National Plan & NPEIV Invitational Letter

Over the past five years, representatives of hundreds of national organizations have gathered annually in San Diego at the National Partnership to End Interpersonal Violence Across the Lifespan (NPEIV) Think Tank to discuss the development of a National Plan to significantly reduce, if not end all forms of interpersonal violence and abuse. Between these annual meetings, dozens of professionals and advocates from diverse fields participated in monthly conference calls and via email to fine tune a comprehensive set of recommendations for which there was broad consensus. These professionals and organizations participated through Action Teams as a part of the NPEIV for which the annual membership dues are $25, and only $10 for students. In March of this year, a final draft and executive summary of the plan was approved unanimously by the Board of Directors of the NPEIV.

The NPEIV works to make the prevention of interpersonal violence a national priority and to encourage healthy relationships by linking science, practice, policy, and advocacy. There are seven Action Teams within the partnership which focus on:

1. Public Awareness - Developing a national public awareness campaign,
2. Training and Mentoring - Addressing training and mentoring needs in each profession,
3. Practice - Increasing our evidence-based knowledge regarding best practices for competent intervention services at every level,
4. Research - Promoting research on interconnections across types of violence, integrating practice issues into research, and supporting basic and applied research,
5. Public Policy - Coordinating education for policy impact, identifying needs, and developing research involved policy,
6. Dissemination/Translation - Developing strategies to translate research into practice and policy (and vice versa); developing a national dissemination plan, and
7. Global Peace - Collaborating with allies internationally engaged in parallel efforts to address violence by focusing on initiatives which provide education and resources to those working for peace.

The NPEIV represents *the only national coalition* that will bring together similar organizations under a common goal of ending all forms of interpersonal violence. Through collaboration and unity, the NPEIV can provide the education and support for the entire initiative as well as assistance to single organizations to meet the goals and objectives set forth in not only the National Plan but each individual group. To this end, working together to avoid duplication of efforts, sharing of information, and seeking new means to collaborate, the NPEIV will provide the necessary steps to achieve our mutually shared objectives. The problem of violence continues and working together as one, we can reduce or eliminate all forms.

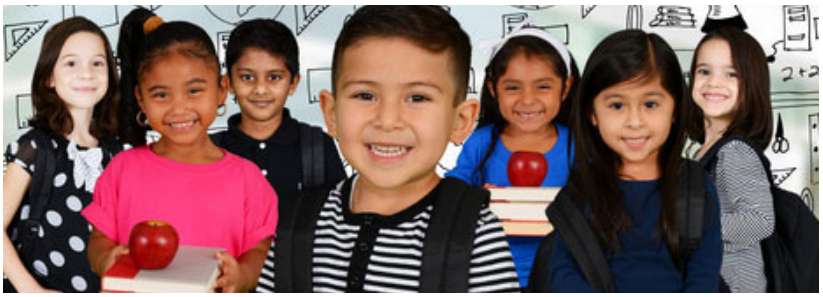
It is the NPEIV's goal to end all types of interpersonal violence, for all people, in all communities, at all stages of life. In advance of publication, we are asking leading organizations and agencies to endorse the plan. To this end, please review the National Plan and let us know if your organization would like to be listed as a supporter. If fully implemented, we believe this plan will impact millions of lives and speed the day when violence and abuse are memories, not the future.

If you support this plan, please consider adding the name of your organization or institution to the list of those who have endorsed the proposals. Endorsing the plan does not commit your organization to any financial or other obligation, it simply means you support the reforms offered in the plan.
NPEIV intends to use the plan as we approach policy makers, funders and otherwise work to implement these proposals and reduce, and one day, end violence.

We hope you will join us in this historic endeavor.

A National Plan to End Interpersonal Violence Across the Lifespan

EXECUTIVE SUMMARY



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The National Partnership to End Interpersonal Violence across the Lifespan (NPEIV) is an overarching group of practitioners, academics, organizations, agencies, and coalitions that embrace a national, multi-disciplinary and multicultural commitment to the elimination of all forms of interpersonal violence. We believe it is a basic human right to be safe at home, at school, in our communities, and in our interactions with the institutions of our society. Additionally, all people should have equal access to effective systems of protection, justice, health and education. Accordingly, it is our mission to work towards eliminating all forms of interpersonal violence, for all people, in all communities, at all stages of life. To this end, NPEIV has developed and is endorsing a set of recommendations based on research, best practice and common sense which, if fully implemented, would dramatically advance the goal of ending interpersonal violence. That document is a fully referenced treatise which provides the bases and justifications for the recommendations set forth. The present document is an executive summary of those recommendations. The reader is directed to the parent document for a more detailed explanation, citations, and supportive documentation.

The scope of the problem

There is no disputing the fact that interpersonal violence is the pre-eminent problem facing society. Gun violence is an everyday occurrence. Child physical and sexual abuse, intimate partner violence (IPV), elder abuse, bullying, human trafficking, gang violence, rape and sexual assault are among the exemplars of interpersonal violence that have reached epidemic proportions. The price tag in terms of medical expenses, police and legal costs, incarceration, time lost from the work force, and the immediate and long-term psychological costs are inestimable. As a nation, we spend hundreds of billions of dollars dealing with the aftermath of all forms of interpersonal violence and abuse.

Violence begets trauma and there is a large body of research documenting significant levels of trauma in childhood, college, the military, intimate partner relationships, and in the elderly. Violence at one level often leads to violence at multiple levels. Abuse victims are often abused in multiple ways, some may become perpetrators, and this pattern of victimization and perpetration can extend throughout the life cycle. Violence has a profound impact on our physical, emotional, and spiritual health.

It is well documented that exposure to all forms of interpersonal violence and abuse occurs across all socio-economic levels, and especially among impoverished families and communities. Children and adults with a disability and those who are GLBTQ are also at higher risk of violence victimization. Thus, it is essential that, in every section of this National Plan, consideration must be given to the implications of culture in aspects of services delivery, professional development, research, and policy formulation.

This National Plan recognizes the challenge of conducting prevention and intervention programs and services to diverse racial and ethnic communities and linguistic groups, each with its own distinct cultural beliefs, traits and historical challenges. It is for this reason we include cultural tailoring to this National Plan to encourage appropriate interventions for all racial, ethnic, and cultural groups.

A National Plan

I. UNEQUAL ACCESS & OTHER BARRIERS TO SYSTEMS OF PROTECTION

To address the needs of victims of interpersonal violence, it is integral that we recognize the underlying belief systems, values, and attitudes of oppression that impact our understanding, recognition, prevention and intervention responses. For example, many of those experiencing violence are the marginalized populations within each community lacking access to systems of justice, health, social services, education and other institutional protections. Adequately responding to these barriers must be a part of developing a holistic, trauma-informed, and systemic approach to addressing interpersonal violence.

a) Through a focus on collaborations with criminal justice, medical, public health, social services, mental health, education, community and faith based organizations and allies, we must bridge gaps to improve current systems of care on local, regional, and national levels.

b) Our goal must be to build, expand, and sustain organizational and community capacity to make trauma-informed, culturally relevant services available to all people.

II. IMPROVING THE DEVELOPMENT & DELIVERY OF PREVENTION INITIATIVES WITHIN A COORDINATED COMMUNITY PUBLIC HEALTH MODEL

Violence is multi-determined. It is embedded within the social and cultural fabric of our communities. It is also a significant public health issue and needs to be addressed as such. Ultimately, ending interpersonal violence will require cultural changes, as well as changes in the way we socialize our children. We will have to reconsider how we raise both our sons and our daughters such that aggression is no longer part of our definition of masculinity and violence by women is equally unacceptable. In developing prevention strategies, it is critical to expand prevention within and across all communities with an emphasis not just on taking actions, but also on changing social norms that promote, or at least permit the use of violence.

The hallmark of one well known approach for addressing intimate partner violence (IPV), the program usually referred to as the Duluth Model, was the coordinated community response, which recognized the importance of cooperation and communication between all of the agencies involved in IPV cases. These included the police, courts, probation departments, shelters, and batterer intervention programs. Similarly, ending interpersonal violence will require the coordinated efforts of law and policy makers, criminal justice, education, mental health, social services, and healthcare systems, religious and spiritual groups, and the media.

