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Safe, Healthy, and Ready to Learn:

Policy Recommendations to Ensure Children Thrive in Supportive Communities Free from Violence and Trauma

PREPARED IN PARTNERSHIP WITH



The Center for Health and Health Care in Schools







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EXECUTIVE SUMMARY

Dr. Martin Luther King, at the crossroads of this nation's civil rights movement more than 50 years ago, talked about the "fierce urgency of now." Today, more than ever, every child deserves equality of access and opportunity that will prepare him or her to compete in the changing economies and realities of the 21st century. Yet, for too many children, exposure to violence and trauma can deny them both access and opportunity. Forty-six million children in the United States will be exposed to violence, crime, abuse, or psychological trauma in a given year.ⁱ Two out of every three children in this country. They are our sons, daughters, grandsons, granddaughters, nieces, and nephews. They are our future.

There is an undeniable urgency of now to shine the light on these children and, even more importantly, prevent our children from exposure to violence. We owe it to them to give them the opportunity to live up to their full potential. We should not wait, we cannot wait, and we must not wait.

In partnership with leaders from throughout the health, education, justice, and child development fields, Futures Without Violence (FUTURES), with the support of The California Endowment, Blue Shield of California Foundation, and the Lisa and John Pritzker Family Fund, has spent the last year working to develop public policy solutions to prevent and address childhood exposure to violence and trauma. We examined research, consulted with experts across the country, and convened a multi-disciplinary working group to develop a comprehensive set of recommendations designed to combat this silent epidemic.

Children's exposure to violence, trauma, and "toxic stress" can have a permanent negative effect on the chemical and physical structures of their brain, causing cognitive impairments such as trouble with attention, concentration, and memory.ⁱⁱ Adverse Childhood Experiences (ACEs) research documents the short- and long-term connections between exposure to violence and other adversity and poor health and educational outcomes, such as increased absenteeism in school and changes in school performance.ⁱⁱⁱ Individuals who have experienced six or more ACEs die, on average, 20 years earlier than those who have none.^{iv} We know that the effects of this trauma are playing out in numerous ways every day.

The good news is that we know what works to prevent harm and heal children. Our collective task is to identify and elevate the effective policies, programs, and practices that are working and advance them at the federal, state, and local level. This report is designed to do just that.

FUTURES is especially grateful to the thoughtful work and commitment of our policy working group, which made the report possible. The group is unique in its diverse membership and in the willingness of its participants to cross boundaries and recognize the interconnectedness of multiple issues. From reforming school discipline practices and creating positive school climates to combating child abuse and promoting children's physical, emotional and mental health, the group worked to examine and lift up core strategies to meet the needs of the whole child, to address trauma in children's lives, and to create conditions to allow our children to thrive and succeed.



GOALS

The working group developed a set of recommendations that will support each of these seven goals:

1. Invest early in parents and young children
2. Help schools promote positive school climates, be trauma sensitive, and raise achievement
3. Train educators, health care workers, and other child-serving professionals about preventing and responding to youth violence and trauma
4. Prevent violence and trauma
5. Improve intra- and inter-governmental coordination and alignment
6. Increase the availability of trauma-informed services for children and families
7. Increase public awareness and knowledge of childhood violence and trauma

school, involved in positive social networks, and out of the juvenile justice system. Such investments should increase opportunity and close achievement gaps, promote health, resilience, and social and emotional learning, and engage the school personnel necessary to effectuate a positive learning environment. We recommend using the reauthorization of the Elementary and Secondary Education Act to support the creation of positive school climates; supporting full-service community schools that include school-based health centers; adopting inclusive disciplinary policies that involve the community; reconsidering school safety strategies and prioritize investing resources in students' emotional health and social connections; providing assistance to school districts in their efforts to prevent and appropriately respond to incidents of bullying; and having the United States Department of Education design and disseminate a practice guide that offers school-wide strategies and best practices for creating trauma sensitive schools.

#3

Train educators, health care workers, and other child-serving professionals about preventing and responding to youth violence and trauma

States and other accrediting bodies should support training and certification of child- and youth-serving professionals to effectively respond to children's exposure to violence with a coordinated and trauma-informed approach. Our report urges that school personnel should be trained on implementing effective academic and behavioral practices, such as Positive Behavioral Interventions and Supports and social and emotional learning, and providing pediatricians and staff in community health settings the tools they need to serve traumatized youth.

#4

Prevent violence and trauma

Federal, state, and local governments and tribes should increase incentives and expand violence prevention efforts to reduce children's exposure to violence. Research and strategies should be interwoven among the fields of community violence, child abuse, school violence, sexual assault, and domestic violence. Specific policy recommendations are as follows: expanding funding for domestic violence prevention and response services within the Family Violence Prevention and Services Act; providing greater technical assistance to health care providers so they can effectively deliver universal education to parents and caregivers about the impact of exposure to violence on youth and deliver more integrated care to children who may already be exposed to violence; expanding targeted prevention programs focused on healthy relationships among youth developed jointly by the Centers for Disease Control and Prevention and the Office on Violence Against Women; engaging men and boys in prevention; and supporting resilient and healthy communities.

SUMMARY OF RECOMMENDATIONS

The following summarizes the key recommendations for each goal:

#1

Invest early in parents and young children

The federal government should support states, local jurisdictions, and tribes in providing parents, legal guardians, and other caregivers the resources necessary to help their children thrive. A multi-generational approach to comprehensive and evidence-based services and trauma-informed care promotes positive caretaking, reduces inequities, enhances family cohesion, and interrupts the cycle of intergenerational trauma. We recommend expanding the federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) and implementing a two generation approach to addressing ACEs, child abuse, and domestic violence. We also suggest modifying Medicaid and child welfare financing formulas to extend services to parents to address their own experience of trauma.

#2

Help schools promote positive school climates, be trauma sensitive, and raise achievement

The federal government should provide significant resources and incentives for states and local jurisdictions to create connected communities and positive school climates that are trauma-sensitive to keep students healthy and in



#5

Improve intra- and inter-governmental coordination and alignment

Federal, state, and local governments and tribes should better coordinate

youth violence prevention and early intervention approaches among themselves and with non-governmental organizations, particularly as it relates to school/community and public/private sector coordination. We recommend the creation of a White House task force to identify specific youth violence and trauma prevention goals, make recommendations on how federal agency resources can be used to meet those goals, and provide guidance to state and local partners. In addition, the federal government should include incentives in relevant federal grant applications for states and localities to demonstrate collaboration in service delivery.

#6

Increase the availability of trauma-informed services for children and families

It is time to incentivize and fund states, localities, and tribes to scale up the availability of trauma-informed services for children and their families exposed to violence. These services should support the implementation of two-generation, trauma-informed approaches, coordinate efforts among schools, homes, and communities, and ensure gender-specific and culturally competent practices. We recommend permitting federal entitlement programs to support child trauma assessment and intervention, such as home-based services and crisis intervention, that provide for child well-

being, family stability, and community health. The federal government should provide specific support and attention to youth in the juvenile justice system, in foster care, and to those who are homeless.

#7

Increase public awareness and knowledge of childhood violence and trauma

Federal, state, and local governments and tribes should support public education and engagement campaigns to increase awareness of the adverse effects of childhood exposure to violence and trauma. The campaigns should describe action people can take to prevent harm, and promote effective solutions. We recommend that the federal government, in coordination with the states, conduct a mass media campaign that highlights the impact of ACEs and helps to reduce the stigma attached to those who seek professional help.

We know that meaningful change will not happen overnight, and we recognize that budgets are tight at all levels of government. However, inaction is not an option – not when tens of millions of children are affected by violence and trauma each year. We know what works. We know that these investments will save money and will prevent many children from suffering. This report provides a blueprint for what needs to be done. It is now up to all of us, as policymakers, educators, advocates, and parents, to take action to ensure that our children's future is bright.



INTRODUCTION

In “From Neurons to Neighborhoods,” a groundbreaking study released in 2000, scientists led by Dr. Jack Shonkoff for 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.¹ Research has long documented that low-income children and those who experience abuse struggle more in school and are more likely to drop out or wind up in prison, but we had not fully understood the extent to which our biology is changed by these traumatic experiences. Drawing on continuing research on toxic stress, Dr. Shonkoff has translated for policymakers the role of early-childhood brain development in later academic success and behavioral health, heightening interest in early-childhood education and other supports for early development.²

Around the same time, Dr. Vincent Felitti, an internist and obesity researcher, 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 largely middle-class insured clients. It did not make sense to him that those who were successful quit. He began 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 prison 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 Centers for Disease Control and Prevention (CDC) to more rigorously test his results. The findings about the link between childhood trauma and health grew stronger. The research about what is now known as the Adverse Childhood Experiences (ACEs) Study has grown and is being replicated in multiple states and settings. At least 23 states and the District of Columbia have collected or are collecting ACEs data,³ and the direct correlation between ACEs and health, educational success, and experiences of crime and violence are now irrefutable.

Futures Without Violence (FUTURES), with the support of the California Endowment, Blue Shield of California Foundation, and the Lisa and John Pritzker Family Fund, has spent the past year working with leaders throughout the health, education, justice, and child development fields to develop the most advanced public policy solutions to the challenge of childhood exposure to violence and the effects of trauma. This report serves as an important component of a larger national campaign to address childhood exposure to violence and trauma and to invest in the safety, health, and educational success of all children.

FUTURES created a policy working group that includes leaders in education, health, civil rights, philanthropy, academia, justice, and the nonprofit sector to assess the impact that violence and the resulting trauma have on children and how schools, the health-care system, and communities can respond appropriately. This working group has developed a comprehensive set of recommendations focused on the federal government that are designed to reduce violence, minimize the effects of trauma, and ensure that children and families receive the services they need as soon as possible and in the most effective manner possible. It is important to note, however, that many recommendations are also directed to states and communities as the federal government cannot and should not go at it alone.



GOALS & RECOMMENDATIONS



The recommendations fit within seven goals:

1. Invest early in parents and young children
2. Help schools promote positive school climates, be trauma sensitive, and raise achievement
3. Train educators, health care workers, and other child-serving professionals about preventing and responding to youth violence and trauma
4. Prevent violence and trauma
5. Improve intra- and inter-governmental coordination and alignment
6. Increase the availability of trauma-informed services for children and families
7. Increase public awareness and knowledge of childhood violence and trauma

Now that we know the effect trauma can have on children's health and learning, policymakers cannot stand on the sidelines. This report provides policymakers with 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 report by the FUTURES Working Group are meant to be a road map for the policy reforms that can bring us closer to making these words a reality for every child.

