

Safe Start Initiative: Working to Help Children Exposed to Violence

Prevention Webinar Presented by the Federal Interagency Workgroup on Child Abuse and Neglect

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Catherine Nolan: [00:04] Good afternoon, or good morning, everyone, depending on where you are in the country. My name is Catherine Nolan, and I'm the Director of the Office of Child Abuse and Neglect here in Washington, DC, at the Children's Bureau. I'm sure many of you have heard my little presentation before because you've been in on our other calls, but for those of you who are new to the call, my office is part of the Administration on Children and Families here at the Department of Health and Human Services.

I am just so thrilled to be able to welcome you all to our prevention webinar. Today's topic will be the Safe Start Initiative: Working to Help Children Exposed to Violence. This presentation will discuss the Office of Juvenile Justice and Delinquency Prevention Safe Start Initiative. The goal of the Safe Start Initiative is to broaden the knowledge of and promote community investment in evidence-based strategies for reducing the impact of children's exposure to violence.

We're so pleased that our colleague, Kristen Kracke, is here with us from OJJDP, and also another colleague of ours, Elena Cohen from the Safe Start National Center, to share information about their work. And thanks to you both, Kristen and Elena, it's great that you could give us 2 hours of your time today.

Kristen Kracke: Thank you, Catherine.

Ms. Nolan: [01:09] Before we get started and before I turn the mike over to them, I just wanted to share a little bit of background on this webinar which some of you have heard if you've joined our previous webinars. This is actually our twelfth informational call, or webinar, hosted by the Prevention Subcommittee of the Federal Interagency Workgroup on Child Abuse and Neglect.

As some of you know my office on child abuse and neglect has the lead on Federal interagency collaborative efforts related to child abuse and neglect. There has been a Federal Interagency Workgroup on child abuse and neglect since the 80s, the early 80s, and currently there are over 40 different Federal agencies represented in this group. Last year we started the Prevention Subcommittee as a way to bring together the Federal staff from the different agencies who share a common interest in child maltreatment prevention.

On the subcommittee we have staff from CDC, the Maternal and Child Health Bureau, SAMHSA, NIH, Department of Defense, Head Start, Child Care Bureau, the Office of Special Education, our ACF Office of Planning Research and Evaluation, and the U.S. Department of

Agriculture, just to name a few. David Lloyd, employed at the Department of Defense, and has been a very active member of our workgroup and the Prevention Subcommittee for a number of years. We appreciate his involvement in both the larger group as well as the Prevention Subcommittee.

As part of the work of the subcommittee, we all agreed that there was a lot of great work happening at each of our agencies that we wanted our various grantees and other partners to know more about. So, as a result of that discussion, we agreed to host a series of informational conference calls. Our hope is that through these calls we can learn more about each others' work and promote greater connections across our systems and programs at the national, State, and local levels.

We've been very excited at the level of interest in today's webinar. We have over 100 people registered for the webinar and a number of folks from several programs across the country, including practitioners, policymakers, and researchers. We're so happy to see that some of our regional staff and other Federal staff are joining as well. We've been excited at the diversity on the various calls we've had to date. And I hope that we can get into some really good discussion during today's webinar.

Just a couple of housekeeping details before we begin. Just to let you know this call is being recorded and will be posted along with the slides after the webinar. Because we wanted to promote more discussion with participants, this call is not operator-assisted, so people do need to mute their lines during the presentations, and we do ask you to keep your lines muted unless you have a question.

To mute your line you just need to enter *6 to mute and *6 to unmute. We'll try our best to know that sometimes this presents challenges. So I would just ask, if you need to leave your phone, please don't put us on hold. We've had some awkward calls with hold music going on. Anyway, we appreciate your consideration of this.

So, I think that's all I need to go over, and again thanks to everyone for joining us today, and Kristen and Elena, could you take it on now?

Ms. Kracke: [04:27] Great, thank you very much, Catherine.

Ms. Kracke: [05:03] I'm Kristen Kracke. I'm with the Office of Juvenile Justice and Delinquency Prevention, as Catherine mentioned, and that's housed in the U.S. Department of Justice. We have Elena Cohen here who is with the Safe Start Center, which is our National Resource Center on Children Exposed to Violence, and we're very excited to present to you about the issue of children's exposure to violence in the Safe Start Initiative, which is, this year, in about its tenth year.

It was initiated originally out of a White House conference in 1998, and the initiative established via a broad interagency workgroup, and has been going on for about 10 years at various stages. We're currently in phase 2, and we'll talk a little bit more about that as we move forward here.

[06:13] I'm going to go over the agenda briefly and then turn it over to Elena here. We're going to talk about the content and the substance around children's exposure to violence. How it's defined in the context of Safe Start and its impact on its development. We're going to address exposure to violence in the context of child abuse and neglect.

[07:00] Elena's going to cover those first two bullets, and then I'm going to cover the Safe Start Initiative, the Vision, Guiding Principles, and Framework. We'll talk about the core elements of that initiative, which spans the full gamut in terms of practice, innovation, evaluation research, technical assistance, and we'll discuss learnings and findings from the evaluation to date.

As we go, I just ask the group to please, feel free to stop us to ask questions as we go, if we're going too fast, or you just want to interject or ask questions about any key points as we go, and then at the end we'll also open it up for questions and answers, in general, but please feel free to interrupt. Elena.

Elena Cohen: [07:56] Yes, good afternoon. I am going to start by talking a little bit about children's exposure to violence and why it is important that all our agencies and systems pay attention to the issue. We are very, very happy to have such a diversity of folks. We would like to outreach and talk to people coming from very different places and systems who understand, and begin to understand better, why is it that this is an important issue.

Children exposed to violence are in all our systems. They play in our parks, they're enrolled in our schools, they are in our neighborhoods, and they go to pediatric clinics. And each year there's millions of children that are abused and neglected and exposed to violence. We don't know the exact numbers because there hasn't been a definition that's the appropriate one, so we know numbers of kids that are in the child welfare system. We know kids that are in families where there is domestic violence, kids that are exposed to community violence, but there is not a universally accepted definition.

Exposure to violence does cut across all socioeconomic and racial backgrounds and ethnic backgrounds, but it is likely to affect some groups more than others. For example, some families that live in inner cities, the ones that are economically disadvantaged, the ones that are immigrant and those that we know are more likely to be in the child welfare systems, are families that are more likely to have children who have been exposed to violence.

