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.

Attachment A

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.

U.S. Department of Justice

Office of the Deputy Attorney General

Washington, D.C. 20530

FAX TRANSMISSION COVER SHEET

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DATE: **December 23, 1998**

NUMBER OF PAGES: **12 (that's all) (plus cover)**

MESSAGES: Attached are the following documents:

- Revised "3 pager" with updated statistics,
- Revised Q&A with updated statistics and success measures, and
- Summary of Winston-Salem study (gleaned from Tab 7 of prior fax).

DEPARTMENT OF JUSTICE
CHILDREN EXPOSED TO VIOLENCE INITIATIVE

INITIATIVE SUMMARY FOR THE 12/29/98 WHITE HOUSE EVENT
(DRAFT: H/UDD/Smolover/Kids/WH/Summary/Final.wpd: December 23, 1998 (6:30PM))

Event: On December 29, 1998 the President will announce that the Department of Justice is launching a Children Exposed to Violence Initiative. The Domestic Policy Council and the Department of Health and Human Services are partners in this Initiative.

Purpose: The mission of the Department's Children Exposed to Violence Initiative is to improve the justice system's response to child crime victims and witnesses.[1]

Means: As part of the Department's comprehensive efforts to keep children and communities safe, the Initiative will focus public attention on the abuse and violence that affects the lives of too many children and challenge federal, state, and local law enforcement -- in partnership with communities, social service agencies, mental and physical health care providers, schools, courts, the private sector, and government leaders -- to improve prevention, intervention, and accountability efforts addressing children exposed to violence.

Need: Children exposed to violence carry the violence with them throughout their lives. Child victims and witnesses are much more likely to become juvenile and adult offenders. Reducing children's exposure to violence must become a major law enforcement priority. Child victims and witnesses should be helped and healed – and prevented from becoming future offenders. The Initiative is designed to break the cycle of violence. The time has come make our justice system better fit our children and better protect our citizens.

The Facts:

- In 1993 an HHS study showed that 2.8 million children were identified as maltreated or abused.
- 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% in the home and 50% in the street). The average age of these children was 2.7 years.
- In 1993, of 1035 Chicago students, ages 10 - 19, 35% witnessed a stabbing, 39% witnessed a shooting, and 24% had seen someone killed. In an earlier 1990 Chicago study of 1000 elementary and high-school age children, 40% had witnessed a

[1]The Children Exposed to Violence Initiative is part of the Department's comprehensive efforts to keep children and communities safe. The Department is focusing on issues such as: children exposed to violence; health insurance outreach; environmental risks to children; child support enforcement; adoption issues; children with disabilities; school safety; youth drug and alcohol prevention; youth gang initiatives; youth gun initiatives; juveniles in Indian country; juveniles in federal custody; and juvenile justice legislation.

shooting, 33% had witnessed a stabbing, and 25% had witnessed a murder.

- **Children who are victims of, or witnesses to, violence are at an increased risk for delinquency, adult criminality, and violent criminal behavior.** Exposure to violence shapes how a child learns, feels, and acts. Exposure to violence and maltreatment is significantly associated with depression, anxiety, traumatic stress, anger, greater alcohol and drug abuse, and lower academic achievement.
- Children reported abused and neglected are 67 times more likely to be arrested between the ages of 9 and 12 than are other children.
- **Being abused or neglected as a child increases the likelihood of arrest as a juvenile by 53% and the likelihood of arrest for a violent crime as an adult by 38%.** Child abuse and neglect also places a child at significant risk for substance abuse, mental illness, and suicide.
- Approximately 25% of violent crime victims are children between the ages of 12 and 17.
- Youth age 12 - 17 are almost three times more likely than adults to experience violent crime and suffer injury as a result.
- Of the nation's 22.3 million adolescents ages 12 - 17, approximately 1.8 million have been victims of serious sexual assault, 3.9 million have been victims of serious physical assault, and almost 9 million have witnessed serious violence. Nearly 2 million appear to have suffered from post-traumatic stress disorder – a long-term mental health condition often characterized by depression, anxiety, nightmares, flashbacks, and other physical and behavioral symptoms.
- Among the juveniles arrested for criminal and status offenses, 20 - 50% are themselves victims of child abuse or other violent crime.

Much of this victimization goes unrecognized and unaddressed until the damage is beyond repair. Prevention and early intervention clearly provides the best opportunity to protect our children and stop future violence in our homes and on our streets.

Cornerstones: The Initiative focuses on justice system/law enforcement reform, legislative reform, program support, community outreach, and public awareness.

Four highlights of the Children Exposed to Violence Initiative include:

- **Safe Start:**

In response to the White House Conference on Early Childhood Development and Learning the Department of Justice Office of Juvenile Justice and Delinquency Prevention launched the Safe Start program. The Safe Start program began with the Child Development-Community Policing (CD-CP) program in New Haven, CT, an innovative partnership between the New Haven Department of Police Services and the Child Study Center at the Yale University School of Medicine. Mental health professionals provide intensive training to police responding to children in violent situations. Mental health specialists are on call 24

hours a day, seven days a week, and work hand-in-hand with police officers to assist child victims and witnesses and increase offender accountability. The New Haven program has been replicated in many cities, including Charlotte, Nashville, Baltimore, and Chelsea.

Safe Start is a new program building on the innovative CD-CP program. This year, the Department will award $10 million to up to 12 communities to implement comprehensive, community-based programs to reduce the impact of family, school, and community violence on young children. These programs will promote partnerships between community police, prosecutors, mental health workers, domestic violence experts, and child victim specialists.

- **Law Enforcement Reform:**

The Initiative will improve the justice system's response to child victims and witnesses by providing information and training (including in-the-field User Guides, best practice manuals, and videos) to law enforcement agents, prosecutors, victim/witness coordinators, and court personnel who encounter child victims and witnesses. Deputy Attorney General Eric Holder will present the President with the Department's first law enforcement Portable Guide on *Forming a Multidisciplinary Team to Investigate Child Abuse* on December 29th.

The Initiative will develop and promote programs that: utilize Child Death Review Teams to investigate suspicious child fatalities, expand Victim Assistance programs, create Court Schools that help acclimate children to the courtroom and prevent their re-victimization by the justice system, create Child Advocacy Centers serving children who are victims of sexual abuse and other violent crime and who are witnesses to violent crime, and promote model Dependency Courts.

- **New Legislation:**

The Department will develop federal and model state legislation that enhances penalties (and increases accountability) for violent crimes affecting children. The law must be reformed to hold defendants who kill children through abuse and neglect strongly accountable. The Department will also develop federal and model state legislation to help our court system better fit our kids.

- **National Summit on Children Exposed to Violence:**

In May, 1999 the Department (along with other federal agencies, including HHS, and specialists in the field, including the Children's Mental Health Alliance, the Child Welfare League of America, CIVITAS, the Rob Reiner Foundation) will convene a National Summit on Children Exposed to Violence. The Department will bring together experts in law enforcement, policy, medicine, mental health, child development, and the media (among others) to highlight best practices and develop a blueprint for national, state and local action, to improve prevention, intervention, and accountability efforts addressing children exposed to

violence. The Department will develop a Law Enforcement Monograph, a Legislative Monograph, a Monograph for Practitioners, and a video on innovative law enforcement practices and model programs, for distribution at the Summit.

Children Exposed to Violence Initiative
Questions and Answers

Q: What do we know about the number of children exposed to violence?

A: An alarming number of children experience violence as victims or witnesses:

- In 1993, 2.8 million children were identified as maltreated or abused. (National Incidence Study of Child Abuse and Neglect (NIS))
- 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% in the home and 50% in the street). The average age of these children was 2.7 years.
- In 1993, of 1035 Chicago students, ages 10 - 19, 35% witnessed a stabbing, 39% witnessed a shooting, and 24% had seen someone killed. (Bell and Jenkins 1993). In an earlier 1990 Chicago study of 1000 elementary and high-school age children, 40% had witnessed a shooting, 33% had witnessed a stabbing, and 25% had witnessed a murder. (Kotulak 1990)
- Approximately 25% of violent crime victims are children between the ages of 12-17 (Bureau of Justice Statistics, National Crime Victimization Survey (NCVS) 1996).
- Youth age 12 - 17 are almost three times more likely than adults to experience violent crime and suffer injury as a result. (NCVS 1996)
- Of the nation's 22.3 million adolescents ages 12 - 17, approximately 1.8 million have been victims of serious sexual assault, 3.9 million have been victims of serious physical assault, and almost 9 million have witnessed serious violence. (1997, National Institute of Justice (NIJ) *Prevalence and Consequences of Child Victimization*)

Q: What is the impact of children being exposed to violence?

A: Child victims and witnesses are traumatized by their experiences and are far more likely to become juvenile and adult offenders:

- 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. These dangers are greatest for the youngest children who depend almost completely on their parents andcare givers to protect them from trauma.

- **Children who are victims or witnesses to violence are at an increased risk for delinquency, adult criminality, and violent criminal behavior**. Exposure to violence shapes how a child learns, feels, and acts. (Widom, Cycle of Violence, NIJ)
- Children reported abused and neglected are 67 times more likely to be arrested between the ages of 9 and 12 than other children. (Child Welfare League of America, 1997 Sacramento County study)
- **Being abused or neglected as a child increases the likelihood of arrest as a juvenile by 53% and the likelihood of arrest for a violent crime as an adult by 38%**. It also places children at significant risk for substance abuse, mental illness, and suicide. (Widom, Cycle of Violence, NIJ)
- Among the juveniles arrested for criminal and status offenses, 20 - 50% are themselves victims of child abuse or other violent crime. (Cite derived from 1997 Child Welfare League of America California Study)

Q: What do we know about treating children who have been exposed to violence?

A: According to experts in child development and children's mental health, what children need when they are exposed to violence is comprehensive mental health services; a sustained relationship with a caring, positive adult role model; protection from further risk of harm; and support from the justice system.

Q. What is the Department of Justice's (DOJ) Children Exposed to Violence Initiative?

A. The Initiative is part of the DOJ's comprehensive Children and Justice strategy. Working with the Department of Heath and Human Services and community partners, the Initiative will focus public attention on the abuse and violence that affect the lives of too many children. The Initiative will also aim to challenge federal, State, and local law enforcement – in partnership with communities, social service agencies, mental and physical health care providers, schools, courts, the private sector and government leaders – to reduce children's exposure to violence and respond better when it happens.

The Initiative has five components: (1) justice system/law enforcement reform; (2) federal and state legislative reform; (3) program support and development; (4) community outreach and implementation; and (5) public awareness.

(1) Justice System/law enforcement reform:

The Initiative will improve the justice system's response to child victims and witnesses by providing information and training (including in-the-field User Guides, best practice manuals, and videos) to law enforcement agents, prosecutors, victim/witness coordinators, and court personnel who encounter child

victims and witnesses.

(2) Federal and State legislative reform:

The Department will develop federal and model state legislation that enhances penalties (and increases accountability) for violent crimes affecting children. The law must be reformed to hold accountable defendants who kill children through abuse and neglect. The Department will also develop federal and model state legislation to help our court system better fit our kids.

(3) Program Support and Development:

The Department will support the following programs designed to prevent violence against children and provide appropriate intervention to help child victims and witnesses: Home Visitation Programs; Child Development-Community Policing; Safe Start; Safe Kids/Safe Streets; and Child Advocacy Centers.

(4) Community Outreach and Implementation:

The Department, working with the Department of Health and Human Services (HHS), will convene a National Summit on Children Exposed to Violence this Spring. The Summit will bring together experts in law enforcement, policy, medicine, mental health, child development, and the media (among others) to highlight best practices and develop a blueprint for national, state, and local action to promote prevention, intervention, and accountability efforts addressing children exposed to violence.

(5) Public Awareness:

Department leaders will bring the issue of child victimization to national attention by serving as spokespeople and devoting the Department's resources to the issue.

Q: What is the history of the Initiative?

A: Attorney General Janet Reno recently selected the Deputy Attorney General, Eric Holder, Jr., to coordinate the Department's efforts devoted to children exposed to violence. As a judge, and later as the United States Attorney for the District of Columbia, Mr. Holder saw first hand the devastating effects of violence in children's lives. Mr. Holder has committed to work with the Department's Office of Juvenile Justice and Delinquency Prevention to continue to move this issue forward.

Q: Why isn't the Attorney General participating in today's events. Is she boycotting Presidential events during the impeachment process?

A: The Attorney General is at home in Florida with her family for the Christmas holidays.

Q: What is the Child Development-Community Policing Program in New Haven, CT?

A: The Child Development-Community Policing Program, initiated in 1991 through an innovative partnership between the New Haven Department of Police Services and the Child Study Center at the Yale University School of Medicine, addresses the psychological burdens on children, families and the broader community of increasing levels of community violence. In addition to working with victims and witnesses of violent crime and abuse, CD-CP provides psychological services to young offenders.

The program consists of interrelated training and consultation, including a child development fellowship for police supervisors; police fellowship for clinicians; seminars on child development, human functioning, and policing strategies; 15 hour training courses in child development for all new police officers; weekly collaborative meetings and case conferences that support institutional changes in police practices; establishment of protocols for referral and consultation that insure that children receive the services they need.

Q: What has been the impact of the Child Development-Community Policing program?

A: The CD-CP program includes: round-the-clock availability of consultation with a clinical professional for patrol officers who assist children exposed to violence; weekly case conferences with police officers, educators, and child study center staff; open police stations that are located in neighborhoods and are accessible to residents for police and related services; community outreach and coordination of community response; crisis response; clinical referral; interagency collaboration; home-based follow-up; and officer support and neighborhood foot patrols.

The CD-CP Program reports a 30% decrease in re-arrest rates of juvenile offenders during their involvement in the program and six months thereafter as compared to juvenile offenders who are on probation but receive no additional services.

Q: How has the Administration supported the Child Development - Community Policing program?

A: In FY 1995 and FY 1996, the Department of Justice's Office of Juvenile Justice

and Delinquency Prevention provided $300,000 each year to the Child Study Center to replicate the model through training of law enforcement and mental health providers in a number of cities. In FY 1997, the Department of Justice allocated $700,000 of FY 97 discretionary funding ($300,000 from the Office of Juvenile Justice and Delinquency Prevention, $300,000 from the Violence Against Women Act Grants Office, and $100,000 from the Office for Victims of Crime) to expand the Child Development-Community Policing program. The new funds supported the following activities:

- Nationwide intensive training and technical assistance for law enforcement, prosecutors, mental health professionals, school personnel, and probation and parole officers to better respond to the needs of children exposed to community violence including but not limited to family violence, gang violence, and abuse or neglect.

- Expansion of the program sites from the original four to a total of eight.

- Further research, data collection, analysis and evaluation of CD-CP in the program sites.

- The development of a casebook for practitioners which will detail intervention strategies and various aspects of the CD-CP collaborative process.

Q. What is the Administration doing this year to expand the CD-CP program:

A: In FY 1999 the Department will fund the **Safe Start** program at $10 million, using the CD-CP model as a prototype.

The Safe Start program began with the Child Development-Community Policing (CD-CP) program in New Haven, CT, an innovative partnership between the New Haven Department of Police Services and the Child Study Center at the Yale University School of Medicine. Child development specialists provide intensive training to police responding to children in violent situations. Mental health specialists are on call 24 hours a day, seven days a week, and work hand-in-hand with police officers to assist child victims and witnesses and increase offender accountability. The New Haven program has been replicated in many cities, including Charlotte, Nashville, Baltimore, and Chelsea.

Safe Start is a new program building on the innovative CD-CP program. This year, the Department will award $10 million to as many as 12 communities to implement comprehensive, community-based programs to reduce the impact of family, school, and community violence on young children. These programs will

promote partnerships between community police, prosecutors, mental health workers, and child victim specialists.

Q. When can I get a copy of the Safe Start application?

A: Applications will be ready by February. You may call the DOJ Response Center at (1-800-421-6770) to put your name on the mailing list.

Q. Beyond funding CD-CP and Safe Start, how will the Department of Justice help children exposed to violence?

A: The Department will support the following programs:

- Home Visitation Programs:
  The Department will support home visitation by nurses and other trained professionals. Currently, the Department provides a total of $150,000 to six communities' nurse home visitation programs through the Boulder Colorado Center for the Study and Prevention of Violence. In addition, the Department administers $150,000 in HHS funds to evaluate the six sites, and provides replication funds. The Department also promotes home visitation (by non-medical professionals) through Title V grants and will be replicating the nurse home visitation model in additional communities.

- Safe Kids/Safe Streets:
  The Department will seek continued funding of Safe Kids/Safe Streets Community Approaches to Reducing Abuse and Neglect and Preventing Delinquency (Safe Kids/Safe Streets). This five-site demonstration project is designed to break the cycle of early childhood victimization and later juvenile and adult criminality, and to reduce child abuse and neglect and resulting child fatalities, by instituting justice system reforms and coordinating the management of abuse and neglect cases within the justice system, child welfare, and family services. The program supports community-wide public/private collaborations. Safe Kids/Safe Streets was fully funded with FY 1996 funds in early 1997 under 5 ½ year cooperative agreements.

- Child Advocacy Centers (CACs):
  The Department will fund, support and promote Child Advocacy Centers. CACs use a multidisciplinary team approach to aid child victims and witnesses within the justice system and to coordinate and deliver intervention services. Currently, the Department provides $ 5.5 million to the National Children's Alliance and four regional Child Advocacy Centers, which in turn support hundreds of CACs around the country.

Summary of Winston-Salem study:

The Strategic Approaches to Community Safety Initiative in Winston-Salem is examining juvenile violence in Winston-Salem and Forsyth County, specifically problems with increasing incidents of violent and assaultive behavior. We are looking at juveniles in various age groups: 16-17 year-olds; 12-15 year-olds; and 11 and under.

Among other areas, we will be examining the role that early victimization and involvement in criminal behavior plays in later violent acts.

Some of our initial analysis has yielded the following information:

- In study of 300 juveniles (age 17 and under) with most frequent contacts with police, 97 percent have been victims of crime.
- Of those victimizations, 26 percent occurred before the age of 5. An additional 25 percent occurred between the ages of 5 and 7.
- Those 300 juveniles have been victims of crimes a total of 1,942 times. Some were victims as many as 28 times before age 15.
- The highest overall rates of victimization were among 12-15 year-olds, who are also showing increased involvement as suspects in violent and assaultive crimes.
- Among 12-15 year-olds, approximately 25 percent have been crime victims more than 10 times.

Two Typical Case Studies:

Male, age 15

- Age 6 - Victim of sexual advances by adult caretaker.
- Age 7 - Caught shoplifting a toy motorcycle.
- Age 7 - Assaulted by mother's boyfriend.
- Age 8 - Accused with three other juveniles of breaking windows, screens and vandalizing three vacant houses.
- Age 9 - Witnessed assault on his mother by her live-in boyfriend
- Age 10 - Ran away from home
- Age 10 - Suspected of stealing a neighbor's bike.
- Age 11 - Assaulted by his legal guardian, who said she was disciplining him for being

late and misbehaving in school.

- Age 11 - Threatened a 4th-grade teacher by telling her he would get a knife and kill her.
- Age 12 - Taken to local hospital Adolescent Psychiatry Unit for behaving uncontrollably and combatively at group youth home.
- Age 12 - 13 - Ran away from home numerous times
- Age 14 - Pulled a knife on a friend after an argument at school.
- Age 14-15 - Almost monthly incidents of fighting and running away from group homes into which he has been placed.

Male, Age 15

- Age 6 - Parents investigated on charges of neglect after he and siblings left alone a number of times all night long with no food in house.
- Age 10- Suspected of breaking into a house with two friends.
- Age 10-11 - Numerous incidents of vandalizing houses and school buses.
- Age 12 - Assaulted by another juvenile after an earlier fight with a baseball bat.
- Age 14 - Prosecuted for stealing a car and being involved in a hit-and-run accident
- Age 14 - Prosecuted for pulling a gun on another student after getting off a school bus.
- Age 14 - Accused of possessing a gun on school grounds.
- Age 15 - Attempted to steal a car at a convenience store.

To: Ann Hawkins
Fr: Jose'
305-9687
} Per our conversation

- 10am / RR
- New Haven info.
- mental health person/women

Jose Cerda III 12/15/98 06:21:16 PM

Record Type: Record

To: Bruce N. Reed/OPD/EOP, Elena Kagan/OPD/EOP, Leanne A. Shimabukuro/OPD/EOP, Christa Robinson/OPD/EOP

cc: Laura Emmett/WHO/EOP, Cathy R. Mays/OPD/EOP

Subject: Potential Events for Last Week of December

BR/EK:

As requested, quickie write-ups on potential events...

Children Exposed to Violence Initiative: Each year millions of children are the victims of violent crime and child abuse, or are exposed to domestic violence -- and many of these kids grow up and victimize others themselves. To help break this cycle of violence, the President could announce the availability of $10 million for 15 cities to help launch a new Administration initiative to improve the criminal justice system's response to child victims and witnesses. Led by the Deputy Attorney General, Eric Holder, this year-long effort would focus on the following areas:

(1) Improved Law Enforcement, including specialized training to improve police and prosecutors' handling of child witnesses and victims; new "Court Schools" to facilitate children's interaction with the courts and reduce secondary victimization by the criminal justice system; more detailed reviews of child deaths; and the establishment of Crimes Against Children Units in prosecutors' offices.

(2) New Legislative Reforms, including changes to federal and state laws dealing with felony murder/pattern of abuse statutes, child neglect and endangerment, penalties for committing crimes in the presence of children, sex offender notification, and other issues related to child victims and witnesses.

(3) Targeted Violence Prevention/Intervention, including Child Development/Community Policing programs that link law enforcement with mental health professionals to focus on troubled kids; Child Advocacy Centers to promote a community-wide response to child victims and witnesses; and nurse home visitation programs designed to educate parents and reduce child abuse.

(4) Increased Awareness of Child Victimization as a National Problem, including a DOJ-sponsored National Summit on Children Exposed to Violence; four regional forums to promote the recommendations from the Summit; and the involvement of prominent child advocates (i.e., Oprah Winfrey, Rob Reiner and others).

Drug Offender Accountability: Following up on his directive calling for "zero tolerance" of drugs in prisons, the President could make a series of announcements reinforcing the Administration's strong commitment to using the coercive power of the criminal justice system to reduce drug use and crime. Specifically, he could make the following announcements:

(1) The availability of up to $50 million in FY 99 for prison drug testing/treatment. As part

of the recent budget deal, the Administration fought for and won the flexibility for states to use their federal prison grants to drug test and treat prisoners/parolees. A state-by-state break-out of this funding could be released, as well as the official solicitation for funds. Also, MD Governor Glendening or Lt. Gov. Kennedy-Townsend -- who already plan to use these funds to test parolees -- could attend and speak in support of this initiative.

(2) $200 Million in additional funding for FY 2000. The FY 2000 budget will include $200 million to support drug testing, treatment and sanctions throughout the criminal justice system, and this information could be leaked as part of -- or just prior to -- the event.

(3) $4 Million for Drug Detection in Prisons. ONDCP is prepared to release $4 million in grants for 8 states (MD, CA, AZ, AL, FL, NJ, NY and KS) to implement drug detection technologies to help keep drugs from being smuggled into prisons.

(4) Report on Drug Testing/Treatment. Although not yet final, the Justice Department is working on several related reports that might be ready for release at this event.

Crime Statistics: The President could announce the release of the Justice Department's 1997 National Crime Victimization Survey (NCVS), which we expect to show a continued decrease in crime victimization rates. The NCVS measures overall victimizations reported by households, including violent crimes and property crimes. Last year's victimization rates were the lowest recorded since the inception of the survey 23 years ago; if the rates continue to decline -- as we expect -- they should hit record lows again. Also, we may be able to combine this with the release of $16 million in COPS grants to hire over 200 officers. (NB: The timing for these announcements requires further coordination with Justice.)

TO: Deborah Smolover -- FAX 514-6897
FR: Jose Cerda
RE: CEVI Event
DA: 12/22/98
cc: Christa, Jon

Just a brief note to confirm what we will need for the Tuesday event...

1. **List of invitees (ASAP).** For your "real people" -- not congressionals, other major electeds or national police groups -- telephone numbers so that the social office staff can formally invite them over the holidays. If you have not called your VIP types (Reiner, Oprah, etc.), you may want to ring them ahead of time, give them some details and let them know that the WH will be calling them (the social office folks don't give much substantive info about the program when they call). Talk to Christa if you have any Qs about the list, staff attending, etc. You and she should be straight on an overall list by COB tomorrow.

2. **One-pager (first thing tomorrow morning).** 1-2 pages summarizing the message and substance of the event/announcement. The sooner you get this to me, the sooner I can re-work (if necessary) and circulate to interested WH staff. We use this document to write our briefing memos, help speech writing and give press folks a sense of what to expect to announce.

3. **Contact info for speakers (first thing tomorrow morning).** You should let Christa know how she can reach our proposed speakers. She will want to chat with them about the event and give them some context for their remarks.

4. **Speech anecdotes (COB tomorrow).** We should get whatever specific examples you have for the speech by COB tomorrow. You can forward this info to Christa; she will make sure we all get it. If we get additional, must-have info on Monday -- that's fine -- you, me and Paul can work it out as the speech gets finalized. Also, you mentioned that you'd write up brief summaries of what some of the other CD/CP sites were doing; this might provide some good fodder for the state and local press types...or at least be use for our internal briefing materials. Send these to Christa, too.

5. **Q and A (COB tomorrow or first thing Monday)**. You should take the first cut at answering the 5-10 questions you think the press is most likely to ask -- details about the announcement, Administration record on subject, history of initiative, timely or related issues, etc.. I'll review these Monday morning, tweak them a bit and pass them on to our press office.

6. **Holder, other remarks (sometime Monday).** Just to make sure we are all on the same page, we should compare speech drafts sometime on Monday. You should forward these to me.

[redacted]

Nicole R. Rabner

12/22/98 12:29:35 PM

Record Type: Record

To: Christa Robinson/OPD/EOP, Jose Cerda III/OPD/EOP

cc:

Subject: recommended additions for next week's event

Below please find my recommendations for additional invitees to next week's event on children exposed to violence (in some rough order of importance). I would also be sure to note in the President's briefing and remarks that this was discussed at the 4/17/97 White House Conference at which Mel Waring spoke and the President announced the proposal for these grants (Christa, I sent Jose all the background on that).

Deborah Phillips
National Academy of Sciences
202/334-1935

Matthew Melmed
Executive Director
The Zero to Three National Center for Infants, Toddlers and Families
202/638-1144

Marian Wright Edelman
President
Children's Defense Fund
202/662-3547

Ellen Galinsky
President
Families and Work Institute
212/465-2044

Michael Levine
Program Director
Carnegie Corporation of New York
212/207-6314

Lisabeth Schorr
Author
202/462-3071

Sarah Greene
CEO
National Head Start Association
703/739-0875

Dr. Ernst Wynder, MD

President
American Health Foundation
212/953-1900

Stanley Greenspan
Clinical Professor of Psychiatry and Pediatrics
George Washington Medical School
202/994-4072

I would also recommend including the appropriate person from the National Academy of Pediatrics (it may be Robert Hannenman, President, 317-448-8000, but I would check with Chris).

DRAFT

DEPUTY ATTORNEY GENERAL'S CHILDREN EXPOSED TO VIOLENCE INITIATIVE (CEV

MISSION STATEMENT AND ACTION PLAN
(As of: November 19, 1998)

MISSION: The mission of the DAG's Children Exposed to Violence Initiative (CEVI) is to improve the justice system's response to child crime victims and witnesses. The Initiative focuses public attention on the abuse and violence that affects the lives of too many children, and challenges federal, state, and local law enforcement -- in partnerships with families, communities, social service agencies, child protective services, mental and physical health care providers, schools, courts, and federal, state, and local government leaders -- to improve prevention, intervention, and accountability efforts addressing children exposed to violence.

