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 . . .

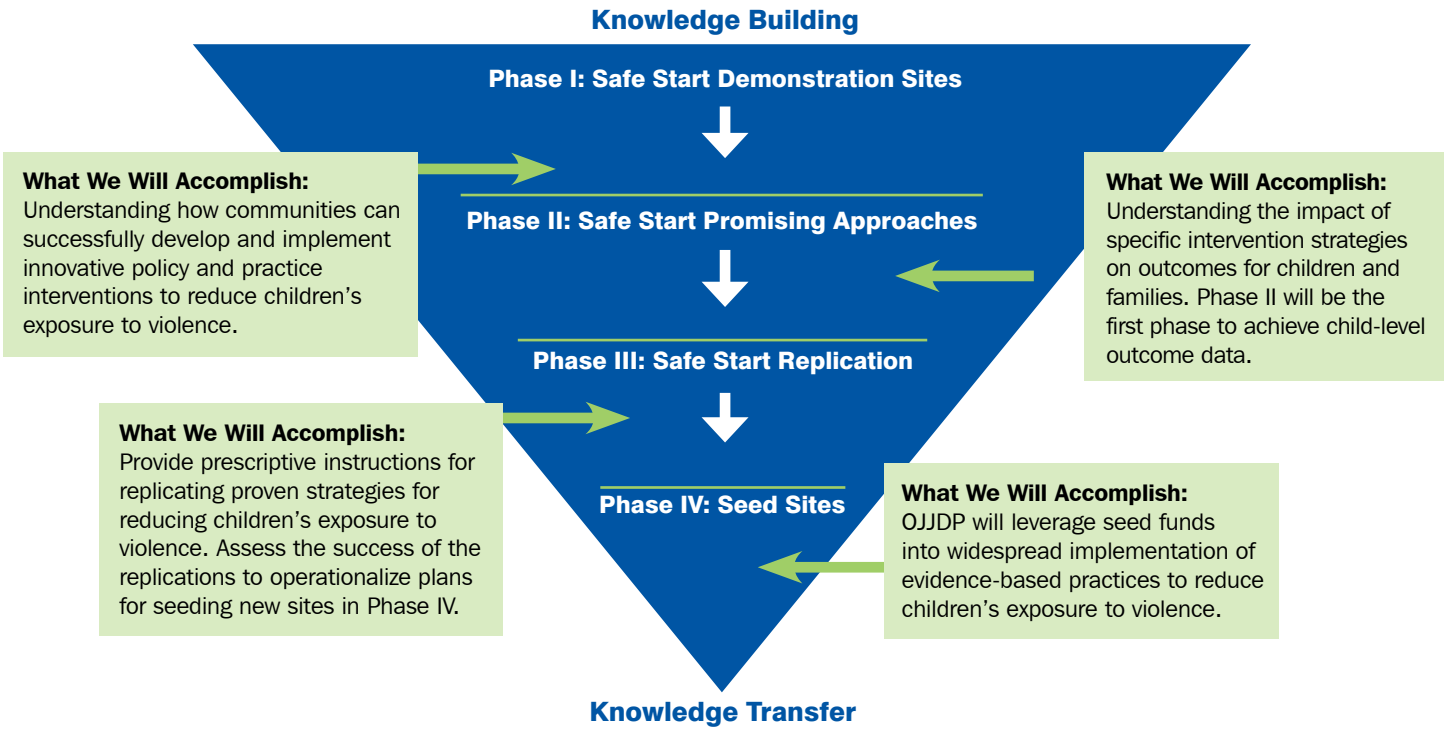
Children around the world are exposed to violence in alarming numbers. Estimates of the number of children exposed to violence vary widely because the estimates usually refer to subsets of violence defined by the type of exposure or the place in which it is measured.[1]

Children and youth are resilient, but they aren't unbreakable. Frequent or intense exposure to violence can harm their 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.[2]

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.[3] 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 (Figure 1); each phase builds and disseminates knowledge about policy and practice innovations for addressing the needs of children exposed to violence.[4]

Figure 1 Four Phases of the Safe Start Initiative



Findings from Phase I of the Safe Start Initiative

Phase I of the Safe Start Initiative was implemented in 11 communities over 5 years.[5] 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[6] 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. The national evaluation team partnered with local evaluators in each community to examine child and family outcomes and systems-level outcomes.[7] Knowledge gained from the demonstration project focused on two areas: changes in children and families following intervention and changes in local service delivery systems. This fact sheet presents findings from Phase I.

Stronger Children, Families, and Communities

The sites demonstrated that, with intervention and treatment, the impact of exposure to violence on children can be reduced (Figure 2).

Figure 2 Child and Family Outcomes

Outcome	Site Findings
Reduced Exposure to Violence	• *Decrease in the number of traumatic events experienced by children over time** • Therapists noted that 66% of children had no significant additional exposure to violence after treatment began
Reduced Trauma-Related Symptoms	• *Decrease in children's trauma-related symptoms over time** • Caregivers observed fewer trauma symptoms among their children after intervention
Reduced Parental Stress	• *Decrease in parental stress over time**
Improved Child Functioning	• Improvement in ability to identify feelings • Decrease in overall symptoms • Improvement in prosocial skills • Improvement in management of anger and aggression
Improved Parent Functioning	• Increase in caregivers' awareness of the effects of violence on children • Improvement in caregivers' management of the effects of exposure to violence for children and themselves

* Italic text indicates statistically significant findings.

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 (Figure 3).

Figure 3 System-Level Outcomes and Strategies

System Change Outcomes	Strategies and Sites Implementing
Creation of Opportunities to Identify, Screen, and Refer	• 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	• 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	• 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	• 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	• Initiating totem pole carving discussions (Pueblo of Zuni, Sitka Tribe) • Translating/adapting materials for Spanish speakers (Baltimore, Chatham County, Chicago, San Francisco)

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.
- **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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[1] Kracke, K., & Hahn, H. (2008). The nature and extent of childhood exposure to violence: What we know, why we don't know more, and why it matters. *Journal of Emotional Abuse, 1*(2), 29–49.

[2] Kracke & Hahn, op. cit.

[3] 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.

[4] Kracke, K., & Cohen, E.P. (2008). The Safe Start Initiative: Building and disseminating knowledge to support children exposed to violence. *Journal of Emotional Abuse, 1*(2), 155–174.

[5] Nine of the eleven sites were granted no-cost extensions through 2006.

[6] Hyde, M.M., Lamb, Y., Arteaga, S.S., & Chavis, D. (2008). National evaluation of the Safe Start Demonstration Project: Implications for mental health practice. *Best Practices in Mental Health: An International Journal, 4*(1), 108–122.

[7] *Best Practices in Mental Health: An International Journal,* (2008, Winter) *4*(1). [Special Issue].

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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

For copies of this and other Safe Start Center publications, contact the Safe Start Center at 1-800-865-0965 or info@safestartcenter.org or visit the Safe Start Center Web site at www.safestartcenter.org.

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