communities, the private sector, and people from all walks of life across the country to marshal the best available knowledge and the resources needed to defend our children against exposure to violence.

### ***The Traumatic Impact of Exposure to Violence***

When children are exposed to violence, the convergence between real life events and their worst fears — about physical injury and loss of life, loved ones, and control of their actions and feelings — is an “experience of overwhelming and often unanticipated danger [that] triggers a traumatic disruption of biological, cognitive, social and emotional regulation that has different behavioral manifestations depending on the child's developmental stage.”<sup>7</sup> These traumatic disruptions of brain functioning, healthy development, relationships, and subjective experience often lead to symptoms of distress, including difficulties with sleeping and eating, irritability, attention and concentration problems, aggression, depressed mood and withdrawal, relationship problems, anxiety and intrusive thoughts, and impulsivity (such as dangerous risk-taking, alcohol and drug abuse, delinquency, or promiscuous sexual behavior).

These symptoms result from abrupt changes in brain activity and altered perceptions of self, others, and the environment, leaving the child “stuck” or “frozen” without a way to escape the state of fear<sup>8</sup> (and also often shock, anger, grief, betrayal, and guilt or shame) from the original violent experience. Children traumatized by exposure to violence cannot move forward in their lives. When parents, caregivers, and others identify the impact of the violence exposure and provide adequate support and treatment, affected children are able to heal and recover.<sup>9-11</sup> However, when violence is chronic or sources of support are inadequate, the result can be a severe and lasting impact on every aspect of the child's development.<sup>12</sup>

In these situations, exposure to violence may “substantially alter a child's biological makeup through long-lasting changes in brain anatomy and physiology.”<sup>7,13-17</sup> These children are at high risk of suffering chronic and severe symptoms of traumatic stress, including long-term psychiatric problems and lifelong limitations on health, well-being, relationships, and personal success.<sup>18</sup> These risks are especially high when exposure to violence involves a fundamental loss of trust and security, which happens when children are exposed to sexual and physical abuse, witness intimate partner violence, or are severely victimized or witness extreme violence outside the home.<sup>7</sup>



Too many children endure cruel physical and sexual abuse and exploitation — most often by adults they know and trust and upon whom they rely, but also by strangers who prey upon them on the Internet or in their communities. Also, too many children see one of their parents, usually their mother, threatened or beaten by another adult in the home. Others see friends or loved ones assaulted in dangerous neighborhoods where violence is part of the fabric of everyday life. Others are left feeling helpless and overwhelmed when they are bullied or when they become trapped in abusive dating relationships. Their fear, anxiety, grief, anger, guilt, shame, and hopelessness are further compounded by isolation and a sense of betrayal when no one takes notice or offers protection, justice, support, or help.

When children's recovery from these posttraumatic symptoms is delayed or fails, the children adopt the attitude of "survivors" who can rely only upon themselves for safety and to cope with feelings of despair and helplessness. We know from recent advances in neuroscience that such survival coping comes at a high price to developmental achievement and success. Children's emotions, thinking, and behavior become organized around learning how to anticipate, cope with, and — for the sake of preparedness — never forget the danger and pain. The violence-exposed brain becomes expert at threat detection and survival, but the areas of the brain that engender and support capacities for problem solving, trust, confidence, happiness, social interaction, and overall self-esteem and self-control become delayed and compromised and may not develop to full capacity.<sup>19-21</sup> Survival-oriented biological changes are necessary for the traumatized child's immediate coping and self-protection during the actual violence exposure, but when they persist after the danger has subsided, brain and psychological development are significantly compromised.<sup>22-27</sup> These children's brains are not faulty or broken; they are stuck in a perpetual state of readiness to react without thinking to even the smallest threat. The children live in a near-constant state of high alert, a survival mode in which they never trust anyone — even people who really are trustworthy — can never relax, and never stop bracing for the next assault or betrayal.

Many of these children meet the criteria for PTSD. However, PTSD is only one of several emotional and behavioral disorders that can result from exposure to violence in childhood. Children exposed to violence and psychological trauma also are at high risk for developing anxiety and depressive disorders; becoming socially isolated, depressed, and suicidal; and engaging in harmful behaviors — drug and alcohol abuse, self-injury, promiscuous sexual activity, and delinquency and crime, in particular — that also increase their risk of being victimized or becoming violent themselves.<sup>18</sup> Additionally, research shows that exposure to violence in the first years of childhood deprives children of as much as 10 percent of their potential intelligence (IQ), leaving them vulnerable to serious emotional, learning, and behavior problems by the time they reach school age.<sup>28</sup> In adolescence, these children continue to be seriously disadvantaged, often underachieving or failing in school; being ostracized or bullied by peers (or turning the tables and victimizing other children); and developing serious problems such as addictions, impulsive or reckless behavior, depression and suicidality, or delinquency.<sup>29</sup> Too often, they are labeled as "bad," "delinquent," "troublemakers," or "lacking character and positive motivation." Few adults will stop and, instead of asking "What's wrong with you?" ask the question that is essential to their recovery from violence: "*What happened to you?*"

It is important to realize that, although exposure to violence in any form harms children, exposure to different forms of violence can have different effects. **Sexual abuse** places children at high risk for serious and often chronic problems with health,<sup>30-32</sup> PTSD and other mental health disorders,<sup>33-37</sup> suicidality,<sup>36,38</sup> eating disorders,<sup>34,37,39-41</sup> sleep disorders,<sup>42,43</sup> substance abuse,<sup>44-47</sup> and sexuality and sexual behavior.<sup>44,48-50</sup> Sexually abused children often become hypervigilant about future sexual violation<sup>51</sup> and experience a sense of betrayal that breaks down the innate trust they feel for adults who should care for

and protect them.<sup>52</sup> Sexual abuse also creates a sense of profound confusion and doubt about the child's own body and self that can develop into severe problems with shame and even self-hatred.<sup>53</sup> In the extreme, this can lead a child to detach physically and psychologically, leading to symptoms of psychological dissociation,<sup>54</sup> such as "blanking or spacing out," or acting on "automatic pilot" without conscious thought, as a way of escaping overwhelmingly intense feelings of fear, horror, rage, and shame.<sup>52,55</sup> Children exposed to sexual abuse also are at high risk for becoming phobic of any kind of physical closeness or touch or, alternately, promiscuously seeking intimacy or sexual activity.<sup>56,57</sup> As a result, sexually abused girls are likely to develop secondary sex characteristics and become sexually active earlier than their peers,<sup>58</sup> to more often and earlier become involved in intimate partnerships involving cohabitation, and to be at risk for intimate partner violence and lower investment and satisfaction in intimate relationships.<sup>59</sup> They also are vulnerable to predators and exploitive adults or older peers who re-victimize them, and they have difficulty caring for and protecting their own children.<sup>60-62</sup>

Children exposed to **physical abuse** also are at high risk for severe and often lifelong problems with physical health,<sup>63-65</sup> PTSD and other mental health disorders,<sup>66-69</sup> suicidality,<sup>38,70-72</sup> eating disorders,<sup>73,74</sup> substance abuse,<sup>75,76</sup> and sexuality and sexual behavior.<sup>57,77,78</sup> In addition, physically abused children are particularly likely to develop a sense of powerlessness when faced with physical intimidation or threats and to attempt to compensate either by hiding from people (for example, by skipping school or becoming socially isolated) or by using anger or aggression to protect themselves<sup>79,80</sup> or seeking relationships with peers or adults who do so (including becoming bullies or joining gangs). They are at risk for impairment in memory and thinking<sup>81-83</sup> and for developing beliefs that lead either to adopting violence as a form of self-protection and control of other people — reactive aggression — or to developing a phobia of even the slightest degree of conflict or anger that can result in avoidance of intimacy. Both of these defensive reactions to having been physically abused tend to result in isolation or rejection from family and peers, as well as both aggressive behavior and victimization in adolescent and adult intimate relationships,<sup>84-86</sup> which can result in a lifetime of violent or broken relationships<sup>87</sup> or no relationships at all. Scientific studies have shown that abused children are at risk of engaging in criminal behavior beginning early in life and continuing into adulthood.<sup>88</sup>

Children who have been exposed to **intimate partner violence** in their families also are at high risk for severe and potentially lifelong problems with physical health,<sup>89-91</sup> mental health,<sup>92-97</sup> school and peer relationships,<sup>98-101</sup> and disruptive behavior.<sup>102-104</sup> Children who witness or live with intimate partner violence are often burdened by a sense of loss<sup>105,106</sup> or by profound guilt<sup>107</sup> because they believe that they should have somehow intervened or prevented the violence — or, tragically, that they actually caused the violence. They frequently castigate themselves for having failed in what they assume to be their duty to protect their parents or siblings from being harmed,<sup>107</sup> including wishing that they could take the place of their victimized family member even if that means being horribly injured or killed themselves. Children exposed to intimate partner violence also often feel a sense of terror that they will lose an essential caregiver, such as a battered parent who is severely injured and could be killed.<sup>94,108-110</sup> To complicate things even further, they also often fear losing their relationship with a battering parent who may be taken away and incarcerated or even executed,<sup>111</sup> and they sometimes mistakenly blame themselves for having caused the batterer to be violent.<sup>112</sup> These children bring a deep sense of uncertainty and fear, as well as grief, anger, and shame, into all of their important relationships for the rest of their lives if not helped to heal and recover.<sup>113,114</sup>

The harm caused by childhood exposure to domestic or intimate partner violence can put future generations of children at risk of family conflict, abuse, neglect, or other exposure to violence and psychological trauma, potentially creating an inter-generational cycle of violence: Men who witnessed domestic violence in their families growing up are at risk for perpetrating domestic violence.<sup>115</sup> When, as adolescents or adults, they have children of their own, childhood victims of domestic violence often have difficulty being stable and nurturing parents, caregivers, and role models despite their best intentions.<sup>116</sup> The cycle of domestic violence exposure in childhood leading to re-victimization as an adult in intimate partner relationships is a serious problem,<sup>117,118</sup> but it is important to recognize that witnessing intimate partner violence in childhood does not necessarily lead to becoming a victim of domestic violence.<sup>119</sup>

Children who are exposed to **community violence** in their neighborhoods or schools often see family members, peers, trusted adults, or strangers (both innocent bystanders and active participants in violent activities) being injured or even murdered.<sup>6</sup> Violence can prevent children from ever feeling safe in their own schools and neighborhoods, leading them to adopt an attitude of hypervigilance — never letting their guard down so they will be ready for the next outbreak of violence.<sup>120-124</sup> They may come to believe that violence is “normal” and that relationships are too fragile to trust because one never knows when violence will take the life of a friend or loved one. They may feel compelled to resort to violence to avoid being viewed as weak and being targeted by bullies or other violent community members.<sup>121,124</sup> They may turn to gangs or criminal activities due to despair and powerlessness, perpetuating a cycle of violence by inflicting violence on others and becoming targets for further violence or incarceration.<sup>125</sup> They are at risk for becoming victims of intimate partner violence as adolescents and adults.<sup>126, 127</sup> When children exposed to community violence can turn to a loving, protective parent in their home<sup>128</sup> or a supportive mentoring adult or peers in their neighborhood or at school<sup>127,129</sup> — and, for boys, have a family in which conflict is handled effectively<sup>128</sup> — they can be highly resilient in the face of community violence, and in many cases they are able to recover and continue to develop successfully. However, parenting, family security, and mentoring cannot completely compensate for the harmful effects of exposure to community violence on children’s adjustment.<sup>130</sup>

The picture becomes even more complex when children are exposed to **multiple types of violence**; these children are called “polyvictims.” The Department of Justice and Centers for Disease Control and Prevention’s groundbreaking National Survey of Children Exposed to Violence demonstrates that as many as 1 in 10 children in this country are polyvictims. The toxic combination of exposure to family violence, child physical and sexual abuse, and exposure to community violence increases the risk and severity of posttraumatic injuries and health and mental health disorders for exposed children by at least twofold and up to tenfold.<sup>131-136</sup> Polyvictimized children are at high risk for losing the fundamental capacities they need to develop normally and to become successful learners and productive adults.

The Adverse Childhood Experiences (ACEs) Study has greatly enriched our knowledge of the long-term effects of exposure to violence and trauma in childhood.<sup>137-141</sup> This study of more than 17,000 adults explored the relationship between significantly negative childhood experiences and adult health and well-being. Nearly two-thirds of people studied reported having at least one adverse experience in childhood (most of which involved some form of violence or threat of violence). One in five people reported at least three of the eight types of adversity. Moreover, the number of ACEs reported was strongly associated with severe health and social problems, including early initiation of smoking and sexual activity; multiple sexual partners and teen pregnancy; intimate partner violence; alcoholism and alcohol abuse; depression and suicide attempts; liver, heart, and lung diseases; and other problems related to poor health and diminished quality of life.

## ***Poverty Increases Both Risk and Adverse Impact of Exposure to Violence***

Although no community is untouched, the epidemic of children's exposure to violence does not play out evenly across the country. *Children living in poverty are far more likely to be exposed to violence and psychological trauma, both at home and in the surrounding community.*<sup>142-144</sup>

Compounding the problem, economically impoverished families and communities typically lack the resources needed to protect children. Poverty and scarcity of resources do not occur only in urban areas. Child welfare agencies in 39 states are unable to fully serve rural communities, most often in states that have the fewest public and private economic resources to devote to all of their members' needs.<sup>145</sup>

Poverty is a greater problem for minority ethnocultural groups that have historically been subjected to political and cultural trauma in this country and in their families' countries of origin. Roughly three times as many African-American, Hispanic, and American Indian/Alaska Native children live in poverty compared to White and Asian-American children.<sup>146</sup>

Asian-American children and their families who are immigrants from impoverished and violence-torn countries are more vulnerable to violence as a result of racism and the scars of historical trauma. Although they are spared the toxic violence of racism in some cases, White children whose communities and families have been isolated geographically and culturally — those from “the wrong side of the tracks” — often experience the burden of stigma, discrimination, and economic poverty.

Children, families, and communities living with deprivation and marginalization include not only the urban and rural poor and isolated tribal communities but also other groups that are at risk for exposure to violence in childhood: lesbian, gay, bisexual, transgender, and questioning sexual orientation (LGBTQ) youth and adults<sup>48,147,148</sup>; children and parents with physical disabilities<sup>149</sup> or mental illness and addictions<sup>150,151</sup>; and homeless individuals and families.<sup>152,153</sup>

In many poor communities, particularly those that are isolated and the victims of historical trauma and racism as well as poverty, violence has become the norm for children growing up.<sup>143</sup> On the Pine Ridge Indian Reservation in South Dakota, for example, 70 percent of adults are unemployed, and substance abuse, homelessness, rape, violence, and child abuse are everyday occurrences — nearly all of the children on this reservation will experience or witness violence.<sup>154,155</sup> Yet until a few years ago, the reservation had just eight police officers to respond to the needs of its 16,986 residents despite having a homicide rate more than five times the national average.<sup>156</sup>

Although economically impoverished or marginalized communities include many safe homes and protective and nurturing caregivers, just as there are violent homes in “mainstream” communities, neighborhoods where poverty or discrimination is concentrated often are not safe for the children and families who live in them. Those communities also include legions of individuals and organizations committed to ending violence and protecting all children. These advocates and concerned citizens and the families and children who are at highest risk of exposure to violence can help break the toxic cycle of violence if they can break out of the trap of isolation that can condemn them to endless poverty and violence. *They are not poor in spirit, resilience, or courage, but they cannot address the problems associated with exposure to violence alone. We need to recognize that these are our children as well, and we all must solve this problem or no child will be safe.*

## ***Toward a Coordinated National Response***

Children's exposure to violence represents a national crisis and a threat to the health and wellbeing of our nation's children and of our country. We cannot afford to be passive in the face of this threat. But we can succeed if we commit to a strong national response. We can prevent the long-term negative outcomes of exposure to violence, and we can help children exposed to violence recover. When these children are identified early and receive specialized services, evidence-based treatment, and proper care and support, they can heal.

It is time to ensure that violence exposure no longer goes unanswered and that the lives of children affected by such exposure are not further impacted by our failure to act. We must not allow violence to deny any child the physical and mental health; learning, skills, and knowledge; and pathways to development that all children need to become successful students, productive workers, and responsible family members, parents, and citizens.

We, as a country, have the creativity, knowledge, leadership, economic resources, and talent to effectively intervene on behalf of children exposed to violence. We can provide these children with the opportunity to recover and to claim their birthright and that of our nation: life, liberty, and the pursuit of happiness. When our children no longer have to bear the traumatic burden of violence exposure but are supported by an informed and committed citizenry and well-trained and trauma-informed providers and community members, they will have the opportunity to contribute to the social capital, productivity, strength, and security of our country, which is still looked upon by other nations to lead the world. Every child we help recover from exposure to violence is an investment in our nation's future.

