U.S. Department of Justice

Office of Justice Programs

Office of Juvenile Justice and Delinquency Prevention

Office of the Administrator

Washington, D.C. 20531

August 5, 1997

MEMORANDUM

To: Libby Doggett, ED; Naomi Karp, ED; Steven Hyman, NIMH; Mark Rosenberg, CDC; Helen Taylor, ACF; Woodie Kessel, MCHB; Terry Dozier, ED; Carol Williams, ACF; Rose Kittrell, SAMHSA; Duane Alexander, NIH; Marilyn Gaston, HRSA

cc: Elena Kagan, Deputy Assistant to the President for Domestic Policy

From: Shay Bilchik

Re: Proposed Initiative Focused on Children Exposed to Violence

The April 17, 1997 *White House Conference on Early Childhood Development and Learning* provided a tremendous opportunity for the latest research on infants to be shared with the public. It also offered an opportunity for the Administration to engage each agency in a broad-based review of policy, activities and accomplishments in support of early childhood development.

To follow up on the Administration's commitment to this issue, the Department of Justice, through the Office of Juvenile Justice and Delinquency Prevention, is proposing the development of a public/private interagency initiative focused on preventing and reducing the impact of violence on young children. The attached document outlines the proposed interagency initiative and is followed with a description of how the initiative might operate at the federal and local level.

We have been developing this concept with the input of Ann Rosewater at HHS and will be seeking the leadership of the Domestic Policy Council for its implementation. However, the concept can not advance without your input and guidance. Therefore, I hope you can participate in the first of a series of meetings to discuss the concept this **Thursday, August 7 from 11:30 - 12:30 at 633 Indiana, N.W., Seventh Floor Conference Room, Washington, D.C.**

Please contact Sarah Ingersoll to confirm your attendance or if you have any questions. She can be reached at: (202) 616-3650.

Proposed Initiative

"It is appalling the number of letters I get from five- and six- year-olds who simply want me to make their lives safe; who don't want to worry about being shot; who don't want anymore violence in their homes; who want their schools and the streets they walk on to be free of terror. So, today the Department of Justice is establishing a new initiative called "Safe Start," based on the efforts in New Haven, Connecticut, which you will hear about this afternoon. The program will train police officers, prosecutors, probation and parole officers in child development so that they'll actually be equipped to handle situations involving young children. And I believe if we can put this initiative into effect all across America, it will make our children safer." - President Clinton, April 17, 1997

"A child's earliest experience, their relationships with parents and care-givers, the sights and sounds and smells and feelings they encounter, the challenges they meet determine how their brains are wired. And that brain shapes itself through repeated experiences. The more something is repeated, the stronger the neuro-circuitry becomes, and those connections, in turn, can be permanent. In this way, the seemingly trivial events of our earliest months that we cannot even later recall -- hearing a song, getting a hug after falling down, knowing when to expect a smile -- those are anything but trivial. And as we know, for the first three years of life, so much is happening in the baby's brain. They will learn to soothe themselves when they're upset, to empathize to get along. These experiences can determine whether children will grow up to be peaceful or violent citizens, focused or undisciplined workers, attentive or detached parents themselves." - Mrs. Clinton, April 17, 1997

Justification

The need for the proposed initiative is significant. First, we know that the incidence of children's exposure to violence is high. Throughout America, millions of children are exposed to violence at home, in their neighborhoods, and in their schools. According to a National Institute of Justice survey, of the 22.3 million adolescents ages 12-17 in the United States today, approximately 9 million have witnessed serious violence. Among these witnesses to violence, 15 percent developed Post Traumatic Stress Disorder. Researchers excluded from their overall calculations the approximately 30 percent of adolescents who had directly observed someone being beaten up badly and hurt -- an experience so common that had these figures been included, the prevalence of witnessing violence would have risen to 72 percent for the entire sample. Other reports show a similarly high incidence of children exposed to violence:

- In a survey of sixth, eight, and tenth graders in New Haven in 1992, 40% reported

witnessing at least one violent crime in the past year.

- In Los Angeles, it was estimated that children witness approximately 10% to 20% of the homicides committed in that city.

- In a study of African American children living in a Chicago neighborhood, one third of the school-aged children had witnessed a homicide and two-thirds had witnessed a serious assault.

- Ninety-one percent of New Orleans fifth graders and 72 % of Washington, D.C. children have witnessed some type of violence.

- It has been estimated that between 3.3 to 10 million children witness physical and verbal spousal abuse each year, including a range of behaviors from insults and hitting to fatal assaults with guns and knives.

