

Communities Working Together To Help Children Exposed to Violence

Findings From Phase I of the Safe Start Initiative

A young woman sees one of her parents beating her other parent frequently . . .

A toddler is abused and neglected . . .

Adolescents playing at a park witness a drive-by shooting . . .

Children around the world are exposed to violence in alarming numbers. The findings of the National Survey of Children's Exposure to Violence indicate that 60 percent of the Nation's youth were exposed to violence, crime, or abuse during the year of the study (Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009). Exposure ranged from brief encounters as witnesses to victims of serious violent episodes. Nearly 25 percent of children were victims of robbery, more than 1 in 4 (25.3 percent) witnessed a violent act, and nearly 1 in 10 (9.8 percent) saw one family member assault another (Finkelhor et al., 2009).

Frequent or intense exposure to violence can harm children's and youth's natural, healthy development—unless they have supports to heal. Negative impacts of exposure to violence depend on factors that include (but are not limited to) the frequency and severity of exposure, the relationship of the child to the victim/perpetrator, the age of the child at the time of exposure, and the availability of other caring adults (Kracke & Hahn, 2008). With the supports to heal, however, children and youth can recover.

The Safe Start Initiative

The Safe Start Initiative is a collaboration funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), involving national, State, and local public and private agencies working together to prevent and reduce the consequences of childhood exposure to violence.* Safe Start defines exposure to violence as direct or indirect exposure to violence in the home or in the community. The initiative is being implemented in four phases (Exhibit 1 on next page). Each phase builds and disseminates knowledge about policy and practice innovations for addressing the needs of children exposed to violence (Kracke & Cohen, 2008).

Findings From Phase I of the Safe Start Initiative

Phase I of the Safe Start Initiative was implemented in 11 communities over 5 years.[†] Local communities developed and tested strategies to reduce the impact of childhood exposure to violence. Practitioners in these demonstration communities formed cross-disciplinary partnerships to transform local service delivery systems. These partners responded to children exposed to violence at all points along the continuum of care (prevention, intervention, treatment, response) by screening for children exposed to violence, referring them to services, providing intervention and treatment services, and following up to ensure service linkages.

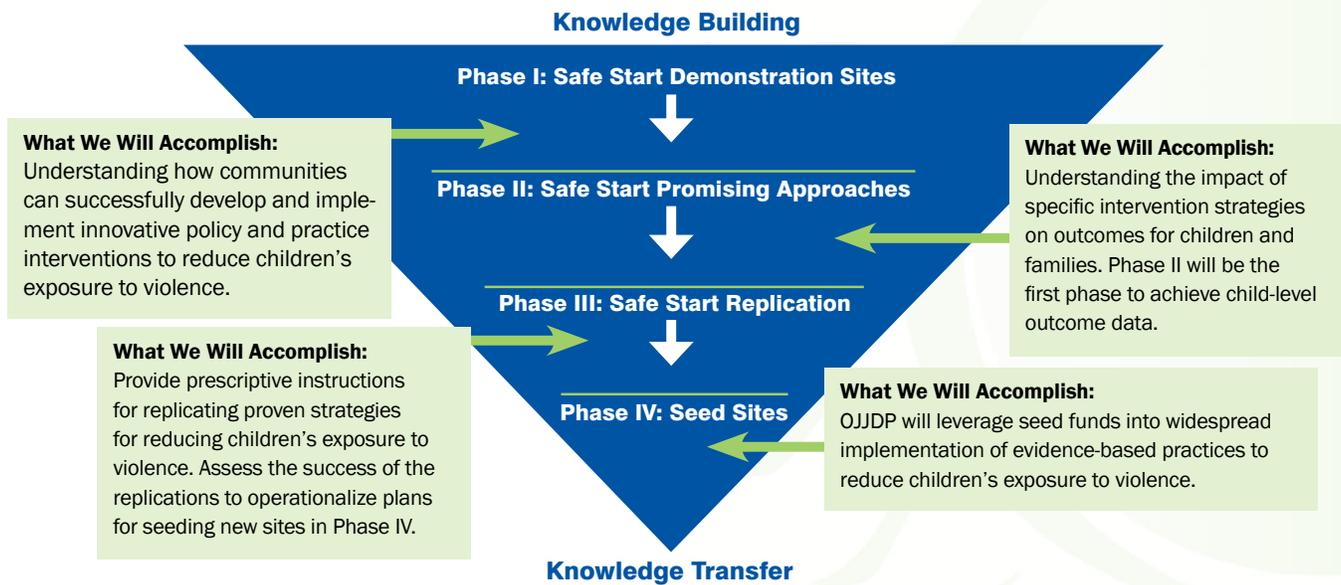
Safe Start Demonstration Sites

Baltimore (Maryland), Bridgeport (Connecticut), Chatham County (North Carolina), Chicago (Illinois), Pinellas County (Florida), Rochester (New York), San Francisco (California), Spokane (Washington), Washington County (Maine), Sitka Tribe (Alaska), and the Pueblo of Zuni (New Mexico)

