Expert Review of Key Findings on Children Exposed to Violence and Their Families from the Safe Start Demonstration Project

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This article discusses findings from the Safe Start Demonstration Project presented in this special issue with comments from two experts in the field of family violence. The overall findings from the Safe Start Demonstration Project, as well as the findings discussed in each article, are summarized. The discussants were asked to address eight key topics that emerged: (1) infrastructure for a system of care for children exposed to violence, (2) the need for either a continuum of services or multiple entry points to the system of care, (3) the role of law enforcement, (4) crisis intervention, (5) data collection challenges, (6) measurement tools, (7) sustaining the infrastructure for a system of care, and (8) areas of interest for future practice and research. The findings from this special issue and comments by the two experts demonstrate the need for continued work in practice and research in the field of children's exposure to violence.

Keywords: *Safe Start Demonstration Project; children exposed to violence*

To gain an understanding of how the Safe Start Demonstration Project findings presented in this special issue correspond with current thinking in the field of children's exposure to violence, we spoke with Ernest Jouriles, PhD, professor and chair of the psychology department at Southern Methodist University in Texas, who has over twenty years of research experience in the field of family violence, and Betsy McAlister Groves, LICSW, director of Boston Medical Center's Child Witness to Violence Project for over fifteen years and associate professor of pediatrics at Boston University School of Medicine, to obtain their perspectives on issues related to children's exposure to violence. The discussants were chosen for their experience and publications in the field of family violence and their knowledge of practice with and research on children who have been exposed to violence and

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their families. The purpose of the interviews was to confirm, contradict, or add to the findings of the articles in this special issue.

The Safe Start Demonstration Project sought to bring about systems change and in the process address practice and research related to exposure to violence among young children ages six years old and younger. The articles in this special issue reflect the work of six Safe Start Demonstration Project grantees and the current research findings in an emerging field. Kracke, Lamb, and Hyde provide a history of the Department of Justice's role in addressing children's exposure to violence. Hyde, Lamb, Arteaga, and Chavis expound on the history of the Safe Start Initiative by describing the evaluation process and findings of the Department of Justice's Safe Start Demonstration Project. The remaining six articles present findings from specific Safe Start Demonstration Project sites:

- Crusto, Lowell, Paulicin, Reynolds, Feinn, Friedman, and Kaufman describe how a wraparound program was successful in reducing parental stress levels and symptomatology of post-traumatic stress disorder among children.
- Schewe examines community-based services for children exposed to violence and their families, as well as the outcomes of those services. Caregiver and child outcomes were found to improve when caregiver services focused on socio-emotional needs and appropriate child discipline; child outcomes improved when services focused on identifying and expressing feelings and differentiating between good and bad touches.
- Shields reviews police documentation of domestic violence incidents, including family characteristics and the presence or absence of children. Over a period of one-and-a-half years, police documentation significantly improved, though data gaps remain.
- Blodgett, Behan, Erp, Harrington, and Souers find that crisis intervention increased the number of children identified as having been exposed to violence and their families and also led to increased engagement in extended services.
- Berent, Crusto, Bohdan, Lotyczewski, Greenberg, Hightower, and Kaufman describe their development of a brief measure to assess children's exposure to violence. The measure, intended for use by service providers in their work with young children and their families, has good psychometric properties.
- Ortega, Beauchemin, and Kaniskan examine risk and protective factors among young children exposed to violence and their families and find that a family's needs and protective factors are strong predictors of parental stress.

The overall findings from the Safe Start Demonstration Project, as well as specific findings from each article, were summarized, and the discussants were asked to address eight key topics that emerged: (1) infrastructure for a system of care for children exposed to violence, (2) the need for either a continuum of services or multiple entry points to the system of care, (3) the role of law enforcement, (4) crisis intervention, (5) data collection challenges, (6) measurement tools, (7) sustaining the infrastructure for a system of care, and (8) areas of interest for future

practice and research. The interviews were recorded, transcribed, and analyzed for key themes.

Infrastructure for a System of Care for Children Exposed to Violence

The evaluation of the Safe Start Demonstration Project points to the efficacy of a system of care for identifying, assessing, and treating children who have been exposed to violence and their families. Based upon the findings presented in this special issue, key stakeholders in such a system of care include law enforcement officers, primary health care providers (including mental health care providers), early childhood educators, domestic violence specialists, child protective services/child welfare, court workers (i.e., judges, advocates), help lines, schools, social service agencies, and substance abuse centers (Association for the Study and Development of Community, 2007a).