Given the heterogeneity of the communities in this country, it will be important to recognize the importance of partnering with leadership at the local level in designing intervention and prevention programs that are sensitive to the dynamics unique

to each community. An evaluation of the history of child abuse prevention in America found six factors contributing to the shortcomings of these efforts. These factors were taken into consideration in the formulation of the current National Plan. Importantly, the evaluation suggested that the field failed to establish the public will and the political clout to change the policies and institute the programmatic reforms needed to prevent child abuse. That criticism is equally applicable to all forms of interpersonal violence and was, in part, the impetus for the formation of NPEIV. There are many commonalities among the various forms of violence and abuse, and yet the organizations concerned with each have functioned independently of each other rather than joining their considerable talents to achieve a common goal. The NPEIV plan offers such an opportunity. The recommendations are aimed at eliminating violence and abuse, not one specific form of violence. The proposed framework is a starting point. Something has to be done to stop the violence, and it will take the efforts of all of us to accomplish that urgent imperative.

III. RECOMMENTATIONS

1. Federal, state and local governments should be encouraged to provide funds for the development and implementation of evidence-based prevention efforts encompassing all forms of violence.

2. Communities should be incentivized to establish multi-disciplinary teams to develop, maintain, and evaluate violence prevention programs encompassing the best practices for the particular problems faced by their community.

3. Research funds specifically earmarked for the development and validation of violence prevention programs should be made available.

4. The government should fund a clearinghouse for the collection and dissemination of empirically supported prevention and intervention programs and program materials. Funds should be provided to enable dissemination via the internet and other technology-based mechanisms.

5. Implementing successful programming should be a primary goal and focus. For example, within 5 years, there should be seven or more evidence-based prevention programs in every county in the United States with the sum total of these programs addressing violence across the lifespan. This could decrease violence across the lifespan within each state, and make community members feeling safe in their communities a real priority.

6. Implementing more prevention programs through expanding prevention training to more disciplines with the goal of having at least one pilot program per state. Training for education, social service, criminal justice, drug and alcohol, medical and mental health professionals could be expanded to include prevention skills.

7. Implementing more prevention programs using technology to maximize the impact for lowest possible cost. Prevention should be made practical and personal through the creation of apps and other technology that can aid children, youth, adults, and older adults in asking the right questions, and making the best decisions about personal safety and awareness.

8. Undergraduate and graduate programs should address violence across the lifespan and provide students with the practical skills necessary to be effective in responding to instances of trauma. Professional training programs should be encouraged to include training specific to trauma-informed care and violence prevention. Licensing boards should be encouraged to include violence prevention and trauma-informed care in their licensing and continuing education requirements.

9. It is recommended that academic (grade school through graduate school) curricula include violence awareness, violence remediation, and violence prevention components, as well as support services for those students already victimized. Examples would include bullying prevention programs, bystander intervention, and dating violence programs. Whenever possible, training should include experiential, first-hand laboratory models of learning which has been found to be the most effective for practical learning.

10. It is important to maintain a quality workforce by addressing vicarious trauma that can follow intervening in cases involving violence or abuse.

11. Accreditation standards of health care facilities (e.g., JCAHO) should require all employees to undergo specialized training in violence recognition and response, as well as providing trauma-informed care in all patient care departments. It is suggested that within 5 years, each major medical center routinely incorporates screening for cases of violence and abuse, including male victims of sexual and physical violence, and provides access to needed intervention resources.

12. It is important to strengthen trauma screening by medical and mental health providers, including addressing the spiritual impact of trauma. To accomplish this, it is also important to establish partnerships with faith-based organizations to take the lead in the prevention of violence and abuse in their congregations through trauma-informed educational initiatives.

13. The collection of corroborating evidence in cases of violence, as a national norm, would increase successful prosecution of cases. It is recommended that the National Institutes of Justice, working with state and national organizations as well as front line professionals, develop and disseminate standards for police, prosecutors, and judges regarding the specialized considerations for collection of evidence, administration of restraining orders, and timeliness of response in all cases of IPV, sexual assault, elder and child abuse.

14. Training criminal justice professionals to recognize and screen for poly-victimization would help end the cycle of violence for more perpetrators and victims.

15. Holding trials within six months of charging for a crime could reduce adverse impacts of violence on victims and family members.

16. The impact and utility of restorative justice initiatives should be studied, and then implemented if they are found to be effective.

17. It is suggested that we expand the research paradigm to make connections to human rights, social norms, oppression, differential distribution, and prevalence of violence to research, policy, and practice. It is recommended that all Federal agencies whose mandates include any forms of violence be required to earmark some percentage of their funds each year to supporting research, conferences, and trainings related to adverse childhood experiences, interpersonal violence and abuse, and the traumatic effects they produce. Aiding professionals in applying

research to practice by shortening the time it takes for research findings to be translated into frontline application is needed.

18. Developing strategic media partnerships could facilitate nationwide campaigns.

19. Media coverage of candidates for public office must include their positions on issues of interpersonal violence, including (when appropriate) the candidates' response to this National Plan, and to publicize the answers to the public. Asking candidates their positions and their specific recommendations is important. In order to maximize their impact, organizations must be willing to work with all political parties in addressing interpersonal violence and abuse across the lifespan.

20. It is important to develop partnerships with grass roots organizations of survivors of abuse and violence such that these groups provide input and play a significant role in the efforts to end interpersonal violence and abuse across the lifespan.

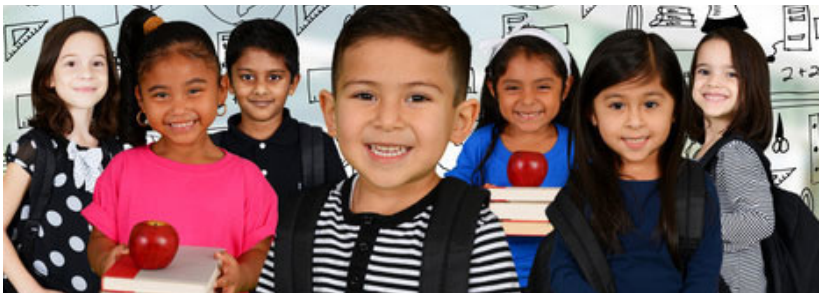
21. Universities instructing future professionals working with victims or perpetrators in any setting should include instruction on public policy advocacy. Public policy advocacy instruction should occur in university courses as well as online such that written materials are available to communities who otherwise cannot access them.

22. End all forms of sanctioned violence within institutions, such as corporal punishment in schools

CONCLUSION

The National Plan outlined here has the potential to dramatically improve our response to violence and abuse in every community. However, even if fully implemented, this plan is only the beginning. Within these broad parameters, there is a need to determine what undergraduate and graduate reforms, prevention and research may look like for various forms of interpersonal violence and abuse. However, this plan does provide guidance, solutions and a direction toward the movement to end all interpersonal violence and abuse. It should be recognized that violence cuts across all ethnic, racial, cultural, and gender lines and that all of these recommendations should be considered to be gender neutral. We have waited long enough. Policy makers, legislators, and community advocates need to immediately begin channeling funds into an action plan. The people should demand that the Federal government divert some of the funds being spent overseas into programs aimed at eliminating violence in our own country and communities.

A National Plan to End Interpersonal Violence Across the Lifespan



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INTRODUCTION: THE WORK OF THE NATIONAL PARTNERSHIP

The National Partnership to End Interpersonal Violence across the Lifespan (NPEIV) is an overarching group of individuals, organizations, agencies, coalitions and groups that embrace a national, multi-disciplinary and multicultural commitment to the prevention of all forms of interpersonal violence. We believe it is a basic human right to be safe at home, safe at school, safe in the community, and safe when interacting with the institutions of our society. Additionally, all people should have equal access to effective systems of protection, justice, health and education. Accordingly, it is our mission to work towards eliminating all forms of interpersonal violence, for all people, in all communities, at all stages of life. To this end, this document summarizes a number of recommendations based on research, best practice and common sense which, if fully implemented, would dramatically advance the goal of ending interpersonal violence.

The scope of the problem

There is a large body of research documenting significant levels of trauma in childhood (Felitti & Anda, 2010; Finkelhor, 2014), at school (Carlyle & Steinman, 2007; Espelage 2015), in college (Sinozich & Langton, 2014), in the military (Gibbs, Martin, Kupper & Johnson, 2007), in intimate partner relationships (Durose, Harlow, Langan, Motivans, Rantala, & Smith, 2005) and in our elder years (Acierno, Hernandez, Amstadter, Resnick, Steve, & Muzzy, 2010). Violence at one level often leads to violence at multiple levels (Finkelhor, Omrod, & Turner, 2007; Turner, Finkelhor, & Omrod, 2010). For example, most trafficked children were originally violated in their own homes (Williamson & Prior, 2009). A child or adult abused in one way is often abused in multiple ways, and this pattern of victimization can extend throughout the life cycle (Finkelhor, et al., 2007; Turner, et al., 2010). Violence often has a profound impact on our physical, emotional, and spiritual health (Black, Basile, Breiding, Smith, Walters, Merrick, Chen, & Stevens, 2011; Felitti & Anda, 2010; Finkelhor, Shattuck, Turner, & Hamby, 2014). As a nation, we spend hundreds of billions of dollars dealing with the aftermath of all forms of interpersonal violence and abuse (Fang, Brown, Florence, & Mercy, 2012; Gerberding, Binder, Hammond, & Arias, 2003).

