



BLOOM SAFE

**MAKE AMERICA THE SAFEST
PLACE TO BE A KID**

BLOOM SAFE: Make America The Safest Place To Be A Kid Act

Sponsored by [PENDING]

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A BILL

To establish a national public-private initiative to prevent child sexual abuse and Make America the Safest Place to Be a Kid, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Section 1. Short Title.

This Act may be cited as the “**Bloom Safe Act**”.

Section 2. Findings.

Congress finds the following:

1. **Prevalence and Impact:** Child sexual abuse (referred to in this Act as “CSA”) is a national public health emergency affecting millions of children in the United States, with devastating long-term physical, psychological, social, and economic consequences. In the United States today, at least **1 in 4 girls and 1 in 13 boys** will experience some form of sexual abuse before the age of 18. And yet, despite its high prevalence, prevention efforts remain fragmented and under-resourced.
2. **Underreporting and prosecution:** The vast majority of CSA victims do **not disclose** their abuse during childhood, and as a result only a small fraction of incidents are ever reported to authorities. Fewer than **20% of CSA cases** are estimated to result in prosecution, due in part to underreporting and challenges in evidence.
3. **Perpetrator relationship:** In an estimated **93% of CSA cases**, the perpetrator is someone **known and trusted** by the child (such as a family member, caregiver, trusted authority figure, or family friend), rather than a stranger. This reality underscores the need for broad awareness and prevention strategies that extend beyond “stranger danger” and background checks.
4. **Preventable Public Health Crisis:** Research demonstrates that CSA is **preventable** and can be addressed with a comprehensive public health strategy. The Centers for Disease Control and Prevention (CDC) recognizes violence against children (including sexual abuse) as a public health issue and has emphasized that **population-level prevention strategies** targeting root causes are essential to reduce CSA nationwide.

5. **Evidence-Based Prevention Works:** Effective solutions exist. **Evidence supports the effectiveness of school-based education programs, training for parents and professionals, trauma-focused therapy for survivors, multidisciplinary response teams (e.g. child advocacy centers), and robust policy reforms** in preventing and mitigating CSA. These proven approaches, if implemented broadly, can substantially reduce the incidence of abuse.
6. **The Foundation of Prevention is Ongoing Peer-Reviewed Scientific Research:** Scientifically rigorous evidence gathering at scale serves to **identify evolving risk factors, deepen understanding of root causes, and ensure that prevention strategies, policies, certified training, and educational resources are accurate, accountable, up to date, and effective.** It also provides quantitative measures to evaluate impact, uncover gaps and failures in the protective framework, identify underserved populations, and highlight emerging threats such as digital abuse—enabling timely, informed, culturally aligned, high impact, and scalable responses.
7. **Economic and Social Costs:** Failing to prevent CSA carries an enormous cost. The **lifetime cost of a single case** of child sexual abuse is estimated to exceed **\$280,000 per victim**, including health care, lost productivity, and criminal justice costs, resulting in a **national economic impact of over \$9.3 billion per year** in the United States. Investment in prevention and early intervention yields substantial economic returns by averting these costs.
8. **State-level action (Erin’s Law):** In the absence of a national mandate, many states have taken action to require child abuse prevention education. **At least 38 States** have enacted laws – often referred to collectively as “*Erin’s Law*” – **mandating that public schools implement age-appropriate CSA prevention programs** for students. However, not all states have such requirements, and the **scope and quality of programs differ**, leaving gaps in protection for children in states without comprehensive measures. This inconsistency demonstrates the need for a coordinated federal approach to ensure **every child** receives protection and education regardless of where they live.
9. **National Strategy Needed:** No single community or level of government can end CSA alone. A **unified national strategy** – combining Federal leadership, State and local implementation, public-private partnership, and cross-sector collaboration – is required to **knit together the fragmented U.S. landscape into the first truly national CSA-prevention architecture.** By leveraging coordinated action and shared resources, the United States can implement the most comprehensive child protection initiative in the world and make our nation the safest place to be a kid.

10. **National interest:** Therefore, it is in the national interest to **launch a coordinated, comprehensive initiative** to prevent child sexual abuse, bring effective programs to scale across all states and communities, and ensure that every child can grow up free from sexual harm. The United States has an opportunity to become the **global leader in child safety** by investing in a bold, united effort to end CSA in this generation.

Section 3. Purposes.

The purposes of this Act are to **end child sexual abuse within a generation** by implementing a comprehensive five pillar national strategy. Specifically, this Act aims to coordinate a Whole-of-Government Response by establishing a sustained federal **interagency Task Force** to lead and coordinate CSA prevention and response efforts across relevant departments and agencies, in partnership with state, local, tribal, and private stakeholders and so through this governance structure and oversight ensure accountability, interagency collaboration, and unified direction at the national level for the following five pillars:

1. **Prevention through Education:** Expand **age-appropriate K–12 CSA prevention education** for all students. This includes development and deployment of evidence-based curricula teaching children about body safety, medically accurate human anatomy and physiology, healthy boundaries, consent, safe online behaviors, recognizing inappropriate behavior, and how to report abuse. The goal is to empower children with knowledge and skills to protect themselves and seek help, thereby preventing abuse before it occurs or stopping it early.
2. **Certified Training for All Child-Serving Adults:** Develop and implement “Bloom Safe” **certification training programs for adults** who care for or work with children across all professions and roles (including parents, teachers, school counselors and staff, childcare workers, coaches, faith leaders, pediatric and mental health providers, foster and adoptive parents, child protection caseworkers, law enforcement and first responders, and others who work with or care for children) so that these adults are equipped to **identify, prevent, and respond to potential abuse**. Such training will cover recognizing CSA red flags, proper response and reporting protocols, trauma-informed interaction with children, and strategies to create safe environments. By equipping all caregivers and professionals with this knowledge, the initiative will greatly improve early detection and intervention, along with adding an additional means for verification for parents, caregivers, schools, and youth serving organizations to use together with background checks in the credentialing of staff and volunteer roles.

3. **Public Awareness and Engagement:** Create and maintain national multimedia public awareness campaigns that will break the silence and stigma around child sexual abuse, educate the general public about prevention and reporting, shift cultural norms, and encourage communities and individuals to take evidence-based action to protect children. These nationwide **public awareness campaigns** will serve to **destigmatize discussions of CSA** and promote community vigilance. These campaigns will also increase understanding of the signs, prevalence, and preventability of CSA, encourage the public to report CSA when it occurs, and direct families to prevention and survivor support and healing resources. Engaging media, technology platforms, and community organizations in these campaigns will help shift cultural norms and generate broad commitment to child protection.
4. **Survivor Support and Protection:** Greatly expand access to **trauma-informed services for survivors** of CSA and their families. This includes increasing the number and capacity of child advocacy centers and other multidisciplinary support centers, improving medical and mental health treatment (especially making trauma-focused therapy readily available and affordable), and ensuring services reach rural, tribal, and underserved communities. The initiative will strengthen the infrastructure so that every child victim has access to healing services and justice, and no survivor falls through the cracks. To expand and strengthen trauma-informed support services for survivors of child sexual abuse, the TaskForce will ensure that children and adult survivors have timely access to healing-centered resources such as Children's Advocacy Centers, counseling and mental health services, and family support, no matter where they live. A goal of this initiative is to place a Children's Advocacy Center or mobile response team within reach of every child, for example within a 60-minute travel distance in every region, so that no survivor is left without services.
5. **Robust Data, Research, and Evaluation:** Establish a **national research hub and data collection program** to establish a robust research, data collection, and evaluation infrastructure – a lasting capacity within the federal government – to study the prevalence, causes, and effects of CSA and to measure the effectiveness of prevention and intervention strategies. This includes creating a mechanism to publish annual reports on CSA prevalence, trends, and program outcomes, in order to guide policy decisions with reliable data and to guide and measure progress. By funding longitudinal studies, improving data systems (including updated metrics for online exploitation and peer-on-peer abuse), and issuing annual reports on CSA prevalence, trends, and program outcomes, this initiative will create the **uniform data infrastructure** needed to inform policy and practice. Continuous evaluation

will ensure accountability for results and allow strategies to be refined over time based on evidence.

These five pillars will be delivered accordingly:

1. **Equality of access:** To ensure that **all children and communities benefit** from these prevention and support efforts by emphasizing **equality of access**. This means tailoring and delivering programs to **underserved populations**, including children in rural areas, high-poverty areas, tribal communities, religious and ethnic minority communities, and other underserved groups, so that no community is overlooked in the effort to prevent CSA.
2. **Public-private and nonprofit partnerships:** To **leverage the expertise and resources of non-governmental partners** in the fight against child sexual abuse. This Act encourages collaboration with and grants to state and local governments, **nonprofit organizations**, faith-based and community organizations, **tribal organizations**, and **private sector entities** – including technology and media companies – to maximize the reach and impact of prevention initiatives, while **not favoring any specific organization by name**.