NEED: Children exposed to violence carry the violence with them throughout their lives. Child victims and witnesses are more likely to suffer repeat victimization, and they are much more likely to become juvenile and adult offenders. Approximately 25% of violent crime victims are juveniles. 1 million violent crimes involving child victims are reported to the police each year, another 1.1 million cases of child abuse are substantiated to child protection authorities, and police encounter ½ million child victims when they make arrests for domestic violence. Among the children arrested for criminal and status offenses, 20 - 50% are themselves victims of child abuse or criminal victimization. The Children Exposed to Violence Initiative (CEVI) is designed to help break the cycle of violence that plagues juvenile crime victims and witnesses, yields repeat victimization, and fosters juvenile and adult offenders.

CEVI: The Children Exposed to Violence Initiative has five components: (1) law enforcement reform; (2) legislative reform; (3) program support and development; (4) community outreach and implementation; and (5) public awareness.

I Law Enforcement Reform:

A. Purpose:

The CEVI will improve law enforcement's response to child victims and witnesses by providing information, technical assistance, and training to federal, state, and local law enforcement agents, prosecutors, and victim/witness coordinators serving child victims and witnesses. The Department will adopt a multi-disciplinary approach, fostering cooperation among law enforcement, court personnel, health care providers, social service providers, medical examiners, and coroners to better identify suspicious child injuries and deaths and better serve the needs of child victims and witnesses.

B. Means:

The CEVI will develop and support the following efforts:

- Law Enforcement Training:
  The Department will develop and support existing efforts to improve the assessment of the causes of children's injuries and the credibility of adult reporting through the creation and dissemination of training materials, pamphlets, and best practices guides for law enforcement agents and officials.

- Prosecutor Training:
  The Department will develop and support existing efforts to improve prosecutors' handling of cases involving child witnesses and victims through the creation of training programs and the dissemination of manuals designed to alert prosecutors to the special needs of child victims and witnesses and the special evidentiary issues presented in cases involving children.

- Court Schools:
  The Department will encourage prosecutors and courts to adopt court school programs that facilitate children's interaction with the court system and help prevent secondary victimization by the justice system.

- Child Death Review Teams:
  The Department will promote and encourage the creation of child death review teams within federal and state prosecutors' offices that include prosecutors, social service providers, law enforcement personnel, medical examiners and forensic interviewers who take part in medical evaluation teams.

- Child Advocacy Centers:
  The Department will assist in the creation of Child Advocacy Centers (CACs) dedicated to understanding and meeting the needs of child victims and witnesses. The Department will encourage CAC multi-disciplinary teams, including police, prosecutors, victim/witness advocates, child interview specialists, and medical residents, that serve children who are victims of child abuse and children who witness domestic violence, sibling abuse, homicide, and sexual assault.

- Child Interview Specialists:
  The Department will promote and encourage the inclusion of child interview specialists in prosecutors' offices.

- Crimes against Children Units:
  The Department will promote the creation of Crimes Against Children Units in prosecutors' offices and will consider the creation of a Crimes Against Children Office within the Department of Justice.

C. Action Plan: (Lead Component POC = OVC)

To achieve the law enforcement reforms enumerated above the CEVI will:

- Create a Monograph establishing a blue print for law enforcement reform that: (1) sets forth the facts and issues relating to children exposed to violence; (2) highlights and recommends the law enforcement reforms noted in I(B) above; and (3) proposes model state legislation (discussed in detail in Part II(C) below). The Monograph will be prepared by OVC utilizing existing funding.

- Create a video suitable for police, prosecutors, courts, victim/witness specialists, and child advocates highlighting best practices and programs. The video will likely feature a model court school program, an outstanding CAC, and the CD-CP program in New Haven. The video will be contracted-out by OVC.

- Increase dissemination of existing "Portable Guides" for law enforcement agents, originally created by OJJDP, that highlight investigative techniques, evidentiary issues, and case development problems arising in investigations involving child victims and witnesses.

- Create "User Guides" for prosecutors, modeled on existing guides for law enforcement agents, that highlight particular victim/witness support, evidentiary concerns, and case management issues raised in cases involving juvenile victims and witnesses.

- Create technical assistance and training programs for agents, prosecutors, victim/witness coordinators, child interview specialists, advocates, and judges. (Including educating law enforcement about sources of funding available for development of programs such as court schools, etc.)

- Other: Design roll-out strategies for action items. April Children's Justice Summit; Regional Conferences, Video up-link Conference; America's Most Wanted, etc.

II Legislative Reform

- **Purpose**

The Department will propose federal and state legislation designed to address the needs of child victims and witnesses and improve the accountability of perpetrators of violence against children.

- **Means**

Federal Legislation (Under consideration for CEV Federal Legislative Package for the 106th Congress due 11/20/98 to DAG)

- Felony Murder/Pattern of Abuse Statutes (within Federal Jurisdiction)
- Enhanced Penalties for Violent Offenses Committed in the Presence of Children (through Amendments to the Federal Sentencing Guidelines)
- Children's Justice Act Amendments
- State Challenge Grants
- Modifications to 18 U.S.C. Sec. 3509
- Child Neglect and Endangerment

State Legislation

- State Felony Murder/Pattern of Abuse Statutes
- State Evidence Rules Comparable to Fed. R. Evid. 413 - 415
- State Statutes Comparable to 18 U.S.C. Sec. 3509
- Sex Offender Notification Provisions

C. Action Plan (Lead Component POC = OPD)

To effect the proposed federal and state legislative reforms, the CEVI will:

- Prepare a CEVI Federal Legislative Package for the 106th Congress.
- Include these proposals in SOTU recommendations.

- Include appropriate proposals in any Crime Bill.
- Develop a Federal legislative strategy with OLA.
- Create a set of model state statutes most likely as part of a Volume II to the law enforcement reform Monograph (See Item I(C) above).
- Provide drafting assistance to the states.
- Provide witnesses at legislative hearings.
- Write letters in support of proposed legislation.
- Provide litigation support defending state statutes.
- Work to develop a Crimes Against Children Office (see I(B) above) dedicated to supporting states with legislative and programmatic reforms.

III Program Support and Development:

A. Purpose:

The Department will develop, support, and promote violence prevention and intervention efforts. The key CEVI programs are dedicated to preventing violence against children by promoting parent education; intervening and providing services to children exposed to violence; and supporting children within the criminal justice system.

B. Means:

- Nurse Home Visitation Programs: (Prevention) :
  Currently, the Department funds Nurse Home Visitation Programs at **[OJJDP to provide $ #]**. The Department will fund, support and promote Nurse Home Visitation Programs aimed at educating parents of infants and preventing child abuse.

- Child Development/Community Policing: (Intervention/Support within CJS):
  The Department will support the CD-CP effort in New Haven and assess the New Haven Project as a model for Safe Start sites. The New Haven CD-CP program is a collaborative effort between the New Haven Police Department and Yale University Child Study Center. The programs brings together law enforcement and mental health professionals to focus on psychological burdens on children, families, and communities caused by the increasing level of violence. The

program includes a 10 week training course in child development for all new police officers and District Commanders.

- Safe Start: (Intervention)/(Support within CJS):
The Department will seek continued funding of Safe Start and award grants. Congress fully-funded the Department's Safe Start program for FY 99 at $ 10 million. The Department has requested funding of $10 million in the FY 2000 budget. Safe Start's mission is to reduce the impact of family, school, and community violence on young children in approximately 15 communities. Safe Start will integrate and improve the access, delivery, and quality of educational, developmental, health, mental health, family support, crisis intervention, law enforcement, and legal services for young children exposed to violence.

- Child Advocacy Centers (CACs): (Support within CJS):
The Department will fund, support and promote Child Advocacy Centers. CACs are funded at the FY 99 budget at **[OJJDP to fill in $ #]** and the FY 2000 budget contains a **[OJJDP to fill in $ #]** request. Currently, the Department supports five CACs. CACs use a multidisciplinary team approach to aid child victims and witnesses within the justice system and to coordinate and deliver intervention services.

C. Action Plan: (Lead Component POC = OJP/OJJDP)

To support the prevention, intervention, and CJS support programs enumerated above, the CEVI will:

- Fund and support Nurse Home Visitation Programs. In addition, the DAG will visit and bring public attention to NHV sites. Possible site visits for 1999 include: Saint Lois, Memphis, Oakland, Los Angeles, Fresno, Oklahoma City, and Clearwater.

- Fund, Support, and Evaluate the CD-CP site in New Haven. Visit by ODAG, OVC, and JJ scheduled for November 24th.

- Fund and support Safe Start by announcing grants in 1/99, soliciting proposals in 3/99, assessing proposals (3/99 - 6/99) and awarding grants (6/99). In addition, the CEVI will develop assessment criterion for the Safe Start program, and the DAG will visit and bring public attention to Safe Start sites.

- Fund, support, and bring public attention to CACs, including site visits by DAG.

- Award "Justice for Children Awards" to police, prosecutors, advocates, social service providers and others who have made substantial strides in developing

programs benefitting child victims and witnesses. The awards will be presented during Child Abuse Prevention Month and National Crime Victims' Week in April, 1999.

IV Community Outreach and Implementation

A. Purpose:

The Department will host 1 - 5 events to promote the law enforcement, legislative, and programmatic reforms enumerated above.

B. Means:

The Department will host one national summit and four regional forums.

C. Action Plan:

- DOJ Sponsored National Summit on Children Exposed to Violence: This summit, scheduled for April, 1999, will bring together leading scholars, clinicians, and policy-makers, to develop a blue-print for local action. The Summit will be co-Sponsored with Congressman Bud Cramer, the Children's Mental Health Alliance, and Child Welfare League, CIVITAS, and the Rob Reiner Foundation. In addition to promoting the reforms enumerated above, the conference will address the following: What do we know about the nature and extent of CEV? Who are the children? How often does the violence occur? How often are children witnesses? What are the risk factors? What are the short and long-term developmental affects of exposure to violence? What are the most effective prevention efforts? What are the most effective intervention efforts? How can the criminal justice system best respond to child victims and witnesses? The Child Justice Awards may be presented at this conference, along with the law enforcement reform/state legislation Monograph and video tape. In addition, the Reiner/CIVITAS/DOJ violence-prevention video and other materials may debut at the April Summit.

- State Forums: The CEVI will sponsor four regional forums designed to implement the local action blue-print developed at the National Summit The State Forums will also encourage public/private partnerships for community safety dedicated to children exposed to violence.

V Public Awareness

A. Purpose:

The DAG will bring the issue of child victimization to national attention by serving as a national spokesman and lending the Department's weight to the issue.

B. Means:

The DAG will participate in the following conferences and public awareness efforts:

- Conferences: 6 Month Plan:
  - December 10 - 12, 1998: Juvenile Justice: Focus on the Future: OJJDP National Conference, Washington, D.C. (Committed)
  - January 25-29, 1999: San Diego Conference on Child Maltreatment, sponsored by the Center on Child Protection, Children's Hospital of San Diego. Largest conference on child victims held nationally. Site visit to San Diego Comprehensive Strategy – a continuum of services and sanctions to prevent and intervene with delinquency.
  - February 8 - 12, 1999: National Symposium on Federal Crim Victims, Washington, D.C. Sponsored by the Office for Victims of Crime, this symposium will focus on child victims.
  - March, 1999: National Council of Juvenile and Family Court Judges Conference, Chicago, Illinois. Proposed DAG keynote address to one of the largest audiences of juvenile judges and practitioners. Also visit: Chicago Violence Prevention Project, the Project on Human Development, and a model juvenile court.
  - April, 1999: National Children's Justice Summit. OJP components co-sponsoring with Bud Cramer's Office, the National Children's Mental health alliance, child welfare league, Rob Reiner foundation, and CIVITAS. DAG to host.
  - May, 1999: Children's Defense Fund 19th Annual Conference, Houston, Texas (2,800 participants). Visit to weed and seed site, youth focused community policing program, and comprehensive strategies meeting
  - Spring: National Conference of State Legislators Meeting; NDAA Exec. Board Meeting; NAAG Meeting; NGA Meeting; IACP Meeting (IGA)

- Summer: IACP conference on vulnerable victims.
- OJJDP and OVC will work to incorporate site visits into conference schedule (see III(C) above).

- Public Awareness:
  - National Medial Campaign: Mainstream avenues directed to parents: Good Housekeeping, Newsweek, Oprah, Today Show, Dateline (Reiner)
  - Partnerships with National Figures (Oprah Winfrey, Mark McGwire, Will Smith)
  - Development of Parent Education materials dedicated to preventing abuse (videos, pamphlets, public service announcement) (Reiner/CIVITAS)

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U.S. Department of Justice
Office of Justice Programs
Office of Juvenile Justice and Delinquency Prevention

Forming a Multidisciplinary Team To Investigate Child Abuse

Portable Guide to
Investigating Child Abuse

U.S. Department of Justice

Office of the Deputy Attorney General

Washington, D.C. 20530

FAX TRANSMISSION COVER SHEET

TO: **Name:** **Jose Cerda, Domestic Policy Council**

Phone: **(202) 456-4468**

Fax: **(202) 456-7028**

AND: **Name:** **Christa Robinson, Domestic Policy Council**

Phone: **(202) 456-5165**

Fax: **(202) 456-7028**

FROM: **DEBORAH S. SMOLOVER**
Counsel to the Deputy Attorney General
U.S. Department of Justice
950 Pennsylvania Ave., N.W. , Room 4211
Washington, D.C. 20530

Phone: **(202) 514-1818**
Fax: **(202) 514-6897**

DATE: **December 23, 1998**

NUMBER OF PAGES: **(plus cover)**

MESSAGES:

Please call me (514-1818) orAllyson Stollenwerck (514-3796) to discuss.

U.S. Department of Justice

Office of the Deputy Attorney General

Washington, D.C. 20530

December 23, 1998

VIA FACSIMILE:

MEMORANDUM

TO: Jose Cerda
Christa Robinson
Domestic Policy Counsel

Jon Jennings
Cabinet Affairs

FROM: Deborah S. Smolover
Counsel to the Deputy Attorney General

Allyson S. Stollenwerck
Special Assistant to the Deputy Attorney General

SUBJECT: Children Exposed to Violence Initiative White House Event
The White House Roosevelt Room
Tuesday, December 29, 1998, 9:45 a.m.

This is an update memo in response to the note you sent via facsimile last night regarding the items requested for the December 29th event.

1. List of Invitees:

A final list of DOJ-proposed invitees, including requested phone numbers is attached (**Attachment 1**). We contacted all VIPs and Police Chiefs, gave them details about the event, and told them that the White House would be calling to issue a formal invitation over the holiday. We will contact Christa this afternoon to resolve any outstanding issues.

2. "One Pager":

A summary (3 pages) of the message and substance of the event is attached (**Attachment 2**). This document incorporates all the statistics that we discussed with Paul Glastris, places the

Initiative in context, and highlights the four "cornerstones." This version is intended to provide you with necessary background for your briefing memos and speeches. We are happy to assist in reworking this document into a press piece. In addition, we are attaching another draft of the 14-page Mission Statement (in the event you would like to include items beyond the four recommended "cornerstones") (**Attachment 3**). We also have the underlying studies from which the statistics were collected and can forward them to you upon request.

3. Contact Information for Speakers:

Contact information for speakers and other important guests (who will be recognized in remarks or who will be supplying visuals/anecdotes) follow:

- Deputy Attorney General Eric Holder, Jr.:

  Mr. Holder will be out of the office over the holiday. He can be reached at home, if necessary, through his Confidential Assistant, Annie Bradley: 202-514-1904.

  We will be handling all event logistics and speech coordination on Mr. Holder's behalf. We can be reached as follows:

  - Deborah Smolover

Work Phone:	202-514-1818
Home Phone:	202-659-2567
Work Fax:	202-514-6897
E-mail:	Deborah.S.Smolover@USDOJ.Gov
Pager:	888-688-5974
Note:	Deborah will be in DC throughout the holiday can be reached at home or work.

  - Allyson Stollenwerck

Work Phone:	202-514-3796
Home Phone:	202-362-3091
Work Fax:	202-616-1239
E-mail:	Allyson.S.Stollenwerck@USDOJ.Gov
Pager:	888-688-5975
Note:	Allyson will be on travel from 12/23 through 12/28. Her number in Texas is: 972-239-7689

- Chief of Police Melvin Whering:

  Contact: Secretary Cindy Savenell:

Work Phone: 203-946-6333
Work Fax: 203-946-7294

- Dr. Steven Marans, Yale Child Study Center (not speaking, but preparing remarks with Chief Whering):

Work Phone: 203-785-7047
Home Phone: 203-387-6823
Home Phone: 301-229-5714 (from 12/27/89 - 12/29/98)
Pager: 203-370-0493 (through 12/26/98)

- Colleen Vadala, Senior Administrative Assistant:

Home Phone: 203-699-1349

- U.S. Attorney for the Middle District of North Carolina Walter Horton (not speaking, but providing data for visuals from Winston-Salem):

Work Phone: 336-333-5351
Home Phone: 336-924-0557

- Chief of Police George Sweat (for underlying data):

Work Phone: 336-773-7760 (or -7701)
(or Sgt. Deb Tripp: 336-773-7803)

- Project Coordinator Sylvia Oberle (for underlying data):

Work Phone: 336-631-5268

4. Speech Anecdotes:

The Child Development-Community Policing (CD-CP) replication site summaries and anecdotes that you requested were provided by Dr. Marans and are attached (**Attachment 4**). In addition, we are attaching a photocopy of the Department's new pamphlet entitled "Forming a Multidisciplinary Team to Investigate Child Abuse" (**Attachment 5**). It begins with a compelling (and horrifying) story. Finally, the Deputy will discuss some of his personal experience with DC child victims and witnesses in his remarks.

5. Q and A:

Per your request, sample Q & A are attached (**Attachment 6**).

6. Eric Holder's Remarks:

The Deputy is reviewing and revising proposed remarks. We will bring the final version of his remarks to our meeting with you on Monday at 3:00.

7. Graphics:

You asked for suggestions of possible graphics. We have attached a document entitled "Strategic Approaches to Community Safety Workshop: Winston-Salem, North Carolina"(**Attachment 7**). The charts on pages 4 - 7 of this document (if reformatted) would provide a compelling visual. These are rap-sheet summaries of juvenile offenders in Winston-Salem. They show the number of times a juvenile offender entered the justice system as a victim, suspect, and/or arrestee. These sheets show how a child often enters the system (repeatedly) as a young victim, only to return as a juvenile (and later adult) offender.

Sylvia Oberle, the project coordinator in Winston-Salem, is working today to put together a sample visual that tells the story of one child (e.g., "Young Tommy Smith's first encounter with the justice system was at age 2 when he was a victim of child abuse; he entered the system eight more times as a victim before his seventh birthday; at age 10 Tommy was a suspect in a school yard altercation; by 12 he was arrested for carrying a firearm to school; by 14 he had killed a classmate. Tommy's story is typical of juvenile offenders around the nation: children who are arrested for violent crimes at 16 often enter the system as young as 2, the victims of child abuse and neglect," etc..) We'll keep you posted on what Sylvia comes up with.

8. Video:

As we mentioned, we have a 10 minute video, including excerpts from The Jim Lehrer Newshour, CNN, and Ch. 9 News on the New Haven Child Development-Community Policing program. Please let us know if you would like a copy and we will have it delivered.

9. Eric Holder's Bio:

Per your request, Eric Holder's Biography is attached (**Attachment 8**).

10. W.H. Admission Information for Monday's Meeting:

We sent you names, social security numbers, and dates of birth for the participants in Monday's meeting under separate cover.

ATTACHMENT 1

Children Exposed to Violence Initiative

White House Event
The White House Roosevelt Room
Tuesday, December 29, 1998, 10:00 a.m.

Suggested Participant List

Speakers/Featured Participants:

Eric Holder, Jr., Deputy Attorney General (202-514-2101)
Staff:
Deborah Smolover, Counsel to the Deputy Attorney General (202-514-1818)
Allyson Stollenwerck, Special Assistant to the Deputy Attorney General (202-514-3796)
Chief Melvin Whering, Chief of Police, New Haven, CT (203-946-6333)
Douglas McDonald, Deputy Chief of Police, New Haven, CT (203-946-6333)
Dr. Steven Marans, Child Development/Community Policing Program, New Haven, CT
((w) 203-785-3377, (h) 203-387-6823 from 12/27-12/29, (pager) 203-370-0493 through 12/26)

Connecticut Officials:

Senator Joseph Lieberman (D-CT)
Senator Chris Dodd (D-CT)
Representative Rosa DeLauro, (D-New Haven, CT)
John Rowland, Governor of Connecticut (R)
Richard Blumenthal, Connecticut Attorney General (D)
Stephen Robinson, United States Attorney for District of Connecticut (203-821-3700)
Michael Dearington, District Attorney of New Haven, CT
Appropriate State Legislators (At Discretion of White House)

Congressional Invitees (At Discretion of White House):

Senator Joseph Biden (D-DE)
Senator Michael Dewine (R-OH)
Senator Judd Gregg (R-NH)
Senator Orin Hatch (R-UT)
Senator Ernest Hollings (D-SC)
Senator James Jeffords (R-VT)
Senator Patrick Leahy (D-VT)
Senator John Rockefeller (D-W.VA)

Representative William Clay (R-MO)
Representative John Conyers, Jr. (D-MI)
Representative Bud Cramer, (D-AL)
Chief of Staff: Doug Grice (202-225-4801)
Representative William Goodling (R-PA)
Representative Henry Hyde (R-IL)
Representative Bill McCollum (R-FL)
Representative Al Mollohan (D-WV)
Representative Hal Rogers (R-KY)
Representative Robert Scott (D-VA)

DOJ Officials:

Laurie Robinson, Assistant Attorney General, Office of Justice Programs (202-307-5933)
Eleanor Acheson, Assistant Attorney General, Office of Policy Development (202-514-4601)
Shay Bilchik, Administrator, Office of Juvenile Justice and Delinquency Prevention (202-307-5911)
Joseph Brann, Director, Office of Community Oriented Policing Services (COPS Office) (202-616-2888)
Gil Kerlikowske, Deputy Director, COPS Office (202-633-1382)
Walter C. Holton, Jr. United States Attorney for Middle District of North Carolina ((h) 336-924-0557)

HHS Officials:

Ann Rosewater, Counselor to Secretary Shalala (202-260-9923)
Olivia Golden, Assistant Secretary for Children and Families (202-401-2337)
Carol Williams, Associate Commissioner for the Children's Bureau (202-205-8618)
Nelba Chavez, Administrator, Substance Abuse and Mental Health Services Administration (301-443-4795)
Dr. Bernard Arons, Director, Center for Mental Health Services (301-443-0001)
Wanda Jones, Deputy Assistant Secretary for Women's Health (202-690-7650)
Mark Rosenberg, Director, National Center for Injury Prevention and Control (770-488-4696)

CD-CP Replication Sites:

Charlotte, NC:
Chief Dennis Nowicki (704-336-2337)
Cpt. Ken Williams, Charlotte-Mecklenburg Police Dept. (704-336-8293)
Sgt. Joey Neely, Charlotte-Mecklenburg Police Dept. (704-336-8301)

Nashville, TN:
Deborah Faulkner, EdD, Asst. Police Chief, Metropolitan Nashville Police Dept.

(615-862-7682)
Peg Leonard-Martin, LCSW Director of Outreach Services, Family and Children's Services
(615-327-0833)

Baltimore, MD:
Commissioner Thomas Frazier, Chief of Police (main number: 410-396-2020)
Sgt. Richard Hite, Baltimore City Police Department (410-396-2433)
Philip Harrison, East Baltimore Mental Health Partnership (410-614-4101)
Corinne Meijer, Ph.D., East Baltimore Mental Health Partnership (410-614-4382)

Chelsea, MA:
Chief Rafael Hernandez, Jr., Chelsea Police Dept. (617-889-8610)
Captain Don Robitaille, District Commander, Chelsea Police Dept.
((w) 617-889-8610, (h) 781-233-8146)

Stamford, CT:
Chief Dean Esserman ((w) 203-977-4681, (h) 203-322-1403)

Buffalo, NY:
Lt. David Mann, Sex Offense Squad, Buffalo Police Dept. (716-851-4355)

Other Police Chiefs:

Chief George Sweat, Winston-Salem Police ((w) 336-773-7701 (direct) 336-773-7760 (main))

Key Partners in Deputy Attorney General's Children Exposed to Violence Initiative (and Co-Hosts of the National Children Exposed to Violence Summit (May, 1999)):

Rob Reiner, I am Your Child Campaign - (likely unavailable) (reach through Ellen Gilbert)
Ellen Gilbert, I am Your Child Campaign (310-550-4203)
Chad Griffin, I am Your Child Campaign – (likely unavailable) (310-285-2385)
Jeff Jacobs, CIVITAS (312-633-1050)
Bruce Perry, CIVITAS (reach through 312-226-6700)
Suzanne Muchin, CIVITAS (312-226-6700)
Robin Karr Morse, author, *Ghosts from the Nursery* (503-227-6091)
Meredith Wiley, author, *Ghosts from the Nursery* (reach through Robin Karr Morse)
Pam Sicher, Children's Mental Health Alliance (212-249-1829)
Owen Lewis, Children's Mental Health Alliance (212-996-8196)
David Liederman, Director Child Welfare League of America (202-942-0297)
Linda Spears, Child Welfare League of America (202-942-0279)
Bill Harris, Kids Pac (will have number 12/23)
Adam Cummings, Cummings Foundation (415-381-1474)
Richard Smith, President, *Newsweek* (Newsweek is planning a special issue on children exposed

to violence this Spring) (main number is 212-445-4000)
John Meacham, Managing Editor, *Newsweek* (main number is 212-445-4000)

Other Interested Individuals:

Oprah Winfrey (reach through Jeff Jacobs)
T. Berry Brazelton (Participant in the White House Conference on Early Childhood Development) (617-864-4543)
David Hamberg, Former President of the Carnegie Foundation (White House will have number)
Helen Leonard Jones, President of Court Appointed Special Advocates (CASA) (513-225-4695)
Mathew Meldon, President 0 - 3, Washington, D.C. (main number: 202-638-1144)
Patricia Riley, AUSA: Recent Chief of Sex Offense Unit, Founding Participant of Child Advocacy Center in DC (202-514-0064)
Dr. Dena Orr, Director, Child Protection, Children's Hospital, Washington, DC and Founding Participant of Child Advocacy Center in DC (202-884-6720)

Representatives from Law Enforcement Organizations:

President, NDAA
President, NAAG
President, IACP
President, National Sheriffs Association
President, National Troopers Coalition
Chief of DC Police
Fraternal Order of Police
National Association of Police Organizations
International Brotherhood of Police Officers
National Criminal Justice Association
Police Executive Research Forum
National Black Law Enforcement Officers Association

Additional DOJ Invitees:

Donna Bucella, Director Executive Office of United States Attorneys (EOUSA) (202-514-2121)
Noel Brennan, Deputy Assistant Attorney General, Office of Justice Programs (202-307-5933)
Kathy Schwartz, Administrator Violence Against Women Grants Office (202-307-6026)
Bonnie Campbell, Director Violence Against Women Grants Office (202-616-8894)
Kathryn Turman, Director Violence Against Women Office (202-616-2145)
Sarah Ingersoll, Special Counsel to the Administrator, Office of Juvenile Justice and Delinquency Prevention (202-616-3650)
Mary Murguia, Assistant U.S. Attorney, Phoenix, AZ (on detail to EOUSA) (202-305-9780)
Grace Mastalli, Deputy Assistant Attorney General, Office of Policy Development (OPD)

(202-514-4606)
Geoff Bestor, Deputy Assistant Attorney General, Office of Policy Development (OPD)
(202-514-2283)
Kinney Zalesne, Counsel to the Attorney General (202-514-2927)
Ricki Seidman, Deputy Associate Attorney General (202-514-4969)

ATTACHMENT 2

DEPARTMENT OF JUSTICE
CHILDREN EXPOSED TO VIOLENCE INITIATIVE

INITIATIVE SUMMARY FOR THE 12/29/98 WHITE HOUSE EVENT
(DRAFT: H/UDD/Smolover/Kids/WH/Summary/Final.wpd: December 23, 1998 (2:00PM))

Event: On December 29, 1998 the President will announce that the Department of Justice is launching a Children Exposed to Violence Initiative. The Domestic Policy Council and the Department of Health and Human Services are partners in this Initiative.