It is well documented that exposure to all forms of interpersonal violence and abuse occurs across all socio-economic levels, and it is considerably more common among impoverished families and communities (Malley-Morrison, Hines, West, Tauriac, & Arai, 2007; Sumter, 2006). Children and adults with a disability (Espelage, Rose, & Polanin, 2015), or those who are GLBTQ (Kosciw, Greytak, Palmer, & Boesen, 2013), are also at higher risk of violence. Thus it is essential that in every section of this National Plan, consideration must be given to the implications of culture in aspects of services delivery, professional development, research and policy formulation.

This National Plan recognizes the challenge of conducting prevention and intervention programs and services to diverse racial and ethnic communities and linguistic groups, each with its own distinct cultural beliefs, traits and historical challenges. It is for this reason we include cultural tailoring to this National Plan to encourage appropriate interventions for all racial, ethnic, and cultural groups. It is essential to understand that culture is not static nor a "magic" ingredient to be added to the tool box during training or clinical practice, and culture involves more than acknowledgment of a specific ethnic group.

Culture is often described as the combination of a body of knowledge, a body of belief and a body of behavior, which includes language, thoughts, communications, actions, customs, beliefs, values,

religious views, geographic region, and institutions that are specific to diverse racial, ethnic, religious, or social groups (Office of Minority Health, 2013). Greater clarity of what culture is and how it impacts the incidence of violence perpetration and victimization would help professionals to better identify factors that should be addressed in order to develop culturally competent programs and services for various subpopulations across the life span (Kagawa-Singer, Dressler, George, & Elwood, 2015).

UNEQUAL ACCESS & OTHER BARRIERS TO SYSTEMS OF PROTECTION

To address the needs of victims of interpersonal violence, it is integral that we recognize the underlying belief systems, values, and attitudes of oppression that impact our understanding, recognition, prevention and intervention responses. For example, many of those experiencing violence are the marginalized populations within each community lacking access to systems of justice, health, social services, education and other institutional protections. Adequately responding to these barriers must be a part of developing a holistic, trauma-informed, and systemic approach to addressing interpersonal violence.

a) Through a focus on collaborations with criminal justice, medical, public health, social services, mental health, education, community and faith based organizations and allies, we must bridge gaps to improve current systems of care on local, regional, and national levels.

b) Our goal must be to build, expand, and sustain organizational and community capacity to make trauma-informed, culturally relevant services available to all people.

IMPROVING THE DEVELOPMENT & DELIVERY OF PREVENTION INITIATIVES WITHIN A COORDINATED COMMUNITY PUBLIC HEALTH MODEL

Violence is a significant public health issue and needs to be addressed as such. In developing prevention strategies, it is critical to expand prevention within and across all communities with an emphasis not just on taking actions but also on changing social norms that promote, or at least permit the use of, violence. This includes a deeper appreciation of intergenerational and vicarious trauma.

There are many factors that contribute to child maltreatment, domestic violence, human trafficking, sexual assault, elder abuse or other forms of interpersonal violence (Hamby & Grych, 2014). Individuals engaging in substance abuse or who themselves had poor parental role models are at greater risk to offend against their children (Goldman, Salus, Wolcott, & Kennedy, 2003). Parental age, stress levels, unemployment, poverty, and child characteristics such as disabilities are additional factors that increase the chances of child maltreatment[1] (Goldman, Salus, Wolcott, & Kennedy, 2003). Ethnic minorities and immigrants are more likely to live in poorer neighborhoods, have fewer financial resources, face higher rates of unemployment and higher rates of oppression by the dominant society's social institutions; these factors may relate to child maltreatment and other forms of interpersonal violence and abuse.

> ***"Violence is a significant public health issue and needs to be addressed as such."***

Given the numerous factors that contribute to child maltreatment, domestic violence, sexual violence, human trafficking, elder abuse, neglect, and exploitation, and the different levels of these factors in each community in this country, we can never launch effective prevention programs unless these programs are designed at the local level by those closest to the situation and unless these programs are tailored to the dynamics unique to each community. Deborah Daro and Anne Cohn Donnelly evaluated the history of prevention efforts in America and found six factors contributing to the shortcomings of these efforts (Daro & Donelly, 2002). When the shortcomings of past prevention efforts are compared to the overall structure of the *National Plan to End Interpersonal Violence Across the Lifespan*, there is reason to believe this approach will be more successful.

First, Daro and Donnelly accuse prevention proponents of "oversimplifying things" and promoting "singular solutions" (Daro & Donelly, 2002, p. 737). Prevention as envisioned by the NPEIV plan will be just the opposite. Recognizing that prevention is complex and will differ from community to community, this proposal puts the responsibility of prevention in the hands of local

[1] Some people suggest that we can never significantly reduce child abuse until we significantly reduce poverty in the United States. According to John Myers, "If child maltreatment is a piece of cloth, poverty is the thread that holds it together. Cut the thread and the cloth unravels. Although we may not rid ourselves entirely of maltreatment for quite some time, we guarantee high rates of suffering as long as we tolerate widespread poverty" (Myers, 2004). Although there is no question that reducing poverty would reduce the rate of some forms of maltreatment, this would not, by itself, eliminate interpersonal violence and abuse. This is because maltreatment, at some level, exists among all socioeconomic classes. Moreover, it may not be an absolute necessity to reduce poverty before reducing the rate of child abuse among poor people. This is because most poor people do not abuse their children. If we can determine the skills, resources or other factors that prevent most poor families from maltreating their children, and instill these dynamics in poor families where maltreatment does occur, we may be able to limit the role of poverty in contributing to such abuse.

professionals working with families or others in a given community.[2]

Second, Daro and Donnelly accuse prevention proponents of overstating the potential of prevention efforts, allowing rhetoric to outpace empirical research (Daro & Donelly, 2002). According to these authors, prevention efforts are usually framed as having the potential for success in all cases, which is an impossible standard to achieve (Daro & Donelly, 2002). The NPEIV plan realizes that prevention will not succeed in all cases and, as such, advocates for competent investigators and comprehensive, experiential training programs that will assist in the prosecution of those who commit acts of violence, and in working more sensitively with victims of crime through myriad means including speedier resolutions of criminal justice cases.

The third and fourth factors are related. Daro and Donnelly allege that prevention advocates "continue to misrepresent the pool of families they can successfully attract and retain in voluntary prevention services" and that these advocates have "failed to establish a significant partnership with their local" child protection or other professionals (Daro & Donelly, 2002, p. 738). In cases in which families are unable or unwilling to access preventative programs, the NPEIV plan recommends training, beginning in college, to a wide variety of professionals on the art and science of building prevention programs and getting these programs into the hands of those who will most benefit.

Fifth, Daro and Donnelly contend that prevention efforts have focused more on breadth than depth and there has been too much emphasis "on increasing the number of program sites before it fully understood what it would take to make these programs sustainable and effective" (Daro & Donelly, 2002, p. 738). NPEIV supports the rights of each community to develop a plan that is adapted to their own unique needs. In support of this, communities can take on some or all of the implementation steps in this plan if they are suited to their community. Communities often face limited resources. NPEIV pledges to use its network of pro bono professionals and volunteers to support any community who needs help in finding the best practices for their communities, as well as helping in implementing these practices if needed.

Every community wants to know if their programming is truly serving their people. Communities may well know what the markers of successful programming will be for their community. However, if they aren't clear on how to track outcomes, the NPEIV plan contains a variety of concrete, outcome measures that could be used to support a community in deciding if their programming was working or was in need of change.

Sixth, Daro and Donnelly contend the "field has failed to establish the public will and the political clout to bring to fruition the policies and programmatic reforms needed to prevent child abuse"(Daro & Donelly, 2002, p. 738). The NPEIV plan advocates educational reforms that teach that people are not born to be violent but engage in violent or abusive behavior as a result of a complex set of situational factors that can be prevented. Future community leaders need educational support in recognizing the tools available for ending interpersonal violence and in taking personal responsibility for supporting their community in taking effective action. This responsibility includes supporting the initiatives already ongoing in their communities or organizing their community in such initiatives when needed. When education provides community members

[2] For example, research indicates that perpetrators of sexual abuse are a heterogeneous population and that adolescent male perpetrators of sexual abuse are significantly different then adult male perpetrators. Thus, the current approach of treating perpetrators as the same or treating adolescent and adult perpetrators with identical consequences is inappropriate (Harris & Hanson, 2004; Knight, 2010).

with the tools for effectively communicating the needs of victims, perpetrators, and others impacted by interpersonal violence to local, state and national leaders, the political sector may be more responsive to the needs of the communities that elect them.