Section 4. Definitions.

For purposes of this Act:

- **Child Sexual Abuse; CSA:** The term “child sexual abuse” (or “CSA”) means any instance of sexual exploitation or molestation of a minor by an adult or other minor, including acts that involve a child in sexually explicit conduct or any sexual act or contact that violates the laws of a State or the United States. This definition encompasses contacts or interactions between a child (person under 18 years of age, which individuals are incapable of consenting due to age or other factors) and another individual in which the child is used for sexual stimulation of the perpetrator or another person or themselves at the direction, use, employment, persuasion, inducement, enticement, coercion, force, or threat of the perpetrator, or where the child is used for the production or distribution of child sexual abuse material. As also defined and explicated in 18 U.S.C. § 2246, 18 U.S.C. § 2241, 18 U.S.C. § 2243, and 18 U.S.C. § 2251.
- **Task Force:** The term “Task Force” means the **Interagency Task Force on Child Sexual Abuse Prevention** established under Section 5 of this Act.

- **Trauma-Informed:** The term “trauma-informed,” when referring to programs, practices, or services, means being grounded in an understanding of the impact of trauma and implementing methods that are supportive and avoid re-traumatization. This includes recognizing the signs of trauma in children and families and integrating knowledge about trauma into all policies and interactions.
- **Child Advocacy Center (or “CAC”):** refers to a multi-disciplinary child-friendly center that provides coordinated services for child abuse victims, as described in subsection 9.
- **Secretary:** unless otherwise specified, means the Secretary of Health and Human Services.
- **Director of the CDC:** means the Director of the Centers for Disease Control and Prevention.
- **Secretary of Education:** means the Secretary of the U.S. Department of Education.
- **Attorney General:** unless otherwise specified, means the Attorney General of the United States.

Section 5. National Interagency Task Force on Child Sexual Abuse Prevention.

(a) Establishment. The Secretary of Health and Human Services shall establish an **Interagency Task Force on Child Sexual Abuse Prevention** (hereafter, the “Task Force”) to lead the federal coordination of the Bloom Safe initiative (in this act referred to as the “Initiative”) to coordinate and fund efforts to prevent CSA across the United States. The Task Force shall serve as the central oversight body for implementing this Act and coordinating efforts across the Federal Government and with non-federal partners.

(b) Leadership; Co-Chairs. The Task Force **shall be co-chaired** by –

1. the **Secretary of Health and Human Services** (or the Secretary’s designee); and
2. the **Secretary of Education** (or the Secretary’s designee); and
3. the **Director of the Centers for Disease Control and Prevention** (or the Director’s designee).

These co-chairs shall jointly convene and direct the Task Force. The emphasis on HHS and CDC leadership reflects the primary role of public health agencies in preventing and addressing CSA. The Secretary of Health and Human Services, as co-chair, shall be the primary administrative chair of the Task Force, responsible for organizing meetings and ensuring implementation of Task Force decisions.

(c) Principal Members. The Task Force shall include the heads (or designees) of at least the following federal departments and offices as principal members:

1. **Department of Health and Human Services (HHS):** In addition to the Secretary and the CDC Director (a component of HHS), representation shall include relevant HHS agencies such as the Administration for Children and Families (which oversees child welfare programs), Essentials for Childhood (which is aimed at preventing child abuse and neglect, including CSA) and the Substance Abuse and Mental Health Services Administration. HHS, as the lead department, brings expertise in child welfare, public health, and victim services.
2. **Department of Education:** The **Secretary of Education** (or designee) shall serve as a principal member of the Task Force, representing the education sector. The Department of Education will provide leadership on K–12 prevention education initiatives, school-based programs, and training of educators. The inclusion of the Department of Education as a principal reflects its critical role in reaching children, teachers, staff, and volunteers through schools and aligning this initiative with educational policies.
3. **Department of Justice:** The **Attorney General** (or designee) shall serve as a member of the Task Force in a **consultative and coordinating capacity**. The Department of Justice (DOJ) is **not a co-chair** of the Task Force but is a key participant providing subject-matter expertise in criminal justice. DOJ's role will be to advise and support the Task Force on matters of **law enforcement, criminal investigation and prosecution of CSA, forensic interview practices, offender management, data-sharing related to criminal justice, and enforcement of mandatory reporting laws**. By formally including DOJ, the Task Force will benefit from its expertise in areas such as prosecution of abusers, training of law enforcement officers, management of sex offender registries, and intergovernmental data sharing on offenders. However, leadership of the initiative remains vested in health and education authorities, to ensure a prevention-focused, public health approach.

(Note: The Task Force may include other federal agencies and offices as determined necessary by the co-chairs. For example, the Task Force should coordinate with the Department of Homeland Security on matters of online child exploitation and trafficking, with the Department of Defense regarding child abuse prevention in military communities, with the Department of the Interior regarding Indian Affairs and tribal child protection programs, and with the Department of Justice's Office of Juvenile Justice and Delinquency

Prevention (OJJDP) on juvenile justice initiatives. The co-chairs are authorized to invite any Federal entity with relevant jurisdiction or expertise to participate.)

(d) Coordination with Non-Federal Stakeholders. In carrying out its work, the Task Force shall **collaborate with non-governmental partners**. The co-chairs may invite representatives from national, state, or local child protection organizations, survivor advocacy groups, faith-based organizations, medical and mental health associations, technology companies, and other private sector or community stakeholders to **advise the Task Force or participate in working groups or advisory panels**. Such collaboration will leverage external expertise and resources, ensuring the Initiative's strategies are informed by on-the-ground experience as a **fully engaged public-private partnership**.

(e) Duties of the Task Force. The Task Force shall provide comprehensive leadership and oversight to implement the programs and fulfill the purposes of this Act. Its duties shall include the following:

1. **National Strategy and Action Plan:** Develop, publish, and regularly update a **National Strategy to End Child Sexual Abuse**, incorporating the five pillar approach outlined in this Act and based on the evidence and conclusions uncovered by either peer reviewed scientific studies or the data collection and analysis performed at the direction of the Task Force according to this Act. This strategy shall include specific objectives, timelines, and assignment of responsibilities to agencies for each pillar (education, training, public awareness, survivor services, and research). The Task Force shall monitor progress on each objective and recommend adjustments to strategy based on evaluation data and emerging best practices.
2. **Interagency Coordination and Oversight:** Facilitate ongoing coordination among all federal agencies involved in CSA prevention, intervention, and enforcement. The Task Force shall ensure that agency efforts are not siloed but rather mutually reinforcing. Federal programs and grants related to child abuse prevention, child protection, and exploitation (across HHS, DOJ, Education, and other agencies) should be aligned under the Bloom Safe initiative's goals. The Task Force shall monitor the execution of programs, ensure funds are used effectively and for authorized purposes, and facilitate resolution of any interagency or jurisdictional issues that arise. The Task Force co-chairs shall convene regular meetings (at least quarterly) to share updates, resolve interagency issues, drive joint initiatives, track progress, share data, and adjust strategies as needed to meet Initiative goals.

3. **Working Groups:** Establish specialized **interagency working groups or subcommittees** as needed to focus on key components of the initiative (for example: a Working Group on School-Based Prevention, a Working Group on Digital Safety Technology, a Working Group on Survivor Support Services, etc.). Each working group may be chaired by the agency best suited to that topic (as designated by the Task Force co-chairs) and shall include representatives from relevant agencies. **The Department of Justice shall be included in any Task Force working group that deals with criminal justice, law enforcement training, prosecution, data sharing, or mandatory reporting** – such as a working group on law enforcement training or on improving reporting protocols – in order to provide its expertise.
4. **Policy Guidance and Best Practices:** Issue joint policy guidance to state governments, educational institutions, health providers, law enforcement agencies, and other stakeholders to promote consistent best practices in CSA prevention and response. The Task Force shall review existing laws and regulations (such as mandatory reporting statutes or school safety standards) and recommend improvements or model policies to strengthen child protection nationwide. In particular, the Task Force shall work to enhance **mandatory reporting protocols** – ensuring that adults who are required by law to report suspected child abuse are properly trained and that clear, confidential reporting channels are in place. The Task Force, with DOJ’s input, may develop model standards or agreements to improve **interagency data-sharing** of information on offenders and at-risk individuals (for example, between child welfare agencies and law enforcement) while protecting privacy.
5. **Guidance and National Standards:** Developing and disseminating **model standards, curricula, training materials, and best practices** to support the programs. The Task Force shall provide guidance and technical assistance to State educational agencies, local school districts, child care institutions, youth organizations, and other stakeholders to assist them in adopting effective child sexual abuse prevention policies and programs. This includes helping states and localities align with evidence-based practices and the national standards set forth by this Act’s programs.
6. **Training and Technical Assistance:** Oversee the development of training and technical assistance resources to support implementation of this Act. The Task Force shall ensure that high-quality, evidence-based training curricula are available for all target audiences (students, professionals, parents, etc.) as described in

Sections 6–8. This includes coordinating the contributions of various agencies: e.g., DOJ assisting in law enforcement training content, Education in school personnel training, and HHS/CDC in healthcare training. The Task Force may facilitate interagency agreements so that, for instance, an **Attorney General’s expertise informs the training of police and prosecutors**, while **Education and HHS shape training for educators and healthcare providers**.