Purpose: The mission of the Department's Children Exposed to Violence Initiative is to improve the justice system's response to child crime victims and witnesses.[1]

Means: As part of the Department's comprehensive efforts to keep children and communities safe, the Initiative will focus public attention on the abuse and violence that affects the lives of too many children and challenge federal, state, and local law enforcement -- in partnership with communities, social service agencies, mental and physical health care providers, schools, courts, the private sector, and government leaders -- to improve prevention, intervention, and accountability efforts addressing children exposed to violence.

Need: Children exposed to violence carry the violence with them throughout their lives. Child victims and witnesses are much more likely to become juvenile and adult offenders. Reducing children's exposure to violence must become a major law enforcement priority. Child victims and witnesses should be helped and healed – and prevented from becoming future offenders. The Initiative is designed to break the cycle of violence. The time has come make our justice system better fit our children and better protect our citizens.

The Facts:

- Approximately 30% of violent crime victims are children under the age of 17.
- Youth age 12 - 17 are almost three times more likely than adults to experience violent crime and suffer injury as a result.
- In 1993 an HHS study showed that 2.8 million children were identified as maltreated or abused.
- Of the nation's 22.3 million adolescents ages 12 - 17, approximately 1.8 million have been victims of serious sexual assault, 3.9 million have been victims of serious physical assault, and almost 9 million have witnessed serious violence. Nearly 2

[1]The Children Exposed to Violence Initiative is part of the Department's comprehensive efforts to keep children and communities safe. The Department is focusing on issues such as: children exposed to violence; health insurance outreach; environmental risks to children; child support enforcement; adoption issues; children with disabilities; school safety; youth drug and alcohol prevention; youth gang initiatives; youth gun initiatives; juveniles in Indian country; juveniles in federal custody; and juvenile justice legislation.

million appear to have suffered from post-traumatic stress disorder - a long-term mental health condition often characterized by depression, anxiety, nightmares, flashbacks, and other physical and behavioral symptoms.

- 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% in the home and 50% in the street). The average age of these children was 2.7 years.
- In 1993, of 1035 Chicago students, ages 10 - 19, 35% witnessed a stabbing, 39% witnessed a shooting, and 24% had seen someone killed. In an earlier 1990 Chicago study of 1000 elementary and high-school age children, 40% had witnessed a shooting, 33% had witnessed a stabbing, and 25% had witnessed a murder.
- **Children who are victims of, or witnesses to, violence are at an increased risk for delinquency, adult criminality, and violent criminal behavior**. Exposure to violence shapes how a child learns, feels, and acts. Exposure to violence and maltreatment is significantly associated with depression, anxiety, traumatic stress, anger, greater alcohol and drug abuse, and lower academic achievement.
- **Being abused or neglected as a child increases the likelihood of arrest as a juvenile by 53% and the likelihood of arrest for a violent crime as an adult by 38%**. Child abuse and neglect also places a child at significant risk for substance abuse, mental illness, and suicide.
- Among the juveniles arrested for criminal and status offenses, 20 - 50% are themselves victims of child abuse or other violent crime.

Much of this victimization goes unrecognized and unaddressed until the damage is beyond repair. Prevention and early intervention clearly provides the best opportunity to protect our children and stop future violence in our homes and on our streets.

Cornerstones: The Initiative focuses on justice system/law enforcement reform, legislative reform, program support, community outreach, and public awareness.

Four highlights of the Children Exposed to Violence Initiative include:

- **Safe Start:**

In response to the White House Conference on Early Childhood Development and Learning the Department of Justice Office of Juvenile Justice and Delinquency Prevention launched the Safe Start program. The Safe Start program began with the Child Development-Community Policing (CD-CP) program in New Haven, CT, an innovative partnership between the New Haven Department of Police Services and the Child Study Center at the Yale University School of Medicine. Mental health professionals provide intensive training to police responding to children in violent situations. Mental health specialists are on call 24 hours a day, seven days a week, and work hand-in-hand with police officers to assist child victims and witnesses and increase offender accountability. The New Haven program has been replicated in many cities, including Charlotte, Nashville, Baltimore, and Chelsea.

Safe Start is a new program building on the innovative CD-CP program. This year, the Department will award $10 million to up to 12 communities to implement comprehensive, community-based programs to reduce the impact of family, school, and community violence on young children. These programs will promote partnerships between community police, prosecutors, mental health workers, domestic violence experts, and child victim specialists.

- **Law Enforcement Reform:**

The Initiative will improve the justice system's response to child victims and witnesses by providing information and training (including in-the-field User Guides, best practice manuals, and videos) to law enforcement agents, prosecutors, victim/witness coordinators, and court personnel who encounter child victims and witnesses. Deputy Attorney General Eric Holder will present the President with the Department's first law enforcement Portable Guide on *Forming a Multidisciplinary Team to Investigate Child Abuse* on December 29th.

The Initiative will develop and promote programs that: utilize Child Death Review Teams to investigate suspicious child fatalities, expand Victim Assistance programs, create Court Schools that help acclimate children to the courtroom and prevent their re-victimization by the justice system, create Child Advocacy Centers serving children who are victims of sexual abuse and other violent crime and who are witnesses to violent crime, and promote model Dependency Courts.

- **New Legislation:**

The Department will develop federal and model state legislation that enhances penalties (and increases accountability) for violent crimes affecting children. The law must be reformed to hold defendants who kill children through abuse and neglect strongly accountable. The Department will also develop federal and model state legislation to help our court system better fit our kids.

- **National Summit on Children Exposed to Violence:**

In May, 1999 the Department (along with other federal agencies, including HHS, and specialists in the field, including the Children's Mental Health Alliance, the Child Welfare League of America, CIVITAS, the Rob Reiner Foundation) will convene a National Summit on Children Exposed to Violence. The Department will bring together experts in law enforcement, policy, medicine, mental health, child development, and the media (among others) to highlight best practices and develop a blueprint for national, state and local action, to improve prevention, intervention, and accountability efforts addressing children exposed to violence. The Department will develop a Law Enforcement Monograph, a Legislative Monograph, a Monograph for Practitioners, and a video on innovative law enforcement practices and model programs, for distribution at the Summit.

ATTACHMENT 3

DEPUTY ATTORNEY GENERAL'S CHILDREN EXPOSED TO VIOLENCE INITIATIVE (CEVI)

MISSION STATEMENT AND ACTION PLAN FOR THE CEVI WORKING GROUP

(Smolover/UDD/Kids/CEVI.Mission.Dr.11wpd: December 17, 1998)

MISSION: The mission of the Children Exposed to Violence Initiative is to coordinate and expand upon the Department's policies and programs relating to children exposed to violence in order to improve the justice system's approach and response to child crime victims and witnesses. The Initiative focuses public attention on the abuse and violence that affects the lives of too many children, and challenge federal, state, and local law enforcement -- in partnerships with families, communities, social service agencies, child protective services, mental and physical health care providers, schools, courts, the private sector, and federal, state, and local government leaders -- to improve prevention, intervention, and accountability efforts addressing children exposed to violence.

NEED: The justice system is primarily geared toward adult offenders and victims and often fails to take into account the special developmental and safety needs of child victims and witnesses. The Children Exposed to Violence Initiative promotes reforms in law enforcement and justice system practices, federal and state legislation, and federally-supported programs that will improve the criminal justice system's response to child victims and witnesses, prevent unnecessary re-victimization of children, and ensure better case outcome.

Children exposed to violence carry the violence with them throughout their lives. Child victims and witnesses are more likely to suffer repeat victimization, and they are much more likely to become juvenile and adult offenders. Approximately 25% of violent crime victims are children. 1 million violent crimes involving child victims are reported to the police each year, another 1.1 million cases of child abuse are substantiated and referred to child protection authorities, and police encounter ½ million child victims when they make arrests for domestic violence. Among the juveniles arrested for criminal and status offenses, 20 - 50% are themselves victims of child abuse or other violent crime. The Children Exposed to Violence Initiative is designed to help break the cycle of violence that plagues child crime victims and witnesses, yields repeat victimization, and creates juvenile and adult offenders.

CEVI: The Children Exposed to Violence Initiative (CEVI) has five components: (1) justice system/law enforcement reform; (2) federal and state legislative reform; (3) program support and development; (4) community outreach and implementation; and (5) public awareness.

I Justice System/Law Enforcement Reform:

A. Purpose:

The CEVI aims to improve the justice system's response to child victims and witnesses by providing information, technical assistance and training to federal, state, and local law enforcement agents, prosecutors, victim/witness coordinators and court personnel who encounter child victims and witnesses. The CEVI promotes a multi-disciplinary, community-based approach, fostering cooperation among law enforcement, court personnel, health care providers, social service providers, medical examiners, and coroners to improve the investigation of suspicious child injuries and deaths and to better address the needs of child victims and witnesses within the justice system.

B. Means:

The CEVI will promote and support the following efforts:

- Law Enforcement Training:
  The Department will develop new and support existing efforts to improve law enforcement personnel's assessments of the causes of children's injuries and the credibility of adult reporting through the creation and dissemination of training materials, pamphlets, and best practices guides for law enforcement agents and officials.

- Prosecutor Training:
  The Department will work with the American Prosecutors' Research Institute (APRI) to develop new and support existing efforts to improve prosecutors' handling of cases involving child witnesses and victims through the creation of training programs and the dissemination of manuals designed to alert prosecutors to the special needs of child victims and witnesses and the special evidentiary issues presented in cases involving children.

- Victim Assistance Programs (Including Court Schools):
  The Department will encourage police, prosecutors and courts to adopt victim assistance programs (including Court Schools) that: provide ongoing support to child victims and witnesses, provide guidance to police, prosecutors, and courts on issues relating to children's developmental and mental health needs, facilitate children's interaction with the court system, and prevent re-victimization by the justice system.

- Child Death Review Teams:
  The Department will continue to promote and encourage the creation of child death review teams within federal and state prosecutors' offices that include prosecutors, social service providers, law enforcement personnel, medical

examiners and forensic interviewers who take part in medical evaluation teams.

- Child Advocacy Centers:
The Department will assist in the creation of Child Advocacy Centers (CACs), that employ multi-disciplinary teams (including police, prosecutors, victim/witness advocates, child interview specialists, and medical and mental health personnel), dedicated to understanding and meeting the needs of child victims and witnesses. Many CACs focus exclusively on child victims of sexual abuse. The Department will work with the National Children's Alliance and the four regional Child Advocacy Centers to determine whether to expand CACs' focus to work with children who are victims of non-sexual physical abuse and children who witness domestic violence, sibling abuse, and homicide.

- Child Interview Specialists:
The Department will encourage and facilitate prosecutors' access to child interview specialists in prosecutors' offices and in CACs.

- Model Dependency Courts:
The Department will continue to work with the National Council of Juvenile and Family Court Judges (NCJFCJ) to implement Dependency Court reforms to improve courts' handling of child abuse and neglect cases.

- Crimes against Children Units:
The Department will promote the creation of Crimes Against Children Units in police departments and prosecutors' offices and will consider the creation of a special Crimes Against Children Section, possibly within the Office of Juvenile Justice and Delinquency Prevention (OJJDP).

C. **Action Plan: (Lead POCs: OJJDP and OVC (with BJA, CRM, EOUSA, HHS, and State and local law enforcement/justice system representatives, including NDAA, NAAG, IACP, NCJFCJ))**

To achieve the law enforcement/justice system reforms listed above the CEVI will:

- Create a two-part Monograph establishing a blue print for justice system/law enforcement reform that: (1) discusses the impact of victimization/witnessing violence on children and the special needs of child victims and witnesses in the justice system (Monograph Parts I and II); (2) highlights and recommends the law enforcement/justice system reforms noted in I(B) above (Monograph Part I); and (3) proposes model state legislation (discussed in detail in Part II(C) below) (Monograph Part II). The Monograph will be prepared by OVC and OJJDP utilizing existing funds.
By: Draft by January 30, 1999; final to be disseminated at the National

Summit on Children Exposed to Violence in April/May 1999

- Create a video suitable for police, prosecutors, courts, victim/witness specialists, and child advocates highlighting best practices and programs. The video will feature, among other things, a model Court School program, a model Child Advocacy Center, and the Child Development and Community Policing program in New Haven (serving as the Safe Start program prototype). The video will be contracted-out by OVC/OJJDP utilizing existing funds.
  By: May 30, 1999

- Continue the creation and dissemination of existing "Portable Guides" for law enforcement agents, produced by OJJDP, that highlight investigative techniques, evidentiary issues, and case development problems arising in investigations involving child victims and witnesses.
  By: Continuing; release of two new Portable Guides to be announced by the DAG in March, 1999

- Create "User Guides" for prosecutors, modeled on existing guides for law enforcement agents, that highlight particular victim/witness support problems, evidentiary concerns, and case management issues arising in cases involving child victims and witnesses. The User Guides will be developed in cooperation with the APRI's National Center for the Prosecution of Child Abuse (NCPCA) and HHS and will draw upon existing materials.
  By: July 30, 1999

- Create a bulletin identifying training resources and funding sources in order to promote technical assistance and training programs for agents, prosecutors, victim/witness coordinators, child interview specialists, advocates, and judges.
  By: April 30, 1999

- Other: Design roll-out strategies for action items listed above, including: April/May 1999 National Summit on Children Exposed to Violence; Regional Conferences; State Conferences; Video up-link Conference with Law Enforcement Personnel; Coordination with America's Most Wanted.
  By: April/May 1999 National Summit on Children Exposed to Violence: Planning Session December 15, 1999; Remainder by: January 30, 1999

II Federal and State Legislative Reform:

A. Purpose

The Department will work with HHS, NDAA, NAAG, IACP, NCLFCJ, Mayors, Governors, and State Legislators to propose legislation designed to address the needs of child victims and witnesses and to improve the accountability of perpetrators of violence against children.

B. Means

Federal Legislation (Under consideration for Federal Legislative Package for the 106th Congress. One page proposals presented on 11/20/98 to the DAG.)

- Felony Murder/Pattern of Abuse Statute (within Federal Jurisdiction) that Would Make Child Abuse Offenses Predicates for Felony Murder and that Would define Murder to Include the Death of a Child Resulting from a Pattern of Child Abuse

- Enhanced Penalties for Violent Offenses Committed in the Presence of Children (through Amendments to the Federal Sentencing Guidelines or Through a Statute Providing for Enhanced Penalties)

- Children's Justice Act Amendments to Ensure that Funds are Used for Services to Victims of Severe Child Abuse and Neglect (through Lifting the Ceiling on Available VOCA Funds and Requiring Funds to be Used for the Provision of Services to Child Victims and Witnesses)

- State Incentive Grants to Encourage Criminal Justice Agencies to Improve their Handling of the Investigation and Prosecution of Crimes Impacting Children

- Modifications to 18 U.S.C. Sec. 3509 to Enhance Privacy Protections

- Child Neglect and Endangerment Statute within Federal Jurisdiction

- Enhancements to the National Child Protection Act to Provide Fingerprint-Based Background Checks on Persons Working with Public or Not-for-Profit Organizations Providing Services to Children

- Dependency Courts: Increased Funding for Management Information Systems to Track Cases and for Training and Technical Assistance

- Adding 18 U.S.C. Sec. 2425 to the Criminal and Civil Forfeiture Provisions

- Increasing the Statutory Maximum for 18 U.S.C. Sec. 2421 from 5 to 10 Years

State Legislation (Under consideration for inclusion in Monograph Part II)

- State Felony Murder/Pattern of Abuse Statute
- State Evidence Rules Comparable to Fed. R. Evid. 413 - 415
- State Statute Comparable to 18 U.S.C. Sec. 3509
- Enhanced Penalties for Violent Offenses Committed in the Presence of Children (through Amendments to State Sentencing Guidelines or through New Statutory Offense)

C. Action Plan (Lead POC: OPD (with CRM, OTJ, VAWO, OLA, IGA)

To effect the proposed federal and state legislative reforms, the CEVI will:

- Include appropriate CEVI legislative proposals in SOTU recommendations.
  By: Completed in December , 1998
- Include appropriate proposals in Crime Bill II.
  By: December 30, 1998
- Prepare a CEVI Federal Legislative Package for the 106th Congress for presentation to the White House.
  By: January 15, 1999
- Develop a Federal legislative strategy with OLA.
  By: Ongoing
- Work with State and local jurisdictions to create a set of model state statutes for compilation in the Monograph Part II to be disseminated at the National Summit on Children Exposed to Violence.
  Draft by: January 15, 1999; Final by: April 30, 1999
- Provide drafting assistance to the states.
  By: Ongoing
- Provide witnesses at legislative hearings.
  By: Ongoing
- Write letters in support of proposed legislation.
  By: Ongoing

- Provide litigation support to defend state statutes.
  By: Ongoing

- Dedicate an office within the Department to support States' implementation of legislative and programmatic reforms.
  By: Ongoing

III Program Support and Development:

A. Purpose:

The Department will develop, support, and promote violence prevention and intervention efforts. The highlighted CEVI programs are dedicated to preventing violence against children by promoting parent education; intervening and providing services to children exposed to violence; and supporting children within the justice system.

B. Means:

- Nurse Home Visitation/Home Visitation Programs: (Prevention):
  The Department will support home visitation by nurses and other trained professionals. Currently, the Department provides a total of $150,000 to six communities' nurse home visitation programs through the Boulder Center for the Study and Prevention of Violence. In addition, the Department administers $150,000 in HHS funds to evaluate the six sites, and provides replication funds. The Department also promotes home visitation (by non-medical professionals) through Title V grants.

- Child Development/Community Policing : (Intervention/Support within CJS):
  The Department will support the Child Development/Community Policing (CD-CP) effort in New Haven. The New Haven CD-CP program is a collaborative effort between the New Haven Police Department and Yale University Child Study Center. The program brings together law enforcement and mental health professionals to focus on psychological burdens on children, families, and communities caused by children's exposure to violence. The program includes a 10 week training course in child development for all new police officers and District Commanders. CD-CP will serve as a model for the Safe Start program described below. The Department is funding CD-CP through part of 1999.

- Safe Start: (Intervention)/(Support):
  The Department will seek continued funding of Safe Start and award grants. Congress fully-funded the Department's Safe Start program for FY 99 at $ 10 million. The Department has requested funding of $10 million in the FY 2000 budget. Safe Start's mission is to reduce the impact of family, school, and community violence on young children in 12 - 15 communities through prevention, intervention, and accountability efforts. Safe Start will integrate and improve the access, delivery, and quality of educational, developmental, health, mental health, family support, crisis intervention, law enforcement, and legal services for young children exposed to violence.

- Safe Kids/Safe Streets: (Intervention)/(Support):
The Department will seek continued funding of Safe Kids/Safe Streets Community Approaches to Reducing Abuse and Neglect and Preventing Delinquency (Safe Kids/Safe Streets). This five-site demonstration project is designed to break the cycle of early childhood victimization and later juvenile and adult criminality, and to reduce child abuse and neglect and resulting child fatalities, by instituting justice system reforms and coordinating the management of abuse and neglect cases within the justice system, child welfare, and family services. The program supports community-wide public/private collaborations. Safe Kids/Safe Streets was fully funded with FY 1996 funds in early 1997 under 5 ½ year cooperative agreements.

- Child Advocacy Centers (CACs): (Support):
The Department will fund, support and promote Child Advocacy Centers. CACs use a multidisciplinary team approach to aid child victims and witnesses within the justice system and to coordinate and deliver intervention services. Currently, the Department provides $ 5.5 million to the National Children's Alliance and four regional Child Advocacy Centers, which in turn support hundreds of CACs around the country.

C. Action Plan: (Lead POC: OJJDP)

To support the prevention, intervention, and justice system support programs enumerated above, the CEVI will:

- Fund and support Nurse Home Visitation Programs (NHV). In addition, the DAG will visit and bring public attention to NHV sites. Possible site visits for 1999 include: Saint Lois, Memphis, Oakland, Los Angeles, Fresno, Oklahoma City, and Clearwater.
By: Ongoing

- Fund, Support, and Evaluate the CD-CP site in New Haven. Visit by ODAG, OVC, and OJJDP on November 24, 1998.
By: Ongoing

- Fund and support Safe Start. OJJDP hopes to announce grants in 1/99, solicit proposals in 3/99, assess proposals from 3/99 - 5/99 and awarding grants in 5/99. In addition, the CEVI will both evaluate and provide training and technical assistance to Safe Start sites. The DAG will also visit and bring public attention to Safe Start communities.
By: Grant Announcement in January, 1999; Solicitations due in March, 1999; Grant awards in May, 1999 (possibly at April/May Summit)

- Fund, support, and bring public attention to CACs, including site visits by DAG. ***By: Ongoing***

- Award "Justice for Children Awards" to police, prosecutors, advocates, social service providers and others who have made substantial strides in developing programs benefitting child victims and witnesses. The awards will be presented during Child Abuse Prevention Month and National Crime Victims' Week in April 1999 or at the National Summit on Children Exposed to Violence. These Awards will be provided consistent with Department regulations and policies. ***By: April/May 1999***

IV Community Outreach and Implementation:

A. Purpose:

The Department will host 1 - 5 events to promote the law enforcement, legislative, and programmatic reforms enumerated above.

B. Means:

The Department will host one national summit and four regional forums.

C. Action Plan:

- DOJ-Sponsored National Summit on Children Exposed to Violence: This summit, scheduled for April/May 1999, will bring together experts in law enforcement, policy, tribal justice, medicine, mental health, child-development, and the media (among others) to discuss and highlight best practices and to develop a blueprint for national, state, and local action to improve prevention, intervention, and accountability efforts addressing children exposed to violence. The Summit (which will include a satellite teleconference and possible C-SPAN and LETV broadcasts) will be co-hosted with the Child Development/Community Policing program (Steve Marans), the Children's Mental Health Alliance, CIVITAS, I am Your Child/Rob Reiner Foundation, Ghosts from the Nursery (Robin Karr-Morse), Congressman Bud Cramer, the Cummings Foundation, the Child Welfare League of America, and the American Bar Association. The Child Justice Awards may be presented at this conference by DOJ/HHS, along with the law enforcement reform Monograph and video tape, the state legislation reform Monograph, an OJJDP three-part document (on the extent of children exposed to violence, the impact of violence on children, and a survey of effective programs), screening guidelines, and an information-sharing guide for hospitals, schools, the courts, and other entities. In addition, the Reiner/CIVITAS/DOJ violence-prevention video and other materials may debut at the April/May Summit.
  By: First planning meeting: December 15, 1999; Summit: April/May 1999

- Regional Forums: The CEVI will sponsor four regional forums designed to implement the State and local blueprint for action developed at the National Summit. The Regional Forums will also encourage public/private partnerships for community safety dedicated to children exposed to violence. The Regional Forums will be coordinated with mayors, governors, and State and local legislators. The Regional Forums will also be coordinated with OJJDP and the Child Welfare League of America's state forums focusing on the connection between child abuse and neglect and juvenile delinquency.
  By: Spring, 1999

V Public Awareness:

A. Purpose:

The DAG will bring the issue of child victimization to national attention by serving as a national spokesman and lending the Department's weight to the issue.

B./C. Means and Action Plan:

The DAG will participate in the following conferences and public awareness efforts:

- Conferences: 6 Month Plan:

  - Day with Justice: November 10, 1998, Washington, D.C. (Committed: DAG will give an address on public/private partnerships investing in children)

  - December 10, 1998: Juvenile Justice: Focus on the Future: OJJDP National Conference, Washington, D.C. (Committed: Introduction of keynote speakers and brief summary of CEVI action plan.)

  - January 26, 1999: San Diego Conference on Child Maltreatment, sponsored by the Center on Child Protection, Children's Hospital of San Diego. Largest conference (1,500 attendees) on child victims held nationally. (Committed: Plenary address: first presentation of "signature speech" on CEVI.)

    Proposed site visits to: San Diego Comprehensive Strategy – a continuum of services and sanctions to prevent and intervene with delinquency; Children's Hospital's child protection program and treatment center (includes a focus on children who witness domestic violence) .

  - February 8 - 12, 1999: National Symposium on Federal Crime Victims, Washington, D.C. Sponsored by the Office for Victims of Crime, this symposium will focus on adult and child victims.

    Proposed site visit to: CAC in DC: Safe Shores

  - March, 1999: National Council of Juvenile and Family Court Judges Conference, Chicago, Illinois. Proposed DAG keynote address to one of the largest audiences of juvenile judges and practitioners.

    Proposed site visits to: Chicago Violence Prevention Project, the Project on Human Development, and a model juvenile court.

- April, 1999: National Summit on Children Exposed to Violence. ODAG and OJP components co-sponsoring with Childhood Development and Community Policing Program (Steve Marins); Children's Mental Health Alliance; CIVITAS; I am Your Child/Rob Reiner Foundation; Ghosts from the Nursery (Robyn Karr-Morse); Hon.Bud Cramer; Cummings Foundation; and the Child Welfare League of America.

- May, 1999: Children's Defense Fund 19th Annual Conference, Houston, Texas (2,800 participants).

  Proposed site visits to: Houston CAC; death review team; weed and seed site; youth focused community policing program; comprehensive strategies meeting; Bruce Perry (CIVITAS).

- Spring: National Conference of State Legislators Meeting; NDAA Exec. Board Meeting; NAAG Meeting; NGA Meeting; IACP Meeting. (IGA)

- June 2 - 6, 1999: Seventh Annual Colloquium, sponsored by the American Professional Society on the Abuse of Children, San Antonio, Texas.

- August, 1999: Annual Crimes Against Children Conference: Dallas Police Department and Dallas Children's Advocacy Center. (Law enforcement/prosecution audience of 1,000.)

  Proposed site visit to: Dallas Police Department crimes against children unit and federal/local child exploitation task force (headed by Bill Walsh).

- Summer: IACP conference on vulnerable victims.

- Fall: Vermont Child Abuse and Neglect Conference .

  Proposed site visit to: Safe Kids/Safe Street site.

- OJJDP and OVC will continue to work to incorporate site visits into conference schedule (see III(C) above).

- <u>Public Awareness:</u>

  - President's weekly radio address

  - Development of Parent Education materials dedicated to preventing abuse (videos, pamphlets, public service announcement) (Reiner/CIVITAS)

- National Media Campaign: Mainstream avenues directed to parents: Good Housekeeping, Newsweek, Oprah, Today Show, Dateline (Reiner)

- Partnerships with National Figures (Oprah Winfrey, Mark McGwire, Will Smith)

ATTACHMENT 4

Facsimile Transmittal

Child Development-Community Policing Program
(203) 785-7047 (phone)
(203) 785-4608 (fax)
Yale Child Study Center
47 College Street
Suite 212
New Haven, CT 06510

Date: 12.23.98

Attention: Deborah Smolover

From: Dr. Steven Marans

Number of pages (including this cover): 16

Comment(s):

The enclosed is the material you were looking for. Please note it is not for wide spread distribution.

Reply requested: ☐ *Yes* ☐ *No*

Child Development - Community Policing Program
Yale Child Study Center
47 College Street, Suite 212
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YALE CHILD DEVELOPMENT-COMMUNITY POLICING PROGRAM

Case Study 3: Police/Mental Health Coordinated Intervention

At about 11:30 in the evening, Sgt. Peterman and his partner were called to a local housing project where an estranged boyfriend had broken into the apartment of his former lover. A child was in the room sleeping, when the boyfriend climbed in through their window and began assaulting the mother who had been watching TV in a neighboring room. Jeremy (4 years old) awoke screaming and watched in horror as his mother was assaulted with fists, with the butt of a gun, and finally by being thrown down the stairs. The boyfriend fled as the police arrived at the house.

Clinicians were called to the scene within minutes after the police arrived. In this case, the boy was screaming hysterically. The clinician and the officer began talking with the boy. Upon sitting together with his grand-mother, the boy rapidly quieted. When the clinician said "I understand that something scary has happened," the boy said nothing. When asked what happened, he again said nothing. When asked if he wanted to draw, he nodded but did not move. After several minutes, it was apparent that he could not respond. The clinician asked whether the boy perhaps wanted him to start. Jeremy nodded. The clinician drew a blue wavy line which he made into water. The boy agreed that there should be a boat and perhaps someone in the boat. He then volunteered that there should be fishes--a school of small fishes and one big and mean shark. The fishes ran from the shark, in the water and on land, from corner to corner, and from house to house.