Within this broader context, we offer additional recommendations that include goals and outcomes measures for determining goal attainment. NPEIV recognizes that some of these recommendations, goals, and outcome measures may need to be refined depending on each community's unique needs. There are many commonalities among the various forms of violence and abuse, and yet the organizations concerned with each have functioned independently of each other rather than joining their considerable talents to achieve a common goal. The NPEIV plan offers such an opportunity. The recommendations are aimed at eliminating violence and abuse, not one specific form of violence. The proposed framework is a starting point. Something has to be done to stop the violence, and it will take the efforts of all of us to accomplish that urgent imperative.

RECOMMENDATIONS

1. **Federal, state and local governments should be encouraged to provide funds for the development and implementation of evidence-based prevention efforts encompassing all forms of violence. Evidence-based, locally developed prevention programs should be developed by community groups to be carried out and evaluated within the next five years.**

There needs to be a clear, national shift toward tailoring evidence-based prevention programs to meet the needs of local communities, thus reflecting the unique dynamics of a given community. Every community has organized groups such as church organizations, fraternal orders of police, NAACPs, mothers against drunk drivers, rotary clubs. These groups have a stake in making their local communities safe. Integrating efforts of local groups toward evidence-based prevention programs, supported by relevant professionals, is therefore recommended.

As noted earlier, myriad factors contribute to violence, and these factors take on different shapes and forms in a given community. Although there are numerous solid prevention recommendations,[3] there is not a "one size fits all" prevention program that will work in every community, with every individual, couple, or family. Communities may know what their unique needs are and these communities should be free to select evidence-based programs tailored to these needs. If communities need help in the identification process, they should be provided with the resources available for helping them do so. Colleges and universities need to be encouraged to offer pro bono services in partnership with their communities in support of identification, implementation, or measurement of outcomes.

[3] The World Health Organization (WHO) has recommended a short of list of ideas that can help prevent many violent episodes (Krug, Mercy. Dahlberg, & Zwi, 2012). These include teaching positive skills that create safe and secure relationships between children and their caregivers, improving life skills of children and youth, and promoting gender equality. WHO also recommended decreasing the following: the availability and misuse of alcohol; access to lethal means; cultural norms that support violence. Some of these strategies are most applicable to children and youth, while others would support reduction of violence across the lifespan.

2. **Communities should be incentivized to establish multi-disciplinary teams to develop, maintain, and evaluate violence prevention programs encompassing the best practices for the particular problems faced by their community.**

   Multi-Disciplinary Teams (MDT) and/or other professional groups should develop at least one prevention project to be carried out and evaluated by researchers at local universities within the next five years. Multi-disciplinary teams and other groups of professionals in every community in the United States should be provided with the resources they need to actively engage in prevention planning. One suggested resource to provide financial backing would be local, state, or national prevention grants. One suggested outcome that could be tracked is an annual review of cases of violence and abuse to note repeated patterns. Measuring this outcome would help communities identify what evidence-based programs are tailored to ending these patterns. Grant money would be renewed to groups demonstrating that their programming was effective.

Given the complexity of violence, and the diversity of our communities, it is incumbent on professionals, those closest to the children, adolescents, adults and older adults impacted by interpersonal violence and abuse, to periodically step back and analyze what, if any, prevention programs would actually make a difference in their communities. However, professionals often feel overwhelmed with current responsibilities. They need to be asked what concretely would help them have the time to make effective decisions about violence prevention in their community.

One possible method of dealing with time pressure is for community agencies to set aside specific days when they will focus on what prevention opportunities would, in the long run, be helpful. It might be realistic to have one "prevention planning" day or, if need be, two days. During this event, the MDTs would look at typical cases handled in the previous year and ask what, if anything, could have been done to prevent abuse? Perhaps the team noticed an increase in teenage pregnancies and observed that many of these young parents were lacking in parenting skills and ended up physically hurting their children. In such a scenario, teenage pregnancy prevention programming or, where pregnancy cannot be averted, public health nurses or parenting classes for young mothers may have made a difference.

This could be an open discussion in which MDT members can share their observations over the years and offer thoughts on available programs that may have prevented at least some instances of abuse. From this discussion, the team should select 1-2 prevention initiatives they would like to implement (as more than 2 likely becomes too much). Fast change is possible if communities are given the resources to implement new programming within a year. For example, perhaps a community has too few therapeutic resources for working with perpetrators of violence or sexual assault. Either a specific practitioner could be given an incentive to move to the community or the

community could sponsor the continuing education or expansion of scope of competence for practitioners already in the community.

Changes in MDT actions might not be needed in every community. For some, resources to expand training within their regional police academy might serve them better. Perhaps police should be trained to screen for adverse childhood experiences of victimization and perpetration in all arrests and identify individuals the court might mandate into treatment services as an alternative to time in jail.[4]

Many communities may have a variety of ongoing prevention initiatives; some may be more effective than others. Measures of outcome are needed to determine program effectiveness. Outcome data that represent concrete examples of success or failure need to be collected for communities to make informed decisions about whether to keep the program operating, change the program, or close the program down. For example, if the program was to aid resiliency in victims of domestic violence, then concrete signs of success could be outcome measures such as: a reduction of emergency room visits for any family member, a decrease in police reports, an improvement of grades in children, no DUI or other alcohol related offenses, continuous employment, a decrease in homicides, etc.[5]

> ***"Information about effective programming needs to be made easily accessible to communities."***

Information about effective programming needs to be made easily accessible to communities. For example, across seven multidisciplinary teams concerned with responding to elder abuse, neglect, and financial exploitation in California, 369 trainings (5,575 individuals) were provided with mandated reporter training. Media events reached over 400,000 individuals that were hosted by these seven projects. There were 957 assessments or screenings carried out by the team (Twomey et al., 2010). Thus, one type of programming for communities to consider is the provision of mandated reporter trainings. While some communities might not view mandated reporter trainings as needed, they might borrow the outcome measures used in this research: tracking the number of assessments and screenings carried out by their MDTs.

Some communities have partnered with universities or community colleges to provide the needed person-power for program evaluation efforts as community agencies are working at capacity dealing with their day-to-day work loads. How these partnerships work, and can be facilitated, needs to be easily accessible to communities so that they can determine if such a partnership with their closest institution of higher learning might be of value to them.

Similar to institutions of higher learning, the use of volunteers has the potential to increase effectiveness for many types of community programs such as MDTs. For example, some MDTs have been highly successful in utilizing volunteers to increase their capacity to respond to elder abuse (Twomey et al., 2010). Again, for communities that decide they want to implement such an initiative, the "how to" used in a successful program needs to be readily available.

[4] Research indicates that most adolescent male sexual offenders are victims of sexual abuse and/or have early exposure to pornography. Adolescents differ from adults who commit sexual offenses in many ways. Adolescents are not fully developed either emotionally or cognitively. Their prior exposure to sexual behavior and materials may have given them an inappropriate view of what sexual boundaries are with other people and how to form healthy sexual relationships (Caldwell, 2010; Finkelhor, Ormrod, & Chaffin, 2009). Treatment for their own victimization may well be the answer to reducing or eliminating their risk for further offending.

[5] For example, starting in 1994, sexual offenders have been required to register with the police (Jacob Wetterling Act, 1994). While this seemed to be a common sense approach to prevention of further offenses, several problems have been found with this registration procedure (Hanson & Morton-Bourgon, 2004; Hanson, Harris, Helmus, & Thornton, 2014).

The NPEIV, through its vast network of resources, can be a tool in aiding prevention discussions and helping communities locate evidence-based models that may assist in responding to the unique situations they face as can the National Clearinghouse on Abuse in Later Life (NCALL) (Heisler & Stiegel, 2002) and numerous other partners who are part of the coalition.

3. **Research funds specifically earmarked for the development and validation of violence prevention programs should be made available. Making successful programming readily available (e.g., " prevention scouts" or some other designated group) would bring viable ideas for violence prevention to be implemented and evaluated within five years.**

   One way effective programming ideas could be brought to the community would be for a member of the community to be designated a "prevention scout" whose job it is to attend national and state conferences and engage prevention experts for programs and services that can aid in addressing the needs of a particular community. The scout can then take these ideas back to the community for possible implementation.