Jouriles and McAlister Groves agree that the above stakeholders are critical components in a system of care for children exposed to violence and their families. In addition to the important role played by law enforcement in identifying children who have been exposed to violence, examined by Shields in this issue, Jouriles and McAlister Groves also described the health care system, specifically pediatricians, as essential to efforts for universal screening of exposure to violence. Pediatricians have contact with most children and are in an ideal position to screen for exposure to violence. As Jouriles stated, "I think the medical profession can be important in the same way the police can be in terms of identifying cases." McAlister Groves further explained the importance of the health care system:

> I think the system that's been left out is the health care system. I think health care is critical. If you think of systems that all families are going to pass through, I think there [are] only two systems: one is health care; the other is school. And so if you only rely on police or the court, you're missing a huge segment of the population. Where exposure to violence may be occurring, but where families . . . don't have to access the legal system, you're never going find them. If you talk about this goal of universal identification, that's problematic in schools because schools aren't geared to do that kind of surveillance, but health care is. Lead poisoning, immunization, you name it. I think health care is just critical. Pediatrics, if we're talking about children.

The comments by Jouriles and McAlister Groves confirm the need for various stakeholders, specifically pediatricians, to play a role in a system of care for children exposed to violence. Pediatricians and other primary doctors should be trained to screen for children's exposure to violence, and future research should examine the efficacy and results of these efforts.

Which Is Needed—Continuum of Services or Multiple Entry Points for Services?

Families dealing with violence vary in the intensity of services they require. Given each family's unique situation, a continuum of services or multiple entry

points for services may be best. In the Safe Start Demonstration Project communities, many key stakeholders worked together to provide a continuum of services for children who have been exposed to violence and their families. An example of a program with a continuum of services is the Child FIRST program.

Child FIRST, part of the Bridgeport Safe Start Demonstration Project, is a comprehensive home- and hospital-based wraparound program designed to improve outcomes for children exposed to violence and their families by coordinating referrals and services from an array of agencies, including home and early care and educational settings, family resource and support centers, child protective services, and the board of education. Though Crusto et al. describe the effectiveness of this wraparound program, a comprehensive continuum of care may not be appropriate for all families, and not all children and families require the same level of intense services. McAlister Groves noted: "I come from the notion that not all children are equally affected by exposure to violence, and not all families have the same service needs. Some families cope well and have lots of protective factors. . . . We need to make sure we don't assume all families need the same array of services. So the ability to assess individual and family needs and look at the risk and protective factors is critical. [It is important not to make] assumptions that because a child has been exposed to violence, they need certain types of services. . . . So I more visualize this as points where people drop in."

Similarly, multiple entry points into services may be beneficial for families but can also be burdensome or confusing if service coordination is lacking, as Jouriles pointed out:

> I think sometimes when you get too many people involved in an individual child's care it can actually slow things down and create confusion. Example: when there are multiple people delivering services to the same child, if service delivery isn't coordinated among them, the child or family [is] getting recommendations that contradict each other, and that creates confusion and an extra burden on the family. I think many of the families we work with have very limited resources, including time. And when service delivery is done by multiple people at multiple agencies, where the family is expected to do one thing on Tuesday and another on Wednesday and another on Thursday, it becomes too overwhelming for these families that are already under overwhelming circumstances.

Exposure to violence differentially affects children and their families. While Crusto et al. discuss the effectiveness of a wraparound program for children exposed to violence, both Jouriles and McAlister Groves suggest that a comprehensive continuum of care may not be appropriate for all children and families. They support individualized, tailored services and also suggest that many families may not need all services, but if they do, it is important that they be coordinated.

Role of Law Enforcement

In the Safe Start Demonstration Project, law enforcement played a major role in the identification of children who had been exposed to violence and their fami-

lies. Shields found that police officers could be trained to identify and document children's exposure to violence; documentation aided police officers in tracking children exposed to violence and allowed for immediate referrals to services.

Jouriles and McAlister Groves agree that police departments have a critical role in addressing children's exposure to violence and that officers must be adequately trained. Jouriles stated that the police "play a valuable role in identifying families where violence is going on and kids are being exposed, and the different levels" of violence. McAlister Groves added: "I think [law enforcement has] a huge role. . . . For the families who call the police, the police are in a unique and critical position to see kids other systems may not see. I think training them appropriately is a high priority and Safe Start from the beginning has emphasized the role of law [enforcement]. I think all officers should be trained on the impact of violence on children, on the context of their role, [how] they can identify and respond to kids, and how . . . to refer kids to needed services." Efforts to train law enforcement to identify and document families and refer them to the appropriate services should be continued.

Crisis Intervention

Blodgett et al. discuss the importance of crisis intervention when children have been exposed to violence. Families in crisis have immediate needs; safety issues must be addressed first, followed by basic needs (e.g., housing, food). Families then are in a more stable situation to receive mental health services. According to Jouriles, "What needs to be a priority is to keep family members safe . . . and if that involves police intervention, so be it. . . . When families are in that crisis situation where they don't know how basic needs are going to be fulfilled, it's very difficult to carry out mental health interventions. On the other hand, . . . it might be a more ideal time to do the mental health interventions" once basic needs have been figured out and dealt with. These comments suggest that it is important to be sensitive to the needs of the family and deliver services that are needed at the appropriate time.

