

Safe, Healthy & Ready to Learn: Policy Recommendations to Address Children, Violence and Trauma

In the ground-breaking study released in 2000 *Neurons to Neighborhoods*, Dr. Jack Shonkoff and the Institute of Medicine introduced the nation to incredible new science about how children's brains and bodies develop, and in particular how severe and/or chronic adversity in childhood can affect a child for a lifetime. We had long known that poor children and those who experienced abuse struggled more in school and were more likely to drop out or wind up in jail but we hadn't fully understood the extent to which our actual biology is changed by these traumatic experiences. Through his research on "toxic stress" Dr. Shonkoff has documented in compelling detail the link between early childhood brain development and later academic success and behavioral health, launching a dramatic investment in early childhood education.

About the same time that Dr. Shonkoff was doing his research with young children, Dr. Vince Fellitti, an internist and obesity researcher in San Diego, was trying to figure out why some of his patients and in particular those who were the most successful at losing large amounts of weight were dropping out of his program. He was a doctor with a Kaiser health program in San Diego serving middle-class, insured clients. It didn't make sense to him that those who were successful quit. Then, after reviewing research on the links between sexual abuse and weight, he started asking people about their histories of sexual abuse as well as other traumatic childhood experiences such as physical abuse or neglect, or the loss of a parent to jail or death. After finding startling rates of abuse and in particular child sexual abuse, as well as a strong link between childhood trauma and poor health, he partnered with epidemiologists at the CDC to more rigorously test his results. The findings grew only stronger. What is now known as the ACEs Study (Adverse Childhood Experiences), has grown over the last 20 years and is being replicated in multiple states and settings. States now collect ACE's data and the direct correlation between ACE's and health, educational success and experiences of crime and violence are now irrefutable.

Educators are beginning to understand how the core challenges of educating children, particularly those who have multiple experiences with violence, neglect or loss, are far more about trauma and the cognitive and behavioral response to extreme adversity than about any particular curriculum. From reducing the school to prison pipeline, to increasing academic performance among disadvantaged youth, to reducing violence and aggressive behaviors in school, the science of the brain is now showing the way.

The following is an effort to catch public policy up with science. Now that we know this, what do we do about it?

Futures Without Violence with the support of The California Endowment and Blue Shield of California Foundation has spent the last year working with and learning from leaders throughout the health, education, justice and child development fields, to put forth the best thinking from a

public policy perspective. This report serves as a companion piece within a larger national campaign focusing on the need to address childhood exposure to violence and trauma and invest in the health, safety, and educational success of all children.

Over the course of the last year, FUTURES put together a policy working group that includes leaders in education, health, civil rights, philanthropy, academia, justice, and the non-profit sector to assess the impact that violence and trauma has on children and how schools, the health system, and communities can respond appropriately. This working group has developed a comprehensive set of recommendations that are designed to reduce violence, prevent trauma and ensure that children and families affected receive the services they need as early as possible in the most effective manner possible. This policy paper discusses these recommendations and the rationale for them.

The recommendations fit within 7 key goals:

1. Investing in Parents and Early Childhood Programs
2. Preventing violence and trauma
3. Increasing the availability of trauma-informed services for children and families
4. Investing in Schools to Take On Increasing Demand
5. Training and Building a Skilled Workforce
6. Increasing inter-governmental coordination and alignment
7. Increasing public awareness and knowledge about childhood violence and trauma

We have detailed policy recommendations to help effectuate each of these goals, with considerations of scalability, cost-effectiveness, and the evaluation and adoption of promising models.

Years ago, the beloved South African President, human rights defender, and Nobel peace prize recipient, Nelson Mandela observed: "We owe our children, the most vulnerable citizens in our society, a life free of violence and fear." We owe the same to our children here in the United States. The recommendations laid out in this paper by the Futures Working Group are meant to be a road map for the policy reforms that can bring us closer to making Mandela's words a reality for every child.

WHAT WE KNOW ABOUT CHILDREN'S EXPOSURE TO VIOLENCE, TRAUMA ADVERSITY

Children in this country are exposed to violence at alarming rates. The Attorney General's Task Force on Children Exposed to Violence highlighted research, produced as part of the Defending Childhood Initiative, showing an estimated 46 million American children will expect to have their lives touched by violence, crime, abuse or psychological trauma in a given year. That's almost two out of every three children in this country. One in 10 children will experience at least five or more incidents of violence in a given year. These young victims often face a toxic mix of exposure to domestic violence, sexual abuse, community violence or direct physical assault. For

these “polyvictims” violence and abuse are chronic conditions. Fear and pain become normal, but with consequences that touch every aspect of their lives and those of the lives around them.

- On average, 5 children a day die from deaths caused by abuse or neglect
- In a given year, about 3,000 children, ages 5-18 die from homicide or suicide.
- One in four American women is a victim of intimate partner violence, known more commonly as domestic violence, and one in three American children has witnessed that violence.
- More than 500 people are raped in this country daily, with the majority being children. In some communities, in particular Native American communities, rape and sexual assault have reached epidemic levels.
- Neglect of children, which constitutes 8 out of every 10 cases of child maltreatment, can often be as harmful to a child as direct physical abuse. Neglect largely stems from poverty and mental health, substance abuse and domestic violence experienced by caretakers, driving much of the inter-generational cycle we see of concentrated poverty and concentrated trauma. (endnote, DC report p. 1)
- Individuals die on average 20 years sooner when they have experienced five or more Adverse Childhood Experiences, than those who have not.

HOW EXPOSURE TO VIOLENCE, TRAUMA AND ACEs IMPACT CHILDREN

Time, we have learned, does not heal all wounds. Indeed, children’s behavior, ability to learn and core biology are directly affected by adverse and traumatic experiences in childhood. Children may even be more deeply affected than adults dependent on their age and developmental stage and who and what else in their lives counter-balance these adversities. “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 regulations that has different behavioral manifestations’ ... DCI Report, p. 1-2. Children who have been traumatized experience classic symptoms associated more often with veterans returning from war: sleeplessness and night terrors, anxiety and intrusive thoughts, impulsivity and that leads to seemingly irrational risk-taking, substance abuse and mental illness, violence.

In addition, the body’s “fight or flight” system, the chemical and physical reactions that help us respond to frightening or threatening situations, is damaging to the body when activated frequently and over the long term. While the presence of a capable and loving adult can help buffer those effects and return a child’s system to a healthy “neutral” the absence of such a presence can cause physical and mental damage. It is the presence of violence, abuse, fear, loss in combination with the absence of relationships that promote resilience that appears to do the most damage to children.

It is that intersection therefore, where we focus the most energy and recommendations.

GOAL 1: INVEST EARLY IN PARENTS AND YOUNG CHILDREN

First and foremost we must invest in the abilities of parents to care for and support the healthy development of their children. No system or program can do as much --- and as cost-efficiently -- as a parent to protect a child from harm and promote their health, educational success and well-being. Unfortunately, many parents' abilities are compromised often by their own experiences with trauma and adversity, violence being perpetrated against or around them, and economic conditions that make the most basic staples of life a daily struggle. While extended family and community can provide support to struggling parents, there also remains a critical role for the federal government in supporting parents, and in particular parents who themselves have experienced severe adversity and violence or are in poverty.

The federal government should support states, local jurisdictions, and tribes in providing parents, extended family, legal guardians, and other caregivers the opportunities necessary to help their children thrive. Access to evidence-based quality services, supports and trauma informed early education and care will promote positive caretaking, reduce inequities, increase family cohesion, and break the cycle of intergenerational trauma.