WHAT WE KNOW ABOUT CHILDREN'S EXPOSURE TO VIOLENCE AND TRAUMA

Children in the United States are exposed to violence at alarming rates. The Attorney General's National Task Force on Children Exposed to Violence highlighted research, collected as part of the Defending Childhood Initiative, showing that an estimated 46 million American children will be affected by violence, crime, abuse, or psychological trauma in a given year.⁴ That is 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. Violence and abuse are chronic conditions for these "polyvictims." Fear and pain become normal, but with consequences that affect every aspect of their lives.

KEY STATISTICS ON CHILDREN EXPOSED TO VIOLENCE

- Students traumatized by exposure to violence have been shown to have lower grade-point averages, more negative remarks in their cumulative records, and more reported absences from school than other students.⁵
- Children with two or more ACEs were 2.67 times more likely to repeat a grade, even when adjusting for demographic characteristics and health factors.⁶
- Trauma can affect sustained and focused attention, making it difficult for a student to remain engaged in school.⁷
- Chronic stress can have a permanent negative effect on the chemical and physical structures of a child's brain, causing trouble with attention, concentration, memory, and creativity.⁸
- Individuals who have experienced six or more ACEs die 20 years earlier on average than those who have experienced none.⁹
- Juveniles are more likely than adults to be victims of crime. On average from 1994 through 2010, youth ages 12–17 were about 2.2 times more likely than adults (i.e., ages 18 and older) to be victims of a serious violent crime.¹⁰

Children's health, behavior, ability to learn, and core biology are directly affected by adverse and traumatic experiences. Children may even be more deeply affected than adults, depending on their age and developmental stage and who in their lives can 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."¹¹ Children exposed to violence are more likely to abuse drugs and alcohol; suffer from depression, anxiety, and post-traumatic disorder; drop out of or have difficulty in school; and become delinquent and engage in criminal behavior.¹²

In addition, the body's "fight or flight" system – the chemical and physical reactions that help us respond to frightening or threatening situations – is damaged when activated frequently and over the long term. Importantly, not all children experience the same levels of distress and there are actions we can take that help support their resilience and buffer this harm, even for children who have experienced multiple traumatic events. Indeed, the CDC suggests that the promotion of safe, stable and nurturing relationships may be one of the most important things we can do to help children succeed even in the face of deprivation and adversity.

It is at that intersection, therefore, where we focus our recommendations. We must prevent violence and the resulting trauma, promote safe and secure relationships for youth, and help children and the adults in their lives heal and thrive. The details of our goals and recommendations are as follows:

GOAL 1: INVEST EARLY IN PARENTS AND YOUNG CHILDREN

First and foremost, we must invest in the ability of parents to support the healthy development of their children. No system or program can do as much – and as cost-effectively – as a parent to protect a child from harm and to promote the child’s health, educational success, and well-being. Unfortunately, sometimes parents’ abilities are compromised 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. Although extended family and community can provide help, a critical role remains for the federal government in supporting parents, and in particular those who 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 supports and resources necessary to help their children thrive. Access to evidence-based quality services, supports, early parenting education and services, and trauma-sensitive early education and care will promote positive caregiving, increase family cohesion, reduce inequities, and break the cycle of intergenerational trauma.



Relationships that children have with their parents or caregivers play a critical role in how children respond to stress. On the one hand, children born to parents who themselves have not healed from trauma are highly likely to be negatively affected by it, thus continuing the cycle of the effects of trauma. On the other hand, a supportive relationship between caregiver and child helps buffer stress hormone exposure, even in children who are highly vulnerable to stress system-activation.¹³

Basic caregiving also must be addressed. For far too many working parents, particularly those with low incomes, providing children with safe, supportive, and stimulating child care is much more difficult than it should be. There are numerous options, such as private child care, Head Start, and Early Head Start, but these programs cannot meet the demand and they vary in quality. Ensuring affordable, high-quality child care and early learning opportunities is necessary both to ensure the cognitive and emotional development of our children, and to permit parents to work.

The medical community has also recognized the link between encouraging early literacy skills, school readiness, and positive health outcomes later in life. By age three, children from low-income households hear about 30 million fewer words than their more affluent peers.¹⁴ Reading aloud to young children is one of the most effective ways to encourage literacy skills and promote school readiness.¹⁵

Bills were introduced in both the Senate and the House that would expand the number of early-childhood education slots that states and localities can provide and would improve program quality. Although this is a positive step, much more remains to be done.

RECOMMENDATIONS

- All levels of government should provide:
 - The children in their jurisdiction with 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.
 - Accessible information on evidence-based programs and those that show promise so providers can select the programs that best meet their needs.
- The federal government and the states should provide funding for the provision of books to children during visits to pediatricians, and provide funding for access to books within health coverage programs such as Medicaid.



Expand Home Visiting, Provide More Flexibility for Temporary Assistance for Needy Families (TANF), and Support Early-Childhood Trauma-Informed Programs

Home visiting programs offer a variety of voluntary parenting supports and family-focused services to expectant parents and families with young children. They address issues such as maternal and child health, positive parenting practices, safe home environments, and access to services.¹⁶ Research indicates that home visits are one of the most effective, cost-saving ways to address issues new parents face. A 2005 study by the RAND Corporation titled, “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.¹⁷

We know that pregnant teenagers who receive home visits are more likely to have fewer and better spaced subsequent births than teenage mothers who have not received such support.¹⁸ Additionally, studies show that young fathers who receive home visits are more likely to be involved in their children’s lives.¹⁹

The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) funds both evidence-based programs as well as those that are promising practices. The federal government has a robust program evaluation system to identify evidence-based programs, and states are encouraged to identify promising practices.²⁰

RECOMMENDATIONS

- Expand the MIECHV program and include specific technical assistance to programs to help them address the domestic violence screening and safety planning benchmark. The MIECHV program should also provide universal education on ACEs' impact on health and safety.
- Amend TANF requirements to allow money to be used to address parents' trauma-related mental and behavioral health issues, which serve as barriers to successful employment and educational advancement.

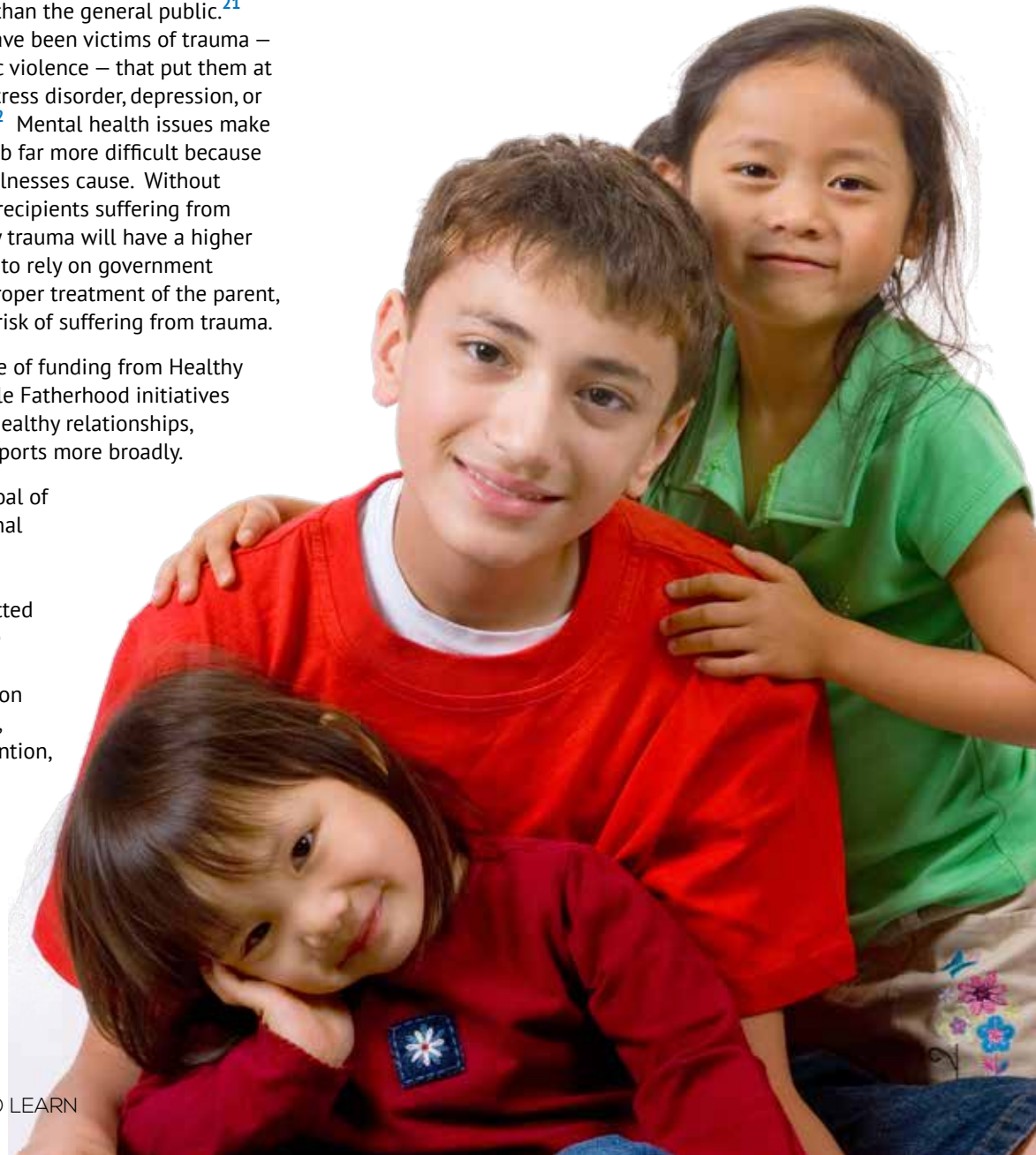
Allowing TANF money to go toward mental health care is crucial, as studies have shown that single mothers receiving TANF assistance had higher rates of mental health problems, domestic violence, and children with health problems than other women in national samples, but were no more likely to have substance abuse issues than the general public.²¹ Many TANF recipients have been victims of trauma – such as rape or domestic violence – that put them at risk for post-traumatic stress disorder, depression, or social anxiety disorder.²² Mental health issues make getting and keeping a job far more difficult because of the instability these illnesses cause. Without proper treatment, TANF recipients suffering from mental illness caused by trauma will have a higher likelihood of continuing to rely on government assistance.²³ Without proper treatment of the parent, the child is at a greater risk of suffering from trauma.