7. **Public-Private Partnerships:** Coordinate partnerships with private entities as contemplated by this Act. The Task Force shall engage with non-profit organizations, philanthropies, faith communities, and private businesses (especially technology and media companies) to enlist their support in prevention efforts. This may include establishing a formal **public-private coalition** or advisory council under the Task Force to sustain collaboration with outside partners and facilitate **partnerships with non-Federal entities**. The Task Force shall actively engage with and solicit input from State, local, and Tribal governments, as well as community-based organizations, non-profits, and private sector partners (including technology and social media companies, healthcare providers, faith-based organizations, and survivor advocacy groups). The Task Force may coordinate multi-sector working groups and public forums to incorporate outside expertise and to foster **broad societal involvement** in CSA prevention. It shall also publicize grant opportunities and encourage eligible entities to participate in the Initiative’s programs.
8. **Grant administration:** Overseeing the **award of grants and contracts** authorized by this Act. In consultation with relevant agencies, the Task Force shall establish application criteria, selection processes, and accountability requirements for grants to be awarded to State, local, territorial, and Tribal government entities or non-profit organizations as provided in Section 7. The Task Force shall ensure that grant funds are distributed in a manner consistent with the funding allocations in this Act and that they reach a diverse cross-section of communities, including those that are underserved.
9. **Monitoring and Reporting:** Monitor the outcomes of the programs and grants established by this Act to ensure accountability and **report on progress**. The Task Force co-chairs shall provide annual updates to Congress (and to the public) on the implementation of the Bloom Safe initiative, including data on reductions in CSA prevalence, numbers reached by education/training programs, improvements in reporting and prosecution rates, and any identified challenges. (See Section 13 regarding reporting requirements.) The Task Force will use findings from the Research Hub (Section 11) to evaluate the initiative’s impact and to continually

improve strategies. The Task Force, working through the research and data hub described in Section 11, shall develop metrics to evaluate the success of each program pillar (e.g. changes in reporting rates, knowledge gains from education programs, number of professionals trained, survivor service capacity, etc.). The Task Force shall collect and analyze data on an ongoing basis to assess progress. Not later than one year after enactment, and **annually thereafter**, the Task Force shall **publish a public report** (as further described in Section 13) detailing the outcomes of the Initiative, including updates on CSA prevalence rates, program reach, use of funds, and recommendations for improving prevention efforts.

(f) Support and Administration: The Department of Health and Human Services shall provide administrative support for the Task Force, including staff, funding (as authorized by Section 12), and coordination of logistics. The co-chairs (HHS and CDC) are authorized to detail personnel or hire staff within existing appropriations to ensure the Task Force can fulfill its duties. Member agencies (such as Education and DOJ) shall designate liaisons at an appropriate senior level to participate in Task Force activities and provide support from their agencies.

(g) No Additional Compensation: Service on the Task Force by federal officials shall be without additional compensation, but members may be reimbursed for travel expenses incurred for Task Force duties, as appropriate and subject to available funds.

Section 6. Prevention Education in Schools.

(a) Grants to Support K–12 Curriculum Implementation: The Secretary of Education, in coordination with the Secretary of Health and Human Services, shall award grants to State educational agencies (or, in appropriate cases, local educational agencies) to develop, adopt, and implement **age-appropriate, culturally responsive K–12 curriculum** on child sexual abuse prevention in public schools. The goal is to ensure that **all students from kindergarten through grade 12 receive annual instruction** in skills and knowledge to protect themselves from sexual abuse. Such curricula shall be evidence-based or evidence-informed and aligned with best practices in child safety education.

- **Content Requirements:** The curricula and educational materials supported under this section shall include developmentally appropriate instruction on topics such as **body autonomy and privacy, distinguishing between appropriate and inappropriate touch, understanding bodily boundaries, the meaning of consent, identifying trusted adults, how to report uncomfortable or abusive encounters, and online/internet safety** in relation to sexual exploitation. For older students (middle and high school), education shall also address topics like healthy

relationships, prevention of dating violence and sexual assault, and bystander intervention strategies. All content shall be delivered in a **safe and age-appropriate manner**, without being graphic, and in a way that empowers rather than frightens children.

- **Teacher Training and Resources:** As a condition of receiving a grant, a State must ensure that **educators are trained** to deliver the CSA prevention curriculum effectively. Grant funds may be used to train teachers, school counselors, and other school staff in the curriculum and in handling disclosures of abuse. The Secretary of Education shall, in collaboration with HHS and CDC, develop model teaching materials, lesson plans, and guidance for handling sensitive topics, which grantees can adapt. Schools should also be provided with protocols on responding to student disclosures or signs of abuse (including referral to child protective services in accordance with law).
- **Parental and Community Involvement:** Grantees are encouraged to involve parents and guardians in the educational process. This may include providing take-home materials that reinforce classroom lessons, offering parent orientation sessions on CSA prevention, and informing parents of the signs of abuse and how to respond. Grant applications should describe how parents will be notified of the curriculum and given the opportunity to review materials, consistent with local policies (recognizing that some jurisdictions allow parental opt-out for such instruction). Public awareness in the community (through PTA meetings, school newsletters, etc.) should accompany student education to create a supportive environment for prevention.
- **Priority and Accountability:** Priority in awarding grants shall be given to States that currently lack mandates or comprehensive programs for CSA prevention education, or those proposing to reach high-need student populations. States must submit a plan demonstrating how the curriculum will be rolled out statewide, including in rural and urban districts, and how effectiveness will be evaluated (such as pre- and post-program surveys of student knowledge or confidence in reporting). Within 1 year of receiving funds, State grantees shall report back to the Secretary on the number of students reached and any measurable outcomes or improvements in reporting of abuse. The Department of Education shall share these results with the Task Force for oversight and to inform best practices.

(b) National Learning Standards Integration: The Secretary of Education shall work with appropriate national bodies (such as the National Association of State Boards of Education and curriculum standard-setting organizations) to integrate CSA prevention education into

voluntary K–12 health and safety education standards. The intent is to encourage States to include child sexual abuse prevention as a standard component of health or personal safety education in schools. By normalizing and formalizing CSA prevention in standards and curricula, the program seeks to achieve universal coverage so that **no child leaves school without basic knowledge of how to stay safe and seek help.**

(c) Private Schools and Early Education: While public education systems are the primary focus, the Secretary should also encourage the adoption of CSA prevention programs in private and parochial schools and in early childhood education settings (preschools, Head Start, daycare). Within the limits of authority, HHS and Education may extend training and resources developed under this Act to these settings (for example, making curriculum materials publicly available) to maximize reach.

Section 7. Training for Child-Serving Professionals and Caregivers.

(a) Development of National Training Standards: The Secretary of Health and Human Services, through the Administration for Children and Families (ACF) and in collaboration with the Secretary of Education and the Attorney General, shall develop **national core competencies and curricula for training adults who work with or care for children** in how to prevent, recognize, respond to, and report child sexual abuse. The target audience for such training includes, but is not limited to: **parents and guardians; teachers and school staff; childcare and after-school program staff; pediatricians, nurses, and other healthcare providers; mental health professionals; clergy and faith-based youth workers; coaches and youth sports personnel; foster and adoptive parents; child welfare and social service workers; law enforcement officers and prosecutors; and volunteers who work with youth.** The training program shall be tailored to be relevant for each type of role while maintaining consistent core messages and information.

- **Training Content:** The training shall be comprehensive, covering at minimum the following topics, adapted appropriately for each audience –
 - (1) **CSA warning signs and red flags:** how to identify behavioral and physical indicators that a child may be experiencing sexual abuse, and risk factors or grooming behaviors in potential perpetrators.
 - (2) **Mandatory reporting laws and protocols:** clear instruction on the legal **duty to report** suspected child abuse, including what constitutes reasonable suspicion, how to make a report to authorities, and protections for good-faith reporting. The training should address any differences in state law but promote best practices for timely reporting and inter-agency communication.
 - (3) **Trauma-informed response:** guidance on how to **respond to a child's disclosure** of abuse or signs of trauma in a supportive, non-leading way. This

includes dos and don'ts when a child hints at or reveals abuse, so as not to retraumatize the child or jeopardize investigations (e.g., avoiding suggestive questioning, ensuring the child's immediate safety, etc.).

