

HB

334

<TARGET><BILL>HB 334</BILL><SUBJECT>HB
334</SUBJECT><COMM>HJUD29</COMM></TARGET>



REPRESENTATIVE CATHY MUÑOZ

SPONSOR STATEMENT HOUSE BILL 334

"AN ACT RELATING TO VISITATION AND CHILD CUSTODY."

HB 334 was introduced to give judges more discretion in determining the best interest of the child in custody cases. Currently, AS 25.24.150 includes a provision that if a parent has been *accused* of domestic violence that parent may not be awarded sole or joint physical or legal custody of the child. Although there is a rebuttable presumption in place to overcome this provision, it is a lengthy process involving the requirement to complete a one year batterer's intervention program. Domestic violence is broadly defined to include an ex-parte domestic violence order, a violation of an order, misdemeanor assault, or allegations of abuse.

In 2004, HB 385 was signed into law which established the rebuttable presumption. The intent of this legislation was to ensure those with a criminal history of domestic violence were held accountable for their actions and that the children in question were protected. At times the provisions of AS 25.24.150 are used for custodial advantage. In these instances, the discretion of the court is limited and the best interest of the child is affected.

The U.S. Department of Health and Human Services states, "Fatherless children are at a dramatically greater risk of drug and alcohol abuse." Additionally, they state "Fatherless children living in homes without contact with their biological father are twice as likely to drop out of school."

HB 334 seeks to give flexibility to judges, while maintaining the presumption for those with criminal domestic violence convictions while ensuring that the well-being of children remains our primary priority.

Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version:	CSHB 334(HSS)
Fiscal Note Number:	1
(H) Publish Date:	4/7/2016

Identifier: HB334-ACS-TRC-04-05-16
 Title: CHILD CUSTODY;DOM. VIOLENCE;CHILD ABUSE
 Sponsor: MUNOZ
 Requester: House HSS Committee

Department: Judiciary
 Appropriation: Alaska Court System
 Allocation: Trial Courts
 OMB Component Number: 768

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2017 Appropriation Requested	Included in Governor's FY2017 Request	Out-Year Cost Estimates					
			FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None								
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues

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Estimated SUPPLEMENTAL (FY2016) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2017) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
 If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Initial version.

Prepared By:	Nancy Meade, General Counsel	Phone:	(907)463-4736
Division:	Alaska Court System	Date:	04/05/2016 10:00 AM
Approved By:	Nancy Meade for Christine Johnson, Administrative Director	Date:	04/05/16
Agency:	Alaska Court System		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2016 LEGISLATIVE SESSION**Analysis**

House Bill 334 (version H) would alter the presumption in AS 25.24.150(g) to change how it operates in child custody determinations. Section 5 of the bill would establish the rebuttable presumption of domestic violence based on a conviction or convictions for a "crime involving domestic violence," rather than on "a history of domestic violence."

This change to the operation of the presumption will not have a fiscal impact on the court system. The judicial officers will apply the statutes as revised in the normal course of its hearings in making custody determinations. The actual issues and facts considered in the court hearings would be altered under the provisions of this bill, but the court system does not anticipate that this change will have a material impact on its operations or a fiscal impact.

The court system therefore submits this zero fiscal note.

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More Time for Dads? States Weigh Changes to Custody Laws

By Jen Fifield, Stateline March 27, 2016 Family, Health, Pew Charitable Trusts, State Government

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Is it in a child's best interest to split time as evenly as possible between divorced parents? AP

It's been about 40 years since the majority of moms stayed home, and married dads in the 21st century spend twice as much time caring for their children as they did back then.

Yet when parents divorce or separate, custody arrangements are more likely to reflect life as it was in 1975, with the mother as the primary caretaker and the father working to help support a child he seldom sees.

As fathers become more vocal about what they see as inequities in custody cases — and as more research shows how important it is for fathers to be present in their children’s lives — states are considering changing their custody laws.

Five states — Colorado, Florida, Maryland, Massachusetts and Missouri — are looking at proposals that would require judges to presume that it’s best for children to split their time as evenly as possible between their two parents. Utah enacted a similar law last year.

State laws have historically directed judges to determine custody based on what is in a child’s best interest, looking at factors such as which arrangement would disturb his or her life the least and be safest. The proposals would instead require judges to presume it’s best that both parents be awarded a substantial amount of parenting time — often at least a third of the time — and, if they don’t award substantial time to both parents, to explain why it wouldn’t be in the child’s best interest to do so.

Fathers’ rights groups, such as the National Parents Organization, are pushing the proposals, arguing that they will give fathers a better chance at a fair ruling and pointing to new research that shows how joint custody may be better than sole custody for children’s health.

But only a fraction of custody cases actually are up to a judge to decide — in Washington state, for example, nine in 10 cases that go to court are settled — and the cases that judges do hear are more likely to be ones in which parents can’t communicate or cooperate to make decisions. In those high-conflict situations, some researchers have warned that joint custody may be harmful to a child’s well-being.

Laws that encourage shared parenting may sound “seductive” to state lawmakers, but they often force families into bad situations, said Maritza Karmely, a professor at Suffolk University Law School in Boston. Bar associations, judges and lawyers have come out against some of the proposals.

“A presumption is a pretty radical step,” Karmely said. “That assumes that shared parenting works for most families, and I think that is an enormous assumption.”

But Ned Holstein, founder of the National Parents Organization, said none of the proposals forces judges to do anything. They would still be able to use discretion and decide what’s in the best interest of the child.

Changing Families

There haven't been sweeping changes to state laws on custody arrangements since 1970, when the Uniform Marriage and Divorce Act set the "best interest" standard.

But the dynamics of American families have changed significantly since then. The share of children under 18 living with both parents fell, from 85.2 percent in 1970 to 69.2 percent in 2015. And more fathers are living away from their children, up from 11 percent in 1960 to 27 percent in 2010, a recent Pew study found; the shift is likely due to more children being born to unmarried parents. (Pew also funds *Stateline*.) At the same time, the amount of time married fathers spend caring for their children has more than doubled, from 2.5 hours a week in 1965 to 7.3 hours in 2010, according to Pew findings.

And that may be a good thing. Research shows that children who spend more time with their fathers are more likely to succeed academically and less likely to be delinquent or have substance abuse issues.

They will also grow up to be healthier mentally and physically, said William Fabricius, an associate professor of developmental psychology at Arizona State University who has been studying fathers and divorce since 2000.

In a yet to be published 10-year study funded by the National Institutes of Health, he found that children who felt they mattered to their fathers were less likely to later have mental health problems such as depression or anxiety.

"There are attributes and benefits that both parents bring to the child," said Missouri state Rep. Kathryn Swan, a Republican who has sponsored shared parenting bills the last two years.

The Missouri Bar last year opposed provisions in Swan's bill that put limits on judges' discretion when deciding child support arrangements in cases where equal parenting time is granted; and that required judicial education on shared parenting. This year's bill no longer includes those provisions, but the group has not yet taken a position on it.

Some fathers, such as Troy Matson of Jacksonville, Florida, push for shared custody, only to get worn down by the time, the cost and the acrimony of their court battles. Matson's daughter was just a few weeks old when he and his wife started divorce proceedings. He asked to have her half

the time. After contentious court hearings, the couple settled; he now sees his 4-year-old daughter 30 percent of the time.

Matson, who now chairs Florida's chapter of the National Parents Organization, helped push a Florida bill that would require judges to presume that approximately equal time sharing is best. The bill, which passed the Legislature last week, would also require judges, when they rule differently, to show that equal time sharing is not the best solution. If Republican Gov. Rick Scott signs the bill, Florida would have one of the strongest shared parenting laws in the nation.

"I grew up without my father," Matson said. "When I was a kid, I told myself if I'm ever blessed with children, I would do everything I could to be as involved in their lives as possible."

Case-By-Case

Along with Utah, the National Parents Organization lists seven states as having laws most supportive of shared parenting — Alaska, Arizona, Idaho, Iowa, Louisiana, Minnesota and South Dakota.

While many family law and child psychology specialists agree that shared parenting is best in situations in which both parents are interested, involved and capable, they have concerns about other situations.

Domestic violence awareness groups have opposed some of the proposals, arguing that a victim shouldn't have to prove that it's not in a child's best interest to live half the time with an abusive ex-partner. And specialists in the field have come to different conclusions about whether separating infants from their mother would be best for the infant's well-being.

Most agree that each case is unique. "It is hard to find fault with examining each case and each child individually, when deciding what works best for their family and them," said Peter Salem, executive director of the Association of Family and Conciliation Courts, a national trade association for family law professionals.

Fathers' rights groups are often the ones pushing for the laws, but it's not about the parents, said Robert Langlois, a former family court judge in Massachusetts who is now a lawyer there. "It's about the kids, and what is in their best interest, not in their parent's best interest," he said.

When approaching a case, a judge looks at what the situation has been, if that should change, and

why, Langlois said. Other factors judges look at include how old the children are, where they go to school, and where the parents live.

A bill proposed in Massachusetts would change the law to encourage shared parenting without requiring judges to presume equal time is best. Still, the change would require judges to provide reasoning when deciding a parent should not have significant time with a child.

“If you’re going to separate a child from one of his or her parents for most of their childhood, it’s only fair to say why,” said Holstein of the National Parents Organization, who lives in the state.

Outcomes

Proponents of shared parenting argue that current laws treat fathers unfairly. But gender bias in custody cases may be more perception than reality.

While mothers are custodial parents 82.5 percent of the time, it may just be because fathers aren’t asking for that job. A study in Massachusetts found that fathers who actively sought primary or joint custody obtained it more than 70 percent of the time.

In at least one state, specialists say recent changes to custody laws have made a difference. The Arizona Legislature passed a policy statement in 2011 in support of shared parenting and, in 2012, changed custody law to mirror the statement. This changed the culture of the court system, at least in Maricopa County, according to both Fabricius of the state university and Annette Burns, a lawyer there who specializes in family law.

The perceptions of parents have changed, too, Burns said. Now, both parents know they are likely to get a significant amount of time with their child.

Read original article – March 15, 2016

More Time for Dads? States Weigh Changes to Custody Laws



Four bills aimed at cutting state costs raise local concerns

Senators introduced four new bills Monday that would require local governments and schools to pay more for

Comments



'Huge anomaly': Warm winter weather limiting sea ice formation

Scientists say warm winter weather around the circumpolar north has led to another record-setting year of



Small fish, active spawning close down Sitka's sac roe harvest

For the third time in six years, Sitka Sound Sac Roe Herring Fishery has closed far short of the target harvest level.



Murkowski holds hearings to discuss public lands handling

U.S. Sen. Lisa Murkowski is in Alaska holding field hearings as the chair of the Senate Energy and Natural



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270 P.3d 737 (2012)

STEPHANIE F., Appellant and Cross-Appellee,
v.
GEORGE C., Appellee and Cross-Appellant.

Nos. 14055, S-14035.

Supreme Court of Alaska.

January 20, 2012.

739 *739 Allen M. Bailey, Anchorage, for Appellant and Cross-Appellee.

Susan Orlansky, Feldman Orlansky & Sanders, and Mary-Ellen Meddleton, Anchorage, for Appellee and Cross-Appellant.

Before: CARPENETI, Chief Justice, FABE, WINFREE, CHRISTEN, and STOWERS, Justices.

OPINION

CHRISTEN, Justice.

I. INTRODUCTION

Stephanie F. and George C. both sought physical and legal custody of their son and daughter.^[1] Following lengthy proceedings, the superior court found that it would be in the children's best interests for custody to be awarded to George. This conclusion was supported in part by findings that the parties' daughter had special needs resulting from a neurological disorder and George was more capable of meeting those needs. But the court also found that George committed two acts of violence against Stephanie in the months leading up to their separation. The acts were described by the court as "situational violence" not reflective of a chronic pattern of coercive abuse, but constituting "a history of domestic violence" under AS 25.24.150(g). As a result, a statutory presumption against awarding custody to George was triggered. The superior court concluded that George did not rebut the presumption because he did not complete a batterers' intervention program. Assuming — without deciding — that the perceived conflict between the statutory presumption and the children's best interests likely violated the children's and George's right to due process, the superior court avoided the presumed constitutional infirmity by articulating an alternate standard for overcoming the statutory presumption. The trial court applied the new standard and awarded sole legal and primary physical custody to George. Stephanie appeals.

Because the completion of a batterers' intervention program is not the only way to rebut the presumption in AS 25.24.150(g), and because AS 25.24.150(g) does not prevent the superior court from conducting a complete best interests analysis, the statute does not raise due process concerns. The superior court did not abuse its discretion or make clearly erroneous findings of fact when it ruled that it was in the children's best interests to be in George's custody,
740 but it did not consider whether the steps George took to address his history of domestic violence rebutted *740 the presumption in AS 25.24.150(g). We remand for consideration of this issue.

II. FACTS AND PROCEEDINGS

A. Facts

Stephanie F. and George C. married in October 1991 and separated in August 2006. George owns a consulting and engineering firm in Homer. Stephanie has a Ph.D. in psychology and works as an educator at the college level. The parties are the parents of a daughter, Elizabeth, born in September 1999 and a son, Brian, born in September 2002. Elizabeth has a neurological syndrome called Nonverbal Learning Disorder (NLD), which shares some attributes of autism. The parties' son does not have special needs. In December 2004, Stephanie and George learned that Elizabeth, then in kindergarten, had been assaulted by classmates at school on more than one occasion. The trial court found that the strain from this discovery, and its aftermath, led to the deterioration of the parties' marriage.

Stephanie filed a petition for an ex parte domestic violence restraining order against George in August 2006. She alleged that two instances of domestic violence occurred in June of that year. One involved George driving dangerously and yelling with the children in the car. In the other instance, Stephanie alleged that George pinned her down by her wrists, screamed at her, and spit in her face. After Stephanie obtained an ex parte domestic violence protective order, George filed for divorce and sought shared legal and physical custody. In her answer to the complaint, Stephanie sought sole legal and primary physical custody.

1. The hearing on the long-term protective order

In September 2006 the superior court held a hearing on Stephanie's request for a long-term protective order. In addition to the instances alleged in her ex parte petition, Stephanie testified that during a verbal fight in early 2006 she retreated to a bathroom in the parties' home and George punched a hole in the door. The superior court found domestic violence had occurred by a preponderance of the evidence and granted Stephanie a long-term protective order, but its order was less specific about whether a second instance of domestic violence occurred:

Specifically, [George] has physically assaulted [Stephanie] on the occasion of the [pinning] incident and has, through his conduct, threatened sort of other nonspecific assaults. And to the extent that he has blocked her from departing the household or kept her in a certain part of the household, I don't want to overdramatize this and elevate it to kidnapping, but ... I think that that's a form of essentially attempted assault by placing her in fear that it will escalate if she tries to depart.

The court did not order George to enroll in a rehabilitation program for perpetrators of domestic violence though Stephanie had requested this relief in her petition. The court issued an interim custody order granting Stephanie sole legal and primary physical custody and granting George six hours of unsupervised visitation per week.

2. The July 2007 custody investigation report

The superior court scheduled trial for August 2007 and appointed Pamela Montgomery to conduct a custody investigation and make a custody recommendation.^[2] Montgomery's first report was issued in July 2007. It incorporated a psychological evaluation of both parties by Dr. Melinda Glass and a psychological evaluation of Elizabeth by Dr. Cathleen von Hippel. At the time Montgomery issued her report, the children were ages seven and four.

741 Dr. Glass opined that both parents had "challenges accurately assessing their children's needs" and getting along with others, but neither had a diagnosable personality disorder. Her report also stated that both parents were capable of meeting the children's needs, but it was not clear if they would "stop pointing fingers at each other *741 long enough" to do so. Custody investigator Montgomery reported that the parties were "generally competent, intelligent adults who dearly love their children" and that their marriage fell apart after Elizabeth was assaulted.

Custody investigator Montgomery was aware of the superior court's 2006 domestic violence finding, but she observed that there had been no additional allegations of domestic violence and "no hint of any kind of violence" since that time, and that the superior court had not ordered George's visitation to be supervised. Montgomery opined that the children would not be endangered by contact with either parent, observing that Stephanie asserted herself when she felt wronged and that the parties had done well negotiating schedule modifications in the period between September 2006

and July 2007.

Dr. von Hippel's comprehensive evaluation of Elizabeth was also incorporated into Montgomery's report. It reflected Elizabeth's diagnosis of NLD and explained that Elizabeth required special attention and services such as an Individualized Education Plan (IEP) at school. Montgomery reported that the parties' son, Brian, did not have special needs.

Montgomery did not make a final custody recommendation in her July 2007 report. Because of her concern that both parties had psychological issues that could prevent them from fully meeting Elizabeth's needs, she recommended an additional observation period and an updated report after George and Stephanie had the opportunity to participate in counseling. Montgomery recommended shared physical custody on a three-days-per-week/four-days-per-week schedule in the interim. Because Stephanie was more involved in the children's day-to-day caretaking at that point, the report suggested Stephanie receive interim legal custody.

After receiving the custody investigator's report, Stephanie and George stipulated to George having unsupervised visitation every other weekend and after school on Tuesday and Thursday. The children otherwise resided with Stephanie.

3. The proceedings between September 2007 and April 2008

The custody trial began in September 2007 but it was continued to January and February 2008. Both parties offered extensive testimony from several fact and expert witnesses.

Stephanie's case relied heavily on the expert testimony of Dr. Noël Busch, who the court deemed qualified as an expert on domestic violence. Dr. Busch did not evaluate the parties; she testified about the dynamics of domestic violence generally. Dr. Busch claimed the "negative consequences" of a child's continued post-divorce contact with an abusive parent are greater than the consequences of having no contact with that parent at all.^[3]

In response to questions posed by Stephanie's counsel about an exhibit describing a series of events in a hypothetical marriage, Dr. Busch testified that the series of scenarios represented a dynamic of coercive control and abuse. When Stephanie testified, she stated that the hypotheticals accurately reflected scenarios that occurred during the parties' marriage. But she also conceded in her closing argument that the risk of George posing a threat of mental or physical harm was outweighed by the children's need to have contact with George.

The superior court also heard testimony from Dr. Glass, the psychologist who evaluated the parties in March, April, and May of 2007. Dr. Glass opined that there was a breakdown in the marriage after Elizabeth was assaulted, the parties disagreed about how to help her in the aftermath, and "problems between [Stephanie and George] escalated and became quite traumatic." For George, it resulted in what Dr. Glass called "situational violence as the result of a high conflict." Dr. Glass testified that George's behavior did not amount to "a pattern of intimate partner violence."

742 *742 Custody investigator Montgomery testified that Elizabeth's challenges with NLD made school and interacting with other children particularly difficult. Stephanie also testified about NLD. In her testimony, Stephanie referred to a book on NLD that described children with this diagnosis as lacking the "filtering mechanism to block out extraneous stimuli."^[4] According to the book Stephanie referred to, children with NLD are often "unable to anticipate what will happen next,"^[5] "thrive on routine ... [and] need[] as much predictability as possible in order to get through the day without becoming totally overwhelmed."^[6]

It was uncontested that NLD impacts Elizabeth's ability to function and learn. Dr. von Hippel's evaluation explained:

[Elizabeth's] weakness in the speed of processing routine information may make the task of comprehending novel information more time-consuming and difficult for [her]. Thus, this weakness in simple visual scanning and tracking may leave her less time and mental energy for the complex task of

understanding new material.

Dr. von Hippel observed that Elizabeth exhibited: (1) a lack of coordination, balance and fine motor skills; (2) difficulty with spatial relations; and (3) "misinterpretation of body language or tone of voice, deficits in social judgment and interactions, [and] difficulty with personal space."

In January 2008 the custody investigator testified that for children with difficulties like Elizabeth, among other strategies, "the recommendation is to ... get them [to school] early, so they have a longer period of time to settle in, [and] be ready to roll at the beginning of the school day...." But in the fall 2007 semester, Elizabeth was tardy 37 days and absent seven days out of a total of 85 school days while in Stephanie's custody. When asked to explain the tardies and absences, Stephanie testified that Elizabeth was late to school because Elizabeth was "very resistant and noncompliant" in the mornings making it hard for Stephanie to get her up, dressed, and out the door. Stephanie testified that she also had difficulty getting Brian to preschool; she explained he did not like school on the days George was going to be picking him up and that Brian told her he did not like his dad. George presented conflicting testimony on this point.

In January 2008 the superior court expressed to the parties that the presumption in AS 25.24.150(g) against awarding custody to a parent with a history of perpetrating domestic violence might prevent the court from awarding George joint physical custody.^[7] George's counsel expressed surprise that the presumption might apply, and asked that the evidence be reopened to permit the presentation of testimony from George's private therapist, Lisa Turner.^[8] George's argument was that private counseling Turner provided after Elizabeth was assaulted and after the parties separated amounted to the "same thing" as the "intervention program for batterers" identified in AS 25.24.150(h) as a way of rebutting the presumption against awarding George custody.^[9] The superior court *743 granted George's motion. An evidentiary hearing was held in April 2008 where both parties were allowed to present evidence and argument on whether George rebutted the presumption in .150(g).

Turner testified that George began therapy in May 2006 when he sought help coping with the discovery of the assaults on Elizabeth. She testified that George completed twelve sessions, and that he did not exhibit characteristics consistent with a "pattern of behavior to gain and maintain control and power over another person in the context of an intimate relationship." Turner also testified that it was not appropriate to refer George to a batterers' intervention program; in fact, she testified that traditional batterers' intervention group sessions would be "contraindicated" in George's case and "could be more detrimental than productive." Turner testified to the "significant progress" George made in improving his empathy skills through the course of his therapy.^[10] At the conclusion of the hearing, the court took the custody decision under advisement.

4. Stephanie's relocation to Anchorage

In July 2008, before a final custody order was issued, Stephanie informed the court that she had accepted a job in Anchorage and would be relocating from Homer with the children. She explained that the position in Anchorage would provide her with a significant pay increase and better working conditions, and that Elizabeth would no longer need to travel to Anchorage for therapy. George objected to the children moving to Anchorage and filed a motion to again reopen the evidence. The superior court allowed the children to move to Anchorage with Stephanie beginning in the fall of 2008 and ordered an updated custody investigation report. Unbeknownst to the court, the parties agreed to share custody on a three-day/four-day schedule during the fall semester of the 2008-2009 school year. George drove to Anchorage each week and spent Thursday evening with Elizabeth and Brian. He took the children to school on Friday morning, and they stayed in his custody until Sunday evening. Elizabeth and Brian were in Stephanie's custody from Sunday evening until Thursday of each week.

5. The December 2008 hearings and the second custody investigator's report

Custody investigator Montgomery issued a second report after the children had completed a semester of school in Anchorage. And in December 2008, the superior court heard two days of additional testimony about the children's experiences in Anchorage relative to Homer, focusing largely on the events and observations described in the updated custody investigation report.

744 The evidence showed that Stephanie enrolled the children in a German immersion charter school in Anchorage despite the principal's warning that the school had "minimal special education services" and could not admit Elizabeth until they had seen her IEP. The court also heard that, after receiving this warning, Stephanie took the children to the charter school on the first day of class without providing Elizabeth's IEP. Montgomery opined that Stephanie's decision to take Elizabeth to the charter school without her IEP "set this child up for a painful school failure," that Elizabeth's special needs were beyond the school's capacity, and "socially [she] did not fit in at all." Brian struggled at the German immersion school as well. His teacher reported that Brian "often was the only one not participating in an activity.... He excluded himself from group activities on a daily basis to an extreme — like sitting alone at a table." The evidence showed that on most days the children arrived at school late. After one month, the school informed *744 Stephanie that she would need to remove the children from the school. Unlike the school in Homer, the neighborhood school in Anchorage did not provide Elizabeth with a designated aide, occupational therapy, or socialization training.

Montgomery's updated custody investigation report observed that Stephanie was unwilling or unable to "accept responsibility for the children's behavior while in her care," instead attributing any problems to George. As examples, Montgomery explained that Stephanie faulted George for her inability to get Elizabeth to school on time and claimed that the children were acting out with her because she was the "safer parent."

Montgomery recommended that it was in the children's best interest to return to school in Homer under George's primary physical custody. She recommended either joint legal custody or that George should have sole legal custody. On December 31, 2008, the court issued a brief final custody order granting George primary physical custody effective January 2009.^[11] The order was issued in time to allow the children to be transferred back to school in Homer prior to the start of the second semester.

6. The December 2009 proceedings

In January 2009, Stephanie filed a motion to supplement the factual record or for a new trial. The court denied this motion, but Stephanie filed a second motion to supplement the record or for a new trial in August 2009 due to changed "educational circumstances" and "emotional conditions" of the children. The court scheduled a two-day evidentiary hearing in December 2009. By the time of the December hearing, the children had been back in Homer for approximately one year.

Elizabeth's teachers and former principal from Homer, her psychologists, and the custody investigator all testified that Elizabeth was thriving in Homer in George's custody. Community members testified that Brian also appeared happy and comfortable with his father.

7. The superior court's final custody order

In June 2010, the superior court issued findings of fact, conclusions of law, and a final custody order granting sole legal and physical custody of both children to George.

The superior court's written findings of fact reflect its analysis of the statutory "best interest" factors under AS 25.24.150(c) for both children, including consideration of Elizabeth's special needs. In particular, the court found that arriving late to school was "very disruptive" for Elizabeth, and that Stephanie failed to meet Elizabeth's basic and critical need to arrive at school on time, "depriv[ing Elizabeth] of academic and social opportunities."

In contrast, the court found George was able to get Elizabeth to school on time, and that the school in Homer provided

Elizabeth with a regular routine, special attention, and services. As a result, the court found Elizabeth was better adjusted and happier in Homer and that her emotional state and behavior had improved under George's care. The court concluded that "[t]o move [Elizabeth] to Anchorage for the sixth grade would be disastrous for her."

The superior court found that Stephanie's characterization of the marriage as "marked by domestic violence" was not credible. The superior court was persuaded that the domestic violence that occurred was "situational violence" and not a "tool[] used to effectuate... control." The court also found that George had regularly seen a therapist to help him "understand and change his behavior," and that treatment helped George significantly improve his empathy skills. The court agreed with Dr. Glass that Stephanie's "world view and her interpretation of [George's] responsibility" negatively impacted her ability to meet the needs of the children and allow them to have a relationship with their father. The order
745 concluded that it was in the children's best interest to be in *745 George's physical custody.^[12]

The court recognized that George's two acts of domestic violence amounted to a "history of perpetrating domestic violence" under AS 25.24.150(g), and it articulated its understanding that AS 25.24.150(h) allows for "*only one* way for the presumption concerning custody to be overcome — the perpetrator must complete an intervention program for batterers."^[13] It was undisputed that George had not completed an intervention program for batterers and the court ruled that the twelve counseling sessions George had completed with Turner had not been a "substitute in nature or duration for an intervention program for batterers" as described in AS 25.24.150(h). The court concluded that application of the presumption in .150(g) would leave the court with "no option" but to grant Stephanie physical and legal custody, contrary to the children's best interests.

The court interpreted AS 25.24.150(g)-(h) as preventing it from considering any of the best interests factors in AS 25.24.150 *other than* George's history of domestic violence. The court assumed, without deciding, that if the statutory presumption prevented it from considering evidence other than the history of domestic violence, it could not provide a meaningful hearing, and that George and the children would be denied their right to due process. Rather than find AS 25.24.150(g) and (h) unconstitutional as applied, the superior court construed the statute to permit the rebuttable presumption against custody to be overcome if "[t]he trial court ... finds by clear and convincing evidence that to follow the presumption and award legal and/or physical custody to the victim of domestic violence would clearly be detrimental to the child." Applying this standard, the superior court decided that awarding custody to Stephanie would be detrimental to the children and it awarded George sole legal and physical custody. Stephanie appeals.^[14]

III. STANDARD OF REVIEW

The superior court has broad discretion in determining custody awards "so long as the determination is in the child's best interests."^[15] We "will not reverse a superior court's custody determination unless it abused its discretion or its controlling factual findings are clearly erroneous."^[16]

We will find an abuse of discretion when the superior court "considers improper factors in making its custody determination, fails to consider statutorily mandated factors, or assigns disproportionate weight to particular factors while ignoring others."^[17] However, we grant "particular deference to the trial court's factual findings when they are based primarily on oral testimony, because the trial court, not this court, performs the function of judging the credibility of witnesses and weighing conflicting evidence."^[18] We find "clear error when, after review of the entire record, 'we are left with a definite and firm conviction' a mistake occurred."^[19]

746 "The interpretation of a statute is a question of law to which we apply our independent *746 judgment, interpreting the statute according to reason, practicality, and common sense, considering the meaning of the statute's language, its legislative history, and its purpose."^[20] Issues of constitutional interpretation are questions of law which we review *de novo*.^[21] "The constitutionality of a statute and matters of constitutional or statutory interpretation are questions of law to which we apply our independent judgment, adopting the rule of law that is most persuasive in light of precedent, reason, and policy."^[22]

IV. DISCUSSION

A. The Superior Court Did Not Clearly Err By Finding That It Was In The Children's Best Interests To Be In George's Custody.

Stephanie argues that the superior court's best interest analysis was erroneous because it overemphasized her failure to get Elizabeth to school on time and undervalued the harm of granting custody to a parent with a history of perpetrating domestic violence. She also argues that the court mischaracterized George's abuse as "situational violence" rather than "a strategy of control, overbearing power, or manipulation," and that the superior court "ignored the history of intimidation, isolation, control and physical abuse" Stephanie described in her testimony. George counters that the superior court's determination that he only committed isolated acts of domestic violence is supported by the expert testimony of Dr. Glass, custody investigator Montgomery, and therapist Lisa Turner. He also argues that Stephanie's expert, Dr. Busch, did not evaluate the parties and was unable to apply her general knowledge and theories regarding domestic violence to the parties' actual marriage. George also calls our attention to Dr. Glass's description of Stephanie's "tendency to reinterpret past events."

Having reviewed the record, including the superior court's findings of domestic violence and its analysis of the best interest factors in AS 25.24.150(c), we conclude that the superior court's determination that it was in the children's best interests to be placed in George's custody is supported by the record.

1. The court did not give undue weight to Elizabeth's need to get to school on time.

"The paramount consideration in the determination of child custody is the best interests of the child."^[23] Alaska Statute 25.24.150(c) provides a list of factors the trial courts must consider in determining a child's best interests. "The superior court need not discuss each of the factors; it must only address those that are actually relevant in light of the evidence presented."^[24] We review "the adequacy of findings for whether they give a clear indication of the factors considered important by the trial court or allow us to determine from the record what considerations were involved."^[25] In this case, the superior court found the most salient factors to be the needs of the children, the ability of the parents to meet those needs, and the nature of the parties' domestic violence.

747 The superior court found that Elizabeth had "a complex and profound neurological syndrome called Nonverbal Learning Disorder" that shares some attributes of autism. Relying on a text provided by Stephanie and testimony offered at trial, the court found that children with NLD lack the "filtering mechanism to block out extraneous stimuli *747 ... [e]verything comes at them with equal force — noise, lights, images, people — and they are virtually bombarded with information that they are unable to sort." As such, children with NLD "thrive on routine ... [and] need[] as much predictability as possible in order to get through the day without becoming totally overwhelmed." The court called arriving at school on time a "basic need" for Elizabeth.

The superior court was troubled that Elizabeth was late getting to school frequently while in Stephanie's custody. She was late getting to school 37 times in the fall 2007 semester, and 33 times during the spring semester. When George had custody, Elizabeth arrived at school on time if not early. The court found unconvincing Stephanie's explanation that NLD was the cause of Stephanie's inability to get Elizabeth to school on time, noting that George was able to do so.

The court's findings that Elizabeth's semester in Anchorage "was detrimental to Elizabeth," and that Stephanie "again proved to be incapable of providing the stability in their daily lives that both children needed... [Elizabeth] desperately so" are supported by the record. Stephanie clearly understood that Elizabeth's special needs caused her to experience the world as bombarding her with light, sound, and sensory overload, but Stephanie placed her in a German immersion school. She took this step without providing Elizabeth's IEP or making prior arrangements, despite the principal's

warning that the school had "minimal special education services" and that they would need to see Elizabeth's IEP before admitting her. Custody investigator Montgomery stated that this lack of coordinated planning had been a setup for failure. After hearing considerable testimony and receiving documentary evidence pertaining to the month the children were enrolled at the German immersion school, the superior court described the experience as a "debacle."

Elizabeth's therapist reported that Elizabeth continued to experience academic difficulties after she and Brian were transferred to an Anchorage neighborhood school, and they continued to arrive late.^[26] Custody investigator Montgomery reported that the Anchorage school did not provide Elizabeth with a designated aide, occupational therapy, or socialization training.

The record supports the superior court's findings that Elizabeth's experience in George's custody was far more successful. Elizabeth's special services teacher and case manager testified that since transferring back to Homer, Elizabeth arrived at school early to participate in extracurricular activities and made a "tremendous amount of progress."

We agree with Stephanie that the superior court placed considerable weight on the parties' respective abilities to get the children to school on time, but we cannot say that this factor was inappropriately weighed under the circumstances of this case. The evidence was uncontroverted that Elizabeth had a greater need for structure and routine than most children. Her struggles with NLD made it essential that she arrive at school on time and she was clearly more successful at school after she was returned to George's custody. School personnel and custody investigator Montgomery specifically cited prompt arrival in the classroom as particularly important to Elizabeth's success. The superior court did not inappropriately weigh the respective abilities of the parties to get the children to school on time.

2. The superior court considered the other best interests factors in AS 25.24.150(c).

748 The findings show that the superior court considered a broad spectrum of factors concerning the children's best interests, including their emotional needs. A community member who had long known the children agreed that they were happier and better behaved after George received primary custody, and the superior court agreed with the parties that the children's interests would best be served by remaining together. The evidence showed that Elizabeth was accepted by her peers in Homer and she voluntarily participated in class activities. Elizabeth's teacher testified that George came to the classroom almost daily to check in on Elizabeth's progress, guest-taught science lessons on several occasions, took the students on field trips, was very supportive of Elizabeth, and helped her overcome feelings of anxiety. The court heard testimony from the Homer school psychologist and teachers that Elizabeth was receiving services in Homer to meet her special needs, arriving to school on time, and that she was happier, more confident, and doing well academically and socially. Elizabeth's therapist in Anchorage recommended that she remain in Homer through sixth grade because she was doing better there. The court found that the Homer school was comfortable for Elizabeth and that transferring to school in Anchorage would be difficult.

The court also considered the parties' respective abilities to meet the children's needs. Both parents were initially found to have psychological issues that impacted their parenting ability, but the superior court received evidence showing that George made progress through therapy. The record does not include evidence that Stephanie made similar progress. Citing Dr. Glass's 2007 evaluation, the superior court found "[Stephanie] does appear to feel victimized by others, in particular her husband, and blames him for the failure of the marriage and most of the problems with the children." The court agreed with Dr. Glass that Stephanie had "difficulty allowing her children to express themselves emotionally" and that she may have problems "allow[ing] her children to have a relationship with their father."

3. The court considered the domestic violence that occurred during the parties' marriage.

Stephanie argues that the court did not properly consider the evidence concerning domestic violence. She cites

Borchgrevink v. Borchgrevink,^[27] and argues that our court has recognized the "deleterious impact on children of witnessing domestic violence." She also cites a series of academic articles discussing the negative effect exposure to domestic violence has on children, and *Farrell v. Farrell*,^[28] for the proposition that joint legal custody is inappropriate where domestic violence has occurred between parents.

But the superior court was very aware that George committed at least two acts of domestic violence during the parties' marriage, and that this triggered the statutory presumption in AS 25.24.150(g). The court found Stephanie's testimony describing the June 2006 incident to be credible, as it did her description of a March 2006 incident when George punched a hole in a door of their house. The court did not find credible Stephanie's overall characterization of the marriage as being marked by domestic violence. The superior court found that Stephanie "re-evaluated her relation[ship] with [George] through the distorting lens of a particular, simplistic theory of domestic violence" after the 2006 incident when George pinned her down by her wrists.

The court's finding that the "children are not at risk that [George] will engage in acts of violence directed at them or at others in their presence" is supported not only by the testimony of experts who evaluated the parties, but also by Stephanie's concession that the danger of mental or physical harm to the children was outweighed by their need to have contact with George and her position that his visitation did not need to be supervised. The superior court's findings concerning domestic violence relied in part on its evaluation of the extensive expert testimony offered by Dr. Glass, Dr. Busch, custody investigator Montgomery, and George's therapist, Lisa Turner. Dr. Glass evaluated both parents as part of the initial custody investigation. She did not find a history of abuse in the marriage prior to Elizabeth being assaulted and she concluded that the stress of the assault ultimately led to the breakdown of the parties' marriage. She also testified *749 that Stephanie's perceptions of past events in the marriage were based on her interpretation of what happened, not necessarily what actually happened. Dr. Glass explained:

[A]ny time a marriage starts to fall apart and a person looks back towards what's happened previously in their marriage, there's a tendency to see things with a different eye.... [T]hings that you deal with with your spouse can look very different[] when you're angry at them and you're finished with a relationship than they do when you're moving forward in the relationship.^[29]

Dr. Glass did not excuse George's acts of domestic violence, but she testified that in her opinion it was "situational violence as [a] result of a high conflict," not "a pattern of intimate partner violence" which Dr. Glass defined as a "pattern of control, [or] intimidation, often solidified through some type of violence by one partner over the other." Turner agreed with this assessment. Stephanie's expert, Dr. Busch, testified about domestic violence generally and responded to a series of hypothetical scenarios offered by Stephanie's counsel. Though Stephanie later testified that the hypotheticals accurately described events that occurred during the marriage,^[30] the court found the hypotheticals distorting because they "cherry pick[ed]" events from over the course of 15 years of marriage and failed to evaluate the incidents in the context of "the devastation wrought by [Elizabeth's] victimization and the parties' response to it and her learning difficulties."^[31] The court found Dr. Glass's testimony to be more credible and persuasive in its evaluation of the nature of the parties' domestic violence. It found Dr. Busch's testimony lacked context and was unconvincing.