Although when asked directly by his grandmother, he said that he wasn't scared, the fishes in fact were very scared--scared that they would be caught and eaten. As the fishes searched, it was evident that they were also looking for something, looking for their home and looking for their mother. The clinician helped put words to the experience of the fishes. This allowed the worries to be represented in the displacement of play. In some situations, the clinician might connect the experience of the fishes to the boy's experience that evening in real life. But a conscious connection of this sort, made by the therapist so soon, can lead to anxiety and play disruptions, working against the boy's ability to use play to represent and elaborate threatening feelings.

In subsequent sessions, the boy played out the incident with elephants. The story is of a small elephant who sees a momma elephant in danger. In a variety of scenarios, the small elephant reveals a wish to be all powerful, a wish to protect, a wish to rescue, a wish to understand, and profound feelings of helplessness, directly counter to the push toward physical mastery characteristic of preschool children.

Treatment of the mother required a collaborative effort. In the immediate aftermath, the police played an essential role. Sgt. Peterman went to the home every other day and began to develop a trusting relationship with the boy and his mother. They made a safety plan, he provided his pager number, and arranged for the police to patrol in her neighborhood on a frequent basis. When the perpetrator was caught, the officer informed the mother. For both mother and child, it is believed that the relationship with the officer helped counter the feelings of insecurity and aloneness. For the boy in particular, this relationship provided him with a good, but powerful figure with whom he could identify. Jeremy's mother also participated in psychotherapeutic treatment and a medication intervention to ease her post-traumatic symptoms. She became somewhat more emotionally accessible to Jeremy and thus better able to provide comfort and contain his fear.

This police response stands in striking contrast to the usual management of such cases before the CD-CP program. In the past, the grandmother who assumed responsibility for care and later the mother would not have requested services. Jeremy would likely have become fearful, playing out the event in repetitive manner without elaboration or resolution. In school and with peers, Jeremy would be hyper-vigilant, over-anxious, inattentive, and insecure. Unable to sleep, and with a mother too frightened and over-stimulated to allay his fears, he would be at risk of turning his sense of passive victimization into active persecution. Rather than retaliating in fantasy, he would, perhaps, retaliate in reality, on the playground, in the classroom, and in the neighborhood. He would counter feelings of isolation, fear and mistrust by intimidating and aggressing against others. Eventually, his mother might bring him to a clinic for therapy, secondary to concerns of escalating aggression and defiance at home and in school. Perhaps in preadolescence, he would come to the attention of law enforcement officers, now a perpetrator rather than a victim of violent crime. It is this latter outcome in particular, which has led the police to get involved instead at the earliest stage of risk.

Child Development - Community Policing Program
Yale Child Study Center
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A clinician was called to the scene of a shooting that took place in the course of a deadly game of Russian Roulette. A 2 year old was sitting on the bed beside his mother's boyfriend, who was playing with a gun and joking with three friends who were also gathered in the room. the mother had left her son with her boyfriend while she ran some errands. The victim repeatedly held the gun up to his head stating that he would pull the trigger and all the men laughed together. Abruptly he did pull the trigger and shot himself in the head. When the clinician arrived the victim had been taken to the hospital and the 2 year old was on the couch crying, with a maternal aunt nearby. The scene was bloody and chaotic and many detectives were on hand interviewing and gathering information. As the clinician approached the young boy the child covered his face with his hands, as though to indicate that he had seen enough. The clinician gently invited the child and his aunt to go into another, quieter room so they could talk. As the clinician engaged the child it became apparent that his language was limited and that he had some developmental delays. The clinician told the child that his mom was safe and would be coming home soon. He offered paper and markers to the child who began to scribble with a red marker. The scribbles became increasingly intense and the child began to slam the markers onto the table in a repetitive way. The clinician commented to the child that he was making a "bang" on the table and added that he knew the child had heard a loud and scary bang. In response, the child went to get his power ranger doll, and displaying it to the clinician, he began a repetitive play sequence in which he hit the doll on the head again and again. The clinician said that somebody had been badly hurt and there was lots of blood. The child was watching the adults very closely throughout. The clinician then spoke with the aunt gathering information and reassuring both her and the child that the mother had been contacted and would return home shortly.

Case Vignettes from Nashville, TN

1. On June 9, 1998 the Trauma Debriefing Team received a call from Officer David Lane regarding a twelve year old girl who had been involved in an armed robbery. Officer Lane reported that two armed suspects entered the Wedghill Market and demanded money. After the owner emptied the cash register the suspects demanded the money from the safe. A gun was placed to the head of the twelve-year-old girl. The suspects reportedly told the owner they would shoot her in the head if they did not get the money from the safe. The CD-CP team clinicians were called to the scene. Contact was made with the father of the victim who is also the owner of the store. The store owner/father reported that his daughter was very shaken, has nightmares and refuses to return to the store. Counseling services were offered to the family. After an additional visit to the store by the CD-CP team clinicians, the father of the victim scheduled an appointment for his family.

2. A thirty-three year old African-American woman visited the Alert Center to talk with a CD-CP clinician. She is a mother of three children who lives in the Napier Homes, a public housing project with a high incidence of crime. Her concerns centered on her son's difficult time separating from her at school, where she works part-time. He clings to her when she works in his classroom and won't allow her to interact with the other children. At home she can't let him play outside without her because the neighborhood is so dangerous. At night gunfire is so frequent and close that she and the children sleep on their mattresses on the floor below the windows to avoid being hit. Although she tried to reassure the children that they will be safe, she fears she can't keep this promise. Now she feels her own insecurities are being reflected in her child's difficulty at school.

3. On two occasions last year as children were playing during recess at Napier Elementary School, gunfire broke out over their heads. After the initial chaos and shock, the children could not settle down in class. Family & Children's Service counselors worked with the children in a group, helping each of them talk about their feelings during and after the incident. Unfortunately, it was also imperative that the children learn safety procedures and therefore had to learn a procedure called "stop and drop". As the title suggest, the children were instructed to stop whatever they were doing whey they heard gunfire and drop immediately to the ground.

4. One of the officers in the collaborative is a 27 year old, 3-year veteran of the police force currently assigned to the Enterprise Zone. He noted in a recent meeting that one of the worst parts of his job is looking into the faces of the children after a traumatic event. He further explained that it is often the case that children cling to them and they simply do not know how to help them with their feelings after the immediate danger has passed. The worst part of this office is knowing that these children are at extremely high risk for acting out their trauma in a negative way and yet having no professional to immediately refer them to.

5. A 28-year-old female homicide investigator approached a Family & Children's Service staff member to ask about getting training on how to deal with children who are at the scene of a homicide. She reported young children frequently gather by the yellow tape marking off the crime scene, or are present in one room of a house while a parent or other adult is interrogated in another room. This officer reported that she looks into the faces of these children wanting to do something for them, but not knowing what she should do.

Charlotte, NC

CD-CP CASE DESCRIPTION
"JEFFREY"

One weekend, 8-year-old Jeffrey was playing at home with his mother, his 2-year-old brother, Norman, the latter boy's father, and a few cousins. He was expecting his father to pick him up for a visit, as he often did. When he arrived, Norman's father pulled out a gun and shot Jeffrey's father three times. Jeffrey fled the scene in search of the apartment security guard. When remembering this later, he said, "I thought I was going to be a hero." However, he was unable to save his father, who died on the scene.

The incident occurred outside the district where the CD-CP program was piloted, but police and clinicians heard of the incident and decided to reach out to the family. They contacted homicide investigators for information. A few days after the murder, three clinicians and one officer rode to the apartment, but found no one at home. Two days later, they were more successful. This time, they found the family loading the last few plastic bags on the U-haul trailer to move to the grandmother's house. Jeffrey was the only child there that day, busily playing outside rather than in the room where the white carpet was stained red with blood. Jeffrey's mother welcomed the distraction, expressing concern about her child because he wasn't acting upset. A visit was scheduled at their new home within three days.

CD-CP clinicians saw Jeffrey, Norman, and their mother, over the next few months. The psychological fall-out from the murder was multi-faceted. The entire family felt a basic threat to their safety. Though they knew the perpetrator was incarcerated, they feared he would find them and kill them, too. Mom was plagued by guilt and intrusive memories. Norman missed his father, who was imprisoned. As he tried to make sense of the incident, he had some increase in hyperactivity and violent themes in his play. Jeffrey had disturbance in his sleep, forgetfulness, "flashbacks," and intense emotions that overwhelmed him.

During the second clinical visit with Jeffrey, he reluctantly agreed to draw a picture of his memory of seeing his father killed. He started with a self-portrait, a small red figure with no arms and a frown, with the words "mad", "scared", and "sad" written above. Then, enclosed by a bubble above, he sketched his visual image of his memory. In that image, he is a red figure only about two inches tall, again with no arms, and a larger frown. The shooter is a large, red man, holding a black gun, which is almost as large as Jeffrey is. His father is drawn in blue, with a red shadow around him. The word "three" notes the number of gunshots. On that same day, Jeffrey also drew a picture of his anger, depicting himself in boxing gloves with steam coming from his ears.

Though he wished he could "just feel normal again," Jeffrey recognized his plan to "just forget about it" probably wouldn't work. His intrusive thoughts and fears were constant reminders. Soon, he decided his best medicine was to talk about it. Jeffrey identified aggressive outbursts in connection with his buried anger, and within ten days of the incident, he expressed distress about his own behavior on the school bus. An older child

Charlotte

had been picking on him, and he lashed out and hit the boy. He considered this unusual behavior for himself, and declared, "I'm not a violent person."

CD-CP clinicians continued to see this family during the months that followed. Sometimes they were accompanied by a police colleague, which provided a strong reminder of safety and authority. With time, Jeffrey, Norman, and their mother felt safer, and their symptoms of distress virtually disappeared. CD-CP staff stay in contact with the family to monitor for the need for follow-up.

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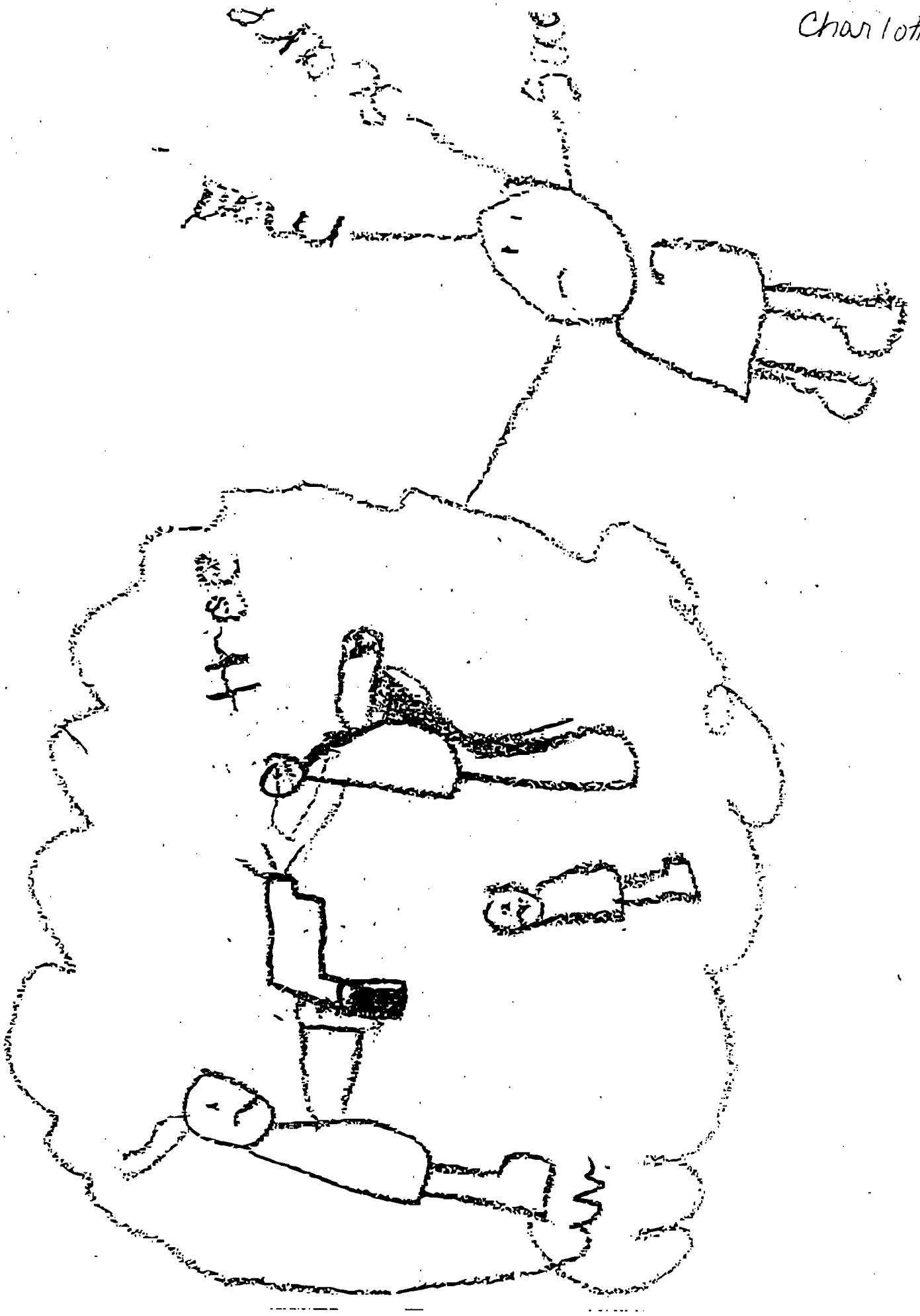
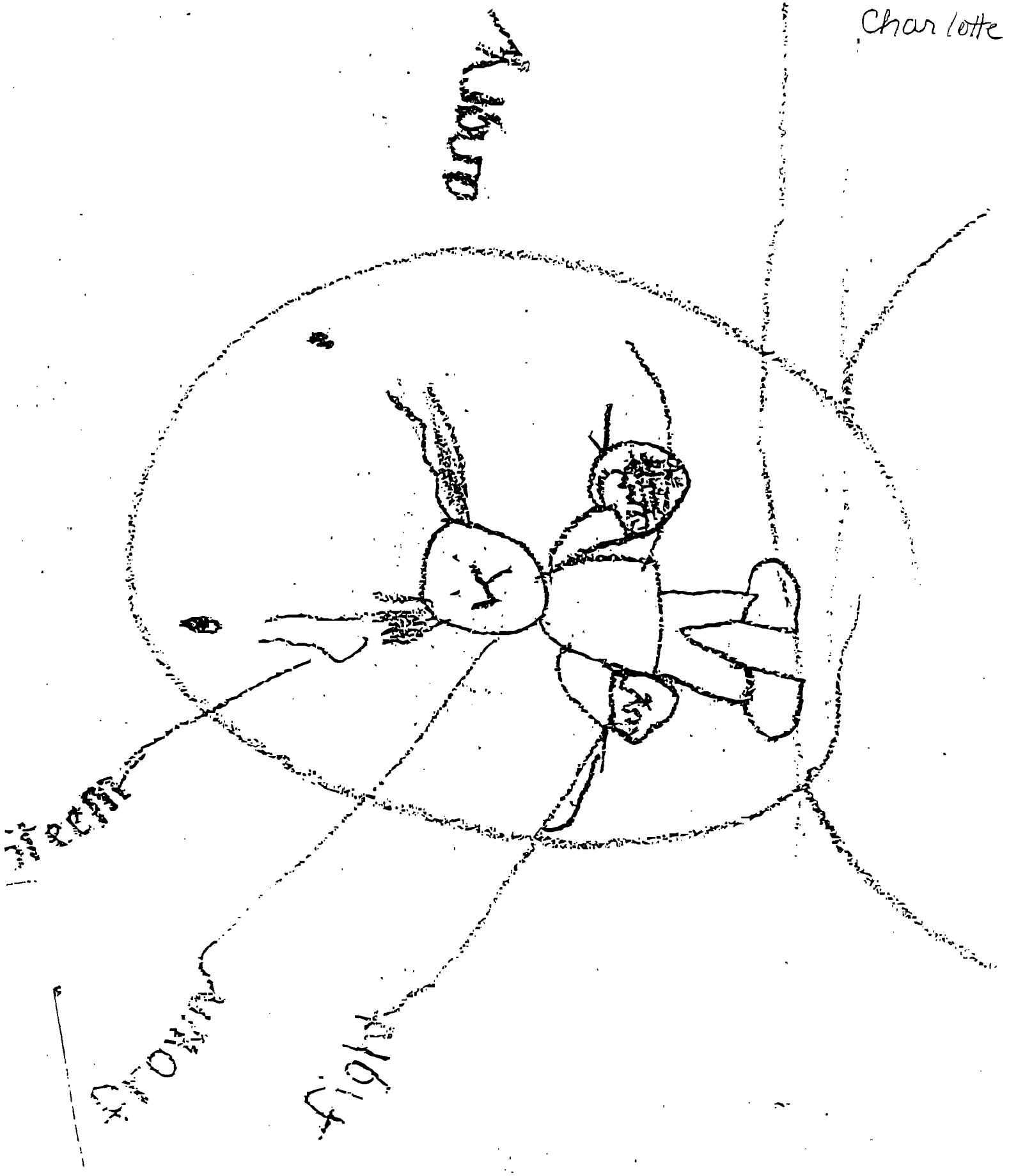
Charlotte



Charlotte



VI. Case Vignettes Buffalo, NY

Precinct 11 CD-CP Referral - Mary and Family

Late one evening, a 21 year old son shot his father in the father's bedroom ,and then chased him outside of their second floor apartment, stabbing

his father more than 50 times in the street. The event was witnessed by the perpetrator's twelve, ten and eight year old brothers. Other person's in the home at the time of the incident included the perpetrator's mother Mary, a six year old sister and the perpetrator's girlfriend. The responding officers contacted the on-call clinician from the scene, although there was no immediate trauma response as per the request of the Homicide Squad. It was unclear where the family would be staying in the immediate future, so a letter was drafted for the deceased wife and left in their mailbox on the following day (they were not at home when the team of clinicians arrived at their home the next morning). Included in the letter was a series of handouts identifying the effects of a trauma on children, adolescents and adults. Two days later Mary called the agency and a trauma response was initiated.

The intervention provided was designed to initially separate the children from Mary, allowing the children to draw and talk while Mary received a more structured interview. Mary described the handouts left in her mailbox as helpful as she was able to identify specific symptoms her children had already experienced. Mary and her children were then brought together and concerns and reactions of all were explored. A plan was developed whereby interim phone monitoring and a second visit was scheduled. Mary gave her written permission for the clinicians to contact the schools of her children for the purpose of updating and educating school personnel on the effects of trauma and how to intervene.

Over the course of three months, five home visits were provided. Subsequent to the second visit, the five family members were linked to further treatment. By the fifth visit, Mary reported a reduction of trauma symptoms for herself and her children.

Shortly after the second visit we received calls from Mary's mother and the perpetrators girlfriend, both requesting trauma intervention services. Mary's mother received three home visits over a one month period and declined further service or referral. She was able to report a moderate degree of her recovery from the traumatic event. The perpetrator's girlfriend received one home visit and declined further service or referral.

Carl and Two Sisters

Carl's parents were separated; Carl lived with his father and his two sisters lived with their mother. On a Sunday morning, Carl's mother arrived with his two sisters, ages eight and ten, to meet fifteen year old Carl and his father in their home and then leave for a brunch. Upon their arrival to the home, Carl's father sent the children to the basement to check on his E-mail. While in the basement the three children reported hearing two shotgun blasts. They went upstairs and found their mother dead and their father missing. The children

called a relative, who summoned 911. The father was later found dead in the garage; cause of death was a self inflicted gun shot wound.

A request for service was made by the perpetrator's sister who had temporary custody of the children. Trauma response services were requested three days later, subsequent to the funerals. Due to their ages, separate interventions were held for the sisters and Carl. After each ,all reconvened to share the outcome of the debriefing services. Intervention services were provided to the paternal aunt and her husband as well. The clinicians also contacted the victim's mother who was interested in receiving service.

This was a unique case for several reasons. The homicide/suicide occurred in a small semi-rural community. There was constant retraumatization of the survivors because a custody battle quickly developed between the paternal aunt and the 60 year old mother of the victim. This issue was temporarily resolved by split custody during the week. Additionally, there was ongoing blame lodged by each family as to which of the deceased parents were at fault for the resulting trauma. Disagreements regarding burial arrangements served to complicate the situation further. Each intervention was replete with concerns over custody of the children. The children reported overwhelming conflicts and guilt in that they wanted to stay with the paternal aunt but were concerned that they would offend their maternal grandmother.

By the end of the second visit, the children accepted referrals to counseling. A total of five community visits over a three month period were provided by the trauma team. Carl was able to report a level of improvement in his ability to function. His sisters were reported to have ongoing difficulty in their recovery but were amenable to continue with longer term counseling. On the final visit, the trauma team was advised that final custody was given to the paternal aunt.

The maternal grandmother received three interventions over a three month period. She was able to report minor improvement in her recovery and declined a treatment referral. The paternal aunt and her husband received three interventions over a three month period and reported a significant increase in their ability to function.

Buffalo Public School 18

Early on a Friday morning, we received a call from a school counselor who reported that the father of one of their students chased the student's mother into the school and fatally shot her. The counselor had the twelve year old daughter with her and did not know how to respond. Within minutes the Buffalo Police Department also requested on-site assistance, and a trauma counselor departed immediately.

By the time the counselor arrived at the school, the media was there. Police had cordoned off the streets, a homicide detective was investigating the incident, and school personnel were trying to organize the student body to release them to their frantic and concerned parents. School counselors from other schools were mobilized to assist.

Our experience in this type of traumatic event indicates a need to determine exactly what happened, identify the perpetrator and victim(s), and determine who was injured or killed. By the time the counselor arrived, there were rumors that several school personnel and students were shot/injured.

Despite the confusion at the school, the counselor was able to obtain the following facts: An Erie County Sheriff's Corrections Officer on paid leave from his job confronted his estranged wife who was escorting one of their three children to school. As the wife entered the school building, he followed her into an office and shot her three times. A teachers aide, who was also wounded, a school janitor and student witnessed the event. The janitor was able to wrestle the weapon from the perpetrator who then fled the school but was captured by the police within an hour.

This case illustrates two levels of trauma intervention. The first was assisting the school to immediately restore order to a chaotic situation, and the second was providing the more traditional follow-up services to the victims and survivors.

Our role involved the following dimensions:

-Assisting school personnel and police at the scene via speaking with parents to assure them of the safety of their children, providing them with accurate information and offering crisis intervention and counseling

-Assisting the school in ensuring the safe release of the students to their parents

-Locating the three children of the victim and providing crisis intervention and counseling

-Notifying the homicide detectives as to the location of the children

-Locating and advising the Child Protective Services worker assigned to the case

-Contacting radio and television stations to advise them of our 24 hour-a-day availability to concerned parents and students to answer any and all questions regarding the impact of trauma and to address any/all other concerns

-Working with police and school officials over the weekend regarding the management of media coverage that would occur on the following Monday morning

-Assisting the Mayor in media management of the event

-Identifying the students/individuals who were most affected by the trauma and developing plans for follow-up

-Providing an overview of our services to a group of thirty school counselors who would be responsible for identifying high risk students and identifying those who required additional intervention

Through these efforts, six individuals were identified as having a significantly greater need for trauma intervention services. They were: the wounded teacher's aide, the janitor, the student witness, and the victim's three children. Of these six people, the janitor, the teacher's aide, and the student witness declined services. With the assistance and involvement of Child Protective Services, the three children of the victim received trauma intervention services.

The victim's children were daughters, ages eight and ten, and a son age five. The trauma intervention was provided in the home of a foster parent and the case remains active. The children have received four visits within the last two months and all have been linked to counseling. To date, the foster parents have reported less intrusive imagery, and a decrease in the children's physical complaints and nightmares.

Approximately one week after the incident, a six year old student of School #18 was still refusing to return to school. The child's mother, upon receiving handouts from the school about trauma (these handouts were supplied by Crisis Services), contacted our agency and requested help. The parent and child received four trauma interventions over a three month period. After the second visit, the child was linked with counseling. The parent reported significant levels of recovery for her daughter, who returned to school within two weeks of receiving intervention.

VII. Audio-Visual Materials

While we have not developed specialized or commercially available audio-visual materials, we have developed a series of handouts, (most have been translated into Spanish), that are distributed to persons traumatized. We have also developed handouts that are used in police trainings. Please see attached.

Gateway Offenders Program
Child Development—Community Policing Program
Yale Child Study Center

Sample

- 36 gateway offenders > 6 months post-discharge
- 32 adolescents receiving juvenile probation or supervision only, matched for age and length of stay

Mean Age: 14.7 years

Mean Length of Stay in Gateway: 5.4 months

Gateway Participants: Degree of Offenses per Month

(Scores account for both frequency and severity of felony & misdemeanor offenses)

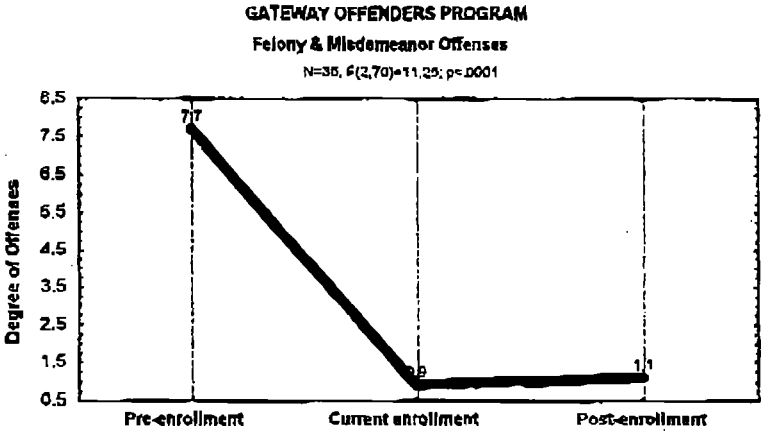
- 6 months prior to admission: **7.7**
- Concurrent with program enrollment: **0.9**
- 6 months following discharge: **1.1**
- A seven-fold decrease (approximately 85%) in degree of criminal offenses that is maintained for the six months following program discharge.
- Offenses concurrent with enrollment and 6 months following discharge significantly lower than offenses for the 6-month period prior to admission.

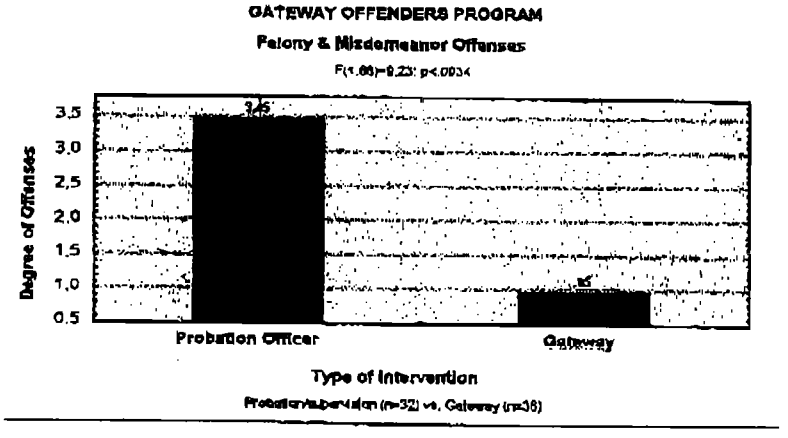
Comparison of Monthly Offenses: Gateway vs. Probation/Supervision

- Gateway Degree of Offenses/Month: **0.95**
- Probation/Supervision Degree of Offenses/Month: **3.45**
- Youth in the Gateway Offenders Program re-offended at 1/3 the rate and severity of a similar group of youth receiving traditional probation/supervision services.
- Gateway Offenders engaged in significantly fewer and less severe offenses relative to a matched sample of adolescents receiving juvenile probation or supervision.