We look at children's exposure to violence in sort of a stress-to-trauma continuum. This is what we mean by that: Children experience stress related either directly or indirectly throughout their lives. There are stressful situations that go from leaving the parent to go school their first day, or changing homes sometimes, or not having friends when you were a teenager. The kinds of normal stressors that children are usually confronted with and that, with the help of supportive adults, and teens and schedules, etc., they are able to cope with. They are usually the normal part of life.

What makes it different here is, as you all have seen in your own families and with your own children, is that support and the predictability that you are able to provide so that kids are able to confront this knowing that there is some support that is behind them. And we call this positive

stress because coping with the stress is usually something that's positive, it makes you grow, makes you develop and be better prepared to face the stage in life that you confront.

Then there is also a tolerable stress, which is really some of the responses that occur for brief periods of time allow the brain to recover their coping mechanisms, but they are, for example, the death of a grandparent, the death of a pet, the factors that are somewhat part of normal growing. They also are more stressful than what we usually would come. They're tolerable, again, if we have a supportive environment that would help us move through that.

The last kind of stress, which is what we're talking about when we're talking about children's exposure to violence, is also called traumatic stress or complex stress. It refers really to very strong, very frequent, whether very prolonged activation of this stress management system. Those events that really are going to provoke the stress, the fight-or-flight response that leaves the hormones and the cortisol on your body, and that may affect brain development, and that experience, without access to caring adults, provoke a very toxic response.

There are a variety of studies that indicate that if stress is responsive to exposure, can have an adverse affect and impact on brain architecture and in extreme cases of severe chronic abuse, in living with chronic domestic, ongoing domestic, violence, or community violence may result in actually the development of the smaller brain.

[12:57] When we talk about children's exposure to violence, another thing that has been debated for many, many years, and that now we've come to, with research, have come to understand, is that children's exposure to violence can be direct or indirect. It doesn't necessarily have to be the physical abuse or the physical hurt—although it includes that—but it also could be an emotional response of a child to events that the child interprets as threatening his or her life. And it basically refers to the child's overwhelming sense of not being able to cope.

The impact of exposure to violence on the child depends on many, many factors. Not all exposures to violence can have a negative outcome; it depends on the child's age, on the developmental stage. It depends very much on the perception of danger, either individual—the child feeling that he or she is in danger—or the perception of danger to one of the caring adults, the perception that one of their parents or caregivers or teachers is in danger. It also is very, very dependent the past experience with traumatic events.

So we have children that have been either exposed to violence as very, very young children, or that are abused or neglected, etc., that will have a much stronger reaction to any kind of stressful event that is a one-time-only situation. But what makes, really, a very important difference in the impact of exposure to violence is the presence and the availability of support both in the family and in the community.

Research has shown that childhood exposure to violence can have an impact on practically all the child's development and functioning. We know, for example, that one of the critical tasks of very early young children is the development of attachment. Children that are exposed to violence at all stages of life have a very difficult time forming intimate and bonding attachments with caregivers later on. You'll see that as their difficulty establishing relationships with intimate

partners. And so attachment, disruption of the attachment process, is one that impacts kids that are exposed to violence, in many ways that have been shown.

There's also biologically based challenge, for example, hypersensitivity, hyperactivity, movement issues. Mood regulation, children that have been exposed to violence can be in fact because their moods can change from one moment to the next. They have difficulty regulating their emotions. And this is probably most noticeable in the older ages, so we can see it's—from the moment the child is born we can see—that the children that are exposed to violence are kids that have a hard time soothing themselves in emotional regulation.

We also know that children who have been exposed to violence have issues with cognition, and that's one of the reasons why there is so much—between the attention problems and the completion—there are issues that impact on school learning and on self-concept and on acquiring skills that they need to become successful adults. And the most important piece about exposure to violence that we see after the child is grown is that children who are exposed to violence from birth through their own school age and teenage years are children that will have difficulties, as I said before, in partnering, in establishing meaningful relationships with other adults. And also in parenting—they don't acquire the capacity to become a nurturing parent.

And this has a tremendous implication for what we call the cycle of violence and the cycle of exposure because usually what happens is that they tend to repeat some of the patterns to which they have been exposed. Common reactions that the children birth to 5, of course, relate to. What are the tasks, and what are the developmental levels of kids are at the times this happens? But with kids birth to 5, we see fussiness, we see uncharacteristic crying and neediness, generalized fears tremendous startle response to loud or unusual noises.

With older kids we see—I'm sorry—with kids birth to 6 still, very many somatic symptoms, and we see kids complaining of stomachaches, of headaches which become regressiveness, the clinginess, which is the lack of usual responsiveness. Crying more than usual, becoming very fearful. One of the ways that systems can look into that is if they know the child, and if they see that there has been a change in the child's behavior that may be the cause of, that may tell us that there are symptoms.

However, in many of the children that are in the child welfare system, there hasn't really been a change because, these children have never even established when they have been abused and neglected, since they were very young. They haven't seemed to establish these patterns, and so it's very different to compare to what was normal for this child. That's where, we're going to talk about a little bit later, the issue of assessment becomes so critical.

Kids that are school-aged—we see that there is a lot of responsibility and guilt, especially in cases of domestic violence. We know that kids are used sometimes as peons in situations where they develop these responsibility and this guilt—that if they only had not done something, this would not have happened, and their parent would not have victimized.

Repetitious play and retelling is something that some of these kids show. Nightmares and other sleep issues are very common in kids that are traumatized by events; temper tantrums, too. The

kids that are older tend to not want to talk about it. They tend to either be perseverating in thinking and talking about the event or not wanting to talk at all about it.

They are kids that are rebelling against home and against school, also that show nightmares and these, we have even asterisked this, if you see these situations because these are, we have found that children exposed to violence become, many times, involved in violent dating relationships. They may have suicidal thoughts or actions. They may drink and use alcohol, start skipping school, breaking the law. And these, of course, all of these reactions require professional help and referral for that, but what, many times, happens is, these kids go from system to system. By the time they are in the juvenile justice system, or they are in school, they have already been categorized as “bad kids,” and we are many, many times dealing with the consequences and treating the consequences—we haven’t gotten to the underlying cause of the exposure.