Data Collection Challenges

The population of children exposed to violence and their families is a high-risk group that tends to be difficult to engage and retain in mental health treatment. Obtaining follow-up data is difficult when families do not remain in treatment for extended periods of time. In addition, some families may refuse to participate in data collection because the assessment measures seem burdensome or intrusive. Despite these challenges, practitioners and researchers must work together to obtain data to improve methods for identifying, screening, assessing, and treating children who have been exposed to violence and their families.

To address potential data collection challenges, two of the studies in this special issue used distinct strategies: Schewe discusses his use of practitioner ratings to assess changes in the child, and Blodgett et al. describe the use of analysis of clinical records to assess children's improvement. While there are limitations to each

of these approaches, both are less intrusive than collecting data from the children and families themselves and yield information that may not be captured otherwise. Jouriles and McAlister Groves support the strategy of collecting data from sources other than the client. Jouriles considers practitioner ratings a logical source of data that can provide valuable insights: "In general I think you get most researchers in mental health to agree you need data from multiple sources, and in psychology; gathering therapist rating is unique to this paper, but it's not unique in treatment outcome research. In some ways it's good that people are trying to collect data from logical sources. I think you can get very valuable perspectives."

Related to data collection considerations is the issue of measuring exposure to violence. McAlister Groves recognizes the need to obtain data from multiple sources: "When we say 'improvement in functioning,' . . . whose sets of eyes are we [using in] determining that? And that's why I also ask if it could be parent report, teacher report, independent observer report? Obviously it's costly and there are ethical or logistical issues with getting teacher report or independent observer report. These are some of the challenges to collecting data in this area."

It is generally recognized by both researchers and practitioners that there are inherent challenges in collecting data on children's exposure to violence. Despite these challenges, practitioners and researchers must work together to obtain data on children who have been exposed to violence and their families in order to better identify, screen, assess, and treat these individuals. The articles by Schewe and Blodgett et al. demonstrate how data can be obtained from sources other than the child and family. While there are limitations to assessing children based upon practitioner ratings and case reports, there are also advantages in that it is less intrusive for the families and yields information that may not have been captured otherwise.

Measurement Tools

One of the challenges in the field of children's exposure to violence is that no measure meets all the necessary criteria (e.g., brevity, good psychometric properties, and clinical utility) to address the needs of both practitioners and researchers. This challenge begs the question: Is it possible to develop such a measure? While a universal measurement tool may facilitate implementation among practitioners and researchers as well as comparison across intervention sites, a universal tool may not be able to adequately address the needs of various stakeholders.

For example, Berent et al. developed a screening tool for use by early childhood providers in schools and clinics; the tool is brief and non-intrusive yet provides useful information regarding exposure to violence. The tool consists of several questions to capture various data about the type of violence exposure and resultant symptoms. While this tool may be useful in clinic and school settings, it may not be useful in other settings; a police officer, for instance, may need a tool with a single question to determine rapidly whether or not a child has been exposed to violence. Jouriles and McAlister Groves confirmed that different measurement tools are needed in different settings. According to Jouriles,

> A screening tool that might be appropriate for a police department or a medical practice might not be appropriate for mental health people trying to address a specific question and vice versa. I think that we need to focus on why are we collecting this information and what's best for this purpose. . . . I think part of the issue is getting agreement between all the players: what are the purposes, what are we trying to find out? Then it's easier to find what we need to do to get this information. I think there's always going to be a bit of a gap because the agenda of researchers is going to be different than the agenda of practitioners.

Sustaining the Infrastructure for a System of Care

The Safe Start Demonstration Project is the first phase of a federally funded initiative aimed at reducing children's exposure to violence and its impact. The efforts of the Safe Start Demonstration Project grantees represented in this special issue will continue to be supported through the work of mental health agencies, law enforcement agencies, early childhood educators, domestic violence victim support specialists, and other direct service providers, as well as through the cross-disciplinary relationships among these sectors. According to McAlister Groves, these are key stakeholders in the infrastructure, but other sectors, such as the health care system, courts, victim advocacy, and children's advocacy, also should be included: "I think stakeholders continue to be criminal justice, law enforcement, and domestic violence. I think health systems should get more involved, and early childhood, which is so underfunded. Safe Start was first focused on kids [ages] zero to six, and I'm a big believer in that model. Right now it's not just police, but courts, victim advocacy, children's advocacy. I think in most communities they are a big force in this."