- Modify the allowable use of funding from Healthy Marriage and Responsible Fatherhood initiatives under TANF to address healthy relationships, parenting skills, and supports more broadly.

To achieve the overall goal of reducing intergenerational poverty and trauma and improving the lives of children, funding allotted for the Healthy Marriage Initiative under TANF should allow for education on healthy relationships, domestic violence prevention, and parenting.

For those who decide to marry, a healthy relationship improves the lives and mental health of the couple and the lives of children affected by the relationship. Using the funding for marriage and fatherhood initiatives within TANF to allow for parenting skill development and supports more broadly, as well as relationship skill-building, should improve the overall health and well-being of the family unit, reduce parental depression, improve family interaction, and lessen the effects of generational trauma over time.

- Integrate trauma-sensitive programs and skills-based parenting education into early-childhood settings, such as Head Start, Early Head Start and Healthy Start.



GOAL 2: HELP SCHOOLS PROMOTE POSITIVE SCHOOL CLIMATES, BE TRAUMA SENSITIVE, AND RAISE ACHIEVEMENT

While the core of these recommendations focus on the need for systems to work together to better recognize and respond to children's needs, few would disagree that schools play one of the largest roles in children's lives. Schools also face unique challenges. Charged with educating students to meet even higher standards to compete in a rapidly changing global economy, schools also serve as a home away from home for tens of millions of children. Indeed, many children spend more waking hours in school than they do in their own homes.

At the federal and state level, however, our policies do not recognize and support the multi-faceted role we ask of schools. Nowhere is this more evident than the extent to which we undervalue the impact of trauma on students' ability to learn and function in school. As noted earlier in the report, the effects of trauma and violence can have a significant negative impact on a child's attention, concentration, memory, and creativity, which are all critical to learning – as well as on educational outcomes and attendance. We evaluate teachers and schools largely on academic measures, their first responsibility, but we insufficiently acknowledge the effect that a student's mental health and home and neighborhood life have on academic achievement and school climate.

All children do better in safe and supportive schools. This section focuses on school-based approaches and advocates for the necessary investment to ensure that proper supports are available to students and educators. Academic success and test scores go up and discipline problems go down when there is a positive school environment.²⁴ Childhood adversity outside the classroom cannot be an excuse to not do right by

students inside the school walls. Given the prevalence of children's exposure to trauma and violence, and what science now tells us about how violence, adversity, and trauma affect brain development, we must update our policies and instructional practices for all students so that we can better differentiate instruction, support student achievement, and respond to students' developmental needs using a whole school approach.

This section starts by focusing on the need to improve school climate generally, as a positive school climate will benefit all students. Furthermore, with about two-thirds of our nation's youth experiencing some sort of violence or trauma, our policy prescriptions necessarily need to address school-wide approaches to providing supports that address the needs of the whole child. These supports need to be delivered by the school in conjunction with community partners, such as the health and social services sectors.

The section then discusses two specific areas that require greater focus in the educational arena and that are critical for developing a positive school climate – discipline and bullying. Overly harsh disciplinary practices and bullying in schools can greatly affect a student's emotional well-being, academic success, and impact the relationships students have with educators. In more severe cases, it is a cause of trauma. We offer specific recommendations that will reduce the instances of both of these problems and provide appropriate supports for those who need them.

The federal government should increase and realign resources it provides to schools and education agencies to promote positive school climates, social and 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 a positive school climate is increasingly being recognized as a key to improving school success and reducing bullying, harassment, and excessive disciplinary problems.²⁵ Broadly defined as how it feels to be in school, school climate is one of the core ingredients for keeping children engaged, staff motivated, and parents connected. For traumatized children, school is a critically important venue to help them create meaningful and supportive relationships. Having a positive school climate also promotes school safety, and increases students' trust in, and response to, adults. The need to foster a positive school climate is particularly acute in juvenile justice facilities given the high percentage of those youth who have suffered violence or the effects of trauma. According to the federal government, about 60,000 youth are in confinement every day.²⁶

RECOMMENDATIONS

- The Department of Education (ED) should continue to collect student climate related data through its Office for Civil Rights Civil Rights Data Collection (CRDC). 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. Data collected for the CRDC should be coordinated with other federal grant programs or initiatives and should be prepopulated where needed for other federal data collection efforts; the data should be used to inform program development.²⁷

- ED should provide sufficient funding to support states' voluntary development and adoption of social and emotional learning standards.²⁸
- The federal government should update the Community Oriented Policing Services (COPS) program to permit funding of social and emotional learning, Positive Behavioral Interventions and Supports, and other evidence-based school climate programs. The COPS Office should permit grant funds to be used to train school resource officers 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 in their community.
- 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, school social workers, and school-based health centers can all play important roles in coordinating health and behavioral health services and access to care.

The CRDC collects data on student discipline, access to rigorous coursework, and early career teachers, as well as other measures of school climate such as chronic absenteeism, and student retention rates.

Use the Elementary and Secondary Education Act (ESEA) and Waivers to Support Positive School Climates

For 50 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 to level the playing field between schools and to promote academic achievement. The law provides funding that can be used to help promote students' social and emotional development and to foster 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.²⁹ This should not be an impediment. Title I funds can support students who are struggling academically, which could include those affected by trauma and violence. Unfortunately, Title I funding in FY 2015 is down 9.1 percent from 2010 when adjusted for inflation and enrollment. Other funding streams are more explicitly tied to social and emotional development and fostering positive school climates, but the need far outstrips the available funds.

The ESEA is several years overdue to be reauthorized. As a result, ED has issued waivers from some of ESEA's requirements in exchange for certain commitments from the states, such as adding requirements related to the identification of the lowest performing schools, or schools with the 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 and that waivers will likely remain until ESEA reauthorization, they are now a part of the education landscape. As a result, they need to be addressed.

RECOMMENDATIONS

- As Congress considers reauthorization of ESEA, it should restore Title I funding to FY 2010 levels.
- State Educational Agencies (SEA) or Local Education Agencies (LEA) 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 should 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 in order to assess the effectiveness of their plans. Both ED and SEAs should provide training to assist LEAs and individual schools in this effort. Effective school climate measures and plans for improvement should be included as part of Title I plans.³⁰



“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.”³¹

Moreover, “trauma-sensitive schools also benefit students who have not experienced traumatic events. All students benefit from safety and positive connections to school.... This calls for a whole-school approach that is inclusive of all, while recognizing that there are those who are especially vulnerable.”³²



Support the Creation of Trauma Sensitive Schools³³

Significant research is rapidly emerging that explains the negative effect of home and community instability on academic performance. For example, a 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.³⁴

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.”³⁵

The teachers, administrators, and other educational support personnel in our schools 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. Becoming a trauma sensitive school is an effort that requires the whole school. It is not a call for more mental services alone, but instead applies a trauma sensitive framework to the policies, procedures, and behaviors of the whole school staff. Staff are uniquely positioned to notice if a child is in distress and see that distress as a signal for help, not bad behavior—and get them the help they need. We need to support schools and take advantage of their unique position and their potential to help children achieve academic success. In recent years, we have seen numerous successful examples of schools and communities that have broken down silos, so there is a more seamless transition for students who need supports like mental health services, or even dinner if needed.

ED and SEAs have an important role to play in assisting districts in improving school climates generally, and supporting trauma-sensitive schools more specifically. Promising examples are readily available, as is the research.

Federal Support for Community Building

The federal government has also sought to support efforts that better integrate schools into their communities. One example is the Full-Service Community Schools (FSCS) program.³⁶ The FSCS program, which awarded \$10 million in FY 2014, encourages coordination of academic, social, and health services through partnerships between (1) public elementary and secondary schools; (2) 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.³⁷ 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, funded only nine new partnerships 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 communities. There are privacy laws, and communication difficulties between social service agencies and schools that are slowing down cooperation and collaboration.

RECOMMENDATIONS

- The federal government and SEAs should highlight promising practices, fund them, and aid in implementation with on-the-ground support.
- The federal government should provide sufficient funding to dramatically increase the creation or expansion of trauma-sensitive schools.
- ED should permit schools “identified for intervention” under the School Improvement Grant Program the option to use an evidence-based community school model that include school-based health centers.³⁸
- ED should fund a technical assistance center dedicated to assisting states and LEAs in creating and implementing trauma sensitive schools. The center should design a blueprint that can guide training, infrastructure needs, and policies needed to create a universal and whole school approach to supporting students. The guide should discuss how various federal laws can support particular populations that may be more likely to experience trauma, such as homeless students or students in foster care. ED already funds a National Center on Safe and Supportive Learning Environments, which may be an appropriate place to include this work.
- The Departments of Health and Human Services (HHS) and ED should provide detailed guidance on how community-based mental health providers, primary care providers, and other social service providers (such as child welfare agencies) can receive information from, and better coordinate services with, schools about students’ physical and mental health needs while remaining in compliance with federal privacy laws.
- The federal government should adopt measures that provide flexibility for schools and districts to use federal funds in ways that support the social and emotional needs of students, such as those envisioned in the Mental Health Awareness and Improvement Act of 2013 (S. 689).³⁹ S. 689 reauthorizes and improves programs related to mental health and substance abuse 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.



Create Inclusive School Discipline Policies

The proper role of discipline in our nation's schools has received an enormous amount of attention recently – for good reason. The statistics are staggering. There has been a dramatic 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 2006.⁴⁰ More recent data show this trend continuing.⁴¹ 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.”⁴²

Moreover, it is not just the use of harsh disciplinary practices that is problematic. Trauma itself could be the driver of negative behaviors. As stated by the California Administrative Office of the Courts, “Research has established a strong connection between exposure to ACEs and a number of negative school-related outcomes, including academic problems, behavioral issues (e.g., fighting in school, substance abuse, cigarette smoking), emotional problems, and truancy.”⁴³

To make matters worse, disciplinary practices have had a disproportionate effect on many students of color, particularly African-Americans, students who identify as LGBT, and students with disabilities. This situation has not improved over time. In fact, the CRDC data indicates it may have worsened.⁴⁴

Policy makers, educators, researchers, and advocates have developed a number of recommendations for schools to implement that are designed to create positive school climates and safe environments while keeping students in school.