Implications

- preliminary evidence for effectiveness of Gateway Offenders Program in reducing rates and severity of subsequent criminal offenses
- importance of therapeutic focus combined with clear external controls and authority
- importance of further study to determine what type of juveniles benefit from program (e.g., violent vs. nonviolent offenders, family and personal characteristics)
- determine length of stay and intensity of service in order to maintain outcomes.


GATEWAY OFFENDERS PROGRAM
Felony & Misdemeanor Offenses
N=36, F(2,70)=11.25; p<.0001
Degree of Offenses
6.5
7.5
6.5
5.5
4.5
3.5
2.5
1.5
0.5
7.7
1.1
Pre-enrollment
Current enrollment
Post-enrollment


GATEWAY OFFENDERS PROGRAM
Felony & Misdemeanor Offenses
F(1,66)=9.23; p<.0034
Degree of Offenses
3.5
3.0
2.5
2.0
1.5
1.0
0.5
3.45
Probation Officer
Gateway
Type of Intervention
Probation/Supervision (n=32) vs. Gateway (n=36)

ATTACHMENT 5

U.S. Department of Justice
Office of Justice Programs
Office of Juvenile Justice and Delinquency Prevention

Forming a Multidisciplinary Team To Investigate Child Abuse

Portable Guides to Investigating Child Abuse

Foreword

When a child is the victim of abuse or neglect, it is the responsibility of each member of the child protective service and criminal justice communities to provide a timely and appropriate response.

To promote the coordination and teamwork needed to ensure such a response—and to minimize additional trauma to children—a growing number of jurisdictions have established multidisciplinary teams (MDT's) comprising professionals from law enforcement, child protective services, prosecution, medicine, counseling, and related fields.

Forming a Multidisciplinary Team To Investigate Child Abuse delineates the benefits that an MDT offers and provides advice on forming and operating an effective team. Diverse MDT models are described and keys to making the team a success—confidentiality policies, conflict resolution practices, and periodic review—are discussed.

It is my hope that this guide will be a valuable resource to current and potential MDT members and that it will enhance coordination among these professionals and improve the timeliness and effectiveness of their investigations. Only through such improvements can we fulfill our duty to protect children and bring those who abuse and neglect them to justice.

Shay Bilchik
Administrator
Office of Juvenile Justice and Delinquency Prevention

November 1998

NCJ 170020

Overview

Two months before her seventh birthday in 1995, Elisa Izquierdo was killed. Over a period of months, she had been physically and emotionally abused, repeatedly violated with a toothbrush and a hairbrush, and finally beaten to death by her mother. Elisa's mother told police that before she smashed Elisa's head against a cement wall, she made Elisa eat her own feces and used her head to mop the floor. The police told reporters that there was no part of the 6-year-old's body that had not been cut or bruised. Thirty marks initially thought to be cigarette burns turned out to be the imprints of a stone in someone's ring.

An investigation after her death revealed that Elisa had been the subject of at least eight reports of abuse and that several government agencies had investigated the reports. Nonetheless, Elisa Izquierdo was left with her abuser and eventual killer.

Unfortunately, this failure to respond to reports of child abuse in a timely and appropriate manner has happened many times—and is continuing to happen—in probably every State in the country, and almost always for the same reason: As the investigation into Elisa's death revealed, there had been an appalling lack of communication and coordination among the agencies investigating reports of possible abuse. The first recommendation of the New York State commission mandated to find out how to prevent another such tragedy was to adopt legislation to authorize child protection agencies to provide complete information to all members of a county's designated multidisciplinary team (MDT) or child advocacy center.

An MDT is a group of professionals who work together in a coordinated and collaborative manner to ensure an effective response to reports of child abuse and neglect. Members of the team represent the government agencies and private practitioners responsible for investigating crimes against children and protecting and treating children in a particular community. An MDT may focus on investigations; policy issues; treatment of victims, their families, and perpetrators; or a combination of these functions. This Portable Guide deals with the investigative function of MDT's.

The MDT approach promotes well-coordinated child abuse investigations that benefit from the input and attention of many different parties—especially law enforcement, prosecution, and child protective services—to ensure a successful conclusion to the investigation and to minimize additional trauma to the child victim.

Key to the formation of successful investigative MDT's are:

- Committed members who have the support of their agencies for the multidisciplinary approach.
- An initial meeting during which each member's role and previous experience in investigating child abuse and neglect are respectfully heard.
- The development of a mission statement that clearly sets forth the purpose of the team, the scope of its activities, and its guiding principles.

- The subsequent creation of a team protocol that specifies the types of cases that will be investigated, the responsibilities of the members, and the procedures for conducting investigations.

Key to the successful operation of an MDT are:

- Confidentiality policies that accord with legislative mandates, agency policies, professional practices, and the best interests of the abused children.
- Conflict resolution practices that ensure core issues are aired and resolved satisfactorily based on mutual respect and recognition that child abuse investigations are complex, demanding, and frustrating but that they are also important, meaningful, and rewarding.
- Periodic self-analysis and outside evaluation of how the team is working so that it continues to achieve the purposes for which it was formed.

Need for a Team Approach

Over the past two decades, the number of reports of child abuse and neglect has greatly increased, straining resources to investigate allegations effectively. A number of cases have been the subject of intense media coverage. Although helping to raise public awareness of the problem, this coverage has also led to a backlash that includes charges of government witch-hunts on the one hand and accusations of government inaction on the other. Whatever the perception, there is significant outside pressure on professionals to act promptly, yet professionally and correctly, when faced with a report of child abuse or neglect.

Research related to child abuse has increased dramatically in the same period. More information than ever before—in the areas of specialized child development issues, victim and offender dynamics, diagnostic imaging, traumatic memory, linguistics, forensic pathology, and others—is available to help practitioners discover the truth of a report. Moreover, to meet the competing demands of child protection, due process, and family preservation, laws have been repeatedly changed and refined in the areas of evidence, procedure, and definitions related to abuse and neglect. The existence of such abundant yet diverse and technical data and legal requirements places significant demands upon professionals who investigate and prosecute these increasingly difficult cases.

No single profession or State agency has the ability to respond adequately to any allegation of child maltreatment. Indeed, several professions and State agencies are mandated to report or investigate suspicions of child abuse and neglect or to provide services to abused children or the perpetrators of abuse.

It is now well accepted that the best response to the challenge of child abuse and neglect investigations is the formation of an MDT. In fact, formation of such teams is authorized, and often required, in more than three-quarters of the States and at the Federal level. Hospitals have been using MDT's in a variety of ways for nearly 40 years.

The MDT approach often extends beyond joint investigations and interagency coordination into team decisionmaking. Team investigations require the full participation and collaboration of team members, who share their knowledge, skills, and abilities. Team members remain responsible for fulfilling their own professional roles while learning to take others' roles and responsibilities into consideration.

An effective response to reports of child abuse and neglect is an investigation that is timely and objective and that causes the least possible trauma to children and families. Effective teamwork can prevent further abuse to children and can bring those who harm children to justice. Some of the recognized benefits of a proficient MDT include:

- Less "system inflicted" trauma to children and families.
- Better agency decisions, including more accurate investigations and more appropriate interventions.
- More efficient use of limited agency resources.
- Better trained, more capable professionals.
- More respect in the community and less burnout among child abuse professionals.

These benefits can translate into safer communities.

Types of Multidisciplinary Teams

MDT's can take several forms and may involve different locales:

- Some are part of a children's advocacy center (CAC), which provides a child-friendly facility where forensic interviews, and

sometimes medical examinations and treatment, are conducted. The CAC may serve as the site for team meetings and trainings and may also house representatives of member agencies. CAC's also often do community outreach and public education. There are more than 400 established and developing centers nationwide.

- Other MDT's may not provide the more comprehensive services of a CAC but may establish a particular place for conducting interviews. Such teams may be based in hospitals, prosecutors' offices, or within child protective services agencies. The San Diego Children's Hospital and Health Center has specially trained interviewers who use an area designed specifically for interviewing children.
- Hundreds of effective teams are not part of a CAC and do not have special interview facilities. These teams use available resources to accomplish, in different but effective ways, many of the same purposes—reducing trauma to victims and families, improving the accuracy of information obtained during the investigation, and easing the strain on member agencies and investigators.

No single type of team is best. The model you choose will depend on the resources available and the way various agencies function in your community.

Forming a Team

Creating an MDT involves several steps: identifying and recruiting members, developing a mission statement and protocol, establishing and maintaining good working relationships among team members, and evaluating the team's performance.

Some agencies have worked together very well in an informal though systematic manner for a period of time, usually because the individuals representing them work well together. The creation of a formal MDT—by institutionalizing the team and documenting its functions and procedures on paper—ensures continuity of existing coordination and collaboration beyond the tenure of specific individuals.

Team Participants

In many States, the membership of MDT's is defined by statute. Generally, laws authorizing or requiring the formation of investigative MDT's specify that law enforcement, child protection or family services, and prosecution participate. Even if your State does not require such membership, these three

disciplines and the medical professions should be considered the core of any investigative MDT. Depending on the resources available in your community, other potential members include mental health professionals, victim services coordinators, court-appointed special advocates, and educators. In federally recognized Indian Country and government reservations, such as a military base, the Federal Bureau of Investigation has investigative jurisdiction and must be included in any MDT.

Everyone on the team must be committed to the concept that a coordinated and collaborative process is required for successful investigation of reported instances of child abuse. That commitment may not be fully developed when the team is first formed, but there must be at least an agreement to implement the team philosophy.

To be viable, an MDT must have support of the leadership of its members' organizations and agencies. To gain support for forming an MDT, seek out professionals working in other MDT's in your area or in your profession and communicate their experience to others in your organization. Share the current literature on the team approach, which overwhelmingly supports the MDT concept. For instance, one study has revealed that in a jurisdiction where an MDT created a close working relationship between law enforcement and child protective services, three out of four cases were referred for criminal prosecution, and nearly 95 percent of those cases resulted in convictions.[1] Those proportions are much higher than in jurisdictions without MDT's. Other research has suggested that MDT's, by reducing the number of investigatory interviews a child must endure, reduce "system intervention trauma" as well.[2]

Initial Meeting

An initial meeting of potential team members is critical to laying the foundation for success. Any interested person can call, convene, schedule, or coordinate the first meeting. Participants in the initial meeting should discuss their reasons for attending the meeting and the advantages

[1]Tjaden PG, Anhalt J, *The Impact of Joint Law Enforcement—Child Protective Services Investigations in Child Maltreatment Cases*, Denver, CO: Center for Policy Research, September 1994.

[2]Henry J, System intervention trauma to child sexual abuse victims following disclosure, *Journal of Interpersonal Violence* 12(4), August 1997.

and disadvantages of implementing the team method of investigating suspected harm to children.

The need for investigations will most likely be universally expressed, sometimes in terms reflecting the frustrations commonly felt by professionals handling these cases. It is important for all participants to hear what other people are saying and to be heard by others. Members will express opinions reflecting their professional training. Their opinions may be heated because they feel defensive about criticism of their agencies or angry about the ways their agencies have failed to protect children from abuse. Statements like the following may set a tone of angry or bitter criticism:

- "Too many cases, not enough resources."
- "Someone dropped the ball."
- "The facts are too complex."
- "The victim's behavior is unpredictable and misunderstood."
- "No one understands the restrictions I face."
- "You want to put people in jail; I need to put families back together."

It is vital that these comments be understood as the first step in acknowledging the failings of current investigative practice. These are the types of obstacles that face every new MDT.

Because participants generally concur about the importance of the work and need for a team, they should be able to maintain an overall positive attitude. The use of a seasoned facilitator, who will not be a team member, can provide the structure necessary to create a climate of mutual respect and attention. All potential team members should be consulted in the choice of a facilitator, to avoid the appearance of too much control by any one member.

At this initial meeting, participants should also discuss additional team membership—agencies or individuals vital to the proper functioning of the team. Finally, participants should begin to work on a mission statement.

Writing a Mission Statement

A mission statement is a general declaration of purpose—the scope of your team's activities, its goals, and the guiding principles for achieving those goals. It should concisely

describe the reason the team was formed and the purpose it will serve. It should be easily understood by team members and by the broader community. Your team should consider the following questions in developing its mission statement:

- Why was the team formed?
- What are the common values held by each team member?
- Who is on the team?
- What jurisdiction or community will the team serve?
- How does the team want to be perceived?
- What types of cases will the team investigate?
- What other functions will the team perform?
- What challenges does the team face?
- How will the team meet those challenges?

Do not attempt to incorporate the answers to all these questions. The mission statement is supposed to be short (five or fewer sentences) and specific enough to provide an adequate measure of success. It should be simple, direct, and inspirational. The preamble to the Constitution, for example, sets forth its mission statement in these few words: ". . . in order to form a more perfect union, establish justice, insure domestic tranquility, provide for the common defense, promote the general welfare, and secure the blessings of liberty to ourselves and our posterity. . . ." This simple mission statement has guided a very large and complex organization for more than 200 years.

To be relevant, the mission statement must also be tied to the everyday workings of the team's member agencies. Buzzwords, jargon, and platitudes will not provide a clear vision for team members or the community. The mission statement for your team will be the reference point for its protocol, which will be the team's next project.

Writing a Protocol

A properly written protocol is essential if a team is to function well. For an MDT, it is the written understanding of how investigations and other functions will be pursued by team members and the roles and responsibilities of member agencies.

The agencies and individuals signing the document signify their mutual commitment to the team and the team's mission statement.

The team's protocol is a practical, working document. Where the mission statement is conceptual, the protocol is concrete. The protocol serves as a reference when questions or disputes arise within the team. When there is a written agreement specifying investigative roles and responsibilities, conflict is reduced because there is a shared understanding of investigatory practice. Moreover, when investigations are conducted in a relatively predictable and consistent manner, the stress associated with uncertainty is minimized, resulting in less conflict. Diminished interagency conflict means more energy and attention are spent on the investigation itself, contributing to swifter and more precise resolutions. That in turn can alleviate trauma to children and their families.

Because many State statutes now mandate team formation, it is important that you consult applicable State law when drafting your team's protocol. Many teams have also found it helpful to review protocols developed in similar communities. (Samples of protocols are available from the National Network of Children's Advocacy Centers, the four regional CAC's, and the National Center for Prosecution of Child Abuse. See pages 21–23.) However, every community should work out an agreement that suits its own resources and needs. What works in Chicago or San Diego may not work in smaller or more rural communities.

Regardless of the size or location of your community, a number of issues must be addressed in every protocol. As you address these issues, keep in mind the wide range of incidents in child abuse reports—for example, a dirty house, a 2-year-old wandering down a highway, sexual abuse, physical abuse, or suspected child homicide. Balance the need for structure and certainty with the necessity for creativity and flexibility. If you agree in writing to follow a specific procedure, there may be legal or procedural repercussions when that procedure is not followed, no matter how compelling the reason for departing from the protocol. Some teams have used a particularly complex or difficult case as a point of departure when formulating a protocol.

Figure 1 lists questions that will help in creating a protocol. Note that the questions address the "who, what, when, where, and how" of investigations and of team function. In addition to addressing these questions, some teams have found it useful to specify the criteria for arresting suspects, removing children from their homes, and filing charges.

The benefits you derive from your team's protocol will be in direct proportion to the amount of thought, discussion, and analysis of existing practice and challenges that you have invested in developing the protocol.

Dealing With Confidentiality

Confidentiality is often perceived as a barrier to team formation or effective teamwork. Often, this is due to a misunderstanding of the requirements of confidentiality imposed by law. Sometimes, legitimate confidentiality protections are used as an excuse for not sharing information when agencies mistrust each other. Misunderstanding and misuse of confidentiality protections have contributed to the continued abuse and death of too many children. As the commission that investigated the death of Elisa Izquierdo noted, "[The State's] confidentiality laws mandate silence and [its] expungement laws mandate ignorance." Confidentiality laws must continually be reviewed to ensure that their legitimate purposes are being met while, at the same time, allowing information to be appropriately shared.

The first step in determining how your team will handle the confidentiality issue is to look at the governing law. Do not assume that past practice has been or is in conformity with existing law. Federal laws mandating confidentiality have been substantially changed, and States are now permitted latitude to enact laws authorizing investigative agencies to furnish child abuse data to other agencies involved in an investigation. The Child Abuse Prevention and Treatment Act permits dissemination of confidential information to Federal, State, or local government agencies that need this information to carry out their legal responsibilities to protect children from abuse and neglect.

Many States not only permit but require the sharing of such information. Some laws make exceptions to general requirements of confidentiality when data are shared in the

Figure 1

Questions To Help You Create a Protocol

The following points should be addressed in any MDT protocol:

- What is the purpose of the team? This may be the team's mission statement, but it can be more concrete, such as "to investigate all child abuse reports in Box Butte County."
- Who are the members of the team?
- What kinds of cases will the team investigate? All child abuse? Only child sexual exploitation? Only felony physical abuse? Neglect and abandonment?
- How will investigations be conducted? Who will do what? Who will interview victims and who will interrogate suspects? Who will remove children from their home? Who will collect physical evidence? Who will refer victims for physical examinations?
- When will team members perform certain tasks? Within a specified time from receipt of report? After consultation with other team members? In a particular sequence?
- Where will particular events occur? Will interviews be conducted at a certain location? Interrogations at a different location? Will specific locations be prohibited unless there are unusual circumstances?
- How will team members carry out assignments? Jointly? Who must be present? How long will others wait? Will child interviews be recorded? On video? Audio? Other? Will nonteam personnel be present? Parents or person *in loco parentis*?
- What information can be shared under what circumstances?
- How will decisions be made? By whom and at what stage?
- When and where will the team meet?
- How will meetings be conducted?
- When (or how frequently) will the protocol and team function be evaluated? How and by whom?

context of a team investigation. Teams should remember that most laws prohibit public disclosure only of material gathered during an investigation or revealed in a report of harm. Good professional practice generally requires some disclosure of confidential reports among professionals so that proper decisions can be made.

When information is shared between agencies charged with protecting children and the privacy of individuals, there is arguably no breach of confidentiality. However, sharing information within a team and for team purposes does not justify general or public disclosure of sensitive information. Your team protocol should specify what data will be shared and how and when this can be done.

Keeping the Team Going

A team is like a car in that it consists of multiple parts joined together to accomplish a particular task. In a car, if the steering fails, there is no direction, and if the brakes fail, collisions are unavoidable. Each part or group of parts in a car must be regularly maintained, or the car will cease to operate properly. Likewise, if a team is to continue to function smoothly, the team members must pay attention to maintenance.

Dealing With Conflict

Conflict resolution is one form of preventive maintenance. Conflict that is not properly rectified will cause resentment, retribution, or retaliation. Any or all of those will eventually destroy a team. Unresolved conflict in a team is like rust in a car—it may not be immediately visible, but left unchecked it will deepen and spread, eventually ruining the team. Effective conflict resolution, on the other hand, enhances team spirit, improves team function, and protects the team against failure.

Conflict within a team is inevitable and normal, but team effectiveness is measured not by the amount of conflict but by the manner in which conflict is resolved. Not all conflict is appropriate or necessary. Conflict that thwarts the team's ability to accomplish its mission is *core* conflict and must be resolved in a constructive fashion and by consensus. This does not mean that team members must agree on every point, but they must find ways to support solutions that maintain agency

integrity and further the team's purpose. Resolving core conflicts should result in "win-win" conclusions.

Other conflicts may involve peripheral problems—issues that do not significantly hinder the team's ability to accomplish its mission. Peripheral issues can be dealt with more quickly, without necessarily building consensus. Figure 2 (page 14) lists points to remember for successfully dealing with conflict.

These points can be summarized as follows:

- Characterize the problem. Look at it from a systems perspective.
- Acknowledge relevant goals and interests by recognizing diverse agency objectives.
- Negotiate (but do not confuse negotiation with compromise).

A complete and helpful discussion of these steps can be found in the article by Fargason, Barnes, Schneider, and Galloway (cited in the supplemental reading list), in which the authors note that people involved in the helping professions often try to avoid conflict. Unfortunately, this means that the source of the conflict can undermine long-term cooperation between organizations that serve abused children. When that happens, children, families, and communities are ill served. Team members must recognize the importance of dealing with the real source of conflict in a constructive manner.

Promoting Teamwork

Many teams have found that joint training fosters good teamwork (see figure 3, page 15). Team members who train together may find opportunities to discuss issues of mutual concern, both in the training itself and during social breaks. Spending time together away from the immediate and constant demands of the office provides a break during which the team can focus on its functioning. Moreover, team members hear the same information, which improves shared understanding of the challenges and solutions common during the investigation of reported child abuse. Joint training can clarify understanding of mutual roles and responsibilities.

While not essential, social activities can strengthen team identity and function. Simply combining lunch with a team meeting can serve this social purpose. Some teams sponsor picnics, awards banquets, and other activities to reinforce

Figure 2

Points To Remember When Faced With Conflict

- Do not lose sight of the team purpose (see your mission statement).
- Look forward to opportunity, not backward to blame.
- Be respectful. Ensure each contention is considered. Listen to one another. Be sure each position is understood. Restate the other position in your own words.
- Clarify the opposing point of view until you are sure you understand. Find something positive in each view. Avoid defending your point of view until you understand the other.
- Do not withhold an opposing point of view.
- State your position clearly, firmly, but without excessive emotion.
- Once you have been heard, do not continue to restate your position.
- Avoid personalizing your position—keep the discussion focused on the issue.
- Offer suggestions rather than mere criticism of other points of view.
- Remember that conflict within a team is natural and work toward a mutually agreeable resolution.
- Base resolutions on consensus, not abdication of responsibility or integrity.
- Keep focused on the team's agreed-upon purpose and refer to your protocol for guidance.

the sense of belonging that is vital to effective teamwork. When individuals identify with the team in a positive way, commitment to the team mission is strengthened.

Preventing Burnout

People who work in child protective services, law enforcement, prosecution, medicine, mental health, and other fields associated

with children and their families are typically sensitive to the feelings of others. The difficult cases they deal with require an inordinate amount of emotional energy, and tragedy becomes almost the norm of everyday work. They must also face the often unrealistic expectations of the public, the mechanics of the system, heavy caseloads, and inadequate resources. The load can be crushing and can lead to burnout. Burnout is a syndrome of physical and emotional exhaustion, depersonalization, and reduced sense of personal accomplishment. It is a gradual process of loss that can lead to cynicism and ineffectiveness. Recently, burnout has been recognized as a problem not of the individual worker but of the social environment in which people work.

A well-functioning team can reduce some of this emotional loss by providing a much-needed sense of community. When there is a sense of shared values and commitment, there is an accompanying sense that the crushing emotional load associated with child abuse intervention is being shared. Team members can actively encourage one another, understand the stress as others cannot, and work together to find ways of improving working conditions.

Team social activities can also help prevent burnout. While child abuse cases will always be emotionally challenging and

Figure 3

Rules for Effective Teamwork

- Identify a leader.
- Meet regularly.
- Respect others: agree to disagree.
- Listen to one another.
- Be open to constructive criticism.
- Be honest.
- Know respective abilities and limitations.
- Understand respective roles and responsibilities.

draining, they will be less so for a team than for a practitioner working alone.

Evaluation

Periodic evaluation is essential if the team is to know whether it is functioning effectively and being properly maintained. One method of evaluating team function and maintenance is to get regular feedback from team members. Members must be honestly but constructively critical of the team's performance if the team is to survive and thrive. This self-analysis can take place at regular meetings, during specially scheduled meetings, or even during a team retreat designed expressly for evaluation and renewal of purpose. A questionnaire can be prepared and submitted if team members sense a need for anonymity.

Although this self-analysis is important, there is always a danger that the team will not view itself objectively. Evaluation of the team by victims, their families, outside agencies, members of the general community, and agency managers or supervisors is critical to proper team development and as a matter of attention to constituents. The team should develop a method of regularly soliciting, collecting, and analyzing input from these sources. This process need not be elaborate or expensive. What is important is that the team see itself as others see it. If others see a need for change in a particular area, the team should give serious consideration to the suggestion without, however, subordinating its mission to public opinion or public pressure.

Conclusion

> It is beyond the power of government to prevent this from being a world in which children suffer and die, but it is the responsibility of government to protect children and bring those responsible for mistreating them to justice.
>
> *Secrets That Can Kill: Child Abuse Investigations in New York State*
> New York State Temporary Commission of Investigation, 1996

If the thousands of professionals who have had the good fortune to be part of a successful MDT could contribute to this guide, they would likely say the team approach has made an immense

difference in their communities and in their ability to do their jobs. They would relate first hand how the team improved the quality of child abuse and neglect investigations through enhanced communication and cooperation among its members. They would say that by pursuing a multidisciplinary team approach, they also reduced the number of interviews child victims faced and the length of the investigative process and intervention, thereby preventing further trauma to these children.

The MDT method of investigation significantly improves the response to child abuse. Forming and maintaining an investigative MDT will not be easy. At times during the process, people may be discouraged. It will perhaps seem easier to continue doing things "the old way" than to expend the effort to create an effective team. However, practice and experience clearly demonstrate that children and their families, communities, and the professionals serving them benefit greatly from the existence of an appropriately functioning MDT. The best mechanism to ensure that government fulfills its obligations to protect children and bring to justice those responsible for mistreating them is the cooperation, coordination, and collaboration of the responsible agencies in an investigative MDT.

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Organizations

American Professional Society on the Abuse of Children
407 South Dearborn Street, Suite 1300
Chicago, IL 60605
312–554–0166
312–554–0919 (fax)
Internet: www.apsac.org

The American Professional Society on the Abuse of Children (APSAC) is the Nation's only interdisciplinary society for professionals working in the field of child abuse and neglect. It supports research, education, and advocacy that enhance efforts to respond to abused children, those who abuse them, and the conditions associated with their abuse. APSAC's major goal is to promote effective interdisciplinary coordination among professionals who respond to child maltreatment.

Missing and Exploited Children's Training and
Technical Assistance Program
Fox Valley Technical College
Criminal Justice Department
P.O. Box 2277
1825 North Bluemound Drive
Appleton, WI 54913–2277
800–648–4966
920–735–4757 (fax)
Internet: www.foxvalley.tec.wi.us/ojjdp

The Missing and Exploited Children's Training Program, sponsored by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and Fox Valley Technical College, offer a variety of courses on investigating child abuse, including an intensive special training for local investigative teams. Teams must include representatives from law enforcement, prosecution, social services, and (optionally) the medical field. Participants take part in hands-on team activity involving:

- Development of interagency processes and protocols for enhanced enforcement, prevention, and intervention in child abuse cases.
- Case preparation and prosecution.
- Development of the team's own interagency implementation plan for improved investigation of child abuse.

National Center for Prosecution of Child Abuse
American Prosecutors Research Institute (APRI)
99 Canal Center Plaza, Suite 510
Alexandria, VA 22314
703–739–0321
703–549–6259 (fax)
Internet: www.ndaa.org

The National Center for Prosecution of Child Abuse is a nonprofit and technical assistance affiliate of APRI. In addition to research and technical assistance, the Center provides extensive training on the investigation and prosecution of child abuse and child deaths. The national trainings include timely information presented by a variety of professionals experienced in the medical, legal, and investigative aspects of child abuse.

National Clearinghouse on Child Abuse and Neglect Information (NCCAN)
330 C Street NW.
Washington, DC 20447
800–FYI–3366
703–385–7565
703–385–3206 (fax)
Internet: www.calib.com/nccanch

NCCAN provides access to the most extensive, up-to-date collection of information on child abuse and neglect in the world. The Clearinghouse will provide, on request, annotated bibliographies on specific topics or a copy of its data base on CD–ROM. NCCAN also publishes the User Manual Series, which includes several titles related to MDT's: *A Coordinated Response to Child Abuse and Neglect: A Basic Manual* (1992), *The Role of Law Enforcement in the Response to Child Abuse and Neglect* (1992), and *Joint Investigations of Child Abuse: Report of a Symposium* (1993). These publications are available from NCCAN.

