for Children and Youth Exposed to Violence



"Children Reflect What They See"

ARTWORK BY KATIE SCHULER FOR PINELLAS COUNTY, FLORIDA, ${\sf SAFE\ START}$





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Why Judges Need to Know About Children and Youth Who are Exposed to Violence

Livery day in America, juvenile and family court judges make critical, life-altering decisions that impact thousands of children and their families. Although juvenile and family courts primarily focus on the issues bringing the family into the court system, judges and advocates are in a unique position to assess what other forms of violence have impacted the child or youth. With the authority to access resources and to ensure that children and families receive appropriate services and protection, juvenile and family court judges are also well-positioned to promote changes in the court system, and community-wide, to more effectively address, and even prevent, children's exposure to violence in their homes and communities.

Conceived and funded by the U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (OJJDP) as part of its Safe Start Initiative, this publication is a collaborative effort to provide accessible information and a useful reference tool for judges and practitioners in juvenile and family courts about children's exposure to violence. This *Technical Assistance Brief* provides:

- ♦ A broad overview of children and youth exposure to (or witnessing of) domestic violence and community violence.
- A brief discussion of the effects on children and youth of exposure to violence.
- A Checklist for Children and Youth Exposed to Violence.
- A review of several promising community collaborations that employ a multidisciplinary approach in responding to children's exposure to violence.
- A list of references for further information about this complex topic.

Between 2000 and 2005, the Safe Start Demonstration Project was implemented in 11 sites located in diverse settings (e.g., urban, rural and tribal communities) throughout the United States. During this time, more than 15,500 children exposed to violence and their families were identified and, when appropriate, provided mental health treatment and services to address their multiple needs. Under the aegis of this demonstration project several key sectors worked together in unique partnerships to facilitate and provide services and treatment to these children and families: 1) law enforcement, 2) mental health, 3) domestic violence, and 4) family/dependency court.

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Accomplishments Safe Start Demonstration Project 2000-2005

The following accomplishments characterized the work of this demonstration project:

- Developed new working relationships between sectors around children exposed to violence;
- Developed comprehensive and coordinated systems of care for children exposed to violence;
- Institutionalized knowledge, skills, and tools for responding to children exposed to violence among service providers and their organizations;
- Demonstrated the capacity to change policy for children exposed to violence at the state level; and
- Demonstrated that with treatment, it is possible to reduce the impact of exposure to violence on children.

In five of the Safe Start Demonstration sites, court consultation and judicial leadership substantially contributed to improved outcomes for children exposed to violence and their families.

The experience of the Safe Start Demonstration Project provides a wealth of knowledge for community driven system change initiatives focused on reducing the impact of child exposure to violence.

Safe Start

What Judges Need to Know About Children and Youth Exposure to Violence

any children and youth in our nation's juvenile and family courts are exposed to multiple acts of violence in their families and communities. This violence may or may not be directly related to the family's involvement with the court system; however, exposure to violence may very well impact a young person's current and future development and well-being. 'Exposure to violence' is an inclusive term that encompasses both *directly* experiencing violence, such as child abuse or physical assault by a peer, as well as being the *indirect* victim of violence as a witness of a violent act, such as a child observing or hearing a violent fight between her parents, seeing a neighborhood shooting or seeing bruises on her weeping mother's face after being abused by her boyfriend (OJJDP, 2004; Fantuzzo and Mohr, 1999).¹ Although children may be directly or indirectly exposed to various forms of violence (i.e. child maltreatment, teen dating abuse, bullying at school, etc.), this publication specifically focuses on children and youth as *witnesses* to epidemic levels of violence in their homes and in their neighborhoods.

Children's exposure to violence is a complex and multi-layered problem that occurs in the even more complex and broad context of social problems and individual issues (i.e. poverty, substance abuse, physical and mental health issues). Research findings to date underscore the complex nature of the real and potential impact of children's exposure to domestic and community violence (Osofsky, 1997; Osofsky 1999; OJJDP, 2004). While judges and other practitioners would benefit from continued and further investigation in this area, the research that has been conducted along with the experiences of court-agency-community collaborations has generated valuable information. We do know that:

- Children's exposure to violence in their homes and communities is pervasive and is especially prevalent among children and youth from 'at-risk' families and neighborhoods.
- Witnessing and/or hearing violence at home or in their communities affects children in similar, if not worse, ways than being direct victims of abuse or violence.
- Children and youth who are exposed, directly or indirectly, to one form of violence (i.e. child abuse) are at risk of further exposure to other forms of violence.
- Many interconnected factors determine the physical, psychological, behavioral and emotional impact of children's exposure to violence.
- Exposure to violence is often only one of many stressors that children from violent homes and neighborhoods must cope with.
- ◆ Domestic and community violence often impacts children's parents and/or primary caregivers, which, in turn, further affects children's ability to cope with their own traumatic experiences.

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The questions posed in the Checklist are informed by a review of existing research and practice, and suggest areas that judges and child welfare professionals might explore when a child or youth has been exposed to violence. Inquiring into the existence of family and community violence and the physical, emotional and psychological damage that can result, will hopefully lead to better informed decision-making, case planning and service provision, as well as a positive change in practice.

Domestic Violence

Domestic violence affects every cultural, racial and socio-economic segment of our population. Domestic violence is a pattern of assaultive and coercive behaviors that is used by one intimate partner to control another. A batterer asserts control of his or her partner through one or more acts of intimidating physical violence, sexual



her abusive husband to pursue a better life for her two-year-old son. Karen moved, got an unlisted phone number, filed for divorce and made arrangements to obtain a temporary injunction. Despite her best efforts to seek safety, her soon-to-be ex-husband tracked her down at their toddler's day care center and viciously stabbed her. He kidnapped their terrified son, drove to a nearby park and set himself on fire. The traumatized child sat frozen in the back seat of the car where the police later found him." (Maze, 2004).

assault or credible threat of physical violence (Bancroft & Silverman, 2002). The batterer's pattern of control and intimidation can involve primarily physical abuse of one intimate partner by another and/or can be psychological, economic or sexual in nature (Bancroft & Silverman). Anyone from any race, ethnicity or economic status can be a victim or a batterer. Even so, most batterers are violent only towards their family in the home and most are men (Bancroft & Silverman).² Conservative estimates have determined that annually 1.5 million women in the U.S. are assaulted by their intimate partners (NIH and CDC, July 2000).

