



DEFENDING CHILDHOOD

PROTECT HEAL THRIVE

Report of the Attorney General's National Task Force on
Children Exposed to Violence



Members of the Task Force

Co-Chairs

Robert Listenbee, Jr., JD, Chief of the Juvenile Unit of the Defender Association of Philadelphia

Joe Torre, Chairman of the Joe Torre Safe At Home® Foundation; Major League Baseball's Executive Vice President for Baseball Operations

Members

The Rev. Gregory Boyle, SJ, Founder of Homeboy Industries

Sharon W. Cooper, MD, CEO of Developmental & Forensic Pediatrics, P.A.

Sarah Deer, JD, Citizen of the Muscogee (Creek) Nation of Oklahoma; Assistant Professor at William Mitchell College of Law

Deanne Tilton Durfee, Executive Director of the Los Angeles County Inter-Agency Council on Child Abuse and Neglect

Thea James, MD, Director of the Boston Medical Center Massachusetts Violence Intervention Advocacy Program; Associate Professor of Emergency Medicine at Boston Medical Center/Boston University School of Medicine

Alicia Lieberman, PhD, Director of the Early Trauma Treatment Network; Irving B. Harris Endowed Chair of Infant Mental Health at the University of California–San Francisco Department of Psychiatry; Director of the Child Trauma Research Program, San Francisco General Hospital

Robert Macy, PhD, Founder, Director, and President of the International Center for Disaster Resilience-Boston; Founder and Executive Director of the Boston Children's Foundation; Co-Director of the Division of Disaster Resilience at the Beth Israel Deaconess Medical Center

Steven Marans, PhD, Director of the National Center for Children Exposed to Violence; Harris Professor of Child Psychiatry and Professor of Psychiatry, Yale University School of Medicine; Director of the Childhood Violent Trauma Center at Yale University

Jim McDonnell, Chief of Police, Long Beach Police Department, California

Georgina Mendoza, JD, Community Safety Director for the City of Salinas, California

Retired Major General Antonio Taguba, President of TDLS Consulting, LLC; Chairman of Pan Pacific American Leaders and Mentors (PPALM)

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 health care, 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.

Robert L. Listenbee, Jr.

Joe Torre

Glossary of Key Terms

American Indian/Alaska Native: As a general principle, an Indian is a person who is of some degree of Indian blood and is recognized as an Indian by a Tribe and/or the United States. No single federal or tribal criterion establishes a person's identity as an Indian. Government agencies use differing criteria to determine eligibility for programs and services. Tribes also have varying eligibility criteria for membership.

It is important to distinguish between the ethnological term “Indian” and the political/legal term “Indian.” The protections and services provided by the United States for tribal members flow not from an individual's status as an American Indian in an ethnological sense, but because the person is a member of a Tribe recognized by the United States and with which the United States has a special trust relationship. (Please see <http://www.justice.gov/otj/nafags.htm>).

Assessment: Determining the specific nature of an individual's needs or problems using professional interviews, tests, questionnaires, or observations.

Child- and family-serving organizations: Agencies, facilities, and programs that provide children or families with services that may include education, assistance, rehabilitation, or treatment for medical or mental health, learning, social, financial, child protection, or legal needs.

Child exposed to violence: Any individual who is not yet an adult (threshold age varies across jurisdictions, typically birth to either 18 or 21 years old) who is directly or indirectly exposed to violence that poses a real threat or a perceived threat to the individual's or an affiliated person's life or bodily integrity. Children exposed to violence are at much greater risk of developing lethal medical illnesses in their early adult years; to utilize disproportionately costly medical, psychological, and public health services; and to die prematurely.

Ethnocultural: Characteristics of individuals or their communities that are related to race, ethnicity, or cultural beliefs and practices.

Evidence-based treatment: Interventions and services provided by a credentialed professional or paraprofessional to serve as a therapy or community-based service to promote recovery from psychosocial, psychological, or medical problems or to prevent these problems altogether. These interventions and services: (a) have been scientifically tested and demonstrated to be effective, (b) have clearly defined procedures that can be taught and implemented consistently with fidelity, (c) are feasible and useful for clinical practitioners and programs, and (d) are credible and acceptable to the recipients.

Screening: Asking brief questions or gathering existing information to determine if an individual should be identified as having a specific need or problem.

Trauma-informed care: This is a new form of evidence-based interventions and service delivery, implemented by multiple service providers, that identifies, assesses, and heals people injured by, or exposed to, violence and other traumatic events.

Trauma-focused services: Services are considered trauma-focused when caregivers (such as biological, foster, or adoptive parents, mentors, spiritual advisors, coaches, or line staff in child-serving programs) or professionals providing services (a) *realize* (understand) the impact that exposure to violence and trauma have on victims' physical, psychological, and psychosocial development and well-being, (b) *recognize* when a specific person who has been exposed to violence and trauma is in need of help to recover from trauma's adverse impacts, and (c) *respond* by helping in ways that reflect awareness of trauma's adverse impacts and consistently support the person's recovery from them (adapted from the 2012 SAMHSA [Substance Abuse and Mental Health Services Administration] "Working Definition of Trauma and Guidance for a Trauma-Informed Approach").

Trauma-specific treatment: Medical, physiological, psychological, and psychosocial therapies that are (a) free from the use of coercion, restraints, seclusion, and isolation, (b) provided by a trained professional to an individual, a family, or a group adversely affected by violence exposure and trauma, and (c) designed specifically to promote recovery from the adverse impacts of violence exposure and trauma on physical, psychological, and psychosocial development, health, and well-being.

Violence: The World Report on Violence and Health (WRVH) (<http://www.who.int/violenceprevention/approach/definition/en>) defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."

Violence exposure: Violence exposure can be *direct*, where the victim or community of victims is the direct target of the intentional use of force or power, but it can also be *indirect*, where the victim or community of victims is witness to the intentional use of force or power or has lost a loved one to violence. In both cases, over 20 years of scientific literature on the impact of violence demonstrates that violence exposure results in significant short- and long-term debilitating and costly impacts on the victim's physical, emotional, cognitive, and social health and well-being.

Violence exposure variables (magnitude of impact): Scientists and health professionals unanimously agree that specific violence exposure variables, whether direct or indirect, drastically increase negative health outcomes. Primary exposure variables include *duration of exposure* (being repeatedly victimized over months and years), *proximity to exposure* (remaining physically close to the perpetrator during the violence), *type of violence or perpetration* (combat, kidnapping, sexual assault and rape, assault and battery, torture, being buried alive, human trafficking, genocide, homeland displacement, and mass political violence), and *relationship to the perpetrator* (the perpetrator is a known figure of trust and protection like a parent, spouse, partner, or trusted authority figure).

A further critical aspect of violence exposure is the intentional selection of a victim or victims to do harm to that victim, that victim's property, that victim's family, or that victim's tribe. When the intentional selection to do harm is based on a victim's age, gender, race, ethnicity, tribal

affiliation, or beliefs and orientations, the negative health outcomes may be even more significant.

Workforce protections: Adaptations to a workplace's environment or its policies and procedures or to the education, supervision, and supportive services provided to the personnel that are designed to foster *workplace wellness* and provide protection from psychological or physical harm. A fundamental adaptation to promote wellness and protect workers is a workplace that is free from the use of coercion, restraints, seclusion, and isolation.

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

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.

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 health care, 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.

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.

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.

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.