Many of these recommendations are discussed in detail in guidance and technical assistance materials that the Departments of Justice (DOJ) and ED published in January 2014,⁴⁵ as well as in a comprehensive report published in June 2014 by the Council for State Governments.⁴⁶ 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:

- Understand that the root cause of some students' misbehavior is trauma, and strategies that address trauma will more likely be successful in educating those children;
- Involve the community when developing disciplinary policies and implementing solutions;
- Reconsider school safety strategies and prioritize investing resources in students' emotional health and social connections; and
- Recognize that even programs that have successfully reduced suspensions and expulsions may not have eliminated racial disparities.

RECOMMENDATIONS

- SEAs 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 racial disparities among subgroups of students who have been disciplined.
- Federal funds should not be used to develop, establish, implement, or enforce zero-tolerance discipline policies, other than those expressly required under the Gun-Free Schools Act.⁴⁷

Reduce 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 a host of academic and social challenges. As stated by ED, “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.”⁴⁸

There also appears to be a relationship between ACEs and engaging in bullying behavior. A 2007 study of roughly 136,000 6th, 9th, and 12th grade students found that out of the 28% of students who reported having some form of an adverse childhood experience, there was a significant relationship with either interpersonal violence or violence perpetuation (such as bullying, physical fighting, or dating violence). For each type of traumatic event reported by the student, the risk of that student to perpetuate violence increased from 35% to 144%.⁴⁹

RECOMMENDATIONS

- The federal government should actively encourage the adoption of an anti-bullying policy and bullying prevention program for every school that is integrated with the school's positive school climate efforts. Each state 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.⁵⁰ But most school systems lack adequate funding for personnel to design, implement, and staff these prevention and response programs.
- As Congress considers reauthorization of ESEA, the Administration should promote the inclusion of comprehensive and inclusive anti-bullying and cyber-bullying 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, cyber-bullying, and harassment.
- ED, working with DOJ and other federal agencies, should institutionalize and coordinate anti-bullying/cyber-bullying prevention and response programs within all of its safe schools/healthy schools and school-related violence and trauma prevention initiatives.
- In conjunction with academic institutions, ED and DOJ should fund research into the nature and magnitude of bullying/cyber-bullying in the United States – specifically researching its impact on both the social and emotional health of students and the impact on equal educational opportunities.
- SEAs should provide assistance to LEAs in their efforts to prevent and appropriately respond to incidents of bullying (such as that based on sex or teen dating violence),⁵¹ 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 2015 (SSIA) (S. 311) has many of the elements we are recommending. It requires: (1) 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, which 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 students' education.

GOAL 3: TRAIN EDUCATORS, HEALTH CARE WORKERS, AND OTHER CHILD-SERVING PROFESSIONALS ABOUT PREVENTING AND RESPONDING TO YOUTH VIOLENCE AND TRAUMA

The success of policy solutions for reducing violence and its traumatic effects on children heavily depends on the ability of those on the ground to effectively deliver needed services. This is a shared responsibility that covers all child-serving professionals, and this broad-based, multidisciplinary working group is clear in its consensus: All child-serving professions must receive pre-service and in-service training and professional learning so they can appropriately respond to the particular educational, mental health, and developmental needs of traumatized children.

We know that this will be a challenge, as teachers, pediatricians, counselors, and other professional service personnel have a full range of coursework they must master before they enter their professions, and that once in the workforce, they already are overextended with their day-to-day obligations. Each discipline's network of professional associations, higher education institutions, and accrediting bodies is in the best position to decide the specifics of how training before and during each professional's career should be implemented. The recommendations that follow seek to delineate areas of training and professional learning, and show how the federal government can support these efforts.

RECOMMENDATIONS

All Professions

- Federal agencies such as the Health Resources and Services Administration should provide resources and technical assistance so that all child-serving professionals can receive appropriate pre-service training, in-service and/or continuing education and support related to youth violence and trauma.

The instruction should be informed by child and adolescent development research, including effects that ACEs have on brain development, protective factors, and how to build resiliency.

- The federal government should provide financial support for professional societies and associations to develop and disseminate standards for providing comprehensive specialized supports for children exposed to violence.

Educators

- Schools should be provided with social workers, counselors, specialized instructional support personnel, and other appropriate staff members at the levels recommended by nationally recognized professional organizations to respond to the mental, physical, behavioral, developmental, and academic needs of traumatized students.
- Title II funding under ESEA should be increased to ensure that school personnel receive professional instruction on understanding what constitutes exposure to violence and/or trauma and the associated impacts on learning and social interaction. Instruction should also include determining the appropriate response, and collaborating on protocols in multidisciplinary teams within a school to address the needs of a child who is experiencing trauma or violence. At a minimum, Congress should fund a restoration of Title II Part A funding to Fiscal Year 2010 levels, which was \$600 million – or 25 percent – above the amount appropriated for Fiscal Year 2015, without taking into account inflation or enrollment growth.

States and other accrediting bodies should support and encourage initial training and ongoing professional learning of child-serving professionals (including teachers, school counselors, school nurses, social workers, school administrators, principals, pediatricians/clinicians, behavioral/mental health professionals, law enforcement officials, and juvenile justice personnel), to recognize and respond to children's exposure to violence and other challenges (such as poverty, homelessness, and neglect) that could result in trauma in a coordinated and trauma-sensitive manner. The federal government should support these efforts, both financially, and by disseminating evaluation findings regarding best practices.

- ED should make clear that Title II funding under ESEA may be used to support the professional development recommended above, and should provide technical assistance to states, districts, and schools in delivering this training.
- Federal funding through programs such as the School Improvement Grants program and 21st Century Community Learning Centers, as well as for schools identified for intervention under ESEA flexibility, should be used to significantly increase the amount of time available for collaborative and comprehensive professional learning.
- ED and HHS should collaborate on an initiative that partners with teacher preparation and licensing programs and other education-related disciplines (such as Head Start, and Early Head Start) to disseminate best practices related to age-appropriate development and responding to children's exposure to violence and trauma (such as the effects that may arise from poverty, homelessness, and neglect).
- The federal government should give states incentives to institute career ladder/lattice opportunities for teachers, administrators, and mental health professionals 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 or caregivers of traumatized children, and classroom strategies that enable traumatized children to succeed academically, behaviorally, and socially.
- School personnel should, where appropriate, receive professional education on implementing effective academic and behavioral practices (such as Positive Behavioral Interventions and Supports, social and emotional learning, and other evidence-based school-climate programs), approaches to partnering with parents of traumatized children, and teaching strategies that enable traumatized children to succeed academically, behaviorally, and socially.
- Teachers should receive professional education on how to recognize the signs of trauma in students, as well as how to access Specialized Instructional Support Personnel (SISP) services to help traumatized students. SISP provide a variety of prevention and intervention services that promote effective learning and development. These services include education, therapy, counseling, assessment, and diagnosis for children who are experiencing problems that interfere with learning.
- As part of its accreditation process, the Council for the Accreditation of Educator Preparation should ensure that preparation programs for teachers and school administrators include training on the effect that trauma has on students' academic, behavioral, and social development, and how educators can effectively work with these students.
- School districts should provide dedicated, compensated time for educators to engage in trauma-related professional learning that does not interfere with minimum student contact requirements, such as by integrating these topics into existing professional development programs. Each school district and each school may determine how best to implement the recommended training while being sensitive to the significant time constraints and the "doing more with less" burdens that teachers and other education support personnel already face.



Strategies for Supporting and Training Educators

Fully staffing schools with education support professionals who are trained to address the multiple dimensions of need among children whose learning is disrupted by trauma must be a priority. These include mental health treatment providers, counselors, psychologists, nurses, and other specialized instructional support personnel who are certified and licensed to provide health, social, and psychological services. Students deserve to have their needs met by a sufficient number of professionals in school, as well as the appropriate mix of staff. Moreover, in the school context, the complex needs of children experiencing trauma and violence are best addressed through multidisciplinary teams of trained staff members working together with teachers, rather than over-relying on teachers to take on responsibilities outside their immediate areas of expertise. State and local efforts to address budget shortfalls should not result in the elimination of key support staff. The training should occur throughout a professional's career. This training should include:

- **Pre-service Training:** This is a critical opportunity to ensure that professionals have a strong understanding of child and adolescent

development, the impact of trauma, and how to implement effective strategies that meet the needs of a diverse set of learners. For example, rigorous and extensive clinical experience, particularly in a community that is representative of where the professional will be placed upon completing the program, can provide opportunities to gain experience and insight to better identify students' needs.

- **In-service Support:** Meeting the needs of trauma-affected children is a collective effort to ensure that students have what they need to succeed. Ongoing support for education professionals should facilitate staff members' ability to use data collaboratively to identify students who are struggling, strengthen their understanding of these students' needs, communicate and coordinate their efforts, and assess the effectiveness of the interventions.
- **Additional Use of Time:** As states implement higher standards, more is being asked of students and teachers. Part of effective policy implementation is ensuring that the necessary amount of time is being dedicated to developing the skills that matter. A number of schools that are implementing increased learning time and modified scheduling also are increasing the amount of time allowed for in-service support and opportunities for professional collaboration on meeting students' needs.

EXAMPLES OF POLICY: The Helping Educators Support All Students Act of 2013 (S. 648) would amend ESEA to support training for teachers and other school professionals on the awareness of student mental health conditions. Grants would be made to eligible states to help develop programs to educate teachers, school personnel, and specialized instructional support personnel on mental health conditions in children, including their causes and symptoms, as well as their impact on learning.

Health-Care Professionals

- The Agency for Healthcare Research and Quality and related licensing bodies should incentivize professional training/licensing to ensure that pediatricians and other allied health personnel in settings that serve children are trained to recognize and respond to children's trauma. The training should cover developmentally appropriate and gender-specific needs, and provide evidence-based identification and assessment protocols for identifying youth who have faced, or are at risk of facing, violence or trauma.
- All health professionals who interact with children should receive training on how to ask about child abuse. They should also be trained on delivering universal education about ACEs to all patients and how to support their patients to prevent bad health outcomes and build resiliency.
- Incentives should be offered to a wide range of providers to be trained and licensed to conduct Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) that includes questions about trauma and exposure to violence.
- Congress should support programs that address shortages of trained and licensed providers who can best serve children exposed to violence and respond to trauma, including child and adolescent psychologists, psychiatrists, and developmental and behavioral pediatric specialists. The Pediatric Subspecialty and Loan Repayment Program is one example.⁵²

Other Professionals

- Youth-serving and volunteer/service organizations should encourage their employees and volunteers who interact with children to be trained in child development, identifying trauma symptoms in youth, and partnering with parents of traumatized children.
- Employees and volunteers in domestic violence organizations, parenting programs, and other similar organizations should receive training on how to help parents whose children have been exposed to violence or trauma. They should also receive training on how to provide two generation supports to youth and to parents, and be eligible (where licensed) for reimbursement for these services.
- Make training available through the DOJ Office of Juvenile Justice and Delinquency Prevention (OJJDP) for law enforcement officers, juvenile and family court judges, and probation officers about the signs and symptoms of violence and the effects of trauma, the existence and purpose of screening and assessment, and the effectiveness of home- and community-based treatment and other mental health supports and services.
- School resource officers, child welfare and juvenile corrections personnel, and court-appointed guardian ad litem should receive training in 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 ACEs have on behavior.