- In a study conducted at Boston City Hospital, 1 out of every 10 children seen in their primary care clinic had witnessed a shooting or stabbing before the age of 6 -- 50 percent in the home and 50 percent in the streets. The average age of these children was 2.7 years.

Secondly, we know the adverse impact of children exposed to violence. Children's exposure to violence and maltreatment is significantly associated with increased depression, anxiety, post traumatic stress, anger, greater alcohol and drug abuse, and lower academic achievement. It shapes how they remember, learn and feel. In addition, children who experience violence either as victims or as witnesses are at increased risk of becoming violent themselves. These dangers are greatest for the youngest children who depend almost completely on their parents and care givers to protect them from trauma.

Third, we know that the majority of children exposed to violence are not treated. According to the National Advisory Board on Child Abuse and Neglect, over 90 percent of children who are exposed to child abuse and neglect do not get the services they need; and too often, victims services in domestic violence and criminal investigations focus on the adult victim rather than the child. In one study of 28 child witnesses aged 1.5 to 14 years from 14 families in which the father killed the mother, delays in referrals for treatment for the children ranged from 2 weeks to 11 years. Without the increased awareness, funds for services and collaboration, training and technical assistance and evaluation supported by the proposed program, it is reasonable to believe that these children will continue to go untreated.

Fourth, the problem of children's exposure to violence is well recognized by both the research and policy making communities; and the solutions to this problem have been established by many esteemed organizations including the American Psychological Association, the Children's

Defense Fund, the Carnegie Corporation of New York, the National Research Council , American Academy of Pediatrics, National Council of Juvenile and Family Court Judges and Zero to Three/National center for Clinical Infant Programs. According to the recommendations of a consensus of professionals in the field, child development theory, experience and evaluations from psychoanalytic and psychodynamic interventions with children, what children need when they are exposed to violence is comprehensive mental health services to help them process the violence; a sustained relationship with a caring, pro-social adult role model; protection from further risk of harm; and legal intervention. These known solutions for treating children exposed to violence are synthesized in the proposed initiative which increases awareness in communities and among professions of the impact of violence on children; facilitates collaboration and coordination of services; improves identification, referral and interventions; provides specific training and support to deal with the psychological aftermath of children's experience with violence; assists organizational changes in the provision of police, mental health, health, educational services; produces specific protocols and procedures for responding to children exposed to violence, etc.

Goal

The goal of the proposed initiative is to prevent and reduce the impact of family, school, and community violence on young children through the development and replication of a multi-disciplinary approach.

Objectives

The initiative would be a public-private collaboration which expands on the Department of Justice's *Child Development - Community Policing Safe Start Initiative* (Attachment C) and would seek to improve access, delivery, and quality of educational/dcvelopmental, health, mental health, family support, crisis intervention and legal services for young children at risk of being or already exposed to violence, their families and their care givers. This focus would include drug abuse identification and referral for treatment for parents, as this is also related to violence prevention, intervention, and family care.

The initiative would accomplish these objectives by providing funding, training, technical assistance and information in 150 communities (and, where appropriate, in their respective states) on the following:

- Coordination of services and the development of a community-wide system for responding to children exposed to violence and linking them to the appropriate services.

- Development of effective protocols and memoranda of understanding for working across systems.

- Development of a child- and family-focused violence prevention strategy that would

include mentoring and conflict resolution for families, child care workers, law enforcement, juvenile justice practitioners, child protective service providers, teachers, medical personnel, community residents and community-based providers, including public housing personnel, and providers of vocational training.

- Education and training for parents, child care workers, child protective service providers, law enforcement officers, probation officers, parole officers, pediatricians, emergency room doctors, nurses, school personnel, clergy, and relevant university staff on responding to the impact of violence on young children.

- Experience in problem-solving so that these individuals and agencies can prevent violence and trauma before it happens.

- Establishment or enhancement of a broad range of local intervention and treatment services and resources for children, their families, and their young peers, including school-based, court-based, community-based, and hospital-based victim services.

- Responsive investigation and prosecution of child victimizers and defendants in domestic violence cases.

- Appropriate law enforcement protection from repeat abuse.

- Improvement of the responsiveness of drug courts to the impact of substance abuse in families on children.

- Coordination with victims assistance and victims compensation for children.