This report therefore calls for a collective investment nationwide in defending our children from exposure to violence and psychological trauma, healing families and communities, and enabling all of our children to imagine their safe and creative development and productive futures. *The Attorney General's Defending Childhood Initiative asks the readers of this report, including the leaders of this country and the citizenry at large, to join together in developing a national plan that will allow our country to move steadily toward providing all children with the hope and security they deserve — resulting in a country in which every family and community is safe for children.*

### ***What Readers Will Find in This Report***

The findings and recommendations of the task force are organized into six chapters, each addressing a crucial issue in resolving the crisis of children exposed to violence.

In the second and third chapters, we offer a series of recommendations to ensure that all children exposed to violence are reliably identified, screened, and assessed and then receive support, treatment, and other services designed to address the traumatic impact of exposure to violence. The first step in defending children against violence is to find the millions of children who are exposed to violence and need help in recovering. The second step is to work toward stopping the exposure itself — making children safe in the future and helping them recover from the violence that was not prevented.

In the fourth and fifth chapters, we focus on prevention, recommending ways to create safe and nurturing homes and ways for communities to rise up out of violence. In the sixth and final chapter, we call for a new approach to juvenile justice, one that reflects the fact that the vast majority of children in the system have been exposed to violence and that prioritizes services that promote healing from the trauma of violence.

The challenge of children's exposure to violence cannot be solved by government alone. It requires a truly national response that draws on the strengths of all Americans. Children's futures are at stake. The time for action is now. Together, we must build a nation whose communities are dedicated to

ending children's exposure to violence and psychological trauma. To that end, the task force proposes the following foundational recommendations.

***1.1 Charge leaders at the highest levels of the executive and legislative branches of the federal government with the coordination and implementation of the recommendations in this report.***

The executive branch should designate leaders at the highest levels of government to implement the recommendations in this report. Working with the executive branch, Congress should take legislative action on the recommendations in this report, making these recommendations a bipartisan priority. The task force recognizes that implementation of its recommendations will require the assistance of multiple Cabinet offices and federal departments to shape and sustain a truly national response to this epidemic. It also recommends that a consortium of leaders from all levels of state, local, and tribal government and the private sector who are committed to advancing the legislative, regulatory, and programmatic reforms work together to implement the recommendations in this report.

***1.2 Appoint a federal task force or commission to examine the needs of American Indian/Alaska Native children exposed to violence.***

American Indian/Alaska Native (AIAN) children have an exceptional degree of unmet need for services and support to prevent and respond to the extreme levels of violence they experience. The federal government has a unique legal responsibility for the welfare of AIAN children. It also has a special relationship with Indian tribes based, at least in part, on its trust responsibility. In fact, in much of Indian country, the U.S. Attorneys act as the primary prosecutors of violent crime. Sadly, federal partners working in Indian country are all too familiar with the societal impacts of children exposed to violence. The Defending Childhood Task Force heard compelling testimony that underscored this reality. Although this task force could not adequately address the complexity of the issues, it recognizes the urgent need for further attention. To that end, a federal task force or commission should be developed to examine the specific needs of AIAN children exposed to violence and recommend actions to reduce crime and violence and protect AIAN children from abuse and neglect. The task force or commission should explore the additional burdens confronting AIAN communities in meeting the needs of children exposed to violence and propose policies and courses of action for addressing the current gaps in services.

Priorities for this task force or commission should include improving the identification and appropriate treatment of AIAN children who have been exposed to violence, helping AIAN communities and tribes rise out of violence, and involving AIAN youth in solutions. This task force or commission also must examine and address the needs of AIAN children living outside of reservations, in urban or rural settings off of AIAN lands. The task force should be developed through a consultation process consistent with the government-to-government relationship between the federal government and tribal governments. The appointment and management of the task force or commission and the selection of its members should be carried out through an equal collaboration between the Attorney General and the Secretary of the Interior. Special attention should be paid to the incarceration of AIAN children who are convicted and sentenced in the federal judicial system.

***1.3 Engage youth as leaders and peer experts in all initiatives defending children against violence and its harmful effects.***

The National Advisory Committee on Violence Against Women put the case clearly: "Youth engagement is critical to preventing violence. Youth are well-positioned to inform efforts that

prevent teen dating and sexual violence and abuse; creating opportunities for them to do so offers lasting benefits and is consistent with the literature on positive youth development.”

As stated in that report and confirmed by numerous scientific studies,<sup>157-159</sup> youth are the most credible and motivating spokespersons for children their own age and younger. This is increasingly the case with the widespread multimedia Internet and social media communication channels that enable children to interact with and influence each other almost constantly and instantaneously. Youth’s own experiences also can be powerful sources of new and motivating information for adults. Seeing the challenges and dilemmas facing young people through their own eyes can produce immediate change in the attitudes and behavior of people of all ages.<sup>158, 160-164</sup> Although trusted adults can serve as credible and influential sources of information and guidance concerning children’s safety and well-being, there is no substitute for the personal experience and youthful creativity that children can provide.

Involving youth as planners and problem solvers, as well as communicators, is essential to develop effective solutions to the complex problems leading to and resulting from children’s exposure to violence. When the voices and minds of young people are included in formulating an understanding of these problems and potential solutions, these and other youth are motivated to become “advocates in shaping anti-violence and pro-healthy-relationship initiatives — turn[ing] youth into dedicated activists who have an enduring commitment to this work [and] creating a cadre of positive ‘up-standers.’”<sup>165</sup> This *positive youth development* model has been proven to build on and enhance the strengths that youth bring to their families, peer groups, schools, and communities, particularly their ability to form and sustain healthy relationships, a positive work ethic, and leadership skills, which can serve as a foundation for future generations for years to come in this country.

#### ***1.4 Ensure universal public awareness of the crisis of children exposed to violence and change social norms to protect children from violence and its harmful effects.***

The general public has a limited understanding of the extent of children’s exposure to violence and its adverse impact on health, social-emotional development, and academic and economic achievement. Moreover, the public has even less awareness that solutions to this crisis are within our grasp. The destructive consequences of children’s exposure to violence need not be inevitable, and healing for children is possible in the aftermath of violence, if children who are at risk and those who actually are exposed to violence are identified in a timely manner. An informed citizenry can advocate for higher levels of services and support from policymakers for prevention and early intervention for children exposed to violence. It can challenge the misplaced pessimism that makes violence seem like an inevitable part of growing up for some children. It can be the engine to advance good public policy that embraces an alternative positive norm that no child’s life and future should be scarred by the fear, mistrust, and sense of failure that violence causes. In addition, it can teach children and adults to reject violence as a tool or solution and instead to find strength and success through knowledge, responsibility, and kindness.

A national public awareness campaign would open the door to a fundamental change for the better in which every organization, community, and household in our country expects that every child should grow up safe and achieve his or her unique individual potential, and everyone takes responsibility for making this a reality. We all want our children to be safe and successful in their families, neighborhoods, schools, and future careers and to be good and productive citizens. We do not want to see them punished for making the mistakes that result from not yet having a fully formed brain or the maturity and life experience of an adult — yet we also do not want them to harm or endanger their peers, families, schools, or communities by acting irresponsibly or violently. When children are exposed

to violence, they need protection, care, and help in healing that restores their trust, so that they do not go astray by resigning themselves to a life of violence, either as a victim or as a perpetrator. We can provide that help only if we find those children as soon as possible and let none of them fall between the cracks into a life of despair and more violence. On the national, state, and local community levels, this will require leadership from the federal and state governments, as described in the first recommendation, and also from the national and local media; child and family advocacy and services organizations; civic and business leaders and organizations; all ethnocultural groups; and opinion leaders from entertainment, sports, popular culture, education, politics, and the family and child welfare, healthcare, and justice systems.

There are precedents for solving epidemic and apparently intractable problems. Just a few decades ago, smoking was more the norm than the exception. But as mounting research on the health impact of firsthand and secondhand smoke became impossible to ignore, the executive and legislative branches of the federal government acted on the recommendations of the Surgeon General to protect the entire nation. Whereas smoking was formerly seen as an individual choice affecting only the smoker, it is now understood to be an act with adverse consequences for everyone — not only the smoker and those within breathing distance, but every citizen as a result of escalating healthcare and insurance costs, losses in economic productivity, and the burden of caring for and grieving the loss of others with smoking-related illnesses. Through research, education, and the leadership of the federal government, coordinated efforts in the public and private sectors at the local, state, and national levels have changed the trajectory of that epidemic 180 degrees toward a rejection of the myth that smoking is a harmless vice and a massive reduction in smoking, all within the timespan of a single generation.

Violence toward children requires a similar national effort with all hands on deck. Stopgap solutions, no matter how well intended and carried out, cannot turn this tide. Federal leadership combined with sustained involvement by every state and all local communities is needed to prevent violence from marring the lives and undermining the well-being of all of our children. Action is needed on many fronts to identify children who are victims of violence or at risk, to provide them with help in recovery, and to make them safer and help them heal in their families, their communities, and the legal or child welfare systems. The rest of this report describes how social norms that tolerate or encourage violence can be changed if we take action now.

### ***1.5 Incorporate evidence-based trauma-informed principles in all applicable federal agency grant requirements.***

The federal government should lead the development of standards of care for identification, assessment, treatment, protection, and other crucial services for children exposed to violence, as well as protocols for monitoring the quality of these services as measured against the standards. The Administration for Children and Families' blueprint for embedding trauma-informed services and trauma-specific evidence-based treatment into all federally funded child welfare and children's health program requirements should be extended to all comparable funding programs involving services to children exposed to violence and their families.

### ***1.6 Launch a national initiative to promote professional education and training on the issue of children exposed to violence.***

Federal, state, and local government agencies overseeing post-secondary and professional education in colleges, universities, and professional schools should work with the leadership of these educational systems and the leadership of their professions. They should establish standards and a curriculum ensuring that every pre-professional student and all practicing professionals who provide services to children and families are aware of the scope of the problem of children's exposure to violence. The



curriculum should also ensure that these professionals understand their responsibility to provide trauma-informed services and trauma-specific evidence-based treatment within the scope of their professional expertise.

### ***1.7 Continue to support and sustain the national data collection infrastructure for the monitoring of trends in children exposed to violence.***

The groundbreaking National Survey of Children Exposed to Violence has established beyond doubt the scope and prevalence of exposure to violence in childhood. The survey has conducted second and third waves of interviews to monitor trends that warrant rapid intervention when there is evidence of increasing violence or a failure to reduce the prevalence of and harm caused by children's exposure to violence. Continued support is essential to ensure that this survey is conducted at regular frequent intervals.

Surveys of violence conducted using governmental data from the justice system (such as the Bureau of Justice Statistics National Crime Victimization Survey), education (such as Department of Education monitoring of the Race to the Top program), and health and human services (such as the National Survey of Adolescents and the Centers for Disease Control and Prevention's Adverse Behavioral Risk Factor Surveillance program to monitor ACEs) must be examined in concert with the NatSCEV on a regular basis to establish a clear picture of children's continuing exposure to violence.

### ***1.8 Create national centers of excellence on children's exposure to violence.***

The scientific, clinical, and technical expertise necessary to coordinate the implementation of a sustained public awareness campaign, reforms to maximize outcomes and efficiencies in funding requirements, standards for professional education and practices, and ongoing monitoring of trends and translation of the findings into continued progress in all these initiatives exist throughout the country. However, they need to be consolidated in centers of excellence to systematically ensure the success of these crucial goals. The National Child Traumatic Stress Network Treatment and Services Adaptation Centers provide a model for the development of a full complement of the needed centers of excellence.

### ***1.9 Develop and implement public policy initiatives in state, tribal, and local governments to reduce and address the impact of childhood exposure to violence.***

The ultimate success of the national initiatives outlined in previous recommendations depends upon adoption and implementation at the state, local, and tribal level in every community. Every community's governing institutions and leaders should receive guidance from the national centers of excellence to enable them to create local public policy initiatives, regulations, and services that ensure that children are protected against exposure to violence to the fullest extent possible.

### ***1.10 Finance change by adjusting existing allocations and leveraging new funding.***

The federal government should redirect funds to proven approaches for defending children against exposure to violence by providing financial incentives and encouragement to the states and, through them, to communities. Significant budget cuts are a reality at all levels of government, but they cannot be an excuse for failing to protect and heal our nation's children. We must use our resources more wisely by seizing opportunities for new funding, like those provided in the Affordable Health Care for

America Act (AHA); shifting resources to produce better outcomes, like spending more to support struggling families than to place children in foster care; exploring how best to use federal formula and block grants to stimulate change; and pooling resources across government agencies to support common goals. Public-private partnerships also are essential. The following examples are illustrative but by no means a complete or final path toward enhanced funding.

In the child welfare system, in 1974, the landmark Child Abuse Prevention and Treatment Act (CAPTA) was enacted to fund grants to states for child abuse and neglect investigation, prosecution, prevention, and treatment programs. It also funded states, Indian tribes or tribal organizations, and public or private agencies and organizations to establish demonstration and workforce development initiatives. Additional funding has been allocated through the enactment of the Family Preservation and Support Services Program Act (1993) and the Adoption and Safe Families Act (1997), as well as a number of specialized child protection, family services, foster care, and adoptions legislative initiatives since 2002. Over these decades, funding for children's mental health through block grants to states has underwritten a parallel network of therapeutic programs, such as child guidance clinics. In 2001, the Child Traumatic Stress Initiative Act established funding through the Department of Health and Human Services (DHHS) to create a national network of specialized treatment programs and technical assistance centers for traumatized children. Coordinating all programs and initiatives funded by these legislative mandates to reduce redundancy could provide the resources needed to expand therapeutic services for children exposed to violence to all communities in this country.

In the field of family and domestic violence, the 1984 Family Violence Prevention and Services Act (FVPSA) was enacted to fund formula grants to states and tribal organizations for shelter and supportive services and state- and territory-wide domestic violence coalitions, as well as a national hotline for victims. Also in 1984, the Victims of Crime Act (VOCA) was enacted to fund state and local programs for crisis intervention, counseling, and support services for crime victims. VOCA has continued without lapsing, and FVPSA was reauthorized in 2010 (after expiring in 2008) as a part of the CAPTA reauthorization. In 1994, the Violence Against Women Act (VAWA) was enacted to fund "community-coordinated responses" to domestic violence, sexual assault, and dating violence and stalking, including Centers for Disease Control and Prevention demonstration projects in several states to end rape (EMPOWER) and prevent intimate partner violence (DELTA). Some VAWA programs focusing on prevention and early intervention with children and youth have yet to be fully funded. The statutes and funding provided by FVPSA, VOCA, and VAWA should serve as a basis for a national infrastructure to address the needs of children exposed to violence, aiding interruption of and recovery from violence.

Although some movement has been made toward integration of programs and funding across systems, initiatives and programs tend to be primarily focused on specific subsets of problems for which children's exposure to violence remains a largely unstated common core issue. At the local community level, families and providers often break through the silos with innovative initiatives that cut across multiple systems, as described by many testimonials provided to the task force. Those efforts must be capitalized upon as templates for a coordinated national effort that uses their lessons learned and systematically encourages and funds the dissemination of these models (always adapted by each local community based on its unique circumstances and resources).

With the implementation of healthcare reform through AHA, states will have more resources and increased pressure to focus on prevention and early intervention services as a way to improve health. Funding directed toward evidence-based treatment by AHA should be designated specifically to address the psychological and behavioral problems that result from children's exposure to violence. Funding also should go to prevention programs designed to enhance children's and families' wellness

and to reduce healthcare costs associated with inadequate or delayed treatment of the effects of children's exposure to violence.

VOCA funds can be better allocated to help children exposed to violence. These funds are collected from criminal penalties that are designed to serve victims of the crimes committed against them. Congress has placed a limit, or "cap," on the amount of funds that are distributed to each state under the mandate of this legislation. If those caps were removed, the states could receive more money to provide trauma-informed services and trauma-specific treatment for children exposed to violence without any new government outlays.

Funding formulas in the child protection system can be shifted to allow states to increase support services for struggling families and children before the option of foster care. Currently, \$7 billion annually pays for out-of-home placements for children who have been taken from their homes. Of this, only slightly more than 10 percent (\$900 million annually) goes to prevention and protection services for families instead of funding child welfare agencies.

Congress can require states that receive formula and block grant funds to develop intervention programs that treat children exposed to violence and to develop multidisciplinary training for all professionals who work or come into contact with children.<sup>166</sup>

Funds available to states through Social Security Act Title 4E waivers can be used to invest in national dissemination of innovative community-designed models for sexual assault services for victims of child sexual abuse and sexual exploitation, such as those currently funded as limited pilot or demonstration projects under the Family Violence Prevention and Services Program at DHHS. Tax incentives can be provided to public and private organizations that provide services to prevent children's exposure to violence and treat children who have been victimized. These are important potential sources of funding to accomplish the goals the Task Force has set forth to protect children from exposure to violence and its harmful effects – *but they are by no means the only possible sources of funding for these crucial initiatives*. Leadership in all levels of government and the private sector, as well as advocates working on the national and local levels, must come together to find or create the funding needed in order to defend our nation's children from exposure to violence.