Stephanie essentially argues that the superior court should have given greater weight to her testimony and that of her expert. But the trial court was in a better position to assess the credibility of the witnesses, the overall persuasive force of the evidence, and the persuasiveness of the expert testimony.^[32] The court's characterization of the type of violence involved — situational — was made in the context of the court determining whether George overcame the statutory presumption and gauging the risk of future violence. This difficult and important assessment is one best made by the trial court. Before making this assessment, the superior court considered the testimony of several lay witnesses and experts. We see no error in its finding that Dr. Busch's testimony was less persuasive; Dr. Busch did not evaluate the parties. She answered a series of hypothetical questions, and the parties disagreed about whether the hypotheticals depicted actual events from their marriage. The court's factual findings were not based exclusively on its credibility findings regarding the parties' testimony; the court also heard testimony from experts who evaluated Stephanie and George, and the court concluded that the "lens" through which Stephanie viewed the marriage resulted in a somewhat distorted history. The

trial court is entitled to considerable deference when it makes findings of fact. On this record, we cannot say that it erred when it found that the children's best interests would be served by remaining in George's custody.^[33]

750 *750 **B. The Completion Of A Batterers' Intervention Program Is Not The Only Way To Rebut The Statutory Presumption.**

Despite its finding that the children's best interests would be served by awarding custody to George, the superior court recognized that the presumption in AS 25.24.150(g) had been triggered by George's acts of domestic violence. The superior court interpreted AS 25.24.150(h) as allowing "only one way" to overcome the rebuttable presumption — completion of an intervention program for batterers. Because George never completed a batterers' intervention program, the superior court concluded that George failed to rebut the presumption. The court reasoned that if it applied the presumption to deny George custody, its ruling would not be in the children's best interests and the statute would therefore likely violate George's and the children's right to due process. To avoid what it perceived to be a constitutional infirmity in the statute, the superior court construed the statutory scheme to allow the presumption in .150(g) to be overcome by clear and convincing evidence that awarding legal and/or physical custody to the victim of domestic violence would be clearly detrimental to the child. Applying this new standard, the court found that awarding custody to Stephanie would be detrimental to Elizabeth and Brian, and it awarded custody to George.

Stephanie argues on appeal that the "statutory mandate" in .150(g) required the superior court to award custody to her. She relies on *Wee v. Eggener*,^[34] characterizing it as an instance where this court "summarily reversed a joint custody order in violation of the statute." She also argues the superior court erred by assuming the statutory presumption in AS 25.24.150(g) is unconstitutional.

1. The superior court correctly ruled that the presumption against awarding custody to George was triggered by George's acts of domestic violence.

George argues that the superior court erred by ruling that the presumption in .150(g) was triggered by his acts of domestic violence. He concedes that the incident when he grabbed Stephanie's wrists and pinned her down qualifies as "domestic violence" but he argues that punching a door does not amount to "domestic violence" because it is not "criminal mischief to damage one's own property." Stephanie counters that because she was a co-owner of the home, the door George punched was the "property of another" and therefore intentionally damaging it was "domestic violence" under the statute. We find no merit to George's argument that his conduct did not constitute criminal mischief and therefore did not trigger the statutory presumption against awarding custody to him.^[35]

Under AS 25.90.010, "domestic violence" has the meaning given in AS 18.66.990. Under AS 18.66.990(3)(E) "domestic violence" includes acts of criminal mischief. A person commits criminal mischief by intentionally damaging the "property of another."^[36] "Property of another" is defined in AS 11.46.990(13) as "property in which [another] person has an
751 interest which the defendant is not privileged to infringe, whether or not the defendant also has an interest in the property." In *Hughes v. State*, a spouse argued that he could not be convicted of criminal mischief because he and his wife were co-owners of the property he damaged and therefore it was not "property of another."^[37] The court of appeals rejected this argument. Citing the definition of "property of another" in AS 11.46.990(13), the court of appeals held that it is "legally possible for a spouse to be convicted of criminal mischief for vandalizing marital property."^[38] We agree.

Here, Stephanie alleged that George punched a hole in a door of the parties' family home during the course of an argument. Stephanie had an "interest in the property" because she was a co-owner.^[39] As in *Hughes v. State*, George damaged "property in which [another] person has an interest"^[40] amounting to criminal mischief and an act of "domestic violence."^[41] It was not error for the superior court to find George's behavior amounted to an act of "domestic violence" for purposes of AS 25.24.150(g). Because the incident in which George pinned Stephanie by the wrists also qualifies as

"domestic violence," the superior court correctly ruled that George perpetrated two acts of domestic violence, triggering the presumption in AS 25.24.150(g) against awarding custody to him.

2. The superior court erred by interpreting AS 25.24.150(h) as providing only one way to rebut the presumption in .150(g).

The superior court was well aware that the paramount consideration in child custody proceedings is the best interests of the children.^[42] The legislature underscored the important priority of protecting children from domestic violence when it adopted AS 25.24.150(g)-(h). We have articulated this point repeatedly in our case law.^[43] In *Williams v. Barbee*, we recognized that the bill enacting AS 25.24.150(g) "sought to decrease the likelihood that children would be placed in the custodial household where domestic violence exists by ensuring that domestic violence was adequately and specifically included when courts analyzed a child's best interests."^[44]

The superior court's order reflects its understanding that "AS 25.24.150(h) allows *only one* way for the presumption concerning custody to be overcome — the perpetrator [of domestic violence] must complete an intervention program for batterers."^[45] The court's custody order cited *Wee v. Eggener*^[46] as authority for this interpretation of the statute. We interpret the statute differently.

"The interpretation of a statute is a question of law to which we apply our independent judgment, interpreting the statute according to reason, practicality, and common sense, considering the meaning of the statute's language, its legislative history, and its purpose."^[47]

a. The plain language of the statute

The pertinent portion of AS 25.24.150(h) states:

The presumption [against awarding custody to a parent with a history of perpetrating domestic violence] *may* be overcome by a preponderance of the evidence that the perpetrating parent has successfully completed an intervention program for *752 batterers, *where reasonably available* ...^[48]

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The plain language of .150(h) provides that the presumption against awarding custody to a parent with a history of perpetrating domestic violence *may* be overcome by completing an intervention program for batterers. Had the legislature intended that completion of an intervention program would be the *only* way to overcome the presumption, one would expect the legislature to have used limiting language such as "only." Here, the legislature declined to provide that the *only* way the presumption could be overcome was through the completion of a batterers' intervention program.^[49]

The plain language of the statute also impliedly recognizes that batterers' intervention programs may not be reasonably available in all parts of Alaska. The statute provides that the rebuttable presumption may be overcome by completing an intervention program for batterers "*where reasonably available*."^[50] We interpret the words "where reasonably available" to be the legislature's recognition and acknowledgment that such programs may not be available throughout the state. Though Stephanie argues strenuously that the only way to overcome the presumption is to complete a batterers' intervention program, the language of the statute does not support her position and it would make little sense that a program that is not available state-wide would be the only way to overcome a presumption the legislature expressly made rebuttable. If completion of an intervention program for batterers were the only way to overcome the statutory presumption, the rebuttable presumption in AS 25.24.150(g) would effectively be an *irrebuttable* one for many rural Alaskan residents. This is contrary to the legislature's unambiguous direction that the presumption should be rebuttable.^[51]

The plain language "where reasonably available" supports the conclusion that the legislature did not intend that completion of a batterers' intervention program should be the only way to overcome the rebuttable presumption in AS 25.24.150(g). The plain language of AS 25.24.150(h) indicates that completion of a batterers' intervention program is one way, but not the only way, to overcome the statutory presumption.

b. The legislative history

The legislative history of AS 25.24.150(g) supports the conclusion that the legislature used the word "may" and included the phrase "where reasonably available" because it did not intend there should be only one way to overcome the statutory presumption. Alaska Statute 25.24.150(g) was based on Louisiana Revised Statute 9:964(A)^[52] which states:

753 "The presumption shall be overcome *only* by a preponderance of the evidence that *753 the perpetrating parent has successfully completed a treatment program ..." When the Alaska legislature codified its rebuttable presumption against awarding custody to a parent with a history of perpetrating domestic violence, it made two distinct changes to the Louisiana statute. First, it deleted the word "only" and replaced "shall" with the word "may." Second, it added the phrase "where reasonably available." These modifications to the language of the Louisiana statute strongly support the conclusion that the Alaska legislature did not intend for completion of a batterers' intervention program to be the only way to overcome the statutory presumption.

c. We have not held that there is only one way to overcome the presumption against awarding custody to a parent with a history of perpetrating domestic violence.

The superior court cited *Wee v. Eggener*^[53] as authority for its understanding that completion of a batterers' intervention program is the only way to overcome the rebuttable presumption against awarding custody to a parent with a history of perpetrating domestic violence. But *Wee* did not hold that a batterers' intervention program is the only way to overcome the presumption. *Wee* reversed the superior court's award of joint legal and shared physical custody because the superior court "failed to address AS 25.24.150(g)'s presumption against custody."^[54] *Wee* cited *Puddicombe v. Dreka*^[55] for the rule that "the path charted in subsection.150(g)-(i) must be followed when one parent has a history of domestic violence," but this only means that the rebuttable presumption cannot be ignored by the superior court; it does not speak to the proof that is needed to rebut the statutory presumption.^[56]

We recognized in *O'Dell v. O'Dell* that .150(h) does not expressly state that the presumption in .150(g) may only be overcome by completing a batterers' intervention program: "the text of subsection .150(h) is not completely unambiguous in explaining what a 'perpetrating parent' must do to overcome the presumption against custody."^[57] The ruling we issue today was foreshadowed by *O'Dell's* holding that "it was not legal error [for the superior court] to conclude that an anger management program that includes domestic violence counseling satisfies the statute."^[58]

Until now, we have not definitively answered whether a batterers' intervention program is the only way to overcome the rebuttable presumption; our previous case law only reiterates the statutory provision that a parent *may* or *can* rebut the presumption by completing an intervention program for batterers.^[59] The present case squarely presents the issue, and we now hold that the rebuttable presumption in AS 25.24.150(g) may be overcome by means other than the completion of an intervention program for batterers. The plain language of the statute and its legislative history support this conclusion.

C. The Presumption Does Not Raise Constitutional Concerns.

The superior court's conclusion that application of the presumption in .150(g) would violate George's and the children's

754 right to due process was premised on its understanding that the presumption prevented the superior court from considering the other best *754 interests factors enumerated in AS 25.24.150(c). Because there is more than one way to overcome the rebuttable presumption, and because the statute permits consideration of all the best interest factors, we see no risk that application of AS 25.24.150(g)-(h) will infringe upon a constitutionally protected right. The resolution of this case lies in the straightforward consideration of the "path" charted in subsection .150(g)-(h) and an analysis of the children's best interests.

1. The path charted by AS 25.24.150(g)-(h)

The superior court followed the first step in the statutory path when it found that George engaged in two acts of domestic violence. Next, the superior court correctly ruled that George's two acts of domestic violence triggered the rebuttable presumption in .150(g). The third step is consideration of whether the presumption was rebutted under .150(h). The superior court held a separate evidentiary hearing where George argued that the presumption had been overcome. Because the superior court concluded that AS 25.24.150(h) only allowed one way for the presumption to be rebutted — the completion of a batterers' intervention program — it ruled that the presumption had not been overcome. As we have explained, this was error and we remand this case so the superior court may determine whether the presumption was rebutted by the steps George took to address his history of domestic violence.

We are mindful that this case has become very protracted, and the decision we issue today does not suggest that the court must take additional evidence. The record includes the evidence presented at a two-day hearing held for the sole purpose of evaluating whether the steps George took to respond to his acts of domestic violence allowed him to overcome the presumption. Both parties had notice and the opportunity to present evidence and argument on this issue, and both had the opportunity to cross-examine the witnesses called by the opposing party. The superior court found that George had completed twelve weeks of one-on-one therapy. It found that he made significant progress to "understand and change his behavior," and improve his empathy skills. George's therapist testified that traditional batterers' intervention group sessions would be "contraindicated" in George's case and "could be more detrimental than productive." After hearing extensive lay testimony and expert testimony, the court made detailed findings about the nature of George's domestic violence, concluding that "[George's] acts of domestic violence were not tools used to effectuate a strategy of control, overbearing power, or manipulation. Instead they were acts of situational violence and unlikely to reoccur." As explained, the court is entitled to significant deference when making this type of determination. [60] Though the superior court ruled that the counseling George received was not comparable to the completion of a batterers' intervention program, the superior court has not decided whether the counseling was sufficient to rebut the statutory presumption. This question should be addressed on remand.

If the superior court decides on remand that the presumption has been rebutted, the final step in the path charted by the legislature will be consideration of the best interest factors in AS 25.24.150(c) to make a final custody decision. Even if a parent with a history of domestic violence overcomes the statutory presumption, he or she is not necessarily entitled to custody; a complete analysis of the best interest factors must be undertaken. When the court considers the child's or children's best interests at this stage, the court is not precluded from *considering* the perpetrating parent's history of domestic violence. But if the presumption has been overcome, the history of domestic violence does not *prevent* the court from awarding custody to the perpetrating parent where doing so serves the children's best interests.

755 *755 To resolve the questions presented in this appeal, it is sufficient for our court to decide that the legislature's adoption of AS 25.24.150(g)-(h) did not prevent the superior court from considering the children's best interests, that the superior court did not abuse its discretion when it made a "best interests" determination in this case, and that the rebuttable presumption in .150(g) does not raise due process concerns.

V. CONCLUSION

We REMAND this case so the superior court may consider whether George rebutted the presumption in .150(g).

[1] Pseudonyms have been used to protect the privacy of the parties.

[2] The trial date was later changed to September 2007 when Stephanie's motion for a continuance was granted.

[3] At the court's request, Stephanie submitted two chapters of a book that Dr. Busch referred to in her testimony and several journal articles that Dr. Busch provided. The literature discussed the relationship between the well-being of children and contact with a nonresident father, and the harmful effects on children of exposure to domestic violence.

[4] PAMELA B. TANGUAY, *NONVERBAL LEARNING DISABILITIES AT HOME: A PARENT'S GUIDE* (2001). Rather than allowing Stephanie to read from this book, the court allowed Stephanie to provide a copy of it to the court. The final set of findings of fact and conclusions of law cited several passages from this book, including pages 89-90.

[5] *Id.* at 91-92.

[6] *Id.* at 89-90.

[7] AS 25.24.150(g) states:

There is a rebuttable presumption that a parent who has a history of perpetrating domestic violence against the other parent, a child, or a domestic living partner may not be awarded sole legal custody, sole physical custody, joint legal custody, or joint physical custody of a child.

[8] The long-term domestic violence protective order issued by the superior court found that George committed a crime involving domestic violence by a preponderance of the evidence, but it did not indicate how many acts occurred, it did not order George to complete a batterers' intervention program, and it did not require George's visitation to be supervised. These provisions of the order were inconsistent with the relief Stephanie sought in her petition for a protective order, but Stephanie did not object to the terms of the visitation or seek reconsideration of the order.

[9] AS 25.24.150(h) states:

A parent has a history of perpetrating domestic violence under (g) ... if the court finds that, during one incident of domestic violence, the parent caused serious physical injury or the court finds that the parent has engaged in more than one incident of domestic violence. The presumption may be overcome by a preponderance of the evidence that the perpetrating parent has successfully completed an intervention program for batterers, where reasonably available....

[10] Turner testified that George had "Asperger-type traits" but that he did not meet the diagnostic criteria for Asperger's syndrome. Turner testified that his Asperger-like traits "could compromise [his] sense of empathy." The superior court found that George had "difficulty reading some social cues."

[11] The court stated that it was announcing its basic decision and would follow with a more complete opinion.

[12] The superior court stated:

The Court has no doubt that [the children] must be in the primary physical custody of [George]. He, and not [Stephanie], can navigate the difficulties of [Elizabeth's] emotional life so that she has academic and social opportunities during the school year.... The fact that [George] assaulted [Stephanie], after the parties' marriage deteriorated in reaction to the trauma the family experienced after [Elizabeth] was assaulted, is tragic.... But the Court has no doubt that those acts of domestic violence were isolated events and will not be repeated. The children are not at risk that [George] will engage in acts of violence directed at them or at others in their presence.

[13] Emphasis added.

[14] George filed a Notice of Cross-Appeal, but ultimately did not pursue one.

[15] *Misyura v. Misyura*, 242 P.3d 1037, 1039 (Alaska 2010) (quoting *Thomas v. Thomas*, 171 P.3d 98, 102 (Alaska 2007)).

[16] *Id.* (quoting *Thomas*, 171 P.3d at 102).

[17] *Id.* (quoting *Jenkins v. Handel*, 10 P.3d 586, 589 (Alaska 2000)).

[18] *Millette v. Millette*, 177 P.3d 258, 261 (Alaska 2008) (quoting *Ebertz v. Ebertz*, 113 P.3d 643, 646 (Alaska 2005)).

[19] *Wee v. Eqqener*, 225 P.3d 1120, 1124 (Alaska 2010) (quoting *Dingeman v. Dingeman*, 865 P.2d 94, 96 (Alaska 1993)).

[20] *Parson v. State, Dep't of Revenue, Alaska Hous. Fin. Corp.*, 189 P.3d 1032, 1036 (Alaska 2008) (citing *Parker v. Tomera*, 89 P.3d 761, 765 (Alaska 2004)).

[21] State v. Alaska Civil Liberties Union, 978 P.2d 597, 603 (Alaska 1999) (citing Revelle v. Marston, 898 P.2d 917, 925 n. 13 (Alaska 1995)).

[22] Premera Blue Cross v. State, Dept. of Commerce, Cmty. & Econ. Dev., Div. of Ins., 171 P.3d 1110, 1115 (Alaska 2007) (quoting State Commercial Fisheries Entry Comm'n v. Carlson, 65 P.3d 851, 858 (Alaska 2003)).

[23] Starkweather v. Curritt, 636 P.2d 1181, 1182 (Alaska 1981).

[24] Thomas v. Thomas, 171 P.3d 98, 102-03 (Alaska 2007) (quoting Virgin v. Virgin, 990 P.2d 1040, 1045 (Alaska 1999)).

[25] *Id.* (quoting Borchgrevink v. Borchgrevink, 941 P.2d 132, 137 (Alaska 1997)).

[26] Custody investigator Montgomery observed Elizabeth at the Anchorage neighborhood school on a day when Stephanie had custody. Elizabeth was the only child to arrive late on that day, and the other students were already engaged in their first assignment. Montgomery reported that Elizabeth came in frowning, her hair was disheveled, she had dried food on her face, and she did not interact with the other children.

[27] 941 P.2d 132.

[28] 819 P.2d 896 (Alaska 1991).

[29] Dr. Glass noted that another psychological evaluation of Elizabeth was completed in January 2005 by a Dr. Burgess. Dr. Burgess's report apparently memorialized Stephanie's statement that the parties' marriage was "quite stable, as is their employment and there are no salient stressors in the family that might otherwise explain the evolution of [Elizabeth's] symptoms." But Stephanie reported to Dr. Glass that she later remembered being abused early on in her marriage. And Dr. Glass's report noted that at the intake interview for Elizabeth's evaluation, Stephanie stated that Dr. Burgess lied to the principal of her daughter's school "by telling [the principal] that they were having family issues."

[30] George denied that those events occurred during the parties' marriage.

[31] Stephanie argues that the superior court clearly erred by finding that she failed to connect her testimony to that of her expert witness. But the superior court determined that "even assuming that all [the hypothetical events] were true" they were not persuasive because they failed to "fully describe the context in which they arose."

[32] Millette v. Millette, 177 P.3d 258, 261 (Alaska 2008).

[33] Stephanie also argues that the court improperly relied on the recommendation of custody investigator Montgomery, claiming she "did not perform in a competent manner" by failing to discuss George's domestic violence. George argues the report met the requirements for custody investigations under Alaska R. Civ. P. 90.6(e) and that Montgomery did address domestic violence when she referred the parties to Dr. Glass for an evaluation. Rule 90.6(e) requires investigators to interview the child and parents, observe the child's interaction with parents, review records provided by the parties and relevant to the child, and interview others with information as needed. Montgomery's extensive evaluation included interviews with the parties, psychologists, and teachers; referral to Dr. Glass to evaluate the risk of physical harm posed by each parent; and referral to Dr. von Hippel to evaluate Elizabeth. This constituted a proper custody investigation under Rule 90.6(e). The superior court did not err in considering Montgomery's recommendations.

[34] 225 P.3d 1120, 1126 (Alaska 2010).

[35] At the outset, we reject the suggestion that ownership of a door determines whether punching a hole in it during an argument, in the presence of one's spouse, can constitute domestic violence. Placing another person in fear of imminent physical injury "by words or other conduct" is assault. AS 11.41.230. Assault is within the definition of "domestic violence." See AS 25.90.010; AS 18.66.990(3)(A).

[36] AS 11.46.486(a)(2); AS 11.46.484(a)(1).

[37] 56 P.3d 1088, 1094 (Alaska App.2002).

[38] *Id.*

[39] AS 11.46.990(13).

[40] AS 11.46.990(13).

[41] AS 18.66.990; AS 25.90.010.

[42] R.I. v. C.C., 9 P.3d 274, 278 (Alaska 2000).

[43] *Borchgrevink v. Borchgrevink*, 941 P.2d 132, 140 (Alaska 1997) (recognizing "the deleterious impact" witnessing domestic violence has on children); see also *Puddicombe v. Dreka*, 167 P.3d 73, 77 (Alaska 2007); *Williams v. Barbee*, 243 P.3d 995, 1004 (Alaska 2010).

[44] *Williams*, 243 P.3d at 1001.

[45] Emphasis added.

[46] 225 P.3d 1120 (Alaska 2010).

[47] *Parson v. State, Dep't of Revenue, Alaska Hous. Fin. Corp.*, 189 P.3d 1032, 1036 (Alaska 2008) (citing *Parker v. Tomera*, 89 P.3d 761, 765 (Alaska 2004)).

[48] Emphasis added.

[49] See *Garrison v. Dixon*, 19 P.3d 1229, 1236 (Alaska 2001) ("The term 'may' generally denotes permissive or discretionary authority.") (quoting *Gerber v. Juneau Bartlett Mem'l Hosp.*, 2 P.3d 74, 76 (Alaska 2000)); see also 1A Norman J. Singer & J.D. Shambie Singer, STATUTES & STATUTORY CONSTRUCTION § 25:4 (7th ed. 2009).

[50] AS 25.24.150(h) (emphasis added).

[51] At oral argument before our court, Stephanie's counsel was asked how the presumption would be applied in a hypothetical situation where one parent has a history of domestic violence not directed at the children but is otherwise a fit and capable parent, the other parent is a methamphetamine addict, and the court finds by clear and convincing evidence that it would be detrimental for the children to be placed in the custody of the parent with the addiction to methamphetamine. Stephanie's counsel first argued that the children should be placed with the perpetrating parent but under the State's legal custody. Later, Stephanie's counsel conceded that under his interpretation of the statute the children could not be placed with the perpetrating parent until after the program had been completed, leaving foster care or other out-of-home placement as the only option. We see nothing in the language or legislative history of AS 25.24.150(g)-(h) that evidences an intention by the legislature to *require* that children be moved to out-of-home placements without allowing the perpetrating parent the opportunity to show that the statutory presumption had been overcome by means available in rural Alaska. We also reject the possibility that this statutory presumption was intended to be applied differently to Alaskans living in rural areas than it is to Alaskans living in urban areas.

[52] Minutes, H. Jud. Comm. Hearing on H.B. 385, 23rd Leg., 2nd Sess. (Mar. 1, 2004) (testimony of Allen M. Bailey, Esq.).

[53] 225 P.3d 1120 (Alaska 2010).

[54] *Id.* at 1125 (emphasis added).

[55] 167 P.3d 73 (Alaska 2007).

[56] 225 P.3d at 1125.

[57] Mem. Op. & J., 2007 WL 1378153 at *5 (Alaska May 9, 2007).

[58] *Id.*

[59] See *Misyura v. Misyura*, 242 P.3d 1037, 1040-41 (Alaska 2010) ("If AS 25.24.150(g)'s presumption applies, it *can* be overcome if the perpetrating parent shows by a preponderance of the evidence that he or she has 'successfully completed an intervention program for batterers [and]... does not engage in substance abuse.'") (quoting AS 25.24.150(h)) (emphasis added); see *Michele M. v. Richard R.*, 177 P.3d 830, 838 (Alaska 2008) (stating that the "presumption *can* be overcome if a parent has met certain requirements, such as attending a program for batterers and not engaging in substance abuse") (emphasis added).

[60] Considering the character or type of domestic violence for purposes of determining whether the presumption has been rebutted under .150(h) is not to be confused with determining whether the presumption was triggered under .150(g). Any two acts of domestic violence, or one causing serious physical injury, trigger the rebuttable presumption against awarding custody to a person with a history of perpetrating domestic violence. AS 25.24.150(g).

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March 17, 2016

To whom it May Concern:

I am writing this letter in support of HB 334. This bill will address some of the unintended consequences in the domestic violence statutes. No one should be the victim of violence from a domestic partner, but the current statutes are encouraging unnecessary litigation and hurting children.

Domestic violence restraining orders are civil cases, not criminal cases so the burden of proof is minimal. This makes it much easier for someone to now use the court system as a weapon against the other parent. Frequently, people will file a restraining order before they file for divorce or custody of their children. This allows the person who makes the allegation to kick the other parent out of the home, restrict all access to the children, freeze the bank accounts and change the locks.

Once the parties are involved in the custody case any allegations of domestic violence have a tendency to severely curtail access of the parent being accused of abuse to their children. It also makes the case more litigious and hostile so that it is unlikely that the parents will be able to mediate their differences and successfully co-parent their children.

The presumption in custody cases is that the non-abuser is the better parent. Therefore, a person who can convince the court that they are victims of past domestic violence will get full custody of the children. Unfortunately, the presumption advantage has encouraged people to exaggerate and make up stories to get the other parent labeled as a perpetrator of domestic violence.

Even if the domestic violence allegation is more than ten years ago, has nothing to do with the children, does not include violence and was never previously reported to anyone the allegation is enough to immediately deny access of the other parent to the children. Children are then left confused and hurt as to why a parent they love has suddenly and without warning disappeared from their life.

The increase in domestic violence restraining order hearings and domestic violence allegations in custody cases clogs the court system with unnecessary litigation. It costs the judicial system resources better used in prosecuting criminal cases of domestic violence. It encourages custody hearings to be contentious, winner take all affairs that make it difficult for parents to put aside their differences, put the best interests of their children first and learn to co-parent their children.

HB 334 will actually protect victims of domestic violence and children in custody cases by removing the impetus for exaggerating and lying about prior arguments and disagreements. When the court system is inundated with questionable claims of domestic violence it has an impact of making domestic violence seem less serious. This hurts people who truly are victims in need of help as their cases end up delayed due to an over burdened court system.

If you have any questions please feel free to contact me.

Kirsten Swanson

Paul H. Grant

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March 17, 2016

Representative Cathy Munoz
Alaska State Capitol, Room 501
Juneau, Alaska 99801

Re: Support for HB 334

Dear Representative Munoz:

I write in strong support of HB 334. As a private practice lawyer with extensive experience in custody litigation, it has been my observation that the domestic violence provisions of AS 25.24.150 (g) *et seq.* are often used not for their intended purpose, the protection of children from harm, but rather to gain a tactical advantage in custody disputes. It has been my further observation that “the presumption” is very often applied in cases in which there has been absolutely no documented harm to the child, but only situational or technical violations of the law having no possible bearing on the safety or best interests of the child.

As an example, let me cite a hypothetical case – but one that is very similar to cases in which I have been involved.¹ The father, during an argument with mother, slammed a door, causing damage to the door frame. The father was never charged with a crime. Their child was in the house but there is no evidence the child actually witnessed the incident (he may have heard the argument). The mother obtained a domestic violence restraining order, claiming that the door slam was an assault, and

¹ I have used hypotheticals to protect the privacy of clients. The examples are very close to the facts of actual cases.

also that the door damage was malicious destruction of property (both “crimes of domestic violence” within the meaning of AS 24.25.150). Subsequently, the father inadvertently violated the protective order by attempting to speak with the mother when he encountered her in the grocery store. Since no conviction of a crime is required under the statute, the father was now guilty of two incidents of domestic violence, and in the ensuing custody case, the court had no option but to apply the presumption of domestic violence. The father was reduced to minimal supervised visits with his son. Unfortunately, the only visitation supervisors he could find charged \$75 per hour for supervision services. Because he was paying full child support, he simply could not afford to see his son, and consequently that relationship has been largely destroyed.

What is remarkable about this very common scenario is that there was absolutely no demonstrated harm to the child caused by the supposed two acts of domestic violence. There was no physical violence directed at any person involved. There was no nexus between the acts of the father and the best interests of the child. Yet, on this flimsy showing, the strong relationship between the father and his son has been functionally destroyed. The provisions of HB 334 requiring actual conviction of crimes of domestic violence, rather than just “preponderance of evidence” allegations, will go a long way toward remedying these abuses.

Another admirable feature of the bill is that it confines consideration of convictions to a reasonable 5 year period under AS 25.20.061. However, I would suggest that the 5 year limitation set out in AS 25.20.061 be included also in AS 25.24.150. This would clarify the legislature’s intent to limit consideration of domestic violence allegations to a reasonable time period.

As interpreted currently by the Supreme Court, because there is no time limitation imposed under AS 25.24.150, the courts are required to consider allegations of domestic violence that have not been actively litigated, no matter how old, and no matter if the parties settled their custody dispute. Here is an example

that shows the unjust results that can flow from this rule. I recently completed a six day trial in a custody modification case that was largely based on allegations of domestic violence that were 8 to 10 years old. The parties had settled their case without litigating the DV allegations in 2009. The mother now sought to have the court impose the DV presumption even though the parties had shared physical and legal custody since their separation in 2008. As you can imagine, the difficulty of disproving allegations that are ten years old is tremendous. Fortunately the mother was found not to be credible and the motion was denied; however, the parties spent six days of the court's valuable time getting to that result. Had there been a statute of limitations on allegations which might trigger the presumption in AS 25.24.150, the case would never have been brought.

A final thought on the bill is this, and I recognize that it may be controversial. It seems to me that the current legislation conflates protection of the child with protection of the former spouse. In theory, there is no reason that the former spouse needs protection; to the extent that it is used that way without considering the negative impact on the relationship of the child to the alleged perpetrator, it can actually do harm to the child. I believe that there should be some consideration given to narrowing the list of triggering crimes of domestic violence to ones in which the petitioner/plaintiff can demonstrate a direct impact on the well-being of the actual children involved (rather than a hypothetical or theoretical impact on children in general, or an impact on the other parent). I would like to see the bill amended to require both conviction and a showing that harm occurred or is likely to occur to the child involved in the actual case before the court.

With these minor qualifications, I heartily applaud the legislation. This is a set of statutes that has been misused for far too long. Many parental relationships (usually, though not always of fathers to their children) have been destroyed based on completely hypothetical and theoretical harms that simply do not exist in the

particular case before the court. HB 334 is a great step toward remedying the situation.

Best regards,

Paul H. Grant



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April 8, 2016

BY EMAIL

The Honorable Representative Gabrielle LeDoux
Chair, Judiciary Committee
Alaska State Legislature
State Capitol, Room 118
Juneau, AK 99801-1182

Re: Opposition to HB 334

Dear Rep. LeDoux,

I am the senior staff attorney with the Alaska Network on Domestic Violence & Sexual Assault (ANDVSA) Legal Program. I am writing to oppose HB 334 and its proposed repeal of the domestic violence presumption and proposed requirement that evidence of domestic violence, child abuse, and child neglect be proved by clear and convincing evidence. I previously testified in opposition to an earlier version of HB 334 that would have required a criminal conviction for domestic violence to trigger the domestic violence presumption. I testified about my concerns that the earlier version of HB 334 would not adequately protect victims of domestic violence and their children. I continue to have the same grave concerns about the latest version of HB 334. Removing the domestic violence presumption and requiring proof of domestic violence by clear and convincing evidence will harm Alaskan children by diminishing the significance of domestic violence in child custody cases.

I have been an attorney with ANDVSA since 2010. My practice is exclusively devoted to serving low-income victims of domestic violence and sexual assault, primarily in divorce and custody cases. I have represented dozens of victims—both men and women—all around the state, including in Anchorage, Juneau, Haines, Fairbanks, Barrow, Bethel, Kodiak, Kenai, Homer, and Cordova.

The domestic violence presumption has been exceedingly important to protecting children in many of my cases. The presumption means that courts must give full and thorough consideration to evidence of domestic violence. This, in turn, encourages victims of domestic violence to take the necessary and difficult steps to separate from their abusive partners and seek safety for their children and protection from the courts. I have heard countless clients tell me that they stayed in abusive relationships because the abusive partner repeatedly told them that if they left, they would lose their kids. Thanks to the domestic violence presumption, I am able to advise my clients that it is safe to move forward with a divorce or custody case because the court is required to take the evidence of domestic violence seriously.

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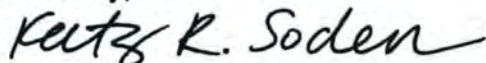
Letter to Rep. LeDoux
April 8, 2016
Page 2 of 2

Without the presumption, I cannot give this reassuring advice to my clients. Without the presumption, the court may choose to treat domestic violence as it would any other best interest factor. But that does not give domestic violence the weight it deserves, given the well-recognized negative impacts on children from witnessing domestic violence. By removing the domestic violence presumption, HB 334 will result in harm to Alaskan children because more victims will stay in abusive relationships rather than risk losing their kids to their abuser in court.

In addition, requiring proof of domestic violence by clear and convincing evidence will also result in harm to Alaskan children because the nature of domestic violence makes it exceptionally difficult—if not impossible—to prove by this standard. Domestic violence, by its very terms, occurs in our homes. It occurs behind closed doors. In the course of my work at ANDVSA I have heard from clients that abusers know how to hit in places on the body where there will be no visible bruising. Abusers will break or hide cell phones so victims can't call for help. Abusers will threaten to injure, kill, rape, and deport in order to prevent victims from reporting the violence. This all means that when many victims finally seek safety for themselves and their children in court they may not have proof of domestic violence beyond their own testimony. If the standard of proof is clear and convincing evidence, the court in turn may not be able to find that domestic violence has occurred. By elevating the standard of proof to clear and convincing evidence, therefore, HB 334 effectively rewards abusers who perpetrate violence behind closed doors and concurrently takes away from judges the ability to adequately protect children when the domestic violence has occurred in private.

For these reasons, I urge you not to pass HB 334. Thank you very much for your consideration.

Sincerely,



Katy Ruff Soden
Senior Staff Attorney
ANDVSA LEGAL PROGRAM

cc: Representative Cathy Muñoz



Generations ***A Family Place Inc.***

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What Makes HB 334 a Bad Bill

I am a therapist in private practice in Anchorage. I work with children and families. A significant part of my work involves families going through divorce. A number of my clients (children and adults) are struggling with either getting free of an abusive situation or recovering from the effects of abuse. I do custody investigations, expert witness testimony and court ordered therapy. I have been involved in various ways with addressing domestic violence and its effects for nearly 30 years. I consider myself to be on the front lines and deep in the trenches of the fight against domestic violence. If HB 334 passes it will roll back the clock 30 years in terms of protecting children and victim parents to a time when there was little recourse for victims and children; where one State Custody Investigator actually recommend that children be placed with a batterer because the mother "acted like a victim" and he did not want the children to learn that dynamic from her. Children and victim parents have a right to live free of abuse and the threat of violence. They deserve safety. This bill would throw them to the wolves.

HB 334 WILL COST TOO MUCH MONEY AT A TIME WHEN WE CAN LEAST AFFORD IT!

If passed, HB 334 will dramatically increase costs to the State of Alaska at a time when it can ill afford to do so. Raising the bar from a finding of domestic violence by a preponderance of the

evidence to a conviction of a crime of domestic violence (beyond a reasonable doubt) will lead to increased demands on the State Attorney General as well as municipal prosecutors to prosecute every case of domestic violence. There will also be increased demands on the Public Defenders office, the Office of Public Advocacy and the Office of Children's Services. State Troopers and local police departments will see increased costs due to needing to respond, report, file charges and ultimately testify in criminal proceedings. There will be increased demands on the courts to hear DV cases that previously could have been handled as a civil matter but now must be dealt with as a criminal matter – with all the attendant complications and costs.

THE “REBUTTABLE PRESUMPTION” WORKS

The law as currently written is doing a good job of protecting vulnerable children and victim parents. Yes, there may have been some cases in which a judge erred and “found” domestic violence when none had occurred; but these cases are *the exception not the rule!* In my experience I have seen far more instances in which the battering and domestic violence was real; but there was not enough evidence to prove by a preponderance of the evidence (the current civil standard) that domestic violence had happened. The result was the abusers' position was strengthened and the children and victim parents became even more trapped and helpless against the abuse.

The “rebuttable presumption” requires a judge *find* domestic violence. Nobody lost their children because they were “accused”. Due process rights are observed. Parents facing accusations of domestic violence are afforded the opportunity to face their accuser, hear and see the evidence, offer their own evidence and arguments. This bill is not guaranteeing some lost rights to accused parents it is denying the right to safety to vulnerable children and victim

parents. Raising the standard to a criminal conviction beyond a reasonable doubt is unreasonable and unrealistic to the victims of domestic violence.

EDUCATION AND TRAINING ARE NEEDED – NOT DENIAL OF PROTECTION

For those few cases in which a parent may have lost custody of their children due to an erroneous finding by a judge, the remedy is better training of judges, custody investigators, attorneys, OCS Social Workers and other interested parties about domestic violence. Such “false positives” of course are tragic to the parents and children, but far more tragic will be the countless “false negatives”, the failure to prove beyond a reasonable doubt that will trap and ultimately destroy too many victims of domestic violence. We do not need to take away safety, we need to increase safety by increasing knowledge, accuracy and understanding about domestic violence.

SAFETY IS THE HIGHEST PRIORITY – NOT PARENTS’ RIGHTS

The timing of this bill is interesting in that I am the co-author of a proposed bill that would have improved the rebuttable presumption by requiring judges to make the safety of children and victim parents a higher priority than a parents’ right to possess their child. Domestic violence is real. It happens far too often and gets far too little appropriate attention. The things that happen to seemingly normal healthy families behind closed doors out of sight of witnesses and objective fact finders can be shocking and unbelievable. So shocking and unbelievable in fact that all too often people do not believe the victims when they finally speak out. It is easier for the ill-informed, the untrained and the biased to believe that a parent is trying to gain the upper hand in divorce by making false allegations than to accept that this otherwise charming and appealing individual is a wolf in sheep’s clothing committing monstrous acts. Too many lawyers who represent these wolves somehow believe that there is a magic door in their office through which

only the righteous pass. In doing their job of zealously representing the interests of their wolf clients they create the false narrative of a poor parent victimized by a false accusation. Please do not be swayed by this false narrative. The story that needs telling and to be heeded is the unbelievable and shocking tale of innocent children and victim parents who have been controlled, terrorized, abused and worse.

Allen Levy CPA

From: Allison Mendel

Date: April 8, 2016 at 15:47:57 AKDT

To: "representative.gabrielle.ledoux@akleg.gov" <representative.gabrielle.ledoux@akleg.gov>

Subject: HB 334

I have previously written opposing the passage of this bill. I am a domestic relations lawyer with more than thirty years' experience in Alaska. I have represented both mothers and fathers and literally hundreds of custody cases. The DV presumption was adopted and added to the child custody statutes after a great deal of research and discussion. It addresses a very real and very common risk to children in our state. HB 334, even as amended, vitiates this rule and will not protect children. I know of no research that supports such a change. On the other hand, I know of many children in many cases who would be harmed by the change. Please do not abandon children in danger. Please do not support this bill.