Children are present in the households experiencing domestic violence at more than twice the rate they are present in similar homes in the general population (Fantuzzo & Mohr, 1999). It is believed that each year more than 3.3 million children witness physical and verbal abuse with violence ranging from insults and hitting to fatal assaults with guns and knives (Osofsky, 1999).³ A child who witnesses domestic violence may see his father beating his mother or may be locked in a closet listening to his father berating and battering his mother. Parents may

be unaware that their children are watching, listening and learning from these violent episodes, and often they do not understand the devastating blow that has been dealt to the child's present and long-term development (Maze, 2004). Young children are at even higher risk of exposure to domestic violence. One study found that children ages five and under are more likely than older children to be exposed to multiple incidents of domestic violence during a six-month period (Fantuzzo & Mohr, 1999).

Children who witness domestic violence learn that violence is an inevitable and acceptable part of intimate relationships and they learn how to use aggression to control others and to resolve interpersonal conflicts (Osofsky, 2003). In fact, one study reported that recent exposure to domestic violence was a significant factor in predicting a child's violent behavior outside the home (Edleson, 2004). Boys and girls may be affected differently by their experiences with domestic violence. A 1991 study found that boys exposed to domestic violence were more likely to approve of violence than their female counterparts (Edleson). Children and youth exposed to domestic violence are also more likely to experience teen dating violence, as either the victim or the perpetrator (Wolfe & Jaffe, 1999). Young people victimized in teen dating relationships are more likely to become victims of adult domestic violence (Wekerle & Wolfe, 1999).

Children who witness domestic violence also face the increased threat of becoming victims of child abuse and neglect. In fact, there is an estimated 30-60 percent overlap between child maltreatment and domestic violence (Edleson, 1999). In a study that examined medical records of 116 mothers referred to a hospital setting for child maltreatment, 45% of the mothers' records suggested or indicated they had been abused at some point in their lives (Osofsky, 2003). A similar Boston study found 59% of the mothers of abused and neglected children had suggestions of battering by an intimate partner in their medical history. With respect to certain forms of child maltreatment, children exposed to violence between a parent and his or her intimate partner are at a higher risk for sexual abuse than children from non-violent households (OJJDP, 2004; Fantuzzo & Mohr, 1999).

Domestic violence further impacts children by compromising the ability of the abused parent, often the mother, to meet her children's emotional and physical safety needs, both of which are heightened in families where violence is the norm (Osofsky, 2004). Battered by their partners and often powerless to stop his abuse of her children, victimized mothers may themselves be suffering from depression and anxiety that renders them emotionally unavailable and sometimes even abusive towards their children (Osofsky, 1995, 1997). Less discussed, but of equal importance, is the impact the batterer's behavior has on the entire family dynamic, especially positive parenting efforts by the mother (Bancroft & Silverman, 2002). Even for battered mothers who are parenting well despite their own victimization, it is not uncommon for a batterer/father to undermine her efforts by preventing her from attempting to comfort and soothe their frightened or crying child (Bancroft & Silverman).

Community Violence

Almost nine million American adolescents have witnessed serious violence during their lifetime, including shootings, knifings, sexual assault, muggings, robberies or threats with a weapon (Sheehan, 1997).⁵ Many of the children in our urban juvenile and family court systems come from high crime urban communities where they are at even greater risk for witnessing extremely violent acts (Osofsky, 1999). In fact, homicide is the second leading cause of death for people ages 15-24 and the third leading cause of death among elementary school children (Fick, et al, 1997).

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The violent environments in which these children attempt to survive virtually ensure that they will be exposed to *community violence*; that is, they will witness or experience acts of interpersonal violence perpetrated by those to whom they are not intimately related (Jenkins & Bell, 1997).

"Mothers...

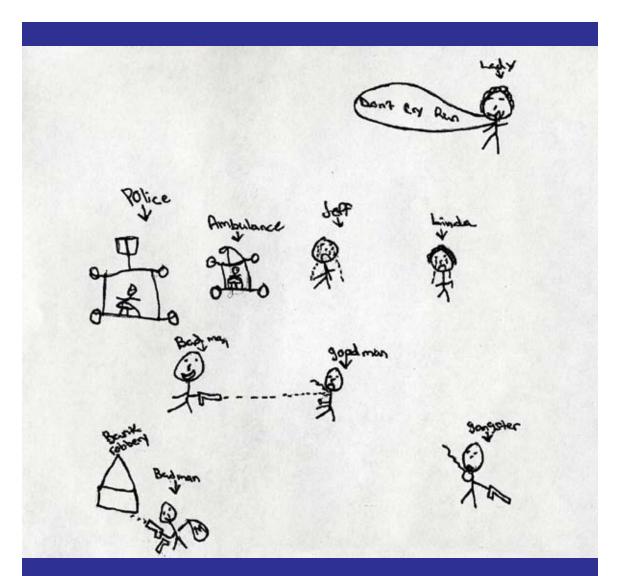
living in areas where the level of violence is high often teach their children to watch television lying prone and to sleep beneath the window sills to avoid random bullets that might fly through the windows." (Osofsky, 1995, citing National Commission on Children, 1991).