## Chapter Two: Identifying Children Exposed to Violence

Every year, millions of children in this country are exposed to violence,<sup>1-4</sup> yet few of these children ever receive help in recovering from the psychological damage caused by this experience.<sup>3,5-11</sup> The first crucial step in protecting our children is to *identify and provide timely and effective help to those who already are being victimized by violence.*

We all know that children face many kinds of violence in their homes, schools, and communities, so why isn't every child who is victimized by violence identified and helped? The main reason is that we — as individuals, as families, and as a society — have not fully committed ourselves to identifying and eradicating violence and the deep harm it causes in the lives of American children. We have not prepared ourselves to take on the challenge of letting no instance of violence in any child's life go unrecognized.

We *can* make and achieve that commitment. We can and we must identify every child who is exposed to violence in every community in our country. We can and we must make sure that our children are protected from further violence.

The first step in making the commitment to protect children from violence is to make sure that each of us — in every community in this country — knows how to recognize the signs of children who have been exposed to violence. This can be difficult because most of us have become accustomed to seeing and hearing about violence every day. Too often, violence directed at or witnessed by children is ignored or left unquestioned because we make the mistake of assuming that it does not cause lasting harm or that it is just a “normal” part of life that all children are resilient enough to cope with. We may believe that these “ordinary” acts of violence actually help children by “building character” or inoculating them against serious assaults they may face as they grow older, but in fact, psychological science has thoroughly debunked the myths that violence in any form does not hurt our children and that violence in any form can be good for our children.<sup>12-18</sup>

Instead, science has shown that what appear to be “minor” forms of exposure to violence (such as witnessing violence without being physically touched) can cause substantial harm (see the Glossary for definitions of violence). Violence in many forms can cause psychological wounds that lead to severe anxiety, depression, anger, aggression, guilt, shame, school and employment failure, substance addiction, and criminal behavior.<sup>17-27</sup>

Early identification of violence exposure is essential for preventing and addressing these problems. If these wounds go unnoticed and the violence is allowed to occur repeatedly, the resulting psychological injuries can compromise a child's entire future by creating a lifelong pattern of anger; aggression; self-destructive behaviors; academic and employment failures; and rejection, conflict, and isolation in every key relationship.<sup>26,28,29</sup>

In addition, early identification can save children exposed to violence — and their families and communities — from becoming trapped in a tragic revolving door of violence and damaging psychological trauma.

***2.1 Galvanize the public to identify and respond to children exposed to violence.***

***2.2 Ensure that all children exposed to violence are identified, screened, and assessed.***

**2.3 Include curricula in all university undergraduate and graduate programs to ensure that every child- and family-serving professional receives training in multiple evidence-based methods for identifying and screening children for exposure to violence.**

**2.4 Develop and disseminate standards in professional societies and associations for conducting comprehensive specialized assessments of children exposed to violence.**

*Professional societies (such as national associations of educators; law enforcement, public health, and faith-based professionals; athletic coaches; physicians; psychologists; psychiatrists; social workers; counselors; marriage and family therapists; and specialists in child abuse and domestic violence prevention and treatment) should develop, update, and disseminate standards for training and practice in specialized assessments of children exposed to violence and psychological trauma.*

Special consideration should be given to input from and adaptation by and for special populations, including children and families of color; AIAN children and families; LGBTQ youth; and children with emotional, cognitive, and physical disabilities. Licensing boards for professionals serving children and families should adopt continuing education requirements that include children's exposure to violence and approaches to identifying these children among the topics that professionals must complete at least once in the process of renewing their licenses.

## **Chapter Three: Treatment and Healing of Exposure to Violence**

The majority of children in our country who are identified as having been exposed to violence never receive services or treatments that effectively help them to stabilize themselves, regain their normal developmental trajectory, restore their safety, and heal their social and emotional wounds.<sup>1-5</sup> But help isn't optional or a luxury when a child's life is at stake; it's a necessity. Even when our professionals and community members are able to put in place identification and assessment protocols for children exposed to violence, if effective services and treatment are not provided, children exposed to violence and psychological trauma become locked into a struggle to survive, constantly defending themselves against both real and perceived dangers or against further abuse and neglect.<sup>6-8</sup> For many victimized children, living in survival mode (constantly reacting in the flight-or-fight response, even when danger is not imminent) may fundamentally alter the rest of their lives, derailing their psychological, physical, and social-emotional development. Even after the violence has ended, these child survivors suffer from severe problems with anxiety, depression, anger, grief, and posttraumatic stress that can mar their relationships and family life and limit their success in school or work, not only in childhood but throughout their adult lives. Without services or treatment, even children who appear resilient and seem to recover from exposure to violence still bear emotional scars that may lead them to experience these same problems years or decades later (see [www. http://acestudy.org](http://acestudy.org)).<sup>9-16</sup>

Fortunately, appropriately selected *evidence-based treatments*<sup>17-20</sup> and services<sup>21-23</sup> provided in a timely manner<sup>24</sup> can reverse the adverse effects of violence and psychological trauma and put children back on a healthy developmental course that allows them to once again resume normal academic and social engagements and achieve a healthy and fulfilling life.<sup>19,25-29</sup> This chapter describes the essential features of successful treatments and services for children exposed to violence and psychological trauma, and it makes specific recommendations for how such treatments and services can be made more reliably accessible for these children.

Treatments and services for children exposed to violence actually begin before these children ever meet a therapist or counselor. Every professional who comes into contact with pregnant women and children can make a vital contribution to the recovery, healing, and safety of children exposed to (or at risk for) violence by providing them and their families with *trauma-informed care* and *trauma-specific treatments* (see Glossary for complete definitions). These professionals include tens of thousands of physicians, nurses, emergency medical technicians, therapists, police officers, family and juvenile court judges and attorneys, domestic violence and sexual assault advocates, child welfare workers, sexual abuse evaluation specialists, home visitors, child care providers, teachers, school counselors, and the paraprofessional staff working in all of these fields in every community.

These providers offer trauma-informed care, trauma-specific treatments, and *trauma-focused services* to children and families when, according to an expert consensus panel of providers and parents convened by the National Center for Trauma-Informed Care, their work with children “incorporate[s] a thorough understanding of the prevalence and impact of trauma, the role that violence and trauma play, and the complex paths to healing and recovery.” This means providing services that avoid “re-traumatizing those who seek assistance,” focus on “safety first,” are based on a commitment to “do no harm, ... facilitate the participation of trauma survivors in planning the environments in which they live and the services they receive, and ... correspondingly ensure the safety, well-being, and meaningful involvement in systemic decisions of the providers of services and supports.”

Roger Fallot and Maxine Harris, who have led the initiative for trauma-informed services in this country for more than two decades, summarize the foundation of this approach in 10 values or principles that should guide every provider of services for children and their families: preserving safety, promoting choice, building resilience, including everyone, empowering with knowledge and skills, fostering collaboration, sharing information transparently, moving beyond stereotypes, developing a support network for each client, and, of special relevance here, promoting nonviolence.<sup>23</sup>

When these trauma-informed care principles are applied rigorously in every encounter with children and families, providers are able to demonstrate to the children and families they work with that it is possible — and actually can change life for the better — to work together on healing the social-emotional wounds and damage to relationships caused by violence. This can inspire the child and the family to utilize the services to their fullest instead of viewing providers as uncaring or insensitive adversaries. And it can fundamentally change the entire program or organization, making it a “sanctuary” in which healing can safely occur because the safety and well-being of everyone involved — including the providers — is valued and ensured (see <http://www.sanctuaryweb.com/institute.php>). Trauma-informed services can transform entire provider organizations and systems as well as the lives of the countless children they serve who have been exposed to violence.

As of 2012, however, the majority of professionals and paraprofessionals who provide services to children and families have never received any preparation on how to provide trauma-informed care, trauma-specific treatments, or trauma-focused services.<sup>30</sup> This means that despite the best of intentions, they often will not be aware that even the youngest child or the child who appears invulnerable and resilient may have been profoundly affected by exposure to violence and ensuing psychological trauma. Professionals and paraprofessionals who provide services to children and families normally don’t see the connection between a child’s presentation, behaviors, and symptoms and the exposure of that child to violence.<sup>6,8</sup> As a result, serious misdiagnoses and service and treatment mistakes are made that not only reduce the effectiveness of the service or treatment but also may increase the possibility of further psychological trauma and a resulting increase in the risk of future exposure to violence.<sup>19</sup>

When these misdiagnoses and mistakes are made — even with the best of intentions — the willingness of the child and family to work collaboratively with providers often disappears. Without approaches that use trauma-informed care, providers and parents may overlook the violence and exposures to trauma and thus feel powerless to change a child's serious social-emotional problems, as they assume that these are the immutable results of “bad” genes, “bad” choices, or “bad” family and peer influences. They may fall back on providing generic advice that rarely helps and can cause further alienation or stigma, such as simply diagnosing the child with a psychiatric, behavioral, or learning problem, or telling the child that she/he should simply stop worrying and misbehaving because “the violence wasn't so bad or is over now.”

Frustrated and demoralized with obtaining poor outcomes, providers may see no point in helping the child and family who were exposed to violence to access effective treatment. This is a tragic mistake that not only violates the provider's ethical duty to the child and family but also costs that child and family the opportunity to heal and recover from violence, and it ultimately costs our states and our country hundreds of millions of dollars in ineffective, unsuccessful treatments, lost educational opportunities, and inappropriate use and overutilization of medical, public health, and law enforcement services.<sup>22</sup>

Moving every provider and all programs and organizations that work with children and families in the direction of becoming “trauma informed” is essential to preventing children who have been exposed to violence from suffering further when they should be — and are absolutely capable of — healing the wounds of exposure to violence and psychological trauma. And, importantly, expert consensus groups in trauma-informed care have the trauma-informed care technology developed and ready for dissemination and implementation now: this includes research evidence, tool kits, training curricula, and evidence-based trauma-informed service models and trauma-specific treatments<sup>29</sup> (see, for example, [www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov), [www.crimesolutions.gov](http://www.crimesolutions.gov), [www.ojjdp.gov/mpg/](http://www.ojjdp.gov/mpg/), <http://www.colorado.edu/cspv/blueprints>).

For many children exposed to violence, obtaining trauma-focused services is just the first step in healing. These are children who need timely and evidence-based trauma-specific treatment in order to stop suffering from the symptoms that result when violence interrupts development and traps a child in survival mode. A new generation of treatments has emerged and been proven highly effective in helping children recover from the severe emotional and behavioral problems caused by exposure to violence. These are called trauma-specific treatments. Trauma-specific treatments are similar to but also different<sup>27,29,31</sup> in important ways from other mental health therapies or counseling for children and adolescents.

Violence requires children to become survivors in order to cope with the social-emotional impact of experiencing extreme fear, loss, powerlessness, immobilization, and ultimately betrayal at the hands of their trusted loved ones or caretakers or both. When children become focused on survival, they are likely to develop mental health and behavioral problems as a byproduct of feeling extreme fear, being torn apart from loved ones or betrayed by their loved ones, and being powerless to prevent or undo the harm that results from being immobilized and unable to escape the abuse or the witnessing of violence.

Tragically, living in a state of fear, grief, and helpless immobilization requires the child to cope by worrying and constantly watching for the next danger (a state of anxiety and hypervigilance), by giving up on the hope of a safe and happy life and having trustworthy relationships (grief and depression), by fighting back to protect themselves and those they care about (anger and aggression), by acting without taking the time to think (impulsivity), by never letting down their guard (hyperactivity and sleep problems), and by trying to stay safe by avoiding anything that reminds them of the violence and taking whatever they can get from life to provide some relief (interrupted development: substance use, high-risk or disruptive behaviors, relationship avoidance, school avoidance, delinquency, aggression against

peers and authority figures). Standard treatments that do not include trauma-informed care components for these social-emotional and behavioral problems are most often not effective.<sup>19,27</sup> Current treatment models, void of trauma-informed care components, in fact may actually exacerbate the child's symptoms, causing further harm to the child survivor of violence exposure. In order to heal and sustain recovery, these children need trauma-focused services and trauma-specific treatment.

Trauma-specific treatment adds three key ingredients that are missing in other standard treatments for children<sup>24,31</sup>:

- First, children and their parents or other caregivers are provided with down-to-earth but state-of-the-art education about how violence leads to the emotional and behavioral problems that have led them to need treatment.
- Second, the child and parents/caregivers are helped to use psychological or behavioral skills that enable them to feel sufficiently safe and effective enough to be able to confidently deal with reminders or distressing memories of past violence instead of being perpetually trapped in a state of fear, anger, grief, or depression as a result of their exposure to violence.
- Third, the child and parents/caregivers are provided with ways of helping, supporting, and feeling close to one another that are designed specifically to reduce distressing reminders of trauma and memories of violence, and to enable them to feel secure in their relationship together when they encounter reminders or memories of trauma and violence.

These ingredients can be provided in multiple settings with numerous service and treatment methods that can be customized to the age, gender, and ethnocultural background of the survivors of exposure to violence and psychological trauma. Trauma-informed care allows trauma-specific treatments to be delivered effectively to help children of different ages and stages of psychological development, as well as to be acceptable to and beneficial for both girls and boys, children of different ethnocultural backgrounds and sexual identities, and children who have different physical or emotional disabilities or who have experienced different types of violence.

In order to ensure that all children exposed to violence have a genuine chance to recover and heal from the emotional, social, and physical wounds they experience, the task force proposes the following recommendations to develop, support, and sustain existing trauma-informed care, trauma-specific treatments, and trauma-focused services as the standard of care nationwide for children exposed to violence and psychological trauma.

### ***3.1 Provide all children exposed to violence access to trauma-informed services and evidence-based trauma-specific treatment.***

Trauma-specific treatments are being provided to thousands of children in this country as the result of efforts of government and foundation-funded initiatives — for example, the Administration on Children, Youth and Families' (ACYF's) Initiative Addressing Trauma Among Children and Youth<sup>32</sup> and the Substance Abuse and Mental Health Services Administration's National Child Traumatic Stress Network (NCTSN).<sup>22</sup> The ACYF initiative leverages regulations and funding from many federal programs, links resources to private initiatives sponsored by foundations such as the MacArthur and Annie E. Casey foundations and organizations such as the Child Welfare League of America with a blueprint for mandating and fully funding trauma-specific treatment for children exposed to abuse and violence. The NCTSN's more than 75 centers nationally support tens of thousands of providers in the healthcare, juvenile justice, law enforcement, child welfare, education, foster care, mental health, education, law enforcement, and military service systems with education and technical assistance on trauma-informed care, trauma-specific treatments, and trauma-focused services.



Despite these important efforts, thousands of communities and millions of children exposed to violence and psychological trauma in this country do not have access to trauma-focused or evidence-based trauma-specific treatment. Most services and treatment providers in this country who help children and their families exposed to violence and psychological trauma do not provide trauma-informed care, trauma-specific treatment, or trauma-focused services.<sup>1,2</sup> This must be changed. Many scientifically proven approaches to trauma-informed care, trauma-specific treatments, and trauma-focused services exist for these children, but to fully address the epidemic of children exposed to violence and psychological trauma these services and treatments must be made available in every community and to every child and family exposed to violence and psychological trauma.

In addition, the challenges of effectively providing services and treatment to these children are immense because the emotional wounds and behavioral problems caused by violence are severe. To ensure that the best possible services and treatment are received by every child exposed to violence, refinements and new models of services and treatment are still greatly needed in order to address the complex needs of this population. This requires systematic programs of research that are fully funded in order to complete studies that adequately address the complexity of the impact of violence exposure and psychological trauma.

The greatest challenge, however, is to drastically increase the number of treatment providers who have the expertise to provide trauma-specific treatment and trauma-focused services to the millions of children exposed to violence who currently do not receive trauma-informed care.<sup>30</sup> Meeting this important challenge will require coordinated action by government at all levels, by organizations and professionals currently providing services and treatment to children and families, and by the professional societies and educational programs that ensure that the necessary workforce is available, fully prepared, and consistently and continuously trained.

### ***3.2 Adapt evidence-based treatments for children exposed to violence and psychological trauma to the cultural beliefs and practices of the recipients and their communities.***

Treatment for the various forms of exposure to violence is not monolithic. Although the number of trauma-specific treatments (designed specifically to heal the psychological trauma that results from exposure to violence) with clinical and scientific evidence of safety and effectiveness (an “evidence base”) is large and continues to grow, few have been tested and proven safe and effective specifically with children exposed to violence.<sup>17,18,20,24,33,34</sup> Fewer still have been adapted and targeted for children exposed to different forms of violence, although we know that different types of violence have very different adverse aftereffects and therefore require treatments adapted to address those specific aftereffects.<sup>24,33,34</sup> We also know that children of different developmental stages, different gender (girls versus boys), and children and families of different ethnocultural backgrounds and sexual orientations are best helped by treatments that are adapted to be consistent with their personal, family, or cultural beliefs and practices.<sup>35-46</sup> Federal, regional, and state funding should be dedicated to the development, testing, adaptation, and distribution of carefully adapted, evidence-based, trauma-specific treatments in order to reach the millions of children currently in need.

Unfortunately, some of the most effective treatments are very difficult or impossible to implement in remote rural or highly stressed urban areas or with children and families struggling with adversities such as homelessness or addictions. These treatments also may be partly or wholly incompatible with the cultural beliefs and practices in American Indian/Alaska Native, Asian-Pacific, African-American, Latino/Hispanic, or other ethnocultural minority communities. The problem is that many of these

communities and groups have large numbers of children exposed to violence and extreme stress and psychological trauma while having few, if any, services.