Ms. Kracke: [21:21] I’ll jump in and add here, for a second, and I’m going to skip ahead to a slide. What Elena has introduced in terms of concept of children’s exposure to violence is not anything different from what children experience from child abuse and neglect. The distinction that we’re making, from a definitional standpoint, is that children’s, that the same reactions and impacts that children have from witnessing violence, whether it’s domestic violence or community violence, can have the same exact negative impacts—even to the same level of magnitude—that children experiencing a direct child abuse and maltreatment and neglect also experience.

So for the purposes of our discussion today with Safe Start, we are... The level of co-occurrence for children with direct child abuse and neglect, as well as domestic violence, and even community violence for high crime neighborhoods. You cannot decouple the factors in that child’s life. So for our purposes, our definition of children’s exposure is not only witnessing but also child abuse and neglect.

Many initiatives and a lot of the work—as the field is expanding the perspective on the impact of violence—tends to describe and talk about the impact as witnesses. But even witnessing is something that is difficult to isolate. Do you count being in the next room, when the intimate partner-violent situation that the children, being in the next room, hearing it?—is that different from seeing it? So we take the broadest definition and include all of that as part of exposure. So as Elena’s talking, I just want to make sure that everyone has that context.

Ms. Cohen: [23:20] OK. Importantly, for our conversation and for our work in child welfare, is that exposure to violence really has an impact, a direct impact, on the key issues that child welfare systems are now focused on, which are, of course, safety, permanency, and well-being. In the case of safety, the exposure to violence can adversely impact the child’s ability to protect herself or himself from abuse because the child’s inability to regulate moods, or the child acting-out behavior, or any of the behaviors that the child can do, may overwhelm or anger the caregivers to the point of incurring increased risk of abuse or placing other children at risk, for example.

The case of permanency: The child’s reaction to exposure to violence—his or her ability to regulate his or her moods as we have talked [about] before—may lead to behavior that endangers

or threatens stable placement that would make much more difficult their unification to the same triggering events that promote that. Or even we have seen that sometimes impact on adoption and on placement because of the fact that the kid's behavior may overwhelm those systems.

And, of course, the clearest impact is on the child's well-being because the child's exposure to violence is going to impact their cognitive development, their development in school, their emotional development to regulate emotions, their mental health, social and emotional development. And therefore addressing the issue of children's exposure is very critical for the child welfare system, and when I'm talking of the child welfare system, I'm really talking about the whole range of child welfare services: from the prevention to the family preservation to the kinship care, making best decisions about foster care, adoption, etc. There are many factors that many of the service deliveries related to child welfare in their efforts to protect children are very impacted by exposure to violence.

I'm going to just, for a couple of minutes, stop, and just ask if there are any questions that you'd like to ask now?

[26:05] I guess not, so we'll go to the next, and the next one is, of course, what can we do? What can systems do in order to be able to address issues of exposure to violence?

The very first one is that the one thing we want to do before anything else is prevent this from happening. So the prevention of child abuse, for example, may be much more effective if they target the children and the families that we know have a high likelihood or high probability of known risk factors for child abuse and neglect. And if we can use with them some of the evidence-based strategies to address these factors.

A lot of the work that you all are doing that OCAN is doing right now is on ways to deal with some of the issues that can prevent child abuse and neglect, and we know that there is a significant overlap among risk factors for child maltreatment, community violence, domestic violence, youth violence, and juvenile delinquency. As an example: the risk of child maltreatment increases dramatically in families with domestic violence and in communities with high levels of violence.

So as a prevention strategy, having a history of child maltreatment, witnessing domestic violence, living in violent communities, we know that that's a population that has a lot of risk factors that may subject a child to child abuse and neglect, and therefore that there are some areas of these issues, these problems, that we can directly target or address. The one thing is to recognize the signs and symptoms and how they vary from different ages.

Some of the signs and symptoms are not going to be very different from issues related to the social and emotional development of children at that age. So we have to be very keen to combine the signs and symptoms with the exposure, and the impact that this exposure has had on the child. The history of exposure, both in the family and in the child, is a critical part—to be able to discern what are some of the ways that this is going to impact on the decisions that we make in the case of child protective services. How is this going to impact on decisions about the child's safety?

And also about the child's well-being? Considering that there are some times that removing the child from the home, for example, will expose the child to other kinds of traumatic circumstances that might just aggravate what's happening. We can also recognize that children's acting-out behavior can be an adaptation for exposure, and many of the children that we find already in the child welfare system, kids are either acting out or very depressed, and we need to really be able to assess what the impact of exposure is to that in the different areas of development, and be able to plan services and supports accordingly.

When Kristen speaks about the interventions that some of the Safe Start programs now are putting in place, we have, for example, sites that are working with the courts to be able to work with the court on the children's exposure, and to help the courts figure out what's the best way to make a decision on this child—taking into account what is happening.

[29:56] The other piece that systems can do is to appreciate the cultural issues in the child and the family response. You know, each family's in a world of its own, but we know that there are certain groups of families that are more likely to respond in certain ways, and we need to provide support to all caregivers, but support them in a way that's going to make sense to them. That it's really going to align with the motivational interviewing language with the stage of change that that person is.

And sometimes we talk about exposure with families that have no idea that this is a problem. Then they will respond to saying, "But the child did not hear. The child was not in front. The child was asleep," and so being able to really provide the support to caregivers from where they're coming from.

Supporting safety and promoting stable relationships to the child is a critical part about dealing with the issue of exposure to violence. This is in any one of the systems that the child is. One of the things that happens with exposure to violence is that although the children are in all of our systems, as we said at the beginning—schools, parks, informant assistants, library, etc.—there is not one single system that's responsible for these children or for looking into that.

So that in some ways we really need to make sure that we're not creating another system. We don't want that. We have enough systems working in silent ways, but, really, making it a part of the work that we all do, and making people work within their own systems, what is it that they can do?

And the last one, which had shown evidence of really being interesting and really making a difference is to refer children to professionals that can address the impacts of exposure to violence. In the National Child Traumatic Stress Network—www.nctsnet.org—you all can find sources of therapies and different strategies and therapeutic interventions and evidence-based ways to work with children who have been exposed to violence. This is, of course, professionals usually in the mental health field that are trained to do this kind of work—they have very specialized training and skills to do that.

What we're doing here, what we're doing in the Safe Start programs, is (besides the fact that we are looking at these interventions) is we're really trying to help the different systems where children are, address it from their own perspective. One of the ways that we recommend it to be done is to know when to refer a child. When is it needed to have a professional response to that.