Rapid change could occur if every community had the ability to easily access new ideas on a yearly basis. One mechanism for doing this is to have communities assign one or more team members to be prevention scouts. Those assigned this honor agree to attend at least one national and as many state conferences as possible with the specific task of looking for evidence-based prevention programs that might be a good fit for their communities. Many national organizations such as the American Psychological Association, the National Association of Social Workers, the American Medical Association, the American Bar Association, the American Professional Society on the Abuse of Children, the National Committee for the Prevent of Elder Abuse, the Alliance for Trauma Informed Care, the National Resource Center on Domestic Violence, the Battered Women's Justice Project, the National Sexual Violence Resource Center, the Academy on Violence and Abuse, and the Association for the Treatment of Sexual Abusers have research informed and/or empirically supported resources on their websites that the scout could also examine. Once discovering materials that might suit the needs of their community, the scout shares these ideas with the local team and community to gain their viewpoints. In this way, the community is constantly being invigorated with fresh ideas for taking prevention to a continually higher level.

4. **The government should fund a clearinghouse for the collection and dissemination of empirically supported prevention and intervention programs and program materials. Funds should be provided to enable dissemination via internet and other technologically based mechanisms. Making successful programming readily available, such as state prevention online resource guides, would be made available within five years, containing current resources available statewide or locally as well as links to national clearinghouses.**

   States provide the leadership needed to make online prevention resource guides effective in aiding MDTs and other community leaders in accessing evidence-based prevention models addressing all forms of violence across the lifespan and these plans. To be most effective, these resource guides need to be updated annually and have links to a searchable, national clearing house of programs across the country.

A number of frontline professionals have expressed an interest in promoting prevention but were unaware of available programs, sometimes even programs that were operating in their communities (Vieth, 2013). Some of these professionals have suggested the utility of a resource guide listing all the available programs in their jurisdiction so they could easily refer families in need or advocate for programming in the schools, day cares, churches and other institutions with which they interact professionally or personally. The creation of online resource databases will allow community stakeholders to search for specific programs that might meet their unique needs.

The easy accessibility of on-line materials is particularly valuable for communities who lack the financial resources to send prevention scouts farther outside their counties. However, state leaders are needed to make this on-line resource happen. In addition, state organizations, such as prosecutor or police associations, state Child Advocacy Centers (CAC) chapters or others could be asked to help develop lists of resources to send into the state for inclusion in the on-line data set. To truly help communities, the resources listed must be comprehensive, addressing all forms of abuse and perpetration across the lifespan. To this end, by developing this list, states will be able to determine weaknesses in programming or the shortage of programming in various communities. Shortages of particular types of programming is more likely in communities at a distance from a major city. This accessibility barrier could be addressed by expanding state on-line resources to include successful programming implemented in other locations or states, such as *Darkness2Light*. In this way, the on-line resource is made a one-stop shop for prevention ideas for a local community to consider.

Once developed, links to the online resource guide should be on the website of every CAC, criminal justice, social service, hospital or other pertinent agencies that respond to interpersonal violence in the community. Simply put, staff members who have highly limited schedules will have prevention of ideas available to them after a quick and efficient computer search.

5. **Implementing successful programming should be a primary goal and focus. For example, within 5 years, there should be seven or more evidence-based prevention programs in every county in the United States with the sum total of these programs addressing violence across the lifespan. This could decrease violence across the lifespan within each state, and make community members feel safe in their communities as a real priority.**

Communities want to fund only effective programming. Fast change is possible if within five years, every county in the United States made the commitment to having have at least seven evidence-based violence prevention programs operating the gold standard for a community would be if, across these seven programs, all forms of violence and violence across the lifespan were addressed. It is the goal of NPEIV to have a national map to help show the country that prevention can work and that there are ways to measure that it is working. One type of outcome that could be indicated on the map would be the number of communities/counties that can list the seven prevention programs they have up and running so that other similar counties can consider implementation of these programs. The national map would also include outcome measures such as data that supports program effectiveness.

New business and populations might be more interested in locating to communities with proven effective programming. If policy makers are so inclined, counties meeting this gold standard should be able to post road signs at their borders announcing they are so dedicated to preventing violence that they have met the national standard necessary for being deemed a "prevention county." It would be breathtaking to drive through every county in the United States and, with the crossing of each border, read a sign proclaiming "you are entering a prevention county."

6. **Implementing more prevention programs through expanding prevention training to more disciplines with the goal of having at least one pilot program per state.**

   Training for education, social service, criminal justice, drug and alcohol, medical and mental health professionals could be expanded to include prevention skills. These and similar professionals are often closest to individuals, couples, and families at high risk and can direct these families to needed programming and services.

Although prevention is both an art and science—it begins with education. As called for in this paper, in kindergarten through 12th grade students should be taught the skills they need to understand and regulate their feelings, thoughts, and behaviors, develop supportive relationships, and develop adaptive strategies for dealing with conflict. Young adults progressing through college, extend to graduate school, who enter work with individuals, families, or communities exposed to violence need to enter ready, knowing how to prevent violence and, when it can't be prevented from the outset, prevent its re-occurrence.

7. Implementing more prevention programs using technology to maximize the impact for lowest possible cost.

Prevention should be made practical and personal through the creation of apps and other technology that can aid children, youth, adults, and older adults in asking the right questions, and making the best decisions about personal safety and awareness.

We live in a media driven age and the tech savvy youth of today will be the tech savvy adults of tomorrow. Prevention programming incorporating social media, apps and other forms of communication could become accessed and spread much more quickly than traditional, in-person services. Just as the app Yelp helps determine how some individuals select restaurants, an app could help a social service agency determine what type of new programming might be most effective for their adolescent sexual offenders. Just as the app for Fitbit influences an individual's decisions about exercising and food choices, apps could be developed to guide individuals seeking guidance on what to do if they are stalked. It would be possible, for example, for personal safety programming to be delivered through an app or web friendly app. For example, National Immigrant Women's Advocacy Project (NIWAP) is trying to develop an app phone tool that provides information to help improve victim safety and reduce the potential for victimization.[6]

> ***"We live in a media driven age and the tech savvy youth of today will be the tech savvy adults of tomorrow."***

[6] For additional information, contact the NIWAP info@niwap.org. In addition, NPEIV is working on website and app development through partnerships with computer science and engineering faculty and students at Penn State Behren. [For more information contact mdh3@psu.edu or psberman@iup.edu]

DEVELOPING A COMPETENT WORK FORCE

The vast majority of victims of violence intersect regularly with numerous professionals including teachers, healthcare professionals, social workers, criminal justice professionals, faith leaders and others. Unfortunately, many professionals are poorly trained to prevent violence or to respond with excellence when it cannot be prevented. Most of us would not go to a doctor, dentist or barber poorly trained to mend our bones, fix our teeth or cut our hair. However, we routinely place cases of violence and abuse in the hands of those with virtually no education on how to address or handle such a task until they have had significant on-the-job experience. In addition to undergraduate and graduate reforms, which are discussed below, developing a competent work force includes vocational training to ensure that staff at all levels and across all disciplines receive ongoing education and training to include culturally and linguistically appropriate service delivery.

8. **Undergraduate and graduate programs should address violence across the lifespan and provide students with practical skills necessary to be effective in responding to instances of trauma. Professional training programs should be encouraged to include training specific to trauma-informed care and violence prevention. Licensing boards should be encouraged to include violence prevention and trauma-informed care in their licensing and continuing education, requirements.**

There is a large and growing body of research documenting the inadequate undergraduate and graduate training of criminal justice, social work, medical and mental health professionals to address any aspect of violence (Alpert, Sege, & Bradshaw, 1997; Champion, Shipman, Bonner, Hensley, & Howe, 2003;; Hill, 2005; Knox, Pelletier, & Vieth, 2014; Knox, Vieth, & Pelletier, 2014; Vieth, 2006; Woodtli & Breslin, 2002). Unless this training is received on the job, many of these professionals go their entire careers lacking the necessary skills to investigate, prosecute, treat, prevent, or otherwise respond to the needs of victims of violence or offenders[7] (Vieth, 2013). For example, one recent study found that even experienced professionals in the field are "uninformed or misinformed" about basic literature relevant to their work with victims

[7] A recent survey of 2,240 judges found that barely 50% of them had received any child welfare training before hearing child dependency and neglect proceedings (Vieth, 2004).

or offenders (Pelisole, Herman, Dalbosco, & Aglio, 2015).

The United States Attorney General's Task Force on Children Exposed to Violence has recognized the need to improve undergraduate and graduate training, as one example, and has called for a "national initiative to promote professional education and training on the issue of children exposed to violence" (Listenbee et al., 2012). The task force specifically urges academic institutions to "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" (Listenbee et al., 2012).