National Network of Children's Advocacy Centers (NNCAC)
1319 F Street NW., Suite 1001
Washington, DC 20004–1106
800–239–9950 or
202–639–0597
202–639–0511 (fax)
Internet: www.nncac.org

Regional Children's Advocacy Centers:

- Midwest Regional Children's Advocacy Center, 888–422–2955, www.nncac.org/mrcac.
- Northeast Regional Children's Advocacy Center, Philadelphia, PA, 215–387–9500, 800–662–4124, www.nncac.org/nrcac.
- Southern Regional Children's Advocacy Center, Asheville, NC, 704–285–9588, 800–747–8122, www.nncac.org/srcac.
- Western Regional Children's Advocacy Center, Pueblo, CO, 719–543–0380, 800–582–2203, www.nncac.org/wrcac.

OJJDP funds NNCAC and the four regional CAC's to help communities establish and strengthen CAC and MDT programs. NNCAC does this by promoting national standards for CAC's and providing leadership and advocacy for these programs on a national level. NNCAC also conducts national training events and provides grants for CAC program development and support. The four regional CAC's provide information, onsite consultation, and intensive training and technical assistance to help establish and strengthen CAC's and facilitate and support coordination among agencies responding to child abuse. NNCAC publishes a number of manuals and handbooks of use to MDT's, including *Handbook on Intake and Forensic Interviewing in the CAC Setting, Guidelines for Hospital-Collaborative Forensic Investigations of*

Sexually Abused Children, Organizational Development for Children's Advocacy Centers, and *Best Practices.*

National Resource Center on Child Maltreatment (NRCCM)
1349 West Peachtree Street NE., Suite 900
Atlanta, GA 30309
404–881–0707
404–876–7949 (fax)
Internet: www.gocwi.org/nrccm/

NRCCM's objectives are to identify, develop, and promote the application of child protective service models that are responsive to State, tribal, and community needs. Operated jointly by the Child Welfare Institute and ACTION for Child Protection, NRCCM offers training, technical assistance, consultation, and information in response to identified needs relating to the prevention, identification, intervention, and treatment of child abuse and neglect.

Other Titles in This Series

Currently there are 11 other Portable Guides to Investigating Child Abuse. To obtain a copy of any of the guides listed below (in order of publication), contact the Office of Juvenile Justice and Delinquency Prevention's Juvenile Justice Clearinghouse by telephone at 800–638–8736 or e-mail at puborder@ncjrs.org.

Recognizing When a Child's Injury or Illness Is Caused by Abuse, NCJ 160938

Sexually Transmitted Diseases and Child Sexual Abuse, NCJ 160940

Photodocumentation in the Investigation of Child Abuse, NCJ 160939

Diagnostic Imaging of Child Abuse, NCJ 161235

Battered Child Syndrome: Investigating Physical Abuse and Homicide, NCJ 161406

Interviewing Child Witnesses and Victims of Sexual Abuse, NCJ 161623

Child Neglect and Munchausen Syndrome by Proxy, NCJ 161841

Criminal Investigation of Child Sexual Abuse, NCJ 162426

Burn Injuries in Child Abuse, NCJ 162424

Law Enforcement Response to Child Abuse, NCJ 162425

Understanding and Investigating Child Sexual Exploitation, NCJ 162427

Additional Resources

American Bar Association
(ABA)
Center on Children and the
Law
Washington, D.C.
202–662–1720
202–662–1755 (fax)

American Humane Association
Englewood, Colorado
800–227–4645
303–792–9900
303–792–5333 (fax)

American Medical Association
(AMA)
Department of Mental Health
Chicago, Illinois
312–464–5066
312–464–5000
(AMA main number)

American Professional Society
on the Abuse of Children
(APSAC)
Chicago, Illinois
312–554–0166
312–554–0919 (fax)

C. Henry Kempe National
Center for the Prevention
and Treatment of Child
Abuse and Neglect
Denver, Colorado
303–864–5250
303–329–3523 (fax)

Federal Bureau of Investigation
(FBI)
Child Abduction and Serial
Killer Unit and Morgan P.
Hardiman Task Force on
Missing and Exploited
Children
Quantico, Virginia
800–634–4097
540–720–4700

Fox Valley Technical College
Criminal Justice Department
Appleton, Wisconsin
800–648–4966
414–735–4757 (fax)

Juvenile Justice Clearinghouse
(JJC)
Rockville, Maryland
800–638–8736
301–519–5212 (fax)

National Association of Medical
Examiners
St. Louis, Missouri
314–577–8298
314–268–5124 (fax)

National Center for Missing
and Exploited Children
(NCMEC)
Arlington, Virginia
703–235–3900
703–235–4067 (fax)

National Center for
Prosecution of Child Abuse
Alexandria, Virginia
703–739–0321
703–549–6259 (fax)

National Clearinghouse on
Child Abuse and Neglect
Information
Washington, D.C.
800–FYI–3366
703–385–7565
703–385–3206 (fax)

National Committee to Prevent
Child Abuse (NCPCA)
Chicago, Illinois
800–CHILDREN
312–663–3520
312–939–8962 (fax)

National Network of Children's
Advocacy Centers
Washington, D.C.
800–239–9950
202–639–0597
202–639–0511 (fax)

National SIDS Resource
Center
Vienna, Virginia
703–821–8955, ext. 249
703–821–2098 (fax)

U.S. Department of Justice

Office of Justice Programs

Office of Juvenile Justice and Delinquency Prevention

Washington, DC 20531

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ATTACHMENT 6

Children Exposed to Violence Initiative
Questions and Answers

Q: What do we know about the number of children exposed to violence?

A: An alarming number of children experience violence as victims or witnesses:

- Approximately 30% of violent crime victims are children under the age of 17.
- Youth age 12 - 17 are almost three times more likely than adults to experience violent crime and suffer injury as a result.
- In 1993, 2.8 million children were identified as maltreated or abused.
- Of the nation's 22.3 million adolescents ages 12 - 17, approximately 1.8 million have been victims of serious sexual assault, 3.9 million have been victims of serious physical assault, and almost 9 million have witnessed serious violence.
- 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% in the home and 50% in the street). The average age of these children was 2.7 years.
- In 1993, of 1035 Chicago students, ages 10 - 19, 35% witnessed a stabbing, 39% witnessed a shooting, and 24% had seen someone killed. In an earlier 1990 Chicago study of 1000 elementary and high-school age children, 40% had witnessed a shooting, 33% had witnessed a stabbing, and 25% had witnessed a murder.

Q: What is the impact of children being exposed to violence?

A: Child victims and witnesses are traumatized by their experiences and are far more likely to become juvenile and adult offenders:

- 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. These dangers are greatest for the youngest children who depend almost completely on their parents and care givers to protect them from trauma.
- **Children who are victims or witnesses to violence are at an increased risk for delinquency, adult criminality, and violent criminal behavior.** Exposure to violence shapes how a child learns, feels, and acts.
- **Being abused or neglected as a child increases the likelihood of arrest as a juvenile by 53% and the likelihood of arrest for a violent crime as**

an adult by 38%. It also places children at significant risk for substance abuse, mental illness, and suicide.

- Among the juveniles arrested for criminal and status offenses, 20 - 50% are themselves victims of child abuse or other violent crime.

Q: What do we know about treating children who have been exposed to violence?

A: According to experts in child development and children's mental health, what children need when they are exposed to violence is comprehensive mental health services; a sustained relationship with a caring, positive adult role model; protection from further risk of harm; and support from the justice system.

Q: What is the Department of Justice's (DOJ) Children Exposed to Violence Initiative?

A: The Initiative is part of the DOJ's comprehensive Children and Justice strategy. Working with the Department of Heath and Human Services and community partners, the Initiative will focus public attention on the abuse and violence that affect the lives of too many children. The Initiative will also aim to challenge federal, State, and local law enforcement – in partnership with communities, social service agencies, mental and physical health care providers, schools, courts, the private sector and government leaders – to reduce children's exposure to violence and respond better when it happens.

The Initiative has five components: (1) justice system/law enforcement reform; (2) federal and state legislative reform; (3) program support and development; (4) community outreach and implementation; and (5) public awareness.

(1) Justice System/law enforcement reform:

The Initiative will improve the justice system's response to child victims and witnesses by providing information and training (including in-the-field User Guides, best practice manuals, and videos) to law enforcement agents, prosecutors, victim/witness coordinators, and court personnel who encounter child victims and witnesses.

(2) Federal and State legislative reform:

The Department will develop federal and model state legislation that enhances penalties (and increases accountability) for violent crimes affecting children. The law must be reformed to hold accountable defendants who kill children through abuse and neglect. The Department will also develop federal and model state legislation to help our court system better fit our kids.

(3) Program Support and Development:

The Department will support the following programs designed to prevent violence against children and provide appropriate intervention to help child victims and witnesses: Home Visitation Programs; Child Development-Community Policing; Safe Start; Safe Kids/Safe Streets; and Child Advocacy Centers.

(4) Community Outreach and Implementation:

The Department, working with the Department of Health and Human Services (HHS), will convene a National Summit on Children Exposed to Violence this Spring. The Summit will bring together experts in law enforcement, policy, medicine, mental health, child development, and the media (among others) to highlight best practices and develop a blueprint for national, state, and local action to promote prevention, intervention, and accountability efforts addressing children exposed to violence.

(5) Public Awareness:

Department leaders will bring the issue of child victimization to national attention by serving as spokespeople and devoting the Department's resources to the issue.

Q: What is the history of the Initiative?

A: Attorney General Janet Reno recently selected the Deputy Attorney General, Eric Holder, Jr., to coordinate the Department's efforts devoted to children exposed to violence. As a judge, and later as the United States Attorney for the District of Columbia, Mr. Holder saw first hand the devastating effects of violence in children's lives. Mr. Holder has identified this issue as his top priority in his post as Deputy Attorney General and his committed to work with the Department's Office of Juvenile Justice and Delinquency Prevention to continue to move this issue forward.

Q: Why isn't the Attorney General participating in today's events. Is she boycotting Presidential events during the impeachment process?

A: The Attorney General is at home in Florida with her family for the Christmas holidays.

Q: What is the Child Development-Community Policing Program in New Haven, CT?

A: The Child Development-Community Policing Program, initiated in 1991 through an innovative partnership between the New Haven Department of Police Services

and the Child Study Center at the Yale University School of Medicine, addresses the psychological burdens on children, families and the broader community of increasing levels of community violence.

The program consists of interrelated training and consultation, including a child development fellowship for police supervisors; police fellowship for clinicians; seminars on child development, human functioning, and policing strategies; 15 hour training courses in child development for all new police officers; weekly collaborative meetings and case conferences that support institutional changes in police practices; establishment of protocols for referral and consultation that insure that children receive the services they need.

Q: What has been the impact of the Child Development-Community Policing program?

A: The CD-CP program includes: round-the-clock availability of consultation with a clinical professional for patrol officers who assist children exposed to violence; weekly case conferences with police officers, educators, and child study center staff; open police stations that are located in neighborhoods and are accessible to residents for police and related services; community outreach and coordination of community response; crisis response; clinical referral; interagency collaboration; home-based follow-up; and officer support and neighborhood foot patrols.

Q: How has the Administration supported the Child Development - Community Policing program?

A: In FY 1995 and FY 1996, the Department of Justice's Office of Juvenile Justice and Delinquency Prevention provided $300,000 each year to the Child Study Center to replicate the model through training of law enforcement and mental health providers in a number of cities. In FY 1997, the Department of Justice allocated $700,000 of FY 97 discretionary funding ($300,000 from the Office of Juvenile Justice and Delinquency Prevention, $300,000 from the Violence Against Women Act Grants Office, and $100,000 from the Office for Victims of Crime) to expand the Child Development-Community Policing program. The new funds supported the following activities:

- Nationwide intensive training and technical assistance for law enforcement, prosecutors, mental health professionals, school personnel, and probation and parole officers to better respond to the needs of children exposed to community violence including but not limited to family violence, gang violence, and abuse or neglect.

- Expansion of the program sites from the original four to a total of eight.

- Further research, data collection, analysis and evaluation of CD-CP in the program sites.

- The development of a casebook for practitioners which will detail intervention strategies and various aspects of the CD-CP collaborative process.

Q: What is the Administration doing this year to expand the CD-CP program:

A: In FY 1999 the Department will fund the **Safe Start** program at $10 million, using the CD-CP model as a prototype.

The Safe Start program began with the Child Development-Community Policing (CD-CP) program in New Haven, CT, an innovative partnership between the New Haven Department of Police Services and the Child Study Center at the Yale University School of Medicine. Child development specialists provide intensive training to police responding to children in violent situations. Mental health specialists are on call 24 hours a day, seven days a week, and work hand-in-hand with police officers to assist child victims and witnesses and increase offender accountability. The New Haven program has been replicated in many cities, including Charlotte, Nashville, Baltimore, and Chelsea.

Safe Start is a new program building on the innovative CD-CP program. This year, the Department will award $10 million to as many as 12 communities to implement comprehensive, community-based programs to reduce the impact of family, school, and community violence on young children. These programs will promote partnerships between community police, prosecutors, mental health workers, and child victim specialists.

Q. When can I get a copy of the Safe Start application?

A: Applications will be ready by February. You may call the DOJ Response Center at (1-800-421-6770) to put your name on the mailing list.

Q. Beyond funding CD-CP and Safe Start, how will the Department of Justice help children exposed to violence?

A: The Department will support the following programs:

- Home Visitation Programs:
The Department will support home visitation by nurses and other trained professionals. Currently, the Department provides a total of $150,000 to six communities' nurse home visitation programs through the Boulder Colorado

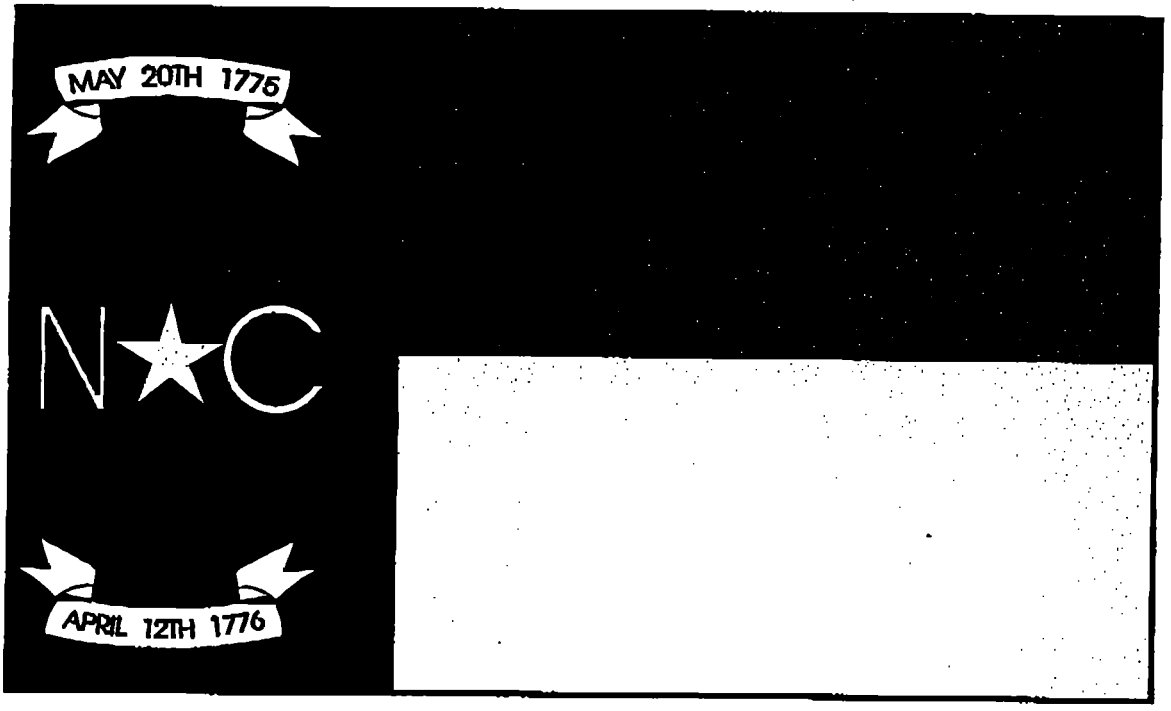
Center for the Study and Prevention of Violence. In addition, the Department administers $150,000 in HHS funds to evaluate the six sites, and provides replication funds. The Department also promotes home visitation (by non-medical professionals) through Title V grants and will be replicating the nurse home visitation model in additional communities.

- Safe Kids/Safe Streets:
  The Department will seek continued funding of Safe Kids/Safe Streets Community Approaches to Reducing Abuse and Neglect and Preventing Delinquency (Safe Kids/Safe Streets). This five-site demonstration project is designed to break the cycle of early childhood victimization and later juvenile and adult criminality, and to reduce child abuse and neglect and resulting child fatalities, by instituting justice system reforms and coordinating the management of abuse and neglect cases within the justice system, child welfare, and family services. The program supports community-wide public/private collaborations. Safe Kids/Safe Streets was fully funded with FY 1996 funds in early 1997 under 5 ½ year cooperative agreements.

- Child Advocacy Centers (CACs):
  The Department will fund, support and promote Child Advocacy Centers. CACs use a multidisciplinary team approach to aid child victims and witnesses within the justice system and to coordinate and deliver intervention services. Currently, the Department provides $ 5.5 million to the National Children's Alliance and four regional Child Advocacy Centers, which in turn support hundreds of CACs around the country.

ATTACHMENT 7

STRATEGIC APPROACHES TO COMMUNITY SAFETY WORKSHOP



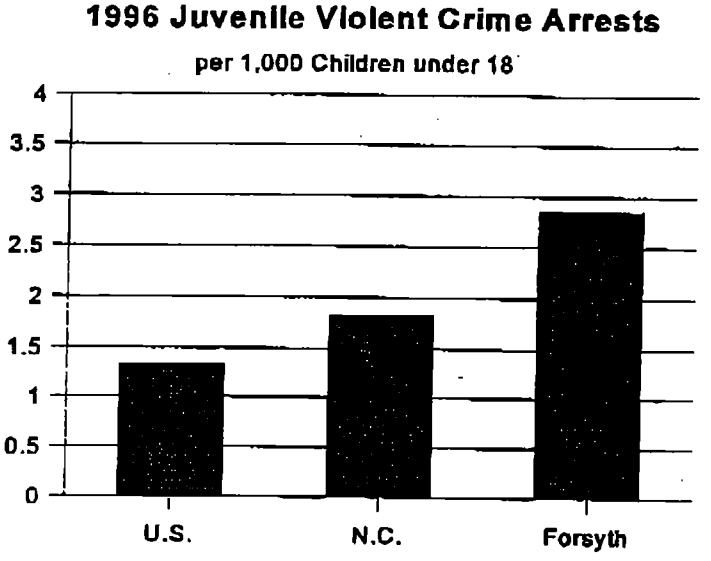
WINSTON-SALEM, NORTH CAROLINA

PORTLAND, OREGON
JULY 15/16, 1998

Strategic Approaches To Community Safety
(SACS)
Winston-Salem

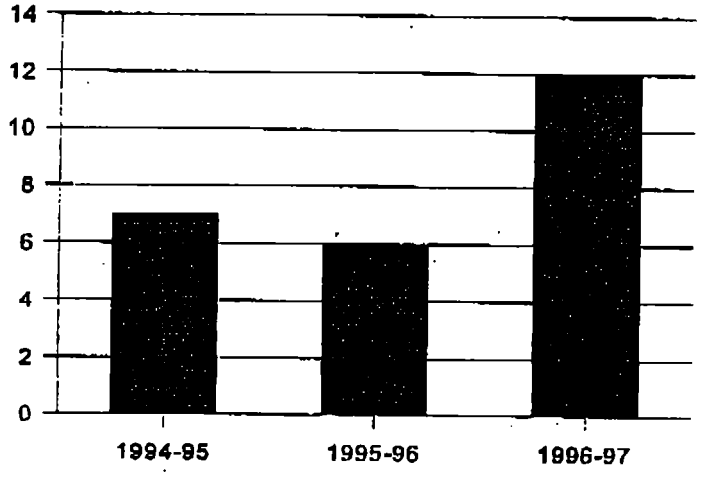
DRAFT

The Problem: The issue of juvenile violence has been a priority for the Winston-Salem community for several years. 1996 figures obtained through the FBI and SBI illustrates that, in Winston-Salem, juvenile violence occurs at a substantially higher rate than the state or national norm. Violent arrests for children under 18 years of age in the United States are 1.34 per 1000, in North Carolina 1.82 per 1000 and in Forsyth County (Winston-Salem) at 2.85 per 1000.

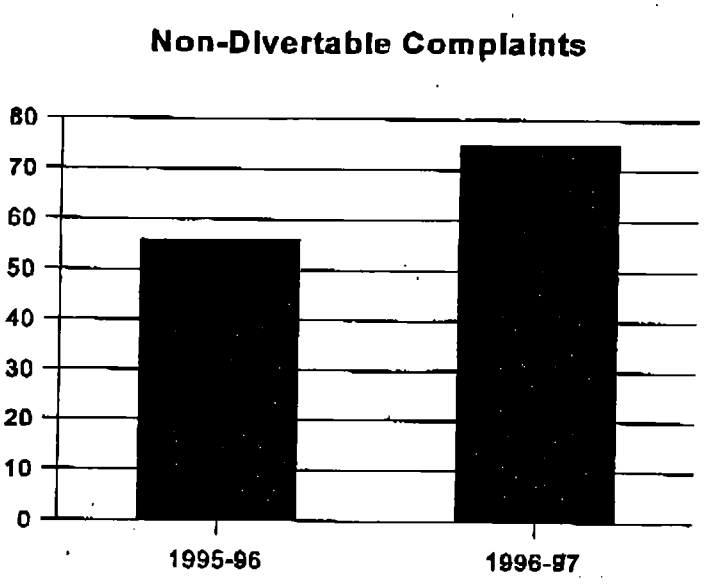


Sources: Crime in the United States (F.B.I.) and Crime in North Carolina (S.B.I.)
Note: Includes arrests for murder, rape, robbery and aggravated assault.

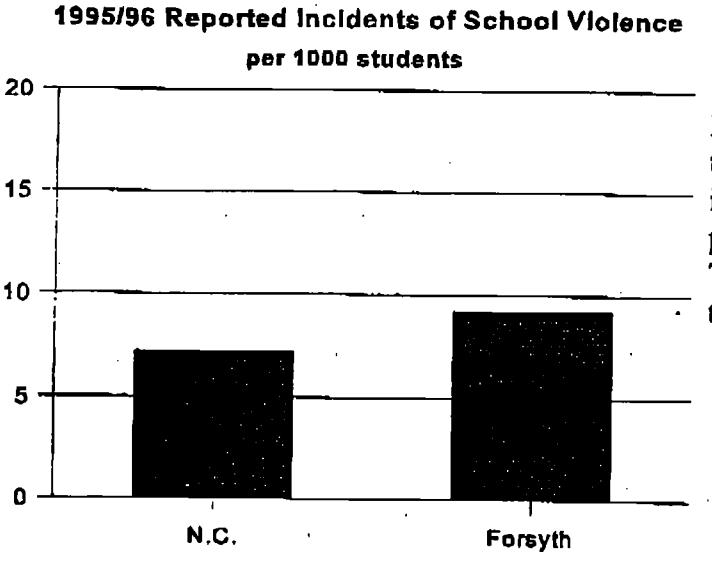
The number of juveniles bound over to Superior Court to be tried as adults increased from 6 in 1995-1996 to 12 in 1996-1997 representing a 100% increase.



Source: Juvenile Services Division of the Courts and Juvenile Justice Council



Moreover, non-divertable complaints increased during the same period from 56 to 75 representing a 34% increase.



In school year 1995/96 there were 9.2 reported incidences of violence per 1000 students. This was 27% higher than the state average.

Source: N. C. Department of Public Instruction

In the same year, 72 children were reported to have brought weapons, including guns, to school.

WSPD JUVENILE to ADULT INVOLVEMENT REPORT OR16.

TOP 50 Age (12 to 15)

Sys	Name	Race	Sex	AGE Min	AGE Max	Juvenile Role Vict	Juvenile Role Sus	Juvenile Role Arr	Adult Role Vict	Adult Role Sus	Adult Role Arr	TOT
0[illegible]422		B	M	8	14	14	23	2	0	0	0	39
44		B	M	6	15	17	19	1	0	0	0	37
0[illegible]124		B	M	2	12	18	18	0	0	0	0	36
0394104		B	M	9	14	18	18	0	0	0	0	36
0182132		B	M	9	15	6	24	5	0	0	0	35
0417567		W	F	7	14	13	21	1	0	0	0	35
0518253		B	F	11	13	18	15	0	0	0	0	33
0288068		W	M	5	15	9	17	2	0	0	0	28
0390655		W	F	8	15	15	13	0	0	0	0	28
0303812		B	M	4	14	8	16	2	0	0	0	26
0360867		B	M	6	14	5	19	2	0	0	0	26
0424964		B	M	9	15	9	5	12	0	0	0	26
0378379		B	M	7	15	6	18	1	0	0	0	25
0475182		B	M	10	14	10	13	2	0	0	0	25
0281711		W	M	3	14	6	14	4	0	0	0	24
0354918		B	M	6	14	6	17	1	0	0	0	24
0508162		W	F	10	14	18	3	2	0	0	0	23
0529461		B	M	10	11	17	5	0	0	0	0	22
0297587		B	F	4	15	15	5	1	0	0	0	21
0333255		B	F	6	15	13	8	0	0	0	0	21
0363660		B	M	6	14	1	19	1	0	0	0	21
0464192		B	F	9	14	10	11	0	0	0	0	21
0399924		B	M	7	14	8	9	3	0	0	0	20
0494289		H	F	11	15	12	6	2	0	0	0	20
0486614		B	M	9	12	5	14	0	0	0	0	19
0496179		B	M	11	15	4	10	5	0	0	0	19
[illegible]54		W	M	12	15	7	8	4	0	0	0	19
[illegible]88		B	M	5	9	9	7	2	0	0	0	18
0407170		B	F	7	13	13	5	0	0	0	0	18
0449161		B	M	9	14	5	13	0	0	0	0	18
0461437		B	M	10	14	4	9	5	0	0	0	18
0542131		B	M	13	15	4	14	0	0	0	0	18
0358600		B	M	6	15	10	7	0	0	0	0	17
0381151		B	M	7	15	7	10	0	0	0	0	17
0428397		W	F	8	14	7	9	1	0	0	0	17
0435765		W	M	9	15	6	11	0	0	0	0	17
0483352		B	M	11	15	9	8	0	0	0	0	17
0217414		B	M	12	14	10	5	1	0	0	0	16
0247835		W	F	2	14	11	5	0	0	0	0	16
0263751		B	M	1	13	4	10	2	0	0	0	16
0311477		W	F	4	14	14	1	1	0	0	0	16
0317079		B	M	4	14	3	12	1	0	0	0	16
0365741		B	F	5	13	13	3	0	0	0	0	16
0444264		B	M	9	14	3	11	2	0	0	0	16
0247095		W	F	2	15	11	3	1	0	0	0	15
0339620		B	M	6	15	4	11	0	0	0	0	15
0359342		B	M	6	15	7	7	1	0	0	0	15
0412927		W	M	8	15	3	12	0	0	0	0	15
0416659		B	M	7	11	11	2	2	0	0	0	15
[illegible]21		B	F	9	15	4	10	1	0	0	0	15