Allison Mendel

Mendel Colbert & Associates, Inc.

1215 W. Eighth Ave.

Anchorage, AK 99501

(907) 279-5001

From: "M. Lynn Crane"

Date: April 8, 2016 at 17:07:14 AKDT

To: <Rep.Gabrielle.LeDoux@akleg.gov>, <Rep.wes.keller@akleg.gov>, <Rep.neal.foster@akleg.gov>, <Rep.bob.lynn@akleg.gov>, <rep.charisse.millett@akleg.gov>, <rep.matt.claman@akleg.gov>, <rep.jonathan.kreiss-Tompkins@akleg.gov>

Subject: HB334

Good afternoon, I am M. Lynn Crane and I am the Director of Unalaskans Against Sexual Assault & Family Violence in Unalaska/Dutch Harbor. I am writing to express concerns about HB334.

Sadly, Alaska continues to have one of the highest rates of domestic violence and child abuse in the nation. HB334 will make it harder for a court to find domestic violence, child abuse, and/or child neglect as relevant issues in awarding custody.

The law currently in place protects Alaskan children by requiring courts to consider evidence of domestic violence, which they didn't always do prior to this law being passed.

Currently, if there is a history of domestic violence, the court has discretion to decide if unsupervised or supervised visitation is best, and to require the perpetrating parent to do some type of program. This has been very helpful in getting help for parents of children being raised in violent households, and has increased the safety of children and their non-offending parents.

Many, many, many victims of domestic violence stay in violent relationships because of fear of losing custody. If a victim is concerned that she will not be able to prove domestic

violence in a custody case, she may not leave the relationship. This will cause further damage to the children, who are living with and witnessing domestic violence.

Please consider the safety of victims and their children when considering this bill.

Thank you for your work and commitment on behalf of all Alaskans.

~ Lynn

M. Lynn Crane, Executive Director

Unalaskans Against Sexual Assault & Family Violence (USAFV)

PO Box 36 Unalaska, AK 99685

Office 907-581-3310 24-Hour Crisis Line 907-581-1500

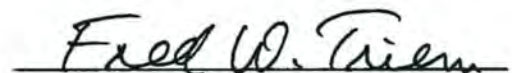
Toll-Free 24-Hour Crisis Line 1-800-478-7238 Fax 907-581-4568

Legislative Hearing on HB 334, Saturday, 9 April 2016 in JNU — House Judiciary Comm:

SIX arguments in support of the *original* bill first presented before CS:

- (1) #1 Original HB 334 eliminates a vague, ambiguous, ill-defined term: “*a history of perpetrating*” with a precise term: “*convicted*”.
- (2) #2 Vague law provokes disagreement – inspires, invites litigation.
- (3) #3 H&SS Comm Substitute is step backwards replaces precise with vague “clear and convincing evidence” which is not a precise legal term.
- (4) #4 Original HB 334 will streamline judicial proceedings by omitting collateral trials on side issues (a) “committed a crime”; (b) “a history of perpetrating DV”; “a history of perpetrating”; (c) “shows that the other parent has sexually assaulted or engaged in domestic violence”; [presumption of] “a history of perpetrating”; multiple: “a history of perpetrating” (6 times)
- (5) #5 Protects the parties by assuring that (a) DV accusation has been brought in a timely fashion (b) with fair advance notice to the accused, and (c) has been adjudicated by a judge and jury.
- (6) #6 Will conserve judicial resource: reduce judicial burdens, save court time, attorney efforts (public & private attorneys), will save court system money \$ by lowering number of disputes and reducing extent of litigation.
- (7) Summary: HB 334 replaces vague, ambiguous law with accurate, precise law.
- (8) Beauty of the *Original* Bill: will reduce litigation and judicial work, save Alaska Court System time and money, discourage wasteful legal disputes.

Respectfully submitted on 9 April 2016.



Fred W. Triem, AK Bar No. 7912140

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From: Allen Bailey <allen@lawofficeamb.com>
Date: April 9, 2016 at 23:07:54 PDT
To: "Representative.Gabrielle.LeDoux@akleg.gov"
<Representative.Gabrielle.LeDoux@akleg.gov>
Cc: "Al Levy (alyozhik@ak.net)" <alyozhik@ak.net>
Subject: CSHB334 materials

Representative LeDoux,

Attached are copies of my brief CV, my article about child custody in cases involving domestic violence from 47 Family Law Quarterly (spring 2013), p. 35, and the report of the U.S. Attorney General's Task Force on Children Exposed to Violence. These materials explain my concerns about the safety of children in violent families and why children's safety should be given preference over the wishes of mothers or fathers in these families.

Thank you for your attention when I spoke to your committee on Saturday, April 9.

Allen.

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Prioritizing Child Safety as the Prime Best-Interest Factor

ALLEN M. BAILEY*

I. Introduction

In making child custody decisions, family court judges must apply their jurisdiction's "best interests of the child" criteria. Most states have lists of factors that judges should consider. Courts are expected to issue custody orders that are safe for children, but they often have difficulties reconciling competing factors. Child safety (or victim-parent safety) is not listed as a top priority. After Congress adopted a resolution stating that children should not be placed in the custody of parents who have committed domestic violence,¹ all states enacted laws allowing consideration of domestic violence.² While almost half of the states contain a presumption against custody to the abuser, most do not offer any guidance as to what triggers the presumption and how the existence of domestic violence is to affect the child custody decision.³ In addition, domestic violence is almost always defined in terms of physical abuse, rather than psychological.

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1. H.R. Res. 172, 101st Cong. (1990).

2. See Leslie Joan Harris, *Failure to Protect from Exposure to Domestic Violence in Private Custody Contests*, 44 *FAM. L. Q.* 169 (2010) (noting that twenty-eight states use domestic violence as a factor); Linda D. Elrod & Robert G. Spector, *A Review of the Year in Family Law 2011–2012: "DOMA" Challenges Hit Federal Courts and Abduction Cases Increase*, Chart Two, *Child Custody Criteria*, 46 *FAM. L. Q.* 471, 526 (2013). See, e.g., *Boswell v. Boswell*, 721 A.2d 662, 668–69 (Md. Ct. Spec. App. 1998).

3. See Harris, *supra* note 2, at 171 (noting twenty-two states have presumptions against custody to the abusive parent). See, e.g., ALASKA STAT. § 25.24.150(h) (one severe incident or two minor ones triggers presumption). Others require a pattern of abuse—ARK. CODE ANN. § 9-13-101(c)(2). Still others require a criminal conviction. FLA. STAT. ANN. § 61.13. Presumptions can be overcome. See *Stephanie F. v. George C.*, 270 P.3d 737 (Alaska 2012). *But see Nichols v. Nichols*, 74 So. 3d 919 (Miss. Ct. App. 2011) (finding mother did not overcome the presumption against custody to an abuser).

Many family court judges have too little knowledge about the harmful effects on children who are exposed to violence in their homes. While judges usually do not award custody to a parent where evidence shows actual physical abuse of the child, a judge may award sole or joint custody or parenting time to a parent who has abused a spouse. Family court judges often fail to understand that a parent who abuses the child's other parent cannot at the same time be a good parent.⁴ The American Judges Association noted that "Studies show that batterers have been able to convince authorities that the victim is unfit or undeserving of sole custody in approximately 70% of challenged cases."⁵ Without an understanding of the potential harm to children from witnessing or being in the same home when it occurs, a judge may dismiss the concerns of a hesitant, traumatized, and often nervous parent-victim of abuse. The judge may be more impressed with the perceived better parenting qualities of the often glib, articulate, and manipulative abuser. When safety is compromised, children often suffer profound and long-lasting harm.

This article will explore the issue of domestic violence in the context of child custody proceedings and discuss abusers, victims, and the problems with joint custody. Next it will discuss recent research on the effects of domestic violence on children, including new brain studies. The article will discuss a 2007 Wingspread Conference, which offers a new paradigm of weighting safety above other child custody factors. The article concludes that courts should consider safety as the most important factor in determining best interests of the child and with whom the child will live.

II. Domestic Violence and Child Custody

Domestic violence is an unfortunate reality. Social science shows that a significant number of all relationships includes violent behavior by one or both partners against the other. Recent studies indicate that one in three women (35.6%) have experienced rape, physical violence, and/or stalking by an intimate partner.⁶ While men also are victims of abuse, the rate of sexual assault by male intimate partners is twenty-five times the rate of

4. See, e.g., *Knock v. Knock*, 621 A.2d 267 (Conn. 1993); Evan Stark, *Rethinking Custody Evaluation in Cases Involving Domestic Violence*, 6 J. CHILD CUSTODY 287, 317 (2009).

5. Mike Brigner, *Why Do Judges Do That?*, in DOMESTIC VIOLENCE, ABUSE, AND CHILD CUSTODY, 13-6, 13-7 (Therese Hannah & Barry Goldstein eds. 2010) (citing <http://aja.ncsc.dni.us/domviol/page5>).

6. See NATIONAL CENTER FOR INJURY PREVENTION & CONTROL, CENTERS FOR DISEASE CONTROL & PREVENTION, NATIONAL INTIMATE PARTNER AND SEXUAL VIOLENCE SURVEY (NISVS): 2010 SUMMARY REPORT. See also PATRICIA TJADEN & NANCY THOENNES, EXTENT, NATURE AND CONSEQUENCES OF INTIMATE PARTNER VIOLENCE: FINDINGS FROM THE NATIONAL VIOLENCE AGAINST WOMEN SURVEY (2000) (earlier studies showed 22% of women have been physically abused and even more have been sexually assaulted).

assault by female intimates.⁷

Child custody litigation is a minefield for family violence victims because of long-term societal assumptions and religious and legal foundations on which people rely in making decisions about interpersonal relationships. Women who are subject to abuse in their relationships often find it difficult to end the relationship. Societal pressures to maintain an intact family combined with lack of financial and legal support result in an average of five to seven attempts to leave before a woman is finally able to end the relationship.⁸ Meanwhile, the danger steadily increases.

A child custody action occurs in one of the most dangerous times for abused women and their children: the two years following separation from the abuser.⁹ During that period, the abuser is most likely to abuse, stalk, and harass his former partner and her children. More women victims are murdered by their former partners within two years of separation than at other times; the risk to their attorneys is elevated during this time period as well.¹⁰

The victim's attorney must conduct an early screening of the client for a history of abuse. In addition, the attorney must screen for current and potential future risk to the client and the likelihood of potentially lethal actions by the abuser.¹¹ Appropriate and safe results require that every professional involved in the case be educated, trained, and motivated to protect the victim and the children. The attorney seeking a safe result for an abuse victim and her child must know how to interview the client to

7. LUNDY BANCROFT, JAY G. SILVERMAN, & DANIEL RITCHIE, *THE BATTERER AS PARENT: ADDRESSING THE IMPACT OF DOMESTIC VIOLENCE ON FAMILY DYNAMICS* 98, 123 (2d ed. 2012). See also SHANNON CATALANO ET AL., BUREAU OF CRIMINAL STATISTICS, *FEMALE VICTIMS OF VIOLENCE 2-3* (2009) (indicating that 70% of victims killed by an intimate partner in 2007 were women, a number unchanged since 1993); NISVS 2010, *supra* note 6 (showing that one in three women experience multiple forms of rape, stalking, and physical violence; 92.1% of male victims experience only physical violence; 10.7% of women, and only 2.1% of men have been stalked).

8. Kathleen Ferraro, *Battered Women: Strategies for Survival*, in *PUBLIC AND PRIVATE FAMILIES: A READER* 243 (Andrew J. Cherlin ed., 1998).

9. Peter G. Jaffe, Janet Johnston et al., *Custody Disputes Involving Allegations of Domestic Violence: Toward a Differentiated Approach to Parenting Plans*, 46 *FAM. CT. REV.* 500, 501-02 (2008) (noting that abuse often escalates after separation). Sometimes the period of danger can last for many years postseparation. See also Daniel G. Saunders & Angela Browne, *Intimate Partner Homicide*, 2 *CASE STUDIES IN FAMILY VIOLENCE* 424 (Ammerman & Hersen eds., 2000); J.L. Hardesty & G.H. Chung, *Intimate Partner Violence, Parental Divorce, and Child Custody: Directions for Intervention and Future Research*, 55 *FAMILY RELATIONS* 200 (2006).

10. Saunders & Browne, *supra* note 9.

11. Pauline Quirion, *Why Attorneys Should Routinely Screen Clients for Domestic Violence*, 42 *BOSTON B.J.* 12 (1998). See also Margaret Drew, *Lawyer Malpractice and Domestic Violence: Are We Revictimizing our Clients?*, 39 *FAM. L. Q.* 7 (2005) (suggesting ways lawyers can protect victims of domestic violence).

draw out her history of intimidation, isolation, control, and violence. The attorney must convey those facts to a court that often has little insight into the dynamics of family violence. The lawyer must then convince the judge that neither the victim client nor her children will be safe without the relief the attorney requests.

Social science researchers in the past several years have published results of studies showing that abusive parents drive the majority of contested child-custody cases in the courts of the United States and Canada.¹² Janet Johnston states:

In our studies of custody-litigating families, domestic violence was alleged in the large majority of cases (two thirds to three fourths), and parental abuse of drugs and alcohol was alleged on average in about one half of cases. . . . To date, findings indicate that the majority of domestic violence and substance abuse allegations (one half to three fourths) and a large minority of child neglect and abuse allegations (one fourth to one half) in family law matters can be subsequently substantiated in some manner.¹³

Male batterers are more likely than nonabusive men to seek custody of their children.¹⁴ Because men have controlled most significant segments of societies in which they live, from government to religion and family structures, abusive men have a significant cultural advantage in litigating issues surrounding divorce and child custody, simply by virtue of their maleness. The legal system grants parents rights to custody of their children¹⁵ that often appear to be superior to their children's right to be safe. Abusive

12. Janet R. Johnston et al., *Allegations and Substantiations of Abuse in Custody-Disputing Families*, 43 *FAM. CT. REV.* 283 (2005); Peter G. Jaffe, Samantha E. Poisson, & Alison Cunningham, *Domestic Violence and High-Conflict Divorce: Developing a New Generation of Research for Children*, in *DOMESTIC VIOLENCE IN THE LIVES OF CHILDREN: THE FUTURE OF RESEARCH, INTERVENTION, AND SOCIAL POLICY* 192 (Jeffrey L. Edleson & Sandra A. Graham-Bermann eds., 2001) [hereinafter *DOMESTIC VIOLENCE IN THE LIVES OF CHILDREN*] (finding domestic violence allegations arose in 75% of contested custody cases). See also AMERICAN PSYCHOLOGICAL ASSOCIATION, *VIOLENCE AND THE FAMILY: REPORT OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION PRESIDENTIAL TASKFORCE ON VIOLENCE AND THE FAMILY* 100 (1996) [hereinafter *APA FAMILY VIOLENCE REPORT*] (noting that child custody and visitation disputes must be understood in the context of family violence and abuse because allegations appear to occur more frequently when there is a history of domestic violence).

13. JANET JOHNSTON, VIVIENNE ROSEBY, & KATHRYN KUEHNLE, *IN THE NAME OF THE CHILD: A DEVELOPMENTAL APPROACH TO UNDERSTANDING AND HELPING CHILDREN OF CONFLICTED AND VIOLENT DIVORCE* 308 (2d ed. 2009).

14. BANCROFT, SILVERMAN, & RITCHIE, *supra*, note 7, at 5. See also Susan L. Miller & Nicole L. Smolter, *Paper Abuse: Documenting New Abuse Tactics*, 17 *DOM. VIOL. REP.* 65 (2012) (discussing how abusers use legal proceedings to harass their victims, force contact, exert control, and financially burden them); Mary Przekop, Note, *One More Battleground: Domestic Violence, Child Custody, and the Batterers' Relentless Pursuit of Their Victims Through the Courts*, 9 *SEATTLE J. SOC. JUST.* 1053 (2011).

15. See *Troxel v. Granville*, 530 U.S. 57, 65 (1997) (stating that "the interest of parents in the care, custody, and control of their children is perhaps the oldest of the fundamental liberty interests recognized by this Court").

men, who are often articulate, manipulative, and persuasive, often prevail over their abuse victims in custody disputes, despite a lack of evidence that the women had parenting faults.¹⁶ More concerning is that some abusive men succeed in obtaining physical custody, even when there is credible evidence of the father's abuse of the mother and the children.¹⁷

A. Characteristics of Batterers

Domestic violence research has changed. Early writers on family violence did not even attempt to differentiate the *nature* of violence in relationships,¹⁸ but talked about a "cycle of violence."¹⁹ Later researchers, Johnston and Campbell, came up with several "typologies" of relationship violence.²⁰ A recent characterization categorizes interpersonal violence in relationships: coercive controlling violence, violent resistance, situational couple violence, and separation-instigated violence.²¹ The most serious is the coercive controlling violence. One out of eight relationships includes efforts by violent men to control their partners. Recently recast as "coercive control," the long-term battering process involves intimidation, isolation, control, and physical abuse.²²

. . . Coercive control entails a malevolent course of conduct that subordinates women to an alien will by violating their physical integrity (domestic violence), denying them respect and autonomy (intimidation), depriving them of social connectedness (isolation), and appropriating or denying them access to the resources required for personhood and citizenship (control). . . .²³

A primary feature of abusive men is their sense of entitlement to control, coerce, denigrate, and abuse their female partners by virtue of the

16. *Borchgrevink v. Borchgrevink*, 941 P.2d 132 (Alaska 1997).

17. BANCROFT, SILVERMAN, & RITCHIE, *supra*, note 7, at 142.

18. Murray A. Strauss, *Measuring Intrafamily Conflict and Violence*, 41 J. MARRIAGE & FAM. 75 (1979).

19. LENORE WALKER, *THE BATTERED WOMAN* (1979) (describing the "cycle" of violence as a three-phase process that began with a build-up of tension in the relationship followed by an episode of physical abuse, and then followed by a "honeymoon" phase in which the abuser (or batterer) was apologetic and regretful concerning his conduct. And then the cycle would begin again with a buildup of tension).

20. Janet R. Johnston & Linda E. Campbell, *A Clinical Typology of Interparental Violence in Disputed-Custody Divorces*, 63 AM. J. ORTHOPSYCHIATRY 190 (1993).

21. Joan B. Kelly & Michael P. Johnson, *Differentiation Among Types of Intimate Partner Violence: Research Update and Implications for Interventions*, 46 (3) FAM. CT. REV. 476 (2008).

22. EVAN STARK, *COERCIVE CONTROL: HOW MEN ENTRAP WOMEN IN PERSONAL LIFE* 228 (2007) (stating that "woman battering from the standpoint of its survivors is a course of calculated, malevolent conduct deployed almost exclusively by men to dominate individual women by interweaving repeated physical abuse with three equally important tactics: intimidation, isolation, and control. . . .").

23. *Id.* at 15. See also Kelly & Johnson, *supra* note 21, at 480.

fact that they are men.²⁴ This dynamic is characterized by some writers as *intimate terrorism*:

In *intimate terrorism* relationships, the perpetrator engages in a general pattern of coercion and control over his partner—over her finances, social contacts, everyday activities, employment, parenting practices, even the clothes she wears—and uses violence as one means to that end. Even nonviolent control tactics take on a violent meaning through their implicit connection with potential physical harm.²⁵

An integral part of the coercive control dynamic is the process by which the batterer makes the rules by which his victim partner must live—and then he changes the rules so that the victim partner can never succeed in following “the rules.” It leaves the partner—usually the woman—not knowing what will happen next or how to do whatever is necessary to keep the abuser from hitting or choking her again. The uncertainty and denigration leave her isolated in her world. The batterer does not make all of the decisions in his relationship, but he *decides who makes the decisions*:

. . . The hyper-regulation of everyday routines typical of coercive control *works* because the normative constraints already embedded in women’s performance of everyday chores merge with their fear of not doing what is demanded. . . .

. . . What marks control is not who decides, but who decides who decides; who decides what, whether, and how delegated decisions are monitored; and the consequences of making “mistakes.”²⁶

Physical violence, sexual assault, and coercion are the most obvious signs of coercive control, but those behaviors do not have to be frequent or severe in order for the battering male to continue the abusive relationship. As some researchers note:

. . . the fear generated in the victim is sufficient. The pattern of abusive behavior tends to escalate over time, especially in response to threat of loss of control of or abandonment by the partner. This may explain why the abuser is more likely to use custody litigation to harass and punish and becomes particularly dangerous during the aftermath of the separation, at which time he may stalk, harass or take the victim hostage. [citations omitted.]²⁷

Battering partners nearly always have control over the couple’s finances. They are more likely to use the courts to continue to control their partners

24. Evan Stark, *Representing Woman Battering: From Battered Woman Syndrome to Coercive Control*, 58 ALBANY L. REV. 973 (1995). See also, Mary Ann Dutton & Lisa Goodman, *Coercion in Intimate Partner Violence: Toward a New Conceptualization*, 52 (11/12) SEX ROLES 743 (2005).

25. LISA A. GOODMAN & DEBORAH EPSTEIN, LISTENING TO BATTERED WOMEN: A SURVIVOR-CENTERED APPROACH TO ADVOCACY, MENTAL HEALTH, AND JUSTICE 9 (2008).

26. STARK, *supra* note 22, at 230.

27. JOHNSTON ET AL., IN THE NAME OF THE CHILD, *supra* note 13, at 314.

and, in effect, financially and emotionally abuse them as well.²⁸

Only a small percentage of male batterers have mental health diagnoses.²⁹ One researcher found a greater proportion of batterers have a personality disorder—specifically, a form of antisocial personality disorder:

Perpetrators who are psychopaths have a high likelihood of re-offending. While psychopaths represent a relatively small percentage of men who abuse women (15% to 30%) their behavioral traits of superficial charm, need for stimulation, callousness, and manipulation are quite familiar to clinicians who provide service to their victims . . . Psychopaths will have a history of early behavioral problems, impulsivity, antisocial behavior, and callousness.³⁰

Most battering men, or coercive controllers, have no psychological diagnosis. These men are socialized to believe that they are entitled to control their female partners and to use intimidation, isolation, control and physical force to maintain that control. While abuse of alcohol or another drug does not *cause* domestic violence, it may exacerbate it and increase the frequency. Coercive control does not have its genesis in abuse of a drug. Cocaine has been shown to increase the incidence of interpersonal violence. About two-thirds of methamphetamine users reported violent behavior as a result of their use.³¹

Some judges, trained to believe that parents have a “right” to parent their children, believe that persons who have committed crimes against their intimate partners will change their behaviors once their transgressions have been noticed. Courts often ignore the danger that abusive parents pose to their partners and children who are placed in their care. Few judges understand or accept the facts that these men who have that sense of entitlement *are highly unlikely to change their behaviors, even after completing a batterer intervention program*. This means that such men are highly likely to use their coercive and abusive tactics to control subsequent partners, which will expose their children to more of the abuse that they witnessed or endured during the abusive parent’s prior intimate

28. See PETER G. JAFFE ET AL., CHILD CUSTODY & DOMESTIC VIOLENCE; A CALL FOR SAFETY AND ACCOUNTABILITY 32 (2003) (describing the dynamic); Peter G. Jaffe & Robert Geffner, *Child Custody Disputes and Domestic Violence: Critical Issues for Mental Health, Social Service, and Legal Professionals*, in CHILDREN EXPOSED TO MARITAL VIOLENCE; THEORY, RESEARCH, AND APPLIED ISSUES 380–83 (George W. Holden, Robert Geffner & Ernest N. Jouriles eds., 1998); BANCROFT, SILVERMAN & RITCHIE, *supra* note 7, at 5, 15, 98; LUNDY BANCROFT, WHY DOES HE DO THAT? INSIDE THE MINDS OF ANGRY AND CONTROLLING MEN 291–314 (2002).

29. BANCROFT, SILVERMAN, & RITCHIE, *supra*, note 7, at 24–26.

30. Daniel J. Sheridan et al., *Prediction of Interpersonal Violence: An Introduction*, in ASSESSING DANGEROUSNESS: VIOLENCE BY BATTERERS AND CHILD ABUSERS 12 (2d ed., Jacquelyn C. Campbell ed., 2007).

31. *Id.* at 14 (reporting that in a study of more than 1,000 methamphetamine users, eighty percent of the women reported abuse or violence by a partner).

relationship.³²

A Quincy, Massachusetts, study of a statistically significant sample of batterers who were arrested demonstrated the basic intractability of abusive and controlling men. In a ten-year study, an examination of 342 men revealed:

[D]ecade-long criminal and abuse careers largely undeterred by arrest, prosecution, probation supervision, incarceration, and batterer treatment. Although only a minority reabused (32%) or were arrested for any crime (43%) within a year of the study court arraignment, over the next decade, the majority (60%) reabused, and almost three fourths were arrested for a domestic abuse or non-domestic abuse crime. The research suggests that short-term cessation of domestic violence achieved after a variety of interventions may not indicate longer-term behavior change.

. . . the majority of abusers reabused, and the majority of reabusers did so more than once. . . . although found to be significant, reabuse rates were undoubtedly higher than measured.³³

Designing research protocols that study recidivism among abusive men convicted of domestic assaults is difficult.³⁴ Those who have worked in treatment of battering men have had little success in proving these abusers actually change their behaviors. Research has shown that intensive, group-centered treatment programs, long considered the most likely to succeed in this endeavor, have only succeeded in cases that include continued close monitoring by the courts.³⁵ In a program directed at developing a batterer intervention program centered on educating batterers to see how their violence affects their children, some insights into batterer behaviors are determined:

32. Stark, *supra* note 24, at 64 (stating "Reoffending is a near certainty in domestic violence cases.").

33. Andrew R. Klein & Terri Tobin, *A Longitudinal Study of Arrested Batterers, 1995-2005; Career Criminals*, 14 *VIOLENCE AGAINST WOMEN* 136, 144 (2008). See also DONALD G. DUTTON & SUSAN K. GOLANT, *THE BATTERER: A PSYCHOLOGICAL PROFILE* 28 (1995), stating:

We were astonished to find that about 20 percent of our batterers actually showed a decline in heart rate during the course of the nonviolent argument . . . the batterers who showed this heart rate decrease were the most belligerent and contemptuous toward their wives . . . the "disconnected" group showed the highest rates of violence outside the marriage, and were the most likely to have reported violence in their family of origin.

34. Juan Carlos Arean & Lonna Davis, *Working with Fathers in Batterer Intervention Programs: Lessons from the Fathering After Violence Initiative*, in *PARENTING BY MEN WHO BATTER: NEW DIRECTIONS FOR ASSESSMENT AND INTERVENTION* 122 (Jeffrey L. Edleson & Oliver J. Williams eds., 2007) [hereinafter *PARENTING BY MEN WHO BATTER*] (noting that batterer intervention programs do not have the tools to assess and select the men who might be ready to start working on healing their relationships with their children).

35. See ANDREW R. KLEIN, *NAT'L INSTITUTE OF JUSTICE, PRACTICAL IMPLICATIONS OF CURRENT DOMESTIC VIOLENCE RESEARCH: FOR LAW ENFORCEMENT, PROSECUTORS AND JUDGES* 73 (2009).

Very few men will be able to take more than the first few steps during their first year of batterer intervention. . . . A percentage of men do not stop their violence after attending a batterer intervention group (the actual number is the subject of great and ongoing debate). Fathers who are actively violent should not be encouraged to pursue this work.³⁶

Change is a slow process. A recent period without violence does not mean the abuser has “changed.”³⁷ Seventy to eighty-five percent of men who batter their partners do not change their abusive and controlling behaviors from one relationship to the next. Why should they change? It works for them!³⁸ Children in their care will be exposed again to the abuse they witnessed in that parent’s previous relationship.³⁹ In other words, the children will be at risk of both direct abuse and the “collateral” abuse they receive from their parents’ violence.⁴⁰

Why do these men get sole or joint custody? Family court judges rely on whatever admissible evidence they have concerning the parents’ relative qualities as parents and assess appearance and demeanor of witnesses under circumstances where the judges’ expectations may be erroneous. In a description of courtroom demeanor of the abusive parent, the book for judges of the National Council of Juvenile and Family Court Judges states the following:

[T]here is no one pattern of behavior that you will observe in either the abusive parent or the at-risk parent. There are some behaviors, however, that indicate disrespect toward the other parent. These behaviors should raise red flags for you to determine whether they result from a pattern of control.

Often abusive parents present well, as they are skilled at maintaining control. An abusive parent might:

- Believe or claim that the other parent is stupid, unsophisticated or inflexible;
- Anger easily;
- Behave in an arrogant or superior manner;
- Attempt to present as the true victim in the relationship;

36. *Id.* at 129.

37. BANCROFT, SILVERMAN, & RITCHIE, *supra*, note 7, at 224, citing Scott L. Feld & Murray A. Straus, *Escalating and Desistance of Wife Assault in Marriage*, PHYSICAL VIOLENCE IN AMERICAN FAMILIES (Murray A. Straus & Richard J. Gelles eds., 1990) (noting that although the average batterer assaults three times a year, some batterers went twelve months or even two years, and that batterers tend to carry their abusive behavior from relationship to relationship).

38. Lundy Bancroft, Address at Alaska Women’s Resource Center Seminar (Oct. 2003). Bancroft, who worked for many years in batterer intervention programs in Massachusetts, is the author of *Batterers as Parents in THE EFFECT OF DOMESTIC VIOLENCE ON YOUR LEGAL PRACTICE: A LAWYER’S HANDBOOK* (2d ed. 2004).

39. BANCROFT, SILVERMAN, & RITCHIE, *supra*, note 7, at 22, 224.

40. Jeffrey L. Edleson, *Studying the Co-occurrence of Child Maltreatment and Domestic Violence in Families*, in DOMESTIC VIOLENCE IN THE LIVES OF CHILDREN, *supra* note 12, at 91. See also Katherine M. Kitzmann et al., *Child Witnesses to Domestic Violence: A Meta-Analytic Review*, 71(2) J. COUNSELING & CLINICAL PSYCH. 339–52 (2003).

- Appear vulnerable or otherwise engender empathy with the court or with third parties;
- Be unwilling to understand another's perspective;
- Expect the child to meet the parent's needs;
- Advocate or adhere to strict gender roles;
- Patronize the other party, counsel, and even the court;
- Attempt to create an alliance with you;
- Minimize, deny, blame others for, or excuse inappropriate behavior.

This controlled courtroom presence of the abusive parent may contrast with the at-risk parent's behavior.⁴¹

B. Why Victims Sometimes Do Not Look Like Good Parents

Fitting into male-developed credibility norms is difficult for a victim, particularly abused women. Women who have been traumatized and terrorized by physical abuse and intimidation by their intimate partners may find it difficult to communicate with the court—especially while sitting at a courtroom table ten feet from their abuser. Trauma affects people in predictable ways. The effects of exposure to trauma can interfere with a person's ability to concentrate on questions, formulate answers in a cogent manner and recall past traumatic events.⁴² This disabling effect stems from the power imbalance and “persuasion imbalance” that begins in the intimate moments when men assert their physical power and attempt to control their partners with infliction of traumatic (mental and/or physical) injuries.⁴³ Post Traumatic Stress Disorder (PTSD) can result. At trial, the battering partner may manipulate a judge into believing that the abuser is the better parent. This perception is enhanced because of the inability of the abused parent to effectively communicate, because of the effects of the intimate terrorism inflicted by the abuser and the added stress of having him or her sitting in the same courtroom during court hearings. In testifying about how she was abused, the victim is likely to re-experience the terror, fear, and pain she felt during the abuse, and her PTSD symptoms may interfere with her ability to recall or willingness to talk about it.⁴⁴ The judge is often convinced that the child is more appropriately placed in the

41. JERRY J. BOWLES ET AL., NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES, A JUDICIAL GUIDE TO CHILD SAFETY IN CUSTODY CASES 9 (2008).

42. JUDITH HERMAN, TRAUMA AND RECOVERY at 42–43, 116, 122 (1997); MARY MALEFYT SEIGHMAN, ERIKA SUSSMAN & OLGA TRUJILLO, REPRESENTING DOMESTIC VIOLENCE SURVIVORS WHO ARE EXPERIENCING TRAUMA AND OTHER MENTAL HEALTH CHALLENGES: A HANDBOOK FOR ATTORNEYS, NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA & MENTAL HEALTH 41–43 (2011). The DSM-IV-TR 468, 476, describes the behaviors, which can include the victim's mind going blank on the witness stand, her failure to remember details of the crimes against her, and becoming flooded with emotion as she recalls the fear she felt when she was assaulted.

43. HERMAN, *supra* note 42, at 28, 34, 42, 77, 122.

44. *Id.* at 42, 46.

custody of the abuser.⁴⁵ One judge's guide describes why the at-risk parent may not present as well and might:

- Have difficulty presenting evidence for any number of reasons: cognitive impairments resulting from abuse, fear, or a conviction that she [footnote omitted] will not be believed.
- Demonstrate inappropriate affect resulting from fear, depression, post-traumatic stress disorder, or other response to abuse.
- Be extremely anxious and unfocused in the presence of the abusive parent.
- Be aggressive or angry when testifying.
- Show signs of distress when listening to the other parent's testimony.
- Appear numb, unaffected, or disinterested.⁴⁶

In fact, a victim with posttraumatic stress disorder (PTSD) or generalized anxiety disorder caused by a perpetrator's abuse may at times be unable to testify about the abuse because PTSD or generalized anxiety disorder.⁴⁷ A person with generalized anxiety disorder or PTSD could have her thoughts go completely blank when asked a question. Counsel for battered victims must be prepared to deal with the behaviors of clients having PTSD.

PTSD symptoms include *intrusive symptoms* (reliving the traumatic experience as if it were continually recurring in the present, through nightmares and flashbacks), *avoidant symptoms* (emotional numbing, withdrawal, or the repression of memories of violent incidents), and *hyperarousal* (being in a constant state of alertness for and expectation of danger, which often leads to irritability and angry outbursts One analysis of a large set of existing studies found that almost 64% of battered women displayed symptoms that could be diagnosed as PTSD. . . . Other studies showed that approximately half of the women who experienced PTSD remained symptomatic even after they had been out of a violent relationship for 6 to 9 years.⁴⁸

C. Problems with Joint Custody

While statutory or case law requires all child custody decisions in the United States and Canada to be based on the best interests of the child, a major custody litigation pitfall for victims of violence is the legal or de facto presumption in favor of joint legal and/or physical custody.⁴⁹ Judith

45. Evan Stark, *Reframing Child Custody Decisions in the Context of Coercive Control*, 11–6, 11–23, 11–25, 11–29, 11–31, in *DOMESTIC VIOLENCE, ABUSE, AND CHILD CUSTODY*, 13–6, 13–7 (Therese Hannah & Barry Goldstein eds., 2010); Brigner, *supra* note 5.

46. *Id.* at 10.

47. See DSM-IV-TR, *supra* note 42 at 463. See also LENORE WALKER, *THE BATTERED WOMAN SYNDROME* 71 (3d ed. 2009) (explaining that battered woman syndrome is not a mental disorder but a psychological reaction of a normal person when exposed to traumatic events and characterizing battered woman syndrome as a component of posttraumatic stress disorder).

48. GOODMAN & EPSTEIN, *supra* note 25, at 55.

49. *E.g.*, FLA. STAT. ANN. § 61.13 (West 2012).

Wallerstein and Joan Kelly originally thought that children whose parents shared custody after their divorce fared nearly as well as children whose parents remained in unified families.⁵⁰ Shared custody, legal and physical, was promoted as the preferred child placement after divorces, irrespective of the level of conflict between the former spouses. In the 1980s, research began to reveal that children who were exposed to battering behavior in their homes tended to develop negative behaviors.⁵¹ In a ten-year follow-up study, Wallerstein and Blakeslee reported that a re-analysis of shared custody data from the earlier research, together with interviews with many of the original participants, revealed that the children who fared well in shared custody were only those whose parents had *agreed* to share custody.⁵² Those children who had one parent who objected to sharing custody after divorce, often because of allegations of abuse, fared *much worse* than children in unified families and children in the other shared-custody group. They explain:

Children raised in joint custody arrangements that result from a court order in the wake of bitterly contested divorces seem to fare much worse than children raised in traditional sole custody families also torn by bitter fighting. . . . there is no evidence that joint custody is best for all, or even for most, families.⁵³

Judges, trained to be impartial and unbiased fact-finders, consider only the admissible evidence presented in court when considering the best interest of the children. Many are unaware of the social science data on the harm to children from being in the middle of high conflict. Court custody practices and philosophy have not changed to accommodate the new information. Judges, and some state legislatures, continue to see shared custody as the favored mode, despite numerous research statistics that call that presumption into question. One recent study of divorce outcomes after the enactment of a joint custody presumption in one state reports an increase in the amount of child abuse allegations as well as lengthier, more costly, and more contentious custody proceedings.⁵⁴ Many commentators now recognize that where there has been domestic violence, joint custody is inappropriate. As one scholar noted:

Unfortunately, cases that get to litigation (or even to judicial intervention short

50. JUDITH WALLERSTEIN & JOAN KELLY, *SURVIVING THE BREAKUP: HOW CHILDREN AND PARENTS COPE WITH DIVORCE* (1980).

51. See, e.g., David Wolfe et al., *Children of Battered Women: the Relation of Child Behavior to Family Violence and Maternal Stress*, 53 *J. CONSULTING & CLINICAL PSYCHOL.* 657 (1985).

52. JUDITH WALLERSTEIN & SANDRA BLAKESLEE, *SECOND CHANCES; MEN, WOMEN AND CHILDREN A DECADE AFTER DIVORCE* (1996).

53. *Id.* at 273.

54. Douglas W. Allen & Margaret Brinig, *Do Joint Parenting Laws Make Any Difference*, 8 *J. EMPIRICAL LEGAL STUD.* 304, 307 (2011).

of litigation) are exactly those most likely to involve domestic violence. Recent research shows that approximately seventy-five percent of the contested custody cases that require judicial intervention are cases in which there is a history of domestic violence. . . . Presumptions in favor of shared custody then do not make sense given that so many of the cases in which the parties cannot resolve the children's custody without judicial intervention are cases involving domestic violence.⁵⁵

Parents who have been victims of violence and who seek to protect their children from further abuse by the former partner find the courts are biased against sole custody.⁵⁶ Joint legal or physical custody have forced thousands of victims into the nightmare of having to coparent after divorce with an abusive ex-partner and doomed many children to continued exposure to the harms detailed.⁵⁷ As two prominent researchers have indicated:

[The best innovations of the late 1900's, such as mediation and joint custody, are not appropriate solutions to child-custody disputes involving domestic violence because these remedies require two parents who have some basic respect and trust in each other, as opposed to fear and hesitancy to even be in the same room. . . . Legal and mental-health professionals who ignore warning signs of domestic violence can endanger children and parents by minimizing, denying, or excusing the reality of domestic violence.⁵⁸

The National Council of Juvenile and Family Court Judges published a judicial guide, which indicates that ensuring the child's physical, emotional and psychological safety are always in his or her best interest and notes:

Generally speaking, it is considered detrimental to a child and not in his or her best interest to be placed in the sole custody, joint legal custody, or joint physical custody with the abusive parent. . . . Providing for the physical, mental, and emotional safety of the child will include providing safe visitation by the abusive parent, if truly safe visitation can be arranged. You should award visitation to an abusive parent only if you find that adequate provisions for the child's and the abused parent's safety can be made, assuming that contact with the abusive parent is advised at all.⁵⁹

55. Judith G. Greenberg, *Domestic Violence and the Danger of Joint Custody Presumptions*, 25 N. ILL. U. L. REV. 403, 411–13 (2005). See also Dana Harrington Conner, *Back to the Drawing Board: Barriers to Joint Decision-Making in Custody Cases Involving Intimate Partner Violence*, 18 J. DUKE J. GENDER L. & POL'Y 223 (2011).