NPEIV supports the recommendations of the Attorney's General's Task Force but expands them to address violence and abuse across the lifespan. In addition to child abuse and neglect, we must dramatically improve undergraduate and graduate training for professionals who will be involved in cases of domestic violence, sexual assault, bullying, elder abuse, trafficking of children and adults, and other forms of interpersonal violence. Since not all professionals attend undergraduate or graduate institutions, there also needs to be an emphasis on vocational training.

> ***"Tell me and I forget, teach me and I remember. Involve me and I will learn."***
>
> —Benjamin Franklin

9. It is recommended that academic (grade school through graduate school) curricula include violence awareness, violence remediation, and violence prevention components, as well as support services for those students already victimized. Examples would include, bullying prevention programs, bystander intervention, and dating violence programs. Whenever possible, training should include experiential, first-hand laboratory models of learning which research has found to be the most effective for practical learning. Shifting to experiential, laboratory training for professionals in the field has been found to be more effective in preparing individuals for real-life challenges in the field.

There is a growing body of research supporting, and a growing number of universities incorporating, experiential based learning models which actively engage students in applying skills and making decisions in response to realistic scenarios that professional may encounter on the job[8] (Wurdinger & Carlson, 2010). While research relevant to specific skills needs to be done, there are studies indicating that experiential activities require more active learning and that students view them positively.[9] This is an important type of training needed in the investigation and intervention of abuse and interpersonal violence cases.

[8] There are also a number of organizations that assist universities and others in providing experiential learning. These organizations include the Association for Experiential Learning, whose website is: http://www.aee.org/

[9] A theoretical study conducted by Gosen and Washbush (2004) using computer based simulations and experiential exercises showed that active learning took place and that the learning experience was positive. Their findings also included positive attitude changes, changes in behavior and intrapersonal effectiveness. This information is beneficial when relating to abuse and violence prevention across the lifespan. A study conducted by Kolb and Kolb (2005) showed that differing learning techniques, such as concrete experience and reflective experimentation vary in importance depending on the learner. Their study reflects the importance of experiential learning styles and the benefits that experimentation and experience have for yielding results. A study by Hawtrey (2007) conducted on undergraduates revealed that over 60% of students across the board placed experiential learning as important or very important.

In one study, professionals responding to cases of violence expressed a strong desire for hands on training courses such as mock trials, mock crime scene investigations, or mock forensic interviews. As one law enforcement officer noted, "I need trench training." According to this officer, "trench training" is experiential learning in which the MDT is processing a mock crime scene, testifying in a mock trial, conducting mock forensic interviews or suspect interrogations (Vieth, 2007). Experiential training of this kind is often used in law enforcement academies and other setting as investigators and other professionals learn defensive tactics, searches and other skills. The need is to expand this concept to include training in a much broader array of skills in responding to instances of violence.

When developing training for professionals working cases of violence, state and national associations should emphasize workshops and programs that provide experiential training. Similarly, the departments or supervisors sending staff to training should emphasize experiential training as the first resort.[10]

10. It is important to maintain a quality workforce by addressing vicarious trauma that can follow intervening in cases involving violence or abuse.

Many professionals within the police force and social service agencies experience burnout as a result of the vicarious trauma and compassion fatigue in working with cases of violence and abuse. This not only impacts their ability to serve victims at a high level, it also results in burnout, reduction in efficacy and leaving the profession entirely.

High turnover creates a perpetual pool of poorly trained, inexperienced workers. Accordingly, addressing vicarious trauma must be a high priority for the field. Every agency should have an evidence-based plan for addressing vicarious trauma and compassion fatigue. This plan may include mandated vacations, individualized self-care plans, mental health support, spiritual support, and manageable caseloads. Working with violence can lead to psychological and physical problems which in turn can add expensive health and mental health care costs for the providers that can be saved if individuals were enabled to take good care of themselves.

[10] A study by Cox, Clutter, Sergakis and Harris (2013) examined the differences between various teaching and learning styles, specifically clinical and classroom settings. The study found that students varied between their preferences. This illustrates the importance of implementing both experiential and conceptualization teaching strategies for successful learning.

STRENGTHENING HEALTH AND MENTAL HEALTH CARE RESPONSES TO VIOLENCE

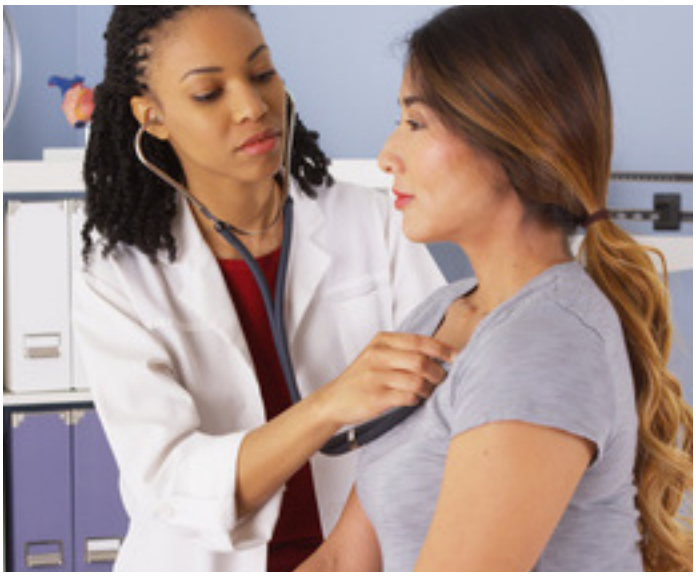
11. Accreditation standards of health care facilities (e.g., JCAHO) should require all employees to undergo specialized training in violence recognition and response, as well as providing trauma-informed care in all patient care departments. It is suggested that within 5 years, each major medical center routinely incorporates screening for cases of violence and abuse, including male victims of sexual and physical violence, and provides access to needed intervention resources.

According to the Centers for Disease Control (CDC), 82% of adults have annual contact with a medical professional and almost 93% of children have annual contact with a health care professional (Rothwell, Madans, & Gentleman, 2012). All totaled, Americans make 1.2 billion hospital or physician visits every year (Rothwell, et al., 2012). There is, then, clear potential for medical professionals to prevent many instances of violence or at least recognize instances of abuse and intervene promptly and with excellence.

Unfortunately, the level of training of most nurses, physicians, physician assistants, and other medical and mental health professionals in recognizing and responding to instances of violence is poor and many hospitals fail to follow up on even clear signs of abuse (Wood, French, Song, & Feudtner, 2015). Accordingly, there is an urgent need to dramatically improve the abilities of physicians, nurses and other medical and mental health professionals in screening for violence across the lifespan and then responding with excellence when trauma is discovered.

With respect to the approximately 8% of children and 18% of adults who do not have annual contact with a physician or other health care provider, there remains a need to expand health care services to underserved populations. If a child or adult cannot access health care on a regular basis, even the most skilled medical provider will be unable to assist.

A number of studies note the particular reluctance of male victims of sexual or other violence to share their experiences with medical or mental health professionals.[11] The fears of many boys and men are made worse when professionals are ignorant or insensitive to the concerns of male survivors. For example, experts on violence have noted a "gender gap in the health care literature" focusing on the examination of men and women who may have been abused (Gallo-Silver, Anderson, & Romo, 2014). These experts note that medical literature addressing breast cancer, obstetrics, and gynecology point to the importance of slowing down an examination, inviting greater



[11] A study by Teram, Stalker, Hovey, Schachter, and Lasiuk (2006) found that male abuse victims have reasons including skepticism, homophobia based on misunderstanding, and assumptions that the victim is also an offender for difficulty in reporting abuse and undergoing treatment. The male victims described the health care providers as uncomfortable with male vulnerability and did not acknowledge the chance of female offenders (Havig, 2008).

dialogue with a patient, and seeking permission to proceed (Gallo-Silver, et al., 2014). These experts argue that although medical internists and urologists "examine men in a manner proximate to a gynecologist's examination of women…no recommendations exist to address the issue of childhood sexual abuse and its potential impact on adult male patients" (Gallo-Silver, et al., 2014).

The experts make a number of concrete recommendations[12] for more sensitive examination of men who may have been sexually or otherwise violated (Gallo-Silver, Anderson, & Romo, 2014). Implementing these changes can be as simple as reading an article or attending a workshop and adhering to the recommendations. Simply stated, this improvement in our responses to potential victims can and should happen immediately.

More sensitive examinations of men may result in disclosures of abuse or perpetration and enable the medical community to more adequately address the impact of violence with boys and men throughout the United States.