A national evaluation of the Safe Start Demonstration Sites was conducted by the Association for the Study and Development of Community (currently Community Science) (Hyde, Lamb, Arteaga, & Chavis, 2008). This evaluation measured the extent to which the sites reduced the impact of childhood exposure to violence and determined the system changes required for effective community responses to children and their families (Kracke, Lamb, & Hyde, 2008). The national evaluation team partnered with local evaluators in each community to examine child and family outcomes and systems-level outcomes. Knowledge gained from the demonstration

*OJJDP in coordination with other agencies in the U.S. Department of Justice and the U.S. Department of Health and Human Services developed the Safe Start Initiative to address the issue of childhood exposure to violence as a critical prevention strategy for juvenile delinquency.

Exhibit 1. Four Phases of the Safe Start Initiative



Source: Kracke, Lamb, & Hyde, 2008, p. 94 .

For a full discussion of the table and related findings of the Safe Start Initiative, please see the special issue of *Best Practices in Mental Health: An International Journal* devoted to the topic (Sower & Rowe, 2008).

project focused on two areas: changes in children and families following the intervention and changes in local service delivery systems (Kracke, Lamb, & Hyde, 2008). This fact sheet presents findings from Phase I.

Stronger Children, Families, and Communities

Individual sites demonstrated that, with intervention and treatment, the impact of exposure to violence on children can be reduced (Exhibit 2). Each site implemented different program activities and conducted different local evaluations to test measures relevant to its local initiative; therefore, the measures tested and the related findings and outcomes vary from site to site.

Stronger Systems of Care: Sites Expanded Existing and Created New Systems of Care for Children Exposed to Violence

The Safe Start Demonstration Sites changed systems of services and supports to better respond to the needs of children exposed to violence and their families. Systems change was achieved by improving identification, screening, and referral of children in need; coordinating and integrating services; increasing community awareness through public education; building the capacity of agencies, staffs, and families; and increasing cultural competence (Exhibit 3).

Policy and Practice Implications

- **Expand the definition of violence and its impact on children and families.** Violence can be experienced directly (child abuse, intimate partner violence) and indirectly (witnessing violence). Thinking about exposure to violence in “silos” (type of violence/victim/perpetrator, location of violence) limits effective responses at the point of service, at the system level, and at the policy level. By expanding the definition of exposure to violence, providers can offer multiple points of entry into a continuum of care for children and their families.
- **Move beyond a medical/mental health model of service needs and delivery.** Families experiencing violence have a full range of needs—from basic (shelter), to informational (typical child development), to intensive (safety planning, supervised visitation, crisis intervention)—that fall along a continuum of prevention, early intervention, treatment, and response.
- **Develop protocols and adopt practices to screen and refer children who have been exposed to violence.** Children exposed to violence are observed in schools, pediatric offices, child welfare systems, and other agencies serving children and families. It is important to establish protocols for screening in these and other agencies interacting with children to better identify children exposed to violence and provide them with referral/linkages to services.

† Nine of the eleven sites were granted no-cost extensions through 2006.