56. Joan S. Meier, *Domestic Violence, Child Custody, and Child Protection: Understanding Judicial Resistance and Imagining the Solutions*, 11 AM. U. J. GENDER SOC. POL'Y & L. 657 (2003).

57. REPORT OF THE ATTORNEY GENERAL'S NATIONAL TASK FORCE ON CHILDREN EXPOSED TO VIOLENCE, DEFENDING CHILDHOOD: PROTECT HEAL THRIVE 1 (2012) [hereinafter DEFENDING CHILDHOOD].

58. Peter G. Jaffe & Claire V. Crooks, *Assessing the Best Interests of the Child; Visitation and Custody in Cases of Domestic Violence*, in PARENTING BY MEN WHO BATTER, *supra* note 34, at 49.

59. BOWLES ET AL., *supra* note 41, at 5 (citing the NCJFCJ's Family Violence: A Model State Code § 401 (1994)).

III. Effects of Domestic Violence on Children

Many judges who adjudicate child custody cases do not make the connection between the abuse of the mother and the abuse of her children.⁶⁰ Family court judges do not acknowledge the connection between a parent who intimidates, isolates, denigrates and physically abuses his child's mother *and the harm likely to befall a child who is placed in that parent's custody*. Children in homes where men believe they are entitled to use force on their female partners in order to maintain control are much more likely to be physically abused themselves. These children are also about six times more likely to be sexually abused in those homes.⁶¹

Within the past few decades, research has shown that children are harmed by high conflict. As some researchers have noted:

[I]f parental conflict is high, and if the nature of that conflict is such that it harms children . . . then frequent contact with both parents is likely to be more harmful than beneficial to children. In the face of high conflict, therefore, children would do better living primarily in one household with an authoritative mother or father and having more limited contact with the other parent.⁶²

Domestic violence cases are high-conflict cases.⁶³ In recent years, research has established the existence of a wide range of possible adverse effects on children who have been exposed to domestic violence in their families.⁶⁴ Researcher Janet Johnston has noted that:

Children of such primary abusers are more likely to be abused directly, to witness one of their sibling's abuse, and to be exposed to continuing scenes of intimate-partner abuse when their abusive father or mother cohabits or remarries. More commonly, they are subjected to emotional abuse such as name-calling, cruel put-downs, and distortion of their reality by telling false and frightening stories. At times they are made the favorite at the expense of siblings who are isolated or outrightly rejected. At other times, they may be encouraged in morally corrupt and criminal behavior. . . . Boundary violations between adult domestic violence abusers and children are more likely especially where substance abuse is also involved, with a greater incidence of child sexual abuse being reported. . . .

After the separation, abusive ex-spouses often make exaggerated claims about their good relationship with their children and can use family litigation as a new forum to continue their coercive controlling behavior and to harass their former

60. STARK, COERCIVE CONTROL, *supra* note 22, at 42.

61. *See* Meier, *supra* note 56, at 700–01.

62. Robert E. Emery, Randy K. Otto, & William T. O'Donohue, *A Critical Assessment of Child Custody Evaluations*, 6 PSYCHOL. SCI. IN THE PUB. INT. 1, 16 (2005).

63. Linda D. Elrod & Milfred D. Dale, *Paradigm Shifts and Pendulum Swings: Critical Assessment of Child Custody Evaluations*, 42 FAM. L. Q. 381, 395 (2008).

64. *See, e.g.*, Bruce D. Perry, *The Neurodevelopmental Impact of Violence in Childhood*, Ch. 18 TEXTBOOK OF CHILD AND ADOLESCENT FORENSIC PSYCHIATRY 221 (D. Schetky & E.P. Benedek eds., 2001).

partner. . . Upon closer scrutiny, however, in a range of obvious and more insidious ways they try to alienate the children from the other parent's affection (by asserting blame for the dissolution of the family and telling negative stories), sabotage family plans (by continuing criticism or competitive bribes), and undermine parental authority (by explicitly instructing the children not to listen or obey).⁶⁵

Recent research has shown that about half of children who are exposed to violence in their homes are left with long-lasting negative effects. Evidence of such violence is usually used by one parent against the other—typically, but not always, the dad abusing their mother. Interpersonal violence also occurs in same-sex relationships at an approximately equal rate, with the same impact on the children. Often, but not always, the family violence includes direct physical or sexual abuse of the child.⁶⁶

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

For far too many children, exposure to violence is a matter of life and death. Eighty percent of child fatalities due to abuse or neglect occur within the first 3 years of life and almost always at the hands of adults responsible for their care. . . [footnotes omitted].⁶⁷

Research in recent years has confirmed that children in homes marked by domestic violence can be harmed in direct and indirect ways.

[Even when direct child abuse is not a factor, children are put at increased risk of various kinds of harm by living in a home where violence occurs Regardless of a child's individual experience, the risks of physical, behavioral, and emotional injury are substantially higher than for children who do not suf-

65. JOHNSTON ET AL., *supra* note 13, at 36 (citations omitted).

66. Jeffrey L. Edleson, *Studying the Co-occurrence of Child Maltreatment and Domestic Violence in Families*, in DOMESTIC VIOLENCE IN THE LIVES OF CHILDREN, *supra* note 12, at 91 (. . . "approximately 30–60% of children whose mothers are being abused are themselves likely to be abused.").

67. DEFENDING CHILDHOOD, *supra* note 57, at 1.

fer exposure to domestic violence.⁶⁸

Research into how children from homes marked by coercive and controlling violence has evolved over the past decades from observation of their behaviors to focusing on the physiological changes in children's brains that results from their exposure to violence. A striking image of how such children lived is this:

Children growing up in spouse abusive families live in a type of war zone. Sometimes they feel they can predict the "attacks" and sometimes the aggression is unexpected. This leaves them with a sense of danger and uncertainty.⁶⁹

The National Task Force describes the harms that may befall a child who has been exposed to the repeated violent acts of a father assaulting the child's mother:

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

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

In these situations, exposure to violence may "substantially alter a child's biological makeup through long-lasting changes in brain anatomy and physiology. These children are at high risk of suffering chronic and severe symptoms of traumatic stress, including long-term psychiatric problems and lifelong limita-

68. Billie Lee Dunford Jackson, *The Role of Family Courts in Domestic Violence*, PROTECTING CHILDREN FROM DOMESTIC VIOLENCE: STRATEGIES FOR COMMUNITY INTERVENTION 189 (Peter Jaffe, Linda Baker, & Alison Cunningham eds., 2004) [hereinafter PROTECTING CHILDREN FROM DOMESTIC VIOLENCE].

69. B. B. Robbie Rossman & Joyce Ho, *Posttraumatic Response and Children Exposed to Parental Violence*, CHILDREN EXPOSED TO DOMESTIC VIOLENCE 85 (Geffner, Jaffe, & Marlies Sudermann eds., 2002).

tions on health, well-being, relationships, and personal success. These risks are especially high when exposure to violence involves a fundamental loss of trust and security, which happens when children are exposed to sexual and physical abuse, witness intimate partner violence, or are severely victimized or witness extreme violence outside the home.⁷⁰

The last paragraph is particularly important. Neuroscientists have found that very young children who are traumatized by seeing or hearing their father assaulting their mother may undergo physiological changes that can have lifelong effects on their behavior. These changes, caused by repeated traumatic events experienced by very young children, involve repeated activation of neural threat-response systems activated by stress in children exposed to violent events, particularly in the family setting. One of the threat-response systems that is particularly open to modification by experience during early life is the limbic hypothalamic pituitary adrenal axis:

Not surprisingly, alterations in pituitary and adrenal function have been associated with illnesses common among previously abused individuals, including depression, anxiety, post-traumatic stress disorder (PTSD), fibromyalgia, hypertension, and immune system suppression.⁷¹

The fate of a sizeable portion of children exposed to serious family violence (i.e., a sample found in shelter populations) is to be so traumatized by violence between their parents that they develop conditions such as posttraumatic stress disorder:

More than half of the school-age children in domestic violence shelters show clinical levels of anxiety or posttraumatic stress disorder. . . . Without treatment, these children are at significant risk for delinquency, substance abuse, school drop-out, and difficulties in their own relationships.

Children may exhibit a wide range of reactions to exposure to violence in their home. Younger children (e.g., preschool and kindergarten) oftentimes, do not understand the meaning of the abuse they observe and tend to believe that they "must have done something wrong." Self-blame can precipitate feelings of guilt, worry, and anxiety. It is important to consider that children, especially younger children, typically do not have the ability to adequately express their feelings verbally. Consequently, the manifestations of these emotions are often behavioral. Children may become withdrawn, non-verbal, and exhibit regressed behaviors such as clinging and whining. Eating and sleeping difficulty, concentration problems, generalized anxiety, and physical complaints (e.g., headaches) are all common.

70. DEFENDING CHILDHOOD, *supra* note 57, at 2–3.

71. Seth D. Pollak, *Mechanisms Linking Early Experience and the Emergence of Emotions: Illustrations From the State of Maltreated Children*, 17 CURRENT DIRECTIONS IN PSYCHOL. SCIENCE 370, 372 (2008). See also National Scientific Council on the Developing Child, *Persistent Fear and Anxiety Can Affect Young Children's Learning and Development*, Working Paper No. 9 (2010), available at www.developingchild.harvard.edu.

... the pre-adolescent child typically has greater ability to externalize negative emotions (i.e., to verbalize). In addition to symptoms commonly seen with childhood anxiety (e.g., sleep problems, eating disturbance, nightmares), victims within this age group may show a loss of interest in social activities, low self-concept, withdrawal or avoidance of peer relations, rebelliousness and oppositional-defiant behavior in the school setting. It is also common to observe temper tantrums, irritability, frequent fighting at school or between siblings, lashing out at objects, treating pets cruelly or abusively, threatening of peers or siblings with violence (e.g., "give me a pen or I will smack you"), and attempts to gain attention through hitting, kicking, or choking peers and/or family members. Incidentally, girls are more likely to exhibit withdrawal and unfortunately, run the risk of being "missed" as a child in need of support.

Adolescents are at risk of academic failure, school drop-out, delinquency, and substance abuse. Some investigators have suggested that a history of family violence or abuse is the most significant difference between delinquent and non-delinquent youth. An estimated 1/5 to 1/3 of all teenagers who are involved in dating relationships are regularly abusing or being abused by their partners verbally, mentally, emotionally, sexually, and/or physically. . . . Between 30% and 50% of dating relationships can exhibit the same cycle of escalating violence as marital relationships⁷²

A number of resilience factors minimize the adverse consequences for about half of the children.⁷³ "Only" about half of children who have been exposed to domestic violence are known to develop the adverse physiological, psychological, emotional or behavioral changes that result from being abused by a parent figure. One study that analyzed data from 118 studies of children exposed to conflict and violence, some of whom were themselves abused directly, found the rate was sixty-three percent. Others have found the ratio of children adversely affected to be "only" about forty percent. Those are, quite simply, horrible odds for the children of divorce or separation. Although children may be exposed to violence that is not coercive control, a high percentage of those involved in child custody contests are exposed to battering behavior.

72. JOSEPH S. VOLPE, EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN AND ADOLESCENTS: AN OVERVIEW (1996). See also Steve Stride et al., *The Physiological and Traumatic Effects of Childhood Exposure to Intimate Partner Violence in CHILDREN EXPOSED TO DOMESTIC VIOLENCE; CURRENT ISSUES, INTERVENTIONS, AND RESEARCH* 8–97 (Robert A. Geffner et al. eds., 2009). A reduced IQ may also result. See Kathryn H. Howell and Sandra A. Graham-Besmann, *The Multiple Impacts of Intimate Partner Violence on Preschool Children in HOW INTIMATE PARTNER VIOLENCE AFFECTS CHILDREN: DEVELOPMENTAL RESEARCH, CASE STUDIES, AND EVIDENCE-BASED INTERVENTION* 92–93 (Sandra A. Graham & Alytia A. Levendosky eds., 2011).

73. DENISE A. HINES & KATHLEEN MALLEY-MORRISON, FAMILY VIOLENCE IN THE UNITED STATES: DEFINING, UNDERSTANDING AND COMBATING ABUSE 95 (Bill Bowers ed., 2005) (resiliency factors for children exposed to violence in their homes include a relationship with a supportive, nonabusive caregiver, a high IQ and certain genetic factors).

The Alaska Supreme Court clearly has recognized the adverse effects visited on children by an abusive parent:

Although the children had not witnessed any physical violence between Rob and Kimberly since their parents separated, the deleterious impact on children of witnessing domestic violence is widely recognized. * * * (citing *Custody of Vaughn* . . . “It is well documented that witnessing domestic violence . . . has a profound impact on children. There are significant reported psychological problems in children who witness domestic violence, especially during important developmental stages.”) * * * Furthermore, social science studies have noted that even if the physical violence between the parties has ceased, the abusive ex-spouse may continue to engage in controlling behaviors that adversely affect the children. In one such study, researchers found:

Perpetrators of . . . [ongoing or episodic] domestic violence tend to have a very poor ability to differentiate their needs from those of their children, or to appreciate the impact of their violent behavior upon their children. Because of their need to control others, their low stress tolerance and willingness to rely upon physical coercion, these perpetrators are at elevated risk of eventually generalizing their violence and control to their children. Following a separation, they are at elevated risk of using the children to validate their own view of the separated partner and the relationship, or using the children as a method of exerting control over or punishing the separated partner. * * *

The trial court did not impermissibly punish Rob for past domestic violence, but appropriately considered Rob’s proven past domestic violence and his current behavior in the context of the present impact on the children and their relationships with their parents.⁷⁴

IV. Wingspread Conference on Domestic Violence

Most statutory schemes describing the best interest standard leave flexibility for the courts to incorporate safety and other considerations not explicitly enumerated in the statute. Many judges consider safety as a significant factor in custody and visitation decisions. Other judges, however, refuse to consider factors not specifically enumerated in their jurisdiction’s best-interest statute.

In an effort to promote the development of legal systems more protective of the children, a group of international experts in psychology, law and domestic violence met at the Wingspread Center in 2007 to examine interpersonal violence in families and its relationship to children’s well-being during and after parental separation.

74. See *Borchgrevink v. Borchgrevink*, 941 P.2d 132, 140 (Alaska 1997) (citing Phyllis E. Federico & Dr. Robert Kinscherff, *Custody of Vaughn: Impact of Domestic Violence on Child Custody: Children Are No Longer the Forgotten Victims*, 40 BOSTON L. J. 8, 22 (1996)).

A. Wingspread White Paper

Convened by the National Council of Juvenile and Family Court Judges (NCJFCJ) and the Association of Family and Conciliation Courts (AFCC), the gathering of judges, mental health professionals, attorneys, legal educators, and advocates for victims of family violence developed a new paradigm for deciding child custody cases that involve family violence allegations. The paradigm proposes that the safety of the child and safety of the victim parent should be the paramount factors, even at the expense of the abusive parent's usual "right" to continued frequent contact with the children.⁷⁵

The resulting "white paper" summarized the debates and some surprising agreements among the experts who comprised the group. Most importantly, the report gave context in which judges may incorporate child safety when considering the best interest of the child.

. . . [C]ourts are faced with important but often conflicting priorities. In cases in which domestic violence is proven or credibly alleged, for example, the initial focus of the court system must necessarily be on safety. Yet Judges must simultaneously remain cognizant of the importance of children's healthy relationships with parents or other family members and the costs of disrupting those relationships.

. . . Janet Johnston suggested a specific method for analyzing conflicting interests. The initial goal . . . should be to meet five guiding principles or priorities:

- Priority 1: Protect children.
- Priority 2: Protect the safety and well-being of the victim parent.
- Priority 3: Respect the right of adult victims to direct their own lives.
- Priority 4: Hold perpetrators accountable for their abusive behavior.
- Priority 5: Allow child access to both parents [footnote omitted].

However, where simultaneous achievement of all five priorities is not possible, priorities lower on the list should be successively relinquished until the conflict is resolved. Thus, in a situation where visitation cannot safely occur, for example, Priority 5 (access) may be sacrificed in favor of the other four priorities.⁷⁶

That report signaled a consensus for a proposed paradigm shift in the U.S. legal system: *the safety of children trumps the "custodial rights" of abusive parents*. The significance of the Wingspread Report is that a critical mass of interdisciplinary professionals recognized the failings of a judicial system that has largely ignored child and victim safety in making child access decisions in cases where one parent has abused the other.

Contemporaneously, other researchers wrote about the need to place safety first when judges determine child access:

75. Nancy Ver Steegh & Claire Dalton, *Report from the Wingspread Conference on Domestic Violence and Family Courts*, 46 *FAM. CT. REV.* 454 (2008).

76. *Id.* at 464.

. . . What is needed is a risk-benefit analysis of different kinds of parenting plans that are in the best interests of the particular child and family. . . . the goals of any plan should be prioritized in the following order:

1. Protect children directly from violent, abusive, and neglectful environments;
2. Provide for the safety and support and well-being of parents who are victims of abuse (with the assumption that they will then be better able to protect their child);
3. Respect and empower victim parents to make their own decisions and direct their own lives (thereby recognizing the state's limitations in the role of *loco parentis*);
4. Hold perpetrators accountable for their past and future actions (i.e., in the context of family proceedings, have them acknowledge the problem and take measures to correct abusive behavior);
5. Allow and promote the least restrictive plan for parent-child access that benefits the child, along with parents' reciprocal rights.

Premised on the notion that the goal of protecting children must never be compromised, the strategy is to begin with the aim of achieving all five goals and to resolve conflicts by abandoning the lower priorities. . . . For example, in principle, if a parent denies engaging in his or her substantiated violence and does not comply with court-ordered treatment, Priority 5 should be dropped or modified by suspending or supervising access. Furthermore, the victims should be allowed to relocate upon request (forgoing Priorities 4 and 5).⁷⁷

The adoption of a presumption against placing a child in the custody of an abusive parent is in effect an election that the presence of domestic violence should be the most important criterion. This changes the view of courts, which hold that when a legislature has prescribed a list of criteria to use in finding the best interests of a child without prioritizing them no one criterion should be elevated above the others in the court's calculus of the child's best interests.⁷⁸ This is not totally revolutionary, however, as early as 1994, the NCJFCJ Family Violence Model Code noted:

In addition to other factors that a court must consider in a proceeding in which the custody of a child or visitation by a parent is at issue and in which the court has made a finding of domestic or family violence . . . The court shall consider as primary the safety and well-being of the child and of the parent who is the victim of domestic or family violence.⁷⁹

77. Jaffe, Johnston et al., *supra* note 9 (citations omitted).

78. *See, e.g.,* Holmes v. Wooley, 788 A.2d 131 (Del. 2002) (“[t]he clear intent of the legislature in passing the best interest standards was that each factor listed in the statute be independently considered and then given its due weight and importance relative to the other factors”); *accord* Pierron v. Pierron, 765 N.W.2d 345, 363 (Mich. Ct. App. 2009).

79. NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES, MODEL CODE ON DOMESTIC AND FAMILY VIOLENCE § 402 1(a), 33 (1994).

Other national organizations similarly recommended the presumption against awarding custody to abusers, including the American Medical Association.⁸⁰ The American Psychological Association also stated:

In matters of custody, preference should be given to the nonviolent parent whenever possible, and unsupervised visitation should not be granted to the perpetrator until an offender-specific treatment program is successfully completed, or the offender proves that he is no longer a threat to the physical and emotional safety of the child and the other parent.⁸¹

The American Bar Association has recommended:

Even if your state statute does not have a rebuttable presumption against custody, there are three reasons to support a finding that a batterer is an unfit custodian: First, the abuser has ignored the child's interests by harming the child's other parent. Second, the pattern of control and domination common to abusers often continues after the physical separation of the abuser and victim. Third, abusers are highly likely to use children in their care, or attempt to gain custody of their children, as a means of controlling their former spouse or partner.⁸²

Installation of a custody presumption of this type has in at least one state placed domestic violence at the top of the list of best-interest criteria, and failure to consider and analyze it is reversible error.⁸³

B. Why Domestic Violence Should Top the List of Factors

The obvious reason to place domestic violence at the top of the list is the need to protect children. As noted in section III, children are abused when placed in the care of an abusive parent. An influential educator and psychologist summarizes research results of effects of domestic violence on children:

Domestic violence does not occur as a singular traumatic life event for children . . . Child witnesses to domestic abuse are likely to have a history of multiple stressors that include separation, high-conflict divorce, loss, and disruptions of their care-taking. . . . A plethora of research findings confirm that exposure to high-conflict and violent family environments is seriously damaging to infants, children, and youth. In fact, to varying degrees, children from violent homes have substantially the same kinds of problems as those who are directly abused by their caretakers. . . . The long-term prognosis for the children of violent families is at best guarded: there is evidence that as adults they have problems with anxiety and depression, and tend to make poor choices in selecting mates. . . . [T]hese children as adults, especially the boys, are more likely to repeat the

80. APA FAMILY VIOLENCE REPORT, *supra* note 12.

81. *Id.* at 99.

82. AMERICAN BAR ASSOCIATION, A JUDGE'S GUIDE: MAKING CHILD-CENTERED DECISIONS IN CUSTODY CASES 132 (2008).

83. *Wee v. Eggener*, 225 P.3d 1120, 1125 (Alaska 2010); *Williams v. Barbee*, 243 P.3d 995, 1004 (Alaska 2010).

cycle of victimization in the next generation.⁸⁴

Some researchers have offered a list of common-sense reasons why courts should place domestic violence at the top of its list of family characteristics to consider in child custody cases.⁸⁵ Those reasons are as follows:

1. Separation seldom ends the domestic violence. Stalking, physical abuse, and harassment often continue beyond separation, and they may escalate. Frequent contact between the batterer and his child, child exchanges, and visitation provide an ideal opportunity for continued abuse and manipulation.
2. Children in homes where there is domestic violence are subjected to a much higher likelihood of being physically abused themselves.
3. Children of battering men are likely to be exposed to continued demonstrations of coercion and control in family relationships, which may socialize them to believe they are entitled to use the same behaviors in their own interpersonal relationships.
4. Men who batter may undermine their former partners' parenting. They may tell their children that their mother was at fault for the break-up or urge their children not to follow their mother's directions.
5. Male batterers often use the court as a tool of abuse. They attempt to continue their control by seeking custody of their children and causing the victim great financial expenses. These men are often articulate, persuasive and manipulative men who present well in court.
6. Domestic violence perpetrators in some extreme cases may use lethal force on their victims after separation. Women are in more danger of homicide after separation. Visitation exchanges provide opportunities that may result in the children witnessing homicidal violence or being victimized directly.
7. The trauma of the violence may have left the victim with depression, substance abuse, or posttraumatic stress disorder.⁸⁶

Research has helped to identify the kinds of adjustment problems to which such children are most vulnerable. These include a variety of both internalizing and externalizing symptoms such as depression, including shame, self-deprecation, hopelessness, helplessness; anxiety, including distress over the violence, worry about themselves and their families; and

84. Janet R. Johnston, *Group Interventions for Children At-Risk from Family Abuse and Exposure to Violence: A Report of a Study*, in *THE EFFECTS OF INTIMATE PARTNER VIOLENCE ON CHILDREN 204–05* (Robert Geffner, Robyn Spurling Igelman & Jennifer Zellner eds., 2003).

85. Peter G. Jaffe, Claire V. Crooks & Nicholas Bala, *A Framework for Addressing Allegations of Domestic Violence in Child Custody Disputes*, 6 *J. CHILD CUSTODY* 169, 171 (2009).

86. *Id.*

aggression and oppositionality toward parents, teachers, and peers. One way to protect these children is to ensure their safety and the safety of the abuse victim postseparation.

C. Effect of "Friendly Parent" Provisions

About thirty states have statutes that include the "friendly parent" concept among the best-interest factors. The judge should consider which parent is more likely to foster a close and loving relationship between the child and the other parent.⁸⁷ As one might expect, a batterer uses this law to try to win a custody battle against his victim. The victim, who is unlikely to want to continue to have open communication with her abuser and may have a well-founded fear that she and the children are endangered by frequent contact with him, will *not* be willing to foster significant contact between the child and the abusive father. The mother's attorney will have to rely on the evidence of the batterer's assaults, destruction of property, threats, and other abusive and coercive behaviors to establish good reasons why the victim wants to minimize the children's contact with their abusive father. Counsel for the victim spouse also can use the batterer's past actions against him, since they often are an insidious continuation of his predivorce abusive behaviors.⁸⁸ Some states prohibit the use of this factor in cases where one parent has engaged in domestic violence.⁸⁹

The former director of the National Council of Juvenile and Family Court Judges, who for many years presented trainings for family court judges, summarizes the issue:

The interplay of the domestic violence factor with the "friendly parent" factor seems to give the courts the most difficulty. The typical statute tells them to look with favor on the parent more likely to cooperate with the other in decision making concerning the children and in making them accessible for visitation. Where there has been domestic violence, the perpetrator is likely to favor custody arrangements that offer the parents the fewest restrictions on access to the children and to each other. By contrast, the victim parent will naturally favor any arrangement that calls for the least possible contact between the two adults and that best protects the children from the opportunity for the abuser to manipulate or harm them further. Given the demands of their dockets and the complicated nature of these cases, it is often difficult for courts, particularly without considerable training and experience in domestic violence, to sort all of

87. *See, e.g.*, ARIZ. REV. STAT. ANN. § 25-403(A)(6); KAN. STAT. ANN. § 23-3203 (f) (2012); FLA. STAT. ANN. § 61.13(3)(a); UTAH CODE ANN. § 30-3-10.2(2)(c).

88. BANCROFT, SILVERMAN & RITCHIE, *supra*, note 7, at 33-42 (describing batterer's behaviors and parenting techniques) and 57-66 (describing the dynamic); Jaffe & Geffner, *supra* note 28, at 378.

89. *See, e.g.*, ALASKA STAT. § 25.24.150(c)(6); IOWA CODE ANN. § 598.41(); MINN. STAT. § 518.17; MONT. CODE ANN. § 40-4-212; N.J. STAT. § 9:2-4(c); OR. REV. STAT. § 107.137(a)(f); VA. STAT. § 20-124.3(6).

this out. *The risk is that judges may see the abuser's manipulative behavior as cooperation and the victim's protective behavior as hostility.*⁹⁰

V. Implementing Safety First

For many years, most mental-health professionals have told lawyers and judges involved in child custody litigation that children must have postdivorce relationships with even the most abusive fathers.⁹¹ They do so despite research that has shown, to an increasing degree over the past thirty years, that children are harmed by exposure to violence between their parents and that children in violent homes are often themselves physically abused.⁹² These men, who use coercive control as their dynamic, perpetrate the majority of domestic violence in the United States and are likely to carry the abusive pattern into new relationships.⁹³ The atmosphere in their homes is aptly described as the following:

Children growing up in spouse abusive families live in a type of war zone. Sometimes they feel they can predict the "attacks" and sometimes the aggression is unexpected. This leaves them with a sense of danger and uncertainty.⁹⁴

Changing the view that both parents should have continuing contact with the child in all situations is the first step. As one psychologist stated:

It is safer for the child to be placed in the custody of a parent who may be exaggerating a violence allegation than to be placed in the custody of a potentially abusive parent.⁹⁵

Family judges should memorize that statement. Among the options the judge can consider in dealing with a violent parent are no contact, supervised visitation, and other less restrictive forms of contact between father and child.⁹⁶ Some commentators have recommended supervised visitation for some of those cases.⁹⁷ Research has shown that some children so victimized are better off having no contact at all with fathers who abused

90. Dunford Jackson, *supra* note 68, at 190.

91. Jaffe & Crooks, *Assessing the Best Interests*, *supra* note 58, at 59, 65.

92. BANCROFT, SILVERMAN, & RITCHIE, *supra* note 7; *see also* George W. Holden, Joshua D. Stein et al., *Parenting Behaviors and Beliefs of Battered Women*, in CHILDREN EXPOSED TO MARITAL VIOLENCE: THEORY, RESEARCH, AND APPLIED ISSUES 289 (1998).

93. *Id.*

94. Rossman & Ho, *supra* note 69.

95. William G. Austin, *Assessing Credibility in Allegations of Marital Violence in the High-Conflict Child Custody Case*, 38 FAM. & CONCIL. CTS. REV. 462 (2005).

96. Jaffe, Crooks & Bala, *Framework*, *supra* note 85 (recommending less restrictive options for cases in which the violence was not of the coercive control variety).

97. *See* Jennifer L. Hardesty & Jacquelyn C. Campbell, *Safety Planning for Abused Women and Their Children*, in PROTECTING CHILDREN FROM DOMESTIC VIOLENCE; STRATEGIES FOR COMMUNITY INTERVENTION 89 (2004).

them.⁹⁸ Even those who do not advocate a no-contact option list it as one available to courts dealing with violent parents.⁹⁹

Another option is to award primary physical custody to the nonabusive parent and less time to the abusive parent. While this results in the children's spending less time with the abusive parent, it does not eliminate some significant safety concerns.¹⁰⁰ Will either of those methods protect the most vulnerable members of separating families? As discussed earlier, male batterers are unlikely to change their coercive and abusive behaviors simply because their relationships end. Such men are also much more likely than other men to directly inflict physical and sexual abuse on children in their care.¹⁰¹

Some researchers contend that "children benefit from less, rather than more," contact with abusive fathers.¹⁰² Research published in the last two decades has provided the factual basis to enable the court to decide on appropriate rulings where intractable and severely abusive fathers are involved. Psychologists are beginning to research the outcomes of particular visitation arrangements in the context of domestic violence:

For example, a recent study looking at behavioral and emotional outcomes with preschool-aged children following separation in the context of domestic violence identified a potential catch-22. On the one hand, children who did not see their fathers at all were more likely to have internalizing problems independent of the extent of the violence they had witnessed. On the other hand, children who did see their fathers exhibited externalizing behavior problems, predicted in part by the extent of the violence experienced by their mothers. *Overall, the effect size of children's problems if they had been exposed to severe violence was larger than the negative effects of being deprived of contact with their father.*¹⁰³

Experience shows that psychologists, custody evaluators, judges and custody lawyers may be choosing the more harmful alternative for children of an abusive father:

98. A. M. Bailey, *Restricting Contact with Toxic Fathers*, 2 (3) FAM. & INTIMATE PARTNER VIOLENCE Q. 225 (Win. 2010).

99. Jaffe & Crooks, *supra* note 58.

100. Peter G. Jaffe, Samatha E. Poisson, & Alison Cunningham, *Domestic Violence and High-Conflict Divorce: Developing a New Generation of Research for Children*, in DOMESTIC VIOLENCE IN THE LIVES OF CHILDREN, *supra* note 12, at 190.

101. Melanie Shepard, *Child-Visiting and Domestic Abuse*, 71 CHILD WELFARE 357 (1992); Oliver J. Williams, Jacquelyn L. Boggess, & Janet Carter, *Fatherhood and Domestic Violence: Exploring the Role of Men Who Batter in the Lives of Their Children*, in DOMESTIC VIOLENCE IN THE LIVES OF CHILDREN, *supra* note 12, at 157, 176; Jaffe, Crooks & Bala, *supra* note 85, at 192.

102. Carolyn Y. Tubbs & Oliver J. Williams, *Shared Parenting After Abuse*, in PARENTING BY MEN WHO BATTER, *supra* note 34, at 41.

103. Jaffe & Crooks, *supra* note 58, at 59 (emphasis added).

A recent review of the literature on father visitation examined 38 studies published since 1990 . . . [this review] did not yield strong support for the relationship between father visitation and child well-being. Only 42% of the studies reviewed showed that father contact predicted any aspect of child well-being.

Some studies indicate that despite the feelings of loss and anger children experience over the termination of contact with their fathers, this may be the appropriate decision when considering the overall outcomes for the children.¹⁰⁴

The authors discuss a study that found (based on mothers' reports) that frequent contact with fathers did not benefit children more than infrequent contact.¹⁰⁵ Children who had frequent visits with their fathers, but whose mothers were dissatisfied with the visitation scheme, were *less well-adjusted and had lower indices of global well-being*. Another study involving a statistically significant sample of children stated:

It is apparent that these results provide little, if any, support for the hypothesis that paternal contact is beneficial to the child. . . . an examination of the coefficients . . . revealed an implausible pattern: *children who had not seen their father in five years did significantly better than those who spent between 0 and 13 days with their father in the previous year*. . . . In sum, we find that paternal contact is unrelated to a variety of well-being measures in the 1981 data. . . . *Apparently, children in maritally disrupted families were not doing better if they saw their fathers more regularly than if they saw them occasionally or not at all.*¹⁰⁶

The authors also state that their data indicated that children's relationships with their mothers *are* important to the children's well-being. The sample did not focus on children whose parents had experienced domestic violence:

The general absence of effects of paternal participation on children's well-being is surprising in view of the widespread belief that children benefit from maintaining contact with their fathers. In addition, the effects of father's participation did not depend on the sex of the child or the presence of a stepfather.

The policy implications of findings reported here are unsettling because they clash with prevailing practice that attempts to increase paternal involvement. On the basis of our study, we see no strong evidence that children will benefit from the judicial or legislative interventions that have been designed to promote paternal participation, apart from providing economic support.¹⁰⁷

104. Carla Stover et al., *The Effects of Father Visitation on Preschool-Aged Witnesses of Domestic Violence*, 18 J. INTERPERSONAL VIOLENCE 1149 (2003).

105. Valarie King & Holly E. Heard, *Nonresident Father Visitation, Parental Conflict, and Mother's Satisfaction: What's Best for Child Well-Being?*, 61 J. MARRIAGE & FAM. 385 (1999).

106. Frank F. Furstenberg Jr., S. Phillip Morgan, & Paul D. Allison, *Paternal Participation and Children's Well-Being after Marital Dissolution*, 52 AM. SOC. REV. 695 (1987) (emphasis added).

107. *Id.*

Although the authors speculate that mothers may benefit from fathers' sharing of child care duties and that fathers themselves might receive emotional benefit from contact, the data only suggested that continued contact with fathers *does not result in uniformly positive outcomes for children*. Their conclusion, published *two decades ago*:

This topic surely merits more careful attention by researchers and policy makers. It is disconcerting to discover weak evidence for an almost commonplace assumption in popular and professional thinking—that children in disrupted families will do better when they maintain frequent contact with their fathers. In the absence of better and more convincing evidence, policy makers rely on conventional wisdom that is, unfortunately, an unreliable guide for social reform.¹⁰⁸

Unfortunately, this topic has received little attention in the intervening years. One study dealt with the interrelationship of father visitation, mothers' satisfaction with the visitation schedule, and how those matters affected children's well-being. They reported overall satisfaction with father-child contacts, *except in those cases where the mother was unhappy with continued involvement by the father*. As previous research based on national surveys had found, these researchers concluded that not only was father visitation not positively associated with child well-being, but also that in families in which mothers are dissatisfied with high levels of father contact, children appear to be the worst off.¹⁰⁹

The study found that the presence of conflict did not alter those results. The portion of these cases involving "conflict" was a small minority of cases. It is likely, however, that a substantial portion of them involved abuse, since there is only limited knowledge and skill on the part of many professionals who try to detect the battering dynamic by interviewing victims.¹¹⁰ In fact, women are often traumatized by the physical abuse they encounter in their relationships, leaving them reluctant to disclose to others the facts of the abuse. One could therefore speculate that *many* cases that the authors believed were nonviolent actually did involve coercive control.¹¹¹

The adverse effects some researchers wrote about before 1987 were bland compared to what is now known about how exposure to domestic violence affects children. Children are affected directly and indirectly.¹¹²

108. *Id.*

109. King & Heard, *supra* note 105.

110. Jaffe & Crooks, *Assessing the Best Interests*, *supra* note 58, at 50, 50–51.

111. Jeffrey L. Edleson, *Should Childhood Exposure to Adult Domestic Violence Be Defined as Child Maltreatment Under the Law?* in PROTECTING CHILDREN FROM DOMESTIC VIOLENCE, *supra* note 68, at 15.

112. George W. Holden, *Introduction: The Development of Research into Another Consequence of Family Violence*, in CHILDREN EXPOSED TO MARITAL VIOLENCE, *supra* note 28, at 6–10; Jaffe & Geffner, *supra* note 28, at 374–75.

As noted earlier in Section II, neuroscientists have found that very young children who are traumatized by seeing their father assaulting their mother may undergo *physiological changes* that can have lifelong effects on their behavior.¹¹³

Women tend to be at a higher risk for more extreme abuse following separation, especially in connection with visitation, so the harm to children does not end with divorce or separation of the parents. The severity of abuse during the relationship is related to the adverse effects the children experience after separation, and exposure of the mother to continuing physical or mental abuse resulted in *increased* behavioral problems in the children.¹¹⁴

Because professionals who deal with child custody disputes have often failed to make safe decisions regarding placement, particularly placement of the children of controlling and abusive men, an entire new generation of children who were exposed to domestic violence in their families has been sentenced to years of further mental abuse and, in many cases, physical abuse, *where a safer alternative was known all along*: that is, the elimination of most, if not all, contact between the battering parent, often the father, and his child.

If lawyers educate the judges who make child custody decisions about the dangers awaiting children of controlling and abusive men, as well as the fact that children *may not even be further harmed by removing the abusive parent from their lives entirely*, those judges would truly be free to focus on *the safest* alternatives (if there are any) for children after parents end a violent relationship.¹¹⁵ That safe solution for children could even include potential elimination of all contact between father and child in extreme cases where it is appropriate.

VI. Conclusion

Many courts appropriately see stability in children's lives as being in their best interests, yet readily destroy the stable relationship a child has with a primary caregiver for the purpose of trying to turn an inattentive father into a parent who will be a good parent only half of the time. One advocate has stated:

The entire family court system lags far behind the rest of the justice and service system in its understanding of and response to abuse, clinging to attitudes and practices that have been discredited in policy, child welfare, medical, crim-

113. NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD, EXCESSIVE STRESS DISRUPTS THE ARCHITECTURE OF THE DEVELOPING BRAIN: WORKING PAPER NO. 3 (2005).