Children born to parents who have not healed from trauma are highly likely to be negatively affected by it, thus continuing a cycle of trauma over time. Early intervention, sometimes occurring even before a child is born, can help correct the vicious impact of trauma and can help children reach their full potential in school and life. ^[32]

Basic care-giving must also be addressed. For far too many parents, particularly low-income parents, providing children with a safe, supportive, and stimulating place to go while the parents are working is much more difficult than it should be. There are numerous options, such as private child care, head start, early head start, but these programs cannot meet the demand. Given the bipartisan agreement that low-income parents, even those with very young children, must work, ensuring high quality child care and early learning opportunities are necessary.

Both the Senate and House have introduced bills that seek to dramatically expand the number of early childhood education slots that can be provided by states and localities. So, we have seen positive movement in this area. We know, however, that much more remains to be done.

Recommendations:

- All levels of government should provide:
 - the children in their jurisdiction with a pipeline of high-quality early education and child care programs, ranging from birth to kindergarten;
 - adequate training and assessment of teachers and child-care providers to ensure program quality; and
 - the federal government should provide readily accessible information on evidence-based programs and those that are promising practices so state and local governments can select the programs that best meet their needs.

To accomplish this,

- Extend and expand reauthorization of the Federal Maternal Infant and Early Childhood Home Visiting Program (MIECHV).

Home visiting programs offer a variety of family-focused services to expectant parents and families with new babies and young children. They address issues such as maternal and child health, positive parenting practices, safe home environments, and access to services.^[33] Research indicates that home visitation is one of the most effective, cost saving programs that can be employed to solve issues that new parents face. A 2005 study by the RAND Corporation, entitled *Early Childhood Interventions: Proven Results, Future Promise*, evaluated the cost-effectiveness of two evidence-based home visiting programs and found savings ranging from \$1.80 to \$5.70 per dollar invested.

We also know that pregnant teens with home visiting support are less likely to have subsequent births within two years and are more likely to return to school than teen mothers that have not received support. Additionally, studies show that young fathers who receive home-visiting are more likely to be involved in the child's life on an ongoing basis.^[34] MIECHV funds both evidence based programs as well as those that are promising practices. The federal government has a robust program evaluation system in place to identify evidence based programs, and states are encouraged to identify promising practices.^[35]

- Amend TANF requirements to allow funds to address parents' trauma-related mental and behavioral health issues that serve as barriers to successful employment and educational advancement.

Allowing TANF funds to go towards mental health care is crucial, as studies show that single-mothers receiving TANF assistance had higher rates of mental health problems, domestic violence and children's health problems than other women do in national samples, but were no more likely to have substance abuse issues than the general public.^[38] High levels of TANF recipients have been victims of trauma-- e.g., rape, domestic violence-- that put them at risk for PTSD, depression, or social anxiety disorder.^[39] Mental health issues like these make getting and keeping a job far more difficult due to the instability these illnesses cause. Without proper treatment for these issues, TANF recipients suffering from mental illness due to past traumas will need to continue to receive government assistance. Without proper treatment of the parent, the child is at a greater risk of suffering from trauma themselves.^[40]

- Modify allowable use of funds from Healthy Marriage Initiative in TANF to address relationship and parenting skills.

To achieve the overall goal of reducing intergenerational trauma to improve the lives of children, funds allotted for the Healthy Marriage Initiative (HMI) in TANF should allow for relationship and parenting skills training. For those who have decided to marry, a healthy relationship improves the lives and mental health of the individuals in the relationship, the lives of children impacted by that relationship, advances financial stability of the family, and improves the overall well-being of children and their parents.^[41] While grantees of HMI funds are making significant progress, there have been no new terms and conditions about acceptable uses for the funds to

allow for relationship counseling, child care training, and other important family strengthening skills that are necessary for breaking the cycle of intergenerational trauma. ^{142]} Using the existing allocated funds to allow for parental skills as well as relationship skills building will improve the overall health and well-being of the family unit, and by doing so will begin to lessen the effects of generational trauma over time.

- Integrate Trauma-informed programs and skills-based parenting education into early childhood settings, such as Head Start, Early Head Start and Healthy Start

As the Administration and Congress rightfully invest in early childhood systems and education, embedding trauma-informed responses is critical. A large percentage of children and families receiving services from these programs already are struggling with poverty, and often violent and chaotic families and communities. To increase the value of these programs, early childhood care and education programs should adjust to better recognize and respond to trauma among their children, their families and staff.

- *Head Start, Trauma Smart*, should be scaled up nationally and modified as needed for multiple childhood settings
- *Healthy Moms, Happy Babies* should be invested in nationally as a tool for early childhood programs to improve outcomes by helping mothers who have or are victims of violence and abuse.
- Triple P (Positive Parenting Program) is an evidence-based program that promotes positive parenting behaviors and helps parents address children's behavior to reduce child abuse and promote healthy attachment.

GOAL 2: PREVENT VIOLENCE & TRAUMA

Preventing the harmful effects of violence on children, including trauma, is best accomplished by preventing the violence in the first place. While supporting new parents and young children is the first step. National efforts to prevent and reduce violence and mitigate trauma must be supported concurrently. A prevention approach must be threaded into the different realms of children's lives and be multi-sectoral, addressing family, community and school-related violence.

Federal, state, and local governments and tribes should increase violence prevention efforts, investing and scaling up evidence-based programs.

Preventing Domestic and Dating Violence, Sexual Assault and Child Maltreatment

Family violence is common in the lives of children and even in the earliest years can cause a direct impact on children's ability to grow, learn and thrive. More than 40 percent of children in the United States are exposed to family violence by the time they are 17. In many cases the effects on a child are even greater than when the child is a victim directly. In addition the majority of sexual violence victims in this country are children, with 80 percent of sexual assaults taking place against individuals under the age of 25.

Child maltreatment and physical violence directed at children are also widespread. The National Survey of Children Exposed to Violence documents that in a given year one in 10 children is a victim of maltreatment and nearly one half of children have been physically assaulted in the previous year. Annually, about 700,000 children are substantiated victims of abuse or neglect by their caregivers, as reported to the nation's child welfare agencies.

Recommendations:

- Extend and expand funding for domestic violence prevention and response services included in the Family Violence Prevention and Services Act.
- Health care providers should provide universal education to parents and care givers about the impact of exposure to violence on children.
- Increase support for the recently reauthorized Child Abuse Prevention and Treatment Act (CAPTA) to implement services focused on domestic violence and substance abuse and prevention of child maltreatment.
- Restructure Rape Prevention and Education Program, funded through the Centers for Disease Control and Prevention, to increase percentage of funding that goes directly to community and state-based prevention programs.
- Expand funding for programs to prevent dating and domestic violence by supporting initiatives at the Center for Disease Control and the Office on Violence against Women to promote healthy relationships among youth and engage men and boys in prevention.
 - Abuse is too often played out in the context of intimate relationships, including in adolescent dating relations. It is therefore an imperative aspect of prevention to invest in the development of healthy intimate relationships. Healthy relationships create protective spaces from violence and trauma and also teach resiliency when experiences of violence, trauma, and stress are encountered.
- Create joint initiative between the Department of Justice, the Department of Health and Human Services' Administration of Children and Families, Center for Disease Control and Substance Abuse and Mental Health Services Administration to supports primary prevention of child sexual abuse.

Prevention for System-involved families (Foster Care, Juvenile Justice, Criminal Justice)

By the very fact of their involvement with public systems such as the child welfare or juvenile justice, system-involved children face added adversity and risk. Many come into these systems because of exposure to violence and unhealthy responses to trauma. While earlier chapters address primary prevention, systems can also improve outcomes for children and prevent other or more extreme forms of violence by addressing secondary prevention. Children of incarcerated parents, for instance, often suffer from the injuries of frayed bonds with their parents. Many of these children, especially when their mothers are incarcerated, struggle with attachment disorders which render them especially vulnerable to abusive relationships, substance abuse, incarceration, and depression.