Many of the existing trauma-focused services simply have not been implemented in remote and underserved locales or have not been translated or adapted to be consistent with the cultural beliefs and practices and language(s) of members of those communities. Federal and public-private partnership funding should be allocated or developed to establish national, regional, state, or tribal task forces and technical assistance centers that engage experts in violence and trauma and members of these communities (youth as well as adults) in adapting and delivering evidence-based trauma-specific treatments to underserved communities and populations, including children and families of color, Native American children and families, children and families seeking asylum or that are immigrants, homeless children and their families, lesbiangay-bisexual-transgender-questioning sexual orientation (LGBTQ) families and children, and children and families with physical and psychological disabilities.

Treatments adapted to be acceptable and effective in underserved communities remain generally inaccessible to these communities because of shortages in funding, trauma-informed professionals, and the technology needed to reach sparsely populated or otherwise inaccessible communities.<sup>39-46</sup> We must develop portable trauma-informed treatments, harness the power of digital technologies, and use other strategies to deliver treatment in communities that lack a social services infrastructure. The federal government, states, and private philanthropic entities all have a role to play in supporting this crucial area of work.

### ***3.3 Develop and provide trauma-informed care in all hospital-based trauma centers and emergency departments for all children exposed to violence.***

In 1998, the U.S. Department of Justice's Office for Victims of Crime (VOC), responding to an American Academy of Pediatrics report on youth violence,<sup>47</sup> recommended that "hospital-based counseling and prevention programs be established in medical facilities that provide services to gang violence victims." Injured youth arrive in trauma rooms bearing tattoos that read "born to be hated, dying to be loved" and "living is hard, dying is easy — to live defeated is to die every day." Injury and death are the norm for children living in violent families and communities. The first (and often only) place where they go for any kind of help is the hospital emergency department (ED) for urgent medical care.

Professionals and staff in emergency medical services are uniquely positioned to engage children who have been exposed to violence and prolonged extreme psychological trauma who may otherwise never be identified.

At the ED, professionals and staff can provide adult mentoring, needs assessment, and immediate access to mental health services with trauma-specific treatments. Model programs now in place demonstrate how partnerships sustained between EDs and trauma clinicians; hospital-based peer educators; mental health, counseling, and social work professionals; and community organizations and public health agencies can use a trauma-informed approach to change these children's lives.<sup>48-54</sup>

Trauma-informed ED services can empower victimized children and youth and their families with skills, support, and resources so that they can return to their communities, reject or stand strong in the face of violence, strengthen others who have been affected by violence, and contribute to building safer and healthier communities.

The National Network of Hospital-based Violence Intervention Programs (NNHVIP) is an initiative that should be expanded beyond the 20 member programs currently funded in U.S. cities to involve EDs across the country in delivering: (1) a comprehensive trauma-informed care service model for all youth

and their families that begins in the ED, and (2) education to prepare emergency physicians and staff to offer trauma-informed health care, trauma-specific treatments, and trauma-focused services.

### ***3.4 Share information and implement coordinated and adaptive approaches to improve the quality of trauma-specific treatments and trauma-focused services and their delivery by organizations and professionals across settings and disciplines to children exposed to violence.***

To be effective, trauma-specific treatments and trauma-focused services must be provided in a consistent manner across the many systems, programs, and professions dedicated to helping children exposed to violence.<sup>22</sup> However, these services and treatments must never be conducted in a one-size-fits-all manner that fails to fit the individual needs and circumstances of diverse children and their families and communities.

Services and treatment for children exposed to violence and psychological trauma require constant adaptation in order to reach and benefit traumatized children of different ethnocultural backgrounds, types of communities (rural, urban, suburban), gender, sexual orientation, developmental stage, and types of exposure to violence. Even this brief listing — which is only the very beginning of the preliminary and essential factors that must be addressed in order to make services and treatment responsive to the needs and circumstances of the many different children, families, and communities that are affected by violence — highlights the crucial importance of developing coordinated and adaptive approaches to high-quality services and treatments across the wide range of systems and professionals working with children exposed to violence.

*At the federal and state government level, funding for services and treatment for children exposed to violence and psychological trauma should include the requirement that all providers develop, implement, and demonstrate the success of collaborative planning and services or treatment delivery with other providers and programs locally and nationally.*

Providers also should be required to demonstrate that their delivery of services and treatment is accomplished with a high level of quality and fidelity to evidence-based principles of trauma-informed care and to the practice guidelines of evidence-based trauma-specific treatments and trauma-focused services. A template for these requirements developed by the ACYF can serve as a useful model for these initiatives.<sup>32</sup>

Within the professions whose members deliver services and treatment to children exposed to violence, mechanisms need to be developed to ensure that preprofessional education, continuing professional education, and standards and guidelines for professional practice explicitly mandate the delivery of trauma-specific treatments and trauma-focused services in collaboration with professionals from other professions in a multidisciplinary approach.<sup>30</sup>

*All national, regional, and state associations of provider organizations serving children and their families exposed to violence and psychological trauma should establish standards mandating adherence by all participating providers to government regulations and professional ethical and practice guidelines for the coordinated and collaborative delivery of trauma-specific treatments and trauma-focused services.*

### ***3.5 Provide trauma-specific treatments in all agencies and organizations serving children and families exposed to violence and psychological trauma that are suitable to their clinicians' and staff members' professional and paraprofessional roles and responsibilities.***

The task force recommends that all agencies and organizations serving children and families exposed to violence and trauma undertake a systematic implementation of evidence-based trauma-specific treatments that follows the guidelines of dissemination science.<sup>55-57</sup> This includes providing intensive training and ongoing quality assurance monitoring and quality improvement activities to ensure that all providers of psychological, psychiatric, counseling, social work, addiction treatment, and marriage and family therapy services consistently and effectively utilize those treatments.<sup>58,59</sup>

The most recent Issue Brief from the Safe Start Center on Children Exposed to Violence, “Victimization and Trauma Experienced by Children and Youth: Implications for Legal Advocates” (see [http://www.safestartcenter.org/pdf/issue-brief\\_7\\_courts.pdf](http://www.safestartcenter.org/pdf/issue-brief_7_courts.pdf)), describes several widely available trauma-specific treatments that have been shown scientifically to be effective with young children, school-aged children, and adolescents. These and a number of other evidence-based or promising trauma-specific treatments have been identified by national organizations such as the NCTSN ([www.nctsn.org](http://www.nctsn.org)), the National Registry of Evidence-based Practices and Programs, the Department of Justice Office of Justice Programs ([www.crimesolutions.gov](http://www.crimesolutions.gov)), and the Office of Juvenile Justice and Delinquency Programs ([www.ojjdp.gov/mpg](http://www.ojjdp.gov/mpg)). The task force recommends that agencies and providers utilize trauma-specific treatments that have a demonstrated scientific and dissemination evidence base that is consistent with these consensus guidelines when treating children exposed to violence and the families of these children.

### ***3.6 Ensure that every professional and advocate serving children exposed to violence and psychological trauma learns and provides trauma-informed care and trauma-focused services.***

Every day, tens of thousands of children who have been exposed to violence receive treatment across the nation in hospitals, clinics, child guidance and counseling centers, community mental health centers, therapeutic group homes and residential programs, school-based clinics, or the offices of private practitioners.<sup>60</sup> They are treated by professionals from many disciplines, including psychologists, psychiatrists, social workers, mental health counselors, substance abuse counselors, school counselors, in-home therapists, family therapists, and psychiatric nurses. These treatment providers work in every setting in which children spend their days — schools, youth centers, even the family’s home — as well as where children receive care — clinics, hospitals, counseling centers, child protective services offices, homeless shelters, and domestic violence programs — and where they encounter the legal system: on the street with police officers, in the courts, and in probation and detention centers. The task force recommends that each of these treatment providers in all of these settings develops expertise in helping the children whom they treat to recover from violence and psychological trauma by providing trauma-informed care and trauma-focused services.

### ***3.7 Grow and sustain an adequate workforce of trauma-informed service providers, with particular attention paid to the recruitment, training, and retention of culturally diverse providers.***

In order to support the recommended mandate for all child- and family-serving treatment providers to use trauma-informed approaches to their services and to employ trauma-specific treatment if they conduct psychosocial treatment, the task force recommends that a national effort be undertaken by professional and educational organizations and institutions in order to build a workforce of sufficient size and capacity to achieve this goal. There is a significant but addressable gap between the overall number of providers of trauma-informed care services and the large number of children and families exposed to violence and psychological trauma who do not, or cannot, access evidence-based treatment services. However, there are hundreds of graduate and undergraduate professional education

programs in colleges, universities, medical and law schools, freestanding programs of higher education, and technical or vocational schools where tens of thousands of students each year are being prepared for careers in the healthcare and human services, public health, child welfare, and criminal justice systems that serve children and families. *Courses in trauma-informed care and trauma-focused services should be a required part of the curriculum for each program and all students.*<sup>30</sup>

Continuing technical and professional training as well as certification is required or recommended for providers in all of these systems, and there are thousands of continuing education courses offered online, at training sites in most communities, and in regional and national conventions and meetings. Courses in trauma-informed care and trauma-focused services should be required for all child- and family-serving providers as a part of their continuing education and recertification. In addition, providers who supervise other professionals or staff should be provided with training and required to regularly update their skills and knowledge in trauma-informed supervision and in ensuring that supervisees provide trauma-informed services to all children exposed to violence and the families of these children.

Additionally, there is a substantial gap between the small number of service providers who are from minority ethnocultural groups and the large number of children and their families exposed to violence who are of minority backgrounds.<sup>61</sup> Professions and technical vocations that serve children and their families exposed to violence should monitor, document, and take steps to increase the ethnocultural diversity of their membership.<sup>62</sup>

*It is crucial that our country, at multiple levels, increase and support access to providers for children and families of ethnocultural minority backgrounds.*<sup>61</sup> It is also crucial to develop and support the education and advancement of service providers who share the same ethnocultural heritage, practices, and languages of the minority service recipients. It is essential that all *providers serving children and their families who are exposed to violence and psychological trauma be respectful of, and take responsibility for becoming informed about, the language, values, beliefs, and both cultural and traumatic history of every client whom they serve.*<sup>63</sup>

This will require substantial investment by a cross section of strategic funders and providers of technical and professional training in order to recruit and successfully prepare students of diverse ethnocultural backgrounds. Equally important, educational and training programs must develop socially just protocols that will systematically recruit students from racial, ethnic, and cultural minority groups to build a workforce of treatment providers that reflects the population of children and families exposed to violence and psychological trauma.

### ***3.8 Ensure that professional societies should develop, adopt, disseminate, and implement principles, practices, and standards for comprehensive evidence-based treatment of children exposed to violence or psychological trauma.***

Every professional society in the United States and their international partners representing providers of services for children exposed to violence recognize that evidence-based treatment is the standard for both ethical and effective medical and psychological services, but few have developed, formally adopted, and disseminated to their memberships specific principles, practice guidelines, and standards for evidence-based trauma-informed care, trauma-specific treatments, and trauma-focused services for violence-exposed children and their families.

Sections or divisions within major professional societies, such as the American Psychological Association's Division of Trauma Psychology, and specialized cross-disciplinary professional societies

focused on treatment of traumatized children and adults, such as the International Society for Traumatic Stress Studies, the International Society for the Study of Trauma and Dissociation, and the American Professional Society on the Abuse of Children, have developed, adopted, and disseminated detailed practice standards and guidelines that should serve as examples for all professional societies and their members that provide services to children and their families exposed to violence.

*A federally funded network (or public-private partnership) of regional clearinghouses and resource centers on evidence-based treatment for children and families exposed to violence and psychological trauma should be established in collaboration with the national centers of excellence on children exposed to violence proposed in Chapter 1's recommendations.*

This network of clearinghouses and resource centers must coordinate closely with the NCTSN and other federally funded networks and technical assistance centers engaged in educating, training, and disseminating information about evidence-based trauma-informed care, trauma-specific treatments, and trauma-focused services.

### **3.9 Provide research funding to continue the clinical and scientific development of increasingly effective evidence-based treatments for children exposed to violence.**

It is expensive, but absolutely necessary, to develop and test new evidence-based practices and treatments.<sup>44</sup> We must now develop research and funding infrastructures that encourage the creation and testing of innovative practices and programs that allow for the evolution of increasingly effective new evidence-based treatments.

*Federal government funding through the departments of Health and Human Services, Education, Justice, and Defense for research on treatments for children exposed to violence and psychological trauma must be either maintained without reductions or increased. To fully achieve the greatly needed advancements in this field, state and federal government agency partnerships, and public and private foundation and organization partnerships, must be encouraged and assisted in developing funding programs specifically designed to sponsor continued clinical and scientific innovations in the treatment of children exposed to violence.*

*Additionally, state and federal government agency partnerships, and public and private foundation and organization partnerships, must be encouraged and assisted in developing funding programs specifically designed to partner with higher educational institutions in their role as trainers of service providers in evidence-based trauma-informed care, trauma-specific treatments, and trauma-focused services.*

### **3.10 Provide individuals who conduct services and treatment for children exposed to violence with workforce protection to prepare them for the personal impact of this work and to assist them in maintaining a safe and healthy workplace.**

Providing evidence-based trauma-informed care, trauma-specific treatments, and trauma-focused services brings professionals face-to-face with the pain, suffering, betrayal, and isolation that children and families experience when they are victimized by violence.<sup>64</sup> For most providers, this is highly stressful and requires careful attention to maintaining their own emotional and physical health and professional and personal support systems. Some professionals, often (but not only) those who have experienced violence themselves, can experience deep emotional distress that requires personal healing for themselves. These emotional wounds are not caused by the children and families they treat — with rare

exceptions — but are old wounds that are inadvertently opened by the intense emotional work involved in providing evidence-based trauma-informed care, trauma-specific treatments, and trauma-focused services. These wounded healers can nevertheless be highly effective because they have a personal understanding of trauma and a unique degree of empathy for the wounded children and families they treat.

Graduate professional training programs often prepare their students to take proactive steps to maintain their emotional health and heal emotional wounds that emerge in the course of providing treatment, and this should be mandatory in all professional and paraprofessional education programs. However, in most settings where treatment is provided to children who are exposed to violence and psychological trauma, little or no time, funding, or therapeutic services or supervision is provided to help professionals (and also affected paraprofessionals) to care for themselves or to recognize and deal with the inevitable emotional impact of vicarious exposure to violence and psychological trauma.

*Federal, state, and local funding for organizations, agencies, and contract professionals who treat children exposed to violence and psychological trauma, and public and private health insurance that covers this treatment, should designate funds on an ongoing basis to cover financial costs to programs and practitioners of therapeutic supervision and support services for all professionals treating children exposed to violence and psychological trauma.*

### **3.11 Incentivize healthcare providers and insurance providers to reimburse trauma-focused services and trauma-specific treatment.**

Even evidence-based treatments will fail if poorly implemented.<sup>56,57,65</sup> Treatment providers must be prepared in their professional education and required and incentivized in their practices to routinely monitor and report on the quality, reach, and outcomes of the evidence-based or evidence-informed services they provide using established methods for doing so. And the most promising new treatments for children exposed to violence and psychological trauma must be subject to rigorous evaluations to test their effectiveness.<sup>19</sup>

*The Centers for Medicare & Medicaid Services should work with consumers and professional societies and experts to design (and provide technical support to) provider systems in order to encourage rigorous ongoing evaluation of the delivery, quality, and effectiveness of the implementation of trauma-informed care, trauma-specific treatments, and trauma-focused services for children exposed to violence.*

*National professional standards established by a partnership of the federal government and all major child- and family-serving professions should be used as benchmarks for evaluations of delivery and outcomes of evidence-based trauma-specific treatments and trauma-focused services for children and their families exposed to violence and psychological trauma.*

*Federal agencies should also fund and facilitate impact evaluations that can reveal the strengths, weaknesses, and ultimate merits of new treatment programs and lead to timely improvements. Government should expand state block grants and Medicaid and CHIP (Children's Health Insurance Program) programs to reimburse for trauma-informed care, trauma-specific treatments, and trauma-focused services.*

Treatment is more successful when all of the professionals involved in a child's life share information as appropriate and coordinate services. Child- and family-serving professionals from the mental health, substance abuse, child welfare, juvenile justice, education, and social services systems often simultaneously provide services for children exposed to violence and their families.

## Chapter Four: Creating Safe and Nurturing Homes

Each year, millions of children in this country are exposed to violence and abuse in their homes and families. This exposure can take many forms, including experiencing physical and sexual abuse; witnessing domestic violence (also known as intimate partner violence) and violence among family members, including siblings, grandparents, and extended family; and losing family members due to lethal or criminal violence.