Continued research examining effective interventions also is important to the support and sustenance of the infrastructure for addressing children's exposure to violence. Jouriles stated: "I think what Safe Start is doing is valuable in terms of trying to evaluate best practices. Trying to evaluate how best to help these kids is a big gap in the literature. Once we find out, it's going to be a lot easier to help them, but also to convince others that it's a problem, [and then we'll be able to] help a large percentage of these kids. Right now I think a lot of the services are unevaluated and people are skeptical as to if it's working or not." The Safe Start Demonstration Project's findings in this special issue, as well as the comments of both Jouriles and McAlister Groves, demonstrate that key partnerships and involvement by stakeholders and continued research efforts are needed to continue to sustain an infrastructure to address children's exposure to violence.

Areas for Future Practice and Research

As the field of children's exposure to violence continues to develop, future practitioners and researchers will need to address the following key issues: stopping the violence, early detection and prevention, protective factors, definitional issues,

and improving communication between practitioners and researchers. First, the violence needs to be stopped. Jouriles stated: "We . . . cannot lose sight of the fact that one of the best ways to help these kids is to be able to stop the violence. That's one of the big parts, but even if you stop the violence, you're still going to need to help the kids who've been exposed."

Children who have been exposed to violence must receive necessary services as soon as possible in order to prevent future negative outcomes; direct service providers, therefore, need to be better trained to detect exposure to violence. McAlister Groves stated: "I also feel very strongly that we need to start thinking about prevention, not just intervention, and that prevention really means developing systems that can identify kids early on."

Jouriles and McAlister Groves agreed that future work should focus on identifying protective factors that may prevent the negative outcomes associated with exposure to violence. McAlister Groves felt that "we need to continue to learn more about the protective factors." Jouriles stated that in "trying to learn what works and what doesn't, one of the directions would be to try and find out [about] these kids who are in these very violent families and seem to be doing well; what's going on with those kids?"

In addition to assessing protective factors, future research also should address definitions. Jouriles stated: "There's lots of work to be done. Still a lot of questions, definitional questions." For instance, "exposure to violence" is a vague phrase that may have different meanings to different people. A more solid definition would aid in the development of instruments and interventions that could be used in various settings.

Equally important to future progress in the field is the establishment of a rapport between practitioners and researchers, who must collaborate to deliver services and assess the effectiveness of interventions. McAlister Groves stated: "I think the need for quality research is great and we need to continue to understand or develop strategies for pairing researchers and practitioners in effective ways. . . . I know the requirements on data collection are really tough. And involving knowledgeable researchers and practitioners in the planning from day one is very important. Good practitioner intervention and good research demands that people plan together from the initial stages."

Conclusion

The Safe Start Demonstration Project articles in this special issue, along with comments from Jouriles and McAlister Groves, illustrate the need for future work in the field of children's exposure to violence. For instance, the evaluation of the Safe Start Demonstration Project found that multiple sectors (e.g., law enforcement, schools, mental health) need to be part of a system of care for children who have been exposed to violence and their families. Additionally, Jouriles and McAlister Groves emphasized the importance of involving the health care sector, specifically pediatricians, in universal screening for children who have been exposed to

violence. Crusto et al. found that a wraparound program was effective in improving outcomes for children exposed to violence and their families. Jouriles and McAlister Groves, however, pointed out that not all children need a comprehensive continuum of services; when children and families do need multiple services, services should be appropriate and seamless to minimize potential burden on the family.

A key sector in the system of care for children exposed to violence is law enforcement. Jouriles and McAlister Groves agree that law enforcement plays a critical role in the identification of children who have been exposed to violence. Shields found that law enforcement officers can be trained to document children's exposure to violence. Thus, police officers should continue to be trained to identify children who have been exposed to violence, document their cases, and refer them and their families to appropriate services.

The evaluation of the Safe Start Demonstration Project and Jouriles's comments substantiate the importance of addressing basic needs (i.e., safety, shelter) before children and families receive mental health services. Blodgett et al. found that crisis intervention can be an effective strategy for engaging families in services.

Jouriles and McAlister Groves confirmed the importance of collecting data from multiple sources. Berent et al. developed a screening tool for children's exposure to violence that is useful for both practitioners and researchers in clinical and school settings. While this tool may be useful in more than one setting, Jouriles and McAlister Groves pointed out that the use of a single tool for multiple purposes may not be feasible in other settings.

The Safe Start Demonstration Project is the first phase of a four-phase commitment by the Department of Justice to meet the needs of children who have been exposed to violence and their families. The initial findings provide a foundation for future work. Future research in the field should address definitional issues as well as protective factors. The evaluation findings of the Safe Start Demonstration Project and the comments by Jouriles and McAlister Groves show that the field of children's exposure to violence has made great progress, but much work remains to be done.

References

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