The very experience of interacting with the juvenile justice system engenders trauma. It is therefore critical to prevent children and youth from interacting with the juvenile justice system unnecessarily. A primary reason for youth, especially girls, interaction with the juvenile justice is as a result of arrest and detention for non-violent status offenses.

Foster youth, especially those aging out of foster care have disproportionate exposure to trauma compared to children who have not entered the foster care system. The act of entering foster care itself is a form of trauma when children are removed from their families. These children and youth need the skills, competencies, and mentoring relationships to learn how to engage in healthy relationships, which have not necessarily been a part of their childhood experience

Moreover, similar to involvement in the juvenile justice system, the experience of being in foster care often creates trauma for the child or youth. The emphasis should therefore be on preventing foster-care involvement. Priorities and funding ought to then be re-imagined to focus on family support and stability, including reunification and kinship care where possible. In addition:

Recommendations:

- Integrate trauma-informed healthy relationship and parenting education into prisoner re-entry programs for adults and youth.
- In the upcoming reauthorization of the Juvenile Justice Delinquency Prevention Act, prohibit detention for status offenses and violation of court orders.
- Develop a pilot initiative within the Administration for Children and Families targeting youth in foster care and aging out of foster care to gain the skills and supports to build healthy relationship and parenting skills.
- ACF should increase oversight of and support for state efforts to fully implement the Health Oversight and Coordination Plans they have developed under the Fostering Connections to Success and Increasing Adoptions Act of 2008.
- Restructure Title IV-E funds that currently incentivize out of home placement to support families in caring for their children, early intervention services and more community-based and multi-sectoral prevention programs:
- Reorganize funding within the Department of Justice/Office of Justice Programs to increase funding for the community and state-based prevention programs within OJJDP and continue funding for the Defending Childhood Initiative

GOAL 3: INCREASE IDENTIFICATION OF CHILDREN IN NEED OF AND AVAILABILITY OF TRAUMA-INFORMED SERVICES

Once a child has been identified as needing services to address trauma, it is essential that culturally and developmentally appropriate services be in place. Appropriate screening and assessment must also be available and connected to services. Multiple systems and agencies have mandates

and funding streams that can pay for pieces of the treatment puzzle but reforms are necessary to connect children and families to the right services and in some communities, services remain woefully inadequate.

The federal government should support and incentivize states, localities, and tribes to increase the availability of trauma-informed treatment and services for children and their families exposed to violence and/or experiencing trauma and modify existing policies to better identify children and families who are struggling *before* they harm themselves or others or face a serious mental health disorder.

Health and Mental Health

Children’s exposure to violence and resulting trauma profoundly shapes their mental and physical health trajectories. Physical abuse experienced by children leads to outcomes including insecure attachments, impaired regulation of emotions, attention-deficit disorder, post-traumatic stress disorder, and depression, as well as poor physical health outcomes. Child sexual abuse renders victims at increased risk for depression, anxiety, substance abuse, and dysfunctional relationships. Mental health interventions and treatments are therefore needed to promote resiliency and recovery for children exposed to violence and trauma.

The Affordable Care Act provides potential funding streams for supporting the provision of mental health services targeted to children and their families exposed to violence and experiencing trauma as well as driving changes to delivery systems that prioritize early intervention, coordinated care and wellness overall. In addition, recent mental health parity legislation guarantees coverage of mental and behavioral health services in almost all private and public health plans. Private insurance companies are required to cover these services and may include evidenced-based interventions in their plan benefit design.

Given these changes, implementation of health reforms, making them more easily accessible to the families who need them and better aligned in communities with other systems serving children will form the core of many of these recommendation.

Recommendations:

- Strengthen state public health systems to restructure their service delivery systems to allow for prevention programs as well as evidence-based treatment.
- Expand flexibility in all reimbursement strategies for behavioral and mental health that recognize principle of “right treatment for the right family at the right time,” that each family's needs and reactions to trauma are different and the public health system should be able to respond by meeting families “where they are.”
- Incentivize the Centers for Medicare & Medicaid Services (CMS) to use innovation funds to encourage states to implement best practices and reimbursement strategies to support the

needs of children and families who have been exposed to violence or may be experiencing trauma.

- CMS should build on its recent guidance and encourage states to use their considerable flexibility to expand their Medicaid state plans through a State Plan Amendment (SPA) to take advantage of the flexibility of the state program to cover trauma-informed services. This includes ensuring that EPSDT is being used to screen for trauma and exposure to violence and provide needed services.
- CMS innovation funds should be used to fund new school positions for nurses, counselors, social workers, child and adolescent psychiatrists, and psychologists; implement reimbursement strategies to fund trauma-informed services; and establish ongoing training opportunities for school personnel related to trauma and violence and the needs of children and families.
- Reauthorize and fund the Children’s Health Insurance Program to continue providing children with coverage that includes child-specific and needed benefits, access to services, and robust provider network.
- Federal policies should support health care providers in carrying out these recommendations through the support of necessary payment for trauma-informed services and coordination of care within the medical home and training to ensure providers are equipped to screen and refer to appropriate services.
- Social services agencies, including child welfare systems, should be required or incentivized to improve communication and coordination with health care providers to ensure they have all accurate and pertinent information necessary for the provision of high quality care.

Community

Children exposed to violence and trauma require supports within their respective communities. A coordinated system of care for children and youth includes community programs working in partnership with mental health and primary care services. This integrated approach allows children to feel environmental stability and to demonstrate better social and academic functioning.

Recommendations

- Fund the development of comprehensive approaches to children with trauma histories and mental health conditions at the state and community level, similar to what was included in The Mental Health Awareness and Improvement Act of 2013.
 - Comprehensive, systemic and trauma informed services and supports must be available in all child-serving systems to ensure the learning success of all children.

- Create systems and policies that encourage appropriate referrals and consultations to support children with trauma histories and mental health conditions and their families.
- Fund to scale multi-disciplinary, multi-agency team approaches in community settings, comprising mental health, treatment, and primary care providers, to ensure a continuum of care for children exposed to violence and trauma within the medical home.
- Provide for community-based access to comprehensive, wide-ranging treatment options and services, especially for children and their families with more intensive levels of complex trauma. Comprehensive, long-term community-based services can serve as a healing, transformational presence in neighborhoods. Access to community-based care is especially critical for effective supports to interrupt generational poverty and trauma.
- All federal entitlement programs that could support child trauma assessment and intervention, e.g. Medicaid and Foster Care (Title IV-E); formula or block grant programs such as the State Children’s Health Insurance Program (CHIP) and the Community Mental Health Services (CMHS) Block Grant Program should adopt a strategy to improve services to children and families including:
 - Home-based services and crisis interventions to provide for child-wellbeing, family stability, and community health
 - Intensive services explicitly structured for parents with emotional, physical, and psychological problems and co-occurring disorders.
 - Integrated, intensive treatment services and case management targeted for at risk children to prevent the further exposure to trauma and the correlative behaviors.
 - Specialized, trauma-informed services developed for children and their families impacted by physical abuse, sexual violence, domestic abuse to enable family recovery and child-well-being.

Juvenile Justice System

Among juvenile justice involved youth, 66 percent of males and 75 percent of females possess one or more psychiatric disorders. While many of these children and youth present with these disorders, their experiences in the juvenile justice system often trigger further re-traumatization.

Recommendations

- Include the identification and assessment for trauma in the reauthorization of the Juvenile Justice Delinquency Prevention Act:
- Develop appropriate, gender-responsive, and culturally competent tools and protocols for identifying and assessing trauma present by children who come into contact with the juvenile justice system.