The National Survey of Children Exposed to Violence, supported by the Department of Justice Office of Juvenile Justice and Delinquency Programs and the Centers for Disease Control and Prevention, provides scientific evidence that millions of children in this country are exposed to violence in their families each year. More than 1 in 9 U.S. children were exposed to some form of family violence in the past year, including 1 in 15 exposed to intimate partner violence between their parents or between a parent and that parent's partner. Overall, more than one in every four children have been exposed to at least one form of family violence before they reach adolescence. By the time children have grown into adolescence — specifically, between the ages of 14 to 17 years old — almost half (40%) of youths in the United States have been exposed to family violence. Exposure to violence in the family is not a rare event that happens to only a few highly vulnerable children. It is a crisis that can happen to any child, and it happens too often to far too many children.

Children who are exposed to violence in their homes often experience multiple forms of violence concurrently and over the course of their lives.<sup>1</sup> Child sexual abuse often occurs alongside physical assault and other forms of maltreatment,<sup>2</sup> and tragically, children are most often sexually abused by family members or family friends they know and trust.<sup>3</sup> Research tells us that in the United States, one in four girls and one in six boys are sexually abused before their 18th birthdays.<sup>4</sup>

Each form of violence in the family or home or through close relationships has distinct adverse effects on children. To preserve and support safe and nurturing homes for all children, we must understand how violence of different types harms children when it happens in the home or family.

Family violence refers to any form of violence by or toward members of a family. Children may be direct victims of physical assault or sexual abuse, or they may witness domestic violence. These children develop levels of anxiety and fear that are much higher than normal and experience consistent difficulties in learning how to manage anger and other forms of emotional distress.<sup>5-12</sup> As a result, they may have problems in school, difficulty making and keeping friends, and significant challenges feeling safe and loved in their families even when the violence has stopped. As they grow into adolescence and adulthood, children who were victims of violence in their homes are more likely than others to have problems with impulsive behavior; addictions; depression; conflict and emotional detachment in their relationships with peers, family members, and primary partners; and difficulties in school and at work.<sup>11,13-33</sup>

Sexual abuse by caregivers has been found to place children at risk for additional sexual and physical victimization; homelessness; and involvement with peers who use or sell drugs, drop out of school, steal, and engage in other delinquent behaviors.<sup>5,34,35</sup> Nightmares, anxiety, distrust, isolation, problems expressing feelings, dissociation, medical problems, substance abuse, self-harm, and difficulty concentrating are just some of the effects of child sexual abuse.<sup>6,7,28,36-57</sup>

One of the most immediate consequences of child sexual abuse is the emergence of serious problems at school, including sharply deteriorating grades and performance, behavior problems, and an attitude of apparent disinterest in learning or abiding by rules in school (this has been described as a disinvestment in education).<sup>2,15,58</sup> In addition, sexual abuse is often cited as a reason children and adolescents run away from home.<sup>28,55-57,59</sup>



The effects of child sexual abuse can persist into and throughout adulthood. Multiple studies show that childhood sexual abuse can put children at significant risk for a wide range of medical, psychological, behavioral, social, economic, legal, and other struggles over their lifetimes. Research also shows that childhood sexual abuse often leads to commercial sexual exploitation and substance abuse.<sup>6,36,38,41,60-69</sup>

Several studies have found that child sexual abuse is a common occurrence for homeless women, men, and adolescents and that sexually abused children or adolescents often are re-victimized later in life.<sup>24,43,70-92</sup>

Children also are exposed to violence as witnesses to domestic violence — a pattern of assaultive and coercive behaviors — including physical, sexual, and emotional abuse that an adult uses against an intimate partner. This pattern of violence and abuse typically is used as a tactic by men against their female partners and sometimes against their children,<sup>93-95</sup> and it can also arise in same-sex relationships. Witnessing domestic violence can destroy a child's core sense of security and trust and can create deep feelings of helplessness, guilt, and shame when children cannot make the violence stop or protect the non-offending parent. Children raised in homes with domestic violence are at risk for becoming either victims or perpetrators of violence in intimate and family relationships as adults.<sup>80,84,89,96-100</sup>

Witnessing domestic violence has a profound impact on a child's view of intimate relationships, making future relationships seem untrustworthy and undependable at best and like dangerous struggles at worst. This perception can lead to a lifetime of avoidance of intimacy or conflict in intimate relationships, which is detrimental not only to the child but also to the child's extended family and future generations.

Tragically, these varied forms of family violence often occur together. Scientific studies have repeatedly demonstrated that children who witness domestic violence are more likely than other children to be physically or sexually abused and that children who are abused or neglected also are at high risk for witnessing intimate partner or other forms of violence within their families.<sup>1,101,102</sup>

Children whose parents or other primary caregivers are impaired by untreated mental health disorders, substance abuse, or legal problems also have been shown to be at significant risk for abuse, neglect, and witnessing domestic violence.<sup>12,103-116</sup>

Therefore, any form of exposure to violence in a family should be considered a warning sign that the children in that family are at high risk. These children should be assessed for all of the types of violence to which they may be exposed. Too often it is assumed that a child has been exposed to only one or a few types of violence when they may actually be polyvictims and in need of protection or healing from exposure to several types of violence in their families and communities (see Chapter 5).

Every form of family violence can cause severe disruption in or loss of essential relationships. This is particularly true when violence is lethal, resulting in the permanent loss of a family member or loved one. An estimated 3,500–4,000 children witness *fatal family violence* each year in this country.<sup>117-120</sup>

Children in families in which one parent kills another parent suffer unique and severe trauma.<sup>121-125</sup> The surviving children may lack official status as a victim. Although much has been learned about how to help these children (including evidence-based trauma-specific therapy for complicated grief; trauma-informed support for grief and mourning; and participation in funerals, grave visitation, and social gatherings to remember the homicide victim), they are not typically identified or served. Children who survive fatal family violence are often forgotten in the aftermath of such tragedies. And when they are remembered, attention to the surviving children may be focused on the few who provide witness testimony. The traumatic grief these children experience can remain an unresolved emotional injury for the rest of their lives,<sup>126-128</sup> because it compromises their core sense of psychological security — a sense of emotional well-being that is crucial for every child's healthy development. If caregivers or family

members inflict violence, they become sources of fear and anger for children. If caregivers or family members are victims of violence in the home, this also impacts children. Simply put, the well-being of a child is inextricably linked to the well-being of the adults in his or her life, and when these adults harm or kill one another, the child is left with a deep sense of betrayal that quickly erodes a foundation for trusting the surviving parent or any caregiver or intimate partner.

Moving forward, we need to deepen our understanding about the loss of a core sense of security and the rapid progression of developmental risks that exposure to family violence poses to children and adolescents. We also need to improve our knowledge about how prevention, intervention, and resilience can be integrated to improve life success for children victimized by and exposed to family violence. Most urgently, we need to re-energize our prevention efforts, public service and awareness campaigns, and other critical teaching initiatives that build on and enhance each family's, parent's, and caregiver's knowledge and ability to protect and nurture children through warm, supportive, loving, and nonviolent relationships.

Recognizing that the best place for children and adolescents to not just survive but thrive is in families that keep them safe and nurture their development, the task force offers the following recommendations:

#### ***4.1 Expand access to home visiting services for families with children who are exposed to violence, focusing on safety and referral to services.***

Help for families experiencing or at risk for violence is most accessible when it is brought directly to the family in their own home. Home visitation programs bring professionals, such as nurses, social workers, family educators, and mental health professionals, to meet regularly in the home to help parents and children develop ways of communicating together, managing the basic routines that are essential to daily family life and healthy growth, and participating in medical and mental health treatment. These home visiting programs show considerable promise in reducing child abuse and promoting healthy development of children in families that are at risk due to poverty and lack of access to resources.<sup>129-132</sup> However, with one recent exception,<sup>133</sup> home visiting programs have not been found to reduce family or domestic violence or to help children in violent or abusive families heal and recover.<sup>134</sup> This may be for many reasons, but a crucial limitation in most home visiting interventions is that the staff lack specialized training on identifying children who have been exposed to violence and assisting in their recovery.<sup>135,136</sup>

The task force recommends that home visitation programs be expanded to address the dynamics of child abuse and domestic violence and to provide evidence-based safety planning for parents, including pregnant mothers who are victims of domestic violence and sexual assault. It also recommends that home visitation programs be designed to strengthen the connections between children and their non-offending and protective parents, recognizing that a child's well-being is inextricably linked to the well-being of parents and caregivers and that maintaining a strong connection between parent and child is a strategy for healing and resilience.<sup>137</sup>

Home visiting programs and programs that specialize in providing services to children and families experiencing domestic violence should collaborate to devise new strategies that integrate home visiting with trauma-specific interventions.<sup>138</sup> In addition, home visitors should be trained to identify children who have been exposed to traumatic abuse, neglect, domestic violence, or other forms of family violence, as well as parents and caregivers who may be impaired because they were sexually abused or exposed to violence as children themselves.

## ***4.2 Increase collaborative responses by police, mental health providers, domestic violence advocates, child protective service workers, and court personnel for women and children who are victimized by intimate partner violence.***

Every day, law enforcement agencies around the country respond to calls for service that are initiated by intimate partner violence and domestic disturbances. In fact, such calls constitute 30 to 40 percent of all police calls for service nationally. When trained and partnered with other service providers, police are perfectly placed to identify children who are traumatized by domestic violence, assess immediate and future threats, and follow up with visits to evaluate victims' safety and other concerns. This kind of engagement delivers a message to victims that they are not alone in facing the traumatic aftermath of intimate partner violence or in confronting the threat of further violence. In addition, follow-up visits from police and their partners, when accepted by victims, may also demonstrate to perpetrators that their abusive behavior is no longer hidden and cannot continue in the shadows of the family's isolation. As a result, women are more likely to reach out to law enforcement before violence escalates and to feel supported and strengthened as they move forward in addressing their families' needs for safety, security, and psychological recovery.<sup>139-141</sup> Effective collaborative strategies for responding to domestic violence must involve and capitalize on the role of law enforcement.

## ***4.3 Ensure that parents who are victims of domestic violence have access to services and counseling that help them protect and care for their children.***

Victims of domestic violence need access to resources that can help them safely explore how to protect themselves and their children and how to stabilize the family once the violence has subsided.<sup>93,142,143</sup>

Substantial evidence shows that mothers who have been battered by their partners develop symptoms of post-traumatic stress, depression, and anxiety.<sup>106,144-151</sup>

Research is providing growing evidence that children and parents benefit from relationship-based interventions that help them communicate with each other about the violence they endured.<sup>152,154</sup> These interventions give children the tools to show their parents how frightening the experience of violence was for them, and they help parents understand their children's experience of violence and learn strategies to recover from their own traumatic stress reactions. Parents who have experienced intimate partner violence are much more likely to be able to provide their children emotional security and encourage their development if they receive trauma-informed services and treatment.

## ***4.4 When domestic violence and child sexual or physical abuse co-occur, ensure that the dependency and family courts, the child protection system, and domestic violence programs work together to create protocols and policies that protect children and adult victims.***

When domestic violence and child abuse co-occur in a family, all victims need protection. Adult caregivers who are victimized and their children involved in custody and dependency cases should receive coordinated trauma-informed services and trauma-specific treatment appropriate to their circumstances and developmental stage. The courts; child welfare agencies; and gatekeepers such as custody evaluators, guardians ad litem, and court-appointed special advocates (CASAs) should be educated on the dynamics of domestic violence and child abuse; trauma-informed service models; and evidence-based screening, assessment, and treatments for adults and children that address the adverse impact of domestic violence and child abuse. They also should be educated on effective strategies for mediation or couples counseling and the considerations for safe access, visitation, and exchange of victimized children by their parents. All services provided to adult victims of domestic

violence should be designed to support their relationships with their children, maintain or enhance their options for safety, and support their ability to protectively parent their children. Children recover most fully from exposure to violence if other family members who are victimized, especially their primary caregivers, receive timely evidence-based treatment and trauma-informed services.

The task force also recommends that every reasonable effort should be made in dependency courts to keep violence-exposed children and their non-offending parents or other family caregivers together. Even when children cannot safely remain in the home with their parents and siblings, their emotional security and ability to recover from violent trauma is greatest if they are able to be with other family members who safely care for them. This recommendation is consistent with federal regulations that require states to give preference to an adult relative over a nonrelated caregiver when determining placement for a child, provided that the relative caregiver meets all relevant state child protection standards.

Disruption of primary caregiving relationships worsens the impact of domestic violence and abuse on victimized children. It often occurs when domestic violence offenders are awarded custody or when children are reflexively or repeatedly placed outside the home by child protective services. Studies show that multiple out-of-home placements add to the severity of conduct, attention, and hyperactivity problems caused by physical abuse. Out-of-home placements put children at risk for further victimization either directly or because non-kin caregivers fail to protect them from aggression or model aggressive behavior,<sup>9,12,155,156</sup> which increases the risk that the children will develop problems with depression, anxiety, impulsivity, and aggression.<sup>157-167</sup> Out-of-home placements also are associated with diminished self-esteem,<sup>168</sup> which can make a child vulnerable to coping by means of aggression, antisocial behavior, and delinquency.<sup>10-12,169</sup> Thus, despite being intended to enhance the safety and wellbeing of victimized children, placement away from the family and other primary caregivers can compound the adverse effects of children's exposure to violence.

Disruption in primary caregiving relationships also may occur with custody or visitation awards that promote contact between children and a violent parent or parent's ex-spouse. When the offender continues to use violence or coercion to control or intimidate the other parent or the children, physical or shared custody and visitation and exchanges of children create opportunities for renewed domestic violence or abuse. Research has shown that physical abuse, stalking, and harassment continue at significant rates post-separation and may even become more severe.<sup>170-172</sup> Legal policies and protocols must be designed to protect children from the damaging effects of continuing domestic violence or abuse.<sup>173</sup> They also must allow adult victims to get the help they need without losing custody of their children to the child protection system or their abusers.

#### ***4.5 Create multidisciplinary councils or coalitions to assure systemwide collaboration and coordinated community responses to children exposed to family violence.***

The crisis of family violence is too widespread to be solved by a single provider, agency, or organization. Victims of family violence confront many legal, medical, housing, and safety issues, and find themselves at the door of multiple providers, repeatedly telling their stories and often receiving conflicting advice.<sup>123,125,149,151,174-179</sup>

The task force recommends that each city, county, and tribe establish and sustain a multidisciplinary council that includes every agency that may touch the life of children exposed to violence. These councils must ensure that violence-exposed children and families receive consistent messages and services, that information is shared by all relevant agencies and providers, and that services are

integrated. They should involve service providers and key decision makers who can affect policy, programs, and case management. Multi-agency councils also provide opportunities for involved agencies to learn their different mandates and core responsibilities, thereby establishing an informed and cohesive response based on this knowledge. Such a multidisciplinary council of agencies and programs can enable children and families to receive more coordinated, humane, and effective services mitigating the long-term effects of witnessing or suffering violence. In addition, an established interagency council with identified multilevel support can address multiple issues through development of protocols and support of multidisciplinary teams, subgroups, and task forces focused on child fatality review, domestic violence, sexual assault, sexual trafficking/exploitation, cyber-crimes, abductions, substance abuse, and mental health. These groups are available in most communities with differing degrees of specialization depending upon the size and infrastructure of the community.

Community collaboration and coordination across disciplines is critical to ensuring adequate identification, assessment, and screening; comprehensive service delivery; and improved policymaking on behalf of children and parents who experience family violence. The task force recommends active collaboration among mental health, pediatric, child welfare, social and family services, and community organizations, including domestic violence shelters; homeless shelters; schools; law enforcement; and the judiciary. These service providers and organizations should base their decisions on the goal of preventing further exposure to violence and promoting the healthy growth and development, and success in school, and peer relationships.

***4.6 Provide families affected by sexual abuse, physical abuse, and domestic violence with education and services to prevent further abuse, to respond to the adverse effects on the family, and to enable the children to recover.***

Families are the first line of defense against children's exposure to violence and the primary source of immediate day-to-day support and nurturance when children are recovering from exposure to violence. When families understand how sexual or physical abuse and domestic violence affect children and what each family member can do to reinstate the physical and emotional security that such violence takes away, they can provide the essential support that enables an abused child to begin to heal and recover. Family members also need information and guidance to help them deal with their own traumatic shock, fear, anger, and guilt when they learn that their child has been abused. Family members of physically or sexually abused children should receive trauma-informed education and support services and evidence-based trauma-specific treatment to help them recover from their own posttraumatic distress. They will then be better able to provide the abused children with a renewed sense of security and hope by modeling healthy relationships and behaviors that are grounded in respect and equality.

Programs that engage parents to help protect and support children, ideally working to stop child sexual or physical abuse before it occurs — and also enabling parents to assist their children in recovery if sexual abuse does occur — are key. Prevention programs that equip parents and other family members with the skills to establish healthy, supportive, proactive relationships with children should be available to all families in every community. Parents need knowledge, practical advice, and the skills needed to talk with confidence to their children about sexual development and healthy relationships. They need to know what to do when they suspect sexual or physical abuse and how to talk with other adults about child sexual or physical abuse, and they need to understand mandated reporting responsibilities. All child- and youth-serving agencies therefore should educate young parents and soon-to-be parents on strategies for recognizing and preventing physical abuse, sexual abuse, and domestic violence. Because parents may have been exposed to violence in their childhoods, they also should be educated on recognizing and getting help for their own posttraumatic reactions stemming from their own

childhood exposure to violence, so that they can prevent those reactions from impairing their ability to safely and successfully parent their children.