(4) **Prevention in organizations:** strategies for adults to **build safe environments** for children in schools, clubs, churches, and other settings. This involves implementing codes of conduct (such as rules against one-on-one isolated situations), supervisory policies, background check protocols, and fostering a culture of openness where concerns can be raised.

(5) **Digital safety and online grooming:** information on protecting children from online sexual exploitation, recognizing signs of **online grooming**, understanding risks in social media/gaming environments, and knowing how to respond if online abuse or solicitation is suspected. This aspect of training will be developed in conjunction with the digital initiatives in Section 10.

(6) **Understanding impacts of CSA:** basic education on the potential psychological and behavioral impacts of trauma on children (e.g., PTSD, depression, regression, problematic sexual behaviors) so that adults understand why prevention and sensitive handling are critical.

(7) **Special considerations:** training will also address working with children who have disabilities or who are in high-risk situations (foster care, juvenile justice system), as they may have heightened vulnerability and communication challenges. Cultural competency shall be integrated so that training is effective for diverse communities and respects cultural contexts while keeping child safety paramount.

- **Format and Accessibility:** The training curriculum should be made available in multiple formats to maximize accessibility – including **online e-learning modules, in-person workshops, and printed materials**. It should be developed at appropriate literacy levels and, where possible, in multiple languages. For certain groups like busy professionals (teachers, doctors) and volunteers, brief modular trainings (that can be completed in segments) should be offered, while more intensive certification programs can be offered for those who require deeper knowledge (e.g., specialized investigators, child protection workers). **Certification** or proof of completion should be provided for individuals who finish the training, and where feasible, continuing education credits (for professionals like teachers, medical personnel) should be offered to incentivize participation.

(b) Federal Training Initiatives and Requirements: Each relevant federal agency shall incorporate CSA prevention training into its programs for the workforce it influences, consistent with the national standards:

- The **Department of Education** shall promote or require CSA prevention training for teachers and school staff nationwide. For example, it may condition certain federal education funds on states implementing teacher training in child abuse prevention, or include CSA training as an allowable use under professional development grants. The Department shall disseminate the model training curriculum to all state and local education agencies and encourage its adoption (in coordination with state teacher licensing boards and school administrators).
- The **Department of Health and Human Services** shall integrate CSA training into existing programs for childcare providers, Head Start staff, pediatric healthcare providers, and child welfare caseworkers. HHS's relevant sub-agencies (such as the Children's Bureau, CDC's injury prevention center, and SAMHSA) shall require or incentivize training for professionals in programs they oversee (for instance, requiring grantees of certain child welfare grants to have staff trained in CSA prevention).
- The **Department of Justice**, through the Attorney General, shall support specialized training for **law enforcement officers, detectives, prosecutors, and forensic interviewers** handling child sexual abuse and exploitation cases. DOJ's Office of Juvenile Justice and Delinquency Prevention (OJJDP) and Office for Victims of Crime shall develop advanced training modules on trauma-informed investigative techniques, proper evidence collection in CSA cases, and collaboration with multidisciplinary teams like child advocacy centers. The Attorney General shall ensure that all federally funded law enforcement training programs (e.g., at the FBI Academy, ICAC task force training, National Judicial College for judges in juvenile/family courts) include up-to-date components on child sexual abuse prevention and victim-centered approaches.

(Consultation: In developing and implementing these training requirements, HHS, Education, and DOJ should consult with professional associations such as teacher associations, law enforcement accrediting bodies, medical and nursing boards, etc., to embed these standards into professional licensing, certification, or accreditation where appropriate.)

(c) Grants for Training Implementation: The Secretary of HHS shall administer a grant program (in coordination with DOJ and Education) to support state, local, and tribal agencies, as well as non-profit organizations, in **implementing the training programs** described in this section. Grant funds may be used for activities including: hiring or contracting trainers; developing state-specific training adaptations; translating materials; delivering in-person workshops especially in underserved or rural areas; and subsidizing

the costs of training for organizations that might otherwise lack resources (for example, small youth-serving nonprofits or low-income school districts). The grants should prioritize comprehensive community approaches – for instance, funding a coalition of schools, local police, and child advocacy centers in a region to jointly train their personnel and establish a network of informed adults.

(d) Foster Care and Youth-Serving Organizations: Special focus shall be given to training within **foster care, adoption systems, and youth organizations**. Every foster parent or caregiver approved by state foster care systems should receive CSA prevention training as part of their pre-service or ongoing training (to better protect children who have already experienced trauma or are at higher risk). Likewise, staff and volunteers of organizations such as Big Brothers/Big Sisters, Boys & Girls Clubs, Boy Scouts/Girl Scouts, camps, and faith-based youth programs should be encouraged to undergo the certified training. The Task Force (through HHS and DOJ) may form partnerships with national organizations in these spheres to roll out the standardized training to their networks.

(e) Measuring Effectiveness: The Secretary of HHS, with advice from the Task Force, shall develop metrics to assess the effectiveness of adult training programs. This might include evaluations like pre- and post-training knowledge tests, follow-up surveys on changes in participant behavior (e.g., increased reporting of suspected abuse, improved adherence to safety policies), and tracking outcomes such as whether organizations that implement training see a rise in disclosures or decrease in incidents. Grantees under subsection (c) must agree to cooperate with such evaluation efforts, and the findings shall inform future improvements to the training content or delivery.

Section 8. National Public Awareness and Education Campaigns.

(a) Public Awareness Initiatives: The Secretary of Health and Human Services (through CDC’s National Center for Injury Prevention and Control or other appropriate offices), in collaboration with the Task Force agencies, shall design and launch **multi-media public awareness campaigns** on preventing and responding to child sexual abuse. The objectives of these campaigns are to **raise public understanding** of CSA as a preventable public health problem, reduce stigma and silence around the issue, and mobilize every community to protect children. Campaign strategies shall include:

- **Destigmatization and Education:** Public service announcements (PSAs) and media content to **destigmatize discussion of CSA** – making it clear that protecting children is a collective responsibility and encouraging open, age-appropriate conversations about body safety in families and communities. The campaign will convey that talking about abuse is not taboo but necessary to keep children safe,

and will share information about the **prevalence** and warning signs of CSA to drive home that this is a common issue that often goes unrecognized.

- **Promotion of Reporting and Bystander Intervention:** Materials that urge adults to “**know the signs**” of possible abuse and to **take action** if abuse is suspected. This includes explaining how to report suspected child abuse (providing hotlines or websites for state child protective services and law enforcement) and reassuring the public that reporting in good faith is both safe (with reporter anonymity or immunity) and crucial. The campaign should share survivor stories or scenarios illustrating how one adult’s attentiveness can save a child, thereby empowering bystanders.
- **Engaging Diverse Communities:** The initiative shall create tailored outreach in multiple languages and culturally appropriate formats for diverse communities. This may involve partnering with community-based organizations and media outlets that serve racial/ethnic minority groups, immigrants, and tribal nations to ensure messages resonate and reach families who might not trust mainstream sources. Emphasis should be placed on communities with heightened risk factors or historical under-reporting, to help overcome cultural barriers to acknowledging and addressing CSA.
- **Use of Multiple Platforms:** The campaign will leverage television, radio, print, **social media**, and other digital platforms to reach broad audiences. HHS/CDC should collaborate with the Ad Council or similar entities to develop high-quality PSAs. Additionally, **partnerships with technology and social media companies** are encouraged to disseminate content – for example, getting child safety tips and hotline information placed in parents’ feeds or as prompts in relevant online searches. Influencers and celebrities supportive of child protection causes might be enlisted to amplify campaign messages.

(b) National Bloom Safe Partnership: The Task Force shall work with non-governmental organizations (such as national child abuse prevention charities and faith-based coalitions) to create a **National Bloom Safe Partnership** – a coalition of public, private, and nonprofit partners dedicated to sustaining community engagement. Through this partnership, local events (like workshops, town halls, “Bloom Safe” pledge drives, etc.) will be organized nationwide during designated times (for instance, Child Abuse Prevention Month each April) to keep public attention on CSA prevention. The partnership can also recognize and disseminate community-level best practices, such as how a particular city significantly increased reporting or how a school district successfully engaged parents. The Federal role

will be to provide seed funding, materials, and national coordination, while local partners bring local knowledge and trust.

(c) Measuring Impact: The Secretary of HHS shall, through surveys or other means, measure changes in public awareness and attitudes over time. Key indicators could include: increase in the percentage of adults who believe they have a role in preventing CSA, increase in knowledge of signs and reporting methods, and an increase in actual reports of suspected abuse (to the extent that such reports reflect improved vigilance rather than increased incidence). These metrics will be reported to the Task Force to assess the effectiveness of outreach efforts. If certain messages are not resulting in the desired awareness or behavior change, the campaign strategy should be adjusted accordingly.