GOAL 4: PREVENT VIOLENCE AND TRAUMA



Addressing the harmful effects of violence against children, such as trauma, is best accomplished by preventing the violence in the first place. Although supporting new parents and young children is the first step, national efforts to prevent both individual and community 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.

Prevent Family Violence, Sexual Assault, and Community Violence

Family violence is common in the lives of numerous children. Even in children's earliest years, violence can directly affect their 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 17.⁵³ In addition, over 40 percent of sexual assault and rape victims in this country are under 18.⁵⁴ The National Survey of Children's Exposure to Violence found that in a given year, one in 10 children is a victim of maltreatment and nearly one half have been physically assaulted in the previous year.⁵⁵ Annually, about 700,000 children are substantiated victims of abuse or neglect by their caregivers, as reported to the nation's child welfare agencies.

Several federal programs touch on the intersections of family violence, sexual violence, and child maltreatment, as well as community violence, but they remain woefully underfunded and lack the coordination that could improve their efficacy and scale.

RECOMMENDATIONS

- Extend and expand funding for domestic violence prevention and response services included in the Family Violence Prevention and Services Act.
- Offer increased technical assistance to health care providers so they can educate parents and caregivers about the impact of violence against children, and reimburse health care and other community-based workers for their time spent providing counseling on the issue.
- Educate adolescent health providers on how to promote healthy relationships and to identify and assist adolescents experiencing relationship abuse.
- Increase support for states so they can implement the authorized training and staffing focused on domestic violence, substance abuse, and child maltreatment under the Child Abuse Prevention and Treatment Act.
- Restructure the Rape Prevention and Education Program, funded through the CDC, to increase the amount of money that goes directly to community and state-based prevention programs.
- Expand funding for programs to prevent dating violence and domestic violence by supporting initiatives through the CDC and DOJ's Office on Violence Against Women to promote healthy relationships among youth and engage men and boys in prevention.
- Create an initiative between DOJ, HHS's Administration for Children and Families (ACF), the CDC, and the Substance Abuse and Mental Health Services Administration (SAMHSA) to support primary prevention of child sexual abuse.
- Increase investment in the CDC's community-based youth violence prevention initiatives and technical assistance and research centers.

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



Enhance Prevention Measures for Children Involved in Public Systems (Child Welfare, Juvenile Justice, Foster Care)

Youth involved in the child welfare, juvenile justice, or foster care systems face added adversity and risk. Many come into these systems because they have been exposed to violence and trauma. Children of incarcerated parents, for instance, often suffer from the injuries of frayed bonds with them. Many of these children, especially when their mothers are incarcerated, struggle with attachment disorders that render them particularly vulnerable to abusive relationships, substance abuse, imprisonment, and depression.⁵⁶

The very experience of interacting with the juvenile justice system may engender trauma. It is therefore critical to prevent children from having unnecessary contact with the system. For instance, status offenses, by nature nonviolent, account for far too many interactions with the system, especially for girls.⁵⁷

Children who are in foster care, especially those who are aging out, have disproportionate exposure to situations that result in trauma compared with children who have not been in the foster-care system.⁵⁸ The act of entering foster care itself can be traumatic, especially because children are removed from their families. These children must have the skills, competencies, and nurturing relationships necessary to learn how to engage in healthy relationships, which may not have been a part of their childhoods. The emphasis should be on preventing foster-care involvement. Priorities and funding ought to be reordered to focus on family support and stability, including reunification and kinship care where possible.

RECOMMENDATIONS

- DOJ should support integrating trauma-related education on healthy relationships and parenting into reentry programs to help adults and youth leaving the criminal justice system form and maintain healthy relationships, therefore reducing recidivism.
- Increase and/or reorganize funding within DOJ's Office of Justice Programs to provide greater support for community and state-based juvenile delinquency prevention programs.
- The federal government should give states incentives to prohibit detention of children for status offenses and to promote community-based, school-based, and family-focused interventions for children who commit status offenses and are at a high risk of involvement in the juvenile justice system.
- The federal government should give states incentives to prohibit detention for immigration status offenses and violation of court orders in an effort to keep families together.
- ACF should develop an initiative that helps youth in foster care and aging out of foster care gain the skills and supports they need to build healthy relationships and parenting skills.
- ACF should increase oversight of and support for state efforts to fully implement the Health Care Oversight and Coordination Plans they have developed under the Fostering Connections to Success and Increasing Adoptions Act of 2008.
- Title IV-E funding under the Social Security Act that incentivizes out-of-home placement should be restructured to support families in caring for their children, early-intervention services, and more community-based and multi-sectoral prevention programs.

GOAL 5: IMPROVE INTRA- AND INTER-GOVERNMENTAL COORDINATION AND ALIGNMENT

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

Complicating matters is that these programs are authorized under several statutes, including the ESEA, the Juvenile Justice and Delinquency Prevention Act (JJDP), the American Recovery and Reinvestment Act (ARRA), the Public Health Service Act, and appropriations legislation.

Within Congress, jurisdiction for these programs is spread among several committees, including the Senate Committee on Health, Education, Labor and Pensions, 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, Health and Human Services, Education and Related Agencies and the Commerce, Justice, Science and Related Agencies subcommittees.

Funding for these programs has varied over time, with some being funded for a number of years and others having their funding eliminated by Congress (such as state grants for Safe and Drug-Free Schools and Communities, which provided \$472 million in Fiscal Year 2002) and others newly created under the Consolidated Appropriations Act for Fiscal Year 2014. For example, in Fiscal Year 2014, ED, HHS, and DOJ held several grant competitions on issues related to youth violence and trauma.

The result of this divided responsibility 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 on the plethora of state laws and initiatives in this area, and assessments of how the federal and state efforts intersect, complement one another, or, in some cases, run counter to one another. Despite these challenges, we believe improvements can still be made.



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



RECOMMENDATIONS

White House

- Create a White House-level task force that will: identify an overarching strategy for reducing childhood violence and appropriately treating trauma; create specific violence and trauma-prevention goals, including specific goals for tribes;⁵⁹ 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 resources and opportunities to leverage and coordinate those resources.
- Ensure that existing White House efforts, such as My Brother's Keeper and initiatives related to women and girls, include issues of youth violence and trauma.
- The White House should designate a person on the Domestic Policy Council or in the Office of Management and Budget 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 to foster increased collaboration.
- The White House should focus one of its Champions of Change meetings on people who have been leaders in their communities on combatting youth violence and trauma.
- The White House should encourage foundations and corporations to expand their efforts in this area, similar to what it has done in STEM fields, early childhood education, and other areas.

One of the most promising government efforts to address the epidemic of violence and trauma exhibited by children has been DOJ's Defending Childhood initiative. The Attorney General appointed a multidisciplinary 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.⁶⁰

Unfortunately, efforts to fund the initiative have fallen far short of what is needed. Although the President proposed increasing funding from \$8 million to \$23 million for Fiscal Year 2015,⁶¹ Congress only approved level funding at \$8 million. Given the gravity of the problems identified in the Defending Childhood Task Force report, it is imperative that the Initiative be fully supported.



Federal Agencies

- Federal grants should encourage collaboration at the state and local levels among key stakeholders, and include incentives in the application process for collaboration.
- Opportunities to share data across agencies at all levels of government should be increased 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 expanding elements in its CRDC survey. The survey, which is required of all school districts now, includes an expanded set of questions about school violence, discipline, harassment and bullying, and restraint and seclusion.⁶² All sharing of information must respect laws, policies, and professional codes of ethics with respect to confidentiality and privilege.
- Other agencies should collaborate with ED on how best to use the results of the CRDC survey and how best to publicize the data to grantees, state and local governments, policymakers, and stakeholders.
- Federal agencies should develop a coordinated research and evaluation agenda on exposure to childhood violence and trauma.
- Agencies awarding grants related to youth violence and trauma should convene meetings and/or webinars of grantees among the agencies to facilitate a shared understanding of best practices among grantees.
- DOJ, ED, and HHS should issue joint guidance on how various government, law enforcement, and community agencies can work together to provide trauma-related services to students and families.

- ED should be required to consult on all education-related grants funded by DOJ and SAMHSA.
- DOJ funding intended to promote a positive 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 others to learn about and apply for grants that support trauma-related services and reduce childhood violence.⁶³ In addition, the relevant federal funding agencies should create a joint fact sheet on these various grants, including information about eligible applicants, target populations to be served, and how these grants are intended to complement one another. These agencies should conduct webinars and teleconference call updates on these grants for interested parties.

Other

- Congress should hold joint hearings of the Education and Judiciary committees to raise awareness and improve oversight of youth violence and trauma programs, and to better coordinate programs as statutes are reauthorized.
- Intergovernmental organizations – including the National Governors Association, the National Conference of State Legislatures, the Council of State Governments, the U.S. Conference of Mayors, and the Education Commission of the States – should provide information and training for their members on the devastating effects of childhood violence and trauma, highlight best practices, and encourage collaboration and coordination among the various levels of government.

GOAL 6: INCREASE THE AVAILABILITY OF TRAUMA-INFORMED SERVICES FOR CHILDREN AND FAMILIES

Once a child has been identified as needing services to address trauma, it is essential that culturally and developmentally appropriate supports be in place. Appropriate screening and assessment also must 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. In many communities, supports remain woefully inadequate.

The federal government should support states, localities, and tribes by giving them incentives to increase the availability of trauma-informed treatment and services for children and their families exposed to violence and experiencing trauma.

It also should modify policies to better identify children who are struggling *before* they harm themselves or others or face a serious mental health issue.