In a 1992 study of inner-city New Haven, Connecticut children, 40% reported witnessing at least one violent crime in the past year and almost all 8th graders reported knowing someone who had been killed (Fick et al, 1997). In another study of 146 urban, inner-city children, 42% had seen someone shot and 37% had seen someone stabbed (Sheehan,

1997). This study also revealed that 21% of the children and youth lived with someone who had been shot and 16% lived with someone who had been stabbed (Sheehan). In a survey of 200 high school students, 60.6% reported seeing a shooting and 47% had seen a stabbing (Jenkins & Bell, 1997). Nearly half of these youth reported being shot at some point during their lives (Id.). In a New Orleans study of 53 African American mothers in a low-income, high-crime neighborhood with children ages 9-12, 91% had witnessed some type of violence in their neighborhoods, with 51% of the fifth graders reporting being victims of violence (Fick et al, 1997).

Very young children are also exposed to violence. In a Washington, D.C. survey, mothers reported that 61% of their first and second graders had witnessed violence (Osofsky, 1999). Subsequent child interviews indicated even higher levels of exposure to community violence by infants and toddlers (Osofsky). Even babies are witnesses to their violent neighborhoods, although they are affected in slightly different ways than their older counterparts (Zeanah & Scheeringa, 1997). Infants are not able to understand what they are seeing when a shooting or stabbing takes place, thus, they are spared some of the direct trauma associated with witnessing shootings or stabbings. However, because infants' development is enormously dependent on the availability of nurturing and consistent caregiving, anything that negatively impacts their parents will have a profound effect on the baby's required emotional support system (Zeanah & Scheeringa).

The development of children who grow up experiencing 'chronic community violence' is altered by their constant exposure to dangerous and threatening situations (Fick et al, 1997). These children are inhibited from engaging in the basic developmental task of exploring their environments, learning (and believing) that it is not safe to go past their front door (Jenkins & Bell, 1997). Children chronically exposed to community violence also have an altered interpretation of the world, and grow up believing that 'might makes right;' and believing that the man with the gun is the one who gets the 'good things' in life (Fick et al, 1997; Perry, 1997). Exposure to commu-



"DON'T CRY RUN," PORTRAYS MULTIPLE SHOOTINGS;
CRYING VICTIMS LABELED WITH NAMES; SMILING, ANONYMOUS AGGRESSORS;
AND PRESENCE OF POLICE AND AMBULANCE.
Drawing taken from *Children in a Violent Society,* (1997), Osofsky, p. 287.

nity violence can also have the domino effect of exposing a child or youth to other types of violence. For example, children who experience violence in their neighborhoods may be vulnerable to bullying or related social difficulties with school peers due to problems regulating their emotions and handling social situations (OJJDP, 2004). These children and youth wind up in juvenile courts as victims, perpetrators or both, never learning alternatives to violence for dealing with conflict, real or perceived (Perry, 1997).

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Like children who witness domestic violence, children from violent neighborhoods are often unable to find relief or support at home. Similar to parents who are victims of domestic violence, parents in high violence neighborhoods experience frustration and fear because they are unable to ensure the safety of their children. Trying to cope with a very real inability to protect their children, these parents may be depressed and grief-stricken after losing a son or friend to community warfare (Osofsky, 1999). These parents may turn to alcohol or drugs in order to cope with their own losses. As parents or caregivers suffer from their own traumatizing experiences with violence, their children, who desperately need parental support and guidance, are forced to meet these needs elsewhere, sometimes leading to drug or gang involvement or other risk-taking behaviors.

Researchers are recognizing the interrelatedness of domestic violence and community violence (Fick et al, 1997). In the Washington, D.C. and New Orleans studies cited above, both of which were designed to study community violence, a 'significant relationship' was found between children's reports of exposure to community violence and intra-family conflict (Fick et al). Further research should investigate the independent and compounded effects on children being raised in violent homes in the context of violent communities (Fick et al).

How Exposure to Violence Affects Children and Youth

Because children are exposed to violence under a variety of specific life circumstances, it is challenging to link particular negative outcomes with specific types of exposure to violence (Zeanah & Scheeringa, 1997). This is especially true when the violence has occurred consistently throughout the child's life and is compounded by additional individual and family stressors, such as poverty, substance abuse or parental mental illness (Zeanah & Scheeringa). That said, exposure to violence can impact children on every level of their development and functioning. Because witnessing violence can have a traumatic effect on children, it is not uncommon for children chronically exposed to violence at home or in their neighborhoods to show symptoms of post-traumatic stress disorder (PTSD), even for very young children (Jenkins & Bell, 1997; Osofsky, 1999). 'Trauma' may be defined as "an exceptional experience in which powerful and dangerous stimuli overwhelm the child's capacity to regulate his or her affective state" (Marans & Adelman, 1997). When children are exposed to violence, the resulting feelings of insecurity and powerlessness undercut the required developmental task of mastery and competence in their environment (Marans & Adelman). Brain development may also be adversely affected by exposure to violence (Perry, 1997) as well as the development of a child's personality and belief system (Jenkins & Bell, 1997).