(d) Digital Engagement and Helpline Promotion: (Cross-reference to Section 10) The public awareness campaign shall also promote the **confidential helpline** established under Section 10 for individuals seeking help related to child sexual abuse (whether they are concerned about a child, or are seeking help to prevent themselves or others from offending). By widely publicizing this resource, the campaign ensures that people know where to turn for advice or intervention before abuse occurs.

(e) Grants for Community Initiatives: Within the amounts authorized, HHS may provide mini-grants to community organizations, youth-serving agencies, or local coalitions to run complementary **grassroots campaigns or educational programs**. These grants can fund projects like community theater productions on CSA themes, development of materials for local pediatric clinics to give to parents about preventing abuse, or training local media on responsible reporting of CSA cases. Empowering communities to get creative and culturally specific in messaging will reinforce the national campaign at the local level.

Section 9. Expansion of Trauma-Informed Support Services for Survivors.

All services under this pillar shall be delivered in a **culturally competent and trauma-informed manner**, acknowledging the unique needs of different communities and identities (including LGBTQ youth, children with disabilities, and others). HHS, in coordination with DOJ's Office for Victims of Crime and relevant state agencies, shall administer grants for these purposes, prioritizing areas with gaps in services.

(a) Grants for Child Advocacy Centers and Multidisciplinary Response: The Secretary of Health and Human Services, in consultation with the Attorney General, shall establish a grant program to **expand the national network of Child Advocacy Centers (CACs)** and other multidisciplinary child trauma response teams. The goal is to ensure that **every child in the United States has timely access to a child-friendly, trauma-informed center for**

reporting abuse and receiving services, ideally within a **60-minute travel radius** of their community.

- **Use of Funds:** Grants may be used by state or local agencies and accredited CAC organizations to **establish new CACs** in underserved areas, **expand capacity** of existing centers (e.g., hiring additional forensic interviewers, medical examiners, therapists), and create **mobile CAC units** for rural or tribal communities that cannot support a full bricks-and-mortar center. Mobile teams could travel to remote areas to provide on-site forensic interviews, medical evaluations, and counseling in a child-friendly setting. Funds can also support training and certification of CAC staff to meet national standards.
- **Multidisciplinary Teams:** Each CAC or program receiving funds must either have or be part of a formal **multidisciplinary team (MDT)** that includes law enforcement, child protection services, prosecutors, medical professionals, and victim advocates working together on child abuse cases. The grant may cover the costs of improved coordination among these partners – for example, establishing Memoranda of Understanding between agencies, improving case tracking systems, or funding dedicated coordinators to facilitate case review meetings. The Department of Justice, via existing programs like OJJDP’s Victims of Child Abuse Act funds, shall collaborate to ensure alignment of CAC expansion with law enforcement training (so that new centers have trained forensic interviewers and detectives ready to utilize them).

(b) Support for Community-Based Survivor Services: The Secretary of HHS shall also provide grants or contracts to **non-profit organizations that deliver support services to CSA survivors** and their non-offending family members. This includes organizations providing:

- **Therapy and Counseling:** Trauma-focused mental health services (such as TF-CBT – Trauma-Focused Cognitive Behavioral Therapy) for children and adolescents who have experienced sexual abuse, and counseling for affected family members. Priority should be given to services that can demonstrate cultural competence and the ability to serve marginalized communities.
- **Medical Treatment:** Child sexual abuse often necessitates specialized medical attention (for physical injuries, STIs, etc.). Grants may support clinics or programs offering child-friendly medical evaluations (sexual assault nurse examiners for pediatrics), ongoing medical care for health consequences of abuse, and referral networks for specialized care.

- **Victim Advocacy and Case Management:** Services to help families navigate the aftermath of abuse – including legal advocacy (assistance through the court process, understanding victims’ rights), coordination of services, support groups for survivors and for protective parents, and practical assistance (e.g., relocation if needed for safety, aid with crime victims’ compensation).
- **Underserved Areas Focus:** At least a portion of funds should be set aside for programs in **rural and tribal communities** and other underserved areas where access to therapists or CACs may be limited. This may involve telehealth counseling initiatives or building the capacity of local agencies (training local clinicians in trauma treatment modalities, for instance).
- **Innovative Therapies and Aftercare:** HHS is encouraged to fund not only traditional clinic-based therapy but also innovative and holistic approaches that have shown promise in helping child survivors heal – such as therapeutic mentoring programs, culturally specific healing practices for indigenous communities, equine or art therapy adjuncts, etc., as long as they are implemented alongside evidence-based care.
- **Support in legal processes:** Ensuring victims have access to child victim advocates or legal counsel to guide them through criminal justice or family court proceedings arising from abuse.
- **Hotlines and outreach:** Enhancing 24/7 crisis hotlines, text or chat lines, and other outreach programs that allow children or concerned adults to report abuse or seek help anonymously and get connected to services.
- **Healing and recovery programs:** Supporting peer support groups, mentorship programs, camp or retreat programs for survivor healing, and other innovative therapeutic modalities.

(c) Trauma-Informed Training for Responders: In conjunction with Sections 7 and 10, this section also encompasses targeted training to ensure that **all professionals who respond to CSA cases – including law enforcement, social workers, prosecutors, medical personnel, and educators – are trained in trauma-informed practices.** Some funds may be allocated for cross-discipline training events (bringing together police, CPS workers, and therapists to learn team-based approaches) or for developing advanced curricula focused specifically on trauma-informed forensic interviewing of children, forensic medical exams, and trauma-informed care within the justice system (such as court prep for child witnesses that minimizes additional trauma). The Department of Justice shall assist in this area, using its expertise to improve how the justice system handles child victims (for instance,

encouraging use of alternatives to direct testimony when appropriate, or expanding child advocacy programs in courts).

(d) Ensuring Affordability of Services – Medicaid and CHIP: The Secretary of HHS shall take action to **ensure that trauma-focused treatment for child abuse survivors is covered under public insurance programs**. Within 1 year of enactment, the Secretary shall issue guidance or regulations clarifying that states' Medicaid and Children's Health Insurance Program (CHIP) plans must include coverage of appropriate mental health services for child sexual abuse survivors (such as psychotherapy by licensed counselors, psychiatric care, and any evidence-based specialty treatments needed). The Secretary shall also encourage states to use Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) funds for screening children for abuse or trauma exposure during medical visits, and to cover medical forensic exams for suspected child abuse without cost barriers. This Act authorizes the Secretary to provide bonus grants or increased federal matching funds to states that adopt policies ensuring comprehensive coverage of CSA-related health needs.

(e) Culturally and Linguistically Appropriate Services: All programs expanded or funded under this section must strive to provide services in a **culturally and linguistically appropriate manner**. This means employing diverse staff, offering materials and therapy in languages other than English where needed, and being attuned to cultural norms that might affect how families perceive or report abuse. Grants will require applicants to describe their plan for cultural competence and outreach to underserved populations (for example, partnerships with community leaders in immigrant communities, or training staff on biases and cultural sensitivity).

(f) Measuring Outcomes – Healing and Justice: The Task Force, through the Research and Evaluation Hub (Section 11), shall track key outcomes related to survivor support. These include measures of **service reach** (e.g., number of children receiving CAC services or therapy), **timeliness** (time from report to receiving services), **legal outcomes** (proportion of cases that result in charges, plea deals, or convictions – with the understanding that success is not solely measured by conviction rates but also by child well-being), and **well-being outcomes** for children (such as improvements in mental health assessments). By monitoring these indicators, the Task Force can assess whether the expanded services are indeed closing gaps. For instance, an increase in caregiver satisfaction and child comfort in the process, as noted in studies of CACs, would be a positive sign. Any identified shortcomings (e.g., certain areas still lack coverage, or certain victim groups not accessing services) shall be addressed in subsequent grant-making or policy adjustments.

Section 10. Digital Safety and Online Child Sexual Abuse Prevention.

**** (a) 24/7 Confidential Helpline for At-Risk Individuals:** The Secretary of HHS, in coordination with the Director of CDC, shall establish or support a nationwide, confidential **helpline and online portal** to prevent child sexual abuse before it occurs by providing guidance and crisis counseling to individuals at risk. This service shall be modeled after successful public-health oriented helplines such as the UK’s “Stop It Now!” program, which have demonstrated efficacy in reducing offender behaviors. The helpline will operate **24 hours a day, 7 days a week**, staffed by trained counselors (e.g., licensed therapists or specially trained professionals) who can anonymously assist: (1) individuals who feel sexual urges toward minors and are seeking help to manage those feelings so as not to offend, (2) individuals who are concerned they might abuse a child or have already engaged in inappropriate behavior and are seeking help to stop and get treatment, and (3) parents, caregivers, or any persons who suspect someone they know (or interact with online) might be abusing children, or who find themselves in possession of or exposed to child sexual abuse material, and need guidance on how to respond. The helpline shall provide **crisis intervention, referral to treatment resources**, and education on next steps (including how to report if a crime may have occurred, while maintaining confidentiality to encourage usage). Marketing of this helpline (through Section 8 campaigns and technology platform partnerships) is critical to ensure those in need know where to turn for help **before** a child is harmed. All communications with the helpline will be confidential and protected to the extent allowed by law; however, helpline staff will have protocols for emergency breach of anonymity if a caller reveals an immediate plan to commit harm to a child (similar to suicide hotline practices).