Partners

Organizations contributing to the development, funding, or implementation of the grants, along with training and technical assistance, information dissemination, and assistance in evaluation could include:

- Domestic Policy Council
- President's Crime Prevention Council
- Community Empowerment Board
- Department of Health and Human Services
  - Administration for Children, Youth and Families
  - Center for Disease Control and Prevention
  - Center for Substance Abuse Prevention
  - Center for Substance Abuse Treatment
  - Maternal Child Health Bureau

NIDA
National Institute of Health
National Institute of Mental Health
Office for Planning and Evaluation

- Department of Housing and Urban Development
- Department of Defense
- Department of Education
- Department of Agriculture
- Office of National Drug Control Policy
- Department of Interior
- Corporation for National Service
- Department of Treasury
- Department of Justice
  - Bureau of Justice Assistance
  - Community Oriented Policing Services
  - Drug Courts Office
  - Executive Office for Weed and Seed
  - National Institute of Justice
  - Office of Juvenile Justice and Delinquency Prevention
  - Office for Victims of Crime
  - Violence Against Women Act Grants Office
- White House Conference on Early Childhood Development and Learning participants
- Kaiser Permanente
- American Pediatrics Association
- Edna McConnel Clark Foundation
- American Psychological Association
- Zero To Three
- International Association of Chiefs of Police

Grants

For purposes of discussion, it is suggested that the program budget be $100 million per year for five years and be located in an agency to be determined. $90 million would be awarded to 150 high-risk communities, identified through a competitive process, which demonstrate:

- a comprehensive, integrated, community-wide plan based on their needs and resources for a system of prevention and treatment of children exposed to violence;

- local human resource and financial commitments for implementing and evaluating such a system;

- a strong partnership between State child welfare and justice systems, as well as an

established system of addressing issues in a multidisciplinary approach.

Empowerment Zones and Enterprise Communities would be given competitive advantage.

Each community would receive grants of $600,000 per year for five years, with the first year being set aside for planning, finalization of the program design, and the first stages of implementation -- all of which will be conducted in close coordination with the evaluation described below. The grants would support the range of activities described on page four and would be managed by a federal interagency board, in conjunction with the administering agency, and with input and support from private partners.

Training, Technical Assistance and Information Dissemination

$6 million per year would be set aside for training and technical assistance. Training would take four forms:

1) Site-specific training provided by a team of experts from the Yale Child Study Center. The current team of experts, which is already being expanded, would include professionals experienced in working with parents, child care workers, child protective service providers, law enforcement officers, probation officers, parole officers, pediatricians, emergency room doctors, nurses, school personnel, educators, clergy, public housing officials and university professors.

2) Training and technical assistance provided through existing contracts such as HHS's Head Start and Early Head Start, MCHB Leadership Education Projects, DOJ's Community Prevention Grants, or USDA's Children, Youth and Families At Risk training; and in centers that serve families, such as HHS's Healthy Start Family Resource Centers, Empowerment Zones, DOJ's Safe Havens, Boys and Girls Clubs, and USDA's Community and Migrant Health Centers.

3) State agencies with participating sites would receive training to facilitate system-wide reform, coordination of funding streams and the provision of family and mental health services which would benefit young children. For example, HHS's Child Care and Development Fund Training, Leadership Forums, Child Care Health Consultant Program, and Health System's Development in Child Care could provide opportunities for State-based training.

4) Federal employees on the local level, such as U.S. Attorneys, FBI, DEA, HHS, DOL, HUD, ED, DOD, DOI, CNS, and USDA personnel could be involved in supporting program implementation on the local level.

In addition to training and technical assistance, fact sheets, training materials, curricula, posters, and information would be developed and disseminated to various audiences on the impact of violence on young children, the importance of prevention, and how to identify and respond to children exposed to violence. This information could be produced and disseminated through, among other channels, HHS's National Child Care Information Center, Head Start's seven

national training contracts, Early Head Start National Resource Center, the National Center for Health and Safety in Child Care, Healthy People 2000, Bright Futures, USDA's Anti-Drug Education in rural housing, and DOJ's Clearinghouse. A web site would also contain this information, and a List Serv would be established to electronically link the sites, and various individuals within the sites, to one another.

Research and Evaluation

$3 million per year would be set aside for evaluation of the program. The evaluation would track the individual projects and examine the impact of the overall program as well as certain projects. In addition, HHS's research on Preventing Developmental Delays, Early Social and Emotional Development, Early Learning, Child Abuse and Neglect, Childhood Behavioral Disorders, Social Experience and Development, Mental Health Services for Young Children, and Childhood Injury Prevention; and DOJ's research on the Causes and Correlates of Delinquency and Study of Human Development in Chicago Neighborhoods are suggestive of the types of agency research programs which could inform this initiative. The current effort by HHS to expand and coordinate research in the early childhood development area would also be linked with this initiative.