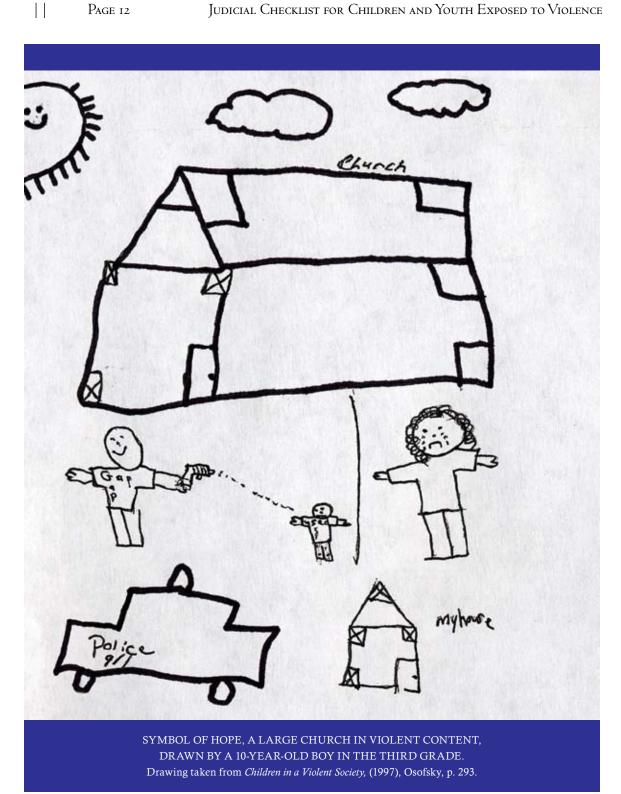
In general, children who are exposed to violence may display various negative physical, psychological, cognitive and/or behavioral outcomes (Widom, 2000). These outcomes may be influenced by a child's gender (Widom). Boys and young men are more likely to 'externalize' their responses resulting in more aggressive behavior. Girls and young women typically 'internalize' their responses and display more depression-related responses to the same type of trauma. Furthermore, short-term effects of violence exposure can be different from long-term outcomes (Widom). The consequences of violence exposure may be exhibited in the following ways (Widom):

- Physically as minor injuries, brain damage or death.
- Psychologically as chronic low self-esteem, anxiety, depression and/or self-destructive behavior (e.g. substance or alcohol abuse and suicide attempts).
- Cognitively as attention problems, learning disorders and/or poor school performance.
- Behaviorally as difficulty interacting with peers, physical aggression and/or anti-social or violent behavior.

The actual impact on a particular child who has been exposed to one or more forms of violence depends on a number of factors, including (Osofsky, 1997; Edleson, 2004; Marans & Adelman, 1997):

- The child's age and developmental stage at the time of the exposure.
- The type of violence to which the child was exposed, the child's proximity to the violent incident and the frequency of exposure to violence (one time episode or regular, ongoing occurrences).
- The kind of neighborhood in which the child lives and the ability of community institutions (schools, churches, community centers) to respond to the child's exposure to violence.
- The amount of quality support the child receives from caregivers and significant adults.
- The child's history of previous trauma.
- The relationship between the child and the victim and/or perpetrator.
- The level of violence in the child's family.
- ◆ The presence of other stressors (e.g. substance and/or alcohol abuse, poverty, disability).
- ◆ The resiliency of the child.⁶

Children's responses to being exposed to violent acts are varied (Holden et al, 1998). Some children are considered 'resilient' and appear to be coping well despite exposure to violence⁷ and some children are extremely distressed and exhibit a number of negative behaviors and symptoms of trauma (Holden et al). In general, the severity of each is affected by the presence and intensity of the factors listed above. Symptoms and behaviors are most serious when children are exposed to violence at a young age; the exposure is severe, pervasive and long lasting; and children lack a reliable caregiver and feel helpless and hopeless (Holden et al).



Children are also affected by exposure to violence in different ways depending on their age and stage in the developmental process (Osofsky, 1997, 1999; Marans & Adelman, 1997; Zeanah & Scheeringa, 1997). Infants and toddlers (children ages birth to three years-old) develop within the context of the mother-infant relationship (Marans & Adelman, 1997; Zeanah & Scheeringa, 1997).8 It is through the mother-infant relationship that the baby learns about himself/herself, others and the world. To develop properly, babies require reliable and consistent caregiving that attends to their basic survival needs as well as a safe environment in which to explore and master basic skills. When a

baby's environment becomes dangerous and unpredictable, his/her natural tendency to explore and master their environment is thwarted and their ability to form secure attachments is threatened because the adults they depend on are unable to protect them from harm. Thus, babies try to rely on their own, immature coping mechanisms. For toddlers, whose developmental job is to work on increasing their independent mastery of skills and tasks while receiving support and reassurance from their parents, exposure to violence can instill doubt in their abilities as well as the reliability of supportive relationships. In response, toddlers may either avoid contact and relationship-building with potentially supportive adults or may become extremely clingy towards parents and display anxiety, inconsolability and sleep and toileting problems when separation is necessary.

During the preschool years (ages four to six), children are developing a sense of right and wrong, understanding the interplay and distinction of love and hate, and worry about the integrity of their bodies (Osofsky, 1999; Marans & Adelman, 1997). When they witness a shooting, they are concerned about whether their bodies will remain whole. When preschoolers observe violence between their parents, the development of their conscience is affected. Violence exposed preschool children display many of the same symptoms as babies, such as anxiety, avoidance, poor attention, demanding behavior, problems sleeping, eating and toileting as well as difficulties deciphering fact from reality (Marans & Adelman; Osofsky). School-age children (ages 7-12) are continuing to develop their intellectual, sensorimotor and social skills. During this phase of development, interactions with peers and admired adults or adolescents support the school-age child's autonomy and opens up a larger environment to explore and master. Problem-solving, higher tolerance for frustration and a clearer sense of right and wrong are the developmental tasks at this stage. Exposure to violence during this period can give rise to intense feelings of fear and helplessness; feelings that may lead to regression in school-age children by increasing their dependence on caregivers or causes chronic issues with certain aspects of healthy development.