114. Stover et al., *supra* note 104, at 1160.

115. Meier, *supra* note 56, at 716.

inal justice, mental health, and social welfare settings.¹¹⁶

It is time for family courts that are charged with meeting the best interests of children to accept and implement the research that demonstrates that the *primary* interest of all children is to live a safe existence in the care of a loving and nonviolent parent. The judges doing this work need not wait for legislative action (in nearly all states) to change the list of criteria, as they can, by judicial decision, find that all children's needs will always involve being safe. The bottom line is that "Children benefit less, rather than more, from contact with abusive or neglectful parents."¹¹⁷ Adoption of the process proposed by the experts at the Wingspread 2007 conference will provide a positive benefit to society by reducing the number of adults who have adopted violent behaviors in response to their childhood exposure to abuse.

116. Evan Stark, *Rethinking Custody Evaluation in Cases Involving Domestic Violence*, 6 J. CHILD CUSTODY 287, 315 (2009).

117. Carolyn Y. Tubbs & Oliver J. Williams, *Shared Parenting After Abuse: Battered Mothers' Perspectives on Parenting After Dissolution of a Relationship*, in PARENTING BY MEN WHO BATTER, *supra* note 34, at 41 (citations omitted).



DEFENDING CHILDHOOD

PROTECT HEALTH THRIVE

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



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From the Task Force Co-Chairs

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

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

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

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

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

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

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

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

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

Robert L. Listenbee, Jr.

Joe Torre

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Glossary of Key Terms

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

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

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

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

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

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

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

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

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

Trauma-focused services: Services are considered trauma-focused when caregivers (such as biological, foster, or adoptive parents, mentors, spiritual advisors, coaches, or line staff in child-serving programs) or professionals providing services (a) *realize* (understand) the impact that exposure to violence and trauma have on victims' physical, psychological, and psychosocial

development and well-being, (b) *recognize* when a specific person who has been exposed to violence and trauma is in need of help to recover from trauma's adverse impacts, and (c) *respond* by helping in ways that reflect awareness of trauma's adverse impacts and consistently support the person's recovery from them (adapted from the 2012 SAMHSA [Substance Abuse and Mental Health Services Administration] "Working Definition of Trauma and Guidance for a Trauma-Informed Approach").

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

Violence: The World Report on Violence and Health (WRVH)

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

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

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

A further critical aspect of violence exposure is the intentional selection of a victim or victims to do harm to that victim, that victim's property, that victim's family, or that victim's tribe. When the intentional selection to do harm is based on a victim's age, gender, race, ethnicity, tribal affiliation, or beliefs and orientations, the negative health outcomes may be even more significant.

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

Executive Summary

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

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

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

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

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

Intimate partner violence within families puts children at high risk for severe and potentially lifelong problems with physical health, mental health, and school and peer relationships as well as for disruptive behavior. Witnessing or living with domestic or intimate partner violence often burdens children with a sense of loss or profound guilt and shame because of their mistaken assumption that they should have intervened or prevented the violence or, tragically, that they caused the violence. They frequently castigate themselves for having failed in what they assume to be their duty to protect a parent or sibling(s) from being harmed, for not having taken the place of their horribly injured or killed family member, or for having caused the offender to be violent. Children exposed to intimate partner violence often experience a sense of terror and dread that they will lose an essential caregiver through permanent injury or death. They also

fear losing their relationship with the offending parent, who may be removed from the home, incarcerated, or even executed. Children will mistakenly blame themselves for having caused the batterer to be violent. If no one identifies these children and helps them heal and recover, they may bring this uncertainty, fear, grief, anger, shame, and sense of betrayal into all of their important relationships for the rest of their lives.

Community violence in neighborhoods can result in children witnessing assaults and even killings of family members, peers, trusted adults, innocent bystanders, and perpetrators of violence. Violence in the community can prevent children from feeling safe in their own schools and neighborhoods. Violence and ensuing psychological trauma can lead children to adopt an attitude of hypervigilance, to become experts at detecting threat or perceived threat — never able to let down their guard in order to be ready for the next outbreak of violence. They may come to believe that violence is “normal,” that violence is “here to stay,” and that relationships are too fragile to trust because one never knows when violence will take the life of a friend or loved one. They may turn to gangs or criminal activities to prevent others from viewing them as weak and to counteract feelings of despair and powerlessness, perpetuating the cycle of violence and increasing their risk of incarceration. They are also at risk for becoming victims of intimate partner violence in adolescence and in adulthood.

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

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

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

We can stem this epidemic if we commit to a strong national response. The long-term negative outcomes of exposure to violence can be prevented, and children exposed to violence can be helped to recover. Children exposed to violence can heal if we identify them early and give them specialized services, evidence-based treatment, and proper care and support. We have the

power to end the damage to children from violence and abuse in our country; it does not need to be inevitable.

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

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

The findings and recommendations of the task force are organized into six chapters. The first chapter provides an overview of the problem and sets forth 10 foundational recommendations. The next two chapters offer a series of recommendations to ensure that we reliably identify, screen, and assess all children exposed to violence and thereafter give them support, treatment, and other services designed to address their needs. In the fourth and fifth chapters, the task force focuses on prevention and emphasizes the importance of effectively integrating prevention, intervention, and resilience across systems by nurturing children through warm, supportive, loving, and nonviolent relationships in our homes and communities. In the sixth and final chapter of this report, the task force calls for a new approach to juvenile justice, one that acknowledges that the vast majority of the children involved in that system have been exposed to violence, necessitating the prioritization of services that promote their healing.

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

Task Force Recommendations

1. Ending the Epidemic of Children Exposed to Violence

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Identifying Children Exposed to Violence

Every year, millions of children in this country are exposed to violence, and yet very few of these children ever receive help in recovering from the psychological damage caused by this experience. The first crucial step in protecting our children is to *identify and provide timely and*

effective help to those who already are being victimized by violence. The recommendations below are offered to address identification, assessment, and screening:

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

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

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

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

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

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

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

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

3. Treatment and Healing of Exposure to Violence

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

exposure to violence still bear emotional scars that may lead them to experience these same health and psychological problems years or decades later.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4. Creating Safe and Nurturing Homes

Each year, millions of children in this country are exposed to violence and abuse in their homes or, less often, outside the home. Violence in the home can take many forms, including, but not limited to, physical and sexual abuse of children; intimate partner violence; and violence among family members, including siblings, grandparents, or extended family. In some cases, family members may even lose their lives because of criminal violence.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thirty-five years after its passage, full implementation of the ICWA remains elusive. Because the ICWA is a federal statute, successful implementation will be best ensured through strong, coordinated support from the Department of Interior, Bureau of Indian Affairs; Department of Health and Social Services, Administration for Children and Families; and the Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

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

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

5. Communities Rising Up Out of Violence

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6. Rethinking Our Juvenile Justice System

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Chapter One: Ending the Epidemic of Children Exposed to Violence

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

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

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

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

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

Exposure to violence is a national crisis that affects almost two in every three of our children. According to the National Survey of Children Exposed to Violence (NatSCEV), an estimated 46 million of the 76 million children currently residing in the United States are exposed to violence,

crime, and abuse each year.⁶ In 1979, U.S. Surgeon General Julius B. Richmond declared that violence was a public health crisis of the highest priority. Although the past 30 years have seen dramatic reductions in the prevalence of violent crime, as measured in certain sectors such as violent crimes in households with children, children's exposure to violence and ensuing psychological trauma remains a national epidemic. As a nation, we must face the horrors of violence and resulting psychological trauma, resist the temptation to turn away, and make sure that children are not left to fend for themselves when they have been unable to escape their up-close and personal experiences of that horror.

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

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

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

The Traumatic Impact of Exposure to Violence

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

These symptoms result from abrupt changes in brain activity and altered perceptions of self, others, and the environment, leaving the child “stuck” or “frozen” without a way to escape the state of fear (and also often shock, anger, grief, betrayal, and guilt or shame) from the original

violent experience.⁸ Children traumatized by exposure to violence cannot move forward in their lives. When parents, caregivers, and others identify the impact of the violence exposure and provide adequate support and treatment, affected children are able to heal and recover.⁹⁻¹¹ However, when violence is chronic or sources of support are inadequate, the result can be a severe and lasting impact on every aspect of the child's development.¹²

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

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

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

Many of these children meet the criteria for PTSD. However, PTSD is only one of several emotional and behavioral disorders that can result from exposure to violence in childhood.

Children exposed to violence and psychological trauma also are at high risk for developing anxiety and depressive disorders; becoming socially isolated, depressed, and suicidal; and engaging in harmful behaviors — drug and alcohol abuse, self-injury, promiscuous sexual activity, and delinquency and crime, in particular — that also increase their risk of being victimized or becoming violent themselves.¹⁸

Additionally, research shows that exposure to violence in the first years of childhood deprives children of as much as 10 percent of their potential intelligence (IQ), leaving them vulnerable to serious emotional, learning, and behavior problems by the time they reach school age.²⁸ In adolescence, these children continue to be seriously disadvantaged, often underachieving or failing in school; being ostracized or bullied by peers (or turning the tables and victimizing other children); and developing serious problems such as addictions, impulsive or reckless behavior, depression and suicidality, or delinquency.²⁹ Too often, they are labeled as “bad,” “delinquent,” “troublemakers,” or “lacking character and positive motivation.” Few adults will stop and, instead of asking “What’s wrong with you?” ask the question that is essential to their recovery from violence: “*What happened to you?*”

It is important to realize that, although exposure to violence in any form harms children, exposure to different forms of violence can have different effects. **Sexual abuse** places children at high risk for serious and often chronic problems with health,³⁰⁻³² PTSD and other mental health disorders,³³⁻³⁷ suicidality,^{36,38} eating disorders,^{34,37,39-41} sleep disorders,^{42,43} substance abuse,⁴⁴⁻⁴⁷ and sexuality and sexual behavior.^{44,48-50} Sexually abused children often become hypervigilant about future sexual violation⁵¹ and experience a sense of betrayal that breaks down the innate trust they feel for adults who should care for and protect them.⁵² Sexual abuse also creates a sense of profound confusion and doubt about the child’s own body and self that can develop into severe problems with shame and even self-hatred.⁵³ In the extreme, this can lead a child to detach physically and psychologically, leading to symptoms of psychological dissociation,⁵⁴ such as “blinking or spacing out,” or acting on “automatic pilot” without conscious thought, as a way of escaping overwhelmingly intense feelings of fear, horror, rage, and shame.^{52,55} Children exposed to sexual abuse also are at high risk for becoming phobic of any kind of physical closeness or touch or, alternately, promiscuously seeking intimacy or sexual activity.^{56,57} As a result, sexually abused girls are likely to develop secondary sex characteristics and become sexually active earlier than their peers,⁵⁸ to more often and earlier become involved in intimate partnerships involving cohabitation, and to be at risk for intimate partner violence and lower investment and satisfaction in intimate relationships.⁵⁹ They also are vulnerable to predators and exploitive adults or older peers who re-victimize them, and they have difficulty caring for and protecting their own children.⁶⁰⁻⁶²

Children exposed to **physical abuse** also are at high risk for severe and often lifelong problems with physical health,⁶³⁻⁶⁵ PTSD and other mental health disorders,⁶⁶⁻⁶⁹ suicidality,^{38,70-72} eating disorders,^{73,74} substance abuse,^{75,76} and sexuality and sexual behavior.^{57,77,78} In addition, physically abused children are particularly likely to develop a sense of powerlessness when faced with physical intimidation or threats and to attempt to compensate either by hiding from people (for example, by skipping school or becoming socially isolated) or by using anger or

aggression to protect themselves^{79,80} or seeking relationships with peers or adults who do so (including becoming bullies or joining gangs). They are at risk for impairment in memory and thinking⁸¹⁻⁸³ and for developing beliefs that lead either to adopting violence as a form of self-protection and control of other people — reactive aggression — or to developing a phobia of even the slightest degree of conflict or anger that can result in avoidance of intimacy. Both of these defensive reactions to having been physically abused tend to result in isolation or rejection from family and peers, as well as both aggressive behavior and victimization in adolescent and adult intimate relationships,⁸⁴⁻⁸⁶ which can result in a lifetime of violent or broken relationships⁸⁷ or no relationships at all. Scientific studies have shown that abused children are at risk of engaging in criminal behavior beginning early in life and continuing into adulthood.⁸⁸

Children who have been exposed to **intimate partner violence** in their families also are at high risk for severe and potentially lifelong problems with physical health,⁸⁹⁻⁹¹ mental health,⁹²⁻⁹⁷ school and peer relationships,⁹⁸⁻¹⁰¹ and disruptive behavior.¹⁰²⁻¹⁰⁴ Children who witness or live with intimate partner violence are often burdened by a sense of loss^{105,106} or by profound guilt¹⁰⁷ because they believe that they should have somehow intervened or prevented the violence — or, tragically, that they actually caused the violence. They frequently castigate themselves for having failed in what they assume to be their duty to protect their parents or siblings from being harmed,¹⁰⁷ including wishing that they could take the place of their victimized family member even if that means being horribly injured or killed themselves. Children exposed to intimate partner violence also often feel a sense of terror that they will lose an essential caregiver, such as a battered parent who is severely injured and could be killed.^{94,108-110} To complicate things even further, they also often fear losing their relationship with a battering parent who may be taken away and incarcerated or even executed,¹¹¹ and they sometimes mistakenly blame themselves for having caused the batterer to be violent.¹¹² These children bring a deep sense of uncertainty and fear, as well as grief, anger, and shame, into all of their important relationships for the rest of their lives if not helped to heal and recover.^{113,114}

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

Children who are exposed to **community violence** in their neighborhoods or schools often see family members, peers, trusted adults, or strangers (both innocent bystanders and active participants in violent activities) being injured or even murdered.⁶ Violence can prevent children from ever feeling safe in their own schools and neighborhoods, leading them to adopt an attitude of hypervigilance — never letting their guard down so they will be ready for the next

outbreak of violence.¹²⁰⁻¹²⁴ They may come to believe that violence is “normal” and that relationships are too fragile to trust because one never knows when violence will take the life of a friend or loved one. They may feel compelled to resort to violence to avoid being viewed as weak and being targeted by bullies or other violent community members.^{121,124} They may turn to gangs or criminal activities due to despair and powerlessness, perpetuating a cycle of violence by inflicting violence on others and becoming targets for further violence or incarceration. They are at risk for becoming victims of intimate partner violence as adolescents and adults.¹²⁵ When children exposed to community violence can turn to a loving, protective parent in their home^{126, 127} or a supportive mentoring adult or peers in their neighborhood or at school^{127,129} — and, for boys, have a family in which conflict is handled effectively¹²⁸ — they can be highly resilient in the face of community violence, and in many cases they are able to recover and continue to develop successfully. However, parenting, family security, and mentoring cannot completely compensate for the harmful effects of exposure to community violence on children’s adjustment.¹³⁰

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

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

Poverty Increases Both Risk and Adverse Impact of Exposure to Violence

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

Compounding the problem, economically impoverished families and communities typically lack the resources needed to protect children. Poverty and scarcity of resources do not occur only in

urban areas. Child welfare agencies in 39 states are unable to fully serve rural communities, most often in states that have the fewest public and private economic resources to devote to all of their members' needs.¹⁴⁵

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

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

Children, families, and communities living with deprivation and marginalization include not only the urban and rural poor and isolated tribal communities but also other groups that are at risk for exposure to violence in childhood: lesbian, gay, bisexual, transgender, and questioning sexual orientation (LGBTQ) youth and adults^{48,147,148}; children and parents with physical disabilities¹⁴⁹ or mental illness and addictions^{150,151}; and homeless individuals and families.^{152,153}

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

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

Toward a Coordinated National Response

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

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

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

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

What Readers Will Find in This Report

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

In the second and third chapters, we offer a series of recommendations to ensure that all children exposed to violence are reliably identified, screened, and assessed and then receive support, treatment, and other services designed to address the traumatic impact of exposure to violence. The first step in defending children against violence is to find the millions of children who are exposed to violence and need help in recovering. The second step is to work toward

stopping the exposure itself — making children safe in the future and helping them recover from the violence that was not prevented.

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

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

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

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

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

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

should explore the additional burdens confronting AIAN communities in meeting the needs of children exposed to violence and propose policies and courses of action for addressing the current gaps in services.

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

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

The National Advisory Committee on Violence Against Women put the case clearly: "Youth engagement is critical to preventing violence. Youth are well-positioned to inform efforts that prevent teen dating and sexual violence and abuse; creating opportunities for them to do so offers lasting benefits and is consistent with the literature on positive youth development."

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

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

positive work ethic, and leadership skills, which can serve as a foundation for future generations for years to come in this country.

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

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

A national public awareness campaign would open the door to a fundamental change for the better in which every organization, community, and household in our country expects that every child should grow up safe and achieve his or her unique individual potential, and everyone takes responsibility for making this a reality. We all want our children to be safe and successful in their families, neighborhoods, schools, and future careers and to be good and productive citizens. We do not want to see them punished for making the mistakes that result from not yet having a fully formed brain or the maturity and life experience of an adult — yet we also do not want them to harm or endanger their peers, families, schools, or communities by acting irresponsibly or violently. When children are exposed to violence, they need protection, care, and help in healing that restores their trust, so that they do not go astray by resigning themselves to a life of violence, either as a victim or as a perpetrator. We can provide that help only if we find those children as soon as possible and let none of them fall between the cracks into a life of despair and more violence. On the national, state, and local community levels, this will require leadership from the federal and state governments, as described in the first recommendation, and also from the national and local media; child and family advocacy and services organizations; civic and business leaders and organizations; all ethnocultural groups; and opinion leaders from entertainment, sports, popular culture, education, politics, and the family and child welfare, healthcare, and justice systems.

There are precedents for solving epidemic and apparently intractable problems. Just a few decades ago, smoking was more the norm than the exception. But as mounting research on the health impact of firsthand and secondhand smoke became impossible to ignore, the executive

and legislative branches of the federal government acted on the recommendations of the Surgeon General to protect the entire nation. Whereas smoking was formerly seen as an individual choice affecting only the smoker, it is now understood to be an act with adverse consequences for everyone — not only the smoker and those within breathing distance, but every citizen as a result of escalating healthcare and insurance costs, losses in economic productivity, and the burden of caring for and grieving the loss of others with smoking-related illnesses. Through research, education, and the leadership of the federal government, coordinated efforts in the public and private sectors at the local, state, and national levels have changed the trajectory of that epidemic 180 degrees toward a rejection of the myth that smoking is a harmless vice and a massive reduction in smoking, all within the timespan of a single generation.

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

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

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

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

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

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

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

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

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

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

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

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

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

The federal government should redirect funds to proven approaches for defending children against exposure to violence by providing financial incentives and encouragement to the states and, through them, to communities. Significant budget cuts are a reality at all levels of government, but they cannot be an excuse for failing to protect and heal our nation's children. We must use our resources more wisely by seizing opportunities for new funding, like those provided in the Affordable Health Care for America Act (AHA); shifting resources to produce better outcomes, like spending more to support struggling families than to place children in foster care; exploring how best to use federal formula and block grants to stimulate change; and pooling resources across government agencies to support common goals. Public-private partnerships also are essential. The following examples are illustrative but by no means a complete or final path toward enhanced funding.

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

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

address the needs of children exposed to violence, aiding interruption of and recovery from violence.

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

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

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

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

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

Funds available to states through Social Security Act Title 4E waivers can be used to invest in national dissemination of innovative community-designed models for sexual assault services for victims of child sexual abuse and sexual exploitation, such as those currently funded as limited pilot or demonstration projects under the Family Violence Prevention and Services Program at DHHS. Tax incentives can be provided to public and private organizations that provide services to prevent children's exposure to violence and treat children who have been victimized.

These are important potential sources of funding to accomplish the goals the Task Force has set forth to protect children from exposure to violence and its harmful effects – *but they are by no means the only possible sources of funding for these crucial initiatives*. Leadership in all levels of government and the private sector, as well as advocates working on the national and local levels, must come together to find or create the funding needed in order to defend our nation's children from exposure to violence.

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Chapter Two: Identifying Children Exposed to Violence

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

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

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

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

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

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

In addition, early identification can save children exposed to violence — and their families and communities — from becoming trapped in a tragic revolving door of violence and damaging psychological trauma. Once a child has been exposed to violence, she or he is more likely than

other children to be exposed to further violence.^{27,30-34} This can happen when a bully or predator recognizes a child who is vulnerable or unprotected as an easy target for further victimization.^{35,36} It also happens when children live in families and communities or go to schools in which violence has become so pervasive that further exposure is inevitable and may even be a daily phenomenon.³⁷⁻³⁹ Finally, it can happen when a family, school, or community becomes resigned to tolerating violence and everyone who is exposed becomes paralyzed by a sense of unrelenting fear, helplessness, and hopelessness.⁴⁰

To break the cycles of children's repeated exposure to violence, we must watch out for, identify, and help every victimized child. That may not eliminate the violence or its root causes, but it can build a new sense of watchfulness or gatekeeping, hope, and empowerment that is essential for families (see Chapter 3) and communities (see Chapter 4) to rise up out of violence.

Identification of children exposed to violence begins with teaching everyone in all of our communities to be more aware of and better able to recognize *any* instance and *every* form of violence to which children are exposed, from the "smallest" acts of emotional or physical assault or cruelty to the kinds of violence that maim and kill.

This means educating not only children but also their caregivers and all adults in every community in this country; so that everyone invests in and sustains a commitment to be watchful and never overlook or ignore any incident in which a child is exposed to violence.

For many adults, this will be a welcome reminder and encouragement to continue to be concerned and watchful on behalf of the children in their family and community. For others, this may be an initially unsettling wake-up call, challenging their belief that violence is not really such a big problem for children generally or for the children they know and care about. If the message is communicated respectfully, consistently, and without criticism or blame, the skeptics (or those who simply have not been informed) can become the strongest advocates for this cause.

All adults in our country need to come together to advocate for the safety of our nation's children. In doing so, we will be advocating for our nation's social capital — our future workforce, educators, innovators, and caretakers. Our ability to protect and support positive development of our social capital is critical to our success as a nation and as a world leader.

If we all get on board and personally commit ourselves to proactively protecting children from exposure to violence and psychological trauma, we will achieve a massive shift and positive evolution in our country's fundamental social norms and in the very fabric of our society. Recognizing and protecting children from exposure to violence is a way to stand up for a universal value that is a foundation for our country: Every human being deserves freedom, safety, and security. Every human being deserves to live free from violence.

This also means formally preparing professionals and childcare workers who work with and watch children and families daily to systematically look for any sign that a child has been exposed to violence or sustained psychological trauma.⁴¹ Many of the national organizations that represent professionals who care for, educate, or are legally responsible for children have

made the identification of children exposed to some forms of violence — notably physical and sexual abuse and domestic violence — a high priority; many professions have taken the additional step of making the identification of children and families exposed to violence a fundamental legal requirement and ethical duty.⁴² This needs to happen in every profession for every professional or paraprofessional whose work involves children and families.

A second crucial step is to learn how to recognize when a child is exposed to violence and psychological trauma. Experts have developed thorough descriptions of the precise ways in which children are exposed to violence¹ as well as the precise ways in which they express psychological trauma after violence exposure, including behavioral, medical, and educational and learning problems.^{18,43,44} These descriptions and surveys are available in non-technical terms to the general public (see, for example, <https://www.ncjrs.gov/pdffiles1/ojdp/227744.pdf>) and can serve as the basis for national and local public information campaigns. They also have been converted into practical tools that professionals can use in screening and assessment to identify children who need help recovering from violence (see, for example, fact sheets from www.nctsn.org, www.istss.org, and www.ncptsd.va.gov).

Specialized assessments have been developed and scientifically proven effective in identifying the needs of children who have been exposed to different forms of violence, such as neglect, witnessing domestic violence, being assaulted during domestic violence, sexual abuse, assault and physical abuse, trafficking, dating violence, witnessing homicide and suicide, and community violence in neighborhoods and schools and by violent gangs.⁴⁵ Professionals working with children and families must be prepared to use these tools with every child they encounter. There is no single one-size-fits-all approach to assessing and designing treatment for children exposed to violence, so professional assessors must have specialized expertise in working with the unique problems caused by different forms of sexual violence, domestic violence, and community violence. The problems experienced by children exposed to multiple types of violence, also known as “polyvictimization,” raise further, correspondingly complex issues for assessment and treatment service planning.^{46,47}

A third essential step is to prepare ourselves to know how to help when we see or learn about a child who is exposed to violence. Most of us know we should do something, but we do not know exactly what, nor to whom we should turn. We also do not want to make things worse by pointing out a problem and then failing to help the victimized children become safe and recover. Every adult should know how to contact the appropriate agencies and professionals who are charged with protecting children — child protective services, law enforcement, Child Advocacy Centers, courts and attorneys, pediatric providers, community- and school-based clinics, hospitals, and school administrators — when they see or learn about a child who may need help. Creating practical pathways to help is essential to ensuring that children who are identified get the right help in a timely manner. In the next chapter, we will discuss what kinds of help are appropriate and effective, but before that can happen, we need to know how to get children help that guarantees recovery and future health. Toward that end, the task force offers the following recommendations to ensure that no child exposed to violence goes without help.

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

The general public has a limited understanding of the extent of children's exposure to violence and its adverse impact on health, social-emotional development, and academic and economic achievement. The public has even less awareness that solutions to this crisis are within our grasp. Violence against children is not inevitable, and healing for children is possible in the aftermath of violence if they are identified in a timely manner. An informed citizenry can advocate for higher levels of services and support from policymakers for prevention and early intervention for children exposed to violence. They can challenge the misplaced pessimism that makes violence seem like an inevitable part of growing up for some children. An informed citizenry can be the engine to advance good public policy that embraces an alternative positive norm that no child's life and future should be scarred by the fear, mistrust, and sense of failure caused by violence. Research, skills, curricula, and tool kits are available today to help an informed citizenry teach children and adults to reject violence as a tool or solution and instead to find strength and success through knowledge, responsibility, and compassion. This opens the door to a fundamental change for the better in which every organization, community, and household in our country expects that every child should grow up safe and everyone takes responsibility for making this a reality.

The White House should take the lead in developing and implementing a national public awareness campaign on the impact of children's exposure to violence, the costs of failing to intervene, and effective approaches to trauma-informed services and trauma-specific treatment for these children. Such a campaign would be suitably launched with a White House conference on children exposed to violence. Regional, state, and local community campaigns to promote, advance, and sustain public awareness of the epidemic of children exposed to violence also must be mobilized and sustained with leadership from the federal and state governments. These public awareness campaigns also require leadership from the national and local media; child and family advocacy and service organizations; faith-based organizations; grassroots community organizations; civic and business leaders and organizations; and opinion leaders in sports, entertainment, popular culture, education, politics, and the justice system.

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

Professionals and paraprofessionals working with children and families recognize the vital role they play in identifying children exposed to violence. However, most view this as an optional rather than core part of providing care and services.^{48,49} *Every professional and paraprofessional who comes into contact with pregnant women and children must routinely identify children exposed to (or at risk for) violence, provide them with trauma-informed care or services, and assist them and their families in accessing evidence-based trauma-specific treatment. This includes physicians; nurses; emergency medical technicians; therapists; police officers; family and juvenile court judges and attorneys; domestic violence and sexual assault advocates; child welfare workers; sexual abuse evaluation specialists; home visitors; childcare*

providers; teachers; school counselors; summer camp staff; faith-based organizations; local, regional, and national youth group organizations; and the paraprofessional staff working in all of these fields.

To support and sustain this trauma-informed change, screening to identify children exposed to violence should be established as required standard by professional organizations and government licensure or certification. All child- and family-serving practice groups, agencies, and institutions should be required to train their staff to identify, screen, and assess children for exposure to violence using tools that are suitable to their professional roles and responsibilities and consistent with the standards of the service systems in which they work.

Evidence-based screening tools for identifying children exposed to traumatic events, adverse childhood experiences, and victimization are readily available from those who developed them and from technical assistance centers (see, for example, www.nctsnet.org, www.istss.org, and www.ncptsd.va.gov). However, most professionals do not know how to efficiently screen for children exposed to violence, and they are unaware of the existence of or need for using these tools.⁵⁰ Scientifically proven tools available to professionals include screening instruments for the rapid identification of children exposed to violence — such as the Juvenile Victimization Questionnaire Screening Version^{51,52} and the Traumatic Events Screening Instrument for Children and Parents^{53,54} — as well as screening instruments for rapid identification of each child's specific needs for trauma-informed care and trauma-specific treatment, such as the UCLA PTSD Reaction Index⁵⁵ and the Trauma Symptom Checklist for Children.⁵⁶

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

Most undergraduate education programs and pre-professional graduate-level education programs provided by universities, professional schools, colleges, and technical schools include at most one or two class sessions or seminars — and often none at all — on children exposed to violence or the impact of violence or psychological trauma on development and physical health.⁵⁷ As a result, graduates from these programs lack knowledge about the pervasiveness and the impact of exposure to violence among children from birth through adolescence.

All professionals serving children and families must be equipped with the knowledge and skills they need to recognize and address the impact of violence and psychological trauma on children. National, regional, and local professional and educational organizations, institutions, experts, and other concerned youth and adults must work with government and private-sector leaders and agencies to organize a coordinated program of pre-professional and professional education and technical assistance centers. The centers must prepare all child- and family-serving professionals to understand the scope and seriousness of the epidemic of children exposed to violence and psychological trauma and to effectively screen every child and family they serve to identify children exposed to violence.

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

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

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

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Chapter Three: Treatment and Healing of Exposure to Violence

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

Fortunately, appropriately selected *evidence-based treatments*¹⁷⁻²⁰ and services²¹⁻²³ provided in a timely manner²⁴ can reverse the adverse effects of violence and psychological trauma and put children back on a healthy developmental course that allows them to once again resume normal academic and social engagements and achieve a healthy and fulfilling life.^{19,25-29} This chapter describes the essential features of successful treatments and services for children exposed to violence and psychological trauma, and it makes specific recommendations for how such treatments and services can be made more reliably accessible for these children.

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

These providers offer trauma-informed care, trauma-specific treatments, and *trauma-focused services* to children and families when, according to an expert consensus panel of providers and parents convened by the National Center for Trauma-Informed Care, their work with children

“incorporate[s] a thorough understanding of the prevalence and impact of trauma, the role that violence and trauma play, and the complex paths to healing and recovery.” This means providing services that avoid “re-traumatizing those who seek assistance,” focus on “safety first,” are based on a commitment to “do no harm, ... facilitate the participation of trauma survivors in planning the environments in which they live and the services they receive, and ... correspondingly ensure the safety, well-being, and meaningful involvement in systemic decisions of the providers of services and supports.”

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

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

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

When these misdiagnoses and mistakes are made — even with the best of intentions — the willingness of the child and family to work collaboratively with providers often disappears. Without approaches that use trauma-informed care, providers and parents may overlook the violence and exposures to trauma and thus feel powerless to change a child’s serious social-emotional problems, as they assume that these are the immutable results of “bad” genes, “bad”

choices, or “bad” family and peer influences. They may fall back on providing generic advice that rarely helps and can cause further alienation or stigma, such as simply diagnosing the child with a psychiatric, behavioral, or learning problem, or telling the child that she/he should simply stop worrying and misbehaving because “the violence wasn’t so bad or is over now.”

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

Moving every provider and all programs and organizations that work with children and families in the direction of becoming “trauma informed” is essential to preventing children who have been exposed to violence from suffering further when they should be — and are absolutely capable of — healing the wounds of exposure to violence and psychological trauma. And, importantly, expert consensus groups in trauma-informed care have the trauma-informed care technology developed and ready for dissemination and implementation now: this includes research evidence, tool kits, training curricula, and evidence-based trauma-informed service models and trauma-specific treatments²⁹ (see, for example, www.nrepp.samhsa.gov, www.crimesolutions.gov, www.ojdp.gov/mpg/, <http://www.colorado.edu/cspv/blueprints>).

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

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

Tragically, living in a state of fear, grief, and helpless immobilization requires the child to cope by worrying and constantly watching for the next danger (a state of anxiety and hypervigilance), by giving up on the hope of a safe and happy life and having trustworthy relationships (grief and depression), by fighting back to protect themselves and those they care about (anger and aggression), by acting without taking the time to think (impulsivity), by never letting down their

guard (hyperactivity and sleep problems), and by trying to stay safe by avoiding anything that reminds them of the violence and taking whatever they can get from life to provide some relief (interrupted development: substance use, high-risk or disruptive behaviors, relationship avoidance, school avoidance, delinquency, aggression against peers and authority figures). Standard treatments that do not include trauma-informed care components for these social-emotional and behavioral problems are most often not effective.^{19,27} Current treatment models, void of trauma-informed care components, in fact may actually exacerbate the child's symptoms, causing further harm to the child survivor of violence exposure. In order to heal and sustain recovery, these children need trauma-focused services and trauma-specific treatment.

Trauma-specific treatment adds three key ingredients that are missing in other standard treatments for children^{24,31}:

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

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

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

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

Trauma-specific treatments are being provided to thousands of children in this country as the result of efforts of government and foundation-funded initiatives — for example, the Administration on Children, Youth and Families' (ACYF's) Initiative Addressing Trauma Among Children and Youth³² and the Substance Abuse and Mental Health Services Administration's National Child Traumatic Stress Network (NCTSN).²² The ACYF initiative leverages regulations and funding from many federal programs, links resources to private initiatives sponsored by foundations such as the MacArthur and Annie E. Casey foundations and organizations such as the Child Welfare League of America with a blueprint for mandating and fully funding trauma-specific treatment for children exposed to abuse and violence. The NCTSN's more than 75 centers nationally support tens of thousands of providers in the healthcare, juvenile justice, law enforcement, child welfare, education, foster care, mental health, education, law enforcement, and military service systems with education and technical assistance on trauma-informed care, trauma-specific treatments, and trauma-focused services.

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

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

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

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

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

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

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

Treatments adapted to be acceptable and effective in underserved communities remain generally inaccessible to these communities because of shortages in funding, trauma-informed professionals, and the technology needed to reach sparsely populated or otherwise inaccessible communities.³⁹⁻⁴⁶ We must develop portable trauma-informed treatments, harness the power of

digital technologies, and use other strategies to deliver treatment in communities that lack a social services infrastructure. The federal government, states, and private philanthropic entities all have a role to play in supporting this crucial area of work.

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

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

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

At the ED, professionals and staff can provide adult mentoring, needs assessment, and immediate access to mental health services with trauma-specific treatments. Model programs now in place demonstrate how partnerships sustained between EDs and trauma clinicians; hospital-based peer educators; mental health, counseling, and social work professionals; and community organizations and public health agencies can use a trauma-informed approach to change these children's lives.⁴⁸⁻⁵⁴ Trauma-informed ED services can empower victimized children and youth and their families with skills, support, and resources so that they can return to their communities, reject or stand strong in the face of violence, strengthen others who have been affected by violence, and contribute to building safer and healthier communities.

The National Network of Hospital-based Violence Intervention Programs (NNHVIP) is an initiative that should be expanded beyond the 20 member programs currently funded in U.S. cities to involve EDs across the country in delivering: (1) a comprehensive trauma-informed care service model for all youth and their families that begins in the ED, and (2) education to prepare emergency physicians and staff to offer trauma-informed health care, trauma-specific treatments, and trauma-focused services.

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

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

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

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

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

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

All national, regional, and state associations of provider organizations serving children and their families exposed to violence and psychological trauma should establish standards mandating adherence by all participating providers to government regulations and professional ethical and

practice guidelines for the coordinated and collaborative delivery of trauma-specific treatments and trauma-focused services.

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

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

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

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

Every day, tens of thousands of children who have been exposed to violence receive treatment across the nation in hospitals, clinics, child guidance and counseling centers, community mental health centers, therapeutic group homes and residential programs, school-based clinics, or the offices of private practitioners.⁶⁰ They are treated by professionals from many disciplines, including psychologists, psychiatrists, social workers, mental health counselors, substance abuse counselors, school counselors, in-home therapists, family therapists, and psychiatric nurses. These treatment providers work in every setting in which children spend their days — schools, youth centers, even the family's home — as well as where children receive care — clinics, hospitals, counseling centers, child protective services offices, homeless shelters, and domestic violence programs — and where they encounter the legal system: on the street with

police officers, in the courts, and in probation and detention centers. The task force recommends that each of these treatment providers in all of these settings develops expertise in helping the children whom they treat to recover from violence and psychological trauma by providing trauma-informed care and trauma-focused services.

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

In order to support the recommended mandate for all child- and family-serving treatment providers to use trauma-informed approaches to their services and to employ trauma-specific treatment if they conduct psychosocial treatment, the task force recommends that a national effort be undertaken by professional and educational organizations and institutions in order to build a workforce of sufficient size and capacity to achieve this goal. There is a significant but addressable gap between the overall number of providers of trauma-informed care services and the large number of children and families exposed to violence and psychological trauma who do not, or cannot, access evidence-based treatment services. However, there are hundreds of graduate and undergraduate professional education programs in colleges, universities, medical and law schools, freestanding programs of higher education, and technical or vocational schools where tens of thousands of students each year are being prepared for careers in the healthcare and human services, public health, child welfare, and criminal justice systems that serve children and families. *Courses in trauma-informed care and trauma-focused services should be a required part of the curriculum for each program and all students.*³⁰

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

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

It is crucial that our country, at multiple levels, increase and support access to providers for children and families of ethnocultural minority backgrounds.⁶¹ It is also crucial to develop and support the education and advancement of service providers who share the same ethnocultural heritage, practices, and languages of the minority service recipients. It is essential that all

*providers serving children and their families who are exposed to violence and psychological trauma be respectful of, and take responsibility for becoming informed about, the language, values, beliefs, and both cultural and traumatic history of every client whom they serve.*⁶³

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

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

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

Sections or divisions within major professional societies, such as the American Psychological Association's Division of Trauma Psychology, and specialized cross-disciplinary professional societies focused on treatment of traumatized children and adults, such as the International Society for Traumatic Stress Studies, the International Society for the Study of Trauma and Dissociation, and the American Professional Society on the Abuse of Children, have developed, adopted, and disseminated detailed practice standards and guidelines that should serve as examples for all professional societies and their members that provide services to children and their families exposed to violence.

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

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

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

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

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

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

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

Providing evidence-based trauma-informed care, trauma-specific treatments, and trauma-focused services brings professionals face-to-face with the pain, suffering, betrayal, and isolation that children and families experience when they are victimized by violence.⁶⁴ For most providers, this is highly stressful and requires careful attention to maintaining their own emotional and physical health and professional and personal support systems. Some professionals, often (but not only) those who have experienced violence themselves, can experience deep emotional distress that requires personal healing for themselves. These emotional wounds are not caused by the children and families they treat — with rare exceptions — but are old wounds that are inadvertently opened by the intense emotional work involved in providing evidence-based trauma-informed care, trauma-specific treatments, and trauma-focused services. These wounded healers can nevertheless be highly effective because they have a personal understanding of trauma and a unique degree of empathy for the wounded children and families they treat.