12. It is important to strengthen trauma screening of medical and mental health providers, including addressing the spiritual impact of trauma. To accomplish this it is also important to establish partnerships with faith-based organizations to take the lead in the prevention of violence and abuse in their congregations through trauma-informed educational initiatives.

The American Psychological Association has published two literature reviews documenting that trauma often impacts us spiritually (Walker, Reid, O'Neill & Brown, 2009). This same body of literature documents that when therapists and other professionals adequately address the spiritual impact of abuse, patients often do a better job of coping physically and emotionally (Bryant-Davis et al., 2012; Gall, 2006). To this end, the APA has published two treatises to assist clinicians in helping children and adults address spiritual questions pertaining to trauma (Walker & Hathaway, 2012; Walker, Courtois, & Aten, 2012). Just as violence results from a complex interplay of factors, effective intervention requires a complex interplay of resources that may be unique to particular individuals/families. A holistic response to trauma could address the medical, mental health and spiritual needs of those who have endured violence.

There are religious institutions spread across the United States in every state and county. If these institutions became involved in trauma-informed violence education, their impact on reducing violence could be significant.

[12] These recommendations fall into the categories of "communication cluster," "control cluster" and "communication cluster." These recommendations are listed below:

Communication cluster

1. As part of history taking, ask about adverse childhood experiences of physical and/or sexual abuse, and family violence.
2. Listen to the patient and stop doing any other nonemergency activity.
3. Ask your patient about concerns and preferences in the biologic sex of his physicians. If there are gender concerns, allow the patient to discuss them.

Control cluster

1. f your patient indicates he is fearful, ask your patient about how to increase his feelings of safety.
2. For invasive procedures, ensure your patient understands informed consent and that he can change his mind at any point before sedation or anesthesia.
3. Help your patient anticipate the stressors of next steps before you order further tests or procedures.
4. Review procedures with your patient that involve undressing and touching.

Permission cluster

1. Inform your patient before touching and explain the specific purpose of touching.
2. Inform your patient at the beginning of the examination that you will request body positioning before making that request.
3. Take a "sounding" from your patient during invasive examination procedures ("How are you doing? Do you need me to … ?") (Gallo-Silver, et al., 2014).

STRENGTHENING JUSTICE SYSTEM RESPONSES TO CASES OF INTERPERSONAL VIOLENCE

Although there are numerous reforms that have been suggested for strengthening our justice system, there are two simple reforms which, if fully implemented, could dramatically improve the response of law enforcement and courts to instances of violence.

13. The collection of corroborating evidence in cases of violence, as a national norm, would increase successful prosecution of cases. It is recommended that the National Institutes of Justice, working with state and national organizations as well as front line professionals, develop and disseminate standards for police, prosecutors, and judges regarding the specialized considerations for collection of evidence, administration of restraining orders, and timeliness of response in all cases of intimate partner violence, sexual assault, elder and child abuse.

There is a growing body of evidence that the most important factor determining whether a case of violence will result in a beneficial outcome to a victim is the collection of corroborating evidence. For example, corroborating evidence doubles the chance a suspect will confess (Walsh, Jones, Cross, & Lippert, 2010) in a case of child abuse and plays a significant role in whether a case of adult sexual assault (Spohn & Holleran, 2004) or elder abuse will result in charges (Myers, 2011). Despite the clear correlation between corroborating evidence and case outcomes, one survey of criminal justice professionals found that crime scene photographs and other easily obtainable corroborating evidence is collected in less than half the cases (Vieth, 2013).

The National Child Protection Training Center urges the taking of crime scene photographs in every case where the scene is still available and collecting a minimum of five pieces of corroborating evidence in every case of interpersonal violence or abuse (Vieth, 2013). We concur in this recommendation and urge this as a realistic goal.

14. Training criminal justice professionals to recognize and screen for polyvictimization would help end the cycle of violence for more perpetrators and victims.

When a child or adult is abused in one way, they are often abused in multiple ways (Turner, Finkelhor, & Omrod, 2010). This research, known as "polyvictimization," often translates into poor medical and mental health outcomes. Accordingly, when law enforcement or other professionals are responding to a case of child abuse, they should also consider domestic violence, sexual assault, trafficking, elder abuse and other forms of violence, and vice versa, that may be present in a family.

15. Holding trials within six months of charging for a crime could reduce adverse impacts of violence on victims and family members.

The National District Attorneys Association has noted that significant delays in a case coming to trial adversely impacts victims. This includes ongoing stress, family and other pressures to recant, and the loss of memory and evidence (American Prosecutor Research Institute, 2004). The American Bar Association proposes that nearly all felony cases of child abuse should be resolved within 180 days of arrest (Walsh, Lippert, Cross, Maurice, & Davidson, 2008). We support these recommendations and believe it should extend to all cases of violence including adult sexual assault, domestic violence, and elder abuse.

16. The impact and utility of restorative justice initiatives should be studied, and then implemented if they are found to be effective.

Restorative justice is a problem–solving approach to crime, which involves the parties themselves, and the community generally, in an active relationship with statutory agencies (Marshall, 1999)." Restorative justice is a fast-growing state, national and international social movement that seeks to bring together people to address the harm caused by crime. The restorative justice movement has attracted many segments of society, including police officers, judges, schoolteachers, politicians, juvenile justice agencies, and victim support groups. However, restorative justice remains a controversial concept in the field. This approach focuses on the needs of the victims and the offenders, as well as the involved community, instead of satisfying abstract legal principles or punishing the offender. Victims take an active role in the process, while offenders are encouraged to take responsibility for their actions "to repair the harm they've done—by apologizing, returning stolen money, or community service (Webber, 2009)." Restorative justice that fosters dialogue between victim and offender shows the highest rates of victim satisfaction and offender accountability (Sherman & Strang, 2007).

There is a national debate on whether or not there may be alternatives to the criminal justice system in a cases of violence (Sherman & Strang, 2007). NPEIV encourages this debate and a consideration of a restorative justice approach in some cases, keeping mind the acts are still criminal. This approach focuses on the needs of the victims and the offenders, as well as the involved community, instead of satisfying abstract legal principles or punishing the offender. Victims take an active role in the process, while offenders are encouraged to take responsibility for their actions, "to repair the harm they've done—by apologizing, returning stolen money, or community service."[13] Restorative justice that fosters dialogue between victim and offender shows the highest rates of victim satisfaction and offender accountability.[14]

[13] A New Kind of Criminal Justice," *Parade*, October 25, 2009, p. 6.
[14] Lawrence W Sherman & Heather Strang (2007). *Restorative Justice: The Evidence*, University of Pennsylvania.

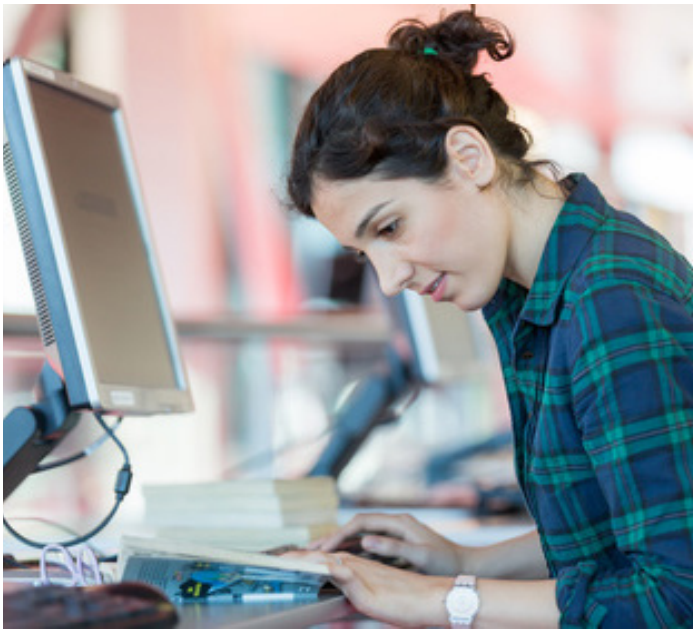
CONNECTING RESEARCH TO PRACTICE

Ending violence is achievable yet many of the recommendations this plan recommends requires resources communities often can't afford. NPEIV makes a commitment to facilitate connections between researchers and practitioners to aid implementation of empirically-supported practices. To this end, we would recommend the following:

17. **It is suggested that we expand the research paradigm to make connections to human rights, social norms, oppression, differential distribution, and prevalence of violence to research, policy, and practice. It is recommended that all Federal agencies whose mandates include any forms of violence be required to earmark some percentage of their funds each year to supporting research, conferences, and trainings related to adverse childhood experiences, interpersonal violence and abuse, and the traumatic effects they produce. Aiding professionals in applying research to practice by shortening the time it takes for research findings to be translated into frontline application is needed.**

    On an annual basis, there should be a survey of a minimum of 1,000 professionals from multiple disciplines to determine their awareness of evidence based practices for addressing interpersonal violence across the lifespan, the best means for communicating this evidence to practitioners, and the issues these practitioners are facing that needs research. This latter analysis will aid researchers in determining the most relevant needs of the field.