Jean Nussbaum: [32:57] Elena? This is Jean. There was a question from Karen Darry, and what she wanted to know was, how do you determine if someone is a qualified professional? Who would you ask? Or where would you go to get the answers to these questions?

Ms. Cohen: [33:13] You know, it's a very important question. Thank you for asking that because if you're talking about a mental health professional, there is definitely some standards and some ways that you can look into National Child Traumatic Stress Network, and give you some examples of the different interventions and who's professionally trained to do that. But there are also professionals, social workers; there are professional pediatricians; there are professionals in each one of the fields have their own folks that have specialized in this kind of work.

When Kristen talks about this, we will talk about a series that we're putting out now, which is called "Moving from Evidence to Action," which really is going to directly target who are the professionals in each one of these systems, and we're talking about pediatric care systems. We're talking about systems about domestic violence shelters, we're talking about homeless shelters, we're talking about schools and who is in each one of the systems; depending on where they're coming from, who is the person who could make the appropriate evaluation or assessment to then refer to a mental health professional? That is the more standard thing.

Ms. Kracke: [34:33] I would just add to that that I think if we're talking about the slide that says you need to refer because there are serious issues, that we're talking about mental health assistance, and who that mental health professional is depends largely on the age of the child. There are more and more mental health professionals trained in trauma exposure and trauma-specific issues with children, and at younger and younger ages, including infant mental health.

So, ideally, depending on your community, that would be the best place. As the field evolves, and I say "field" loosely because I'm not talking specifically about the field of exposure to violence, but the fields of all of us working together on behalf of children and families, the level of awareness, the professional awareness about the impact of exposure that violence has on children, and the trauma implications of it, has grown steadily, and there are more and more screening tools out there and available. Those screening tools are things that paraprofessionals and lay people and frontline direct practitioners can use as ways to sort of assess what's going on with the child. Then there are deeper evaluation and assessment, more formal assessments, that need to be conducted by mental health professionals.

Ms. Cohen: [36:00] That's good, and at the end of this slide show, we're going to give you the website of the Safe Start Center, which you can find some of this information.

Ms. Kracke: [36:11] And you can certainly contact the Safe Start Center if you don't find exactly what you need, and we will track it down for you and give you specific examples and tools.

We talked a little bit about the definition already, and I'll leave that slide up for you all. But I just want to, sort of, reiterate we're ... A little bit about what Elena said in the sense that we are not talking about creating an alternative system. These children have so many co-occurring issues, as you know, day-to-day in your own work. It's about how we adapt our systems to be sensitive and responsive as a system, not necessarily as a practitioner because these are things that you all deal with day-to-day in working with families.

But how can the system adapt and expand policies and perspectives about the impact that violence has on our children day-to-day? Because, I think, it's tremendous, and when we started the Safe Start Initiative 10 years ago, the science around the impact of exposure was new. We knew basically that it was a bad thing, and that, you know, bad things happen to kids when they were exposed. That they had negative outcomes, and as we studied and studied, we learned that the outcomes were as intense and as deep as the direct victimization that we already talked about.

And Elena talked a lot about the factors that influenced the child's response to those stressors that result in toxic stress or trauma, and, you know, it can be the proximity to the event, the relationship to the parents, etc.—all those factors come into play, which is why an ecological framework is so essential. And so we sort of apply that same ecological framework to the way we view our systems work in this area.

So the Safe Start vision was really about creating a comprehensive service delivery system that's taking all those existing systems and changing the way we work together to improve the access—the access to the services, the delivery of the services, and the quality of the services for children.

I'm noticing that this slide here says, "Young children at high risk of exposure or who have already been exposed." When we first started Safe Start, it had a heavy emphasis on early childhood because the risk to young children is so much greater in terms of legality, from exposure to violence, and just the risk in terms of the negative impacts. And there were less system opportunities for that child to get support that we kept emphasis on the young child. As the initiative has grown, that's expanded to the full age range, all the way up to adulthood.

So the purpose is to prevent and reduce the impact. We ideally would like to prevent violence, but we are very specific in our focus here on not only mitigating the violence, but when violence has occurred, how we reduce the trauma impacts on that child.

So the guiding principles for the Safe Start Initiative have guided the entire context of this work. We need to balance innovation of practice with efficacy of intervention; as I've mentioned when we started the work, the scientific part of the field was rather young. We knew that it was a bad thing, but we actually didn't have good numbers about, and we still don't, but I'll talk about that at the end: real numbers about the degree and level of children's exposure to violence. How many children really are experiencing various types of violence in their lives?

And we also didn't know what worked. So before we ... with a heavy emphasis on evidence base before we launched a big practice initiative, without having that evidence base, we knew that we

needed to balance creating new strategies and new ideas along with coupling it with evaluation and research that would extend our knowledge about what worked.

[40:38] Secondly, that we build awareness—not just of the public but also professional awareness—about the issue. I think we’ve come a long way in establishing professional awareness, just evidenced by the level of interest in this call, as well as public awareness. When we started, people didn’t necessarily think that, “Well, if the child is preverbal they don’t know what’s going on, and they don’t have stressful reactions to it,” and we know for certain that that’s not true. And also building public awareness about, well, he or she, they aren’t hitting the child they’re hitting each other, and dealing more directly with the impacts of those on the child.

Third, planning for the safety of both the adult and the child in every entry point—that we can’t sacrifice one for the other. That it requires a dual approach and a safety plan that considers both, and this is for both the domestic violence system and the child welfare system. That the interventions be developmentally appropriate, as Elena described; that the developmental response is very different for a child at different stages, so our intervention needs to be as well. That there are specializations related to trauma, we talked about that, and that we build on the evidence base that exists as we go along.

And then lastly I had already talked about the ecological approach.

So this graph really is a visual of our overall strategic thinking around this initiative, and—can you all see my mouse? So Phase I, the demonstration sites, was the first phase of the initiative. This phase is now complete, but this was largely emphasizing innovation of practice.

We’re currently in Phase II where we have taken the learnings and the findings of this innovation and drilled it down into pilot sites’ practices, and, at this level, what we studied was allowing communities to build comprehensive service delivery systems. That looked at systems changes and brought systems and different intervention modalities to work together across a continuum of care, and that continuum included prevention, including primary prevention. Prevention, intervention, and treatment, which is the sliding more to a heavy mental-health focus as well as response, which would be: law enforcement responding to the scene, emergency rooms, first responders.