Provide Health and Mental Health Supports

Children's exposure to violence and resulting trauma profoundly shapes their mental and physical health trajectories. Physical abuse leads to outcomes including insecure attachments, impaired regulation of emotions, attention-deficit disorder, post-traumatic stress disorder, depression, and poor physical health.⁶⁴ Sexual abuse puts children at an increased risk for depression, anxiety, substance abuse, and dysfunctional relationships. Children exposed to community violence may also experience negative consequences, such as feeling that the world is hostile or dangerous, or being distrustful of adults or neighbors in their community.⁶⁵ Mental health intervention and treatment are therefore needed to promote resiliency and recovery for children exposed to violence and trauma.⁶⁶

Implementing health reforms to make services more accessible to the families that need them and better aligned in communities with other systems that serve children form the core of these recommendations.



RECOMMENDATIONS

- State public health systems should be restructured to include prevention programs as well as evidence-based treatment, utilizing CDC's Essentials for Childhood Framework.⁶⁷
- Flexibility should be expanded in all reimbursement mechanisms for behavioral and mental health that recognize the principle of “the right treatment for the right family at the right time.” For example, the Centers for Medicare and Medicaid Services (CMS) should provide additional guidance to states on evidence-based practices based on a child’s age and developmental stage and set forth the states’ ability to use money to support a broad array of treatment options.
- CMS should use innovation funding to encourage states to implement best practices and reimbursement strategies to support the needs of children who have been exposed to violence or may be experiencing trauma. The funding should also be used to cover new school positions for nurses, counselors, social workers, child and adolescent psychiatrists, and psychologists. Furthermore, the funds should help provide training opportunities for school personnel related to trauma and violence and to respond to the needs of children and families.
- CMS should encourage states to use their considerable flexibility to expand their Medicaid plans through state plan amendments to take advantage of state programs’ ability to cover trauma-informed services. This includes ensuring that the EPSDT program is being used to screen for trauma and exposure to violence, and provide needed services.
- The Children’s Health Insurance Program (CHIP) should provide coverage that meets the specific needs of individual children, and should ensure that ongoing reforms do not limit children’s access to an array of services and a robust provider network.
- The Administration should support the promotion and payment of mental health services provided in primary-care settings to expand access to high-quality mental health services. Taking this step should help ensure effective early identification of mental health and substance abuse conditions, as well as treatment and follow-up care.
- In cases of child maltreatment, the federal government and states should work to improve communication between pediatricians who have examined abused children and the child welfare system, respecting laws and professional codes of ethics around confidentiality and privilege.

Integrate Community-Based Services

Children exposed to violence and trauma require supports within their communities. A coordinated system of care 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 comprehensive approaches to supporting children with trauma histories and mental health conditions at the state and community levels, similar to what was included in the Mental Health Awareness and Improvement Act of 2013. To make these efforts successful, federal, state, and local governments should collaborate to:
 - Make two-generation supports and services available that are comprehensive, systemic, and trauma-informed in all child-serving systems to ensure that children are able to learn successfully and their parents are able to best support them. Two-generation approaches focus on creating opportunities for, and addressing the needs of, vulnerable children and parents together.
 - Create systems and policies that encourage appropriate referrals and consultations to support children with trauma histories and mental health conditions and their families.
- Incentivize, through the ongoing implementation of the Affordable Care Act, the expansion in community settings of multidisciplinary team approaches that integrate mental health, treatment, and primary care, to ensure a continuum of care within the medical home for children exposed to violence and trauma.
- Provide for community-based access to comprehensive, wide-ranging treatment options and services, especially for children and their families exhibiting complex trauma symptoms, by expanding core programs of SAMHSA and the Racial and Ethnic Approaches to Community Health Initiative focused on younger children.
- All federal entitlement programs that could support child trauma assessment and intervention – such as Medicaid and foster care (Title IV-E), or formula or block grant programs, such as CHIP and the Community Mental Health Services 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 well-being, 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 toward at-risk children to prevent further exposure to trauma and correlative behaviors.
- Specialized, trauma-informed services for children and their families affected by physical abuse, sexual violence, and domestic abuse to enable recovery and well-being.

Improve and Expand Services for the Juvenile Justice and Foster Care Systems, as well as for Homeless Youth

Juvenile Justice System

Research shows that 60 to 80 percent of youth involved with the juvenile justice system meet the criteria for at least one psychiatric diagnosis and that, of this group, about 80 percent meet the criteria for two or more mental health or substance abuse disorders.⁶⁸ Although many of these youth present with these disorders, their experiences in the juvenile justice system may cause further trauma because most interventions are not trauma-informed.⁶⁹

RECOMMENDATIONS

- Provide grants to divert youth from detention and incarceration to home- or community-based care settings, whenever appropriate, which are less expensive and more effective for meeting their needs than juvenile justice facilities.
- Encourage DOJ's Office of Justice Programs to work with states and national technical assistance providers to develop appropriate, gender-responsive, and culturally competent tools and protocols for identifying and assessing trauma presented by youth who come into contact with the juvenile justice system.
- Reshape the juvenile justice system to be trauma-informed and child-centered. According to the National Child Traumatic Stress Network's Trauma-Informed Juvenile Justice Task Force, a trauma-informed juvenile justice system would include these elements, among others:
 - Developmentally appropriate trauma screening and evidence-based trauma treatments designed for justice settings.
 - Partnerships with families to reduce the potential traumatic experience of involvement in the justice system.
 - Collaboration across systems to enhance continuity of care.
 - Creation of a trauma-responsive environment of care.
 - Reduction of disproportionate minority contact and the disparate treatment of minority youth.⁷⁰



Foster Care System

Many children in foster care have suffered severe and repeated exposure to violence and trauma. Traditional foster care placements, which often are costly and institutionally based, often do not work for these children because of the consequences of their complex trauma. Studies have documented the overuse of medication with foster care children, which often stems from a lack of understanding that trauma is affecting a child's behavior.⁷¹ Therapeutic Foster Care (often referred to as Treatment Foster Care, or TFC) is the evidence-informed, trauma-informed, and highly effective placement of children with serious medical, psychological, emotional, and social needs.⁷² In addition, TFC provides clinical therapy options that can reduce the inappropriate use of psychotropic medications. Under the TFC model, foster parents are given special training to address the needs of youth with major mental health challenges and children receive intensive in-home services to help sustain them in the community.

RECOMMENDATIONS

- Identify financing options to expand TFC to meet the demand.
 - About 40,000 foster children across the country benefit from TFC services, which are reimbursed through Medicaid and child welfare funding.⁷³ Current law does not provide for a standard definition of TFC under Medicaid. The lack of a federal standard definition impairs TFC's quality and access.
 - The Quality Foster Care Services Act of 2014⁷⁴ remedies this problem by establishing a federal Medicaid definition for TFC that will promote accountability for states offering TFC, identify financing options, and drive personnel training and standards.

- HHS should work to decrease barriers to sharing health information for youth in foster care to improve the care for children with complex needs who are in state care, while ensuring privacy and confidentiality are protected.
- HHS and the states should permit foster children to maintain their Medicaid eligibility if a foster placement results in an out-of-state placement, assuming other Medicaid eligibility requirements are met.

Homeless Youth

The instability of homelessness has a traumatic effect on children, and negatively impacts their education and day-to-day lives. Currently, only about one in five school districts receives sub-grant funding to identify and assist homeless students, despite a 200,000 student increase in homelessness between 2010-11 and 2012-13.⁷⁵

School districts need resources to coordinate with community-action-based agencies, such as shelters and soup kitchens, to engage local homeless coalitions and to identify homeless youth.⁷⁶ Taking time to identify the needs of homeless children and families and the resources the community offers will enhance opportunities for eligible students.⁷⁷

RECOMMENDATIONS

- The federal government should increase funding for the McKinney-Vento Act's Education for Homeless Children and Youths program. Funding for this program has been essentially frozen since Fiscal Year 2010.
- The Homeless Children and Youth Act of 2015 (H.R. 576/S. 256), which would amend the Department of Housing and Urban Development's (HUD) definition of homelessness to include children verified as homeless through HUD's homeless assistance programs and other federal programs, contains many of the policy changes we are seeking. This legislation would eliminate complex documentation requirements for "proving" homelessness, such as evidence of multiple moves or the length of time spent without housing. This legislation also would amend federal homeless data collection and reporting requirements to ensure that data collected on all homeless children and families is made available to the public, providing an accurate and honest accounting of homelessness in the United States. At a minimum, HUD should amend its definition of homelessness because it is under-inclusive.⁷⁸
- 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.⁷⁹ They should have a "medical home" so that their records can be safely stored and accessed and their health care can be coordinated regardless of where they are living.

GOAL 7: INCREASE PUBLIC AWARENESS AND KNOWLEDGE OF CHILDHOOD VIOLENCE AND TRAUMA

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. In that same vein, we must work to change accepted norms, behaviors, and beliefs concerning childhood trauma and violence. Doing so will require not just raising awareness and knowledge among practitioners, but also empowering community groups to conduct education and organizing efforts. In addition, youth must be engaged and be an integral part of efforts to educate the public and develop community-based programs and solutions.

RECOMMENDATIONS

Campaigns Targeted Toward the General Public

- The federal government, in coordination with states, should initiate a mass-media campaign that focuses on the effects of ACEs and the resources available to address them, as well as reduces the stigma for those who have experienced trauma to seek help. Campaigns should be customized to state, local, and tribal needs; should discuss how exposure to violence and trauma in childhood affects health and educational attainment; and should highlight early-intervention strategies that can mitigate the impact.
- Campaigns should be conducted in partnership with organizations that have expertise in the subject and a track record of reaching large audiences through public education and awareness strategies. Campaigns also should be culturally relevant and, where appropriate, incorporate gender-specific messages and foster community-organizing activities, such as anti-bullying campaigns, that involve children and young adults. Connections to other relevant campaigns should be maximized.



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

- The President should participate in an event related to childhood trauma and violence to elevate awareness about these issues. Appropriate Cabinet secretaries should hold events to highlight these issues and promote effective programs.
- Funding should be sought from foundations to support communications efforts, including through public service announcements and social media campaigns.
- Federal grants to states, school districts, and other entities should allow funding to be used for public education and community outreach efforts.

Campaigns Targeted Toward Educators and Health Professionals

- The federal government should work with organizations that represent these professionals to disseminate information about best practices and grant opportunities.
- Federal and state governments should develop toolkits that provide the facts about violence and trauma and how professionals can support efforts to build a supportive, trauma-sensitive school or community. These toolkits can be distributed at conferences and meetings of appropriate organizations.

Campaigns Targeted Toward Parents

- The federal government should support and promote a targeted public education campaign for parents that encourages skill development around discipline, social and emotional learning and resilience, age-appropriate expectations, as well as how to form healthy relationships. The campaign should pay particular attention to reaching non-English-speaking parents and caregivers, and recent immigrants.