- Train caseworkers, probation officers, and guards to understand the role, and expression of trauma, in the behavior of detained children.
- Reshape the juvenile justice system to be trauma-informed, child-centered system. According to the National Child Traumatic Stress Network’s Trauma-Informed Service Systems Working Group, a trauma-informed juvenile justice would demonstrate the following key elements:
 - Utilize trauma screening and assessment and evidence-based trauma treatments designed for justice settings.
 - Partner with families to reduce the potential traumatic experience of justice involvement.
 - Collaborate across systems to enhance continuity of care.
 - Create a trauma-responsive environment of care.
 - Reduce disproportionate minority contact and address disparate treatment of minority youth.

Foster Care System

Many children and youth in foster care have suffered severe and repeated exposure to violence and trauma. The traditional foster care placements, which are often costly and institutionally-based, often do not work for them because of the consequences of their complex trauma. Therapeutic Foster Care (often referred to as “Treatment Foster Care” or TFC) is the evidence-informed, trauma-informed, and highly effective placement of children and youth with serious medical, psychological, emotional and social needs. In addition, TFC provides needed clinical therapy options to youth, rather than subject them to overmedication. Under the TFC model, foster parents are given special training to address the needs of youths with major mental health challenges and children receive intensive in-home services to sustain them in the community.

Recommendations

- Identify financing options to expand Therapeutic Foster Care to scale of need.
 - Approximately 40,000 foster children across the country benefit from TFC services, and are reimbursed through Medicaid and child welfare funding streams. But current law does not provide for a standard definition of TFC under Medicaid. The lack of a federal standard definition impairs TFC quality and access.
 - The *Quality Foster Care Services Act* remedies this problem by establishing a federal Medicaid definition for TFC which will promote accountability for states offering TFC, identify financing options, and drive personnel training and standards.
- Ensure communication and coordination between child welfare agencies and pediatricians to ensure coordinated care and equip physicians with necessary medical history information.

GOAL 4: HELP SCHOOLS PROMOTE SAFETY AND ACHIEVMENT

While the core of this initiative and these recommendations is the need for systems to work together to better recognize and respond to the needs of children, few would argue that schools have one of the largest roles in the lives of children. Schools also face unique challenges. Charged with educating children to meet even higher standards to compete in a rapidly changing global economy, schools also serve as a home away from home for almost all children in America. Indeed many children spend more waking hours in their schools than they do in their own homes.

Our policies, however, do not recognize and support the multi-faceted role we ask schools to play. And nowhere is this more evident than in how we address “under-performing” schools, and the extent to which we undervalue the impact of trauma on kids’ ability to learn and function in a school setting. We evaluate teachers and schools largely on academic measures, their first responsibility, but we insufficiently acknowledge that academic success has as much to do with pedagogy as it does with a child’s health or home life. While none in this working group would suggest that childhood adversity outside the classroom is an excuse to not do right by kids inside the school walls, all agree we must update our policies and practices and change *how* we educate given what science now tells us about violence, adversity, trauma and the brain.

Importantly, the policies we advocate help *all* children learn and excel. The benefit of trauma-informed approaches to education- is that all children do better in safe and supportive schools. Academic success and test scores go up and violence and discipline problems go down when these approaches are used.

Given this we chose to focus a full chapter on school and school-based approaches.

The federal government should grow and realign resources it provides to schools and education agencies to promote positive school climates, social-emotional learning, and trauma-informed responses to improve academic success and graduation rates, close achievement gaps, and reduce harassment and violence in school and out of school.

Promote Positive School Climates

Promoting positive school climate is increasingly being recommended as a strategy to improve school success and reduce bullying, harassment, and excessive disciplinary problems. (Principal Leadership, 2010). Broadly defined as how a school feels to be at or work with, school climate proves to be one of the core ingredients for keeping children engaged, staff motivated and parents connected. For traumatized children, it is also hugely important as a means to help them create meaningful and supportive relationships, and it promotes school safety by ensuring students feel that adults can be trusted and are there to help them. The need to build a positive school climate draws from lessons learned after horrible school shootings such as Columbine High School as well as from core business principals for creating an inspired, hard-working and dedicated work force.

Recommendations

- ED should continue to collect student climate related data through its Office for Civil Rights bi-annual Civil Rights Data Collection (CRDC).

(Pull-out) The CRDC collects data on student discipline, access to rigorous coursework and early career teachers, as well as other valid and reliable measures of school climate such as chronic absenteeism, student and teacher retention rates. The CRDC should link to schools' discipline policies and any results schools and districts might have from school climate surveys. All of this data should be analyzed at the district and school level in order to target the response and appropriate resources. No data collected for the CRDC should be duplicated in other federal grant programs or initiatives.

- ED should provide sufficient funding to support states' development and adoption of social and emotional learning standards.¹⁷⁾
- Amend the COPS program to permit funding of socio-emotional learning, PBIS, and other evidence-based school climate programs. The COPS Office should permit grant funds to be used to train SROs on the school climate framework adopted by the school(s) they are working in, the impact that trauma and exposure to violence has on youth development and behavior, and the available mental health support services.
- Schools should work with existing mental and physical health support services and personnel to integrate available health and behavioral health care services into the school. School counselors, school nurses, school psychologists and school-based health centers can all play an important role in coordinating health and behavioral health services and access to care.
- Medical care should be coordinated with a child's medical home to ensure they are receiving needed continuity of care.

Elementary and Secondary Education Act (ESEA)

For over 40 years, the ESEA has been the single most important piece of legislation affecting K-12 education. Under the law, the federal government distributes billions of dollars annually, all in the name of leveling the playing field between schools and promoting academic achievement. The law provides funding that can be used to help promote students' social emotional development or fostering positive school climates. However, there is comparatively little guidance available on how the main funding streams under the law, such as Title I, can be used to support these activities and what activities are most effective.¹⁵⁾ Other funding streams are more explicitly tied to social emotional development and fostering positive school climates, but the need far outstrips the available funds.

The ESEA is seven years overdue to be reauthorized, and the current political climate gives us very little hope that it will be reauthorized anytime soon. As a result, the Department of Education has issued waivers from some of ESEA's requirements in exchange for certain commitments from the states, such as requiring the identification of the lowest performing

schools, or schools with greatest achievement gaps for intervention, and using student test scores as part of a teacher’s evaluation. There are differing views about the need to use waivers and their effectiveness. However, given that waivers are in place for a majority of states, they are now a part of the education landscape. As a result, they need to be addressed.

We know that what gets measured, gets done. As a result, we propose:

- State Educational Agencies or Local Education Agencies’ school improvement efforts, such as those being conducted pursuant to school improvement grants or schools identified for intervention under the ESEA or waivers should include a greater focus on assessing and improving school climate.
- As part of this focus, ED can review states’ ESEA waiver applications and renewals to ensure that states and districts are appropriately measuring and responding to school climate issues.. Schools should describe their efforts to address these issues and use valid and reliable school climate metrics (include links) in order to assess the effectiveness of their plans. Both ED and the SEA should provide training to assist State Education Agencies (SEAs), Local Education Agencies (LEAs) and individual schools in this effort. Effective school climate measures and plans for improvement should be included as part of Title I plans and could also be funded, at least in part, by Title II.^[6]

Trauma Sensitive Schools

Research is coming out with increasing frequency that describes how home and community instability has a negative effect on academic performance. For example, a May 2014 report by the America’s Promise Alliance documents the relationship between youth who stop going to school and toxic home, neighborhood, and/or school environments.^[10]

Poverty is also a factor that policymakers must address. According to the report of ED’s Equity and Excellence Commission, “Twenty-two percent of American schoolchildren live in conditions of poverty—a poverty rate higher than that of any other advanced industrial nation in Europe, North America, or Asia. Although these conditions do not absolve schools from their responsibility to expect and support educational excellence, they underscore the formidable barriers to school success for millions of students and their families.”^[12]

Teachers are on the front lines of these challenges. They shoulder an enormous burden in their efforts to meet the social emotional and academic needs of a diverse array of students. They need our help. They need the community’s help. In recent years, we have seen numerous successful examples of schools and communities that have broken down silos so that there is a more seamless transition for students who need supports like mental health services, or even dinner if needed.