What we learned from that was a lot of systems-level information; I’ll talk about that in a minute. And we took from that and drilled down to the Phase II level, where we had a pilot site focusing again in the collaborative environment and collaborative way but very specifically on intervention types to gather child-level outcomes data so that we can build on the learnings from both of those two levels to hopefully move into this Phase III in future years, where we replicate some of the learnings from Phase II.

And what we’re doing is moving from a point of knowledge—building down to a point of knowledge transfers. We build as we go, and we can narrow more concretely and specifically on exactly what works and how to do that. Do that, of course, flexibly in communities and in projects because that fluidity and flexibility needs to occur at the local level.

[44:38] What we stand to learn at each one of those are described in the box. We are currently, in the context of the economic times, we're at this stage of the initiative, and the remaining Phase III and Phase IV is contingent upon availability of funds, which is quite uncertain at this time congressionally. It's been a \$10 million appropriation for the last several years, although this last year we did not receive specific line-item funding for the initiative. So the funding is somewhat in question and at risk.

So the Safe Start components, as I've mentioned, continue to be: practice, innovation, evaluation, research, training and technical assistance, and information resource development. The Safe Start Center, Elena's shop, handles the bottom two.

So Phase I, the demonstration site—these are the jurisdictions in which we implemented, and as part of this, they developed a strategic plan for how they were going to build the continuum that I mentioned. And most all of these sites have continued their Safe Start work post-Federal funding in various capacities and ways, and have done some tremendous sustainability. There's more specific information about each of these sites on the Safe Start Center website after the webinar.

So some of the systems change findings from the evaluation that we learned: that the Safe Start demonstration sites were able to create multiple sites of opportunities to identify, screen, and refer. These would be new methods of identifying children exposed to violence where there used to be none. That they were able to integrate services. That they increased awareness and service-provider capacity, and the awareness was both professionally and publicly. That they did, in fact, change policies at the State level. Now there were 11 sites: 2 Tribal, 2 rural, and the rest urban.

[46:52] So these findings are not necessarily applied across all 11, but some changed policy. I think they all increased awareness and service-provider capacity. Some of the learnings are less specific to systems change, but there was in fact a role for multiple professionals, multiple service providers who had contact with children, including early childhood, Head Start, the child protective services system, domestic violence providers, schools, law enforcement and courts. And health, public health as well. And they built those partnerships in a number of different ways, and they increased the number of entry points that these families that were experiencing violence could make their way into services. That they had new and different ways of accessing services, both formal and informal, both system- and community-based.

So the other learnings were that, through integrated services, that families were more effectively served and that broad public awareness was critical to the success of the initiative. Making people more aware of the fact that children are affected by witnessing violence—not just direct, not only direct victimization but also witnessing. And that there were ways to provide support to those children. [The World Trade Center and Pentagon attacks] also occurred during the middle of this, and there was a significant change in the way communities reached out to families on how to provide emotional support to their children.

So, and again, in some of the sites, through child-level outcome studies, they were able to determine that in fact children's exposure to violence decreased. Children had fewer trauma-related symptoms. Caregivers experienced less stress and that they had an increased

understanding of exposure to violence themselves, which enabled them to respond more appropriately to their children's needs.

[49:25] OK. Shifting to Phase II—any questions so far? These are the current 15 sites. Each one of these 15 sites are conducting interventions differently. When we competitively selected these sites, we selected a range of intervention approaches as well as the collaborative partnerships that they established that were specific and appropriate to their communities. However, they were all asked and required to adopt the broad definition of exposure addressing child abuse and neglect, domestic violence, and community violence.

So the next couple of slides just give you a flavor of truly the range of the type of intervention work that is being demonstrated in a pilot setting and evaluated. So, and again, more detailed information about each of these interventions is available through the Safe Start Center website, as well as a very slick publication or booklet that describes each of these interventions, as well as a vignette so you can understand or see how that intervention is done in an applied scenario—as well as the evidence base that supports the development and implementation of each of these interventions. Drawing on evidence-based practice and the knowledge in the field to date was a requirement in the selection of these sites.

Child/parent psychotherapy (which includes infant mental health), child welfare–domestic violence collaborations involving domestic violence specialists, working in child protective services systems, Head Start, child advocacy centers. Child development–community policing is a law enforcement response model that has clinicians going out with law enforcement when they're responding to crisis matters such as domestic violence calls.

Home visitation; Heroes Program is an after-school program for school-aged youth; and intensive family-centered treatment is an in-home clinical support; Kids Club, Kinship Caregiver Services, Medical Home, and motivational interviewing. So you can see that it really is a broad, broad scope. In the Dallas site we have motivational interviewing in there, but some of these sites are also based on the partnership as established in domestic violence shelters, but services are provided in-home after families leave shelter care. So it really does—as well as housing for homeless families—it covers the gamut.

Going to skip ahead for purposes of time. This is just a different visual that will help [show] the range of the intervention services because there's a lot of overlap, even though the intervention model may be different, may be similar. How the intervention is implemented differs in terms of whether it's in the home or in a clinic setting, community-based or system-based, things like that. So this is just a visual to help you have a sense of the range.

Any questions before I jump into the evaluation design?

[53:05] No.

OK, great. So, this is a busy slide that I wanted to be able to show you: Phase I and Phase II in comparison on the same slide. So Phase I, this is a list of the evaluation components. We did a cross-site outcome evaluation on Phase I, which was the top part of the slide ... up here.

[53:30] [Laughter] Elena's laughing because I'm pointing with my finger, and then I realized I needed to use the mouse.

[Talking from the audience.]

Ms. Nussbaum: [53:43] I'm sorry—was someone having difficulty viewing the webinar?

[Talks with audience member.]

Ms. Kracke: [54:12] Cross-site outcome evaluation, coupled with a process evaluation in individual case studies from the 11 communities. Six of those 11, and I mentioned this earlier, did child-level outcome studies where we could isolate more specifically the impact of the intervention, and that it was effective in decreasing exposure, improving parental capacity to manage stress, etc.

So shifting then to the now current stage, Phase II, right here, which we're referring to as the pilot site. Rand Corporation is our evaluator, and they have designed a comprehensive evaluation for us that involves quasiexperimental and experimental study, process evaluation, a training component evaluation for those who are implementing a training curriculum in their intervention, as well as a resiliency study. We'll talk a little more about that.