Conclusion

The tragic consequences to children of chronic exposure to violence, and the social implications of those consequences, are considerable. This Administration has taken a strong position and leadership role on this issue through the recent White House Conference. The proposed initiative will ensure that we have taken the necessary follow up action to protect and help the silent victims of crime and violence.

Attachment B

Federal and Local Scenarios for Proposed Initiative

Building upon the Community Empowerment Board model, a federal interagency team would be formed around the purpose of reducing the impact of violence on young children (0-6 years old). All existing program, training, and research resources related to this goal would be identified and become part of this team's effort to better coordinate, integrate, and improve prevention and intervention services for children exposed to violence. (A preliminary listing of these resources is included in Attachment B). In addition, the team would develop a common list of effective training and technical assistance providers in this area; as well as a comprehensive list of effective approaches and evaluations.

The selected communities would build upon existing projects such as their Empowerment Zone/Enterprise Community; HHS's Head Start and Early Head Start; MCHB Leadership Education Projects; DOJ's Community Prevention Grants, Comprehensive Communities or Weed and Seed sites; USDA's Children, Youth and Families At Risk training; Safe and Drug Free School Community; or Community Anti-Drug Coalition and receive necessary funding support through these existing funding streams for a collaborative process focused on coordinating services and developing a community-wide system for preventing and intervening with children's exposure to violence. Together, families, child care workers, law enforcement, juvenile justice practitioners, child protective service providers, teachers, medical personnel, mental health providers, community residents and community-based providers, including public housing personnel and providers of vocational training would develop a child- and family-focused violence prevention strategy that would include, among other components, family strengthening/parent training, domestic violence reduction, substance abuse prevention, mentoring and conflict resolution.

State health, education, justice and other relevant agencies with sites participating in the initiative would receive training through programs such as HHS's Child Care and Development Fund Training, Leadership Forums, Child Care Health Consultant Program, and Health System's Development in Child Care to facilitate system-wide reform, coordination of funding streams and the provision of family and mental health services which would benefit young children.

Intensive training across disciplines for community teams on children's exposure to violence, treatment options, and interventions in various settings (e.g., curricula for school) would be provided by the team of experts identified by the agencies, including professionals experienced in working with parents, child care workers, child protective service providers, community policing officers, probation officers, parole officers, pediatricians, emergency room doctors, nurses, school personnel, educators, clergy, public housing officials and university

professors. Again, this training would build upon that available under existing contracts.

A broad range of local intervention and treatment services and resources for children, their families, and their young peers, would be established, including school-based, court-based, community-based, and hospital-based victim services. These services may require some new dollars, but would build primarily upon existing federally-funded comprehensive service delivery programs such as HHS's Healthy Start Family Resource Centers, DOJ's Safe Havens, Boys and Girls Clubs, and USDA's Community and Migrant Health Centers.

Federal employees on the local level, such as U.S. Attorneys, FBI, DEA, HHS, DOL, HUD, ED, DOD, DOI, CNS, and USDA personnel would be involved in supporting the development of effective protocols and memoranda of understanding for working across systems; including coordination with victims assistance and victims compensation for children; responsive investigation and prosecution of child victimizers and defendants in domestic violence cases; and appropriate law enforcement protection from repeat abuse.

Fact sheets, training materials, curricula, posters, and information would be developed and disseminated to various audiences on the impact of violence on young children, the importance of prevention, and how to identify and respond to children exposed to violence. This information could be produced and disseminated through, among other channels, HHS's National Child Care Information Center, Head Start's seven national training contracts, Early Head Start National Resource Center, the National Center for Health and Safety in Child Care, Healthy People 2000, Bright Futures, USDA's Anti-Drug Education in rural housing, and DOJ's Clearinghouse. A web site would also contain this information, and a List Serv would be established to electronically link the sites, and various individuals within the sites, to one another.

An evaluation would track the process of implementing this system reform among individual projects, examine the impact of the overall program, and report on the impact of certain projects. In addition, HHS's research on Preventing Developmental Delays, Early Social and Emotional Development, Early Learning, Child Abuse and Neglect, Childhood Behavioral Disorders, Social Experience and Development, Mental Health Services for Young Children, and Childhood Injury Prevention; and DOJ's research on the Causes and Correlates of Delinquency and Study of Human Development in Chicago Neighborhoods could inform the evaluation. The current effort by HHS to expand and coordinate research in the early childhood development area would also be linked with this initiative.