(New Models Pull-out) The federal government has sought to support these efforts through programs such as the Full-Service Community Schools (FSCS) program. A full-service community school is a public elementary or secondary school that works with its LEA and community-based organizations, nonprofit organizations, and other public or private entities to

provide a coordinated and integrated set of comprehensive academic, social, and health services that respond to the needs of its students, students' family members, and community members. The FSCS program, which was funded at \$10 million in FY 2014, encourages coordination of academic, social, and health services through partnerships between (1) public elementary and secondary schools; (2) the schools' local educational agencies (LEAs); and (3) community-based organizations, nonprofit organizations, and other public or private entities. The FSCS program is a “place-based” program that can leverage investments by focusing resources and drawing on the compounding effects of well-coordinated actions.¹⁴⁴ Place-based approaches can also streamline otherwise redundant and disconnected programs.

The federal government’s Promise Neighborhood Program is another place-based program designed to accomplish similar goals. But the fact that these are special programs rather than the norm speaks volumes. The FSCS program, for example, will fund only 10 new programs in FY 2014 even though these “extra” services should be an important part of many schools. While more resources are critical, it is not the only barrier preventing community-based services from being much more prevalent in schools, and developing effective referral mechanisms between schools and community supports. There are privacy laws, and communication difficulties between social service agencies and schools that are slowing down cooperation and collaboration.

Having community schools is an important step, but it is not enough. The schools themselves must be trauma-sensitive. “A trauma-sensitive school is one in which all students feel safe, welcomed, and supported and where addressing trauma’s impact on learning on a school-wide basis is the center of its educational mission. An ongoing inquiry-based process allows for the necessary teamwork, coordination, creativity, and sharing of responsibility for all students.”¹⁵¹

Quote: According to the Trauma and Learning Initiative, “Trauma-sensitive schools also benefit students who have not experienced traumatic events. *All* students benefit from safety and positive connections to the school.... This calls for a whole-school approach that is inclusive of all, while recognizing that there are those who are especially vulnerable.”¹⁶¹

ED and SEAs have an important role to play in assisting districts in improving school climates generally, and supporting trauma-informed schools more specifically. Promising examples are readily available, as is the research. Federal and state educational agencies should highlight these efforts, fund them, and aid in implementation with on-the-ground support.

Recommendations

- The federal government should provide sufficient funding to dramatically increase the creation or expansion of community schools that are trauma-sensitive and that include school-based health centers..
- ED should design and disseminate a practice guide or blueprint that offers school-wide strategies and best practices that can be used to by districts to identify students at risk for trauma and improve trauma informed supports and services for students (including homeless students and students in foster care). The guide should discuss how various

federal laws can support particular populations that may be more likely to experience trauma (e.g., McKinney-Vento).

- ED should fund a technical assistance center dedicated to assisting states and LEAs by sharing training, policies & information that promote early trauma warning systems and trauma-sensitive schools more generally. This TA Center should include best practices for how child welfare agencies can communicate about child trauma with school personnel. ED already funds a National Center on Safe and Supportive Learning Environments.¹¹⁸⁾ That Center may be an appropriate place to include trauma-informed training.
- The Departments of Health and Human Services and Education should provide detailed guidance on how community-based mental health providers, primary care providers, and other social service providers can receive information from schools and vice-versa about students' physical and mental health needs while remaining in compliance with federal privacy laws.
- Schools and their communities should collaborate to ensure students have safe paths to get to and from school, and places to play after school. Schools also need to create inviting spaces so students feel that they are in a welcoming educational space.
- Implement Comprehensive, Systemic Trauma Informed Approaches and improved mental health services by supporting relevant provisions of the *Mental Health Awareness and Improvement Act of 2013* (S. 689):¹¹⁹⁾ S. 689 reauthorizes and improves programs related to mental health and substance use disorders. The Act expands the use of positive behavioral interventions and supports and early intervening services in schools in order to improve student academic achievement, reduce over-identification of individuals with disabilities, and reduce disciplinary problems in schools.

- ED should design and disseminate a practice guide or blueprint that offers school-wide strategies for school districts to identify students at risk for trauma or students who have already experienced trauma. The guide could highlight the following:
 - HEA and Title II funds can be used for training on best practices
 - Schools should establish data driven, early identification systems to identify students at risk of trauma or who may be experiencing trauma at home, school, or in the community.
 - Prevention at the early warning signs of trauma allows students the opportunity to access supports and interventions, rather than spiral further down into deeper levels of trauma.
 - Schools are uniquely positioned to discern and identify for early manifestations of children's exposure to trauma. For instance, absenteeism, truancy, and multiple disciplinary referrals are indicators for potential exposure to trauma.

Homeless Youth

The instability of homelessness has a traumatic effect on a child, and negatively affects his or her education and day-to-day life. Currently, less than one in five LEAs receives sub-grant funding to identify and assist homeless students, despite a 72% increase in student homelessness since 2006-2007. LEAs need the resources to coordinate with community action based agencies, such as shelters and soup kitchens, to begin to engage local homeless coalitions and identify homeless

youth.^[20] Taking time to identify the needs of homeless children and families and the resources the community offer will enhance opportunities for school success for eligible students.^[21] It will also lessen the traumatizing effects these students must otherwise face without this support.

- The federal government should expand the McKinney-Vento Act’s Education for Homeless Children and Youth program.
- Homeless youth should be enrolled in health coverage through Medicaid (or CHIP) and helped to develop a relationship with a primary care provider or a community health center. They should have a “medical home” so that their records can be located and safely stored and accessed and their health care can be coordinated without regards to where the youth is living.

School Discipline

The proper role of discipline in our nation’s schools has gotten an enormous amount of attention recently – for good reason. The statistics are staggering. There has been a clear increase in the use of suspensions and expulsions over the years. Nationally, there were about 1.7 million suspensions (3.7 percent of all students) in 1974. That has increased to more than 3.3 million (6.8 percent of all students) in 2006.^[22] If students are not in school, they cannot learn. But there are other consequences.

According to the federal government, the research shows that the use of harsh disciplinary sanctions “creates the potential for significant, negative educational and long-term outcomes, and can contribute to what has been termed the ‘school to prison pipeline.’ Studies have suggested a correlation between exclusionary discipline policies and practices and an array of serious educational, economic, and social problems, including school avoidance and diminished educational engagement, decreased academic achievement, increased behavior problems, increased likelihood of dropping out, substance abuse, and involvement with the juvenile justice system.”^[23]

To make matters worse, disciplinary sanctions have had a disproportionate effect on many minority groups, particularly African-Americans. This situation has not gotten better over time. In fact, the CRDC suggests it may have gotten worse.^[24]

The attention given to school discipline has generated a host of possible approaches that keep order in the schools while still keeping students in school. These options are discussed in detail in recent guidance and technical assistance materials from the Departments of Justice and Education, as well as in a comprehensive report published in June 2014 by the Council for State Governments. We urge you to review these materials and the solutions they suggest, as we will not go over all of their recommendations here. However, we emphasize the need to:

- Involve the community when developing disciplinary policies and implementing solutions;
- Understand that the root of many students’ misbehavior is trauma and therefore only by using strategies that address trauma will you find success in educating that child;

- Reconsider school safety strategies and encourage as much attention to students’ emotional health and social connections as law enforcement or metal detectors;
- Recognize the fact that even in most programs that have reduced suspensions and expulsions, racial disparities remain.