The objectives for this evaluation are to assess the effectiveness of intervention at the child level. So I mentioned earlier that we drilled down to child-level outcomes, so we're collecting child-level outcome data. And to examine the variability in the interventional facts and identify plausible reasons for that variability. So again, looking at how the intervention is applied through implementation.

Everybody still with us?

Audience Member: [55:50] We're here.

Ms. Kracke: [55:54] So the research questions are: Is the Safe Start program associated with positive outcomes for children? And, what programmatic elements represent "best practices"? At the end of the day, we hope to be able to provide to the field a more specific knowledge base about the outcomes and the interventions that work best for families.

How are the program costs associated with observed outcomes? And, what are the underlying protective processes involved in developing resiliency over time? And that was the resiliency component that I mentioned a second ago.

So, the overall Phase II approach involved collecting longitudinal, child-level outcome data, and analyzing that child-level outcome data within sites across clusters of sites and across all sites. Now midway through ... Let me skip ahead, and I'll come back to what I was about to say.

So, some of the critical aspects of this design are that this, in terms of the science that I was mentioning before, this is an unprecedented venture in the sense that it's a study to first use experimental design across all these intervention types. To examine the effects of exposure, we're using gold standard—evaluation design; solid, good measures; and real-world settings. The majority of the sites are using randomized experimental design, and we are measuring child-level outcomes across time, across age span, across variations of intervention, and across geography. So for those who've had experience in working with evaluations or evaluators can appreciate the depth and intensity of this evaluation design in and of itself.

And the challenge the Rand Corporation has risen to and is just preparing the measures packet that takes 15 diverse intervention groups and puts together child-level outcome measures in a way that is reliable and valid across so many different factors. So here's the slide that Rand labeled "The Whole Enchilada." We love this. It describes the input, the activities, and the outcomes, and really just gives you a visual of what I've already described. So I'm going to skip ahead.

And the schematic of the pilot sites helps you sort of understand who's who and how we all interrelate and interact. And then, lastly, I wanted to touch on a key component of our research prong before I pass it back to Elena to do the training, and then we'll open it up completely for Q&A.

The research component for the Safe Start Initiative is being run out of the University of New Hampshire [UNH]. It's the National Study on Children Exposed to Violence. The first-ever national incidence and prevalence study on children exposed to violence, and it will be, in a few short years—research is already underway—in a few short years we will be able to say how many children experienced all forms of violence, who are exposed and experience it, and how often. So what is the degree and the level of violence that our children live with day in and day out?

[59:48] As Elena mentioned before, we have numbers of children in our various systems, we have numbers about ... and we think they're all probably underestimated in terms of the amount of children exposed to domestic violence, child abuse and neglect, but we can't just add those numbers up because of the high degree of co-occurrence and variations in the way things are defined. We can't just total the number.

This is a way to capture everything: the amount of community violence, the amount of domestic violence, and the amount of child maltreatment. It builds off of the developmental victimization questionnaire, the JVQ. It expands it to capture all that data and then some. And we have done this in partnership with CDC, which has added a component about protective factors. For safe and stable and nurturing families, we're capturing data about that as well. So, I think, that as large as those of us are working in the field as professionals realize that ...

[Talking]

Ms. Kracke: [01:01:35] For those of us who are working in the field of child maltreatment, we're painfully aware of how extensive the problem of child maltreatment and domestic violence and

violence in general are. However, in the preliminary indications of this study and the work that we're doing in this incidence and prevalence study, I think even those of us in the field will be shockingly surprised at how large the number is.

Ms. Nussbaum: [01:02:05] Kristen, there are a couple of questions that have come in. The first one was from Leslie Lieberman, I believe. She wants to know if you can talk maybe about some of the child outcomes that you were going to be picking up in your research.

Ms. Kracke: [01:02:18] OK. I have Lisa J. Cox here with us in this webinar environment and world. She is one of the co-principal investigators who is going to be much more articulate in describing some of the specific child-outcome measures. Lisa, can you *6 yourself and ...

Ms. Cox: [01:02:43] The specifics of it really vary by the child's age, but we are looking at some domains and then trying to find ... We have measures that match the different ages. So the main domains are: emotional distress, like posttraumatic stress symptoms and depressive symptoms; behavior problems, starting with behavior problems from the young kids, and then more like delinquency behaviors with the teenagers; social/emotional competence; developmental level; parenting stress—the parent/child aspect of the parent/child relationship, especially for the young ones, going through the whole age span; and I think those are the main domains. We're really focusing on those domains that are most directly linked to violence exposure.

Ms. Nussbaum: [01:03:30] I also had another question from Karen Derry, and she wanted to know if these initiatives and evaluations would be able to be translated to be used in very rural and very remote areas. I guess talk a little bit about that.

Ms. Kracke: [01:03:45] The answer to that, in short, is "Yes." Two of our demonstration sites were sort of designated as rural, as we were intentionally selecting across geographic types, although the Tribal sites were implemented in rural areas, and some of the rural sites had Tribal components as well. So those two categories actually ended up blurry in some degree.

But, in short, the answer is absolutely yes, and Elena's going to talk a little bit about some of the issue briefs and some of the publications and tools that are available. How that looks in each community, whether it's rural or urban, is very different, and the resource constraints are different. But I think that building awareness and using some of the screening tools that have been developed are useful and can be applied anywhere.

One of the things that the rural sites struggled a lot with is finding the mental health capacity in their community to respond. It's one thing to identify children in your systems that you know are exposed, it's another thing to be able to access services for them.

And I would encourage you to take a look on the website [at] some of the specific information for the rural sites in the demonstration phase to see some of the creative strategies they used—for example, like telemedicine—to be able to access professionals for assessments and evaluations of various things across their States when they didn't have somebody available locally. And how they tag-teamed to provide services for the family.

Ms. Nussbaum: [01:05:27] Thanks, that's really helpful. I also have another question from another Karen, from Karen Poth; I apologize if I mispronounced your last name. But she wanted to know what the relationship was between Safe Start and the State initiatives such as California State from the Start Initiative—whether there was a relationship or not.