    The findings of this survey will be published on an annual basis.



This would encourage translation from research to evidence-based strategies with improved implementation. Translating current research for practitioners as well as defining additional research needs are both important. Frontline professionals often lack the time to read large volumes of research and thus may not remain current in new developments in their field. To aid these professionals, there is a need for more literature reviews of large bodies of research on a particular topic. There is also a need for smaller articles listing best practices or approaches and citing pertinent studies where a frontline professional can learn more. Researchers and other scholars also need to prioritize writing for journals or other forums that can be accessed free or at low cost by large numbers of frontline professionals. To this end, NPEIV will commit to publish the *Violence Research Digest* and bi-monthly newsletters all freely downloadable to any interested party from the partnership website.

Public awareness

There are studies indicating public awareness campaigns can have an impact in reducing domestic violence or other forms of violence (Wolfe & Jaffe, 1999). The problem, of course, is in determining what sort of educational campaign may work in a particular setting in addressing a particular form of violence. To further the goal of assisting communities in developing evidence-based public awareness campaigns, we have the following recommendations:

18. Developing strategic media partnerships could facilitate nationwide campaigns

NPEIV will strive to identify strategic partnerships with major media, advertising, and information companies who can assist in the creation of national public awareness campaigns through social media, viral marketing, and more traditional forms of advertising and outreach.

Public policy

Developing effective public policies is a complicated yet critical aspect for the prevention of violence and trauma. Public policy is often defined as the action taken by governments (local, state, federal and international) to address a particular public concern; therefore, these actions should be informed by evidence (e.g., research) and practice involving experts in a given area. Evidence should not be narrowly defined to reflect a single model (e.g., medical model) and should address all aspects of an issue in a comprehensive manner.

As communities continue to work on ending violence across the lifespan, it would be valuable to have a process that helps guide their understanding of the implications of a given public policy. Development of public policies requires critical decision making to insure generalizability to the broader population that may be impacted by the public policy. The intent of the public policy is to protect and benefit the designated population and to avoid unintended consequences and negative outcomes. For example, current policies designed to protect the community from individuals convicted of sexual crimes unintentionally makes them vulnerable to housing and employment discrimination, factors which result in destabilization that has the potential unintended consequence of increasing, rather than decreasing, community safety. A lack of employment or opportunities for employment results in financial instability and an inability for these individuals to meet their own basic needs for food and shelter. The current policies of registration, residency restrictions, and similar policies also result in social isolation which undercuts an individual's ability for rehabilitation, all factors which actually increase the likelihood of re-perpetration (Tabachnick & Klein, 2011).

Within these critical parameters, we offer the following recommendations:

19. Media coverage of candidates for public office must include their positions on issues of interpersonal violence, including (when appropriate) the candidates' response to this Nationa Plan, and to publicize the answers to the public. Asking candidates their positions on violence and their specific recommendations is important. In order to maximize their impact, organizations must be willing to work with all political parties in addressing interpersonal violence across the lifespan.

20. It is important to develop partnerships with grass roots organizations of survivors of abuse and violence such that these groups provide input and play a significant role in the efforts to end interpersonal violence and abuse acros the lifespan.

In shaping public policy, the voices of survivors have often been excluded in certain types of interpersonal violence and abuse (e.g., adult survivors of childhood abuse) while being quite influential in others (e.g., intimate partner violence). Not including survivors, researchers, and practitioners in policy decisions is a flawed approach which excludes those who may best know what policies and programs are the most effective in helping those experiencing violence and abuse. Accordingly, organizations, researchers, and frontline practitioners working in this field must work together with survivors in developing policy and communicate this critical importance to policy makers as well.

> ***"In shaping public policy, the voices of survivors have often been excluded in certain types of interperonsonal violence and abuse."***

Provide public policy advocacy training

21. Universities instructing future professionals working with victims or perpetrators in any setting should include instruction on public policy advocacy. Public policy advocacy instruction should occur in university courses as well as online such that written materials are available to communities who otherwise cannot access them.

As reflected at the outset, effective public policy is a process that involves appropriate experts, stakeholders, researchers and practitioners. We believe the undergraduate and graduate reforms proposed in this plan should include public policy making instruction as part of these courses. In this way, we will be teaching the child protection, domestic violence, sexual violence, educators, law enforcement, trafficking, and elder abuse experts of tomorrow the basic tenets of public policy making which they can carry out long into the future.

To this end, the NPEIV public policy team and other organizations can be a resource to these universities in developing materials or otherwise assisting in shaping this course content. In addition, there must be continuing education for all professionals dealing with cases of violence in the basic tenants of public policy making.

Many law enforcement officers, social workers, victim advocates, medical and mental health providers, victims and survivors fail to understand the tremendous power they have to enact needed public policy reforms. Accordingly, NPEIV and other organizations should take a leadership role in providing instruction at national and state conferences as to the art and science of effective public policy advocacy in addressing violence. These workshops and materials should also be offered in an online format for professionals and communities who cannot otherwise access this information.

22. End all forms of sanctioned violence within institutions, such as corporal punishment in schools.

There is a large and growing body of research documenting that corporal punishment is not an effective form of discipline (Gershoff, 2008), with numerous medical and mental health bodies discouraging the practice.[15] For example, the American Academy of Pediatrics contends that the negative consequences of corporal punishment outweigh any benefits and urges parents to find "methods other than spanking in response to undesired behavior" (American Academy of Pediatrics' Committee on Psychosocial Aspects of Child and Family Health, 1998).[16] According to one literature review on corporal punishment research, "[A]t its worst, corporal punishment may have negative effects on children and at its best has no effects, positive or otherwise" (Gershoff, 2002). Despite research and the discouraging of corporal punishment by respected medical and mental health organizations, most Americans continue to practice corporal punishment,[17] and many schools permit hitting children as a means of discipline.[18]

Although most states have banned school corporal punishment, 19 states continue to allow educators to physically strike students with instruments. According to the U.S. Department of Education Office of Civil Rights, approximately 200,000 children are physically struck annually in American schools, with African American students and students with disabilities, receiving disproportionately high rates (Ending Corporal Punishment, 2011).

We believe that schools should develop disciplinary policies supported by research and common sense. To the extent educators are willing to do this, state or federal policy makers19 should act to repeal laws allowing educators to hit children.

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[15] Organizations that have endorsed the *Report on Physical Punishment in the United States: What Research Tells Us About its Effect on Children* include: Academy on Violence and Abuse, American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, American Medical Association, American Professional Society on the Abuse of Children, American College of Emergency Physicians, Dave Thomas Foundation for Adoption, National Association of Counsel for Children, and National Association of Pediatric Nurse Practitioners.

[16] Researchers have found that harsh physical discipline (pushing, grabbing, shoving, slapping, and hitting), even in the absence of more severe child maltreatment, is associated with higher risks of cardiovascular disease, arthritis, obesity, history of family dysfunction, and mental disorders (Afifi, Mota, Macmillan, & Sareen, 2013).

[17] Approximately two-thirds of parents report hitting children below the age of two and, by the time a child reaches high school, 85% have been physically punished with 51% having been struck with a belt or other object (Gershoff, 2008).

[18] For a detailed analysis of state laws on corporal punishment, see Center for Effective Discipline, Discipline and the Law at http://www.stophitting.com/index.php?page=statelegislation#Minnesota

[19] U.S. Rep. Carolyn McCarthy has introduced legislation that would withhold federal aid to states that that continue to allow school corporal punishment. See Netter (2010, June 29).

CONCLUSION

The National Plan outlined here has the potential to dramatically improve our response to violence and abuse in every community. However, even if fully implemented, this plan is only the beginning. Within these broad parameters, there is a need to determine what undergraduate and graduate reforms, prevention or research may look like for various forms of interpersonal violence and abuse. However, this plan does provide guidance,
solutions and a direction toward the movement to end all interpersonal violence and abuse. It should be recognized that violence cuts across all ethnic, racial, cultural, and gender lines and that all of these recommendations should be considered to be gender neutral. We have waited long enough. Policy makers, legislators, and community advocates need to immediately begin channeling funds into an action plan. The people should demand that the Federal government divert some of the funds being spent overseas into programs aimed at eliminating violence in our own country and communities.

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