(b) Technology Partnerships for Child Protection: The Task Force, led by its digital safety working group (with heavy involvement from the DOJ and Department of Homeland Security), shall **formalize partnerships with major technology and social media companies** to combat online child sexual exploitation. These partnerships should result in tangible initiatives, such as:

- **Enhanced Detection of CSAM:** Implementing and expanding the use of advanced technologies (like **hash-matching algorithms** that can automatically recognize known child sexual abuse images/videos) across platforms to quickly identify and flag child sexual abuse material (CSAM) for removal and reporting. The government will support improvement of these technologies (through research grants or technical assistance) to increase their accuracy and coverage.
- **Rapid Response Takedown Protocols:** Developing **rapid-response protocols** in cooperation with internet service providers, cloud storage services, and social media, so that when new CSAM or online grooming activity is reported, companies

can respond immediately to **remove content**, suspend or ban offending accounts, and preserve evidence for law enforcement. This might involve establishing a round-the-clock “virtual command center” or point of contact where law enforcement can reach companies quickly with emergency removal requests (similar to protocols used for terror content or imminent threats).

- **In-App Reporting and Help Features:** Encouraging and assisting platforms that are popular with minors (social networks, gaming platforms, chat apps) to build in **easy reporting mechanisms** for suspected exploitation and **in-app help-seeking prompts**. For example, if a user types certain warning phrases indicating they are being groomed or extorted, the app could display information about how to get help or automatically flag the conversation for review. The Task Force will facilitate knowledge-sharing of best practices among tech companies for these safety by design features.
- **Filtering and Parental Controls:** Work with technology companies to promote stronger parental control tools and **default safety settings** to protect children online. This includes encouraging proactive filtering of explicit sexual content in services likely to be used by children and providing parents with user-friendly tools to monitor or limit their children’s online interactions (with education on how to use them effectively provided through the awareness campaign).

The Task Force should leverage the convening power of the federal government to bring companies together on these issues, possibly by establishing a **Tech Industry Child Safety Council** under its purview, where companies can voluntarily collaborate and share data on emerging threats, while the government provides legal guidance and recognizes those that make strong efforts.

(c) Strengthening Law Enforcement’s Cyber Capabilities: The Attorney General shall expand support for law enforcement initiatives that target online child sexual exploitation, in alignment with this Act’s prevention goals. This includes:

- **Internet Crimes Against Children (ICAC) Task Forces:** Increased funding and technical support for the nationwide ICAC Task Force program, which assists state and local law enforcement in investigating online child exploitation. DOJ shall ensure that ICAC units have cutting-edge forensic software, training in the latest investigative techniques, and sufficient personnel to handle tips (such as those from the National Center for Missing and Exploited Children’s CyberTipline).
- **Forensic and Investigative Technology:** Invest in developing and deploying new tools for **law enforcement to detect, investigate, and prosecute online offenses**,

such as tools using artificial intelligence to proactively find child sexual abuse materials on the dark web, or software to trace peer-to-peer file sharing of CSAM. Given the rapid evolution of technology, ongoing funding for R&D in this area is critical (the Act encourages public-private tech collaborations for law enforcement needs as well).

- **Training and Best Practices:** Ensure that all investigators and prosecutors handling cyber-CSA cases receive specialized training (complementing Section 7’s training), including understanding the psychology of online predators, techniques for undercover online operations, evidence collection in digital environments, and collaboration with international law enforcement (as these crimes often cross borders). DOJ shall develop updated **guidelines for prosecution** of technology-facilitated CSA, emphasizing victim-centered approaches (for instance, avoiding charging youth who are victims but may have shared self-produced images under coercion) and seeking appropriate sentences for perpetrators.
- **Data Sharing and Privacy:** In improving data-sharing for CSA cases, DOJ will coordinate with the Task Force to resolve any barriers to efficient sharing of information between social media companies and law enforcement, or among jurisdictions. This includes advocating for clear legal frameworks that balance user privacy with the urgency of child protection. (Any legislative adjustments required for facilitating data sharing without weakening privacy rights could be recommended by the Task Force to Congress in the future.)

(d) Updating Metrics and Definitions for the Digital Age: The Director of CDC, in collaboration with the Attorney General, shall lead an effort under the Research Hub (Section 11) to **update national metrics and definitions** related to child sexual abuse to fully capture **online-facilitated abuse and exploitation**. Traditional measures of CSA often focused on physical, in-person abuse; this Act mandates new research and data collection to include forms such as: online grooming, live-streamed abuse, sexual extortion (“sextortion”), production of self-generated explicit images under duress, and other cyber-mediated offenses. By developing consistent definitions and including relevant survey questions or data fields (for example, in national youth surveys or crime reporting systems), the true scope of the problem in the digital realm can be understood and addressed. The Task Force shall ensure these improved metrics are used in evaluating progress (e.g., tracking the prevalence of online grooming attempts or youth reports of online exploitation over time as prevention measures are implemented).

(e) Public Transparency and Accountability of Platforms: While voluntary cooperation from technology companies is a first approach, the Task Force (with DOJ and Federal Trade

Commission input) shall examine whether additional **policy or regulatory measures** are needed to hold platforms accountable for child safety. Within 2 years, the Task Force should report on the extent of industry participation and effectiveness of voluntary measures. If significant gaps remain (for instance, platforms refusing to implement basic safety features, or new technology like encrypted messaging being exploited to harm children without recourse), the Task Force may recommend legislation or regulatory action to strengthen requirements for reasonable monitoring and reporting, always carefully balancing privacy and safety.

Overall, this section recognizes that as child sexual abuse increasingly intersects with the digital world, **the initiative's success depends on a concerted effort to make the online environment as safe as the physical environment** for children. By combining prevention (helpline and education), industry cooperation, and law enforcement improvements, the Bloom Safe Act addresses the challenge on multiple fronts.

Section 11. National Child Sexual Abuse Research and Data Hub.

(a) Establishment of Research Hub: The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall establish an ongoing and lasting **National Child Sexual Abuse Prevention Research and Data Hub** ("Research Hub"). This will be a standing interagency unit dedicated to conducting research and **collecting, analyzing, and reporting data on CSA** and evaluating the effectiveness of prevention and intervention efforts. The Research Hub shall operate as a collaboration between HHS (including CDC and ACF) and the Department of Justice, with participation from the Department of Education and any other relevant agencies, thus institutionalizing a **unified data infrastructure** for CSA issues.

(b) Core Functions: The Research Hub shall:

1. **National Data Collection:** Design and implement ongoing nationwide processes and systems to facilitate data collection in the United States on the incidence and prevalence of child sexual abuse, victim demographics, offender characteristics, and related metrics, drawing from sources such as national surveys, administrative data (child protective services reports, law enforcement reports), and research studies. It will improve data consistency and identify trends. This may include regular population-based surveys (for example, adding modules on CSA to CDC's Youth Risk Behavior Survey or other health surveys), improved compilation of administrative data (such as child welfare reports, law enforcement case data, and school incident reports), and special studies to capture data on underreported forms of abuse. The goal is to produce reliable national statistics each year on the

scope and characteristics of CSA, filling the current gaps in data, and providing a foundation for ongoing legislative support for CSA prevention..