Ms. Kracke: [01:05:52] Yes, there is, and thank you for asking. There's sometimes confusion about this for the few States that have Safe from the Start Initiative. Safe Start grew out of a White House conference on children's exposure to violence in the late 90s. And two things were launched, or two things happened, as a result of that White House conference. At the conference, States with the Safe Start solicitation, which competed the original demonstration sites. That announcement, that competition or solicitation, was released at that meeting.

Secondly, an action plan was developed as all the experts across the field came together and provided input at the conference about children's exposure to violence. And one of the calls to action was for States through their, I believe, attorney general offices to create Safe from the Start site efforts in their jurisdictions, and that's the connection. The Safe Start Initiative certainly encompasses the work of Safe from the Start, and I've worked with California folks. New York has also developed some Safe from the Start activities drawing out of the action plan from that conference, as has Illinois.

Audience Member: [01:07:10] Thank you.

Ms. Kracke: [01:07:16] You're welcome. Any other questions thus far?

Ms. Nussbaum: [01:07:19] Not anymore right now, Kristen.

Ms. Kracke: [01:07:22] OK. So, I'll conclude on this research piece and then have Elena talk about the training and technical assistance and resources, and then we'll wrap for questions.

So, I mentioned the incidence and prevalence study. I think those numbers are going to be bigger than any of us imagined. The grand opportunity here is, in terms of the evaluation that will help us build this new way of working together around violence, is the UNH study; [it] pulls in all of the different types of exposure. The UNH and the Rand measures are consistent. There are some of the same tools and outcomes are used. So there's an opportunity to obtain some joint analysis possibly. And the UNH and Rand studies are both designed longitudinally, which is no small feat in this day and age.

I'm going to pass to Elena to talk about training and technical assistance.

Ms. Cohen: [01:08:33] OK. Well, the Safe Start Center is funded by the same Safe Start Initiative, out of the Safe Start Initiative, and the main goal of the Safe Start Center has been to provide the technical assistance and the support to the 15 grantees—to the 15 pilot site grantees—and to the 11 demonstration sites. However, in the process of starting to provide that support and that technical assistance, we have really put together a wide group of consultants, both individual consultants and organizations, that are working with us and helping us do this work that comes from very different fields. As such, we are now beginning to reach out and to

try to work with some of the other systems and other initiatives—as much as our funding, of course, permits.

So we do training and technical assistance both in Safe Start Center staff and multidisciplinary consultants, depending on what the field is requiring or what the specific project is requiring. We have done several peer-to-peer supports, either between two Safe Start grantees, one that has worked in a certain area—for example, we had one peer-to-peer support where we put together ... we got a site that's doing work with older children, meaning afterschool children, and worked with another ... We have done several peer-to-peer support interventions.

We provide, the Safe Start Center hires the clinical consultation for the sites that are doing clinical work so that they are able to really access, in some cases, the developers of the intervention so that there is fidelity and ongoing supervision in that area. And sometimes to supervise several sites of course, because they learn from each other when they have similar interventions through this supervision that we provide.

We do cross-site national and regional meetings. We've done meetings in California. We've done several meetings around the country for all of the sites to get together and talk. In addition, the Safe Start Center is contracted to develop information. Remember that chart triangle that Kristen mentioned in her description of Safe Start? This is the initiative that is really going from the building of knowledge to the transfer of knowledge. And we really are very much interested in the whole issue of dissemination.

OK, we are learning a lot—we're learning a lot about what we don't know. What we know and what we don't know—what is the proper way to disseminate this information? Both which is cost effective, but also that can reach different audiences and really make sense for different groups.

We have a webpage. I want you all to please take a note that it is www.safestartcenter.org, and we have a variety of information and linkages there to several aspects. Certainly we have information related to the Safe Start demonstration and pilot sites, but we have a lot more information. We have done a couple ... This is our third webinar and the webinars are, I guess, the modern way of reaching a variety of people without having to pay for that consultation.

We have a listserv where we really communicate with sites, and we hear what some of the folks like you are doing. We have a bimonthly newsletter, and I would ask you to please, when you go to our webpage, to sign on to subscribe to our e-newsletter, which has a variety of features including materials that are out [and] descriptions of promising practices in Safe Start sites. And it's grown quite a bit in terms of people asking us for that resource. We have a very small resource guide, which was developed originally based on a law enforcement guide so that people can carry, for first responders to carry in their pockets or in a very nonconspicuous and easy way. [It's] about domestic violence, about exposure to violence, resources in your community, and ways that we can respond immediately to that issue.

We have, as Kristen said, a booklet now that you can find a copy in our website, but if you want a copy, I could send you one, which is really a description of the promising approaches

communities [are taking], and the description is done in a very alive way, in the sense that it has a description of what each site is doing, but also it's exemplified by a case study or scenario that takes you through all of the process, and you can see how different sites are doing the different things. How it all plays out in different places.

You saw the interventions that Kristen talked about. You saw, for example, child/parent psychotherapy—several of the sites are using some form of child/parent psychotherapy, but it's very different when it's done within the context of the medical home or of a domestic violence shelter. You know, it takes very different characteristics, although the theoretical and the intervention itself is aimed to do the same thing, it takes very different resources. It also impacts on the kinds of community collaborators that are working and on the types of families that are able to reach the service.

I really encourage you to look into the different kinds of things that are being implemented out there. We have done several publications; unfortunately, because of copyright issues we cannot put a link to that, but if there is anyone that's particularly interested in one of them they can contact me, they can contact the Safe Start Center directly and we'll make sure.

[01:16:12] The double issue of American Humane's *Protecting Children* is on children exposed to violence. It was edited by the Safe Start Center, and it has, I believe, 10 articles dealing with very, very different aspects of this topic. For example, there is one which is really about the cultural adaptations of strategies and assessment tools [used] to work with children exposed to violence. There's one I think [that links] the abuse of animals, especially dogs, to the whole issue of exposure to violence in children; looking at it, it's very varied.

The journal, *Best Practices in Mental Health: An International Journal*, is also devoted entirely to all of the demonstration sites and what each one of them was doing and finding out what they did. *Journal of Emotional Abuse* was done with IVAT, the Institute on Violence, Abuse and Trauma, and it has several articles that are the product of a think tank that the Safe Start Center participated in convening a couple of years ago.

So these are professional publications to a wide variety of providers that you may find useful. We are doing ... We are, in the fall of this year, we're going to put out a series which is called "Moving from Evidence to Action: The Safe Start Series on Children Exposed to Violence." And this is what I was talking, in the beginning of the conversation, where we're really going to talk about how the different systems can apply the basic core elements of best practices in this area to their own system, and they have been offered here by experts in those particular systems.