Much of the research on the impact of children's exposure to violence has been focused on adolescents (Osofsky, 1999). Much of adolescent development is rooted in the struggle between dependence on parents and caregivers versus independence and forming close relationships with peers. The 'normal' development of an adolescent involves struggles with parents around basic care, cleanliness and preoccupation with immediate gratification of the teenager's own needs. Exposure to violence during the adolescent years can affect life at home and school and impacts a teenager's view of the world. For many of these adolescents, violence has dominated their lives since early childhood and has affected every stage of the developmental process discussed above. Adolescents may exhibit symptoms of PTSD and may also react severely to perceptions about their vulnerability that may be induced by a violent episode or chronic exposure to violence. Teens may make efforts to avoid further exposure, such as staying away from school, or to defend themselves by carrying weapons or joining a gang. These reactions, meant by the adolescent as protective measures, have the effect of further compounding the negative consequences of their exposure to violence.

The Impact of Violence Exposure from Infancy to Adolescence

	Infants & Toddlers	School Age	Adolescents
HOW TRAUMA AFFECTS BEHAVIOR	Excessive irritabilityImmature behaviorSleep disturbancesEmotional distressFears of being alone	 Anxiety Depression Aggressiveness Sleep disturbances Attention difficulties Poor school performance 	 High levels of aggression & acting out Anxiety Problems in school Truancy Revenge seeking
HOW TRAUMA INTERFERES WITH DEVELOPMENT	• Impedes normal development of trust and exploration which leads to development of autonomy; Regression in previously mastered areas of development	• Less likely to explore and play freely; Lower motivation to master their environment; Regression in previ- ously mastered areas of development	• Chronic exposure to family & community violence throughout lives interferes with early development of trust and autonomy and later development of healthy, non-violent relationships with others
HOW SYMPTOMS OF TRAUMA ARE DISPLAYED	• Repeated experiencing of traumatic event; Avoidance; Numbing of affect; Increased arousal	• Nightmares; fears of leaving their homes; Numbing of affect; Feeling 'jumpy' or 'scared'	• Similar to those of soldiers coming back from war: Distractibility; Intrusive and unwanted fears/thoughts; feelings of not belonging
HOW CHILDREN RESPOND TO WITNESSING VIOLENCE	• Fear of being near the scene where violence took place; afraid to sleep or having nightmares; limited range of emotion during play	• Children worry about what they could have done to prevent violence; Greater un- derstanding of 'inten- tionality' of violence	• Give up hope; Do not expect to live through adolescence or early adulthood; Deadened to feelings of pain; Attachment to gangs

(Osofsky 1995, 1997, 1999, 2003; Marans & Adelman, 1997; OJJDP, 2004; Zeneah & Scheeringa, 1997)

Despite the serious consequences of children's exposure to violence, there is still hope. A growing body of research shows that, surprisingly, many children exposed to trauma are no worse off than their non-exposed peers (Edleson, 2004; Jenkins & Bell, 1997). Much depends on the balance of 'risk' factors and 'protective' factors, both of which can be long-term (enduring) or short-term (transient) (Cicchetti, 1989). When a risk factor such as poverty is an enduring feature of a child's life, this is seen as increasing the child's vulnerability to the potential negative consequences of trauma (Cicchetti). When poverty is only a transient feature of a child's life, it is considered a 'challenge' rather than an agitating risk factor. Conversely, an enduring protective

factor such as the support of a caring and functional adult can serve as a protective factor, mediating the negative consequences of exposure to violence. However, when the supportive adult is merely a temporary aspect of the child's life, he or she serves more as a buffer or shield against the more insidious outcomes of exposure to violence (Cicchetti).

A child's resiliency (also called invulnerability) is rooted in three essential protective factors (Osofsky, 1999; Bancroft & Silverman, 2002). First and foremost, resiliency studies indicate that children who are the least impacted by exposure to violence are those children who have a strong relationship with a caring and competent adult. Thus, positive and supportive parenting by a mother, father or significant adult, can support a child's normal development in the face of distressing circumstances (Osofsky, 1999). Second, research shows that 'safe havens'—usually schools, community centers and churches—in communities fraught with violence can physically protect children from violence and can minimize its impact (Osofsky). Schools and community centers provide peer support, a key element in reducing anxiety for children exposed to trauma. Additionally, strengthening community supports is one of the most effective means for sustaining parents also trying to cope with raising their children in a violent community. Finally, some children are simply better equipped to respond less negatively to trauma. Along with a number of protective traits, most importantly, resilient children have above average intelligence as well as good attention and interpersonal skills (Osofsky).

Additional factors that support resilience include the development of a child's natural athletic, scholastic or artistic talents, a child's ability to avoid self-blame and the strength of their peer relationships (Bancroft & Silverman, 2002). Interventions by legal and social services systems need to build and/or capitalize on protective factors to minimize the impact of children's exposure to violence.

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How Judges Can Respond to Children and Youth Exposed to Violence

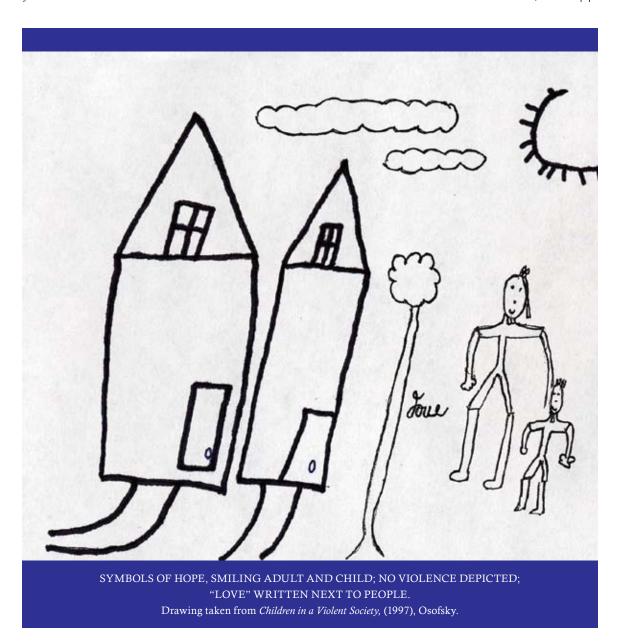
umerous benchcards and checklists covering a range of topics are available to juvenile and family court judges. Many cover discreet areas of the law or narrow topics specific to families in juvenile and family court. The Checklist for Children and Youth Exposed to Violence is different from these other tools because of the complexity and scope of children's exposure to violence. As such, the Checklist is intended to:

- Increase awareness and knowledge among judges and practitioners about the types of violence to which children are exposed and the impact of such exposure.
- Assist judges in asking specific questions that will help identify and address children's exposure to violence.
- Expand options for judges wishing to address the causes and impact of violence in children's lives.
- Encourage judges and practitioners to seek further information about children's exposure to violence.
- Suggest opportunities for advocacy and collaboration to develop and support effective community responses and interventions for children exposed to violence.
- Improve practice by professionals regarding children's exposure to violence by creating an expectation that lawyers and social workers will be prepared to report on and respond to these issues.

Development of the Checklist for Children & Youth Exposed to Violence

To ensure its practical application, the Checklist was developed with the input of juvenile and family court judges as well as professionals who have worked closely with children and youth exposed to violence. The Checklist was then piloted by a select group of judges from the Model Courts¹⁰ who have extensive experience adjudicating cases involving children as well as field-testing and implementing judicial benchcards and checklist tools. The five participating judges had an average of 12.5 years on the bench and preside over an average of 370 juvenile-related cases each year. They represent various parts of the country with significant numbers of their caseloads involving children with abuse and neglect from large urban areas.

The piloting process involved both a written survey, a field-test period, and judicial interviews following the completion of the field test. Participating judges completed the survey upon receipt of the Checklist, prior to using it from the bench. The survey focused on the judge's initial response to the Checklist, requesting input about the specific questions and the judges' perceptions about the utility of such a tool. More specifically, the survey requested each judge's evaluation of the general structure and content of the Checklist, particularly with respect to its usefulness as a resource for the judiciary, practitioners and community partners. Judges were also asked by the survey for input regarding any information that should be included in the Checklist, omitted or modified.



After completing the survey, participating judges 'field-tested' the Checklist from the bench by asking the questions during their juvenile-related hearings for approximately one month. Upon completion of the field-test, participating judges were individually interviewed over the telephone using a standard set of interview questions. The interview questions were similar to those of the survey, although more specifically geared towards the judges' actual experience using this tool. Was the Checklist helpful in identifying children's exposure to violence? If so, did the Checklist assist the judge in addressing the child's needs?

Judicial Feedback

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The thoughtful input by the judges who participated in the pilot project was instrumental in crafting a more useful and relevant tool. While none of the judges had used a checklist specifically addressing children's exposure to violence, all agreed that checklists were most useful when they met the following requirements:

- Serve as a reminder to inquire about certain topics or to ask certain questions.
- Aid in the decision-making process.
- Easy to refer to during a hearing.
- Visually pleasing and user-friendly.

Feedback from the judiciary cautioned that while thoroughness is important, long and detailed checklists intended to be used while on the bench are simply not practical. Thus, to ensure usability, some items were combined and shortened, but only when doing so did not compromise the level of specificity required to address this complex area. To further avoid bogging down the Checklist tool, questions that more specifically address domestic violence and community violence are provided as an additional resource in the following section.

Interestingly, although the Checklist was originally intended to focus specifically on abused and neglected children exposed to violence, pilot project judges recommended addressing a broader range of children, including children in delinquency court and of divorcing parents. In fact, one of the judges who field-tested the Checklist commented that while children's exposure to violence is likely to come up *at some point* in dependency court, it is much less likely to be raised in a delinquency proceeding where participants are less focused on the perpetrator's present or past experiences as a victim. The judge aptly stated that children in delinquency court face all, if not more, of the same risks for violence exposure as children in dependency court, and the information learned from asking the Checklist questions could be critical to determining a young person's treatment needs. Insight such as this was pivotal in developing the final Checklist as well as this accompanying *Technical Assistance Brief*.

Based on past experience implementing checklist tools, pilot project judges agreed that, eventually, consistently asking questions about children's exposure to violence will create an expectation in their courtrooms that such information needs to be included in reports to the court. One judge has even decided to recommend that judicial review and permanency hearing reports contain a specific section related to exposure to violence. The judges who were interviewed felt it was important to heighten awareness and responsiveness to this issue. The pilot project judges also agreed that it was critical for the court and the social service system to respond holistically to children by taking into consideration their particular life circumstances as a context for their status as an abuse victim and/or perpetrator of a delinquent act.

How to Implement the Checklist for Children and Youth Exposed to Violence: A Judicial Perspective

Judges who piloted the Checklist had varying opinions on the best way to use the Checklist. Most judges said that they would not read the questions verbatim, but would paraphrase or put the questions into their own words. Some judges found the Checklist useful as a reference tool and incorporated some of the questions into their general inquiry during the first few hearings of their juvenile or family court cases. Others preferred to have the Checklist on the bench with them during all hearings to serve as a trigger for asking particular questions depending on the issue at hand or type of hearing.

Most agreed that the Checklist would be particularly useful during the initial hearings of the case as well as during regular reviews. One judge commented that the Checklist would be useful when a child changes custody or placement to determine if there was violence exposure in the previous placement (i.e. violence by other teens in a group home would be important to know, even if the child in the case was not the direct victim) or concerns of violence exposure in the new placement. However, one of the pilot project judges raised concerns about violating parents' due process rights if the Checklist questions were asked prior to an adjudication of dependency, especially in those jurisdictions that demand proof of the dependency by 'clear and convincing evidence.' This judge opined that unlike checklists that address educational issues for children or the needs of infants and toddlers, the *Checklist for Children and Youth Exposed to Violence* delves into some issues that may impact the initial allegations or may create additional allegations. Each judge and jurisdiction will need to be mindful of these concerns and implement the checklist accordingly.