When a child is sexually abused, family relationships can make a significant difference in how he or she heals. Connections to emotionally supportive adults within and outside of the family are critical to a child's resilience and coping mechanisms. Supportive families and, more specifically, healthy, supportive relationships between parents and children can help to prevent negative coping mechanisms, such as binge drinking and suicidal thoughts among adolescent survivors of sexual abuse. For this reason, the task force supports intervention services that recognize the parent-child relationship as a path toward healing, reflect an understanding of the complex trauma experienced by children who have been sexually abused, and tap children's innate sources of resilience and strength. Ensuring availability of early trauma-focused interventions and longer-term treatment for children seen in Child Advocacy Centers (which conduct forensic evaluations of abused children around the country) and Rape Crisis Centers, for example, would capitalize on the use of existing settings where abused children can be identified and receive the care that they need to recover.

***4.7 Ensure that parenting programs in child- and family-serving agencies, including fatherhood programs and other programs specifically for men, integrate strategies for preventing domestic violence and sexual assault and include reparation strategies when violence has already occurred.***

Fathers who perpetrate violence against their partners often are repeating a pattern of violence they witnessed while growing up. Many men who use violence are victims of the long-term effects of childhood exposure to violence.<sup>112,124,180,181</sup> Some men are receptive to programs that encourage an end to domestic violence. Whenever possible, agencies that work with affected children and families should include those men in their interventions. Help in understanding their children's experience of violence may increase some fathers' empathy for their children and promote motivation to change.

The task force recommends that all agencies, programs, and providers working with fathers who have been violent toward their family members provide in-depth assessment, diagnosis and treatment planning, education, and strategies that enhance adequate external controls to ensure that no further violence occurs. Too often, violent offenders are court ordered to undergo services such as anger management or batterer intervention before diagnostic evaluations have taken place. Without a clear link between identified underlying difficulties that lead to intimate partner violence and specific evidence-based treatment interventions, the strategies used to rehabilitate violent family members are likely to be ineffective because they are not matched to the specific problems of each offender. Intervention with fathers who use violence is not "one size fits all." Fathers who use violence also must be held accountable and monitored, because change does not always come easily or quickly. Every agency, program, or provider working with these fathers therefore must offer a complete and evidence-based array of services and treatments matched to the specific individual and designed to ensure that no further violence occurs.

***4.8 Provide support and counseling to address the unique consequences for children exposed to lethal violence, both in the home as a result of domestic violence homicides and suicides, and in the community.***

When children lose a family member or other loved one, especially a primary caregiver, to a violent death or as a result of injuries from which the family member does not recover emotionally or physically, they can experience overwhelming grief. Studies have shown that grief that is compounded by violence leads children to feel not just sadness but also terror and horror.<sup>127,182</sup>

Family members are irreplaceable, and their sudden loss due to violence leaves children with no way to say goodbye or to understand how or why such an unimaginable event could have happened. Traumatic loss leaves children burdened by guilt, believing they should have seen the loss coming and stopped it, and unsure about how to continue without that person's presence in their life.

Violent death of any family member is horrifying and debilitating. Each family member has a unique place in the child's life, and their loss leaves a hole that cannot be filled. When the lost family member was at the center of the child's life and a source of core security and nurturing, the grief and terror are not just about the violent death but also about the frightening prospect of having to go through life without this caregiver's unique love, guidance, and protection. The loss of a primary caregiver to lethal violence can lead children to withdraw from and distrust even healthy relationships with other current or future caregivers — having been hurt deeply once, children may detach from or reject other caregivers to protect themselves from any repetitions of the loss. They also may have substantial difficulty engaging in intimate relationships with partners or in the emotional intimacy of parenting their own children when they grow into adulthood.

Evidence-based treatments that have been developed specifically to help children recover from the traumatic grief of a violent death in their family<sup>183-185</sup> should be available to all children who experience a loss due to violence, in every community in this country. These treatments help children communicate the shock and terror that they experienced, first to a therapist and then to a supportive caregiver in their family.<sup>183-185</sup> They also help children remember their lost loved ones and their relationships in ways that enable them to hold on to memories that sustain their emotional connections despite their family members' no longer being physically present. When other family members or caregivers also have been traumatized by the violent loss, treatment helps them to go through a similar process of recovery and healing to enable them to support the child emotionally.

Every child and family exposed to violent death should be identified and provided with access to services not just in the immediate aftermath but also over time. Traumatic grief does not end quickly, and it often persists for years, although the severity of the emotional injury can be greatly diminished with proper treatment and trauma-informed services. Services for children and families who suffer traumatic losses due to violence must be designed to be readily accessible without arbitrary time limits.

Unfortunately, systems currently in place do not reliably track and provide services to children who perpetrate lethal violence. These children often are survivors of abuse or other family or community violence. They often become lost in many legal, family services, mental health, and child protection systems, and if not located and helped, they may return to inflict additional violence or turn to suicide. These child survivors present an ultimate challenge, but they also represent an opportunity to improve public safety by delivering services that help them recover from the effects of the violence they have done as well as the violence to which others have exposed them. Every community should have trauma-informed services in place to identify, track, and promote the recovery of all children who perpetrate lethal violence.

#### ***4.9 Develop interventions in all child- and family-serving agencies that build on the assets and values of each family's culture of origin and incorporate the linguistic and acculturation challenges of immigrant children and parents.***

Children and families who immigrate to a new country often do so because they have faced violence as a result of war, political conflicts, ethnic cleansing or genocide, or natural disasters that has traumatized the whole family. Because they may have difficulty forming new social ties or face isolation and discrimination in their new communities, they are at risk for exposure to domestic and

community violence and child abuse. Even if they did not experience violence previously, immigrant families often face cultural, language, and economic barriers and stressors as well as stigma and discrimination, which can place their children at risk for exposure to violence.

Evidence-based interventions created specifically for immigrant families and children exposed to violence provide them with a network of services and supports that are grounded in the beliefs and values of their cultures of origin rather than forcing them to renounce or relinquish those crucial ties and foundations. The task force recommends that all immigrant families receive these interventions from multidisciplinary collaborative teams and networks of providers who respect and are informed about the cultural beliefs and practices of the families they serve. These interventions can enable immigrant families to avoid or overcome the isolation, stigma, and practical barriers that otherwise could make them vulnerable to violence from outside or within the family.

#### ***4.10 Ensure compliance with the letter and spirit of the Indian Child Welfare Act (ICWA).***

Children exposed to family violence particularly need to retain their connection with their cultures and communities, which is a key factor that can protect them from the psychological harm and insecurity caused by exposure to violence in their families. Remaining in their communities and staying involved with cultural, religious, and community activities provides children with an indirect connection to their families even when they cannot live in their family homes or with family members. This is particularly important but also particularly difficult when families live in isolated communities that have been subjected to trauma over many generations, such as AIAN communities.

AIAN women and children face family violence at rates far greater than other groups. This tragedy occurs on reservations, in Native communities, and in urban settings and results in AIAN children's experiencing out-of-home placement far more often than other children. In 1978, with the passage of ICWA, the federal government recognized the importance of keeping AIAN children with AIAN families and the important role tribal governments must play in protecting their children. ICWA clearly articulates placement preferences for AIAN children removed from their homes because of abuse or neglect and the efforts public agencies must make to keep AIAN children safe in their own homes, and it also sets clear requirements for public agencies and courts on communicating and working with tribal agencies and courts. These requirements apply to child custody proceedings regardless of where the AIAN child resides in the United States.

Thirty-four years after ICWA's passage, full implementation of the act remains elusive. Judges and attorneys in the state and the tribal court systems must educate each other and work together to ensure the ICWA requirements achieve the stated policy "to protect the best interests of Indian children and to promote the stability and security of Indian tribes and families." Tribes must receive direct access to federal foster care funds (Title IV-E) not only for the provision of foster care but also for the training of workers and administration of a system that will protect their most vulnerable and traumatized members. Movement toward full implementation of ICWA must be accompanied by technical assistance to tribes so they can effectively enlarge their capacity for family court systems, licensing and monitoring of foster homes, and participating in state child protective services cases that involve AIAN children. Because ICWA is a federal statute, successful implementation will be best ensured through strong, coordinated support from the Bureau of Indian Affairs in the Department of the Interior, the DHHS Administration for Children and Families, and the Office of Juvenile Justice and Delinquency Prevention within the Department of Justice.

#### ***4.11 Initiate a nationally sponsored program similar to the Department of Defense's community and family support programs that provides military***



***families with specialized services focused on building strengths and resilience, new parent support, youth programs, and forging partnerships with communities.***

Military families and their children face unique challenges related to violence, especially when a family member such as a father or mother is continually deployed to combat areas or other dangerous areas around the world where violence and death are an imminent threat or an immediate reality. Military violence can lead to post-traumatic stress problems that make parenting difficult even for the most resilient service members and spouses or partners. In some cases, it can result in chronic depression, addiction, domestic violence, child abuse, or traumatic loss for a child due to a parent's suicide. These challenges are widely recognized, and the Department of Defense has improved its community and family support programs in concert with the President's Strengthening Our Military Families initiative to oversee the safety and wellbeing of military families, especially their children. Because many military families reside in civilian communities, military leaders have fostered close partnerships with community leaders in coordinating complementary programs for both civilian and military families. These initiatives should be continued and expanded to reach the families of all military personnel and veterans.

## **Chapter Five: Communities Rising Up Out of Violence**

Community violence affects millions of children in this country every year.<sup>1-8</sup> Such violence can occur in episodic incidents such as shootings in schools or other public places, causing children and families to feel terror in their own neighborhoods and schools and leaving them to recover from the traumatic grief of losing friends or peers who are killed or who never fully recover. Increasingly, children are being victimized as violence continues to be part of the fabric of American communities as a result of gangs, or when bullying or corporal punishment is tolerated or sanctioned in schools or youth activities.

Community violence affects child victims and witnesses and children whose family members, neighbors, friends, or coworkers are harmed or killed. Community violence is especially harmful for children and adolescents who are exposed to pervasive violence, such as those youth who experience gang intimidation or assaults, hear gunfire, or witness drive-by shootings and murders. In communities where violence is endemic, the cycle is perpetuated when child victims who are dealing with the fear, outrage, and grief of their own experiences with violence are drawn into delinquent and criminal behavior through their relationships or associations with violent peers, family members, or friends.<sup>4,6,9-28</sup>

Violence in the community or school can attract children into affiliating with peers or adults who use violence to intimidate, control, or harm other children. Violence can seem to children who are victimized to provide a source of power, prestige, security, or even belongingness when they feel powerless, rejected, unsafe, and alone. The negative consequences of exposure to violence in the community or school, however, extend well past the point of entering adulthood and may include negative outcomes such as disrupted education, lower job prospects, fragmented relationships, legal problems, incarceration, serious injury and illness, and even death.

Children can be exposed to community violence as innocent bystanders, but they also may be targeted by perpetrators because of their vulnerability. Children may be perceived as "different" based on their race or ethnicity, language, sexual orientation, physical or mental disabilities, physical characteristics (such as being small for their age or overweight), family economic status, either low or high academic involvement or achievement, or belonging to a marginalized peer group. Predatory violence toward children often occurs in secrecy — although, as evidenced by numerous revelations of institutionally tolerated sexual abuse in religious, educational, and youth activity organizations, violence can be a "secret" that is hidden in plain sight. Violence against children is especially difficult to detect when the

predator is a trusted and institutionally protected caregiver outside the home or a community leader, such as a child care provider, teacher, coach, activity leader, or religious official. With the explosion of Internet media available to children, predators also increasingly target, recruit, and exploit children through online contacts.

Entrapment and exploitation by predators who should be trusted caregivers and role models not only directly harms children but also likely leads them to develop severe trust issues even in trustworthy relationships because of the fear, anger, guilt, shame, and confusion caused by this betrayal of the fundamental assumption that adults are protectors.

Children also are exposed to community violence when adults or youth in their school or neighborhood engage in criminal violence using weapons or physical assault, such as in gang wars, or when these adults or youth assault children traveling to school or in the school itself. Less commonly, riots and terrorist attacks victimize children. Although rarely experienced by children in this country, many children who are immigrants from violence-torn countries have witnessed or been exposed to horrific community violence in the form of torture, bombings, wars, and ethnic cleansing.

Community networks and systems are integral to a child's development of psychological health and well-being, social opportunity, and a purposeful existence.<sup>6,24,26,29-31</sup> Beyond the immediate adverse impact on the individual child who is exposed, community violence can warp, fragment, or even destroy the child's community. This is important because effective interventions to reduce the occurrence or aftereffects of community violence need to support the recovery of the entire community (or neighborhood, or school) in order to protect all affected children and help them to heal if actually exposed to violence.

Child survivors of community violence often struggle with rebuilding trust, finding meaning in life apart from the desire for safety and justice, finding realistic ways to protect themselves and their loved ones from danger, and dealing with feelings of guilt, shame, powerlessness, and doubt. There is also a concern that witnessing violence can lead children to identify with the aggressors and to turn to violence as a way to emulate the actions that perpetrators are modeling, or to try to protect themselves with aggressive coping behaviors: when children learn to use violence based on witnessing violence, this can perpetuate a cycle of escalating violent behavior, especially in intimate relationships.<sup>6,7,17,18,20,29,32</sup>

In addition, when children witness violence in their communities, it can become an accepted norm for them.<sup>22</sup> They can learn to think of danger, fear, injury, and death as normal. Instead of celebrating life, they too often must mourn losses, creating shrines for their many friends and family members who have been killed. These children wait nervously or helplessly for the next explosion of violence in their neighborhood or school, or they mourn the all-too-common deaths or devastated lives of their families, friends, and community members. Many feel they need to fight back against actual or potential perpetrators. These dynamics have become the "new normal" for far too many children and far too many communities.

Creating peaceful communities is essential to rescue children from being trapped in a life of violence and allowing them to live a full life free from exposure to violence. Youth exposed to community violence are at high risk for developing serious problems such as post-traumatic stress disorder (PTSD), depression, social isolation or conflicted relationships, underachievement and school dropout, addictions, and perpetrating violence themselves.<sup>4,6,7,9,17,23,24,33-35</sup> The combination of exposure to community violence and developing severe PTSD symptoms is particularly strongly associated with problems with aggression.<sup>36</sup> Unfortunately, children who cope with exposure to violence by engaging in violent behavior tend to be viewed as "deviant" or "future criminals" rather than as traumatized victims. As a

consequence, they rarely receive support or assistance to address the trauma-related symptoms that often precipitate children's acts of violence or delinquency. Exposure to violence does not justify or excuse acts of violence, but with appropriate trauma-informed law enforcement and judicial responses, these children can reform their behavior and attitudes if they receive trauma-informed services and trauma-specific treatment (Chapter 2).

Research indicates that although children of all ages are exposed to community violence, adolescence is the developmental period of greatest risk for witnessing or being involved in life-threatening community violence.<sup>1,37,38</sup> Adolescents are grappling with complex questions regarding their values and aspirations and are developing a worldview that they will retain for the rest of their adult lives. They are uniquely positioned, therefore, to be agents of positive change in their communities on behalf of ending violence and healing the harm caused to peers, siblings, and children of all ages when violence contaminates the community. Involving youth as positive agents of change is vital to all efforts to protect children from violence and to help victims to heal from its traumatic aftereffects.

Exposure to community violence also affects families in profound ways that can diminish their ability to provide a safe and nurturing home for their children (see Chapter 4). A common parental reaction to children being exposed to violence in their neighborhoods or schools is the development of anxiety concerning their children's health and well-being. Parents may blame themselves for not protecting their child adequately and become overprotective or use punitive discipline in response to their child's acting-out behavior. Parents also face the difficult task of reassuring their child while trying to cope with their own fears. This is especially difficult when community violence is chronic in their child's school or neighborhood. Thus, ending community violence is essential to the health and safety of families and to their ability to ensure the healthy development and safety of their children.

Reducing and preventing community violence depends on understanding its sources and perpetuating factors. Different communities face different challenges, and these unique challenges are best understood and addressed through collaborative problem assessment and strategy development. At the individual level, timely and sensitive care for children and families exposed to community violence is needed through trauma-informed psychoeducation, crisis hotlines, screening to identify violence-exposed children who are at high risk of developing PTSD and related psychosocial and behavioral problems, and referral for trauma-informed services and trauma-specific treatment. Progress has been made in developing violence prevention programs, especially for gang prevention and conflict resolution with high-risk youth. Public health approaches, such as those in the Centers for Disease Control and Prevention's UNITY (Urban Networks to Increase Thriving Youth) program, involve a comprehensive approach to community violence that incorporates prevention and treatment.