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. Although we have no illusions that all of this can be accomplished in the next year, or even five years, we believe it lays out a blueprint for the direction we want public policy to take. Most important, it is a call to action. Our children are suffering, often quietly and behind closed doors. When their suffering bursts into the open, it is often with serious consequences for them and for those around them. We can do better. We must do better. This report sets forth how we will do better.

ENDNOTES

EXECUTIVE SUMMARY

i Listenbee, R., et al., "Report of the Attorney General's National Task Force on Children Exposed to Violence." U.S. Department of Justice. 2012. pp. 3. Web. <<http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>>.

ii "Teaching Through Trauma: How Poverty Affects Kids' Brains." Southern California Public Radio. 2 June 2014. Web. <<http://www.scpr.org/blogs/education/2014/06/02/16743/poverty-has-been-found-to-affect-kids-brains-can-o/>>.

iii "The Effects of Trauma on Schools and Learning." The National Child Traumatic Stress Network. Web. <<http://www.nctsn.org/resources/audiences/school-personnel/effects-of-trauma#q7>>.

iv Department of Health and Human Services's Letter to State Directors. 2013. Web. <http://www.oacbha.org/docs/TIC_October_2013.pdf>.

FULL REPORT

1 Shonkoff J., et al., "From Neurons to Neighborhoods: The Science of Early Childhood Development." Commission on Behavioral and Social Sciences and Education, National Research Council and Institute of Medicine. 2000. Web. <<http://www.nap.edu/catalog/9824/from-neurons-to-neighborhoods-the-science-of-early-childhood-development>>.

2 Shonkoff, J. "From Neurons to Neighborhoods: Old and New Challenges for Developmental and Behavioral Pediatrics." *Journal of Developmental & Behavioral Pediatrics*, Vol. 24, No. 1. 2003. pp. 70-76. Web. <<http://www.cccmaine.org/system/files/Neurons%20to%20Neighborhoods,%20Shonkoff.pdf>>.

3 Email from Elizabeth Reimels, Centers for Disease Control and Prevention to Kiersten Stewart, Futures Without Violence. 2 Oct. 2014 (on file with FUTURES).

4 Listenbee, R. et al., "Report of the Attorney General's National Task Force on Children Exposed to Violence." U.S. Department of Justice. 2012. pp. 3. Web. <<http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>>.

5 "The Effects of Trauma on Schools and Learning." The National Child Traumatic Stress Network. Web. <<http://www.nctsn.org/resources/audiences/school-personnel/effects-of-trauma-q7>>.

6 Bethell, C., et al., "Adverse Childhood Experiences: Assessing the Impact on Health and School Engagement and the Mitigating Role of Resilience." *Health Affairs*, Vol. 33, No. 12. Dec. 2014 pp. 2111.

7 "Effects of Emotional Trauma on the Brain and Learning." Bright Hub Education. Web. <<http://www.nctsn.org/trauma-types/complex-trauma/effects-of-complex-trauma>>.

8 "Teaching Through Trauma: How Poverty Affects Kids' Brains." Southern California Public Radio. 2 June 2014. Web. <<http://www.scpr.org/blogs/education/2014/06/02/16743/poverty-has-been-found-to-affect-kids-brains-can-o/>>.

9 Ohio Association of County Behavioral Health Authorities, "Behavioral Health: Developing a Better Understanding," (citing Department of Health and Human Services Letter to State Directors). Oct. 2013. pp. 1. Web. <http://www.oacbha.org/docs/TIC_October_2013.pdf>.

10 Sickmund, M., and Puzanchera, C. (eds.). 2014. *Juvenile Offenders and Victims: 2014 National Report*. Pittsburgh, PA: National Center for Juvenile Justice. Web. <<http://www.ojjdp.gov/ojstatbb/nr2014/downloads/NR2014.pdf>>.

11 Listenbee, R. et al., "Report of the Attorney General's National Task Force on Children Exposed to Violence." U.S. Department of Justice. 2012. pp. 29. Web. <<http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>>.

12 "Defending Childhood Fact Sheet." U.S. Department of Justice. Sept. 2010. Web. <<http://www.justice.gov/sites/default/files/ag/legacy/2010/09/23/dc-factsheet.pdf>>.

13 "Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper #3." National Scientific Council on the Developing Child. 2014. Web. <<http://www.developingchild.net>>.

14 Colker, J., "The Word Gap: The Early Years Make the Difference." *Teaching Young Children*. Vol. 7, No. 3. pp. 26. 2014. Web. <<http://www.naeyc.org/tyc/files/tyc/The%20Word%20Gap.pdf>>.

15 American Academy of Pediatrics, "Literacy Promotion: An Essential Component of Primary Care Pediatric Practice," *Pediatrics*. Vol. 134, No. 2. Aug. 2014. Web. <<http://pediatrics.aappublications.org/content/early/2014/06/19/peds.2014-1384>>.

16 "Initial Design and Implementation Report." Government of the District of Columbia Child and Family Services Agency. 2014. pp. 12. Web. <http://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/page_content/attachments/DC%20Initial%20Design%20and%20Imp%20Report.pdf>.

17 To view the study, please visit:
<<http://www.rand.org/pubs/monographs/MG341.html>>.

18 "Best Practices for Youth Friendly Clinical Services." *Advocates for Youth*. Web. <<http://www.advocatesforyouth.org/publications/publications-a-z/1347--best-practices-for-youth-friendly-clinical-services>>.

19 "Initial Design and Implementation Report." Government of the District of Columbia Child and Family Services Agency. 2014. pp.12-13. Web. <http://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/page_content/attachments/DC%20Initial%20Design%20and%20Imp%20Report.pdf>.

20 Schmit, S. and Matthews, H. "Urgent Need to Extend MIECHV Funding: New Report Highlights Potential Impact." CLASP. 10 March 2014. Web. <<http://www.clasp.org/issues/child-care-and-early-education/in-focus/urgent-need-to-extend-miechv-funding-new-report-highlights-potential-impact>>.

21 Danziger, S. et al., "Barriers to the Employment of Welfare Recipients." *Institute for Research on Poverty Discussion Paper no. 11*. June 1999. pp. 93-99. Web. <http://www.irp.wisc.edu/publications/dps/pdfs/dp119399.pdf?origin=publication_detail>.

22 Danziger, S. et al., "Barriers to the Employment of Welfare Recipients." *Institute for Research on Poverty Discussion Paper no. 11*. June 1999. pp. 93-99. Web. <http://www.irp.wisc.edu/publications/dps/pdfs/dp119399.pdf?origin=publication_detail>.

23 "Providing Mental Health Services to TANF Recipients: Introduction and Overview of the Study." 2001. Web. <<http://aspe.hhs.gov/hsp/tanf-mh01/ch1.htm>>.

- 24 “Doll, B. “Positive School Climate.” *Principal Leadership*. Dec. 2010. Web. <http://www.nasponline.org/resources/principals/School_ClimatePLDec10_ftsp.pdf>.
- 25 “Doll, B. “Positive School Climate.” *Principal Leadership*. Dec. 2010. Web. <http://www.nasponline.org/resources/principals/School_ClimatePLDec10_ftsp.pdf>.
- 26 “Dear Colleague Letter to Chief State School Officers and State Attorneys General.” U.S. Departments of Justice and Education. 8 Dec. 2014. pp. 1. Web. <<http://www2.ed.gov/policy/gen/guid/correctional-education/csso-state-attorneys-general-letter.pdf>>.
- 27 For more information about the CRDC, please visit: <<http://ocrdata.ed.gov/>>.
- 28 The Academic, Social, and Emotional Learning Act of 2015 (H.R. 850) will expand the availability of educator training to help students learn social and emotional competencies.
- 29 For a helpful summary of how federal education programs can be used in these areas, please see, “A Guide to Federal Education Programs That Can Fund K-12 Universal Prevention and Social and Emotional Learning Activities.” Center for Health and Health Care in Schools. May 2014. pp. 5-6. Web. <<http://www.healthinschools.org/School-Based-Mental-Health/Funding-Guide-for-SEL.aspx>>.
- 30 See “School Climate Challenge.” National School Climate Center. pp. 9. Web. <<http://www.ecs.org/html/projects/partners/nclc/docs/school-climate-challenge-web.pdf>>.
- 31 “Cole, S. et al., “Helping Traumatized Children Learn: Creating and Advocating for Trauma-Sensitive Schools.” 2013. pp. 10. Web. <http://nysteachs.org/media/TLPI_Creating.and.Advocating.for.Trauma.Sensitive.Schools.pdf>.
- 32 Cole, S. et al., “Helping Traumatized Children Learn: Creating and Advocating for Trauma-Sensitive Schools.” 2013. pp. 2. Web. <http://nysteachs.org/media/TLPI_Creating.and.Advocating.for.Trauma.Sensitive.Schools.pdf>.
- 33 A “trauma-sensitive school” should be distinguished from a “trauma-informed approach” to service delivery. According to the U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration, “A trauma-informed approach to the delivery of behavioral health services includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. It involves viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic. It involves four key elements of a trauma-informed approach: (1) realizing the prevalence of trauma; (2) recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; (3) responding by putting this knowledge into practice; and (4) resisting retraumatization.” SAMSHA News, Vol. 22, No. 2. Spring 2014. Web. <http://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/key_terms.html>.
- 34 “Don’t Call Them Dropouts.” America’s Promise. 20 May 2014. Web. <<http://gradnation.org/report/dont-call-them-dropouts>>.
- 35 “For Each and Every Child: A Strategy for Education Equity and Excellence.” U.S. Department of Education, Equity and Excellence Commission. 2013. pp. 30. Web. <<http://www2.ed.gov/about/bdscomm/list/eec/equity-excellence-commission-report.pdf>>.
- 36 “Applications for New Awards; Full-Service Community Schools Program.” 79 Federal Register 25846. 6 May 2014. Web. <<https://www.federalregister.gov/articles/2014/05/06/2014-10361/applications-for-new-awards-full-service-community-schools-program>>.
- 37 Orszag, P. et al., “Developing Effective Place-Based Policies for the FY 2011 Budget.” The White House. 11 Aug. 2009. pp. 1. Web. <http://www.whitehouse.gov/sites/default/files/omb/assets/memoranda_fy2009/m09-28.pdf>.
- 38 School based health programs that addressed trauma provided benefits to adolescents who suffered from abusive relationships. See Miller, E., et al., “A School Health Center Intervention for Abusive Adolescent Relationships: A Cluster RCT.” School Health Center Healthy Adolescent Relationship Program (SHARP) Publications. Jan. 2015. Web. <<http://pediatrics.aappublications.org/content/early/2014/12/17/peds.2014-2471.abstract>>.
- 39 Other bills in the 113th Congress that addressed in part the mental health needs of students include the Promoting Healthy Minds for Safer Communities Act of 2014 (HR 4783), the Helping Families in Mental Health Crisis Act (HR 3717), the Justice and Mental Health Collaboration Act (S.162/H.R. 401), the Mental Health First Aid Act of 2013 (S.153/H.R. 274), the Excellence in Mental Health Act (S. 264/H.R. 1263), and the Mental Health in Schools Act (S. 195/H.R. 628). The Justice and Mental Health Collaboration Act was also introduced in the 114th Congress.
- 40 Fabelo, T. et al., “Breaking School’s Rules: A Statewide Study of How School Discipline Relates to Students’ Success and Juvenile Justice Involvement.” The Council of State Governments Justice Center. Jul. 2011. pp. 5. Web. <http://csgjusticecenter.org/wp-content/uploads/2012/08/Breaking_Schools_Rules_Report_Final.pdf>.
- 41 “Dear Colleague Letter: Nondiscriminatory Administration of School Discipline.” U.S. Departments of Justice and Education. 8 Jan. 2014. pp. 4. Web. <<http://www.justice.gov/crt/about/edu/documents/dcl.pdf>>.
- 42 “Dear Colleague Letter: Nondiscriminatory Administration of School Discipline.” U.S. Departments of Justice and Education. 8 Jan. 2014. pp. 4. Web. <<http://www.justice.gov/crt/about/edu/documents/dcl.pdf>>.
- 43 “The Effects of Complex Trauma on Youth.” Judicial Council of California, Administrative Office of the Courts Briefing. June 2014. pp. 8. Web <<http://www.courts.ca.gov/documents/effects-complex-trauma-on-youth-briefing.pdf>>.
- 44 Losen, D. and Skiba, R., “Suspended Education: Urban Middle Schools in Crisis.” The Civil Rights Project and Indiana University. 13 Sept. 2010. pp. 4-7. Web. <<http://civilrightsproject.ucla.edu/research/k-12-education/school-discipline/suspended-education-urban-middle-schools-in-crisis>>.
- 45 “School Climate and Discipline.” U.S. Department of Education. Jan. 2014. Web. <<http://www2.ed.gov/policy/gen/guid/school-discipline/index.html>>.
- 46 Morgan, E. et al., “The School Discipline Consensus Report.” Council of State Governments Justice Center. June 2014. Web. <<http://csgjusticecenter.org/youth/school-discipline-consensus-report/>>.
- 47 20 USC Sec. 7151 et seq.
- 48 “Dear Colleague Letter.” U.S. Department of Education. 26 Oct. 2010. pp 1. Web. <http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201010.pdf>>.
- 49 Duke, N. et al., “Adolescent Violence Perpetration: Associations With Multiple Types of Adverse Childhood Experiences.” *Pediatrics*, Vol. 125, No. 4. 2010. Web. <<http://pediatrics.aappublications.org/content/125/4/e778.full>>.
- 50 “Anti-bullying policies: Examples of Provisions in State Laws.” U.S. Department of Education. Web. <<http://www2.ed.gov/policy/gen/guid/secletter/bullying.doc>>.