The judges who were interviewed agreed that once the Checklist was finalized and disseminated, they will attempt to implement the Checklist in all courtrooms dealing with children's issues. This might involve distributing the Checklist to all judges, courtroom attorneys and court staff with a specialized training about the issues addressed. Pilot project judges shared the hope that, subsequent to training and experience with the checklist, they will be able to rely on attorneys, social workers and case managers to ask the right questions prior to the hearing and to provide accurate information about children's exposure to violence.

Community Responses to Children's Exposure to Violence

Ffectively identifying and responding to children exposed to violence requires a coordinated, collaborative, community-based and multidisciplinary approach that concurrently addresses prevention of violence as well as early identification and intervention (Wolfe & Jaffe, 1999; OJJDP, 2000). Programs should be evidence-based to the extent possible and must be both developmentally appropriate and culturally sensitive (Id.). Ongoing evaluation of child and family outcomes and program effectiveness must be integrated into the program design (Maze et al, 2005).

The Safe Start Initiative¹¹ sites were required to undertake a strategic, comprehensive and multi-level approach to identifying and addressing children's exposure to violence in their communities. It is the goal of the Safe Start Initiative, along with all who work with children and youth exposed to violence, that as these projects continue to grow and develop, early intervention and, ultimately, prevention of exposure to violence will be attained. Three of the eleven Safe Start Initiative sites are highlighted below to demonstrate the feasibility of designing and implementing a coordinated response to children's exposure to violence in homes and communities.

CHATHAM COUNTY, North Carolina

"Wherever and whenever children are present at a violent event, a coordinated community system responds to the needs of the child, so that every child has the opportunity to grow healthy and strong. Community agencies will change the way they work internally as well as how they work together to make this happen."

Built on existing partnerships serving young children and their families, the Chatham County Safe Start project strives to:

- Reduce the impact of witnessing violence on young children by creating, enhancing and expanding services.
- Reduce children's risk of exposure to violence by strengthening neighborhoods.
- Reduce the impact of violence on all young children by facilitating system integration and collaboration.
- Develop a long-range marketing/fundraising plan that will result in supplementing and eventually replacing the OJJDP funds that support Safe Start.

Chatham County Safe Start is approaching children's exposure to violence on three levels. Recognizing that a trustworthy and supportive adult is critical to moderating the negative impact of witnessing violence, this project has recruited and trained neighborhood residents to act as 'safe havens.' The project is working with law enforcement to ensure that 'Family Responders' are available to provide an immediate on-site response by assessing children's exposure to violence and to work with the

family to develop a plan of action. Finally, the project is working with county agencies to develop a clear system of coordinated protocols that addresses the child protection system, the network of domestic violence service providers, law enforcement agencies as well as juvenile and other trial courts.

During the implementation phase of their project, the Chatham County Safe Start project developed a 'Service Coordination Protocol' to serve any child under the age of nine who may have been exposed to violence. Children may be referred from any individual or agency. A referral triggers a 'Screening for Services' by one of the project's services coordinators who completes an extensive screening form that includes a Traumatic Events Screening Inventory and a Symptoms Checklist. Depending on the outcome of the screening process, the project staff coordinates services that will best meet the child's unique needs by linking the child and family to available community services and resources.

The Chatham County Safe Start site is currently piloting a two-day a week child care program for 10 weeks serving children whose parents are in criminal or domestic court during the summer of 2006. The project has contracted with an attorney to develop a strategic plan for incorporating the improvements made in serving children exposed to violence into juvenile court.

For more information about Chatham County Safe Start visit www.chathamkids.org.

PINELLAS COUNTY, Florida

"Pinellas Safe Start seeks to prevent and reduce the impact of violence on young children and their families by enhancing and integrating the supports and services offered by community providers, agencies and institutions and by creating a community culture of keeping children valued, cared for and safe."

Driven by the motto "Children Reflect What They See," Pinellas Safe Start represents a large coalition of children's organizations as well as government, private and business volunteers working together to prevent and reduce the impact of violence on young children. The project strives to:

- Build upon/enhance community strengths.
- Use information, data, evaluation and technology to support planning, service delivery and system improvement.
- Sustain increased capacity through changes in policy, practice and funding.
- Seize opportunities that are likely to lead to sustainability.
- Adjust plans and activities to respond to challenges.

In order to fulfill these goals, Pinellas Safe Start focuses on increasing access to services for young children exposed to or at high risk of exposure to violence. The project also is engaged in improving the quality and delivery of these services to the \prod

population of focus as well as their caregivers. Young children and their families are able to be a part of the Pinellas Safe Start spectrum at any point of entry in the county-wide social services system already working with children and families. The over-reaching goal of the project is to prevent and reduce the impact of violence on young children and their caregivers by facilitating positive change on a system level, at the point of service and in the community at large.

During the past five years, Pinellas Safe Start has met many of its original goals. For example, the project designed, funded and implemented the Safe Start Partnership Center (SSPC), which is a service delivery program that offers systematic screening, identification, parent education, referral, assessment and short-term intensive family services for children birth to six years-old and their families. The SSPC also provides training and community education and consultation to other community agencies about children's exposure to violence. Among its many accomplishments, Pinellas Safe Start has also:

- Implemented systematic screening for children's exposure to violence within the county wide child care system.
- Collaborated with the Domestic Violence Task Force to pilot a batterer education program in the county jail enhanced with information about children's exposure to violence. A workshop about children's exposure to violence is also provided to women in a separate jail program.
- Facilitated working agreements between domestic violence and child protection agencies to improve service coordination for families impacted by domestic violence when children are involved.
- Produced presentation materials, including a video and PSA's for community education and developed partnerships with sponsors, such as the Tampa Bay Devil Rays, to promote public awareness.
- Adapted children's exposure to violence referral questions into the Tampa Bay Information Network client profile/assessment database in order to pilot the utility of a web-based system for automation of referrals within SSPC and community agencies.