WSPD JUVENILE to ADULT INVOLVEMENT REPORT-ORIG

TOP 50 Age (6-17) - 16=Adult in 01S

Sys	Name	Race	Sex	AGE Min	AGE Max	Juvenile Role Vict	Juvenile Role Sus	Juvenile Role Arr	Adult Role Vict	Adult Role Sus	Adult Role Arr	TOT
[illegible]	97	B	M	6	15	4	65	8	0	0	0	77
[illegible]	09	B	M	8	15	9	44	9	0	0	0	62
0435440		B	M	11	16	23	33	3	0	3	0	62
0285214		B	M	5	16	6	25	20	0	2	0	53
0231125		B	M	8	16	17	28	6	0	1	0	52
0336527		B	M	7	16	21	13	0	5	3	0	42
0251850		W	F	4	16	26	7	1	1	5	1	41
0372886		B	M	9	16	3	8	7	2	1	20	41
0408918		W	M	10	17	4	19	0	4	11	3	41
0385898		B	M	8	16	4	25	10	0	0	1	40
0357751		W	M	9	16	10	21	7	1	0	0	39
0393642		W	M	9	17	11	17	0	3	6	2	39
0320898		B	M	10	16	1	25	2	2	3	4	37
0387844		B	F	9	15	28	8	1	0	0	0	37
0414967		B	M	10	16	26	2	0	6	3	0	37
0183410		B	M	1	15	9	21	6	0	0	0	36
0358931		B	M	8	17	3	4	0	1	14	14	36
0424022		B	M	11	17	5	19	4	1	5	1	35
0438930		B	M	9	16	7	25	1	0	2	0	35
0486941		B	M	13	17	2	23	0	0	10	0	35
0516389		W	M	14	15	2	33	0	0	0	0	35
0343611		B	M	8	16	7	18	5	0	1	3	34
0487337		B	M	13	17	6	16	2	2	2	6	34
0262861		B	M	4	16	4	18	4	0	4	3	33
0290567		B	M	5	16	8	18	3	0	2	1	32
0417964		B	M	10	15	7	20	5	0	0	0	32
[illegible]	6	W	M	12	16	20	10	1	1	0	0	32
03[illegible]	31	B	F	9	17	13	10	2	3	2	1	31
0514643		B	M	13	16	5	15	0	1	9	1	31
0347230		B	M	6	16	6	19	3	0	2	0	30
0379204		B	M	8	15	1	19	10	0	0	0	30
0436711		B	M	10	15	12	15	3	0	0	0	30
0462282		B	F	11	16	16	10	0	1	3	0	30
0473076		B	M	11	16	7	19	2	0	2	0	30
0374291		B	M	9	16	8	15	3	0	0	3	29
0499170		W	M	13	16	9	14	0	1	2	3	29
0516305		B	M	13	15	8	20	1	0	0	0	29
0145778		B	M	1	17	3	13	0	0	9	3	28
0275198		W	M	10	16	11	13	3	0	1	0	28
0324762		B	M	7	16	4	15	1	0	4	4	28
0372345		B	M	8	13	4	21	3	0	0	0	28
0168922		W	F	11	17	18	8	0	2	0	0	28
0150572		B	M	5	17	6	8	0	1	5	7	27
0176761		B	M	10	16	8	13	2	2	1	1	27
0102452		B	M	7	15	1	14	12	0	0	0	27
0061871		B	M	4	17	3	13	5	1	2	1	25
0038256		B	M	7	16	7	13	3	2	0	0	25
0047834		W	M	3	16	6	14	2	0	2	0	24
0018676		W	M	7	17	7	7	0	5	5	0	24
6[illegible]		B	F	11	17	6	6	5	3	3	1	24

6

WSPD JUVENILE TO ADULT INVOLVMENT LISTING

TOP 10 DETAILED

Sys	Lastname	Firstname	Middname	Race	Sex	Role	Age	Count # Times	Total
C 274 – John Doe.				B	M				
						V	5	2	132
						S	8	2	
						S	9	2	
						V	9	2	
						S	10	1	
						S	11	7	
						V	11	2	
						S	12	1	
						V	12	2	
						S	13	2	
						S	14	8	
						V	14	1	
						A	15	1	
						S	15	11	
						V	15	5	
						A	16	2	
						S	16	12	
						V	16	3	
						A	17	5	
						S	17	10	
						V	17	3	
						A	18	8	
						S	18	4	
						V	18	1	
						A	19	12	
						S	19	4	
						A	20	11	
						S	20	6	
						V	20	1	
						A	21	12	
						S	21	6	
0176627				B	M				
						S	4	1	106
						S	5	1	
						V	5	1	
						S	6	1	
						S	7	4	
						A	8	3	
						S	8	8	
						V	8	2	
						S	9	10	
						V	9	5	
						A	10	1	
						S	10	2	
						V	10	1	
						S	12	1	
						V	12	1	
						A	14	1	
						S	14	7	
						V	14	1	

A. To those specifically authorized by the United States Attorney in accordance with this Agreement for use in the SACS initiative;

B. To those specifically authorized by the consent of the individual or, in the case of a minor, by the consent of the minor's parent or authorized guardian; or

C. To those specifically authorized by an order of court, or by controlling federal or state statute, law or regulation.

WHEREFORE, the undersigned acknowledges and agrees to strictly abide by the above established procedures at all times in connection with his or her involvement with SACS.

This the ____ day of _____, 1998.

_____
Name

_____
Agency

FORSYTH FUTURES
{A Community Support System for Children and Youth}

In September, 1995, the U.S. Attorney began a series of meetings in Winston-Salem with the Chief of Police, the Sheriff, the District Attorney, and the Director of the Juvenile Justice Council to address the alarming escalation in youth violence. They agreed that addressing this crisis would require confronting the root causes of problems facing our youth in a county-wide, comprehensive manner. A decision was made to bring together a leadership team to develop a coordinated, shared strategy to meet this challenge. This led to the creation of Forsyth Futures.

Who is Forsyth Futures?

- Superintendent, W-S Forsyth County Schools
- United States Attorney
- Chief of Police, Winston-Salem
- City Manager
- County Manager
- Director, Center Point Human Services
- Director, Juvenile Services
- Director, Dept. Of Social Services
- Director, Forsyth County Health
- Director, Housing Authority of W-S
- Director, Forsyth Early Childhood Initiative
- Director, Juvenile Justice Council
- Chamber of Commerce
- Winston-Salem Foundation
- United Way Agency Executives Representative
- Sheriff
- Chief District Court Judge
- Business Representative
- Northwest Child Development Center
- Director, United Way

What is Forsyth Futures?

A leadership mechanism:

- With a mission and vision to add focus and direction to current and and future initiatives affecting youth;
- With the power and collective clout to direct system-wide policies and procedures which affect how we deliver services to youth;
- That recognizes the need to move beyond individual agency objectives to the common pursuit of community-wide priorities.

Forsyth Futures' Goals:

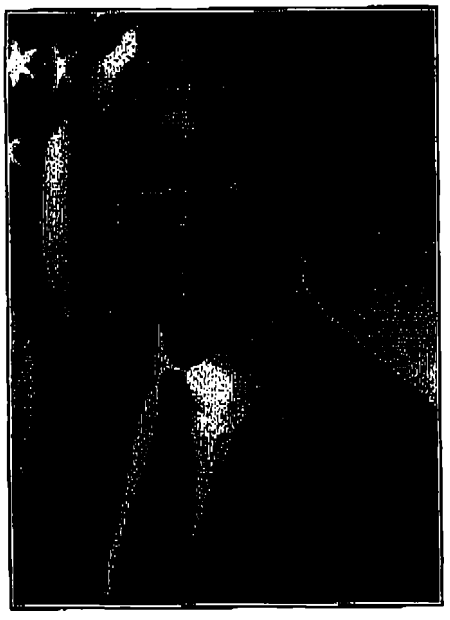
- Advocate community priorities for children and youth which are family-focused and promote positive development.
- Seek the effective allocation of community resources to better meet the needs of families and children.
- Identify and remove system barriers to effectively serving children and youth.
- Evaluate improved outcomes for children, youth and families.

Forsyth Futures' Milestones:

- ✧Received commitment from the heads of the agencies represented in Forsyth Futures to use individual and institutional clout and resources to explore new ways of serving youth;
- ✧Developed a common mission and vision for youth among member institutions;
- ✧Researched other communities attempting system change in serving youth;
- ✧Funded agency staff to move Forsyth Futures' work forward;
- ✧Developed a school-based resource center (Mineral Springs) to be used as a learning laboratory for Forsyth Futures agencies to learn to work together to more effectively deliver services to youth;
- ✧Conducted in-depth case study to identify system barriers and to fashion system responses to the identified barriers;
- ✧Sought and received a grant from the Governor's Crime Commission to study linking participating agencies via computer and is currently developing the Jason Network;
- ✧Requested agency attorneys to examine laws on confidentiality and to draft legislation where changes are needed to more effectively serve families;
- ✧Developed a process to examine current standard for removing children who are subject to abuse and neglect.
- ✧Is now being recognized as a state and national model for how communities can come together to begin to effectively address problems facing youths and their families.

Attached is a copy of its Charter and Supporting Board Resolutions.

ATTACHMENT 8



DEPUTY ATTORNEY GENERAL ERIC H. HOLDER, JR.

Deputy Attorney General Holder was born on January 21, 1951, in New York City. He attended public schools there, graduating in 1969 from Stuyvesant High School where he earned a Regents Scholarship. He attended Columbia College, majored in American History, and was graduated in 1973. Mr. Holder then attended Columbia Law School from which he was graduated in 1976. While in Law School he clerked at the N.A.A.C.P. Legal Defense Fund and the Department of Justice's Criminal Division.

Upon graduating from Columbia Law School, Deputy Attorney General Holder moved to Washington and joined the Department of Justice as part of the Attorney General's Honors Program. He was assigned to the newly formed Public Integrity Section in 1976 and was tasked to investigate and prosecute official corruption on the local, state and federal levels. While at the Public Integrity Section, Mr. Holder participated in a number of prosecutions and appeals involving such defendants as the Treasurer of the state of Florida, the Ambassador to the Dominican Republic, a local judge in Philadelphia, an Assistant United States Attorney in New York City, agents of the Federal Bureau of Investigation, and a "capo" in an organized crime family.

In 1988, Mr. Holder was nominated by the President to become an Associate Judge of the Superior Court of the District of Columbia. His investiture occurred in October of that year. Over the next five years, Judge Holder presided over hundreds of criminal trials, many of which involved homicides and other crimes of violence.

In 1993, President Clinton nominated Mr. Holder to become the United States Attorney for the District of Columbia. Mr. Holder was confirmed in October of that year and served as the head of the largest U.S. Attorney's Office in the nation for nearly four years. As U.S. Attorney, Mr. Holder created a new Domestic Violence Unit to more effectively handle those types of tragic cases, implemented a community prosecution pilot project to work hand-in-hand with residents and local government agencies in order to make neighborhoods safer, supported a renewed enforcement emphasis on hate crimes so that criminal acts of intolerance will be severely punished, developed a comprehensive strategy to improve the manner in which agencies handle cases involving the abuse of children, launched a new community outreach program to reconnect the U.S. Attorney's Office with the citizens it serves, revitalized the Victim/Witness Assistance Program to better serve those individuals who are directly affected by crime, and developed "Operation Ceasefire," an initiative designed to reduce violent crime by getting guns out of the hands of criminals.

On April 14, 1997, President Clinton nominated Mr. Holder to be the Deputy Attorney General. He was confirmed by a Senate vote of 100 to 0 and was sworn in as Deputy Attorney General on July 18, 1997. The Honorable Eric H. Holder, Jr., was sworn in as the Deputy Attorney General of the United States on July 18, 1997, in a private ceremony. A public ceremony attended by Attorney General Janet Reno and other dignitaries was held on September 5, 1997. As Deputy Attorney General, Mr. Holder is responsible for the supervision of the day-to-day operation of the Department of Justice. He is now the highest ranking black person in law enforcement in the history of the United States.

Deputy Attorney General Holder has been active in the organization Concerned Black Men. This group seeks to help the youth of the District of Columbia with many of the problems they face, ranging from teenage pregnancy to sub-par academic achievement. Mr. Holder lives in Northwest Washington with his wife, Sharon Malone, who is a doctor in obstetrics and gynecology, and his children, Maya, Brooke and Eric.

Updated page October 6, 1997
usdoj-jmd/irm/css/mlb

Department of Justice

ADVANCE FOR RELEASE AT 4:30 P.M. EST
SUNDAY, DECEMBER 27, 1998

BJS
202/307-0784

VIOLENT CRIME FELL ALMOST 7 PERCENT LAST YEAR DOWN MORE THAN 21 PERCENT SINCE 1993

WASHINGTON, D.C. – The nation's violent crime rate fell almost 7 percent during 1997, the Justice Department's Bureau of Justice Statistics (BJS) announced today. It has fallen more than 21 percent since 1993. Violent crime rates began rising in the mid 1980s but have since fallen to the lowest level since 1973, when BJS began its National Crime Victimization Survey.

There were an estimated 39 violent victimizations per 1,000 U.S. residents 12 years old and older during 1997, compared to 42 during 1996, 50 during 1993 and 48 during 1973.

Property crimes were also at their lowest post-1973 rates. There were an estimated 248 attempted or completed property crimes per 1,000 U.S. households during 1997, compared to 266 during 1996, 319 during 1993 and 554 during 1973. Property crime rates have decreased steadily since 1975.

The nation's murder rate fell by 8 percent during 1997, according to the Federal Bureau of Investigation's Uniform Crime Reports (UCR). The 18,210 murders during 1997 was 28 percent lower than in 1993.

Robbery was the only violent crime whose rate fell significantly (down more than 17 percent) during 1997. The simple assault rate decreased slightly. An apparent decrease in the rate for aggravated assault was not significant. The rate for rape/sexual assault did not change from the previous year.

And although the overall property crime rate fell during 1997, the only property crime that decreased significantly during the year was theft (down 8 percent). Apparent changes in the rates for household burglary and motor vehicle theft were not statistically significant.

The decreases in violent and property crime trends since 1993 were experienced by most segments of the population. Males and females, blacks and whites and those at different income

(MORE)

levels all experienced declining violent crime and property crime rates during this period. However, the 1997 violent crime rates for persons age 50 and older were not lower than they had been in 1993.

In 1997, as in previous years, males were more vulnerable to violent crime than females, younger people more vulnerable than older people and blacks more vulnerable than whites. Persons in urban areas had violent and property crime rates that were higher than the rates for suburban and rural residents.

By region, people residing in the West had violent and property crime rates that were higher than those for residents in the Northeast, Midwest or South.

About half of all violent crimes in 1997 were committed by someone whom the victim knew. Victims of rape and sexual assaults were the most likely to have known the offender, and victims of robbery were least likely.

The survey, the federal government's second largest household poll, interviewed approximately 80,000 people in about 43,000 households twice during 1997, asking about criminal incidents and whether or not they were reported to law enforcement agencies.

A little more than 37 percent of all crimes were reported to police (44 percent of all violent crimes, 31 percent of rapes and sexual attacks, 56 percent of robberies and 44 percent of simple and aggravated assaults). Motor vehicle theft was the most reported (80 percent), primarily because of insurance considerations. The survey's estimates of the number of crimes reported to law enforcement agencies are consistent with the FBI's UCR data, both in terms of the levels and changes since 1996.

The survey report, "Criminal Victimization 1997, Changes 1996-97 with Trends 1993-97" (NCJ 173385), was written by BJS statistician Michael Rand. Single copies may be obtained from the BJS fax-on-demand system by dialing 301/519-5550, listening to the complete menu and selecting document number 139. Or call the BJS Clearinghouse number: 1-800-732-3277. Fax orders for mail delivery to 410/792-4358. The BJS Internet site is:

http://www.ojp.usdoj.gov/bjs/

Additional criminal justice materials can be obtained from the Office of Justice Programs homepage at:

http://www.ojp.usdoj.gov

# # #

After hours contact: Stu Smith at 301/983-9354

BJS99025 (D)

U.S. Department of Justice
Office of Justice Programs

Bureau of Justice Statistics
National Crime Victimization Survey

December 1998, NCJ 173385

Criminal Victimization 1997
Changes 1996-97 with Trends 1993-97

By Michael Rand
BJS Statistician

Americans age 12 or older experienced fewer violent and property crimes in 1997 than in any other year since the 1973 inception of the National Crime Victimization Survey (NCVS). In 1997 as measured by the survey, U.S. residents age 12 or older experienced almost 35 million criminal victimizations, down from about 44 million such crimes experienced in 1973.* The 1997 estimate was also a decrease from almost 37 million violent and property victimizations in 1996.

Of the crimes in 1997, 8.6 million involved the violent crimes of rape, sexual assault, robbery, and assault; 25.8 million involved the property crimes of theft, household burglary, and motor vehicle theft; and 0.4 million involved personal thefts such as purse snatching.

In 1997 there were 39 violent victimizations per 1,000 persons age 12 or older, down significantly from the 42 per 1,000 in 1996. The 1997 property crime rate of 248 per 1,000 households was lower than the 266 per 1,000 households experienced in 1996. These declines continued a general downward trend in criminal victimization that began in 1995.

*Estimates from before 1993 were adjusted following the 1992 NCVS redesign.

The trends reported in this Bulletin encompass 1993 through 1997. The initial year was the first in which the redesigned NCVS used a full sample of households. Compared to 1993 rates, the 1997 victimization rates for every type of violent and property crime measured by the NCVS showed a significant decrease. Between 1993 and 1997 the violent crime rate declined by 21%, and the property crime rate fell by 22%.

Highlights

- The NCVS property and violent crime rates are the lowest recorded since the survey's inception in 1973.*
- The downward trend in violent victimization begun in 1994-95 continued in 1997.
- In 1997, violent crime rates were 21% lower than they had been in 1993. Property crime rates were 22% below 1993 property crime rates.
- The recent decreasing violent and property crime trends were experienced by most segments of the population. However, in 1997 the violent victimization rates for persons age 50 and older were no lower than they had been in 1993.
- The violent and property crime rates each declined by 7% in 1996-97.
- The murder rate declined 8% between 1996 and 1997.
- In 1997 as in past years, males and younger people were more vulnerable to violent crime victimization than females and older persons, respectively. Blacks experienced higher violent crime rates than whites or persons of other races.
- In 1997 as in previous years, males experienced higher victimization rates than females for all violent crimes except rape/sexual assault.
- In 1997, 4 of 10 violent and property crimes were reported to police. Females and blacks were more likely to report a violent crime to police than were males and whites.
- About half of all violent crimes in 1997 were committed by someone whom the victim knew.

*After adjusting rates following the 1992 NCVS redesign.

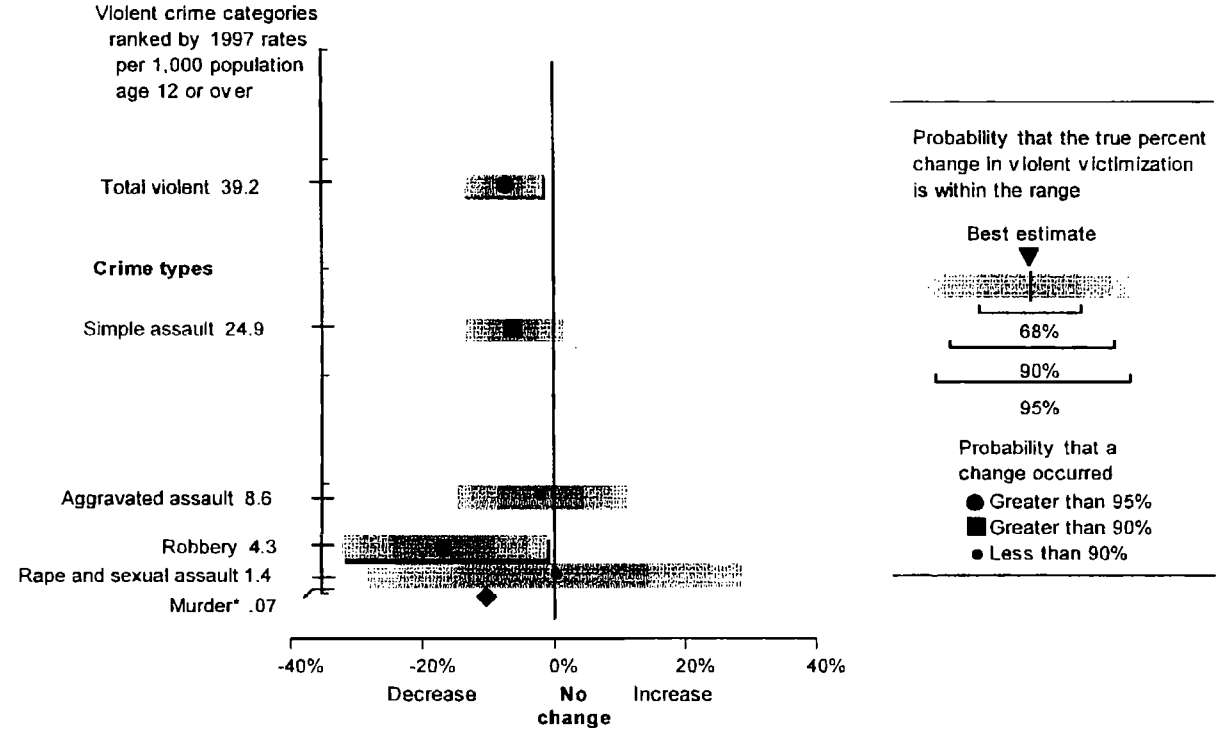
Criminal victimization, 1996-97

Violent crime

The NCVS collects data on nonfatal violent crimes against persons age 12 and older, both reported and not reported to police. The Uniform Crime Reports (UCR) program of the FBI collects data on murder and nonnegligent manslaughter.

From 1996 to 1997, the murder rate declined by 8% and the violent crime rate fell by 7%. Of the violent crimes measured by the NCVS, only robbery showed a significant decline from 1996, while simple assault was down slightly (table 1 and figure 1). For aggravated assault the apparent decline was not statistically significant.

Change in violent victimization by category, 1996-97



Note: The change in murder rates is presented as a point since the source of the data, the Uniform Crime Reports, is not a sample survey.

For further explanation of the graph, see the BJS Technical Report, *Displaying Violent Crime Trends Using Estimates from the National Crime Victimization Survey*, NCJ-167881.

*The murder rates were for all ages.

Sources: BJS, National Crime Victimization Survey, and FBI, Uniform Crime Reports.

The figure shows the estimated annual percentage change in victimization rates from 1996 to 1997 for the categories that comprise violent crime: homicide, rape and sexual assault, aggravated assault, simple assault, and robbery. The crime categories are displayed vertically according to their 1997 rates per 1,000 population age 12 or older. Total violent (the sum of all types) is first with the highest rate, and murder is last with the lowest rate.

Because the National Crime Victimization Survey relies on a sample of households, the rates and numbers from it are estimates and are not exact. Each bar shows the range within which the true percent change in rates from year to year is likely to fall.

If a bar is clear of the "No change" line, we are reasonably certain a change occurred. If a bar crosses the "No change" line, there is a possibility that there was no change. The degree of certainty depends on where the bar crosses the line. The bars representing the crime categories where a statistically significant year-to-year change occurred are outlined.

The length of the range bars varies considerably from crime to crime, dependent on sample size and rarity of the event. The value for the change in homicide rates is given as a point and not a range of estimates because homicide rates are derived from nonsample data. The murder rates have no variance, but some discrepancies exist between UCR rates and *Vital Statistics* of the National Center for Health Statistics.

Figure 1

Murder and nonnegligent manslaughter

In 1997 there were 6.8 murders per 100,000 inhabitants. This represents an 8% decline from the previous year. The decrease was apparent across all sizes of cities and regions. (See the box on page 6.)

Violent crime measured by the NCVS

Overall violent crime measured by the NCVS declined from 1996-97. There was a statistically significant decrease in the rate of robbery. The rate of simple assault victimizations declined marginally due to a slight decrease in simple assault without injury. For completed rape, an apparent increase was not significant, nor were apparent declines in attempted rape and aggravated assault when threatened with a weapon.

The apparent 1996-97 increase in personal theft, comprising pocket picking and purse snatching, was not statistically significant.

Among demographic groups examined, only for males, non-Hispanics, and Midwesterners were the 1996-97 declines in violent crime statistically significant, while for whites the decline was marginally significant.

	Number of violent crimes per 1,000 persons age 12 or older	
	1996	1997
Male	49.9	45.8*
Female	34.6	33.0
White	52.3	49.0‡
Black	40.9	38.3
Hispanic	44.0	43.1
Non-Hispanic	41.6	38.3*
Northeast	37.7	34.6
Midwest	43.7	36.4*
South	37.5	38.1
West	51.5	48.4

Significant 1996-97 difference at *95-percent or ‡90-percent confidence level.

For non-Hispanics and Midwest residents, the overall decreases in violent crime were the result of decreases in robbery and simple assault, while whites experienced a decrease in the rate of simple assault. No demographic group examined experienced a decline in aggravated assault.

Table 1. Criminal victimization, 1996-97

Type of crime	Number of victimizations (1,000's) 1996	1997	Victimization rates (per 1,000 persons age 12 or older per 1,000 households) 1996	1997	Percent change, 1996-97
All crimes	36,796	34,788	. . .	. . .	
Personal crimes[a]	9,443	8,971	43.5	40.8	-6.2%*
Crimes of violence	9,125	8,614	42.0	39.2	-6.7*
Completed violence	2,700	2,679	12.4	12.2	-1.6
Attempted/threatened violence	6,425	5,935	29.6	27.0	-8.8*
Rape/Sexual assault	307	311	1.4	1.4	0
Rape/attempted rape	197	194	0.9	0.9	0
Rape	98	115	0.4	0.5	25.0
Attempted rape	99	79	0.5	0.4	-20.0
Sexual assault	110	117	0.5	0.5	0
Robbery	1,134	944	5.2	4.3	-17.3*
Completed/property taken	757	607	3.5	2.8	-20.0*
With injury	250	243	1.1	1.1	0.0
Without injury	508	363	2.3	1.7	-26.1*
Attempted to take property	377	337	1.7	1.5	-11.8
With injury	79	73	0.4	0.3	-25.0
Without injury	298	265	1.4	1.2	-14.3
Assault	7,683	7,359	35.4	33.5	-5.4
Aggravated	1,910	1,883	8.8	8.6	-2.3
With injury	513	595	2.4	2.7	12.5
Threatened with weapon	1,397	1,288	6.4	5.9	-7.8
Simple	5,773	5,476	26.6	24.9	-6.4‡
With minor injury	1,240	1,258	5.7	5.7	0
Without injury	4,533	4,218	20.9	19.2	-8.1‡
Personal theft[b]	318	357	1.5	1.6	6.7
Property crimes	27,353	25,817	266.3	248.3	-6.8%*
Household burglary	4,845	4,635	47.2	44.6	-5.5
Completed	4,056	3,893	39.5	37.4	-5.3
Forcible entry	1,511	1,497	14.7	14.4	-2.0
Unlawful entry without force	2,545	2,396	24.8	23.0	-7.3
Attempted forcible entry	789	742	7.7	7.1	-7.8
Motor vehicle theft	1,387	1,433	13.5	13.8	2.2
Completed	938	1,007	9.1	9.7	6.6
Attempted	449	426	4.4	4.1	-6.8
Theft	21,120	19,749	205.7	189.9	-7.7*
Completed[c]	20,303	18,960	197.7	182.3	-7.8*
Less than $50	7,580	7,218	73.8	69.4	-6.0‡
$50-$249	7,374	6,680	71.8	64.2	-10.6*
$250 or more	4,216	3,955	41.1	38.0	-7.5‡
Attempted	818	789	8.0	7.6	-5.0

Note: The number of victimizations may differ from those reported previously because the estimates are now based on data collected in each calendar year rather than data about events within a calendar year. (See *Survey methodology* on page 10.) Completed violent crimes include rape, sexual assault, robbery with or without injury, aggravated assault with injury, and simple assault with minor injury. In 1994 the total population age 12 or older was 213,135,890; in 1995, 215,080,690; in 1996, 217,234,280; and in 1997, 219,839,110. The total number of households in 1994 was 100,568,060; in 1995, 101,504,820; in 1996, 102,697,490; and in 1997, 103,988,670.
. . .Not calculable.
*The difference from 1996 to 1997 is significant at the 95-percent confidence level.
‡The difference from 1996 to 1997 is significant at the 90-percent confidence level.
[a]The NCVS is based on interviews with victims and therefore cannot measure murder.
[b]Includes pocket picking, purse snatching, and attempted purse snatching not shown separately.
[c]Includes thefts with unknown losses.