And we have the first [issue brief] is a broad one, "Understanding Children Exposed to Violence," which is the core concept and principles of responsive practice. The second one is on pediatric care, and when we say pediatric care, we refer to all of the systems that are working with kids in the medical arena being: hospital emergency rooms, WIC clinic, nurse homes, visitation programs, etc. We have schools, child welfare, we have domestic violence agencies and shelters, homeless shelters, and now we're preparing one, which is going to be the last one, is for fatherhood programs. It is actually targeted for fatherhood programs, but it has many ideas

and many strategies that fatherhood programs have put in place that can be used by the different systems that are trying to involve men after abuse—fathering after abuse—kinds of components.

[01:19:16] Very soon, in about a month or so, we will be [distributing a] publication for parents and caregivers, which is *Healing the Invisible Wounds of Exposure to Violence*, and this is really done for families—for parents, for caregivers, for extended family, for kinship providers, for foster care providers. It will be in Spanish and in English and it is simple language, [and will include] very, very simple ways of developing safety plans of responding to kids when they're there, or dealing with your own anxiety, etc. All of these publications will be in the website, and if you guys are subscribed to our e-newsletter, if we get your reference and then your interest, then we can send you a copy.

Ms. Nussbaum: [01:20:02] Elena, this is Jean. I just want to interject real quickly to let people know that we'll be sending up a follow-up email next week after this webinar, and I'll make sure to include all the citations for the publications that Elena has discussed over the course of this conversation right now, so people will have them.

Ms. Cohen: [01:20:22] OK, thank you. Well, they are in the PowerPoint, too, Jean, so you can get them out of there. And so, I think we're going to wrap it up, guys, and I really would like to show you the website of the Safe Start Center. And make sure that you know that we are here to respond to your questions, to refer you to different kinds of resources, to experts you may need, and right now, we'll just open it to questions.

Ms. Kracke: [01:20:58] Before we jump into questions let me echo and extend what Elena said—to please contact us, and let us know what you need, what resources and tools you're looking for. If we don't have them it tells us where we need to focus our development—to get real tools that will provide real assistance out to you in the field. And if we can't help you, we will find a way to connect you with the people who can.

Ms. Cohen: [01:21:33] So, I would like to know that some of you are still there and not asleep.

Ms. Nussbaum: [01:21:40] And, please, if you have questions, feel free to just press *6 to unmute your line, and go ahead and ask a question to Elena or Kristen.

Audience Member: [01:21:44] I have a question. Can you review the timeframes for the different phases? I know we're in Phase II now. What would be the dates or the years for those grantee awards?

Ms. Kracke: [01:22:00] That's always a fluid question. The pilot stage was 4 years, although we put what we call the “green-light process” on the front end to align the pilot implementation component—the design of the implementation with the evaluation design—so we're looking at about a year away from having the pilot site, a year to 2 years, depending on when each site started up. So each site has a slightly different timeline.

Let me add to that, though, is that often when people are asking that question, what they really want to know is when we might run another competition so that you can access funds. And that

would not necessarily have to happen on the same timeline but is contingent upon availability of funds. If we had the resources, we would be extending a competition to award funds to new sites either drawing some specific replication of Phase II or expanding that Phase II. So it's something that we do hope that funding continues, but it is highly uncertain right now.

Audience Member: [01:23:21] Thank you.

Ms. Cohen: [01:23:29] Any other questions?

Ms. Nussbaum: [01:23:38] Again, if you want to ask a question, please feel free to press *6 to unmute your line, and go ahead and ask that question. I don't have any right now from anyone online.

Ms. Cohen: [01:23:52] We also want you to know if you don't think of a question now, and you think that you want to ask a question, and you remember when you get back—I'm sure you're going to be reviewing all of the slides when you get back [laughs] immediately after that. You can write at info@SafeStartCenter and we'll try to respond to that.

Ms. Nussbaum: [01:24:15] To that note, and to let people know that this recording will be posted online, and in your follow-up email next week from this webinar, you'll get a link to where the recording has been posted, and there'll also be a PDF file of the PowerPoint presentation there for you to print or to download.

Ms. Kracke: [01:24:37] In addition to questions, are there any comments or concerns or points of discussion that people would like to bring up or interject?

Audience Member: [01:24:46] I have a question. We were wondering, how are the sites chosen?

Ms. Kracke: [01:24:54] The sites in both Phase I and Phase II were selected through a competitive process where they had to respond to a solicitation issued by the Department of Justice. And they were peer reviewed and scored based on ranking criteria that were outlined in that request for proposal.

Ms. Nussbaum: [01:25:35] It doesn't look like there are any additional questions online. Just maybe give folks a minute or 2 more, if anyone thinks of questions they want to ask or any comments they want to make.

Ms. Nolan: [01:25:49] Jean, this is Catherine. I just wanted to say that I really appreciate Kristen and Elena giving us their time this afternoon. This is a really helpful presentation, and the slides were so informative, I really appreciated being able to follow along the conversation with the slides. So, I think, at this point, just to sort of say how much we appreciate that, and just to encourage all the listeners on the call to take Kristen and Elena up on their offer for any kind of follow-up assistance that you may need in your prospective community or communities or workplace. And, I guess, Jean, did you have any final sort of housekeeping?

Ms. Nussbaum: [01:26:37] Yeah, I just had a couple of housekeeping things. Just wanted to thank everyone again for those who participated. Our presenters, Kristen and Elena, and everyone who called in and participated in the call. I also wanted to thank Melissa Lim Brodowski who was unable to make the call but who organizes these Prevention Subcommittee webinars. She does great work, and without her these would not be possible.

And just to let folks know—up on the screen now, to let you know, our next webinar is going to be Wednesday, November 19, [2008] at 1 pm. The topic: “Approaches to Reducing the Risk and Impact of Maltreatment in Very Young Children.” The presenters are going to be from ZERO TO THREE, and more information will be out soon about that.

If you have any questions about this webinar or any of our others, feel free to contact myself or Melissa. Our email addresses are up on the screen now, and also today’s webinar and the previous webinars have been posted up on the FRIENDS website. That link is there, and you’ll also be getting that link in a follow-up email next week. So, thank you so much, everybody, and have a wonderful day.