Graduate professional training programs often prepare their students to take proactive steps to maintain their emotional health and heal emotional wounds that emerge in the course of

providing treatment, and this should be mandatory in all professional and paraprofessional education programs. However, in most settings where treatment is provided to children who are exposed to violence and psychological trauma, little or no time, funding, or therapeutic services or supervision is provided to help professionals (and also affected paraprofessionals) to care for themselves or to recognize and deal with the inevitable emotional impact of vicarious exposure to violence and psychological trauma.

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

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

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

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

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

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

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

hoc rather than systematic basis, leading to fragmented, incomplete, inefficient, and ineffective services that also result in unnecessary costs and unnecessary re-traumatization.

Professional policy institutes should be mandated and funded by federal and state legislation to bring together professional experts, advocates, and affected children and families in order to design and set benchmarks for the implementation and monitoring of standards for cross-system collaboration in services for children and their families exposed to violence and psychological trauma.

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Chapter Four: Creating Safe and Nurturing Homes

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

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

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

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

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

Sexual abuse by caregivers has been found to place children at risk for additional sexual and physical victimization; homelessness; and involvement with peers who use or sell drugs, drop out of school, steal, and engage in other delinquent behaviors.^{5,34,35} Nightmares, anxiety, distrust, isolation, problems expressing feelings, dissociation, medical problems, substance abuse, self-harm, and difficulty concentrating are just some of the effects of child sexual abuse.^{6,7,28,36-57} One of the most immediate consequences of child sexual abuse is the emergence of serious problems at school, including sharply deteriorating grades and performance, behavior problems, and an attitude of apparent disinterest in learning or abiding by rules in school (this has been described as a disinvestment in education).^{2,15,58} In addition, sexual abuse is often cited as a reason children and adolescents run away from home.^{28,55-57,59}

The effects of child sexual abuse can persist into and throughout adulthood. Multiple studies show that childhood sexual abuse can put children at significant risk for a wide range of medical, psychological, behavioral, social, economic, legal, and other struggles over their lifetimes. Research also shows that childhood sexual abuse often leads to commercial sexual exploitation and substance abuse.^{6,36,38,41,60-69} Several studies have found that child sexual abuse is a common occurrence for homeless women, men, and adolescents and that sexually abused children or adolescents often are re-victimized later in life.^{24,43,70-92}

Children also are exposed to violence as witnesses to domestic violence — a pattern of assaultive and coercive behaviors — including physical, sexual, and emotional abuse that an adult uses against an intimate partner. This pattern of violence and abuse typically is used as a tactic by men against their female partners and sometimes against their children,⁹³⁻⁹⁵ and it can also arise in same-sex relationships. Witnessing domestic violence can destroy a child's core sense of security and trust and can create deep feelings of helplessness, guilt, and shame when children cannot make the violence stop or protect the non-offending parent. Children raised in homes with domestic violence are at risk for becoming either victims or perpetrators of violence in intimate and family relationships as adults.^{80,84,89,96-100} Witnessing domestic violence has a profound impact on a child's view of intimate relationships, making future relationships seem untrustworthy and undependable at best and like dangerous struggles at worst. This perception can lead to a lifetime of avoidance of intimacy or conflict in intimate relationships, which is detrimental not only to the child but also to the child's extended family and future generations.

Tragically, these varied forms of family violence often occur together. Scientific studies have repeatedly demonstrated that children who witness domestic violence are more likely than other children to be physically or sexually abused and that children who are abused or neglected also are at high risk for witnessing intimate partner or other forms of violence within their families.^{1,101,102} Children whose parents or other primary caregivers are impaired by untreated mental health disorders, substance abuse, or legal problems also have been shown to be at significant risk for abuse, neglect, and witnessing domestic violence.^{12,103-116} Therefore, any form of exposure to violence in a family should be considered a warning sign that the children in that family are at high risk. These children should be assessed for all of the types of violence to which they may be exposed. Too often it is assumed that a child has been exposed to only one or a few types of violence when they may actually be polyvictims and in need of protection or

healing from exposure to several types of violence in their families and communities (see Chapter 5).

Every form of family violence can cause severe disruption in or loss of essential relationships. This is particularly true when violence is lethal, resulting in the permanent loss of a family member or loved one. An estimated 3,500–4,000 children witness *fatal family violence* each year in this country.¹¹⁷⁻¹²⁰ Children in families in which one parent kills another parent suffer unique and severe trauma.¹²¹⁻¹²⁵ The surviving children may lack official status as a victim. Although much has been learned about how to help these children (including evidence-based trauma-specific therapy for complicated grief; trauma-informed support for grief and mourning; and participation in funerals, grave visitation, and social gatherings to remember the homicide victim), they are not typically identified or served. Children who survive fatal family violence are often forgotten in the aftermath of such tragedies. And when they are remembered, attention to the surviving children may be focused on the few who provide witness testimony. The traumatic grief these children experience can remain an unresolved emotional injury for the rest of their lives,¹²⁶⁻¹²⁸ because it compromises their core sense of psychological security — a sense of emotional well-being that is crucial for every child’s healthy development. If caregivers or family members inflict violence, they become sources of fear and anger for children. If caregivers or family members are victims of violence in the home, this also impacts children. Simply put, the well-being of a child is inextricably linked to the well-being of the adults in his or her life, and when these adults harm or kill one another, the child is left with a deep sense of betrayal that quickly erodes a foundation for trusting the surviving parent or any caregiver or intimate partner.

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

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

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

Help for families experiencing or at risk for violence is most accessible when it is brought directly to the family in their own home. Home visitation programs bring professionals, such as nurses, social workers, family educators, and mental health professionals, to meet regularly in the home to help parents and children develop ways of communicating together, managing the basic routines that are essential to daily family life and healthy growth, and participating in

medical and mental health treatment. These home visiting programs show considerable promise in reducing child abuse and promoting healthy development of children in families that are at risk due to poverty and lack of access to resources.¹²⁹⁻¹³² However, with one recent exception,¹³³ home visiting programs have not been found to reduce family or domestic violence or to help children in violent or abusive families heal and recover.¹³⁴ This may be for many reasons, but a crucial limitation in most home visiting interventions is that the staff lack specialized training on identifying children who have been exposed to violence and assisting in their recovery.^{135,136}

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

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

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

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

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

Victims of domestic violence need access to resources that can help them safely explore how to protect themselves and their children and how to stabilize the family once the violence has subsided.^{93,142,143} Substantial evidence shows that mothers who have been battered by their partners develop symptoms of post-traumatic stress, depression, and anxiety.^{106,144-151} Research is providing growing evidence that children and parents benefit from relationship-based interventions that help them communicate with each other about the violence they endured.¹⁵²⁻¹⁵⁴ These interventions give children the tools to show their parents how frightening the experience of violence was for them, and they help parents understand their children's experience of violence and learn strategies to recover from their own traumatic stress reactions. Parents who have experienced intimate partner violence are much more likely to be able to provide their children emotional security and encourage their development if they receive trauma-informed services and treatment.

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

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

The task force also recommends that every reasonable effort should be made in dependency courts to keep violence-exposed children and their non-offending parents or other family caregivers together. Even when children cannot safely remain in the home with their parents and siblings, their emotional security and ability to recover from violent trauma is greatest if they are able to be with other family members who safely care for them. This recommendation is

consistent with federal regulations that require states to give preference to an adult relative over a nonrelated caregiver when determining placement for a child, provided that the relative caregiver meets all relevant state child protection standards.

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

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

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

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

The task force recommends that each city, county, and tribe establish and sustain a multidisciplinary council that includes every agency that may touch the life of children exposed to violence. These councils must ensure that violence-exposed children and families receive consistent messages and services, that information is shared by all relevant agencies and providers, and that services are integrated. They should involve service providers and key decision makers who can affect policy, programs, and case management. Multi-agency councils

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

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

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

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

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

development and healthy relationships. They need to know what to do when they suspect sexual or physical abuse and how to talk with other adults about child sexual or physical abuse, and they need to understand mandated reporting responsibilities. All child- and youth-serving agencies therefore should educate young parents and soon-to-be parents on strategies for recognizing and preventing physical abuse, sexual abuse, and domestic violence. Because parents may have been exposed to violence in their childhoods, they also should be educated on recognizing and getting help for their own posttraumatic reactions stemming from their own childhood exposure to violence, so that they can prevent those reactions from impairing their ability to safely and successfully parent their children.

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

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

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

The task force recommends that all agencies, programs, and providers working with fathers who have been violent toward their family members provide in-depth assessment, diagnosis and treatment planning, education, and strategies that enhance adequate external controls to ensure that no further violence occurs. Too often, violent offenders are court ordered to undergo services such as anger management or batterer intervention before diagnostic evaluations have taken place. Without a clear link between identified underlying difficulties that lead to intimate

partner violence and specific evidence-based treatment interventions, the strategies used to rehabilitate violent family members are likely to be ineffective because they are not matched to the specific problems of each offender. Intervention with fathers who use violence is not “one size fits all.” Fathers who use violence also must be held accountable and monitored, because change does not always come easily or quickly. Every agency, program, or provider working with these fathers therefore must offer a complete and evidence-based array of services and treatments matched to the specific individual and designed to ensure that no further violence occurs.

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

When children lose a family member or other loved one, especially a primary caregiver, to a violent death or as a result of injuries from which the family member does not recover emotionally or physically, they can experience overwhelming grief. Studies have shown that grief that is compounded by violence leads children to feel not just sadness but also terror and horror.^{127,182} Family members are irreplaceable, and their sudden loss due to violence leaves children with no way to say goodbye or to understand how or why such an unimaginable event could have happened. Traumatic loss leaves children burdened by guilt, believing they should have seen the loss coming and stopped it, and unsure about how to continue without that person’s presence in their life.

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

Evidence-based treatments that have been developed specifically to help children recover from the traumatic grief of a violent death in their family¹⁸³⁻¹⁸⁵ should be available to all children who experience a loss due to violence, in every community in this country. These treatments help children communicate the shock and terror that they experienced, first to a therapist and then to a supportive caregiver in their family.¹⁸³⁻¹⁸⁵ They also help children remember their lost loved ones and their relationships in ways that enable them to hold on to memories that sustain their emotional connections despite their family members’ no longer being physically present. When other family members or caregivers also have been traumatized by the violent loss, treatment

helps them to go through a similar process of recovery and healing to enable them to support the child emotionally.

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

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

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

Children and families who immigrate to a new country often do so because they have faced violence as a result of war, political conflicts, ethnic cleansing or genocide, or natural disasters that has traumatized the whole family. Because they may have difficulty forming new social ties or face isolation and discrimination in their new communities, they are at risk for exposure to domestic and community violence and child abuse. Even if they did not experience violence previously, immigrant families often face cultural, language, and economic barriers and stressors as well as stigma and discrimination, which can place their children at risk for exposure to violence.

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

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

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

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

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

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

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

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Chapter Five: Communities Rising Up Out of Violence

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

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

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

Children can be exposed to community violence as innocent bystanders, but they also may be targeted by perpetrators because of their vulnerability. Children may be perceived as “different” based on their race or ethnicity, language, sexual orientation, physical or mental disabilities, physical characteristics (such as being small for their age or overweight), family economic status, either low or high academic involvement or achievement, or belonging to a marginalized peer group. Predatory violence toward children often occurs in secrecy — although, as evidenced by numerous revelations of institutionally tolerated sexual abuse in religious, educational, and youth activity organizations, violence can be a “secret” that is hidden in plain sight. Violence against children is especially difficult to detect when the predator is a trusted and institutionally protected caregiver outside the home or a community leader, such as a child care provider, teacher, coach, activity leader, or religious official. With the explosion of Internet media available to children, predators also increasingly target, recruit, and exploit children through online contacts.

Entrapment and exploitation by predators who should be trusted caregivers and role models not only directly harms children but also likely leads them to develop severe trust issues even in

trustworthy relationships because of the fear, anger, guilt, shame, and confusion caused by this betrayal of the fundamental assumption that adults are protectors.

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

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

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

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

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

as “deviant” or “future criminals” rather than as traumatized victims. As a consequence, they rarely receive support or assistance to address the trauma-related symptoms that often precipitate children’s acts of violence or delinquency. Exposure to violence does not justify or excuse acts of violence, but with appropriate trauma-informed law enforcement and judicial responses, these children can reform their behavior and attitudes if they receive trauma-informed services and trauma-specific treatment (Chapter 2).

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

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

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

The science of treatment for children exposed to community violence has been developed over the past two decades. Trauma-specific therapeutic interventions for children and adolescents exposed to community violence have been shown to be effective when delivered in mental health clinics, in schools, and in home-based and residential programs.^{7,39-47} Such treatments

require continued development and should be conducted with children of all ages — including toddlers and preschool and elementary school students, for whom they can help build a foundation of psychological and interpersonal resilience when violence has occurred in their lives⁴⁸⁻⁵¹ — to heal the emotional, behavioral, and social wounds of violence.

In addition, programs that involve the family, school, and community services such as law enforcement, the courts, and child protection, have the strongest evidence base for developing children's resilience.^{47,52-62} These programs provide supportive relationships and guidance not only for children but also for their parents and families. In addition, they are designed to increase community safety and to provide families with access to recreational facilities and health care. These multidimensional approaches to enhancing children's psychological strengths and social support networks have shown evidence of success with children and adolescents who are likely to have been exposed to violence.^{39,43,47,63}

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

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

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

Community coalitions, like those formed through the National Forum on Youth Violence Prevention, show great promise for ending children's exposure to community violence. This

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

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

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

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

The key elements of this collaboration between law enforcement, juvenile justice, domestic violence, medical and mental health professionals, child welfare agencies, schools, and other community agencies include cross-training for police as well as mental health and other

professional specialists on child development, trauma, and policing strategies; acute-response services that provide coordinated police and clinical response to violent events; regular interdisciplinary case conferencing for case planning, review, and monitoring; follow-up home visits by police officers, clinicians, and domestic violence advocates; and evidence-based trauma-specific treatment and trauma-informed services that are available to children and families exposed to violence in their homes, neighborhoods, or schools.⁶⁴⁻⁷⁰

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

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

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

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

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

preventing violence can grow from isolated islands of change into a substantial, growing network of men and boys across the country committed to creating widespread change and helping break the cycle of violence in our homes, schools, and communities.

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

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

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

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

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

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

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

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

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

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

Child care providers in center-based programs and in their own or the child's home have a unique opportunity to protect children from exposure to violence. Child care providers must be trained and provided with ongoing supervision and continuing education in order to be able to recognize children in their care who have been exposed to violence. National, state, local, and tribal child welfare departments that set standards for child care providers' reporting of abuse and neglect must establish clear and specific guidelines for all providers of child care and monitor adherence to these guidelines. In addition, professional organizations and regional and local agencies and programs that train child care providers and set standards for them must monitor adherence to these standards, which should be mandatory for all providers and should take the form of clear and specific guidelines for identifying and reporting suspected child abuse and other forms of exposure to violence.

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

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

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

Schools also are a critical place for the identification of children exposed to violence who need immediate help (see Chapter 2) and where evidence-based trauma-specific treatment can be

provided efficiently and in a timely and accessible manner (see Chapter 3) for those children. Every school in our country should have trained trauma-informed professionals on staff or working collaboratively as consultants to provide school-based, trauma-specific treatment and to assist children who have been exposed to violence and have chronic or severe problems to access evidence-based school- or clinic- or home-based treatment.

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

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

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

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

Providing trauma-informed services and support to children who are bullies as well as to those who are victims of bullying is an essential step in stopping the spread of emotional and physical violence toward children in our schools and communities. Programs designed based on the guidelines described in this chapter's previous recommendations — building multi-stakeholder community and school coalitions, providing healthy adult and peer role models, and teaching children healthy and safe ways to build and sustain relationships — have been shown to be successful in restoring safety and healthy development to the lives of children who are bullied and those who are bullies.^{100,101} One study in 10 public middle schools found evidence of benefits primarily for White children but not for African-American or Hispanic youth, suggesting

a need for careful ethnocultural adaptation of bullying-prevention programs.¹⁰² These programs embody the principles of restorative justice, which can instill individual and community-level accountability and positive action to support healing and resilience as well as demonstrate the potential value of meaningful restitution.

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

The most tragic and severe consequence of children's exposure to violence is a combination of profound hopelessness and suicidality.^{103,104} Children exposed to violence as a result of physical or sexual assault or abuse, pervasive criminal violence committed by gangs in their schools and neighborhoods, or bullying by peers or older children can become isolated and tormented by anxiety and depression. The violence can seem to be a prison or trap from which the only relief or escape is death — directly by self-harm, or indirectly by using drugs or alcohol or engaging in reckless, risky behavior in ways that are life-threatening.

Suicide prevention programs for children and youth have been shown to be successful in a small number of community research studies,⁹⁶⁻⁹⁸ but these programs are not available in most of our country's communities. Evidence-based, trauma-informed suicide prevention programs and trauma-specific treatments for children and youth who are at high risk due to severe suicidality should be adapted for children and communities of varied backgrounds and made accessible immediately to every child and family in every community in our country. These programs provide education, counseling, support from caring adults, healthy opportunities for restorative contacts with peers, and help from a network of multiple providers and agencies working as a coalition to protect children exposed to violence who are struggling with suicidality.

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

Adults are crucial role models for nonviolence in many walks of life in every child's community. A meaningful relationship with a positive adult role model has been shown repeatedly in scientific studies to be a protective factor against violence even for youth who are growing up in very difficult circumstances and violent environments.¹⁰⁵⁻¹¹¹ Both informally, and formally in structured programs, an adult mentor can be the one adult who makes a difference in a child's life — including protecting that child or youth from violence and serving as a role model for achieving success without violence. Mentoring programs in the civilian and military communities have shown promise in reducing youth victimization by violence as well as the involvement of youth in violence and by improving youth's social, emotional, and behavioral well-being.¹¹²⁻¹¹⁶

Mentoring is not a panacea, however. It cannot replace interventions for children exposed to violence that are provided by multi-provider coalitions and support to the family as well as the child. Nor can it replace evidence-based treatment and trauma-informed services for children exposed to community violence. However, when included in community-wide programs that

provide professional services and treatments, mentoring can make a unique contribution both to preventing children from being exposed to violence and to the recovery of children who are victimized by violence.

Mentoring requires great skill, integrity, and patience when provided to children or youth who have been victimized by violence. All mentoring programs for children exposed to violence should provide trauma-informed training and ongoing supervision to each adult who serves as a mentor in order to ensure the safety of the children they monitor and maximize the benefits of mentoring that the children receive.

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

Research and program evaluations have immeasurably benefitted the existing interventions and programs that scientists, clinicians, and advocates have developed and that communities have adapted and put into practice to protect their children from exposure to violence and to help victims heal, regain their childhoods, and reclaim their right to develop a healthy, productive, and meaningful life.

Much more research will be needed to build the evidence base as communities adopt, adapt, and implement trauma-informed services and trauma-specific treatments for children who have been exposed to violence. Services and treatments cannot remain static, or they will become stagnant and obsolete. On the other hand, when research infuses services and treatments with new knowledge and improved practices, communities can update, refine, or change their programs for children exposed to violence based on what works rather than on parochial opinions or preferences.

Scientific research on the causes of children's exposure to community violence and ways to prevent and treat its adverse effects requires a coordinated national initiative to develop public-private partnerships and funding in order to ensure that the most effective and efficient interventions are available to, and used successfully in, every community in our country.

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Chapter Six: Rethinking Our Juvenile Justice System

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

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

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

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

the consequences of risky or socially unacceptable behavior, and to tolerate disagreement or conflict with other persons.

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

Many youth in the justice system appear angry, defiant, or indifferent, but actually they are fearful, depressed, and lonely. They hurt emotionally and feel powerless, abandoned, and subject to double standards by adults in their lives and in “the system.” These children are often viewed by the system as beyond hope and uncontrollable, labeled as “oppositional,” “willfully irresponsible,” or “unreachable.” What appears to be intentional defiance and aggression, however, is often a defense against the despair and hopelessness that violence has caused in these children’s lives. When the justice system responds with punishment, these children may be pushed further into the juvenile and criminal justice systems and permanently lost to their families and society.

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

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

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

make it imperative that every community get involved in addressing the need for trauma-informed assessment and care in its justice system.

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

Fortunately, the juvenile justice system has undergone tremendous change in recent years, as cross-systems collaboration,¹⁸⁻²⁰ evidence-based practices,^{21,22} and “programs that work”²³ have moved the system towards better outcomes for children and their communities. An important next step in the improvement of the overall justice system is to incorporate what is known about children who have been exposed to violence into every facet of the system — juvenile and adult — and to incorporate trauma-informed care into decision-making responses for children throughout the system.

Trauma-informed screening and treatment are just as vital, if not more so, for children who have committed serious violent offenses. By eliminating the death penalty and an automatic life sentence without parole for juveniles, the Supreme Court has created a pathway for children who are found guilty of homicide or other very serious violent offenses to be thoroughly assessed to determine the causes of their violent conduct. Many of the children who have been convicted as adults have experienced tremendous damage from violence that, in the past, would have gone unaddressed once they were incarcerated. Providing opportunities for assessment and trauma-informed care in both the juvenile and adult justice systems will help to repair the damage done by exposure to violence, improve the safety of everyone within the system, and increase the safety of communities to which incarcerated and detained children are released.

Unfortunately, residential juvenile justice facilities, which should have the most comprehensive services for youth, often lack staff with professional training in mental health or substance abuse services.^{24,25} Research studies show that 65 percent of girls and 70 percent of boys in detention have been diagnosed with multiple mental health disorders,²⁶ and nearly a quarter of youth in residential placements have attempted suicide.²⁷ These young people have significant needs, and yet most secure facilities are not designed and staffed to meet those needs, and for some young people, their problems worsen in harsh environments.²⁸ Confinement has been shown to exacerbate the symptoms of posttraumatic stress disorder (PTSD) through experiences that reactivate memories of past traumatic violence, such as being handcuffed, restrained, and searched.^{29,30} Staff and administrators in juvenile justice programs, however, vary in their willingness to even acknowledge the need for mental health and related services.³¹ Everyone in the juvenile justice system, including program staff and administrators, judges, attorneys, and probation officers, must be educated about the importance and benefits of providing appropriate trauma-informed services to youth in the system.

At worst, involvement in the juvenile justice system does additional harm to children. In one study, more than a third of young people in juvenile placement were found to fear attacks from staff or other youth.²⁷ Elsewhere, an analysis of data from state agencies responsible for overseeing juvenile detention facilities found that between 2004 and 2007 there were roughly 12,000 documented reports of physical, sexual, or emotional abuse by staff members — nearly 10 assaults a day, on average.³² And because children are often afraid to report abuse by staff, and as facilities may not consistently document the reports they do receive, the actual number of assaults is undoubtedly higher.

Moreover, detention facilities and the justice system, through their routine practices, can bring additional harm to already traumatized youth. For example, the use of solitary confinement, isolation, and improper restraints can have devastating effects on these youth.^{33,34} Detention facilities must maintain safety without relying on practices that are dangerous and that compromise the mental and physical well-being of the youth in their care.

The harm done to traumatized youth by the justice system is not limited to juvenile facilities. As one example, youth who have been forced into the sex trade and trafficked are often arrested and criminalized instead of being treated as the victims they are. We must develop trauma-informed services unique to these problems so that we can more effectively separate young boys and girls from their exploiters and help these youth transition to productive lives. These young people should not have to be caught in the justice system and risk further victimization in order to get the services they need. Unfortunately, sexually trafficked or exploited children and young adults often are not identified unless they come to the attention of law enforcement, and so it is essential that judicial and law enforcement professionals have trauma-informed options for young people built into their respective obligations to uphold the law and protect public safety.

A trauma-informed approach to juvenile justice does not require wholesale abandonment of existing programs; instead, it can be used to make many existing programs more effective and cost-efficient. By correctly assessing the needs of youth in the justice system, including needs reflecting their exposure to violence, and matching services directly to those needs, the system can help children recover from the effects of trauma and become whole.

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

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

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

Research shows that youth involved in,^{1,35} and at risk for involvement in,³⁶ juvenile justice can provide a thorough description of their exposure to violence and related posttraumatic problems when screened with brief, carefully developed, and behaviorally specific questionnaires. These include self-report trauma history screens, such as the Traumatic Events Screening Instrument (TESI),³⁶ and measures of PTSD symptoms such as the UCLA PTSD Reaction Index³⁷ as well as event and symptom screening questionnaires such as the Massachusetts Youth Screening Instrument-2 (MAYSI-2), which assesses “traumatic experiences” as well as symptoms such as physical health problems, anger and aggression, depression and anxiety, and substance abuse.

Many youth involved in juvenile justice are not maliciously aggressive but in fact are reacting defensively because of their exposure to violence. It is important to screen these youth for reactive aggression using a validated measure such as the Inventory of Callous-Unemotional (C-U) Traits.³⁸ Those who score below the threshold for severe C-U traits are good candidates for therapeutic intervention. However, those who score in the severe range for these traits may be youth who are still using aggression systematically but reactively as a way of defending themselves. These youth may benefit from interventions that help them develop skills for dealing with fear and hopelessness and from behavior management programs that engage them actively in making their lives and environments safer.

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

Juvenile justice programs have long struggled with “best practices” for addressing the needs of detained and adjudicated youth.^{24,39} The most recent census of young people in residential placement, conducted in 2010, counted roughly 71,000 children nationwide living in juvenile institutions.^{40,41} The total number of juveniles nationally who spend some amount of time in a locked facility over the course of a year is much larger, however. Many of these children are living with the effects of exposure to traumatic violence, but they are often not given the help they need to recover while in custody.

Most of the young people in custody during the 2010 census were not incarcerated for violent offenses. They were highly likely to have been exposed to violence, but most had not become perpetrators of violence. Sixty-three percent were confined for committing nonviolent offenses, technical violations of probation, or so-called status offenses such as truancy and underage drinking.⁴⁰ It is crucial that incarceration of juveniles not involve sanctions that subject them to additional violence, both to protect them from further harm and to avoid teaching them by example that violence is an appropriate means to control other people’s behavior. This is also important for the slightly more than one-third of confined juveniles who committed a crime against another person, mainly robbery or assault, in order to avoid inadvertently strengthening the belief of these offenders that using violence is acceptable or effective.⁴⁰ Establishing firm and fair discipline, rules, and standards is an effective way to hold juveniles responsible while also teaching them through actions and words that violence is neither an acceptable nor viable way to achieve their life goals.

Juvenile justice programs have historically had three primary goals: increasing safety in juvenile justice facilities and in the community, bringing about justice for crimes committed, and rehabilitation of the youth in the care of these programs. With the growing recognition that many youth in these programs have significant exposure to violence and mental health problems,⁴² a fourth goal has emerged: addressing youths' mental health needs to enable juvenile justice programs and facilities to successfully achieve their original goals of safety, justice, and rehabilitation.^{24,43,44} Despite efforts to foster collaboration between mental health and juvenile justice leaders, programs, and providers,^{43,45} numerous barriers have impeded the progress of mental health initiatives in juvenile justice facilities.^{24,46,47} Funding for mental health services often is better in the juvenile justice system than in the community,^{48,49} and yet only one in three youths is identified by juvenile probation officers as needing mental health services⁴⁹ — a proportion that is only half that of youth in juvenile justice programs who have a psychiatric disorder (close to 70 percent) and well below the proportion of youth who have two or more psychiatric disorders (approximately 45 percent).^{42,50} Similarly, in an Australian study, less than half (18 percent overall) of the 40 percent of youth who reported substance abuse received a referral for drug or alcohol abuse treatment.⁵¹ The importance of providing effective treatment for such youth is underscored by findings from the Cook County (Illinois) study that, 5 years after being assessed in detention, 40 percent of boys and 30 percent of girls still had psychiatric or substance abuse disorders.⁵²

Punitive sanctions and practices used by law enforcement or juvenile justice personnel lead youth who have survived violence in their homes and communities to perceive adults from these sectors as a threat rather than a legitimate authority or role model. When these sanctions threaten adolescents' autonomy and personal space, they may fall back on "street rules" and resort to aggression, secrecy, deception, and avoidance instead of responsible and safe behavior.

When stressed by scarce resources, rapid staff turnover, threats of lawsuits, and negative publicity, juvenile justice and law enforcement personnel can become trapped in a survival mindset similar to that of the traumatized child. Preservation of the status quo may become their only priority, leading to the use of punitive correctional methods that damage youth rather than helping them.

Nowhere is the damaging impact of incarceration on vulnerable children more obvious than when it involves solitary confinement. A 2002 investigation by the U.S. Department of Justice showed that juveniles experience symptoms of paranoia, anxiety, and depression even after very short periods of isolation.³³ Confined youth who spend extended periods isolated are among the most likely to attempt or actually commit suicide. One national study found that among the suicides in juvenile facilities, half of the victims were in isolation at the time they took their own lives, and 62 percent of victims had a history of solitary confinement.³⁴

Given the environment in most secure facilities for young offenders — the dangers, the lack of meaningful activities, and the failure to help these children deal with past trauma — it is not surprising that these youth are ill-equipped to change their behavior when they leave. Indeed, one longitudinal study following more than a thousand young offenders for 7 years after

conviction concluded that longer stays in juvenile institutions do not reduce recidivism.⁵³ Some studies have even found that incarceration increases recidivism among juveniles who have lower-risk profiles and less-serious offending histories.^{53,54}

Facilities and practices can change, however, without any loss of effectiveness. The task force heard of examples where dangerous, damaging practices were abandoned and replaced with comprehensive trauma-informed programming designed to meet the needs of young residents. Facilities must screen the young people who are referred to their care to determine their needs and vulnerabilities and must then address those needs with trauma-informed programs.

Juvenile justice officials should rely on detention as a last resort, and only for youth who pose a safety risk or who cannot receive effective treatment in the community. When children are in facilities, independent monitors should ensure that they are not abused by peers or staff and that they are receiving appropriate services to meet their needs. A clear system for grievances should be in place to address concerns of mistreatment or abuse in facilities.

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

In jurisdictions across the nation, racial and ethnic minority youth are overrepresented in the juvenile justice system, resulting in disproportionate minority contact with that system.⁵⁵ Involvement of minority youth with the justice system not only potentially perpetuates societal stigma and cultural trauma but also places such youth at higher risk for illness⁵⁵ and violent death.⁵⁶

The backgrounds and experiences of youth who come into the system can affect the degree to which they experience trauma. Furthermore, cultural norms and practices influence how youth and families define a traumatic event and posttraumatic symptoms.⁵⁷ Although most studies do not report significant differences in the degree to which youth of different ethnic or racial backgrounds have been exposed to violence,^{1,35} there are differences by background in how youth experience and respond to prior trauma. In one study, Hispanic/Latino youth were approximately twice as likely as White or Black youth to report a history of traumatic loss, neglect, or community violence. In that study, however, White youth reported more risk of suicide and of alcohol abuse than did either Black or Hispanic/Latino youth.

Results from two recent epidemiological studies based on reports from teachers⁵⁸ and youth⁵⁹ suggest that urban African-American youth may be more likely to be chronically engaged in physical aggression than youth of other groups. These differences emerge as early as kindergarten, and they likely coincide with exposure to violence in early childhood.⁵⁸ If these children become involved in the justice system, it is vital that they be screened and treated for prior exposure to violence to help militate against the negative effects of prior trauma.

Given the overrepresentation of Latino/Hispanic and African-American youth in the juvenile justice system and the often-associated negative stereotypes of minority youth, it is imperative

that those who work with minority youth have respect for and understanding of the cultural differences between themselves and these youth. All youth involved in juvenile justice with prior exposure to violence should be identified and provided with help, but to be most effective, services and treatment should be adapted to the ethnocultural backgrounds of these youth.

Not only race/ethnicity per se but also the degree to which ethnic/racial minority youth assimilate into the majority culture or identify with their culture of origin may play a role in aggressive behavior. When ethnic/racial minority adolescents are in settings of mixed ethnicity (as is typical in juvenile justice), they often engage in bullying as a defensive behavior.⁶⁰ When youth engage in cross-ethnic/racial bullying or aggression, it is crucial to assess the potential influence of past exposure to violence, which may have led to fears about the threat posed by youth from other ethnic and racial groups. The system will be most effective if it identifies ethnic/racial trauma and fear and provides youth with skills for managing their stress reactions as a way to reduce reactive aggressive behavior.

The degree to which services and treatments are culturally sensitive influences the expectations of both youth and caregivers as well as their acceptance and rejection of those services.⁵⁸ Accordingly, culture-sensitive role models, practices, and programs aimed at healing traumatized youth and preventing youth who are within the system or at risk for entering it from being further exposed to violence are being developed nationwide¹⁹ and incorporated into statewide juvenile justice systems.⁶¹ The importance of integrating widely available and culturally adaptive interventions for traumatized children,⁶² especially those involved in,^{63,64} or at risk for becoming involved in,⁶⁵ the juvenile justice system cannot be overstated.

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

According to a recently released report by the Georgetown Center on Poverty, Inequality, and Public Policy, “girls make up the fastest growing segment of the juvenile justice system. As a group, they are disproportionately ‘high need’ and ‘low risk,’ meaning that they face a host of challenges and have a critical need for services, but for the most part do not pose a significant threat to the public. The differences between the profiles and service needs of girls and boys entering the juvenile justice system present a significant challenge to the professionals who serve them. Many girls in the system have experienced traumatic events, including sexual and physical abuse and neglect, which have deeply wounded them emotionally and physically.”⁶⁶ In fact, we know that a high percentage of girls in the juvenile justice system have been exposed to significant violence and trauma. Ninety percent of incarcerated girls report having experienced emotional, physical, and/or sexual abuse.⁶⁷

The Georgetown Center report continues to say: “Overall, the juvenile justice system is ill-equipped to serve girls effectively — particularly those who have been exposed to violence — having failed to implement the reforms called for by a growing body of research on the needs of the girls in its care.”⁶⁸ Involvement in the justice system may penalize girls by exacerbating existing health and family problems while failing to address underlying issues.⁶⁸⁻⁷⁰ Twenty

percent of girls in custody have or are expecting children.⁷¹ Girls who are pregnant or parenting within the juvenile justice system present their own set of needs. They are more likely to be parents than their non-justice-involved peers. Nine percent of girls in custody report that they have children,⁷¹ compared to six percent of girls in the general population.⁷² Further, a Crittenton Foundation 2012 report on young mothers in the juvenile justice system found that of the girls sampled, 49 percent had experienced sexual abuse, 35 percent had experienced physical neglect, 67 percent had alcoholism or drug use in their home of origin, 83 percent had experienced the loss of a biological parent from home, 46 percent had depression or mental illness in their home, 56 percent reported that their mother treated them violently, and 49 percent reported that a member of their household had been imprisoned.

Girls present to the juvenile justice system with high rates of mental health problems and depression. In their adolescence, girls are more likely than boys to attempt suicide and to self-mutilate. Negative body image, low self-concept, and acute substance abuse aimed at self-medication, which so often result from stress or trauma, are issues that must be addressed differently in the future.

Girls in the juvenile justice system are in critical need of programming, facilities, and staff that are gender responsive. Most youth in the juvenile justice system are detained for nonviolent and status offenses. This is particularly true of girls, who are slightly more likely than boys to enter the system for minor offenses. Girls are also detained for longer periods of time than are their male counterparts when they commit the same crimes.⁷³

Most youth, and most girls in particular, do not pose a significant public safety risk and would be far better served in nonresidential treatment facilities close to their own homes. However, for those who pose a serious societal risk, we recommend the utilization of small (i.e., no more than 20 beds) gender-responsive, culturally competent residential facilities that are staff secure. Additionally, there is a need for small, family-style group-living facilities for pregnant and parenting girls. Whenever possible, the child should be allowed to reside with the mother, ensuring safeguards for the child. Although allowing the mother to be with her child is clearly beneficial for the mother, it is even more beneficial for the long-term health and development of the child.

The key elements to trauma-informed, gender-responsive juvenile justice programs exist in every community. Very simply, programs that are good for girls, especially those recovering from exposure to violence, weave together family, community, and systems of care. These programs promote healing from trauma caused by physical and psychological abuse. In addition, they address the needs of girls while encouraging them to take leadership roles. Further, they promote the personal development of girls' individual strengths. They are community-based to help foster healthy family relationships and sustainable community connections, and they support ongoing, positive relationships between girls and older women, family, and community.⁷⁴

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

Lesbian, gay, bisexual, and transgender youth, as well as youth questioning their sexual orientations (LGBTQ youth), are often targeted by other youth for bullying, increasing their likelihood of experiencing despair, isolation, suicidal ideation, and chronic violence in the form of bullying. When these youth become involved with law enforcement or the courts, they are often placed in close, unsupervised contact with other youth, which in turn often leads to harassment, bullying, or assault. The same staff charged with monitoring and protecting these youth may exacerbate their trauma by joining in the harassment and assaults as an expression of their own homophobia. In order to have the best outcomes for these young people, the justice system must respond to their past exposure to violence and trauma in ways that do not perpetuate stereotypes or the use of stigma against LGBTQ youth. This includes providing services and treatment that support their sexual orientation, lifestyle, and peer group choices while helping them to establish a sense of security within themselves and their relationships, enabling them to make responsible and safe choices that enhance their development and protect them from violence.

In an effort to protect LGBTQ youth in their care, facilities often isolate them. This can directly traumatize these youth, however, or greatly worsen their posttraumatic symptoms from past exposure to violence. All juvenile justice personnel and facilities must provide consistent therapeutic supervision to ensure the safety of LGBTQ youth and thus protect them from further exposure to violence by peers or adults, but without resorting to isolation. Those who work with youth in juvenile justice programs and facilities must be trained to deliver trauma-informed care while demonstrating respect and support for the sexual orientation of these young people in order to end norms based on stigma.

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

Many children enter the juvenile justice system because schools rely on that system to enforce discipline. Harsh, exclusionary school discipline policies funnel children into the justice system in large numbers: Of the 3.3 million children suspended from school each year, 95 percent are sanctioned for nonviolent offenses like disruptive behavior and violating dress codes.⁷⁵ Moreover, according to the American Psychological Association (APA) Zero Tolerance Task Force, these policies do not result in improved safety in schools. Especially troubling is the fact that the APA Task Force found that children with emotional disturbances are disciplined under zero-tolerance policies at a disproportionately high rate. Interestingly, when harsh exclusionary policies are discontinued in schools, referrals to juvenile correctional facilities also decrease.²⁸

School should be a safe place for all children to learn and develop. For children who are exposed to violence, schools may be one of the few safe places available to them. Children who

have been exposed to violence should be able to receive support and healing measures in school rather than being subjected to harsh discipline for failing to adhere to school norms. Too many vulnerable children who have been exposed to violence are unnecessarily removed from schools through school discipline and referrals to the juvenile justice system. As described by the Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP): “Without the structure and supervision that school provides, truants and dropouts often turn to delinquent or criminal behavior. A child’s lack of commitment to school has been established as a risk factor for a variety of negative outcomes including: substance abuse, teen pregnancy, school dropout, and delinquency.”