2. **Annual Reports:** Beginning not later than 1 year after enactment, the Research Hub shall **issue an annual report** on CSA in the United States. This annual CSA report shall include up-to-date statistics on prevalence (overall and by demographic groups), trends over time, state-by-state comparisons if available, and estimates of the economic costs of CSA to society. It shall also summarize progress indicators from the Bloom Safe initiative (e.g., number of individuals trained, number of schools implementing curricula, increase in reports to hotlines, prosecution outcomes, etc.). These reports will be modeled on CDC's reports for other public health issues (for instance, reports on injury or violence prevalence), providing a **uniform national data picture to inform policy**. The report shall be submitted to Congress and made publicly available to ensure transparency and accountability.
3. **Program Evaluation:** Oversee rigorous **evaluation of programs and strategies** funded by this Act. The Hub will help design evaluation plans for each major pillar: for example, evaluating the effectiveness of school curricula (through pre/post testing or control comparisons), evaluating training outcomes (through reported behavior changes or incident reporting rates in institutions that received training), measuring impact of public awareness campaigns (through surveys as noted in Section 8), and assessing survivor service outcomes (via metrics in Section 9). Where possible, the Hub should employ randomized or quasi-experimental study designs to truly measure impact. It shall compile these evaluation results and provide the Task Force with findings and recommendations on which approaches are most successful and cost-effective.
4. **Research Initiatives and Grants:** Identify gaps in the evidence base and **fund peer reviewed research studies** to answer pressing questions in CSA prevention. For instance, if it is unclear how to best reach certain populations (like children with disabilities or boys, who may have different disclosure patterns), the Hub can fund academic or community researchers to study those issues. Longitudinal studies may be supported to follow cohorts of children and track outcomes (especially important for understanding long-term effects of prevention education or early intervention). The Hub will coordinate Federal research funding (working with NIH, DOJ's NIJ, and other agencies) to avoid duplication and target priority topics. At least a portion of research funding should focus on **emerging issues** such as technology-facilitated abuse, abuse in institutional settings, and effective perpetrator treatment or management to prevent re-offense.

5. **Data Sharing and Integration:** Develop protocols for **secure data sharing** among agencies for CSA-related information. This could involve creating integrated databases or data linkage projects that, for example, link child welfare records with criminal justice outcomes, or school reports with later victimization surveys, all with appropriate privacy safeguards. DOJ's data (from law enforcement and courts) is crucial here – the Attorney General shall ensure that de-identified aggregate data on investigations, arrests, prosecutions, and convictions for CSA offenses are shared with the Research Hub for analytical purposes. The Hub should also collaborate with the National Center for Missing & Exploited Children (which receives CyberTipline data, etc.) and other clearinghouses to incorporate their data into overall analysis. Improved data sharing will help produce a **more complete picture of the life cycle of CSA cases** – from report to outcome – thereby highlighting where systems succeed or fail.

(c) Participation of the Department of Justice: The Attorney General (through appropriate components such as the Bureau of Justice Statistics and OJJDP) shall be an active partner in the Research Hub. DOJ personnel should be assigned to the Hub to work on integrating criminal justice data and research expertise. DOJ shall specifically collaborate on studies of **offender behavior and accountability** – for example, analyzing prosecution rates from CAC cases, studying the effectiveness of sex offender management policies, or evaluating the impact of initiatives like the helpline on reducing offenses. By participating in the Hub's governance, DOJ ensures that the data and research efforts support both public health and public safety outcomes. However, the leadership of the Hub will remain with HHS/CDC to underline that the primary orientation is prevention-focused and data-driven public health surveillance.

(d) Consultation and Advisory Panel: The Research Hub shall convene a **Scientific Advisory Panel** of experts (academics, public health statisticians, criminologists, survivor advocates, etc.) to advise on research priorities, ethical considerations, and methodological rigor. This panel will review the Hub's annual research agenda and reports to ensure quality and objectivity. Additionally, the Hub will coordinate with international bodies (e.g., WHO, and researchers from other countries) to learn from global best practices and contribute U.S. data to global knowledge on CSA.

(e) Authorization of Appropriations: Funding for the Research Hub is provided under Section 12 and shall be prioritized to maintain continuous data collection. The Hub may also receive funds transferred from other federal research programs or agencies if agreed, to consolidate efforts. The Secretary and co-chairs of the Task Force shall ensure that the

Research Hub is adequately staffed and resourced, as its work is foundational for measuring the success of all other sections of this Act.

Section 12. Authorization of Appropriations.

(a) In General: There is authorized to be appropriated a total of **\$1,000,000,000** for the implementation of this Act, to remain available until expended. It is the intent of Congress that this funding support an initial **five-year period** of the Bloom Safe Initiative's programs (fiscal years 2026 through 2030), laying the groundwork for long-term success. Funds are authorized to be appropriated to the lead agencies as follows: to the Department of Health and Human Services (for overall administration, education, survivor services, research, and public health activities), to the Department of Education (for school-based programs), and to the Department of Justice (for training and enforcement support), in proportions necessary to carry out their responsibilities under this Act. The Task Force co-chairs shall develop a spending plan to allocate resources efficiently across the initiative.

(b) Allocation Guidelines: Of the total amount authorized, the approximate allocation of funds by program pillar shall be as follows (with flexibility allowed to the Task Force to reallocate up to 10% between categories as needs evolve, except that any reallocation from one category to another that exceeds 10% must be reported to the appropriate Congressional committees):

1. **Education and Training Programs (Pillars 1 & 2): \$350,000,000** – For developing curricula, training materials, and implementing **PreK–12 prevention education** in schools nationwide, and for designing and delivering **CSA prevention training for adults** in child-serving roles (including the creation of online training platforms, certification programs, and training-of-trainers initiatives). This category includes grants to educational agencies and organizations to carry out these programs and provide **curriculum development and implementation in schools (Section 6)** and **training of professionals and caregivers (Section 7)**. This includes costs of grant programs to States for K-12 and adult education as well as development of training materials and delivery of training across sectors.
2. **Survivor Services and Trauma-Informed Care (Pillar 4): \$250,000,000** – to **expand Child Advocacy Centers, survivor support services, and trauma-informed care access (Section 9)**. This encompasses grants to establish or enhance CACs, fund community-based counseling and support programs, improve rural and tribal service delivery, and ensure treatment coverage (including any Medicaid-related initiatives).

3. **Community and Organizational Grants (Pillar 1, 2, 3, 4, & 5): \$200,000,000** – for **grants to state and local governments, school districts, healthcare providers, faith-based and nonprofit organizations** as described throughout this Act. This category supports the matching or incentive grants that drive implementation at the ground level (e.g., school compliance with Erin’s Law under Section 6, local multidisciplinary training efforts under Section 7, community awareness mini-grants under Section 8, etc.). These funds will often be matched by or combined with non-federal resources in the public-private partnership model to maximize impact.
4. **Research, Evaluation, and Public Awareness (Pillars 3 & 5): \$100,000,000** – for **research, data collection, program evaluation (Section 11) and national public awareness campaigns (Section 8)**. This will fund the Research Hub’s operations and studies, as well as the design and media buys for the nationwide education campaigns. Independent evaluation contracts may also be supported here to objectively assess outcomes.
5. **Digital Safety and Technology Initiatives (Pillar 3 – Digital Component): \$50,000,000** – to execute the **digital safety and online abuse prevention strategies (Section 10)**. To support **initiatives to enhance children’s safety in digital environments**, recognizing the growing threat of online exploitation. This may include developing educational programs on internet safety for children and parents, improving technology for detecting and blocking online sexual abuse material, funding research and pilot projects on safeguarding children on social media and gaming platforms, and partnering with tech companies to create safer online spaces. This includes establishing and running the national helpline, funding technology development and tech industry collaboration, and related research on online risks.
6. **Federal Leadership and Oversight (Administration): \$50,000,000** – to support **the Federal Task Force operations, interagency coordination, compliance monitoring, and communications infrastructure (Sections 5 and 13)**. This covers staffing and admin costs of the Task Force and related coordinating activities, development of communications systems (such as a centralized website/clearinghouse for Bloom Safe resources), and reporting. It also includes any necessary expenses for the Office of the Secretary of HHS or CDC to administer grants and for DOJ’s coordination role (excluding the programmatic funds above for training and enforcement, which are in other categories).

(c) Private Sector Contributions: Recognizing that Bloom Safe is envisioned as a **public-private partnership**, Federal funds authorized by this section may be used as matching

funds or to leverage additional contributions from non-federal sources. The Secretary of HHS and Task Force co-chairs are authorized to accept and use donations, in-kind contributions, and philanthropic grants in furtherance of the program (to the extent permitted by law), and to enter into cooperative agreements with private entities to stretch federal dollars. An aim of the initiative is to encourage **at least a 1:1 match** from private or state sources over time for every federal dollar, effectively doubling the investment in child safety. In support of this effort, be it resolved that for purposes of the Internal Revenue Code of 1986 (or corresponding provision of any future federal tax law), any private investment, donation, or contribution made by individuals, corporations, or other entities to Bloom Safe or any project, work group, committee, or sub-initiative under the leadership of the Task Force or Initiative as defined in this Act shall qualify as a charitable contribution and shall be tax-deductible to the extent permitted by applicable law. The Internal Revenue Service shall treat such investments, donations, or contributions as contributions to an organization described in section 170(c) of the Internal Revenue Code, thereby qualifying the contributions as deductible charitable contributions for federal income tax purposes.

Reports to Congress shall include information on the amount of non-federal resources mobilized.