The science of treatment for children exposed to community violence has been developed over the past two decades. Trauma-specific therapeutic interventions for children and adolescents exposed to community violence have been shown to be effective when delivered in mental health clinics, in schools, and in home-based and residential programs.<sup>7,39-47</sup> Such treatments require continued development and should be conducted with children of all ages — including toddlers and preschool and elementary school students, for whom they can help build a foundation of psychological and interpersonal resilience when violence has occurred in their lives<sup>48-51</sup> — to heal the emotional, behavioral, and social wounds of violence.

In addition, programs that involve the family, school, and community services such as law enforcement, the courts, and child protection, have the strongest evidence base for developing children's resilience.<sup>47,52-62</sup> These programs provide supportive relationships and guidance not only for children but also for their parents and families. In addition, they are designed to increase community safety and to provide families with access to recreational facilities and health care. These

multidimensional approaches to enhancing children's psychological strengths and social support networks have shown evidence of success with children and adolescents who are likely to have been exposed to violence.<sup>39,43,47,63</sup>

In order to both reduce the extent of this pandemic of children's exposure to community violence on behalf of children not yet exposed and help children who are victims to recover and heal from the trauma and grief caused by violence in their neighborhoods and schools, the task force proposes 11 recommendations that are described below.

***5.1 Organize local coalitions in every community representing professionals from multiple disciplines and the full range of service systems (including law enforcement, the courts, health care, schools, family services, child protection, domestic violence programs, rape crisis centers, and child advocacy centers) as well as families and other community members, to assess local challenges and resources, develop strategies, and carry out coordinated responses to reduce violence and the number of children exposed to violence.***

When children are exposed to community violence, the entire community is traumatized and must join together to restore communal safety. No provider, agency, or program can be fully successful when acting alone to help a child recover from community violence. No community can rise up out of violence without the coordination of many disciplines, professionals, agencies, organizations, businesses, and concerned adults and children in coalitions that take a positive stand against violence. With concerted action, children's lives can be saved or reclaimed, and the entire community can be transformed and empowered. Pilot sites implementing the Department of Justice Office of Juvenile Justice and Delinquency Prevention's (OJJDP's) comprehensive strategy found that by developing coalitions of multidisciplinary stakeholders they gained a better understanding of their local problems of children exposed to violence and were able to comprehensively identify and address gaps in crucial services for these children and their families.

Community coalitions, like those formed through the National Forum on Youth Violence Prevention, show great promise for ending children's exposure to community violence. This forum is a vibrant national network of federal and local stakeholders that, through the use of multidisciplinary partnerships, has developed approaches that combine prevention, intervention, enforcement, reentry, and data-driven strategies to strengthen communities, to better prevent violence, and to promote the safety, health, and development of our nation's youth. Similarly, the demonstration sites participating in the U.S. Attorney General's Defending Childhood Initiative have embraced multi-agency and multidisciplinary action-oriented approaches to building and sustaining coordinated community responses to violence and to children's exposure to violence. Local efforts like these are designed to increase children's safety and well-being by changing behavior and attitudes while also providing intensive case management and wraparound support services as well as immediate access to services tailored to meet the individual needs of children and families exposed to violence. Across the country, we need to build coalitions like these while also emphasizing the need for delinquency prevention, legal services, housing services, mental health services, recreational programs, and transitional employment programs that provide on-the-job training with an intentional focus on building life skills.

***5.2 Recognize and support the critical role of law enforcement's participation in collaborative responses to violence.***

Law enforcement takes the lead when dealing with the perpetrators of violence, but law enforcement also can play a unique role in contributing to community coalitions that advocate for safety and nonviolence. The contribution that law enforcement can make to protecting and defending children against violence is under-utilized when this is limited to 9-1-1 crisis-driven responses. Models of community policing have enabled law enforcement to work collaboratively with concerned community members and constituencies in many cities, towns, and rural areas across the country. This approach recognizes law enforcement personnel as integral members of the community who bring special expertise to enhancing the well-being of everyone in that community as well as to ensuring public safety.

Successful national and local models for partnerships of child- and family-serving providers with law enforcement build on and expand upon principles of community policing. These model programs are a systematic partnership between law enforcement and community agencies and providers that bring expertise in child development, violence prevention, and treatment of children exposed to violence. The partnership includes an ongoing dialogue in which all of the participants share their experience and expertise while working collaboratively with one another on the streets, on police calls to respond to violence in homes and schools, and in open forums with youth, parents, educators, healthcare providers, child welfare workers, probation officers, judges, and other concerned citizens. The role of law enforcement is expanded to include serving as a protective source of security and as a gateway for connecting children and families to trauma-informed services and trauma-specific treatment.

The key elements of this collaboration between law enforcement, juvenile justice, domestic violence, medical and mental health professionals, child welfare agencies, schools, and other community agencies include cross-training for police as well as mental health and other professional specialists on child development, trauma, and policing strategies; acute-response services that provide coordinated police and clinical response to violent events; regular interdisciplinary case conferencing for case planning, review, and monitoring; follow-up home visits by police officers, clinicians, and domestic violence advocates; and evidence-based trauma-specific treatment and trauma-informed services that are available to children and families exposed to violence in their homes, neighborhoods, or schools.<sup>64-70</sup>

Research and program evaluation studies demonstrate that these partnerships of child-serving professionals and law enforcement professionals effectively provide protection and help in recovery and healing for children exposed to violence.<sup>1-6,24,65</sup> They also have helped to mobilize community coalitions by bringing together youth and adults from all parts of the community and its public and private agencies, institutions, and constituencies to stand up for the safety of children on behalf of the entire community.

Reconfiguring law enforcement's role to include participation in community coalitions requires assigning officers to nontraditional roles. This involves fiscal costs and the increased staffing levels needed to fulfill all public safety responsibilities, especially the priority of responding to emergency calls for service. Community policing often requires a shift in deployment that can reduce the law enforcement agency's patrol function. It also requires additional time and expertise for specialized training of the participating officers, supervisors, and managers. Funding through the Department of Justice Community Oriented Policing Services (COPS) Office should be expanded to enable every community's law enforcement agency to undertake this shift in responsibilities. This change in perspective can enable both new and veteran officers to more fully serve their community by contributing to a community-wide multi-agency initiative to maintain public safety and enhance the well-being of all children and adults.

### ***5.3 Involve men and boys as critical partners in preventing violence.***

While men are more likely than women to perpetrate violence,<sup>71-74</sup> men are also leaders and the models for changing norms of masculinity that currently tolerate and at times condone violence. While some forms of male violence stem from traditional notions that men must prove their strength through fighting or that they are entitled to keep women and children in subservient roles, some of the violence perpetrated against women and girls, as well as other men and boys, may stem from deep-seated suffering and despair, a desire to demonstrate power in the face of life circumstances that feel hopeless and depleting. Most men and boys who use violence have suffered from abuse themselves.

In communities across the country, groups of men are organizing to support one another in using nonviolence to build healthy communities through civic programs, schools, sports, arts programs, businesses, and public-private partnerships. These men are going out on the streets, onto the playing fields and recreation centers, into the schools, and into faith-based organizations to teach boys as well as other men that violence does not equal strength. These initiatives, however, remain isolated and are too often built around the determination of a few individuals. The men doing this work need human and financial capital from both public and private sources. With those resources, initiatives involving men and boys as critical partners in preventing violence can grow from isolated islands of change into a substantial, growing network of men and boys across the country committed to creating widespread change and helping break the cycle of violence in our homes, schools, and communities.

### ***5.4 Foster, promote, and model healthy relationships for children and youth.***

Abuse within adolescent relationships is a critical, but often overlooked, type of violence that young people experience and to which they are exposed at alarming rates. Research suggests that one in five adolescent women have been abused by their dating partners, and two-thirds of youth who act violently in dating relationships report witnessing assaults between family members.<sup>75-81</sup> In addition to the harm that youth may experience as victims, we know that exposure to abuse within adolescent relationships and witnessing family violence (Chapter 4) increase the risk for violence in adulthood among the children involved. Therefore, it is critical that we deepen our understanding of the safety and developmental risks that exposure to abuse in adolescent relationships poses to adolescents, and we must improve our knowledge about how prevention, intervention, and resilience can be integrated to improve the chances of life success for youth. Community and school-based programs and policies that work in tandem to prevent relationship abuse and, just as importantly, to promote healthy relationships, have shown great promise.<sup>82-86</sup> These programs, guided by caring adults and communities and with shared leadership from youth as role models for younger children, are succeeding in changing social norms that tolerate and at times condone abuse.

Working collaboratively with young people, adults who are involved in the lives of children can take action against all forms of community violence by consciously serving as positive role models and engaging children and youth in healthy, nonviolent relationships. Healthy relationships are based on mutual respect, honest and sensitive communication, gender and racial equity, empathy, compassion, recognition of the different needs and abilities of people of different ages and backgrounds, and shared responsibility for success. Modeling healthy relationships, and helping youth to develop them with peers and their families, is a direct antidote for violence and its toxic effects. Youth-led community and school-based programs guided by conscientious adults are succeeding in communities across the country in mobilizing children and youth to invest themselves in healthy relationships.<sup>87,88</sup> These local initiatives need public and private support and sponsorship in order to become the rule rather than the exception in communities throughout our nation.

### ***5.5 Develop and implement policies to improve the reporting of suspected child sexual abuse in every institution entrusted with the care and nurturing of children.***

When children are sexually or physically abused, the harm that this violence causes is greatly exacerbated if the abuse and the perpetrator are not publicly identified and the perpetrator is not immediately prevented from further abusing that child or other children.

Communities must work particularly hard to break the silence and secrecy that shroud child sexual abuse. When community members talk about sexual violence and ask the right questions, they help to break the isolation that many children experience. When community members have the skills to identify and report child sexual abuse, they open doors of justice, healing, and support that had once been closed for many children. If community members intervene when they witness sexual violence, they not only help to prevent that specific occurrence; they also protect the abused child victim or other children from further victimization and help set social norms and create environments in which sexual violence is not tolerated. When community members talk about healthy sexuality and model positive, nurturing, respectful relationships and communication, they can work to ultimately prevent sexual violence from occurring.

Institutional protections that shield perpetrators of sexual or physical abuse or other forms of violence against children violate both the letter and the spirit of the law as well as moral and ethical principles that condemn such violence. When officials in an organization or system excuse or condone known acts of abuse or violence against children, they are indirectly but substantially contributing to the harm caused to children, past and future, who are exposed to violence.

Most, if not all, of the institutions in this country that are entrusted with the care and nurturing of children have policies and procedures for reporting the suspected abuse of children. All of these institutions must review these policies and procedures and modify them wherever necessary to eliminate their points of uncertainty. In addition, reviews should be undertaken in areas where there have been or potentially could be a failure of the institution's officials, employees, and other participating individuals and entities (such as volunteers, contractors, and consultants) to comply fully with the specific responsibilities for protecting children defined by these policies and procedures.

The education and supervision provided by the institution to all officials, employees, and other participants concerning their specific responsibilities in reporting all forms of suspected child abuse or other ways in which children are exposed to violence are an essential but often unfulfilled responsibility of every institution in our country, especially those entrusted with the care, education, supervision, and nurturing of children. Every institution must provide timely, ongoing education and supervision to its agents at all levels to ensure that all incidents of suspected child abuse are reported without delay and that appropriate legal authorities outside the institution who are responsible for children's safety and welfare are fully and immediately informed.

### ***5.6 Train and require child care providers to meet professional and legal standards for identifying young children exposed to violence and preventing violence from occurring to any child for whom they are responsible.***

Child care providers in center-based programs and in their own or the child's home have a unique opportunity to protect children from exposure to violence. Child care providers must be trained and provided with ongoing supervision and continuing education in order to be able to recognize children in their care who have been exposed to violence. National, state, local, and tribal child welfare

departments that set standards for child care providers' reporting of abuse and neglect must establish clear and specific guidelines for all providers of child care and monitor adherence to these guidelines. In addition, professional organizations and regional and local agencies and programs that train child care providers and set standards for them must monitor adherence to these standards, which should be mandatory for all providers and should take the form of clear and specific guidelines for identifying and reporting suspected child abuse and other forms of exposure to violence.

Sadly, child care providers can themselves inflict violence on children or expose children to violence by perpetrating or condoning physical violence, sexual abuse, or child-to-child bullying in the child care setting. Governmental, professional, and private for-profit or nonprofit agencies and organizations that oversee child care providers must require all providers to complete preservice and ongoing continuing education and supervision in order to prevent the use of corporal punishment and incidents of sexually, physically, or emotionally abusive behavior toward children in center-based or home-based child care.

### ***5.7 Provide schools with the resources they need to create and sustain safe places where children exposed to violence can get help.***

Violence can spill over from families and the larger community into schools, but it also can be inadvertently fostered in schools when students are not taught how to handle conflict and build relationships in healthy ways that do not involve violence. Schools play an essential role in creating and establishing an environment for healthy and nonviolent behaviors that are both taught and modeled on the playground, in the food court, on the playing fields and in the locker rooms, in extracurricular activities, and in the classroom. Every adult in our schools is a potential positive — or negative — role model for hundreds or thousands of children every day. Programs that train all school staff — from teachers, administrators, and personnel to maintenance workers to school bus drivers to workers in the food court — to interact with students and one another in trauma-informed ways have been developed, scientifically tested, and widely disseminated in dozens of rural, urban, and suburban communities in our country.<sup>89-98</sup> Every school in the U.S. and all of their educational and support personnel should be provided with training and ongoing supervision in order to provide trauma-informed school services.

Schools also are a critical place for the identification of children exposed to violence who need immediate help (see Chapter 2) and where evidence-based trauma-specific treatment can be provided efficiently and in a timely and accessible manner (see Chapter 3) for those children. Every school in our country should have trained trauma-informed professionals on staff or working collaboratively as consultants to provide school-based, trauma-specific treatment and to assist children who have been exposed to violence and have chronic or severe problems to access evidence-based school- or clinic- or home-based treatment.

Corporal punishment is permitted in some schools in this country although it represents the use of violence as a means of changing behavior and enforcing discipline. Every school in which corporal punishment continues to be used should be provided with education and training for all administrators, teachers, and staff on trauma-informed alternatives to corporal punishment that have been shown to be effective in maintaining discipline without violence.

### ***5.8 Provide children, parents, schools, and communities with the tools they need to identify and stop bullying and to help children who have been bullied — including the bullies themselves — to recover from social, emotional, and school problems.***



Bullying is a form of violence that increasingly is recognized as a serious problem for teens and for school-age children as young as preschoolers. Bullying can involve verbal as well as physical violence and threats. Victims of bullying often are isolated by their peer group and shamed and humiliated not only by the bullies but also by other peers and adults (including their teachers, coaches, and even their own parents and other family members). Victims of bullying also commonly experience serious problems with depression, anxiety, loneliness, and hopelessness as well as with school achievement and attendance. For girls, physical, verbal, and social bullying have been found to be associated with subsequent body dissatisfaction, particularly when verbal bullying led them to experience anxiety and depression.<sup>99</sup>

Some bullying victims attempt to turn the tables and regain a sense of power, control, and peer acceptance by bullying other children. Bullies are not typically cruel or mean children by nature, but they can become cruel and hurtful toward other children as a form of self-protective reactive aggression. Children or youth who are bullies may appear successful and popular, but often they have been victims of bullying or violence in their own families and are troubled by serious emotional problems that can result in serious danger to themselves (such as substance abuse or suicidality) as well as to the children whom they bully.

Providing trauma-informed services and support to children who are bullies as well as to those who are victims of bullying is an essential step in stopping the spread of emotional and physical violence toward children in our schools and communities. Programs designed based on the guidelines described in this chapter's previous recommendations — building multi-stakeholder community and school coalitions, providing healthy adult and peer role models, and teaching children healthy and safe ways to build and sustain relationships — have been shown to be successful in restoring safety and healthy development to the lives of children who are bullied and those who are bullies.<sup>100,101</sup> One study in 10 public middle schools found evidence of benefits primarily for White children but not for African-American or Hispanic youth, suggesting a need for careful ethnocultural adaptation of bullying-prevention programs.<sup>102</sup> These programs embody the principles of restorative justice, which can instill individual and community-level accountability and positive action to support healing and resilience as well as demonstrate the potential value of meaningful restitution.

***5.9 Put programs to identify and protect children exposed to community violence who struggle with suicidality in place in every community.***

***5.10 Support community programs that provide youth with mentoring as an intervention and as a prevention strategy, to reduce victimization by and involvement in violence and to promote healthy development by youths.***

***5.11 Help communities learn and share what works by investing in research.***

## **Chapter Six: Rethinking Our Juvenile Justice System**

The vast majority of children involved in the juvenile justice system have survived exposure to violence and are living with the trauma of that experience. If we are to fulfill the goals of the juvenile justice system — to make communities and victims whole, to rehabilitate young offenders while holding them accountable, and to help children develop skills to be productive and succeed — we must rethink the way the juvenile justice system treats, assesses, and evaluates the children within it.