Exhibit 2. Child and Family Outcomes by Safe Start Demonstration Sites

Outcome	Measure	Site Findings
Reduced Exposure to Violence	Traumatic Events Screening Inventory (Bridgeport)	There was a statistically significant decrease in the number of traumatic events experienced by children (N=49) over time.
	Therapist ratings on the Child Completion of Services form (Chicago)	Therapists noted that 66 percent of children had no significant additional exposure to violence after treatment began. Twenty-four percent did have additional significant exposure and the additional exposure of the remaining 10 percent of children is unknown.
Reduced Trauma-Related Symptoms	Trauma Symptom Checklist for Young Children (Bridgeport)	There was a statistically significant decrease in children's (N=20) trauma-related symptoms over time (i.e., on the post-traumatic stress intrusion subscale, the post-traumatic stress total subscale, and the dissociation subscale).
	Trauma Symptom Checklist for Young Children (Chicago)	Caregivers reported observing fewer symptoms of trauma among their children after the intervention than they did before the intervention. The decrease in symptoms was statistically significant for older children but not significant for younger children.
Reduced Parental Stress	Parenting Stress Index (Bridgeport)	There was a statistically significant decrease in parental stress (N=45) over time.
	Parenting Stress Index (Pinellas)	Safe Start intervention groups reported decreases in overall parental stress after receiving services, but these changes were not statistically significant.
Improved Child Functioning	Therapist ratings on the Child Completion of Services form (Chicago)	The greatest improvement was seen in the ability to identify feelings, a decrease in overall symptoms, improved pro-social skills, and improved management of anger and aggression.
Improved Parent Functioning	Therapist ratings on the Caregiver Completion of Services form (Chicago)	According to therapists, parenting skills increased such that caregivers were more aware of the effects of violence on children and were better able to manage the effects of exposure to violence for both their children and themselves.

Source: Hyde et al., 2008, p. 115.

For a full discussion of the table and related findings of the Safe Start Initiative, please see the special issue of *Best Practices in Mental Health: An International Journal* devoted to the topic (Sower & Rowe, 2008).

Exhibit 3. System-Level Outcomes and Strategies

Change Outcomes	Strategies and Sites Implementing
Creation of Opportunities To Identify, Screen, and Refer	<ul style="list-style-type: none"> Enhancing 911 for identification of children present at incident (Bridgeport, Chicago, Rochester, San Francisco, Spokane) Educating families and service providers for identification (Chatham County) Purchasing police dispatch software and digital cameras for first responders (Washington County)
Services Integration Across Sectors	<ul style="list-style-type: none"> Coordinating case review (Chatham County, San Francisco, Washington County) Developing cross-disciplinary partnerships (cross-disciplinary review, joint service planning, protocols for sharing information, co-location of services, joint training) (all sites) Sequencing case management (Pinellas County) Developing relationships with faith-based communities and incarcerated mothers (Chatham and Pinellas Counties) Engaging law enforcement agencies (Washington County)
Increased Public Awareness	<ul style="list-style-type: none"> Developing social marketing campaigns (Bridgeport, Pinellas County, Rochester, San Francisco) Raising community awareness (Baltimore, Chicago, Spokane, Washington County) Engaging parents in community awareness (Bridgeport, Chicago, San Francisco)
Enhanced Service Provider Capacity	<ul style="list-style-type: none"> Training non-mental health professionals (Bridgeport [child protective services staff], Spokane [dependency court judges], Washington County [police]) Specialized training in home-based therapeutic techniques for mental health professionals (Bridgeport, Chatham County, Pinellas County, San Francisco)
Improved Agency and Provider Cultural Competence	<ul style="list-style-type: none"> Initiating totem pole carving discussions and other tribal healing traditions (Sitka Tribe, Pueblo of Zuni) Translating/adapting materials for Spanish speakers (Baltimore, Chatham County, Chicago, San Francisco)

Source: Association for the Study and Development of Community, 2006

- **Establish working relationships with community service providers to increase access to children who have been exposed to violence and widen the community support system.** Coordinating care across organizations helps support children and families.
- **Develop and implement training protocols in each agency to build workforce capacity to screen children exposed to violence and identify and respond to their needs and those of their families.** Cross-organizational trainings increase understanding of each agency's roles, responsibilities, and available services.

Building on the Work of the Demonstration Sites and Next Steps

Phase I of the Safe Start Initiative has advanced understanding of effective system and practice responses to children exposed to violence. Perhaps the most encouraging result of the Safe Start Demonstration Sites is that, with intervention, the negative consequences of childhood exposure to violence can be reduced. Phases II and III of the Safe Start Initiative will advance knowledge by evaluating the efficacy of evidence-based interventions with children exposed to violence in a variety of community settings. This phased approach to applied research and practice ensures that knowledge of the effects of and interventions for childhood exposure to violence grows. Action on this issue is critical for protecting children.

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Safe Start Center

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The Safe Start Center is funded by the Office of Juvenile Justice and Delinquency Prevention to support the Safe Start initiative. The goals of the Center are to:

- Broaden the scope of knowledge and resources for responding to the needs of children exposed to violence and their families
- Develop and disseminate information about the Safe Start initiative and emerging practices and research concerning children exposed to violence
- Raise national awareness about the impact of exposure to violence on children

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