As federal funding winds down, Pinellas Safe Start's lead agency, the Juvenile Welfare Board, has committed to being the primary source of continuation funding to transition the project's three models of direct services to children: the Safe Start Partnership Center, the Safe Start Consultant in Coordinated Child Care Special Children's Services Department and the Clearwater Child Development-Community Policing Program. Plans are also in place to continue promoting collaboration and coordination of policy and resources related to children's exposure to violence. Finally, Pinellas Safe Start expects to continue, expand and sustain training efforts to ensure providers are better equipped to identify and appropriately respond to children exposed to violence.

ROCHESTER, New York

"To be a national model of collaboration among public and private sectors that identify and provide services to children and their families and be outcome-driven. The multifaceted approach will include systems and policy change, direct service, changing community norms, increased safety in neighborhoods, childcare settings, schools and homes."

The Rochester Safe Start site aims to:

- Increase system efficiency and humane response to children exposed to violence.
- Directly reduce the impact of violence on young children and their families.
- Change community norms about exposure of children to violence.
- Build on existing partnerships, develop the Safe Start Collaborative to carry out strategic planning, evaluation, technical assistance and service delivery.
- Strengthen community capacity through evaluation and technical assistance.

In Rochester, the project is focused on four main strategies. First, the Rochester site endeavors to give policy a place to get immediate help for young children who are victims or witnesses of violence through their SAFE kids collaboration with the local police department. Second, the project supports families with young children involved in the court process by providing Child in Court Advocates and expanding the availability of supervised visitation. Third, the Rochester project strives to increase the quality of early childhood programming with mentors who are equipped to focus their efforts on children exposed to violence. Fourth, the project seeks to respond to young children exposed to domestic violence across systems by training those who work with families and children on the impact of domestic violence and offer ways to respond. Finally, Rochester Safe Start is determined to change community norms to recognize and respond to young children exposed to violence through a public awareness campaign targeted at high-crime neighborhoods.

Rochester Safe Start is a partnership of:

- ◆ The Monroe County Health Department, which receives the grant and is responsible for hiring.
- The Children's Institute, which houses operations, planning and evaluation activities.
- The Collaborative Council, the decision-making body which is composed of 22 administrators from major systems involved in promoting children's safety and healthy development.
- Work groups, design teams and implementation teams which involve supervisory and front-line staff.

Safe From the Start: Taking Action for Children Exposed to Violence (OJJDP, 2000; OJJDP, 2004)

In 1999, the U.S. Department of Justice and the U.S. Department of Health and Human Services brought together practitioners and policymakers for a national summit on children's exposure to violence. The goal of the summit was to create a national blueprint for action that would include a multidisciplinary continuum of prevention, intervention and accountability. The action plan outlined eight principles intended to address children's exposure to violence:

- 1. Work together across programs and disciplines in a coordinated and supportive manner.
- 2. Begin earlier by focusing prevention and supportive services on young children and families who are 'at-risk.'
- 3. Think developmentally about intervention, prevention and service delivery.
- 4. *Make mothers safe to keep children safe* because their interests and needs often intersect.
- 5. Enforce the law thereby requiring perpetrators to be accountable for their actions.
- Make adequate resources available through coordination, creativity and innovation.
- 7. Work from a sound knowledge base by ensuring services are evaluated for their effectiveness.
- 8. Create a culture of nonviolence on an individual, family and community level.

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Endnotes

- ¹ Because domestic violence and community violence are the most common types of violence to which children and youth are exposed, these often interrelated types of violence will be discussed in further detail. Bear in mind however that children, and especially youth, are also directly and indirectly exposed to violence in their schools through bullying and other violent acts, in their dating relationships as teenagers and young adults as well as in the media.
- ² Because most batterers are men and most victims are women, this issue will be addressed in this manner for purposes of the following discussion of domestic violence. Domestic violence does of course occur between same sex couples and women are the perpetrators in a minority of cases in heterosexual relationships.
- ³ This 20 year-old statistic may actually underestimate the real number of children exposed to domestic violence because the data excluded children of divorced parents and children under the age of three (Osofsky, 2003).
- ⁴ Of course, this is not meant to imply that all battered mothers suffer from these problems or are bad parents; however, it is undeniable that for many women positive and nurturing parenting is extremely difficult when they are being physically and emotionally beaten down.
- ⁵ This study excluded media presentations of violence.
- ⁶ Resiliency will be discussed later in this section.
- ⁷ Note that some of the children who appear resilient may later develop symptoms and behavior related to earlier trauma (Holden et al, 1998).
- ⁸ The discussion of the impact of violence on children's development relies primarily on Marans & Adelman, 1997.
- ⁹ Checklists produced by NCJFCJ include, Asking the Right Questions: A Judicial Checklist to Ensure that the Educational Needs of Children and Youth in Foster Care Are Being Addressed; Indian Child Welfare Act Checklist for Juvenile and Family Court Judges; Questions Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System. These publications can be viewed or downloaded from the NCJFCJ website at: www.ncjfcj.org.
- ¹⁰ At the time of this printing, there are 32 dependency court jurisdictions participating in the national Child Victims Act Model Courts Project. This National Council of Juvenile and Family Court Judges project, funded by the U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, provides training and technical assistance to model court jurisdictions as they engage in court, agency and community collaborative efforts to improve outcomes for children and families involved in the dependency court system. For more information about the Model Courts Project see: www.ncjfcj.org.
- ¹¹ See full description of the Safe Start Initiative on page 24, and see: http://ojjdp.ncjrs.gov/Programs/Prog Summary.asp?pi=15#Overview.