Pull-out quote “The education system responds bluntly to kids with these challenges [students who have endured adverse childhood experiences]. The standard arsenal of disciplinary measures — from yelling and “timeouts” to detentions and suspensions — are not just ineffective for children who have experienced traumatic stress; they make things worse. They not only result in significant loss of learning time, but also further disengage students and weaken their connectedness to school. By some estimates, preschool expulsions are 13 times more common than K-12 expulsions — a finding that,^[25] given the bleak future it portends for these children (and the associated costs for society), should send alarm bells ringing across the nation. - author David Bornstein,^{”[26]}

Recommendations:

- States should provide assistance to LEAs in their efforts to implement positive, preventative approaches to school discipline that improve student engagement while minimizing students’ removal from instruction, and reducing the frequency of discipline infractions and disciplinary disparities among subgroups of students.
- No federal funds can be used to develop, establish, implement, or enforce zero-tolerance discipline policies, other than those expressly required under the Gun-Free Schools Act (20 USC Sec. 7151 et seq).
- States should encourage LEAs to have trained personnel properly assess and refer to mental health professionals, where appropriate, students who continually exhibit behavioral problems and use this information to determine proper intervention.

Bullying

As with student discipline, bullying has received a great deal of attention in recent years. The research shows that students who are bullied suffer on a host of academic and social challenges. As stated by the U.S. Department of Education, “Bullying fosters a climate of fear and disrespect that can seriously impair the physical and psychological health of its victims and create conditions that negatively affect learning.”^[27]

Recommendations:

- The Federal government should actively encourage the adoption of an anti-bullying policy and bullying prevention program for every school. Currently, 49 states and the District of Columbia have bullying prevention laws. ED has highlighted components of effective, inclusive anti-bullying laws, using examples from existing state laws.^[28] But most school systems lack adequate funding for personnel to design, implement, and staff these prevention and response programs.

- As Congress works towards enactment of a reauthorization of ESEA, the Administration should promote the inclusion of comprehensive and inclusive anti-bullying and cyberbullying initiatives as one of its ESEA priorities. Federal leadership on these important issues helps nurture a climate and a culture in which the vast majority of members of the community are willing to condemn bigotry, bullying, cyberbullying, and harassment.
- ED, working with the Department of Justice and other federal agencies, should institutionalize and coordinate anti-bullying/cyberbullying prevention and response programs within all of its safe schools/healthy schools and school-related violence and trauma prevention initiatives.
- While laws and appropriate, inclusive school-based policies can be a focal point for addressing bullying, education strategies, training programs, and community involvement are necessary complements to any effective response.
- In conjunction with academic institutions, ED and the Department of Justice should fund research into the nature and magnitude of the bullying/cyberbullying problem in the United States –specifically on its impact on both the social and emotional health of students and the impact on equal educational opportunities.
- Government leaders and public officials should publicly condemn bullying, bigotry, and bias-motivated violence whenever and wherever it arises.
- The Department of Justice and ED should encourage state and local bar associations and lawyers and judges to involve themselves in assessing the nature of the bullying and problem at the state and local levels and in crafting appropriate, constitutional responses.¹
- States should provide assistance to LEAs in their efforts to prevent and appropriately respond to incidents of harassment (such as sexual, gender, teen dating violence), including building the capacity of such agencies and schools to educate family and community members regarding the parents', agencies', and schools' respective roles in preventing and responding to such incidents.

The *Safe Schools Improvement Act of 2013(SSIA)* (H. R. 1199/ S.403) has many of the elements we are recommending. It requires: the Secretary of Education to conduct, and report on, an independent biennial evaluation of programs and policies to combat bullying and harassment in elementary and secondary schools; and (2) the Commissioner for Education Statistics to collect state data, that are subject to independent review, to determine the incidence and frequency of bullying and harassment. SSIA also requires states to direct their LEAs to establish policies that prevent and prohibit conduct, including bullying and harassment that is sufficiently severe, persistent, or pervasive to: (1) limit students' ability to participate in, or benefit from school programs; or (2) create a hostile or abusive educational environment that adversely affects their education.

¹The American Bar Association adopted a thoughtful and inclusive anti-bullying and cyberbullying Resolution in 2011 that addresses many of the issues described above.

- Health care providers should be prepared to work with youth who have experienced bullying and provide appropriate recommendations and coping mechanisms.
- Health care providers should routinely screen for bullying and make appropriate referrals and work with local educators as appropriate.

GOAL 5: BUILDING A STRONGER WORKFORCE

The success of the best policy solutions for reducing violence and trauma against children are heavily dependent on the ability of those on the ground to deliver the needed services. That ability will be developed by proper and robust multi-disciplinary training that covers all child and youth serving professionals. It should start in school, be part of certification assessments, and continue throughout a professional’s career. We know this will be a very heavy lift, as teachers, pediatricians, counselors, and all other professional service personnel are already overwhelmed with their day-to-day jobs and other professional development requirements. So, something will have to give. Each professional association, higher education institution, and accrediting body is in the best position to decide for itself how the specifics of the training should be implemented. Our role here is to recommend areas of professional development, and how the federal government can support these efforts.

States and other accrediting bodies support and encourage training and certification of child and youth serving professionals (including, teachers, school counselors, school nurses, social workers, school administrators, principals, pediatricians/clinicians, behavioral/mental health professionals, law enforcement, juvenile justice personnel), to recognize and respond to children’s exposure to violence and other forms of trauma (such as poverty, homelessness, and neglect) through a coordinated and trauma-informed approach. These efforts should be supported by the federal government, both financially and by dissemination of evaluation findings regarding best practices.

Recommendations for All Professions

- All child and youth serving professionals should receive a trauma-informed approach to the instruction they receive during training, at the initial licensing and/or certification stage, and as part of ongoing professional development. The instruction should include the effects that adverse childhood experiences have on brain development.
- The federal government should provide financial support for professional societies and associations to develop and disseminate standards for conducting comprehensive specialized assessments of children exposed to violence (taken from Defending Childhood recommendations).
- Each child and youth serving profession should develop evidence-based, identification and assessment protocols and tools for identifying youth who have faced or at risk of violence or trauma.

- Expand utilization of best practices piloted by the National Childhood Traumatic Stress Initiative to ensure that providers are adequately trained to treat exposure to violence and trauma in children before it reaches a serious mental or behavioral health disorder.

Recommendations for Educators

- All school district personnel should receive professional development on identifying trauma symptoms; understanding the impact of trauma on learning behavior, social interaction, and how to respond. Title II funding under ESEA should be used to provide ongoing training and support in implementing these supportive practices.
- School district personnel who directly care for students should also, where appropriate, receive training on implementing effective academic and behavioral practices, such as PBIS, SEL, and other evidence-based school climate programs, approaches to partnering with parents of traumatized children, and classroom strategies that enable traumatized children to succeed academically, behaviorally, and socially. Title II funding under ESEA should be used to provide ongoing training and support in implementing these supportive practices. School-based mental health personnel can also be used to reinforce this training with teachers, principals, and other staff for ongoing consultation and support.
- ED and the Department of Health and Human Services should collaborate on an initiative that partners with teacher preparation and licensing programs and other education-related disciplines (e.g., child care, Head Start, and early Head Start) to disseminate best practices related to age appropriate development, screening, recognizing, and responding to children’s exposure to violence and other forms of trauma (such as poverty, homelessness, and neglect). The initiative will also help to raise the visibility of this issue.
- The federal government should incentivize states to encourage teachers, administrators, and mental health professionals as appropriate, to complete continuing education courses that include the science of the developing brain, instruction on identifying trauma symptoms, understanding the impact of trauma on learning, approaches to partnering with parents of traumatized children, and classroom strategies that enable traumatized children to succeed academically, behaviorally, and socially.