The OJJDP has called for changes in school programs to stop the “school-to-prison pipeline,” helping all students, including juvenile offenders, “to access quality education, and advancing the use of positive discipline and learning policies and practices” on a school-wide basis in every classroom and activity. Promising approaches to improving attendance, reducing truancy, and preventing dropout must be adopted by all school systems. So, too, must schools develop and implement innovative approaches to identify and help students who are at risk for dropping out, academic failure, behavioral problems, substance abuse, gang involvement, and depression that could lead to thoughts of suicide.

Optimally, academic environments and communities will provide youth with activities and feedback that highlight their strengths and teach them skills to manage intense stress reactions without hurting others or themselves. This rarely occurs in practice, however. While existing programs show promise in reducing bullying and substance abuse, they alone are insufficient to reduce the ultimate involvement of the at-risk students in the juvenile justice system. Most school intervention models do not teach students or school personnel how to create a trauma-informed school environment by understanding traumatized students’ aggressive, avoidant (absenteeism, failure to complete schoolwork), or impulsive behavior as traumatic stress reactions, nor do they provide practical skills to enable youth and adults to recognize, prevent, or manage stress reactions. As a result, youth who are disruptive in school as an aftereffect of exposure to violence often are referred to the juvenile justice system.

Successful school-based programs help students develop better ways of handling emotional distress, peer pressures, and problems in their family and peer relationships. These programs translate research in brain science into practical knowledge and skills that school personnel and students can use in order to achieve the mindfulness and restraint necessary to make good choices and decisions.⁷⁶ The programs integrate trauma recovery into existing school curricula and activities, decrease the frequency and severity of dangerous, disruptive, or delinquent behavior among youth, reduce disciplinary interventions by staff, and increase students' abilities to have positive experiences with education, recreation, peer relationships, and the larger community.

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

All children who enter the juvenile or adult justice system should be screened for exposure to violence and provided access to trauma-informed services and treatment. Defense attorneys who represent children in both systems are in a unique position to help identify prior exposure to violence in the lives of their clients and to help identify and prevent abuses of children in detention and placement programs.

The confidential attorney-client relationship can create a safe place for young people and their families to talk about past experiences or ongoing abuse.⁷⁷ While trust is not built up overnight, as attorneys work with their clients to prepare a defense, children often develop a relationship of openness and trust. As a result, clients and their families often disclose information about past or ongoing abuse and exposure to violence that they would not share with others in the justice system. Defense attorneys must be properly trained to respond to these disclosures of psychological trauma and exposure to violence so that they can both maintain their ethical obligations and help their clients obtain the services they need.

All children who appear in juvenile and adult proceedings have a constitutionally guaranteed right to counsel.⁷⁸ This is a right that all judges, prosecutors, and defense attorneys are sworn to uphold. Defense counsel plays an important role in ensuring fairness and equity in the juvenile justice system and protecting children from abuses of power by judges, prosecutors, probation officers, and correctional officials. In addition, defense attorneys are the only parties in the proceedings required by law to represent the *expressed interest* of the child.⁷⁷ They protect the due process rights of their clients by filing pretrial motions, petitions for habeas corpus, challenges to evidence, and appeals.

Unfortunately, the right to counsel is often restricted during the process of appointing counsel or denied through waiver of counsel. In many jurisdictions, the right to counsel for children is determined by family income tests that are established and administered by the offices of public defenders.⁷⁹ Public defenders and government officials should recognize the enormous difficulties facing children entering the justice system who are exposed to violence and the large number of children affected by exposure to violence. "Financial means" tests for the appointment of counsel for children in the adult and juvenile systems should be set aside, and

all children — especially those exposed to violence — should be presumed indigent for the purpose of appointment of counsel.⁸⁰

The rates at which children give up their right to counsel vary dramatically across jurisdictions. Some systems ensure that every child in the system is represented, while others allow 80–90 percent of youth who are charged with offenses to appear without counsel.⁸¹ In many jurisdictions, children and their families opt to proceed without counsel because they believe that the child will receive a more lenient disposition if she/he appears unrepresented or that the case is not serious. Most of these decisions are made without an attorney to explain to the child or the family the risks or the potential consequences. In some very serious cases, such waivers could lead to lengthy periods of incarceration, lifetime registration for sex offenders, or even deportation. In especially troubling cases, parents may pressure their child to waive counsel because the parent does not want abuse in the home to be discovered or because the parent wishes the child to be sent to placement.

Defense attorneys also have a vital role in protecting youth from abuse and other forms of violence that are often found within the justice system. In the earliest stages of the process, it is the role of the defense attorney to ensure that the underlying facts are investigated and that children who are wrongly accused are able to challenge the case against them. Defense attorneys also ensure that children with legal defenses and mitigating circumstances are not coerced into admissions without advice about their legal options. Protecting the due process rights of youth at trial is integral to ensuring that children are not further traumatized.

Some cases involving children's exposure to violence are better addressed in the mental health or child protection system. In appropriate cases, defense attorneys can alert probation officers, prosecutors, and judges to such cases and request that their clients be diverted to alternative systems that can provide better trauma-informed care and services for youth.

One of the most vital roles of counsel is to protect children against unjustified placement and incarceration and to guard against abuses within facilities. In some states, counsel's legal obligation to represent children terminates upon disposition. But a rethinking of juvenile justice requires that serious thought be given to the representation of juveniles as long as they are under court supervision. The presence of counsel could help ensure successful placements and aftercare programming. When exposure to violence is discovered, defense counsel would have the ability to file legal motions to stop the abuse and to remove the child from the facility where it is occurring. Children who do not have these protections have no recourse when they are mistreated in facilities where they are cut off from their families and other caring adults.

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

Each year, thousands of American children, mainly girls, are coerced into commercial sex trafficking. These children are traumatized and exploited through prostitution and pornography. Many are compelled to perform sex acts for drugs, shelter, and food. "Sex traffickers frequently target vulnerable people with histories of abuse and then use violence, threats, lies, false

promises, debt bondage, or other forms of control and manipulation to keep victims involved in the sex industry."⁸²

Research shows that the vast majority of victims of domestic minor sex trafficking (DMST) — between 70 percent and 90 percent — have a prior history of sexual abuse.⁸³ The resulting exploitation is considered a modern-day form of slavery, as human trafficking victims are subjected to sexual exploitation or forced labor. The victims' fear of retribution through physical and sexual violence or by threat to families or significant others often prevents them from escaping or reporting to authorities.

While many trafficking networks operate out of urban areas, other traffickers seek the seclusion of rural and remote areas to operate without detection. Estimates of the dimensions of the problem vary dramatically. According to one estimate, approximately 100,000 to 300,000 American children are sold for sex each year, with the average age of entry into the commercial sex industry between 12 and 14 years.⁸⁴

The true dimensions of the problem internationally and within the United States are difficult to determine because of the underground nature of the trade. In March 2012, President Obama directed his Cabinet to redouble the administration's efforts to eliminate human trafficking abroad and in communities at home through several initiatives: an executive order strengthening protections in federal contracts, tools and training to identify and assist trafficking victims; increased resources for victims of human trafficking; and a comprehensive plan for future action. On September 25, 2012, the President announced further efforts to combat human trafficking. At that time he stated: *"It ought to concern every person, because it's a debasement of our common humanity. It ought to concern every community, because it tears at the social fabric. It ought to concern every business, because it distorts markets. It ought to concern every nation, because it endangers public health and fuels violence and organized crime. I'm talking about the injustice, the outrage of human trafficking, which must be called by its true name — modern slavery. Our fight against human trafficking is one of the great human causes of our time, and the United States will continue to lead it"*

Today, there is a national spotlight on the newest form of human trafficking, known as DMST as indicated above or as CSEC (commercial sexual exploitation of children). Traffickers in these crimes are pimps who have increasingly moved away from adult prostitution to the more financially lucrative crime of forcing minor children into prostitution. While many of these traffickers have a local gang affiliation, increasingly one sees organized crime syndicates begin to enter this criminal trade to sexually exploit children. The traffickers have evolved to using social network media sites and other technology-facilitated methods to find a steady flow of perpetrators who sexually assault these minor victims. They have also become more sophisticated in increasing their criminal clientele by transporting U.S. minors to multiple "tracks" in and out of other cities, counties, states, and countries. Many travel with their victims to cities that are hosting major sporting events or other popular media attractions for the sole purpose of prostituting and exploiting the children.

Unfortunately, many child victims do not seek help or resist intervention from law enforcement or social service organizations because they do not know their rights, they feel ashamed, they are reluctant to admit to victimization, or they fear their traffickers.⁸⁵

In the recent past, law enforcement and other government agencies viewed the majority of these victims as teen minors who had independently made the choice to engage in the criminal act of prostitution. Correspondingly, the prevailing view of law enforcement, prosecutors, and other governmental personnel or agencies was that these minors were not victims of human trafficking. As a result, these adolescents were simply cited for solicitation of prostitution and provided with little or no services to address their exploitation and their trauma. The problem was further exacerbated by the lack of reporting to child welfare and by the agencies' limited resources and outdated training, limiting their provision of effective services to this population.

The task force, consistent with federal policy, recommends strongly that child victims of commercial sex trafficking be treated as victims and not as delinquents or criminals. They should not be locked up in juvenile detention facilities, placement programs, or jails but instead should be given safe harbor in facilities specifically designed to address their unique needs. States and localities need to develop new laws and procedures and imaginatively apply existing laws on victim protection to protect the rights of these child victims. State and local officials should coordinate efforts with federal officials and social service agencies to provide safe housing and other essential services. These children desperately need the benefit of trauma-informed assessments, care, and treatment to help them live meaningful lives in our society.

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

As noted earlier in this report, a majority of U.S. children, an estimated 46 million, are exposed to violence, crime, and abuse each year. Many of these children are at increased risk of being victimized and/or becoming violent themselves. Too often, these children are labeled as "bad," "delinquent," "troublemakers," or "lacking character and positive motivation." Many commit violent acts and enter the criminal justice system. However, enormous strides have been made in developing effective ways of interrupting the cycle of violence, responding to the consequences of the exposure of these youth to violence, and healing them from its effects. It is time to utilize effective coordinated approaches that address the needs of children traumatized by violence who commit violent acts.

We should stop treating juvenile offenders as if they were adults, prosecuting them as adults in adult courts, incarcerating them as adults, and sentencing them to harsh punishments that ignore their capacity to grow. When properly screened, assessed, and provided with trauma-informed care and evidence-based trauma-specific treatment, children who have been exposed to violence and are in trouble with the law have the capacity to grow, mature, and become productive citizens.

In the United States, over 200,000 children every year are tried as adults,^{86,87} and on any given day an estimated 6,000 are incarcerated in an adult facility while they are still juveniles.⁸⁸

However, most adult jails or prisons are ill-equipped to meet the needs of children or keep them safe.⁸⁹ They are much more likely to commit suicide in an adult jail than in a juvenile facility.^{90,91} They are also five times as likely to be sexually abused or raped as they would be in a juvenile facility.⁹² Some of these youth are confined in facilities along with adults, where they may witness as well as be the target of violence.

While in adult jails and prisons, children are often housed in solitary confinement to protect them from adults. In a 2012 survey in Texas, for example, the majority of jails held juveniles in solitary confinement for an astounding 6 months to more than a year — with just 1 hour outside their cell per day.⁹³ Nowhere is the damaging impact of incarceration on vulnerable children more obvious than when it involves solitary confinement.³³ A 2002 investigation by the U.S. Department of Justice showed that juveniles experience symptoms of paranoia, anxiety, and depression even after very short periods of isolation.

In September 2009, three guards escorted a 16-year-old Troy to an interview with his lawyer in a New Jersey juvenile facility. He wore leg-irons and his body was covered only with a "Ferguson gown," a sleeveless-thigh-length robe that bound him with 242 Velcro strips. Self-mutilation scars too numerous to count covered his arms.⁹⁴ Troy had spent 24 hours a day in an isolation cell for approximately 180 of the 225 days he had been confined.⁹⁵ Citing dangers facing youth like Troy, the American Academy of Child and Adolescent Psychiatry recently issued a statement flatly opposing solitary confinement for juveniles.⁹⁶

Treating young offenders like adults also puts society at greater risk. Children prosecuted as adults are 34 percent more likely to commit new crimes than are youth who remain in the juvenile justice system.⁹⁷

In 2012, 32 members of the U.S. Congress cited these reasons and others in a letter to U.S. Attorney General Eric Holder urging him to strengthen federal regulations and essentially prohibit states and localities from incarcerating any person younger than 18 in an adult prison or jail as a condition of federal funding.⁹⁸ Current federal guidelines, including the Prison Rape Elimination Act standards, already require adult facilities to ensure that youth awaiting trial neither hear nor see adult inmates, but those restrictions have the unintended effect of promoting the use of solitary confinement.

On June 25, 2012, the Supreme Court reached a decision in *Miller v. Alabama* that it is unconstitutional for states to require a sentence of life without parole for anyone who is younger than 18 at the time of the crime. In writing for the majority, Justice Kagan affirmed that youth, and the hallmarks of youth, matter. "... a State's most severe penalties on juvenile offenders cannot proceed as though they were not children."⁹⁹

Although the Court stopped short of an outright ban on life without parole for juveniles, Justice Kagan noted, "... we think appropriate occasions for sentencing juveniles to this harshest possible penalty will be uncommon. That is especially so because of the great difficulty we noted in *Roper* and *Graham* of distinguishing at this early age between the 'juvenile offender

whose crime reflects unfortunate yet transient immaturity, and the rare juvenile offender whose crime reflects irreparable corruption.¹⁰⁰

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Conclusion

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

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

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

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

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

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

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

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

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

Acknowledgments

During the course of our work, the Defending Childhood Task Force received support and assistance from numerous individuals and organizations to whom we would like to express our deepest gratitude.

The U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention, led by Acting Administrator Melodee Hanes, provided the funding for this critical work as part of the Defending Childhood Initiative. We thank the department for the support it provided and its commitment to helping children heal and thrive.

Our technical assistance provider, the National Council on Crime and Delinquency (NCCD), organized four public hearings and three listening sessions spanning the country. The hearings and listening sessions formed the backbone of our inquiry. We also would like to thank the following individuals and organizations who made it possible, through their generosity and time, for us to convene experts and community members to discuss children's exposure to violence: the University of Maryland Francis King Carey School of Law; the City of Albuquerque, New Mexico; the Office of the U.S. Attorney for the District of New Mexico; the University of Miami Newman Alumni Center; Wayne State University; the Office of the U.S. Attorney for the Eastern District of Michigan; the Family Resource Center at Joint Base Lewis-McChord; and the Office of the U.S. Attorney for the District of Alaska.

We also gratefully acknowledge below the many individuals who helped shape our thinking about this work and provided us with the support to complete this challenging task well.

Most importantly, this report and the work of this task force would not be what they are without the voices of those who shared their expertise, personal experience, passion, and commitment to ending children's exposure to violence during the course of our hearings and listening sessions, as well as those who submitted written testimony. They are acknowledged individually in a separate section of this report, but their contributions bear mentioning again here. We are greatly indebted to them. We know that ending children's exposure to violence requires every one of us, and the hundreds of people we heard from across this nation have demonstrated what profound change can occur when one person accepts the responsibility each of us has in ending this epidemic. Thank you for your dedication.

Individuals

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Activities of the Task Force and List of Witnesses

Lists reflect organizational affiliation at the time of participation and may not represent participants' current positions.

Hearing 1: Understanding the Scope of Children's Exposure to Violence

University of Maryland Francis King Carey School of Law

Baltimore, Maryland

November 29, 2011

The task force's first hearing focused on the scope of children's exposure to violence from the perspectives of law, medicine, law enforcement, and research. The task force heard from experts about the prevalence of children's exposure to violence; the burden on care providers to recognize and record children's experience with violence; the challenge of tracking the intergenerational impact of violence; and the lasting effects exposure to violence can have on children, from brain development to juvenile justice system contact. Several leaders in the field spoke about innovative and collaborative approaches to addressing these problems and protecting and healing children exposed to violence.

Witnesses: **Lauren Abramson, PhD**, Founder and Executive Director, Community Conferencing Center; **Rosa Almond**, parent of children exposed to violence; **Sheila Bedi, Esq.**, Deputy Legal Director, Southern Poverty Law Center; **Steven Berkowitz, MD**, Associate Professor of Clinical Psychiatry, University of Pennsylvania, Department of Psychiatry; **Mitru Ciarlante**, Director of Youth Initiative at National Center for Victims of Crime; **Michaele Cohen**, Executive Director, Maryland Network Against Domestic Violence; **Theodore Corbin, MD, MPP**, Medical Director, Healing Hurt People violence intervention program, Co-Director of the Center for Nonviolence and Social Justice; **Nigel Cox**, Chair, Students Against Violence Everywhere National Youth Advisory Board; **Howard Dubowitz, MB, ChB**, Head of the Division of Child Protection, Director of the Center for Families, University of Maryland Medical Center; **Jeffrey Edleson, PhD**, Professor and Director of Research, University of Minnesota School of Social Work, Director, Minnesota Center Against Violence and Abuse; **Earl El-Amin**, Resident Imam, Muslim Community Cultural Center of Baltimore; **David Finkelhor, PhD**, Professor of Sociology, Director of the Crimes Against Children Research Center, Co-Director of the Family Research Laboratory at the University of New Hampshire; **Josh Giunta**, member of the public; **Marshall T. Goodwin**, Chief of Police, Baltimore City Schools; **Jabriera Handy**, youth advocate, Community Law in Action; **Geraldine Hawkins, PhD**, survivor of childhood exposure to violence; **Ellsworth Johnson-Bey**, Founder of Fraternal Order of Ex-Offenders; **Jacquelynn Kuhn**, survivor of childhood exposure to violence; **Phil Leaf, PhD**, Professor and Director, Johns Hopkins Center for the Prevention of Youth Violence; **Ellyn Loy**, Clinical Director, House of Ruth; **Hon. Patricia M. Martin**, President, National Council of Juvenile and Family Court Judges; **Patrick McCarthy, PhD**, President and Chief Executive Officer, Annie E. Casey

Foundation; **Adam Rosenberg, Esq.**, Executive Director, Baltimore Child Abuse Center; **Liz Ryan**, President and Chief Executive Officer, Campaign for Youth Justice; **Sonja Sohn**, actor and founder of ReWired for Change; **Elizabeth Thompson, PhD**, Director, Kennedy Krieger Institute Family Center, Project Director for the Integrated Trauma Approaches Program; **Deborah Young**, advocate, Justice for Families

Hearing 2: Children's Exposure to Violence in Rural and Tribal Communities

Vincent E. Griego Council Chambers & U.S. Attorney's Office, District of New Mexico

Albuquerque, New Mexico

January 30, 2012

The task force's second hearing focused on the unique issues that children, families, and service providers in rural and tribal communities face when experiencing or addressing exposure to violence. The task force heard from several young people about their own experiences, from experts on the relationship between the juvenile justice system and tribal courts, and from organization heads about their approaches to serving youth in rural and tribal communities. Witnesses also discussed how to use the strengths of these communities to address children's exposure to violence.

Witnesses: **Rochelle A.**, Vice President, Leaders Uniting Voices Youth Advocates, New Mexico; **Victoria Amado**, New Mexico Victims' Rights Project; **Sharon Basinti**, member of the public; **Dolores Subia BigFoot, PhD**, Director, Indian County Child Trauma Center and Project Making Medicine, University of Oklahoma Health Sciences Center (OUHSC); **Evelyn Blanchard, PhD**, Tribal Court Advocate for families and children; **Maria Brock, LISW**, Tribal Home Visiting Project Director, Native American Professional Parent Resources, Inc.; **Elsie Boudreau, LMSW**, Alaska Native Justice Center; **Shelly Chimoni**, Executive Director, All Indian Pueblo Council; **Lyle Claw**, President, Changing Lives Around the World (CLAW) Inc.; **Kim Garcia**, member of the public; **Carole Justice**, Coordinator, Indian Country Methamphetamine Program; **Annie Pelletier Kerrick**, Idaho Teen Violence Awareness & Prevention Project; **Walter Lamar**, President, Lamar and Associates; **Coloradas Mangas**, Youth Board Member, Center for Native American Youth; **Nate Monson**, Executive Director, Iowa Safe Schools; **Anna Nelson**, Executive Director, New Mexico Forum for Youth, Professor, New Mexico State University; **Elaine Nolan**, Director of Tribal Programs, Big Brothers, Big Sisters of Central New Mexico; **Janell Regimbal**, Senior Vice President, Children and Family Lutheran Social Services of North Dakota; **Barbara Romo**, Assistant District Attorney, Thirteenth Judicial District, New Mexico; **Kathleen Sanchez**, TEWA Women United; **Paul Smokowski, MSW, PhD, CP**, Director, North Carolina Academic Center for Excellence in Youth Violence Prevention; **Esta Soler**, President, Futures Without Violence; **Mato Standing High**, Attorney General, Rosebud Sioux Tribe; **Gil Vigil**, National Indian Child Welfare Association Board Member, Tribal/Governmental Liaison, Santa Fe Indian School; **Ivy Wright-Bryan**, National Director, Native American Mentoring, Big Brothers Big Sisters of America

Hearing 3: Children's Exposure to Violence in the Community

University of Miami Newman Alumni Center

Coral Gables, FL

March 19–21, 2012

On the first day of its third hearing, the task force heard testimony from experts in addressing community violence. Witnesses spoke about addressing the effects of gang violence and of violence in immigrant communities and about coordinating first responses to incidents of violence. On the second day, the task force participated in an interactive discussion facilitated by Professor Charles J. Ogletree, Jr., of Harvard Law School. Professor Ogletree guided the task force and two witnesses through a series of hypothetical situations involving children exposed to violence, calling on the expertise of the participants to explain their responses.

Witnesses: **Michael Aptman, MD**, Vice President, Melissa Institute; **Alexis Brimberry, MD**, A Child Is Missing, Inc.; **Dawn L. Brown**, former Executive Director, Girls and Gangs; **Helene Buster**, Director of Family Services, Seminole Tribe of Florida; **Hon. Donald Cannava**, Judge, Miami-Dade County Domestic Violence Court; **Michael de Arellano, PhD**, National Crime Victims Research and Treatment Center, Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina; **Sarah Greene, ACSW, LCSW**, Program Administrator of Criminal Justice Partnerships, Mecklenburg County, North Carolina; **Renita “Biggie Mama” Holmes**, Executive Director and Founder, Women’s Association and Alliance Against Justice and Violence for Empowerment; **Keante Humphries**, Advocate, Southern Poverty Law Center; **Charles Hurley**, Chief of Police, Miami-Dade County Schools Police Department; **Hon. Dwight C. Jones**, Mayor of Richmond, Virginia; **Laura Kallus**, Executive Director, PanZOu Project, Inc.; **Walter Lambert, MD**, University of Miami School of Medicine; **Lisa Lampkin**, parent of child exposed to violence; **Maj. Eddie Levins**, Charlotte-Mecklenburg Police Department, North Carolina; **Hon. Mark Luttrell, Jr.**, Mayor of Shelby County, Tennessee; **Roy Martin**, Program Manager, Partnership Advancing Communities Together, Boston Health Commission; **Carlos Martinez**, Public Defender, Miami-Dade County; **Ed Mashek**, survivor of childhood exposure to violence; **Charles J. Ogletree, Jr.**, Director, Charles Hamilton Houston Institute for Race and Justice, Harvard Law School Jesse Climenko Professor of Law; **Carolyn Reyes, JD, MSW**, Senior Staff Attorney of Legal Services for Children (LSC); **Hon. Michael J. Ryan**, Cleveland Municipal Court Judge; **Bryan Samuels**, Commissioner, Administration on Children, Youth, and Families, Department of Health and Human Services; **Isis Snow**, parent of child exposed to violence; **Shellie Solomon**, Project Director, Service Network of Children of Inmates; **Vicki Spriggs**, CEO, Texas Court Appointed Special Advocates (CASA); **Lyn Tan**, Program Director, Youth Gang Prevention, at Immigrant and Refugee Community Organization

Hearing 4: Protect, Heal, Thrive

David Adamany Undergraduate Library, Wayne State University

Detroit, Michigan

Children Exposed to Violence

April 23–24, 2012

At its final hearing, the task force heard from experts in research and programming and from organization and foundation heads whose work is successfully addressing exposure to violence. The task force also heard from young leaders who have taken an active role in encouraging their peers and communities to stand against violence.

William Bell, PhD, President and Chief Executive Officer, Casey Family Programs; **Sandra Bloom, MD**, Associate Professor, Health Management and Policy Co-Director, Center for Nonviolence and Social Justice, Drexel University School of Public Health; Distinguished Fellow, Andrus Children's Center; **Joron Burnett**, Founder and CEO, Green Light Movement; **Larry Cohen, MSW**, Founder and Executive Director of Prevention Institute; **Phil Coke**, Detroit Tigers; **Lois DeMott**, Co-Founder of Citizens for Prison Reform, Association for Children's Mental Health, parent of child exposed to violence; **David Esquith**, Acting Director, Office of Safe and Healthy Students; **Vincent Felitti, MD**, President and CEO of California Institutes of Preventive Medicine, Clinical Professor of Medicine at University of California, San Diego, and Fellow of The American College of Physicians; **Jordan Field**, Director, Detroit Tigers Foundation; **Ralph L. Godbee, Jr.**, Chief of the Police Department, City of Detroit; **Carol Goss**, President and Chief Executive Officer, The Skillman Foundation; **Frank Grijalva**, Co-Director of Midwest Trauma Services Network; **Neil Guterman, PhD**, Mose and Sylvia Firestone Professor, Director of the Beatrice Cummings Mayer Program in Violence Prevention, and Dean of the School of Social Service Administration, University of Chicago; **Kathy Hagenian**, Michigan Coalition Against Domestic and Sexual Violence; **Jim Henderson**, Battered Women's Justice Project, Office of Violence Against Women; **Gary Ivory**, Youth Advocate Programs, Inc.; **Cory Jackson**, Senior Pastor, Detroit Burns Seventh Day Adventist Church; **Hon. Darnell Jackson**, Circuit Court Judge, Saginaw County Circuit Court; **Doncella Floyd Jones**, Program Administrator, Children's Aid Society; **Candice Kane**, CEO, CeaseFire Chicago, University of Illinois at Chicago, School of Public Health; **Debbie Kane**, Executive Director, Michigan Domestic Violence and Sexual Assault Prevention and Treatment Board; **Mary Lee**, Deputy Director, PolicyLink; **James McCurtis**, Director of Crime Victim Services, Michigan Department of Community Health; **Rodney Nelson**, Team Captain and Assistant Instructor, South Shore Drill Team; **Leslie O'Reilly**, Program Specialist, Crime Victim Services, Michigan Department of Community Health; **Alex Piquero, PhD**, Ashbel Smith Professor in the Program in Criminology in the School of Economic, Political, and Policy Sciences at the University of Texas at Dallas; **Karen Rivera**, Veteran, US Navy; **Héctor Sánchez-Flores**, Executive Director, National Compadres Network; **Vincent Schiraldi**, Commissioner, New York City Department of Probation; **Lawnya Sherrod**, youth representative, National Forum on Youth Violence Prevention, Founder of Glimpse of Hope and Youth Voice; **Pamela Shifman**, Director, Initiatives for Girls and Women, NoVo Foundation; **Aisha Stubbs**, Struggling Youth Into Successful Adults; **Tadarial Sturdivant**, Director, Wayne County Child and Family Services; **Michelle Weemhoff**, Senior Policy Associate, Michigan Council on Crime and Delinquency

Listening Sessions

The task force held three listening sessions to learn about children's exposure to violence as it is experienced and addressed at a local level. Fifteen to twenty local experts were invited to each session to discuss the issues that affect them and tell the task force what would help them tackle these issues more effectively. At least one task force member attended each listening session.

Listening Session 1: National Council on Crime & Delinquency

Oakland, California

January 12, 2012

Local social workers, child psychiatrists, school administrators, law enforcement officials, and doctors shared their experiences and approaches to addressing children's exposure to violence in an urban area with high rates of many forms of violence. Topics included the need to incorporate trauma-informed responses to children's behavior into schools, the juvenile justice system, and other institutions that interact with children. Participants also discussed the need for inter-agency community partnerships to address children's exposure to violence and develop a holistic approach to the issue.

Cherri Allison, Esq., Alameda County Family Justice Center; **Tatiana Colon**, Dating Matters; **Tony Crear**, Alameda County Probation Department; **Steve Eckert, LCSW**, East Bay Agency for Children; **Lt. Jason Fox**, San Francisco Police Department; **George Galvez**, Communities United for Restorative Youth Justice; **Carlos Guerrero, MSW**, Children's Hospital and Research Center, Oakland; **Joe Jackson**, advocate for foster youth; **Priya Jaggannathan**, Measure Y, Oakland; **Vassilisa Johri**, Ashland Youth Center Project; **Lori Jones**, Alameda County Social Service Agency; **Janet King**, Native American Health Center; **Chen Kong-Wick**, Oakland Unified School District; **Barbara Loza-Muriera**, Alameda County Interagency Children's Policy Council; **Bert Lubin, MD**, Children's Hospital and Research Center, Oakland; **Annie Lyles**, Prevention Institute; **Anne Marks**, YouthALIVE! – Caught in the Crossfire; **Barbara McClung**, Oakland Unified School District; **Sokhom Moa**, Commissioner on Juvenile Justice Delinquency Prevention for Alameda County; **Chief David Muhammad**, Alameda County Probation Department; **Alisha Murdock**, Project WHAT!; **Amy Price**, Zellerbach Family Foundation; **Shanta Ramdeholl, RN, BSN**, Juvenile Justice Center Medical Services; **Ginni Ring**, CASA of Alameda County; **Barbara Stagers, MD**, Children's Hospital and Research Center, Oakland; **Gary V. Thompson**, Alameda Social Services; **Tina Wadhwa**, Seneca Center; **Mailee Wang**, Project WHAT!

Listening Session 2: Joint Base Lewis-McChord Family Resource Center

Tacoma, Washington

March 13, 2012

At the second listening session, task force members heard about the issues facing children and families on U.S. military bases, including high rates of domestic and family violence. The participants, including professionals working on base and in the surrounding community, shared their experiences in drawing on the unique resources offered by military bases to address children's exposure to violence. Participants spoke about creating a larger network of care for children on and off base and working with military employees and community advocates to coordinate care for traumatized children.

Col. Thomas Brittain, Joint Base Lewis-McChord; **Ginny Clausen**, Office of the Staff Judge Advocate; **Diane Debiec**, OIC, MHS, FAP, Joint Base Lewis-McChord; **Yolanda Duralde, MD**, Mary Bridge Children's Hospital; **Tamara Grigsby, CAPT, MC, USN**, General and Child Abuse Pediatrics; **Billy Harvey**, DFMWR, Joint Base Lewis-McChord; **Beth Holmes**, Pierce County Juvenile Court; **William Huges**, PMO; **Emma Jones**, Department of Social and Health Services; **Eleuthera Lisch**, Alive & Free Street Outreach Network; **Mariko Lockhart**, Seattle Youth Violence Prevention Initiative; **Patty Jo McGill**, Family Advocacy Victim Advocacy Program; **Larry Nelson**, Children's Administration, Department of Social and Health Services; **Tanya Nowak**, Focus Program; **Lindsay Paden, MD**, Child and Family Assistance Center; **David Raines**, Department of Social and Health Services, Pierce County South Child Protective Services; **Barb Richards**, New Parent Support Program; **Nolita Reynolds**, Catholic Community Services; **Jennifer Schott**, Young Women's Christian Association; **Holly Shaffer**, Clover Park School District; **Elaine Valentine**, Army Community Services, Joint Base Lewis-McChord; **Tina Wright**, IMCOM G-9 FAP Specialist, Joint Base Lewis-McChord

Listening Session 3: U.S. Attorney's Office, District of Alaska

Anchorage, Alaska

May 7–8, 2012

The third listening session provided further insight into rural communities' and Alaska Native villages' experiences with children's exposure to violence. Participants discussed the legacies of historical trauma experienced in Alaska Native villages and the challenges Alaska and the large number of tribes there face. They also discussed cultural strengths and grassroots efforts to address children's exposure to violence.

Elsie Boudreau, LMSW, Alaska Native Justice Center; **Corinne Bryant**, Alaska CARES; **Barbara Cooper, MD**, Providence Hospital; **Mary Elam**, Alaska Native Justice Center; **Elizabeth Sunnyboy Elder**, Speaking on Grief Issues; **Dr. Gary Ferguson**, Alaska Native Tribal Health Consortium; **Yvonne Wu Goldsmith**, Alaska Department of Health and Social Services; **Kim Guay**, Alaska Department of Health and Social Services; **Pam Karalunas**, Alaska Children's Alliance; **Alison Kear**, Covenant House; **Kathy Mayo**, Tanana Chiefs Conference; **Linda McLaughlin**, Alaska Native Justice Center; **Walt Monegan**, Alaska Native Justice Center; **Shirley Moses**, Alaska Native Women's Coalition on Domestic and Sexual Assault; **Diane Payne**, Alaska Summit Enterprise Inc.; **Ann Rausch**, Council on Domestic Violence and Sexual Assault; **Lisa Rieger**, Cook Inlet Tribal Council; **Margaret Volz**, Alaska CARES; **Emily Wright**, Alaska Network on Domestic Violence and Sexual Assault

Individuals and Organizations That Submitted Written Testimony

To ensure that its information-gathering efforts included as many people and perspectives as possible, the Defending Childhood Task Force accepted written testimony from any individual or organization. Submissions were accepted through April 24, 2012. Through this written testimony, the task force was able to see a wide range of perspectives and gain valuable knowledge. The task force thanks the individuals and organizations who submitted written testimony for their time and expertise.

This list reflects organizational affiliation at the time of participation and may not represent submitters' current positions.

Ruth Abeyta

Nilofer Ahsan, Center for the Study of Social Policy

M. Victoria Amada, New Mexico Victims' Rights Project

Dawn Ammesmaki

Dr. Michael Aptman, Melissa Institute for Violence Prevention and Treatment

Zahra Arbelo

Dora Arey, Native Village of Barrow Tribal Court

Phil Arkow, National Link Coalition

Dr. Marilyn Armour, University of Texas at Austin

Elizabeth Baker

Melissa Barnett

William Bedrossian, Olive Crest

U.S. Senator Mark Begich

J. Benjamin, Sr.

Dr. Ronald Beverly

Children Exposed to Violence

Thomas Birch, Founding Director of National Child Abuse Coalition

Dr. Evelyn Lance Blanchard

Dr. Ioakim Boutakidis, California State University, Fullerton

Ann Brickson, Wisconsin Coalition Against Domestic Violence

Dr. Alexis Brimberry, A Child Is Missing, Inc.

Tina Bryant, Trauma Counseling Services

Dr. Erica Buhrmann, Children's Hospital and Research Center

Paul Castillo

Dr. Michael Chen, Children's Center

Capt. D. C. Clayton, Winston-Salem Police Department

Tom Cochran, United States Conference of Mayors

Susan Cole, Trauma and Learning Policy Initiative, Massachusetts Advocates for Children and Harvard Law School

Morris Copeland, Miami-Dade Juvenile Services Department

Rosemary Creeden, Mental Health Services, Inc.

Sgt. B. E. Creswell, Newport News Police Department

Kimberly Dalferes, Child Sexual Abuse Prevention Alliance

Dr. Betty Lee Davis

Dr. Frank G. DeLaurier, Melissa Institute for Violence Prevention and Treatment

Lois DeMott, Association for Children's Mental Health and Citizens for Prison Reform

Elaine Diserio, Massachusetts Department of Children and Families

The Hon. Byron Dorgan, Center for Native American Youth

Stephanie Doyle, Boston Defending Childhood Initiative

Erin Fairchild, Multnomah County Domestic Violence Coordination Office

Elaine Flowers

Brian Foster

Andrew Gammicchia, L.E.A.N. On Us

K. Garcia

Jerry Gardner, Tribal Law and Policy Institute

Adrienne Gasperoni, Turning Point, Inc.

Dr. Ellen Gerrity, National Center for Child Traumatic Stress

Kelley Gilbert, Big Brothers Big Sisters of America

Amy Gilvary

Det. John Gomez, Fresno Police Department

Josh Gonze

Jakolya Gordon, Cuyahoga County Defending Childhood Initiative

Christine Gradert, Family Resources, Inc.

Georgia Green, Police Action Counseling Team

Cheryl Greene

Paul Griego

Dr. Frank Grijalva, Midwest Trauma Services Network

Dr. John Grych, Marquette University

Kathy Hagenian, Michigan Coalition Against Domestic and Sexual Violence

Patricia Duncan Hall

Dr. Sherry Hamby, Sewanee, the University of the South

Jabriera Handy, Community Law in Action

David J. Hearndon, Sr.

Dr. Judith Herrman, University of Delaware

Dr. Arthur Horton, Lewis University

Laura Huot, the Guidance Center

Gary Ivory, Youth Advocate Programs, Inc.