By the time children come into contact with the juvenile justice system, they have almost always been exposed to several types of traumatic violence over a course of many years. In a study conducted at a juvenile detention center in Cook County, Illinois, 90 percent of the youth reported past exposure to traumatic violence, which included being threatened with weapons (58 percent)<sup>1</sup> and being physically assaulted (35 percent).<sup>2</sup> Another study, this one conducted in juvenile detention centers in Connecticut, found that 48 percent of similar youth had experienced a traumatic loss.<sup>3</sup> Finally, according to a recent study that used a national sample of youth for comparison, youth in detention were three times as likely as those in the national sample to have been exposed to multiple types of violence and traumatic events.<sup>2</sup>

The relationship between exposure to violence and involvement in the justice system is not a coincidence. Exposure to violence often leads to distrust, hypervigilance, impulsive behavior, isolation, addiction, lack of empathy or concern for others, and self-protective aggression. When young people experience prolonged or repeated violence, their bodies and brains adapt by becoming focused on survival. This dramatically reduces their ability to delay impulses and gratification, to a degree even beyond that of normal adolescents. Youth who are trying to protect themselves from more violence, or who do not know how to deal with violence they have already experienced, may engage in delinquent or criminal behavior as a way to gain a sense of control in their chaotic lives and to cope with the emotional turmoil and barriers to security and success that violence creates.

Research on brain development over the past two decades has shown that the areas of the prefrontal cortex responsible for cognitive processing and the ability to inhibit impulses and weigh consequences before taking action are not fully developed until people reach their mid 20s.<sup>3,4</sup> Adolescents experience heightened emotions and are more vulnerable to stress and prone to react without thinking than are adults.<sup>5,6</sup> The United States Supreme Court's recent groundbreaking decision to ban the death penalty for juveniles was due in large part to the advances in scientific understanding of how a normal adolescent's brain develops. This decision, and the rulings of other landmark Supreme Court cases, acknowledged the fundamental developmental differences between the brains of children and adolescents and those of adults.<sup>7</sup> Consistent with these legal decisions, science reveals that the developing brain, in early childhood and throughout adolescence, is very sensitive to harsh physical and environmental conditions.<sup>8</sup> Traumatic violence, in particular, can delay or derail brain development, leaving even the most resilient and intelligent child or adolescent with a severely diminished capacity to inhibit strong impulses, to delay gratification, to anticipate and evaluate the consequences of risky or socially unacceptable behavior, and to tolerate disagreement or conflict with other persons.

Children exposed to violence, who desperately need help, often end up alienated. Instead of responding in ways that repair the damage done to them by trauma and violence, the frequent response of communities, caregivers, and peers is to reject and ostracize these children, pushing them further into negative behaviors. Often the children become isolated from and lost to their families, schools, and neighborhoods and end up in multiple unsuccessful out-of-home placements and, ultimately, in correctional institutions.

Many youth in the justice system appear angry, defiant, or indifferent, but actually they are fearful, depressed, and lonely. They hurt emotionally and feel powerless, abandoned, and subject to double standards by adults in their lives and in "the system." These children are often viewed by the system as beyond hope and uncontrollable, labeled as "oppositional," "willfully irresponsible," or "unreachable." What appears to be intentional defiance and aggression, however, is often a defense against the despair and hopelessness that violence has caused in these children's lives. When the justice system

responds with punishment, these children may be pushed further into the juvenile and criminal justice systems and permanently lost to their families and society.

By failing to correctly identify and treat children exposed to violence, the system wastes an opportunity to alter the delinquent or criminal conduct of the children. This failure makes our communities less safe and results in the loss of the valuable contributions of these children — in youth and into adulthood — to their communities.

This is not inevitable. These youth are not beyond our ability to help if we recognize that exposure to violence causes many children to become desperate survivors rather than hardened criminals. There are evidence-based interventions that can help to repair the emotional damage done to children as a result of exposure to violence and that can put them on a course to be well-adjusted, law-abiding, and productive citizens. Too often, these interventions are not used simply because they are not known or appreciated.<sup>2,9,10</sup>

Rethinking how we approach young people in the justice system requires participation from everyone in the system. Law enforcement, judges, prosecutors, defense attorneys, probation officers, providers, and policymakers must all understand the data about children's exposure to violence that is contained in the ACE (Adverse Childhood Experiences)<sup>11</sup> and NatSCEV (National Survey of Children's Exposure to Violence)<sup>12</sup> studies as well as the latest research about what works for kids.<sup>2,13</sup> It also requires people outside the system to accept that children in the justice system are not "bad kids" but, instead, are traumatized survivors who have made bad decisions but can still turn things around if they have help. The problem is not just confined to boys of color in urban communities — it affects youth of varying racial and ethnic backgrounds in rural, suburban, and tribal communities as well as girls and LGBTQ (lesbian-gay-bisexual-transgender-questioning) youth.<sup>14-17</sup> While the challenges of developing services for children in small communities are often great, the needs of children in those communities make it imperative that every community get involved in addressing the need for trauma-informed assessment and care in its justice system.

We must help children in the justice system to heal by responding in developmentally appropriate ways and by ensuring that the system itself does no harm. When traumatized children break the law and engage in delinquent conduct, even repeatedly, they still need and deserve help from adults. The system must recognize the heavy burdens that most young offenders carry and help them move into a healthy and productive adulthood by providing services that address the damage done by exposure to violence. Too often, the justice system relies on judgmental, punitive responses that are both harmful and ineffective.

***6.1 Make trauma-informed screening, assessment, and care the standard in juvenile justice services.***

***6.2 Abandon juvenile justice correctional practices that traumatize children and further reduce their opportunities to become productive members of society.***

***6.3 Provide juvenile justice services appropriate to children's ethnocultural background that are based on an assessment of each violence-exposed child's individual needs.***

***6.4 Provide care and services to address the special circumstances and needs of girls in the juvenile justice system.***

***6.5 Provide care and services to address the special circumstances and needs of LGBTQ youth in the juvenile justice system.***

***6.6 Develop and implement policies in every school system across the country that aim to keep children in school rather than relying on policies that lead to suspension and expulsion and ultimately drive children into the juvenile justice system.***

***6.7 Guarantee that all violence-exposed children accused of a crime have legal representation.***

***6.8 Help, do not punish, child victims of sex trafficking.***

## CONCLUSION

Every day in this country millions of children's lives are scarred by violence. Not hundreds, or thousands — *millions*. Every one of these children is precious and irreplaceable; they are our treasure and our country's future. When even one child has his or her childhood stolen by violence, the loss is incalculable. The wounds our children endure from exposure to violence must be healed. There is no more time to waste — we can no longer wait. Decisive action is required, now.

This report guides the way forward. The actions we must take are clearly stated in each of our recommendations. Change can — and must — begin immediately, at every level of government and in every community.

Ultimately, every family must be empowered to join this effort, and every community must rise up to protect and heal children who are exposed to violence and ensuing psychological trauma. We all know that children should be protected and kept safe from violence. Yet we have not, as a nation, firmly repudiated all forms of violence that harm our children. We must now commit, unreservedly, to sustained efforts at protecting our children from violence.

We can protect and heal our children from exposure to violence by mobilizing resources that currently exist but are not sufficiently organized and accessible. Steps must be taken nationally, regionally, and locally to inform and support every teacher, healthcare professional, police officer, judge, attorney, social worker, clergyperson, therapist, advocate, and paraprofessional who serves and guides children and their families to implement effective policies, practices, and procedures to protect and heal children exposed to violence.

Children and families in tribal communities, and others in rural or urban settings who live with poverty or discrimination because of their race, culture or language, sexual orientation, or mental or physical disabilities, have experienced decades and generations of exposure to violence and extreme psychological trauma. They require special attention, and they must receive it. We must take steps politically, economically, and socially to restore these communities and their children and families from the chronic and debilitating exposure to violence they face every day.

Although this is a hard time for countless families in our country who are struggling financially, and for all parts of government facing immense economic challenges, we must not let these realities diminish our resolve to face and address the ongoing epidemic of children exposed to violence. We must continue to identify opportunities for the federal, state, tribal, and local governments to redirect the funds currently available and to achieve new efficiencies with this funding. We can and must use our resources more wisely to produce better outcomes and to defend children against exposure to violence.

We must actively engage youth, their families, and local leaders in urban, suburban, rural, and tribal communities to drastically reduce children's exposure to violence.

This report is a call to action for every person in America to rise up to defend our children! We must dedicate ourselves to creating safe places and healthy relationships in which every one of our children can grow, succeed, and carry forward the blessings of liberty, fraternity, and equality.

When we dedicate ourselves as a country to defending our children from violence, we will provide hope and a way forward for every person in America to thrive, because we will have made our country safe for all."

**Hope For Children Foundation thanks all participants for this report.**

NATIONAL CHILD ABUSE PREVENTION MONTH, 2013  
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BY THE PRESIDENT OF THE UNITED STATES OF AMERICA  
A PROCLAMATION

America is a country where all of us should be able to pursue our own measure of happiness and live free from fear. But for the millions of children who have experienced abuse or neglect, it is a promise that goes tragically unfulfilled. National Child Abuse Prevention Month is a time to make their struggle our own and reaffirm a simple truth: that no matter the challenges we face, caring for our children must always be our first task.

Realizing that truth in our society means ensuring children know they are never alone -- that they always have a place to go and there are always people on their side. Parents and caregivers play an essential part in giving their children that stability. But we also know that keeping our children safe is something we can only do together, with the help of friends and neighbors and the broader community. All of us bear a responsibility to look after them, whether by lifting children toward their full potential or lending a hand to a family in need.

Our Government shares in that obligation, which is why my Administration has made addressing child abuse a priority. Since I took office, we have advocated for responsible parenting and invested in programs that can give our sons and daughters a strong start in life. I was also proud to sign measures into law that equip State and local governments with the tools to take on abuse, like the CAPTA Reauthorization Act and the Violence Against Women Reauthorization Act.

Together, we are making important progress in stopping child abuse and neglect. But we cannot let up - not when children are still growing up looking for a lifeline, and not when more than half a million young people are robbed of their basic right to safety every year. So this month, let us stand up for them and make their voices heard. To learn more about ending child abuse and how to get involved, visit [www.ChildWelfare.gov/Preventing](http://www.ChildWelfare.gov/Preventing).

NOW, THEREFORE, I, BARACK OBAMA, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim April 2013 as National Child Abuse Prevention Month. I call upon all Americans to observe this month with programs and activities that help prevent child abuse and provide for children's physical, emotional, and developmental needs.

IN WITNESS WHEREOF, I have hereunto set my hand this twenty-ninth day of March, in the year of our Lord two thousand thirteen, and of the Independence of the United States of America the two hundred and thirty-seventh.

BARACK OBAMA





Former United States First Lady Hillary Rodham Clinton and President Bill Clinton

President Clinton left office amidst America's longest period of prosperity and peace in more than a generation. Hope For Children Foundation experienced its first year of growth under the Clinton Administration by receiving a federal grant originating through the United States Department of Justice, Violence Against Women Office, then the Texas Governor's Office, enabling the Texas Statewide project entitled "Crimes Against Women and Their Children, Law Enforcement and Prosecution and Judicial Accountability." We acknowledge President Clinton and Hillary for their continued commitment to America.

EVERY SPRING, President Clinton speaks to thousands of graduating seniors in commencement ceremonies across the country, providing advice to graduates on how to pursue their dreams while also working together to combat the challenges facing our independent world. Whether you graduated yesterday or a decade ago, whether you're in the middle of a career or just starting out, we hope our advice inspires you to build a stronger tomorrow — and that you share this inspiration with others.

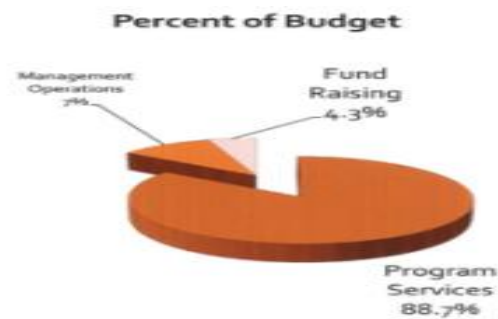
1. No matter what you do next, find ways to appreciate, celebrate, and enhance the impact of our diversity. Remember that our common humanity matters more than our interesting differences.
2. Take time to help others, in your own community or on another continent. You'll help build a world with more partners and fewer adversaries.
3. Engage respectfully with those you disagree with, and know that healthy debate can lead to positive changes. Remember that no matter what side of the argument you fall on, we're all in this future together.
4. You're going to be affected by things that happen to you beyond your borders, whether you like it or not. So try to work to build up the positives and reduce the negative forces of our interdependence.
5. Never forget your teachers and what they've done to make your life better and stronger. Even if you don't become a teacher yourself, remember their example, and try always to teach others and give the gift of learning.
6. Become an informed citizen. Engage with both local and global issues, and vote for leaders who you think are making a difference. Our world is filled with inequalities and instabilities, but that doesn't mean we all can't work together to change it.
7. When you're just starting out, you may not be making much money or be exactly where you expected, but there's always something you can do to give back. And doing good will guarantee you a rewarding future.
8. Always try, and if you fail, try harder. Life's largest disappointments are not rooted in failures or mistakes, but in the absence of passionate commitment and effort.
9. Waste not a moment. Live your dreams. But find some way to empower other people to live theirs, too.
10. Strive to achieve happiness every day, not just at the end of a journey.

**2012 Financials Unaudited****Statement of Financial Position****Assets**

Contributions		\$ 143,636.34
Training Curriculum Value	(+)	<u>\$ 3,104,950.00</u>
Total Assets		\$ 3,248,586.34
Expenses Paid	(-)	<u>\$ 141,733.25</u>
<b>Assets</b>		<b>\$ 3,106,853.09</b>

**Use of Funds:**

**Program Services (88.7) %    Management Operations (7) %    Fund Raising (4.3) %**

**Explanation of Evaluation of Training Asset of HFCF**

A. HFCF certification State Bar of Texas 1,000 attorneys X \$450 Average 15 hours	\$ 450,000
B. HFCF certification Texas Board of Legal Specialization 15 hours	
1. 15 hours criminal law 1,619 attorneys X \$450. Average	\$ 728,550
2. 15 hours family law 1,000 attorneys X \$450. Average	\$ 450,000
C. HFCF certification Texas Commission on Law Enforcement	
5,500 X \$100 16 hrs.	\$ 550,000
D. HFCF certification Texas For The Judiciary	
100 X \$450 15 hrs. MCLE	\$ 45,000
E. HFCF certification TX Juvenile Probation Commission	
(13 hrs.) 1,607 X \$200	\$ 321,400
F. HFCF certification TX Dept.of Criminal Justice Community J.A.D.	
(13.5 hrs.) 2,800 X \$200	\$ <u>560,000</u>
<b>TOTAL Assets of Training</b>	<b>\$ 3,104,950</b>



# What Works Best For You?

Lots of options for involvement:

- Donate Time

- Fundraising
- Training
- Leadership

- Donate Money

- DVDs
- Live Training

- Donate Resources

- Meeting Rooms
- Duplication Services
- Fulfillment

Donate Time

Donate Money

Donate Resources

## Help Protect Her and Millions Like Her



### ONLINE

Contribute securely online at [www.hopeforchildrenfoundation.org](http://www.hopeforchildrenfoundation.org) Click on Donate

### PHONE

You can make a tax-deductible contribution to Hope For Children Foundation using your credit card by calling 214.382.4673 between the hours of 9:00 a.m. and 5 p.m. CST Monday through Friday.

### CHECK

Send your check (along with an address to which we can send your acknowledgement), made payable to the Hope For Children Foundation, and mail to: Hope For Children Foundation, PO Box 191028, Dallas, TX 75219

### WIRE TRANSFER

Should you desire to make your donation through a wire account, call 214.382.4673 for details.

### APPRECIATED SECURITIES

Owning an appreciated security for more than one year, allows for a tax deduction based upon the current market value avoiding paying capital-gains tax on the increase when donating. Call 214.382.4673 for details.

### GET YOUR COMPANY INVOLVED

Many companies have matching-gift programs and will match charitable contributions made by their employees. Ask your human resources office if your office if they have such a program.

### PLAN YOUR GIFT THROUGH WILLS, TRUSTS, AND ESTATE GIVING

Planned giving consists of various planned gifts available to help you support the fight against child abuse.

### CREATE YOUR OWN EVENT

Our online fundraising tool can help you customize an event that's right for you, just contact us.

### HONOR A LOVED ONE

A memorial or tribute is a meaningful way to celebrate someone important to you. 214-382-4673

There's one message I hope to leave with you today. Everyone has a role to play in giving children a good start in life!

## Hope For Children Foundation

Thank you for your generous support! You really care!



**Please help us, help children and adults learn how to protect and balance their lives.**

**We believe...living an abuse free life... is more than an hope or a dream...please help!**

**For all emergencies please call 911 or your local police department.**

**For the National Sexual Assault Hotline call 1-800-656-4673**

**For the National Domestic Violence Hotline call 1-800-799-7233.**

**They should be able to help you with referrals and/or resources in your location. Thank you!**

**Contact Information: Hope For Children Foundation**

**Address: 4925 Greenville Ave. Suite 200 Dallas, Texas 75206**

**Phone: 214-382.4673 [www.hopeforchildrenfoundation.org](http://www.hopeforchildrenfoundation.org)**

## Hope For Children Foundation