Examples of Policy *Helping Educators Support All Students Act* (S. 648) The Act amends ESEA to support teacher and school professional training on awareness of student mental health conditions. Grants will made to eligible SEAs to support the development of programs to educate teachers, school personnel, and specialized instructional support personnel on mental health conditions in children, including the causes, symptoms, and impact on learning.

Recommendations for Health Care Professionals

- The Agency for Health Care Research and Quality and related licensing bodies should incentivize health professional training/licensing that ensures pediatricians and other allied health personnel in health settings who serve children and youth are trained in recognizing and responding to children’s trauma. The training should cover the gender specific needs and gender differences around trauma.

- All medical professionals who interact with children should receive training on ACES assessments, and the appropriate referral sources for children with high ACES scores.
- Increase funding to SAMHSA’s Project REACH and re-organized Safe Schools/Healthy Students programs to scale up successful multi-sectoral models.
- Provide incentives for a wide range of providers to be trained and licensed to provide EPSDST screens including screening questions for trauma and exposure to violence.
- State Medicaid agencies should work with professional associations to help providers become familiar with the benefits offered by their state Medicaid and CHIP plans, and how best to access coverage for trauma informed services.
- Congress should reauthorize and fund the Pediatric Subspecialty Loan Repayment Program, originally authorized under the Affordable Care Act, to help address shortages of providers who can best serve children exposed to violence and other traumas, including child and adolescent psychiatrists and developmental and behavioral pediatric specialists.
- The Administration should support promotion of and payment for mental health services provided in the primary care setting to expand access to a continuum of high quality mental health services for children and adolescents with mental health conditions and to ensure effective early identification, treatment, and follow up of mental health and substance abuse conditions in primary care settings.

Recommendations for Youth Service Organizations

- Youth serving and volunteer/service organizations receiving government funds should encourage their employees and volunteers who interact with children to be trained on identifying trauma symptoms in youth, approaches to partnering with parents of a traumatized child, and alternatives to exclusionary discipline practices.
- Employees and volunteers of domestic violence organizations, parenting programs, and other similar organizations should receive training on how to help parents assist their children who have been exposed to violence or trauma.

Recommendations for Justice Professionals

- Juvenile and family law judges, LEA and attorneys, school resource officers, police, and other legal court appointment guardian ad litem should receive training on identifying trauma symptoms in youth, approaches to partnering with parents of a traumatized child, child development, resiliency, science on the developing brain, and the impact that adverse childhood experiences have on behavior.

GOAL 6: INTRA AND INTER-GOVERNMENTAL COORDINATION & ALIGNMENT

The federal government currently operates an array of programs that address school safety and violence, school climate, bullying, sexual assault, sexual harassment, childhood trauma, comprehensive services for students, services for “neglected and delinquent youth”, school wraparound services, juvenile justice, community supports for students and youth, community violence prevention, and mental health services for youth that are spread among several Cabinet departments and multiple agencies within those departments. An overarching strategy and vision for these programs is lacking.

Complicating matters is that these programs are authorized under several statutes including the Elementary and Secondary Education Act (ESEA), the Juvenile Justice and Delinquency Prevention Act (JJDP), the American Recovery and Reinvestment Act (ARRA), the Public Health Service Act and Department of Justice Fiscal Year 2014 Appropriations Act.

Within Congress, jurisdiction for these programs is spread making several committees including the Senate HELP Committee, the House Education and the Workforce Committee, the House and Senate Judiciary Committees, the House Energy and Commerce Committee and the House and Senate Appropriations Committees, including the Labor-HHS-Education and the Commerce-Justice-Science Subcommittees.

Funding for these programs has varied over time with some programs having been funded for a number of years, others having their funding eliminated by Congress (such as State grants for Safe and Drug-Free School and Communities which provided \$472 million in Fiscal year 2002) and others newly created under the Consolidated Appropriations Act for Fiscal Year 2014.

Just for Fiscal Year 2014, the Department of Education, Health and Human Services and Justice have a dozen grant competitions under way. Unfortunately, there is no single point of entry for State and local education agencies and other eligible applicants to apply for these grants or to even find information about their existence and purpose.

The result of all of this is a disjointed system of programs with a lack of effective oversight and collaboration. It would be a Herculean task to prepare a full catalog of all the federal funding programs and executive branch initiatives (such as Promise Neighborhoods and Promise Zones) that could support the prevention and treatment of violence and trauma against children. That does not even begin to touch the plethora of state legislation and initiatives in this area, and assessments of how the federal and state efforts intersect, complement each other, or in some cases, run counter to each other.

Federal, state, and local governments and tribes must expand and better coordinate community violence prevention and early intervention approaches for children, both among themselves and with non-governmental organizations, particularly as they relate to school/community and public/private sector coordination and partnership.

Recommendations:

- Create a White House level task force that will identify an overarching strategy for reducing and appropriately treating childhood violence and trauma, develop specific violence/trauma prevention goals, develop metrics for meeting those goals, prepare proposals for legislation to improve the coordination and effectiveness of these programs, identify funding gaps, direct federal agency resources toward those goals in a coordinated fashion, and provide guidance to state and local partners, including guidance on existing resources and opportunities to leverage and coordinate those resources. If the federal government develops an overarching strategy to reduce violence and trauma against children, each school and community can select the programmatic initiatives that help support the strategy and are best suited to meet their unique needs and challenges.
- Ensure that existing White House efforts, such as My Brother’s Keeper, focus on these issues.
- The federal government should provide full funding to the Attorney General’s Defending Childhood Initiative.

Key Recommendation: One of the most promising government efforts to address the epidemic of violence and trauma against children has been the Attorney General’s Defending Childhood initiative. The Attorney General appointed a multi-disciplinary task force in 2010 to identify the scope of the problem and provide recommendations. The task force completed a comprehensive report in 2012 that had numerous recommendations for federal policymakers, among others. Unfortunately, efforts to fund the initiative have fallen far short of what is needed. While the president in his Fiscal year 2015 budget proposed increasing funding from \$8 million to \$23 million, the House of Representatives passed a Commerce-Justice- Science (CJS) Appropriations bill for FY 2015 that does not include any funds for Defending Childhood. The House of Representatives did the same thing in FY 2014. The Senate Appropriations Committee version of the CJS bill would freeze funding at the \$8 million level. Given the gravity of the problems identified by the Defending Childhood Task Force report, it is imperative that the Initiative be fully funded.

- Federal grants should encourage collaboration at the state and local level among key stakeholders.
- Increase opportunities to share data across agencies at all levels of government in an effort to better identify problems, inform interventions, and share information on what programs are working most effectively. ED has taken a major step forward in this area through its recently expanded data elements in its Civil Rights Data Collection (CRDC). The CRDC survey required of all school districts now includes an expanded set of questions on school violence, discipline, harassment and bullying, and restraint and seclusion.^[44]
- Other agencies should collaborate with ED on how best to use the results of these surveys and how best to publicize the data to grantees, state and local governments, policymakers, and stakeholders.