The Hon. Darnell Jackson, Saginaw County (Michigan) Circuit Court

Sue Ellen Jackson, Aware Central Texas

Edward G. Jacobs, Plymouth County (Massachusetts) District Attorney's Office

Sarah Jakiel, Polaris Project

Cathi Kelley, Washtenaw Child Advocacy Center

B. Kennedy Kent, Justice for Kids Now

Faye Kihne, Community Violence Intervention Center

Suzanne Koeplinger, Minnesota Indian Women's Resource Center

Kristina Konnath, Metrowest Behavioral Health Center

Janet Kronenberg, Cuyahoga County Defending Childhood Initiative

Barbara Laman

Walter Lamar, Lamar Associates

Maria Larrison, Sheltering Wings

Jessica Lawmaster, Alaska Children's Alliance

Dr. Phil Leaf, Johns Hopkins Bloomberg School of Public Health (addendum to written testimony provided for Baltimore hearing)

Sara Leathers, Sheltering Wings

Devorah Levine, Contra Costa County Zero Tolerance for Domestic Violence Initiative

David Llewellyn, Conscious Care Counseling

Greg Loughlin, Georgia Commission on Family Violence

Dr. Jane Isaacs Lowe, Robert Wood Johnson Foundation

Annie Lyles, Prevention Institute

Helen Lynn, Safe Child Coalition

Lawrence Lynott

Sgt. Daniel Macias, Fresno Police Department

Doris Maya

Cathy McClain, Safe Streets Cherry Hill

James McCurtis, Crime Victims Services Commission, Michigan Department of Community Health

Matthew Melmed, Zero to Three

Crystal Miller

Betsy Morrison, Portland Maine Defending Childhood Initiative

Diane Moyer, Pennsylvania Coalition Against Rape

Dara Munson, Big Brothers Big Sisters of Metropolitan Detroit

National Sexual Violence Resource Center

Chuck Noerenberg, National Alliance for Drug Endangered Children

Terry Nowakowski, Connecticut Department of Children and Families

Children Exposed to Violence

Cheryl O'Neill

Maureen O'Neill-Davis

Leslie O'Reilly, Michigan Crime Victims Services Commission, Michigan Department of Community Health

Tony Ostos, Gang Resistance Is Paramount

Jeannette Pai-Espinosa, the National Crittenton Foundation

Donna Pendergast, Michigan Department of the Attorney General

Pennsylvania Coalition Against Rape

Dr. Frank Putnam, University of North Carolina

Efrain Ramirez

Wayne Rawlins, Miami-Dade Anti-Gang Strategy

Barbara Raymond, The California Endowment

Earl Richards

Cassandra Richerson

Wendy Running Crane, Bureau of Indian Affairs Victim Assistance Program

Khalilah Sabra, Muslim American Society Immigrant Justice Center

Debra Scelsi

Cynthia Schneider, Multnomah Teen Parents Branch

Joni Silverstein, Delaware Girls Initiative

Jill Smialek, Cuyahoga County Defending Childhood Initiative

TuLynn Smylie, WomenShelter of Long Beach

Beth Snedeker, Sheltering Wings

Children Exposed to Violence

Mark Soler, Center for Children's Law and Policy

Shellie Solomon, Service Network for Children of Inmates

Christina Stallings

Thomas Susman, American Bar Association

The Hon. John Suthers

Amita Swadhin

Lawrence Swalley, Oglala Lakota Court Appointed Special Advocates

Joyce Thomas, Center for Child Protection and Family Support, Inc.

Linda M. Thomas, Sheltering Wings

Dr. Cynthia Thompson-Randle, Children's Institute, Inc.

Cora Tomalinas

Beverly Tran

Steve Trubow, Olympic Behavior Labs

Gregory Volz, Stoneleigh Foundation Fellow

Becky Webber, Big Brothers Big Sisters of Yellowstone County (Montana)

James A. Whitaker, Justice for Kids Now

Hallie Bongar White, Southwest Center for Law and Social Policy

Bao Yang, Marjaree Mason Center

Deborah Young, Justice for Families and Children

Task Force Member Biographies

Task Force Co-Chair: Joe Torre

Joe Torre is Chairman of the Joe Torre Safe At Home[®] Foundation, whose mission is "educating to end the cycle of domestic violence and save lives." In the 10 years since its inception, the Foundation has educated thousands of students, parents, teachers, and school faculty about the devastating effects of domestic violence. Margaret's Place, a tribute to Mr. Torre's mother, Margaret, provides middle and high school students with a "safe room" to talk about violence-related issues with each other and a professional counselor trained in domestic violence intervention and prevention. The program currently reaches kids in 10 schools and two family justice centers in the New York City metropolitan area and Los Angeles.

Mr. Torre also serves as Major League Baseball's Executive Vice President for Baseball Operations. Previously, he was a Major League manager for 29 seasons, 12 of them with the New York Yankees, whom he led to 12 playoff appearances, six World Series appearances, and four World Series Championships. During his 17-year playing career, Mr. Torre compiled a .297 batting average, 2,342 hits, 252 home runs, and 1,185 RBIs. He hit over .300 five times in his career, was a nine-time All-Star, and was named the 1971 National League MVP.

Mr. Torre is the coauthor of three books: *The Yankee Years* (Doubleday, 2009), *Chasing the Dream: My Lifelong Journey to the World Series* (Bantam, 1997, 1998), and *Joe Torre's Ground Rules for Winners: 12 Keys to Managing Team Players, Tough Bosses, Setbacks, and Success* (Hyperion, 1999).

Task Force Co-Chair: Robert Listenbee, Jr., JD

Robert Listenbee, Jr., JD, has been a trial lawyer at the Defender Association of Philadelphia since 1986 and Chief of the Juvenile Unit since 1997. He is a member of the Juvenile Justice and Delinquency Prevention Committee (JJJPC) of the Pennsylvania Commission on Crime and Delinquency, which advises Pennsylvania's governor on juvenile justice policy. He also is a member of the Disproportionate Minority Contact Subcommittee of the JJJPC. In this role, he has worked collaboratively to develop the Youth/Law Enforcement Curriculum that is used throughout Pennsylvania to reduce negative contact between youth and law enforcement. He served on the Interbranch Commission on Juvenile Justice, which examined the "kids for cash" scandal in the juvenile courts of Luzerne County, Pennsylvania, and recommended major reforms to the statewide system.

Mr. Listenbee serves on policy committees of the National Legal Aid and Defender Association and the National Center for Juvenile Justice and on the advisory board of the National Juvenile Defender Center (NJDC). He has participated in NJDC-sponsored statewide assessments of the juvenile justice systems in Indiana and Louisiana. He is actively involved in the MacArthur Foundation's Models for Change initiative and is a board member and former president of the Juvenile Defenders Association of Pennsylvania, a statewide nonprofit professional organization that advocates for the rights and interests of children and speaks on behalf of juvenile defenders

throughout Pennsylvania. Finally, he is a consultant for the International Association of Chiefs of Police on juvenile training programs, and in 2011, he was appointed to the Federal Advisory Committee on Juvenile Justice, which advises the president and Congress on juvenile justice policy.

Mr. Listenbee received his BA degree from Harvard University and his juris doctor from the Boalt Hall School of Law at the University of California, Berkeley.

The Rev. Gregory Boyle, SJ

The Rev. Gregory Boyle, SJ, has been an advocate for at-risk and gang-involved youth in Los Angeles and around the world for more than 25 years. In 1988, Father Boyle launched Jobs for a Future (which later became Homeboy Industries) to create an environment that provided training, work experience, and, above all, the opportunity for rival gang members to work side by side. Today, Homeboy Industries' nonprofit economic development enterprises include Homeboy Bakery, Homeboy Diner at Los Angeles City Hall, Homeboy Silkscreen & Embroidery, Homeboy/Homegirl Merchandise, and Homegirl Café & Catering.

Father Boyle is also a consultant to youth service and governmental agencies, policymakers, and employers. He serves on the advisory board of the National Gang Center, a program of the U.S. Department of Justice (DOJ) Office of Juvenile Justice and Delinquency Prevention. He also is a member of the advisory board for the Loyola Law School Center for Juvenile Law and Policy in Los Angeles.

Father Boyle entered the order of the Society of Jesus (Jesuits) and was ordained a priest in 1984. He received his BA degree from Gonzaga University and MA degrees from Loyola Marymount University, the Weston School of Theology, and the Jesuit School of Theology at Berkeley. His first book, *Tattoos on the Heart: The Power of Boundless Compassion*, was released March 2010 and received the 2010 SCIBA (Southern California Independent Booksellers Association) Non-Fiction Book Award and the 2011 PEN Center USA Literary Award for Creative Nonfiction. *Publishers Weekly* named it one of the Best Books of 2010. Among numerous accolades on behalf of Homeboy Industries and for his work with former gang members, Father Boyle received the 2000 California Peace Prize from The California Wellness Foundation and was inducted into the California Hall of Fame in December 2011.

Sharon Cooper, MD

Sharon Cooper, MD, is the CEO of Developmental & Forensic Pediatrics, P.A., a consulting firm providing medical care to victims of child maltreatment and children with developmental disabilities, research and training, and expert witness experience in child maltreatment cases. She holds faculty positions at the University of North Carolina at Chapel Hill School of Medicine and the Uniformed Services University of the Health Sciences in Bethesda, Maryland. Dr. Cooper serves as a consultant and board member for the National Center for Missing and Exploited Children.

Dr. Cooper spent 21 years in the U.S. Army, retiring as a colonel, and for the past several years has worked in both the civilian and military arenas to help identify and prevent child abuse. She also has served as a lecturer and board member for the American Professional Society on the Abuse of Children and is a member of the International Society for the Prevention of Child Abuse and Neglect. She is on the national advisory board for safety and protection for the Boy Scouts of America and has served for 5 years as the appointed chairperson for the Cumberland County Child Homicide Identification and Prevention Council. She has testified as an expert witness in several hundred child maltreatment cases in numerous courts of law. She also has provided testimony on child sexual exploitation before the U.S. Congress, the Russian Duma (parliament), the European Commission, and the Italian Senate.

Dr. Cooper is the lead author of one of the most comprehensive texts on the medical, legal, and social science aspects of child sexual exploitation and has contributed many chapters to other texts on this subject.

Sarah Deer, JD

Sarah Deer, JD, is a citizen of the Muscogee (Creek) Nation of Oklahoma, and her scholarship focuses on the intersection of tribal law and victims' rights. She is an associate professor at William Mitchell College of Law in St. Paul, Minnesota, and has taught at the University of California, Los Angeles, School of Law; the University of Minnesota; and Lewis & Clark Law School.

From 1999 to 2002, Ms. Deer was employed by DOJ in the Office on Violence Against Women. In 2002, she began working with the Tribal Law and Policy Institute, a Native-owned and -operated nonprofit organization, to strengthen tribal responses to violent crime. Ms. Deer has served on advisory boards for several anti-violence organizations and projects, including the American Bar Association Commission on Domestic & Sexual Violence and the National Alliance to End Sexual Violence. From 2005 to 2007, she worked with Amnesty International USA to develop research strategies and outreach for the "Maze of Injustice" report.

Ms. Deer received her BA degree in women's studies and philosophy from the University of Kansas. She received her juris doctor with a Tribal Lawyer Certificate from the University of Kansas School of Law. In addition to authoring several articles on the issues facing Native women in the United States, Ms. Deer is a coauthor of two textbooks on tribal law, *Introduction to Tribal Legal Studies* and *Tribal Criminal Law and Procedure*, and a co-editor of *Sharing Our Stories of Survival: Native Women Surviving Violence*. She received the 2010 Sheila Wellstone Award and was named one of 12 Emerging Scholars class of 2011 by *Diverse: Issues In Higher Education*. In April 2011, Ms. Deer received the Allied Professional Award from DOJ for her work on victims' issues.

Deanne Tilton Durfee

Deanne Tilton Durfee is the executive director of the Los Angeles County Inter-Agency Council on Child Abuse and Neglect (ICAN). ICAN is the largest county-based child abuse council in the

nation and includes heads of 32 city, county, and state departments and professional experts in all human services fields. ICAN's work has had national impact in many areas, including child death review, child abduction, multidisciplinary child abuse evaluations, and legislation. In addition to directing ICAN, Ms. Tilton Durfee serves as the chairperson of the National Center on Child Fatality Review and is a member of the Board of Commissioners for First 5 LA, the Los Angeles County Commission on Children and Families.

Ms. Tilton Durfee, a former child welfare administrator, is past chairperson of the U.S. Advisory Board on Child Abuse and Neglect. This board declared child abuse to be a "national emergency" in 1990 and subsequently issued comprehensive reports recommending a major local and federal focus on child abuse prevention. In 1995, Ms. Tilton Durfee presided over the release of the board's report "A Nation's Shame: Fatal Child Abuse and Neglect in the United States." This report was the culmination of 2½ years of study and public hearings throughout the nation.

Ms. Tilton Durfee is past president of Prevent Child Abuse—California and was a member of the board of directors of the National Committee to Prevent Child Abuse. She also served on the California Attorney General's Commission on the Enforcement of Child Abuse Laws and was appointed by California's governor to the Child Abuse Prevention Committee of the State Social Services Advisory Board and to the California Child Victim Witness Judicial Advisory Committee.

Ms. Tilton Durfee served on the U.S. Attorney General's Commission on Pornography, chairing the committee on child pornography. She has received commendations for her work from the President's Child Safety Partnership; the Commissioner of the Administration on Children, Youth and Families; the Disability, Abuse and Personal Rights Project; and the Los Angeles Latino community. She was recognized in 1992 as an honorary member of the National Association of African American Grandmothers. In 1999, she received the Humanitarian Award from the Child and Family Guidance Center, and in 2007, she was honored as a "Woman of Distinction" by Soroptimist International of Los Angeles.

Thea James, MD

Thea James, MD, is an associate professor of emergency medicine at Boston Medical Center and Boston University School of Medicine and immediate past president of the Medical-Dental Staff at Boston Medical Center. She has served on the Board of Trustees and the Quality and Patient Safety Committee of Boston Medical Center. She also is the director of the Boston Medical Center Massachusetts Violence Intervention Advocacy Program. Dr. James is a founding member of the National Network of Hospital-Based Violence Intervention Programs (NNHVIP). She serves on the steering committee and the research group of NNHVIP.

Dr. James is an assistant dean for the Office of Diversity and Multicultural Affairs and a member of the Admissions Committee at Boston University School of Medicine. In 2009, Dr. James was appointed to the Massachusetts Board of Registration in Medicine, where she now serves as chair of the board's Licensing Committee. Dr. James has chaired and served on national

committees within the Society for Academic Emergency Medicine (SAEM), was appointed to the SAEM Women in Academic Emergency Medicine Task Force, and chaired the Diversity Interest Group for 3 years.

A graduate of Georgetown University School of Medicine, Dr. James trained in emergency medicine at Boston City Hospital, where she was a chief resident. Dr. James is a supervising medical officer on the Metro-Boston Disaster Medical Assistance Team (MA-1 DMAT), under the Department of Health and Human Services, which has responded to disasters in the United States and across the globe. For many years, Dr. James has traveled to Haiti with teams of emergency medicine residents. In 2006, she and a colleague co-founded a nonprofit organization called Unified for Global Healing, and for the past 3 years this multidisciplinary team has worked in Ghana, West Africa, India, and Haiti. Dr. James received the David H. Mulligan Award for Leadership and Public Service from the Boston Public Health Commission in 2008 and the Boston District Attorney's Role Model Award in 2012. *The Boston Business Journal* honored her as one of its 2012 Champions in Health Care.

Alicia Lieberman, PhD

Alicia Lieberman, PhD, is the Irving B. Harris Endowed Chair of Infant Mental Health, professor and vice chair for academic affairs, and director of the Child Trauma Research Program at the University of California, San Francisco, Department of Psychiatry.

Dr. Lieberman directs the Early Trauma Treatment Network, part of the Substance Abuse and Mental Health Services Administration (SAMHSA)–funded National Child Traumatic Stress Network, which aims to increase access and raise the standard of care for traumatized children, families, and communities across the United States. She serves on the board of the Irving Harris Foundation and is a member of the board of directors and past president of Zero to Three: The National Center for Infants, Toddlers and Families. She developed Child-Parent Psychotherapy, an evidence-based treatment for children ages 5 and under exposed to trauma or multiple adversities. She served on the National Research Council and Institute of Medicine Committee on Integrating the Science of Early Childhood Development, whose work resulted in the publication of the influential *From Neurons to Neighborhoods: The Science of Early Childhood Development*, and has been a member of National Institute of Mental Health grant review committees. Her areas of special interest are the impact of traumatic exposure and adversity on infants and young children and cultural issues in child and family well-being.

Dr. Lieberman received her BA degree from the Hebrew University of Jerusalem and her PhD from Johns Hopkins University. She is the author or senior author of several books for parents and clinicians, including *The Emotional Life of the Toddler*, *Psychotherapy With Infants and Young Children: Repairing the Effect of Stress and Trauma on Early Attachment*, *Losing a Parent to Death in the Early Years: Guidelines for the Treatment of Traumatic Bereavement in Infancy and Early Childhood*, and *Don't Hit My Mommy: A Manual for Child-Parent Psychotherapy with Young Witnesses of Domestic Violence*, as well as numerous articles and chapters. She is senior editor of *DC: 0–3 Casebook: A Guide to ZERO TO THREE's Diagnostic*

Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood in Assessment and other books on early trauma.

Robert Macy, PhD

Robert Macy, PhD, is a trained martial artist, dance movement therapist, clinical psychologist, traumatologist, and neuroscience researcher with more than 30 years' experience in the field of psychological trauma response and in violence prevention, intervention development, and trauma-informed care development and dissemination. Dr. Macy is a founder and director and the president of the International Center for Disaster Resilience and the founder and executive director of The Boston Children's Foundation. He also is the founder and director of the Midwest Trauma Services Network. As a member of the SAMHSA Disaster Technical Assistance Center, Dr. Macy works nationally to assist SAMHSA in disaster response and recovery.

Dr. Macy is a pioneer in the field of psychological trauma, psychosocial recovery and resiliency research, and interventions and violence prevention initiatives for children and youth, their families, and adults and communities exposed to traumatic events, including large-scale disasters; terrorist events; and political, school-based, community, and armed conflict violence. Dr. Macy has devoted a significant portion of his career to working with local, state, and federal court systems and law enforcement agencies to develop customized protocols for reducing posttraumatic stress disorder and vicarious trauma among field officers and in the SpecOps community.

Dr. Macy co-directs the Division of Disaster Resilience at the Beth Israel Deaconess Medical Center, a Harvard Medical School teaching hospital, and is an instructor in the Division of Emergency Medicine at Harvard Medical School. Dr. Macy designs, implements, and evaluates trauma-focused psychosocial resiliency initiatives, violence prevention programs, and trauma-informed care initiatives in the United States, Europe, the Middle East, Eurasia, and Africa.

Steven Marans, PhD

Steven Marans, PhD, is the Harris Professor of Child Psychiatry at the Yale Child Study Center and a professor in the Department of Psychiatry at Yale University's School of Medicine. He directs the National Center for Children Exposed to Violence, established by the White House and DOJ in 1999, and the SAMHSA-funded Childhood Violent Trauma Clinic at Yale. Dr. Marans is the founder of the Child Development Community Policing Program, a pioneering collaboration between mental health and law enforcement professionals that provides collaborative responses to children and families exposed to violence that occurs in homes, neighborhoods, and schools.

Dr. Marans co-developed the Child and Family Traumatic Stress Intervention, a brief model of treatment for children and families that has demonstrated effectiveness in reducing long-term posttraumatic disorders. Over the past 20 years, Dr. Marans has worked closely with the White House, DOJ, the U.S. Department of Health and Human Services (HHS), the U.S. Department of Education, the state of Connecticut, and the city of New Haven to shape policy and response

plans around issues of violence exposure, terrorism, and disasters. He has served as part of a national advisory group regarding children and violence and was a member of an HHS commission on children, terrorism, and disasters.

Dr. Marans received his MA degree in clinical social work from Smith College and his PhD in psychology from University College at London University. He trained in child and adolescent psychoanalysis at the Anna Freud Centre in London and received his adult psychoanalytic training at the Western New England Institute for Psychoanalysis, where he is on the faculty. In addition to numerous academic publications in the areas of trauma, mental health–law enforcement partnerships, child development, and clinical treatment, Dr. Marans authored a book titled *Listening to Fear: Helping Kids Cope, From Nightmares to the Nightly News*, published by Holt in 2005.

Jim McDonnell

Jim McDonnell is the chief of the Long Beach Police Department. He has held the position for almost 3 years, and he previously served with the Los Angeles Police Department (LAPD) for 29 years. He worked a wide variety of assignments at LAPD and served as second in command for his last 7 years.

Chief McDonnell serves on numerous boards of directors that focus on furthering the interests of local youth and leadership in the policing profession on local, statewide, and national levels. He is an active member of several organizations, including the International Association of Chiefs of Police, Major Cities Chiefs, California Peace Officers' Association, California Police Chiefs Association, Los Angeles County Chiefs of Police, the Peace Officers' Association of Los Angeles County, and the Southern California Leadership Network. He was recently appointed by the California governor to the state's Commission on Peace Officer Standards and Training.

Chief McDonnell holds a BS degree in criminal justice from Saint Anselm College and an MPA degree from the University of Southern California. He also is a graduate of the FBI's prestigious National Executive Institute and the Senior Management Institute for Police, and he has completed executive education programs at Harvard's Kennedy School of Government.

Georgina B. Mendoza, JD

Georgina B. Mendoza, JD, currently serves as Community Safety Director for the city of Salinas, California. In this role, Ms. Mendoza is leading an effort to develop and implement a comprehensive strategic work plan that incorporates evidence-based strategies for gang prevention, intervention, suppression, and reentry. She represents the city in multi-jurisdictional efforts to coordinate funding and leverage community resources.

Ms. Mendoza has been involved in the California Cities Gang Prevention Network as a city point member for the past 5 years and serves as the Salinas lead in the National Forum on Youth Violence Prevention, a new pilot initiative launched by the White House. She received her BA

degree in history and political science from Santa Clara University and her juris doctor from Loyola Law School Los Angeles.

Major General Antonio M. Taguba

Major General Antonio M. Taguba, U.S. Army (Retired), has served in numerous command and staff positions from platoon to General Officer level. His service tours included assignments in the continental United States, South Korea, Germany, and Kuwait. He retired on January 1, 2007, after serving on active duty for 34 years. He is president of TDLS Consulting, LLC, and chairman of Pan-Pacific American Leaders and Mentors, a national, volunteer, nonprofit, tax-exempt organization committed to mentoring and leadership development of military and civilian leaders.

During Operation Iraqi Freedom, Major General Taguba served as Deputy Commanding General for Support, Coalition Forces Land Component Command Third Army/ARCENT, forward deployed to Kuwait and Iraq. He oversaw the logistical and support services to U.S. and coalition forces, totaling more than 150,000 troops conducting combat operations. His duty included the coordination of host-nation support from the government of Kuwait and security cooperation and training requirements with Saudi Arabia, Jordan, Egypt, and Qatar. Upon his redeployment, Major General Taguba served as Deputy Assistant Secretary of Defense for Reserve Affairs in the Office of the Secretary of Defense. In his final assignment on active duty, he served as Deputy Commanding General for Transformation in the U.S. Army Reserve Command.

Major General Taguba is a graduate of Idaho State University with a BA degree in history, Webster University with an MA degree in public administration, Salve Regina University with an MA degree in international relations, and the U.S. College of Naval Command and Staff with an MA degree in national security and strategic studies. He also is a graduate of the U.S. Army Command and General Staff College and the U.S. Army War College. He was conferred the degree of doctor of humane letters from the University of San Francisco on May 17, 2008.

From: Allison Mendel

Date: April 8, 2016 at 15:47:57 AKDT

To: "representative.gabrielle.ledoux@akleg.gov" <representative.gabrielle.ledoux@akleg.gov>

Subject: HB 334

I have previously written opposing the passage of this bill. I am a domestic relations lawyer with more than thirty years' experience in Alaska. I have represented both mothers and fathers and literally hundreds of custody cases. The DV presumption was adopted and added to the child custody statutes after a great deal of research and discussion. It addresses a very real and very common risk to children in our state. HB 334, even as amended, vitiates this rule and will not protect children. I know of no research that supports such a change. On the other hand, I know of many children in many cases who would be harmed by the change. Please do not abandon children in danger. Please do not support this bill.

Allison Mendel

Mendel Colbert & Associates, Inc.

1215 W. Eighth Ave.

Anchorage, AK 99501

(907) 279-5001

From: "M. Lynn Crane"

Date: April 8, 2016 at 17:07:14 AKDT

To: <Rep.Gabrielle.LeDoux@akleg.gov>, <Rep.wes.keller@akleg.gov>, <Rep.neal.foster@akleg.gov>, <Rep.bob.lynn@akleg.gov>, <rep.charisse.millett@akleg.gov>, <rep.matt.claman@akleg.gov>, <rep.jonathan.kreiss-Tompkins@akleg.gov>

Subject: HB334

Good afternoon, I am M. Lynn Crane and I am the Director of Unalaskans Against Sexual Assault & Family Violence in Unalaska/Dutch Harbor. I am writing to express concerns about HB334.

Sadly, Alaska continues to have one of the highest rates of domestic violence and child abuse in the nation. HB334 will make it harder for a court to find domestic violence, child abuse, and/or child neglect as relevant issues in awarding custody.

The law currently in place protects Alaskan children by requiring courts to consider evidence of domestic violence, which they didn't always do prior to this law being passed.

Currently, if there is a history of domestic violence, the court has discretion to decide if unsupervised or supervised visitation is best, and to require the perpetrating parent to do some type of program. This has been very helpful in getting help for parents of children being raised in violent households, and has increased the safety of children and their non-offending parents.

Many, many, many victims of domestic violence stay in violent relationships because of fear of losing custody. If a victim is concerned that she will not be able to prove domestic

violence in a custody case, she may not leave the relationship. This will cause further damage to the children, who are living with and witnessing domestic violence.

Please consider the safety of victims and their children when considering this bill.

Thank you for your work and commitment on behalf of all Alaskans.

~ Lynn

M. Lynn Crane, Executive Director

Unalaskans Against Sexual Assault & Family Violence (USAFV)

PO Box 36 Unalaska, AK 99685

Office 907-581-3310 24-Hour Crisis Line 907-581-1500

Toll-Free 24-Hour Crisis Line 1-800-478-7238 Fax 907-581-4568

From: Cheri Smith >

Date: April 8, 2016 at 17:48:11 AKDT

To: "Rep.Gabrielle.LeDoux@akleg.gov" <Rep.Gabrielle.LeDoux@akleg.gov>

Subject: **HB 334 Opposition**

My name is Cheri Smith and I am the Executive Director of The LeeShore Center in Kenai, AK. The LeeShore Center provides emergency shelter to victims of domestic violence and sexual assault and has been in operation for 31 years. I am writing in opposition of HB 334. The current law containing the "rebuttable presumption" was put in place for a reason - to protect victims and their children. Domestic violence and sexual assault are both under-reported and under-prosecuted crimes. Many victims don't report because they have been threatened (or threats are made against the children) by their abuser, they fear their children may be taken away, they fear they won't be believed, they fear their abuser won't be held accountable (and life then becomes much more dangerous for the victim and children) and the list goes on. Our agency has helped provide safe shelter to thousands of victims over the years and it is devastating to imagine the set-back in victim safety HB 334 would cause if passed into law. It is vital courts have the ability to consider history of domestic violence when making child custody decisions. I urge you to oppose HB 334.

Cheri Smith

Executive Director

The LeeShore Center

325 S. Spruce St.

Kenai AK 99611

(907) 283-9479

From: Brenda Stanfill

Date: April 9, 2016 at 11:04:43 PDT

To: "Rep.Gabrielle.LeDoux@akleg.gov" <Rep.Gabrielle.LeDoux@akleg.gov>

Subject: Opposition to HB334

Dear Rep LeDoux,

I am following up on a phone call that I made to your office yesterday. I know things are very busy and wanted to make sure I connected with your office to state my strong concerns with HB334 passed from House Health and Social Services.

In the original bill the language for when the rebuttable presumption to the issue of domestic violence and custody would be raised was changed to require a conviction of domestic violence instead of a "history defined as two or more incidences or one serious injury event" There was strong opposition to this change in language as often times these cases are not pursued by the district attorney, some areas have no law enforcement to call, untrained law enforcement arrest the victim when not recognizing the difference between self defense and primary aggressor, and that someone could have a conviction due to a very bad time in their life but not truly be an individual who uses abusive tactics to control their family.

In response to the concerns the bill sponsor rewrote the bill, however, now the proposal is to require clear and convincing evidence of the domestic violence instead of the preponderance of the evidence that is normally required in custody consideration, replacing how history was determined as two instances to just be history determined at the discretion of the courts, or a conviction for domestic violence. In addition, it removes the rebuttable presumption and treats domestic violence as just another issue considered in custody.

Having worked on the Criminal Justice Commission this year I realize there are two sides to each issue coming before you and that you must weigh out what is best for our state in the larger scheme of things and not just based upon one or two cases. Currently the information being presented on why this bill is needed is based those one or two cases where it didn't appear to go as planned. I have heard a few Dad's feel they were unjustly impacted by this presumption when it was applied to them and a few attorneys that appear to have lost custody cases and feel that the domestic violence that had occurred in the case should not have been considered as hard as it was.

As we know domestic violence is learned in the home and the largest predictor of a future batterer is what he or she observed in the home environment. Knowing this it is imperative that we have a process in place to identify when this behavior is happening and once it is recognized that we limit the child's exposure to this until the abusive individual get helps for their issue. The current "rebuttable presumption" provides a hearing for the mother and father to present the case and the judge makes a determination on whether it applies. If it does apply, the individual found as the abuser's time is limited and supervised until they complete the programs set out by the judge where they can learn skills that allow them to be a parent modeling healthy relationships instead of "growing" a new batterer.

As you have heard me talk about in my testimony through the Criminal Justice Commission work and HB205, we have grown the offenders who are now in jail through the social issues they are experiencing as children and we have not intervened in. The presumption language passed in 2004 has saved victims lives and has provided an opportunity for children to interact with an abusive parent in a healthy way through monitoring and supervision until that parent gets the assistance they need to be able to model that healthy behavior without supervision. I have truly thought through whether there is a fix needed. I talked to judges, victims, lawyers, and advocates. The statute as currently written works and does not need fixing. I urge you to leave the current statute regarding the rebuttable presumption as currently written and to hold this bill.

Thank you for your time

Brenda Stanfill
Interior Alaska Center for Non-Violent Living
Fairbanks, AK

From: Rebecca Shields
Date: April 11, 2016 at 13:19:54 PDT
To: <Rep.Gabrielle.LeDoux@akleg.gov>, <Rep.neal.foster@akleg.gov>, <Rep.wes.keller@akleg.gov>, <Rep.bob.lynn@akleg.gov>, 'Rep.' <charisse.millett@akleg.gov>, <rep.matt.claman@akleg.gov>, <rep.jonathan.kreiss-Tompkins@akleg.gov>
Subject: HB334

Dear Elected Representatives,

I am writing you to express my grave concerns regarding HB 334. This bill could potentially place many victims of domestic violence and their children at considerable risk. The number one reason victims stay in violent relationships is the threat/fear of losing their children to their abusive partner. If this bill passes, this becomes a very real possibility! The very nature of domestic violence, it is a very difficult offense to prove in a court of law, as it happens behind closed doors. When children are raised in abusive homes, the damage and trauma can span through generations. Please, show your constituents that you care about the safety of victims and their children! I urge you to vote no on this dangerous bill!

Thank you!

Rebecca Shields
Executive Director
Kodiak Women's Resource and Crisis Center

From: penny lampl
Date: April 11, 2016 at 13:52:13 PDT
To: <Rep.Gabrielle.LeDoux@akleg.gov>
Subject: HB334

Dear representative LeDoux

I am writing you in regards to Bill HB334. I feel this bill (should NOT pass). If this bill should pass, it would put many families in much danger.

To have a DV conviction these days is extremely hard (this does not mean that DV does not happen). With funding cuts in the Alaska State Troopers,

Kodiak Police Department, Kodiak Courts, and the DA's office it is hard to get anything to go through. Most all charges are getting pleaded down

Or dropped because of court back log and funding cuts. I have a client right now that has to wait until December 19th just for sentencing. Just because a case is pleaded down

Or dropped does not mean the DV did not happen. In so many cases if the woman call the police on her perpetrator she will get hurt real bad if the police come.

Sometimes if the Perpetrator is arrested he cannot work and pay child support and a restraining order is the only safe thing a mother can get and still

Be able to raise her children. How can you give a child to anyone without checking the past mental state of the person they are seeing, checking to see

If they have a place to stay while visiting this person, checking to see if this person has a history of drugs or alcohol, and the history of family violence. There are so many

People that have a past and current history in all of these categories, (they are documented by counselors, schools, restraining orders, reports to OCS, and witnesses):

but they have not been charged and convicted by the State. Just because they are not convicted does not mean it is not happening. The judge needs to know the history.....Please do NOT pass this bill.

Sincerely;

Penny Lampl
CCR/SART Coordinator
Shelter Advocate

Kodiak Women's Resource & Crisis Center
422 Hillside
Kodiak, Alaska 99615
Phone: 907-486-6171



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Website: www.awareak.org

April 9, 2016

Dear Representatives LeDoux and Munoz,

I'm writing to express strong opposition to HB 334, which seems to me to go in the wrong direction for supporting victims of domestic violence, and particularly Alaska's most vulnerable children.

HB 334 will make it harder for a court to find domestic violence, child abuse, and neglect as relevant issues in awarding custody than any other issues that the court looks at determining which custodial placement is in a child's best interests. To legislate that domestic violence, child abuse, and neglect must be found by "clear and convincing evidence," while all other issues can be found by the lower preponderance of the evidence standard, puts Alaska's children's at great risk. We, as a state, have been working for decades to reduce the numbers of children living with batterers, living with fear, living with abuse, living with neglect; HB334 seems to put children at *greater* risk.

The current law requires judges to find a history of domestic violence (the rebuttable presumption law). It protects Alaskan children exposed to domestic violence by requiring courts to consider evidence of domestic violence. The presumption is rebuttable, which means an accused domestic violence offender has the opportunity to come forward and contest it. Knowing all of this this, our rebuttable presumption law puts faith in our judges to rely on not just conviction (as the earliest version of HB334 suggested), but collateral sources to determine a finding a domestic violence. If a history of domestic violence is found, the court has discretion to decide if unsupervised or supervised visitation is best, and to require the perpetrating parent to participate in some type of programming. This has been very helpful in getting help for parents of children being raised in violent households. In my experience, Alaska's judges do not take this responsibility lightly. I urge you to let them do what they do best, what we trust them to do- look at all the evidence and make an informed decision about domestic violence in a given relationship.

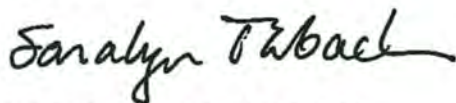


What we currently see at AWARE, much more often than a rebuttable presumption protecting children, is children who are ordered by courts to spend time unsupervised with an abusive parent, a parent who they have seen be hurtful to their mothers, a parent they are afraid of, a parent who may be directly abusive to them as well. What we hear at AWARE, much more often than a rebuttable presumption protecting children, are mothers trying to protect their children, mothers whose hearts are wrenched as they send their crying, pleading children to be with a parent they are terrified of. We hear from mothers when their children come back, children who have nightmares and are angry or anxious or bedwetting, for days until they are able to be soothed and calmed, only to have this pattern repeated the next weekend. And unless a child is able to articulate WHY he or she feels terrified, exactly WHAT is happening that he or she is so frightened about, there is no protection for the child. And the children won't tell, can't tell, until they feel safe. And they won't feel safe until they are free from harm, free from fear. We are raising children who are learning that their needs and feelings don't matter; that their boundaries are not to be respected, and so they learn they are not allowed to have boundaries, and thus have no skills in either setting boundaries or believing they have rights to boundaries, We as a society set up the most vulnerable children to be harmed again and again. HB 334 does nothing to mitigate this, and in fact, seems to make it more difficult to keep children safe.

I find HB 334 to be one of the most disheartening bills I've ever spoken to in my nearly 30 years at AWARE. If anything, we need laws that further protect children, not laws that make it more difficult to keep them safe.

If you have any questions or would like additional information, please don't hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Saralyn Tabachnick". The signature is written in a cursive, flowing style.

Saralyn Tabachnick, M.Ed., LPC
Executive Director

Cc: Representative Wes Keller
Representative Neal Foster
Representative Bob Lynn
Representative Charisse Millett
Representative Matt Claman
Representative Jonathan Kreiss-Tompkins

Alaska State Legislature

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283-9170
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HOUSE HEALTH AND SOCIAL SERVICES COMMITTEE Representative Paul Seaton, Chairman

To: Representative Gabrielle LeDoux
Chair, House Judiciary
CC: House Judiciary Committee
Re: HB 334
Date: April 9, 2016

To the House Judiciary Committee,

As members of the House Health and Social Services Committee, we recognize that domestic violence is a serious health concern in our state and in our nation. The rate of domestic violence in Alaska is staggering. Children who experience or are exposed to domestic violence often struggle with behavioral issues and health concerns later in life. The majority of domestic violence cases do not result in a conviction even when there is evidence.

We also recognize that maintaining relationships with both parents is often in the best interest of the child, which is the issue HB 334 strives to address. How a custody statute is applied depends greatly on judicial details such as the various evidentiary burden of proof. As the members of the House committee most familiar with judicial proceedings, we ask you to consider the following questions as you examine HB 334.

1. How often is the rebuttable presumption asked for? How often is it applied?
2. What part do short term protective orders have in these statutes?
 - ❖ How easy are these orders to obtain? Do they require a court finding of evidence first?
 - ❖ How often are short term protective orders approved and how often are they denied?
 - ❖ Could a short term order be considered as a part of the 'history of violence' required under the current AS 25.24.150(g)?
 - ❖ Do judges or attorneys need more training on the appropriate use of protective orders?
3. How available are the batterers intervention programs mentioned in AS 25.24.150?
4. How many supervised visitation programs are there available for parents who cannot find a friend or family member to supervise visitations for free? Where are they located and how much would such a program cost? How often do parents not see their children because they can't agree to a person to supervise visits?

5. It is unclear how these statutes might apply to a blended family. For example, a family with children from prior relationships on both sides. These relationships and their custody standing should be better understood.

- ❖ How does custody apply to the non-biological parent who has been involved in the child's life for a long time?
- ❖ How does setting a five year time limit on domestic violence history affect these families?

6. Perhaps most importantly, we ask the committee to consider whether the rebuttable presumption under AS 25.24.150(g) should be kept in some form or should it be modified or narrowed?

- ❖ Under the current statute 25.24.150(c)(7) a judge shall consider, in their own judgement, any evidence of domestic violence. The rebuttable presumption is triggered by a 'history of perpetrating domestic violence.'
- ❖ HB 334 as introduced left the rebuttable presumption in place, but changed 'history of perpetrating' to 'convicted of a crime involving' domestic violence. Many members considered a conviction to be much too high a standard. However, 25.24.150(c)(7) remained under consideration for any evidence of domestic violence.
- ❖ CSHB 334 version I replaces the requirement for a conviction with a standard of 'clear and convincing evidence.' The rebuttal presumption under AS 25.14.150(g) is repealed in full and replaced with new, permissive language. AS 25.24.150(c)(7) now requires clear and convincing evidence in order for domestic violence to be considered.
- ❖ The House Health and Social Services Committee received testimony that the rebuttable presumption is being abused to gain advantages in custody disputes. However, it is not clear whether the rebuttable presumption should be repealed entirely or amended with a different evidence standard and whether the requirements of the presumption might be narrowed or refined while maintaining some of its force to protect domestic violence victims and their children.

The members of the House Health and Social Services Committee send these questions to the Judiciary Committee with the deepest concern for the seriousness of domestic violence in our communities and with the desire to promote healthy parent-child relationships wherever possible. This is a complex and sensitive subject which deserves close scrutiny and discussion. Thank you in advance for considering the above issues and questions.

Sincerely,



Representative Paul Seaton, Chair



Vice Chair Liz Vazquez



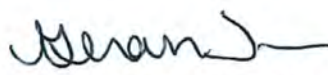
Representative David Talerico



Representative Louis Stutes



Representative Neal Foster



Representative Geran Tarr



Representative Adam Wool