As a result of the significant increase in coordinated federal support, along with the local activity it would prompt, we would find an equally significant change in a community's awareness and involvement in addressing the problem; and its capacity for providing responsive, quality services. The following three scenarios give brief examples to this effect:

Scenario #1

In one community, if a mother and two children, ages 3 and 10, are present when a relative is shot to death through the door of their apartment, the district supervisor, trained by the Initiative, offers a referral for mental health services and also provides the mother with his beeper number. The supervisory sergeant, in touch with the mental health provider, accepts daily calls from the mother, during which he provides her with information regarding the family's protection from reprisal and makes sure that her clinical support is appropriate.

Through support from the Department of Education, the youngest child is placed in a Perry Pre-School program, a model program identified and implemented through the initiative, which fosters the child's social and intellectual development and strengthens the family unit through home visits, weekly meetings with the mother, parent training and vocational assistance.

The older child's school teacher is alerted of the dramatic episode witnessed by the children. The trained school teacher, upon hearing many of the students from the neighborhood talking about the incident, is able to focus a classroom discussion on the repercussions of violence and helps the kids process the incident productively. As a result, the students form a school non-violence campaign.

With the ongoing support of the sergeant, mental health provider, and school teachers, and the involvement of the local public housing authority, the mother and her children receive intensive treatment, both children are functioning well in school and the mother is able to relocate her family to a safer neighborhood.

In addition, the ongoing Community Collaborative, consisting of the formal and informal leadership from the community, suggests that a team including law enforcement, education, mental health, and public housing providers be formed to go into the community to work with residents on an ongoing basis to address local violence-related issues and identify at-risk children in need of services.

Scenario #2

In another community, a woman is stabbed to death by her estranged boyfriend in the presence of her children. During this incident, the boyfriend also batters the woman's six year-old child in the presence of her four-year-old and her daughter, who is 16-years-old and pregnant.

An ambulance rushes the battered six-year-old to the hospital. At the hospital, the physicians treat the six-year-old's wounds and also provide clinical support.

Simultaneously, law enforcement officers and mental health clinicians respond to the scene, provide acute clinical assessments of the other children, and consult with relatives and police as to how to tell the children their mother is dead.

Child protective service workers are briefed by the physician, hospital clinicians, police, and clinicians who were on the scene about the incident and the symptoms being exhibited by each child. They place the children with local family members.

The police and child protective service worker are in contact with the prosecutor to stay

updated on the case of the boyfriend. Police conduct follow up visits to the family, providing practical recommendations for the security of the home and information regarding the status of the prosecution.

The coordinated efforts of police, mental health, child welfare, home-based support professionals, and prosecutors allow the children to remain together, rather than be dispersed to multiple foster homes, and to receive long term family psychotherapy.

The teenager is referred to a Nurse Home Visitation program, (another model program implemented through the initiative), which helps her improve her health-related behaviors, her quality of infant care-giving, and her personal development.

After a brief conference with their school principal, all of the children are able to stay in school despite a prolonged absence. The children's symptoms of anxiety, depression, and aggressive behavior have diminished.

Scenario #3

In a rural community, a sixteen year old is exhibiting delinquent behavior. Law enforcement officers bring him to the attention of the presiding juvenile and family court judge. It turns out his twelve-year old sister had recently been brought to the attention of courts because of child abuse. Their younger five-year-old sibling appears not to be abused, but during regular monthly conversations with the local school administrators, information concerning the five-year-old indicates that he is exhibiting unusual behavior at his school. The judge asks the mental health clinicians working with the twelve-year old to speak with the younger child.

The judge, child protective service worker, community-based police officers, community-based probation officers, clinicians, school officials, and case managers decide they need to provide a coordinated, comprehensive, and structured assessment and intervention for this family. The probation and police officers provide the external authority necessary to contain the older sibling through intensive supervision, frequent monitoring, and the imposition of variable sanctions for violations. In close collaboration with these figures of authority, the Department of Transportation provides a means for the children to get back and forth to the Extension Center where they participate in a model family strengthening program; and the clinicians, educators, job training specialist and case managers provide a range of educational, therapeutic, and recreational interventions, including life skills, work force development, conflict resolution training, community service projects, after school activities, wilderness experiences, and group psychotherapy, all coordinated with the children's parents.

I hope that these three case examples help bring to life how this initiative might operate. They reflect our preliminary thinking and would be informed by the other agencies and non-federal organizations which we hope can be involved in making this initiative a reality.