ENDNOTES CONTINUED

- 51 The federal government has also made clear that the federal civil rights laws also prohibit harassment on the basis of gender identity. "Questions and Answers on Title IX and Sexual Violence." United States Department of Education. 29 April 2014. pp. 5. Web. <<http://www2.ed.gov/about/offices/list/ocr/docs/qa-201404-title-ix.pdf>>.
- 52 See 42 U.S.C. Sec. 295f for details about the program.
- 53 Hamby, S. et al., "Children's Exposure to Intimate Partner and Other Family Violence." *Juvenile Justice Bulletin*. Oct. 2011. Web. <<https://www.ncjrs.gov/pdffiles1/ojdp/232272.pdf>>.
- 54 "Statistics." Rape, Abuse, & Incest, National Network (RAINN). Web. <<https://www.rainn.org/statistics>>.
- 55 Finkelhor, D. et al., "Children's Exposure to Violence: A Comprehensive National Survey." *Juvenile Justice Bulletin*. Oct. 2009. Web. <<https://www.ncjrs.gov/pdffiles1/ojdp/227744.pdf>>.
- 56 Parke, R. "Effects of Parental Incarceration on Young Children." University of California, Riverside. Dec. 2011. pp. 5-6. Web. <<http://aspe.hhs.gov/hsp/prison2home02/parke&stewart.pdf>>.
- 57 Stone, S. "Track I -- Changing Nature of Juvenile Offenders." Office of Juvenile Justice and Delinquency Prevention. 2010. Web. <<http://www.ojdp.gov/conference/track1.html>>.
- 58 "Trauma-Informed Practice with Young People in Foster Care." Jimmy Casey Youth. pp. 4-6. Web. <<http://www.jimcaseyyouth.org/sites/default/files/documents/Issue%20Brief%20-%20Trauma%20Informed%20Practice.pdf>>.
- 59 In December, 2014, the White House issued a comprehensive report detailing the challenges facing Native American youth and some of their unique needs. This report should inform the development of the violence and trauma prevention goals. See Executive Office of the President, "Native American Youth Report." Dec. 2014. Web. <http://www.whitehouse.gov/sites/default/files/docs/20141129nativeyouthreport_final.pdf>.
- 60 Listenbee, R. et al., "Report of the Attorney General's National Task Force on Children Exposed to Violence." U.S. Department of Justice. 2012. Web. <<http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>>.
- 61 U.S. Department of Justice FY 2015 Performance Budget; Office of Justice Programs. pp. 23&144. Web. <<http://www.justice.gov/jmd/2015justification/pdf/ojp-justification.pdf>>.
- 62 "Civil Rights Data Collection for School Years 2013-14 and 2015-16." U.S. Department of Education. Web. <<http://www2.ed.gov/about/offices/list/ocr/data.html?src=rt>>.
- 63 Grants.gov is the federal government's website to search for federal grants, but a website that is only related to youth trauma and violence should be easier to navigate.
- 64 Currie, J., and Widom, C. "Long-Term Consequences of Child Abuse and Neglect on Adult Economic Well-Being." *Child Welfare Information Gateway*. July 2013. pp. 111-20. Web. <<http://www.ncbi.nlm.nih.gov/pubmed/20425881>>.
- 65 "Community Violence: The Effects on Children." The Child Study Center. Web. <http://www.aboutourkids.org/articles/community_violence_effects_children>.
- 66 Finkelhor, D. et al., "Children's Exposure to Violence: A Comprehensive National Survey." *Juvenile Justice Bulletin*. Oct. 2009. Web. <<https://www.ncjrs.gov/pdffiles1/ojdp/227744.pdf>>.
- 67 "Essentials for Childhood Framework: Steps to Create Safe, Stable, and Nurturing Relationships and Environments for All Children." Centers for Disease Control and Prevention. Web. <<http://www.cdc.gov/violenceprevention/childmaltreatment/essentials/>>.
- 68 "Youth with Mental Health Disorders: Issues and Emerging Responses." *Juvenile Justice Journal*, Vol. 7, No. 1. Office of Juvenile Justice and Delinquency Prevention. Apr. 2000. Web. <<http://www.ojdp.gov/publications/PubAbstract.asp?pubi=178256&ti=&si=&sei=34&kw=PreviousPage=PubResults&strSortby=date&p=&strPubSearch=>>.
- 69 Burrell, S. "Trauma and the Environment of Care in Juvenile Institutions." *The National Child Traumatic Stress Network*. Aug. 2013. Web. <http://www.njcn.org/uploads/digital-library/NCTSN_trauma-and-environment-of-juvenile-care-institutions_Sue-Burrell_September-2013.pdf>.
- 70 Dierkhising, C.B. et al., "Trauma-Informed Juvenile Justice Roundtable: Current Issues and Directions in Creating Trauma-Informed Juvenile Justice Systems." National Center for Child Traumatic Stress. 2013. Web. <http://www.nctsn.org/sites/default/files/assets/pdfs/jj_trauma_brief_introduction_final.pdf>.
- 71 "Overuse of psychotropic medications." Department of Health and Human Services, Office of Inspector General. 1 May 2012. Web. <<http://www.pharmacist.com/overuse-psychotropic-medications>>.
- 72 "Therapeutic Foster Care." Bazelon Center for Mental Health Law. 2014. Web. <<http://www.bazelon.org/Where-We-Stand/Success-for-All-Children/Mental-Health-Services-for-Children/Therapeutic-Foster-Care.aspx>>.
- 73 Baldwin, Tammy. "The Quality Foster Care Services Act." 2014. Web. <<http://www.baldwin.senate.gov/press-releases/us-senators-baldwin-and-portman-lead-effort-to-improve-foster-care-services-for-americas-most-vulnerable-youth>>.
- 74 Baldwin, Tammy. "The Quality Foster Care Services Act." 2014. Web. <<http://www.baldwin.senate.gov/press-releases/us-senators-baldwin-and-portman-lead-effort-to-improve-foster-care-services-for-americas-most-vulnerable-youth>>.
- 75 "Local Educational Agencies (LEAs) With And Without McKinney-Vento Subgrants." Education for Homeless Children and Youth." Sept. 2014. pp. 1. Web. <<http://center.serve.org/nche/downloads/data-comp-1011-1213.pdf>>.
- 76 "Education for Homeless Children and Youth Program." U.S. Department of Education. Jul. 2004. Web. <<http://www2.ed.gov/programs/homeless/guidance.pdf>>.
- 77 "Education for Homeless Children and Youth Program." U.S. Department of Education. Jul. 2004. Web. <<http://www2.ed.gov/programs/homeless/guidance.pdf>>.
- 78 "The Homeless Children and Youth Act of 2014." Help Homeless Kids Now. Web. <<http://helphomelesskidsnow.org/files/hcyafacts20141.pdf>>.
- 79 Golden, O. and Emam, D. "How Health Care Reform Can Help Children and Families in the Child Welfare System Options for Action." Urban Institute. 2013. pp. 5. Web. <<http://www.urban.org/UploadedPDF/412842-how-health-care-reform-can-help.pdf>>.





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