(d) Future Funding Needs: Not later than 6 months before the end of the initial five-year period, the Task Force shall evaluate the funding levels required to sustain and expand the progress of this Act's programs and make recommendations to Congress for reauthorization or extension of appropriations. It is the sense of Congress that **ending an epidemic of CSA will require sustained commitment** beyond the initial investment, and therefore program success should be built upon, not seen as a one-time effort.

Section 13. Accountability and Reporting Requirements.

(a) Implementation Plan and Initial Report: Not later than **180 days** after the date of enactment of this Act, the Task Force co-chairs (Secretary of HHS and Director of CDC) shall submit to the Committees on Energy and Commerce; Education and the Workforce; Judiciary; and Appropriations of the House of Representatives (and the corresponding committees of the Senate) an **initial implementation plan** for the Bloom Safe initiative. This report shall outline the steps taken to establish the Task Force and its working groups, the timeline for rolling out each major program (education, training, etc.), preliminary allocation of funds, and how agencies are coordinating. It shall also identify any early challenges or areas where further Congressional support is needed.

(b) Annual Progress Reports: Annually, on March 1st of each year following enactment, the Task Force shall transmit a **Bloom Safe Progress Report** to the above-mentioned Congressional committees. Each annual report shall include:

- **Program Metrics:** Data on key outputs and outcomes from the past year, such as number of students educated under new curricula, number of professionals trained, public awareness reach (survey results), number of CACs opened or expanded, number of calls to the helpline, and any changes in CSA reporting rates nationally.
- **Evaluation Findings:** A summary of findings from the Research Hub's evaluations or studies that year – for example, any measurable reductions in CSA prevalence in areas with intensive program implementation, or evidence of improved knowledge/attitudes among trained adults.
- **Interagency Coordination:** Description of how agencies have worked together (e.g., joint initiatives, any interagency agreements signed), and participation of DOJ as a supporting agency. It should specifically note DOJ's contributions (training delivered, data shared, prosecutions aided, etc.) to illustrate the consultative role in action.
- **Use of Funds:** A financial accounting detailing how appropriated funds were spent by category, including how much went to grants versus federal administration, and how much (if any) was reallocated among the categories in Section 12(b). Also, report on the amount of non-federal matching contributions garnered.
- **Challenges and Recommendations:** Identify any implementation challenges (such as states not adopting programs as expected, technology hurdles, etc.) and recommendations for addressing them. If legislative changes are needed (for instance, adjustments to mandatory reporting laws or additional authority for data sharing), the report should highlight those so Congress can consider further action.
- **Public Availability:** The Annual Reports required under this section shall be made available to the public in a readily accessible format (including on a dedicated website for the Initiative). In addition, the Task Force shall hold an **annual public briefing** to summarize the contents of the report and answer questions, thereby ensuring ongoing transparency and public accountability for results.
- **Oversight Hearings:** It is the sense of Congress that the relevant Congressional committees should hold oversight hearings after the submission of each Annual Report, to review the progress of the Initiative and to hear testimony from the Task

Force co-chairs, survivors, and other stakeholders on the effectiveness of the Bloom Safe Act in achieving its goals.

All data and findings of these annual reports shall be made public (posted on a website) to ensure transparency to the American people on the progress toward making America the safest place to be a kid.

(c) Final Comprehensive Report: After five years, the Task Force shall issue a comprehensive report summarizing the overall impact of the Bloom Safe Act. This report will evaluate the extent to which the Act's goals have been met (reduction in CSA cases, increased prevention education coverage, improved services, etc.), and provide an outlook for the future (including whether the Task Force's work should continue or transition to a permanent structure). The report should include input from independent experts and stakeholders and shall inform Congressional deliberations on reauthorizing or expanding these efforts.

(d) Sunset or Continuation of Task Force: The Interagency Task Force established under Section 5 shall continue for **as long as necessary** to accomplish the purposes of this Act, subject to periodic review by Congress. It is expected that the Task Force will at minimum operate throughout the initial implementation phase (five years). If at any time after five years the Task Force determines that its objectives have been fully achieved and that a formal interagency body is no longer required, it shall notify Congress of its intent to sunset. Conversely, if further work is needed, the Task Force (or Congress by law) may renew or modify its mandate. Regardless, the gains in interagency cooperation and data infrastructure are intended to be lasting.

Section 14. Ensuring Equitable Access to Services.

(a) Statement of Policy. It is the policy of the United States that the programs and resources established by this Act be accessible to **all children and families**, and that no exception or exclusion be applied to any population of children living in the United States or its territories. This may require particular attention to ensuring that those who have historically had limited access to prevention and recovery services receive the same access as all other children under this Act. For the sake of clarity, this means that all children and families are due the same standard of care under this Act, including children in **rural and remote areas**, children in **economically disadvantaged communities**, children in **Tribal and urban Indian communities**, children of color and those from immigrant communities, children with disabilities, and LGBTQ youth – all of whom can face unique vulnerabilities or barriers in getting help.

(b) Implementation Measures. To carry out the policy in subsection (a), the Task Force and relevant agencies shall incorporate such measures as are necessary to ensure universal access to all children into all aspects of program implementation. This includes:

- **Allocating funding and resources** in a manner that addresses geographic and demographic gaps (for example, ensuring grant funds reach rural counties and Tribal lands, not just densely populated areas).
- **Adapting curricula and training** to be culturally sensitive and linguistically appropriate for diverse populations (for instance, providing CSA prevention materials in multiple languages and in formats accessible to individuals with visual or hearing impairments).
- **Recruiting and training providers** from within underserved communities to deliver services – such as training facilitators who are bilingual or who understand the culture of the communities they serve, and supporting Indigenous-led initiatives to prevent abuse in Native communities.
- **Conducting outreach** to communities that may be less likely to seek help due to stigma or historical distrust, working with local leaders and organizations to build trust and awareness about the Initiative’s programs.

(c) Tribal Communities. In recognition of the sovereignty of **Indian Tribes** and the federal trust responsibility, special efforts shall be made to collaborate with Tribal governments and organizations. The Task Force shall include Tribal liaisons (for example, from the Bureau of Indian Affairs or the Indian Health Service) to coordinate with Tribes. Grants under Section 9 shall be made available to Tribal governments and inter-tribal consortia on an equal basis as states. The Initiative’s school-based programs and victim services shall be designed to integrate with Bureau of Indian Education schools and Indian Health Service facilities where applicable.

(d) Reporting. Each Annual Report (Section 13) shall include an assessment of how the programs are reaching all children in the United States and its territories, including those living on military bases overseas, and those who live in underserved, rural, and Tribal communities. If the data indicate disparities in program reach or effectiveness, the Task Force shall adjust strategies and may reallocate resources or provide targeted assistance to address such disparities in subsequent years.

Section 15. Sunset and Extension.

(a) Sunset of Task Force: The Interagency Task Force established under Section 5 shall terminate **five years** after the date of enactment of this Act, unless extended by Congress.

Prior to its termination, the Task Force shall issue a final comprehensive report (Section 13(c)) summarizing the progress made under the Bloom Safe Act, evaluating the remaining challenges in preventing child sexual abuse, and making recommendations for continuing efforts beyond the sunset date.

(b) Sense of Congress on Renewal: It is the sense of Congress that, based on the outcomes achieved and lessons learned during the first five years of the Initiative, Congress should consider reauthorizing or modifying the programs under this Act to ensure sustained commitment to ending child sexual abuse. If the data demonstrate significant positive impact, Congress may act to extend or expand the Initiative; if gaps remain, further legislative action may be necessary to address them.

(c) Continuation of Programs: The expiration of the Task Force shall not automatically end ongoing grant agreements or programs initiated under this Act. Federal agencies overseeing multi-year grants or projects funded by this Act may continue to administer those projects to their completion, under the original terms, even if the formal Task Force has sunset, provided that oversight responsibilities are transferred to an appropriate permanent office designated by the Secretary of HHS and the Attorney General.

(d) Reporting after Sunset: In the event that Congress does not extend the Initiative but programs continue under subsection (c), the Secretary of Health and Human Services, in coordination with the Attorney General and the Secretary of Education, shall assume the reporting duties. The Secretary of HHS shall transmit to Congress an **annual status report for any ongoing programs or grants** until all funds are expended, to ensure continued transparency and accountability in the use of the funds appropriated under this Act.

Section 15. Severability.

If any provision of this Act, or the application of a provision to any person or circumstance, is held to be unconstitutional or otherwise invalid, the remainder of this Act and the application of the provisions to any other persons or circumstances shall not be affected.

Section 16. Effective Date.

This Act shall take effect immediately upon enactment. The Task Force shall be convened within 60 days of enactment, and the agencies shall begin implementation of programs as expeditiously as possible, consistent with the timeline outlined in the initial implementation plan, so that all programmatic activities under the Act can commence in the first fiscal year after enactment.