- Ensure that federal agencies involved in these efforts develop a coordinated research and evaluation agenda in these areas.
- Agencies awarding grants should convene meetings and/or webinars of grantees among the agencies in order to facilitate best practices among grantees.
- The Departments of Justice, Education, and Health and Human Services should issue joint guidance on how various government, law enforcement, and community agencies can work together to provide trauma-informed services to students and families.
- ED should be required to consult on all education-related grants funded by DOJ and SAMHSA.
- DOJ funds intended to promote school climate should be jointly administered by DOJ and ED, similar to the way ED and HHS jointly administer Preschool Development Grants.
- The federal government should create a website that serves as a portal for State and local education agencies and other eligible applicants to apply for the array of grants available. In addition, the White House should create a fact sheet that contains information on these various grants, including who the eligible applicants are, who the target populations to be served are, and how these grants are intended to complement each other.
- The White House should conduct webinars and phone updates for interested parties on these grants.
- The White House should designate a person in either the Domestic Policy Council or OMB to serve as a central information source for federal grants in these areas.
- The White House should convene a national conference on school safety/climate and child trauma that brings together practitioners, policymakers and researchers to highlight what works and best practices and to foster increased collaboration.
- The Federal government should organize regional conferences to bring together stakeholders.
- The White House should have one of its Champions for Change meetings focused on local level people who have conducted good work on these issues.
- The White House should encourage investments from both foundations and corporations to expand these efforts, similar to what it has done in STEM and other areas.
- The Congress should conduct joint hearings between the education and judiciary committees on these issues in order to improve both oversight of existing programs and to improve its ability to improve coordination of programs as various statutes are reauthorized.

- Various intergovernmental organizations, including the National Governors Association, the National Conference of State Legislators, the Council of State Government, the U.S. Conference of Mayors and the Education Commission of the States, should provide information and training to their members on these issues, highlight best practices and encourage collaboration and coordination within and between the various levels of government.

GOAL 7: PUBLIC AWARENESS

Broad-based public awareness campaigns, such as those to reduce cigarette smoking or increase the use of seatbelts in cars, have contributed to significant changes in behavior by Americans and governmental agencies. In that same vein, we must work to change accepted norms, behaviors and beliefs concerning childhood trauma and violence.

Federal, state, and local governments and tribes should support public education/engagement campaigns and community organizing activities to educate all Americans about the adverse effects of childhood exposure to violence and other forms of trauma and actions they can take to prevent harm and provide solutions.

Doing so will require not just raising awareness and knowledge among practitioners but also to empower community groups to conduct effective local education and organizing efforts. In addition, youth must be engaged and be an integral part of local efforts to educate the public and develop community-based programs and solutions.

Recommendations:

Campaigns targeted to general public

- The federal government, in coordination with states, should initiate a mass media campaign that discusses the effect of adverse childhood experiences and available resources, as well as reduces the stigma for those who have experienced trauma to seek help. Campaigns should be customized to tribal, state and local needs and discuss how exposure to violence and trauma in childhood impacts health and educational attainment and highlights successful early intervention strategies that can mitigate the impact.

Campaigns should be done in partnership with organizations that have expertise in the subject and a track record of reaching large audiences through public education and awareness strategies/initiatives. The campaigns should be culturally relevant, and, where appropriate, incorporate gender specific messages and foster community organizing activities that involve children, youth and young adults. Linkages to bullying and ongoing campaigns should be maximized. Social media should be utilized to the maximum extent.

- The President should personally participate in an event related to childhood trauma and violence in order to elevate the awareness about and importance of this area. Appropriate Cabinet Secretaries should hold events to highlight these issues and promote effective programs.

- Funding should be sought from foundations to support these efforts, such as through Public Service Announcements and social media campaigns.
- The federal government should provide funding to community-based organizations to expand outreach, educational and organizing efforts.
- Grants to States, school districts and other entities should include a requirement and allow funding to be used for public education and community outreach efforts.

Campaigns targeted to parents

- Support and promote targeted public education campaigns for parents that encourage parental skill development around discipline, social emotional learning, and developmentally age appropriate expectations.
- Public education campaigns to parents on helping children be more resilient, and to teach them about healthy relationships.
- Efforts should be made to reach non-English speaking parents and caregivers and recent immigrants.
- Funding should be restored for school-based parental resource centers.
- The federal government should provide resources for parents and adult family members to inform these adults about the prevalence of bullying on social networking sites and through cell phone use.

Campaigns targeted to educators and health professionals

- The Federal government should work with appropriate organizations representing these professionals to ensure dissemination of information about best practices and grant opportunities.
- Toolkits should be developed that can be widely disseminated at conferences and meetings of appropriate organizations as well as through electronic methods.

Conclusion

This is a large and bold agenda, but one that is grounded in deep knowledge about the capacities of the government and public officials. While we have no illusions all of this can be accomplished in the next year or even five years, we believe it sets out a blueprint for the directions we want to be taking our policies. Most importantly, it is a call to action. Our children our suffering, often quietly and behind closed doors. When their suffering bursts out into the open, it is often with deadly consequences for themselves and those around them. We can do better. We must do better, and this is how we will do better.

- ^[1] CDC. "Injury Prevention & Control: Adverse Childhood Experiences (ACE) Study." *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 13 May 2014. Web. <<http://www.cdc.gov/violenceprevention/acestudy/>>.
- ^[2] Anda, Robert. "The Health and Social Impact of Growing Up With Adverse Childhood Experiences." (n.d.): n. pag. Adverse Childhood Experiences. Web. <http://acestudy.org/files/Review_of_ACE_Study_with_references_summary_table_2_.pdf>
- ^[3] "The Impact of School-Connected Behavioral and Emotional Health Interventions on Student Academic Performance." *Health in Schools*. Center for Health and Health Care in Schools, May 2014. Web. <<http://www.healthinschools.org/en/School-Based-Mental-Health/Revised-Annotated-Bibliography.aspx>>.
- ^[4] The National School Climate Council defines school climate, "as the quality and character of school life. School climate is a multidimensional concept that reflects the norms, goals, values, interpersonal relationships, teaching and learning practices, safety, and organizational structures of a school community." National School Climate Council, "The School Climate Challenge: Narrowing the Gap Between School Climate Research and School Climate Policy, Practice Guidelines and Teacher Education Policy" (2007) (hereinafter, "School Climate Challenge"). For a very good discussion of the challenges in implementing positive school climate programs, see Jonathan Cohen, "School Climate Policy and Practice Trends: A Paradox" *Teachers College Record*, Feb. 28, 2014.
- ^[5] For a helpful summary of how federal education programs can be used to fund such programs, please see, "A Guide to Federal Education Programs That Can Fund K-12 Universal Prevention and Social and Emotional Learning Activities." *Health in Schools*. Center for Health and Health Care in Schools, May 2014. Web. <<http://www.healthinschools.org/School-Based-Mental-Health/Funding-Guide-for-SEL.aspx>>.
- ^[6] See "School Climate Challenge," at 9.
- ^[7] The Academic, Social, and Emotional Learning Act of 2013 (H.R. 1875) will expand the availability of evidence-based programs that teach students social and emotional competencies.
- ^[8] Futures Without Violence, "'School and district policies to increase student safety and improve school climate: promoting healthy relationships and preventing teen dating violence.'" (n.d.): n. pag. Web. <<http://startstrong.futureswithoutviolence.org/wp-content/uploads/school-and-districtpolicies-and-appendix.pdf>>.
- ^[9] *Ibid.*
- ^[10] "Don't Call Them Dropouts." *GradNation*. America's Promise, 20 May 2014. Web. <<http://gradnation.org/report/dont-call-them-dropouts>>.
- ^[11] *Ibid.*
- ^[12] "For Each and Every Child: A Strategy for Education Equity and Excellence." *For Each and Every Child: A Strategy for Education Equity and Excellence*. The Department of Education, 2013. Web. 19 June 2014. <http://www.foreachandeverychild.org/The_Report.html>.
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