Property crime

Household burglary, theft, and motor vehicle theft make up the property crimes measured by the NCVS. In the aggregate, property crime declined 7% between 1996 and 1997. The 8%

Table 2. Rates of violent crime and personal theft, by sex, age, race, and Hispanic origin, 1997

Characteristic of victim	Population	Victimizations per 1,000 persons age 12 or older: Violent crimes: All crimes of violence*	Rape/ Sexual assault	Robbery	Assault: Total	Assault: Aggravated	Assault: Simple	Personal theft
Sex								
Male	106,598,660	45.8	0.3	6.1	39.4	10.9	28.4	1.6
Female	113,240,440	33.0	2.5	2.6	27.9	6.4	21.6	1.7
Age								
12-15	15,701,280	87.9	2.5	8.2	77.1	15.1	62.0	2.8
16-19	15,244,130	96.2	5.6	10.2	80 4	24 6	55.8	3.5
20-24	17,648,850	67.8	2.4	7.4	57.9	17.0	40.9	1.8
25-34	40,162,600	46.9	2.3	4.7	39.9	9.5	30.4	1.1
35-49	62,604,840	32.2	0.6	3.7	27.9	7.4	20.4	1.6
50-64	36,486,320	14.6	0.2	2.2	12.2	2.8	9.4	1.1
65 or older	31,991,100	4.4	0.2	0.9	3.4	0.6	2.8	1.2
Race								
White	184,617,470	38.3	1.4	3.8	33.1	8.2	24.9	1.4
Black	26,683,380	49.0	1.6	7.4	39.9	12.2	27.7	3.3
Other	8,538,250	28.0	1.1	5.0	21.9	6.1	15.8	0.8
Hispanic origin								
Hispanic	21,163,000	43.1	1.5	7.3	34.3	10.4	24.0	2.4
Non-Hispanic	196,323,060	38.3	1.4	3.9	33.0	8.3	24.7	1.5

*The National Crime Victimization Survey includes as violent crime rape/sexual assault, robbery, and assault but not murder and manslaughter.

decline in thefts included at least slight decreases in thefts at all value levels measured: under $50, $50-$249, and $250 or more. Apparent changes from 1996 to 1997 in the rates of household burglary and motor vehicle theft were not statistically significant.

The decrease in property crime from 1996 to 1997 was broadly based. Households in all types of localities and in all regions except the South experienced less property crime in 1997, when compared to the previous year. (See appendix table 1, page 11.) In 1997 while white and non-Hispanic households were less victimized, black and Hispanic households were victimized at about the same rate as in 1996.

Urban households and those in the Northeast experienced less burglary in 1997 than in 1996. For non-Hispanic households the 1997 rate was slightly lower than in the previous year. For no other identified category of victims was the 1997 burglary rate lower than the 1996 rate.

The decline in theft was experienced by most, but not all, demographic groups examined. While white and other race households and non-Hispanic households were less vulnerable to theft in 1997 than in 1996, the decline for black households and Hispanic households was not great enough to be statistically significant.

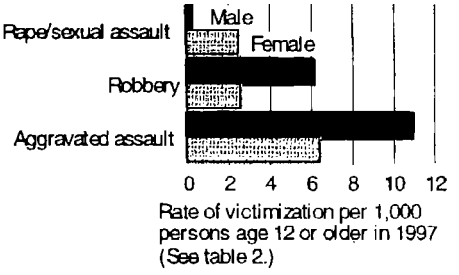
By region, only in the South did the theft rate not fall from 1996 to 1997. Households in urban, suburban, and rural areas all were less victimized by theft in 1997 than in the previous year.

Characteristics of victims of violent crime, 1997

While victimization rates for persons in demographic groups fluctuate from year to year, the characteristics of crime victims and victimizations exhibit a large degree of stability over time. The demographic groups that were in 1997 the most vulnerable to specific violent crimes and to overall violent victimization were, in general, also the most vulnerable to victimization in previous years.

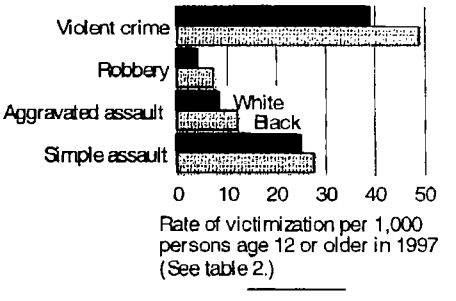
Sex of victim

As in past years, except for rape and sexual assault, males were more likely than females to be victims of violent crime. Men were twice as likely as women to experience robbery and were also more likely to be victims of aggravated and simple assault. Women sustained rape or sexual assault at a rate about 8 times that of men.



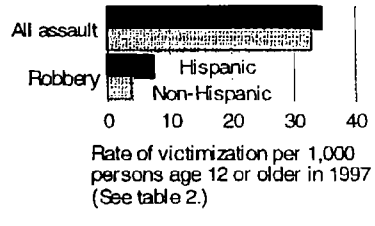
Race of victim

Blacks were more likely than whites to be victims of violent crime, who in turn were more likely than those of other races (Asians or Native Americans). Blacks had higher rates than whites for robbery and aggravated assault. The apparent difference in simple assault rates was not statistically significant. Blacks were victims of robbery at a rate about double that of whites.



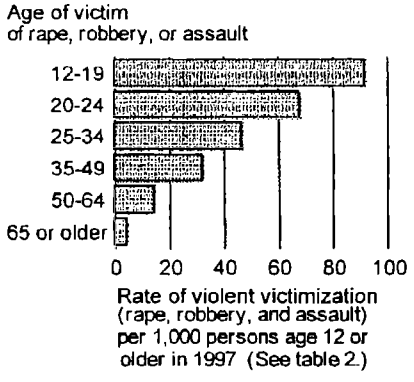
Ethnicity of victim

In 1997 Hispanics were about as likely to be victims of rape/sexual assault, aggravated assault, and simple assault as non-Hispanics. Only for robbery did Hispanics experience a higher rate than non-Hispanics.



Age of victim

The patterns of violent victimization across the age spectrum that existed in 1996 continued to be present in 1997. Persons between ages 12 and 15 and between 16 and 19 had higher violent crime victimization rates than did persons age 25 or older. Persons age 12-19 were about twice as likely as persons age 25-34 and about 3 times as likely as persons age 35-49 to be victims of violent crimes. Persons age 12-19 had a violent crime victimization rate about 20 times that of persons age 65 or older. Persons age 16-19 had a significantly higher rate of aggravated assault than any other age group.



Household income

In general, violent crime rates are lowest for those in higher income brackets and highest for those in lower income brackets (table 3). Persons in households with an annual income of less than $7,500 experienced significantly more violent crime than persons in households at any other income level, while persons in households with incomes of $75,000 or more experienced significantly less than households with incomes below $50,000.

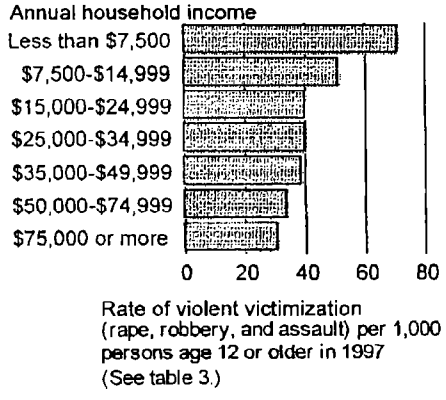


Table 3. Rates of violent crime and personal theft, by household income, marital status, region, and location of residence of victims, 1997

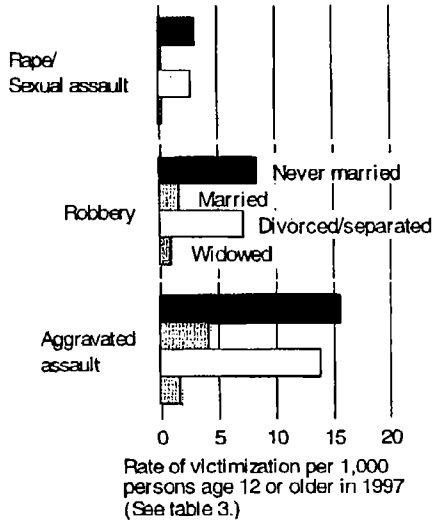
Characteristic of victim	Population	Victimizations per 1,000 persons age 12 or older: Violent crimes: All*	Rape/ Sexual assault	Robbery	Assault: Total	Assault: Aggravated	Assault: Simple	Personal theft
Household income								
Less than $7,500	13,085,420	71.0	5.2	10.1	55.6	13.6	42.0	2.7
$7,500 - $14,999	23,275,460	51.2	2.2	7.0	42.0	11.8	30.3	2.0
$15,000 - $24,999	30,729,010	40.1	1.5	4.6	34.0	10.4	23.6	1.7
$25,000 - $34,999	28,817,790	40.2	1.5	4.2	34.6	8.2	26.4	1.5
$35,000 - $49,999	34,712,640	38.7	0.6	2.9	35.2	8.6	26.6	1.4
$50,000 - $74,999	32,446,570	33.9	0.7	3.1	30.1	7.2	22.8	1.6
$75,000 or more	26,864,180	30.7	1.1	3.7	26.0	4.7	21.4	1.4
Marital status								
Never married	67,650,800	71.5	3.0	8.3	60.1	15.5	44.6	2.4
Married	113,762,150	19.0	0.3	1.7	17.0	4.2	12.8	1.0
Divorced/separated	23,451,480	62.8	2.8	7.3	52.7	13.9	38.8	2.5
Widowed	13,838,230	8.0	0.3	1.0	6.6	1.7	5.0	1.5
Region								
Northeast	41,935,440	34.6	1.2	4.1	29.3	5.5	23.8	2.4
Midwest	53,268,360	36.4	1.3	3.4	31.7	8.3	23.4	1.5
South	78,232,420	38.1	1.4	4.4	32.3	8.8	23.5	1.8
West	46,402,880	48.4	1.7	5.4	41.3	11.4	29.9	0.9
Residence								
Urban	64,609,030	51.2	2.0	7.4	41.8	12.4	29.4	2.8
Suburban	108,671,050	36.3	1.2	3.4	31.7	6.9	24.8	1.3
Rural	46,559,030	29.2	1.1	2.1	26.0	7.3	18.8	0.7

*The National Crime Victimization Survey includes as violent crime rape/sexual assault, robbery, and assault but not murder and manslaughter.

Persons in households in the middle range of income ($15,000- $49,999) had similar rates of victimization in comparison to one another but significantly different rates from the lowest and highest income groups.

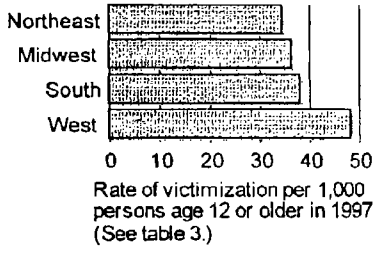
Marital status

Never married persons and those who had separated or divorced had higher violent victimization rates than those who were married or had been widowed. For assault, persons who were never married were victimized at rates higher than people in any other marital status. Persons who had been widowed were the least vulnerable to assault.



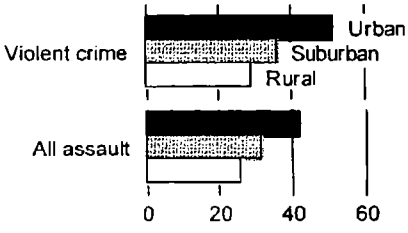
Region

People residing in the West were more vulnerable to violent crime victimization than people residing in any other region in the country. People living in the Northeast, Midwest, and South had similar victimization rates in 1997.



Urbanization

Urban residents had overall violent victimization rates significantly higher than suburban residents, who in turn had rates higher than rural residents. However, there was no difference in the rate at which suburban and rural residents were victims of rape/sexual assault or aggravated assault.



Rate of victimization per 1,000 persons age 12 or older in 1997 (See table 3.)

Note: The crime survey includes as violent crime rape, robbery, and assault.

Victim-offender relationship

About half of all violent crimes in 1997 were committed by someone whom the victim knew. Victims of completed violence were more likely than victims of attempted violence to report that the offender was not a stranger. Among the violent crimes measured by the NCVS, rape/sexual assault was the crime most likely to be committed by a nonstranger, and robbery was the least likely. Victims of simple assault were more likely than victims of aggravated assault to report that the offender was a nonstranger.

	Percent of violent crime victimizations, 1997	
	Stranger	Nonstranger
All victimizations	46.5%	49.8%
Attempted	49.2	47.5
Completed	40.4	55.1
Rape/sexual assault	30.4%	68.3%
Robbery	66.1	25.7
Assault	44.6	52.2
Aggravated	52.6	42.1
Simple	41.8	55.7

Note: The National Crime Victimization Survey includes as violent crime rape, robbery, and assault but not murder and manslaughter.

Murder and nonnegligent manslaughter, by characteristics of victims and location, 1993-97

Characteristic of victim or location	Percent of murders and nonnegligent manslaughters				
	1993	1994	1995	1996	1997
Race of victim	100.0%	100.0%	100.0%	100.0%	100.0%
White	46.0	46.2	48.0	48.3	47.5
Black	50.7	50.8	48.4	48.2	48.4
Other	2.4	2.3	2.7	2.7	3.0
Not reported	0.9	0.8	1.0	0.9	1.2
Sex of victim	100.0%	100.0%	100.0%	100.0%	100.0%
Male	77.1	78.4	76.6	76.9	77.2
Female	22.7	21.5	23.2	22.9	22.7
Not reported	0.2	0.1	0.2	0.2	0.2
Age of victim	100.0%	100.0%	100.0%	100.0%	100.0%
Under 18	11.6	11.4	12.1	12.4	12.2
18 or older	87.0	86.8	86.2	86.3	86.6
Unknown	1.4	1.8	1.7	1.3	1.2
Type of weapon used	100.0%	100.0%	100.0%	100.0%	100.0%
Firearm	69.6	70.0	68.2	67.8	67.8
Knife	12.7	12.7	12.7	13.5	12.8
Blunt object	4.4	4.1	4.5	4.6	4.6
Personal weapon	5.0	5.3	5.9	5.9	6.3
Other	8.2	8.7	8.2		8.5
	Murder rate per 100,000 population				
Overall U.S. rate	9.5	9.0	8.2	7.4	6.8
Region					
Northeast	8.2	7.1	6.2	5.4	4.8
Midwest	7.6	7.5	6.9	6.4	6.1
South	11.3	10.7	9.8	9.0	8.4
West	9.9	9.4	9.0	7.7	6.8
Urban character					
Metropolitan cities*	10.6	10.0	9.1	8.1	7.4
Smaller cities*	5.3	4.8	4.7	4.5	4.2
Rural counties	5.4	5.0	5.0	4.7	4.6
Number of murders and nonnegligent manslaughters	24,530	23,330	21,610	19,650	18,210

*Metropolitan cities are those in Metropolitan Statistical Areas (MSA's), and smaller cities are those outside an MSA. Source: FBI, Uniform Crime Reports.

Murder in the United States, 1997

Statistics on murder are compiled from over 16,000 city, county and State law enforcement agencies as part of the FBI's Uniform Crime Reports (UCR). For 1997 the UCR showed 18,210 murders — a rate of 6.8 murders per 100,000 population. The number of persons per 100,000 U.S. population in 1997 was 8% lower than in 1996 and 28% lower than in 1993.

The FBI defines murder in its annual *Crime in the United States* as the willful (nonnegligent) killing of one human being by another. The incidence of murder varies across victim characteristics. While the number of homicides has decreased since 1993, the pattern of characteristics of homicide victims has remained relatively unchanged.

- Three-fourths of the victims were male.
- Whites and blacks each made up about 48% of murder victims.
- 1 in 8 murder victims were under age 18.
- Firearms were used in about 7 in 10 murders.
- The homicide rate was highest in the South and lowest in the Northeast.
- The homicide rate was higher in metropolitan cities than in smaller cities and rural areas.

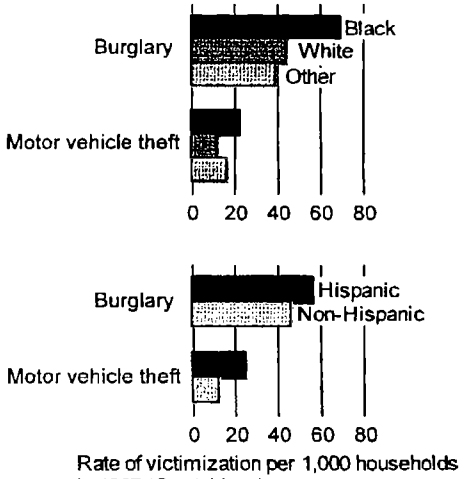
For more information about U.S. murder trends: http://www.ojp.usdoj.gov/bjs/homicide/homtrnd.htm

Characteristics of victims of property crime, 1997

Race/ethnicity of head of household

Black households were more likely than white or households of other races (Asian or Pacific Islanders and American Indians/Alaskan natives grouped together) to be victims of property crimes (table 4). Black households had higher rates of household burglary and theft than did white and other race households. Black and other race households experienced motor vehicle theft at rates about twice that of white households.

Hispanic households were more likely than non-Hispanic households to be victims of each of the property crimes measured by the NCVS: burglary, theft, and motor vehicle theft.



Rate of victimization per 1,000 households in 1997 (See table 4.)

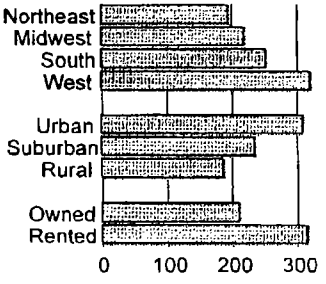
Note: The race or ethnicity is that of the household head.

Region, urbanization, and home ownership

As with violent crime, households in the West were more vulnerable to property crime than households in other regions. The property crime rate was lowest in the Northeast.

Overall, urban households had higher property crime rates than suburban households, which in turn had higher rates than rural households. This order also occurred for theft and motor vehicle theft. For burglary, urban households were the most vulnerable, but there was no significant difference between the suburban and rural rates.

For each type of property crime, people living in rented homes or apartments had a significantly higher rate of victimization than those living in their own homes.



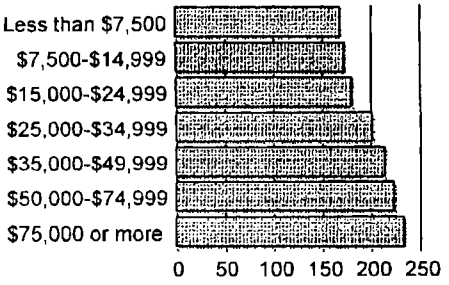
Rate of household crime victimization per 1,000 households in 1997 (See table 4.)

Table 4. Household property crime victimization, by race, Hispanic origin, household income, region, and home ownership of households victimized, 1997

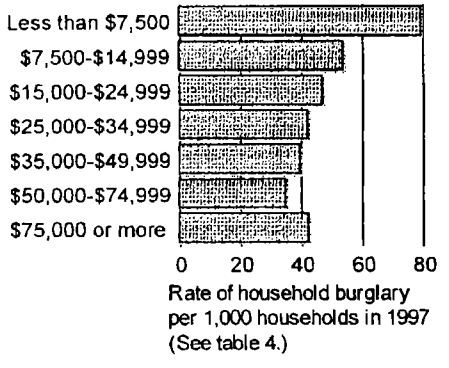
Characteristic of household or head of household	Number of households, 1997	Victimizations per 1,000 households			
		Total	Burglary	Motor vehicle theft	Theft
Race					
White	87,680,170	242.3	42.3	11.9	188.1
Black	12,821,410	292.0	62.5	24.1	205.3
Other	3,487,090	237.4	36.2	23.3	177.9
Hispanic origin					
Hispanic	8,257,860	329.4	60.9	29.6	238.9
Non-Hispanic	95,028,300	240.8	43.2	12.5	185.2
Household income					
Less than $7,500	8,343,820	258.8	79.5	10.0	169.3
$7,500 - $14,999	12,648,520	236.3	53.9	9.1	173.3
$15,000 - $24,999	15,237,980	242.4	47.2	14.1	181.2
$25,000 - $34,999	13,430,070	260.3	42.4	15.8	202.0
$35,000 - $49,999	14,967,560	271.7	39.8	17.2	214.6
$50,000 - $74,999	13,033,070	270.9	35.0	11.7	224.2
$75,000 or more	10,728,660	292.8	42.4	16.3	234.1
Region					
Northeast	20,039,640	195.6	28.5	11.2	155.9
Midwest	25,474,750	219.9	41.8	8.7	169.4
South	37,234,080	253.8	48.7	15.3	189.8
West	21,240,200	322.2	55.7	19.7	246.8
Residence					
Urban	31,912,480	309.9	56.5	20.1	233.3
Suburban	50,284,550	235.4	38.9	12.7	183.8
Rural	21,791,640	187.7	40.1	7.1	140.5
Home ownership					
Owned	67,512,040	211.7	35.8	11.1	164.8
Rented	36,476,630	316.0	60.9	18.7	236.5

Household income

In general, households with higher incomes were more susceptible than those with lower incomes to theft and motor vehicle theft. Households with incomes $35,000 or above had the highest theft victimization rates.



Conversely, the lower the income, the higher the likelihood of burglary, in general. Households with incomes below $7,500 had burglary rates significantly higher than households with higher annual incomes. There were no differences in the burglary rates of households in the income categories $35,000 and above.



Reporting to the police

About a third of the crimes measured by the NCVS were reported to law enforcement authorities, according to the victims. Motor vehicle thefts were reported to police at the highest rate — 80%, and thefts were reported at the lowest rate — 28%. Of violent crimes, 59% of aggravated assaults were reported, compared to 31% of rape or sexual assaults.

Among victims of violent crime, females were more likely than males to report the crime to the police. Black victims of violence were somewhat more likely than whites to report to the police. There was no significant difference between Hispanic and non-Hispanic victims in the percentage reporting a violent crime to the police.

	Percent of crime reported to the police
All victimizations	37.4%
Violent crime	44.0%
Rape/Sexual assault	30.5
Robbery	55.8
Assault	43.7
Simple	38.4
Aggravated	59.1
Household crime	35.1%
Burglary	51.8
Motor vehicle theft	79.8
Theft	27.9

Victim characteristic	Percent of violent victimizations reported to the police
All	44.5%
Male	42.3%
Female	47.5
White	43.7%
Black	48.7
Hispanic	48.4
Non-Hispanic	44.0

Victimization trends, 1993-97

The 1993-96 declining trends in violent and property crime continued in 1997. While not all year-to-year changes for every category of crime were statistically significant, the overall rates for violent crime and every major type of crime measured: rape/sexual assault, robbery, aggravated assault, simple assault, burglary, theft, and motor vehicle theft showed statistically significant declines between 1993 and 1997.

Murder/nonnegligent manslaughter

The number and rate of murder in all regions of the United States have declined steadily since 1993. (See the box on page 6.) The characteristics of murder victims have remained relatively stable during that time.

Violent crime

The general pattern among violent crimes measured by the NCVS was a nonsignificant increase in both the number and rate of victimization between 1993 and 1994 and then a decline through 1997. While some year-to-year changes in victimization rates for violent crime in the aggregate and for some types of crime were not significant, every type of violent crime declined significantly over the whole period.

Table 5. Rates of criminal victimization and percent change, 1993-97

Type of crime	Victimization rates (per 1,000 persons age 12 or older or per 1,000 households)					Percent change			
	1993	1994	1995	1996	1997	1993-97	1994-97	1995-97	1996-97
Personal crimes[a]	52.2	54.1	48.5	43.5	40.8	-21.8%*	-24.6%*	-15.9%*	-6.2%*
Crimes of violence	49.9	51.8	46.6	42.0	39.2	-21.4*	-24.3*	-15.9*	-6.7*
Completed violence	15.0	15.4	13.8	12.4	12.2	-18.7*	-20.8*	-11.6*	-1.6
Attempted/threatened violence	34.9	36.4	32.8	29.6	27.0	-22.6*	-25.8*	-17.7*	-8.8*
Rape/Sexual assault	2.5	2.1	1.7	1.4	1.4	-44.0*	-33.3*	-17.6	0
Rape/attempted rape	1.6	1.4	1.2	0.9	0.9	-43.8*	-35.7*	-25.0‡	0
Rape	1.0	0.7	0.7	0.4	0.5	-50.0*	-28.6	-28.6	25.0
Attempted rape	0.7	0.7	0.5	0.5	0.4	-42.9*	-42.9*	-20.0	-20.0
Sexual assault	0.8	0.6	0.5	0.5	0.5	-37.5‡	-16.7	0.0	0
Robbery	6.0	6.3	5.4	5.2	4.3	-28.3*	-31.7*	-20.4*	-17.3*
Completed/property taken	3.8	4.0	3.5	3.5	2.8	-26.3*	-30.0*	-20.0*	-20.0*
With injury	1.3	1.4	1.0	1.1	1.1	-15.4	-21.4	10.0	0
Without injury	2.5	2.6	2.5	2.3	1.7	-32.0*	-34.6*	-32.0*	-26.1*
Attempted to take property	2.2	2.3	1.9	1.7	1.5	-31.8*	-34.8*	-21.1‡	-11.8
With injury	0.4	0.6	0.4	0.4	0.3	-25.0	-50.0*	-25.0	-25.0
Without injury	1.8	1.7	1.6	1.4	1.2	-33.3*	-29.4*	-25.0*	-14.3
Assault	41.4	43.3	39.5	35.4	33.5	-19.1*	-22.6*	-15.2*	-5.4
Aggravated	12.0	11.9	9.5	8.8	8.6	-28.3*	-27.7*	-9.5	-2.3
With injury	3.4	3.3	2.5	2.4	2.7	-20.6‡	-18.2‡	8.0	12.5
Threatened with weapon	8.6	8.6	7.1	6.4	5.9	-31.4*	-31.4*	-16.9*	-7.8
Simple	29.4	31.5	29.9	26.6	24.9	-15.3*	-21.0*	-16.7*	-6.4‡
With minor injury	6.1	6.8	6.6	5.7	5.7	-6.6	-16.2*	-13.6‡	0
Without injury	23.3	24.7	23.3	20.9	19.2	-17.6*	-22.3*	-17.6*	-8.1‡
Personal theft[b]	2.3	2.4	1.9	1.5	1.6	-30.4*	-33.3*	-15.8	6.7
Property crimes	318.9	310.2	290.5	266.3	248.3	-22.1%*	-20.0%*	-14.5%*	-6.8%*
Household burglary	58.2	56.3	49.3	47.2	44.6	-23.4*	-20.8*	-9.5*	-5.5
Completed	47.2	46.1	41.7	39.5	37.4	-20.8*	-18.9*	-10.3*	-5.3
Forcible entry	18.1	16.9	15.5	14.7	14.4	-20.4*	-14.8*	-7.1	-2.0
Unlawful entry without force	29.1	29.2	26.2	24.8	23.0	-21.0*	-21.2*	-12.2*	-6.9
Attempted forcible entry	10.9	10.2	7.6	7.7	7.1	-34.9*	-30.4*	-6.6	-7.8
Motor vehicle theft	19.0	18.8	16.9	13.5	13.8	-27.4*	-26.6*	-18.3*	2.2
Completed	12.4	12.5	11.5	9.1	9.7	-21.8*	-22.4*	-15.7*	6.6
Attempted	6.6	6.3	5.5	4.4	4.1	-37.9*	-34.9*	-25.5*	-6.8
Theft	241.7	235.1	224.3	205.7	189.9	-21.4*	-19.2*	-15.3*	-7.7*
Completed[c]	230.1	224.3	215.3	197.7	182.3	-20.8*	-18.7*	-15.3*	-7.8*
Less than $50	98.7	93.5	85.2	73.8	69.4	-29.7*	-25.8*	-18.5*	-6.0‡
$50-$249	76.1	77.0	76.0	71.8	64.2	-15.6*	-16.6*	-15.5*	-10.6*
$250 or more	41.6	41.8	42.1	41.1	38.0	-8.7‡	-9.1*	-9.7*	-7.5‡
Attempted	11.6	10.8	9.0	8.0	7.6	-34.5*	-29.6*	-15.6*	-5.0

Note: Victimization rates may differ from those reported previously because the estimates are now based on data collected in each calendar year rather than data about events within a calendar year. (See *Survey methodology* on page 10). Completed violent crimes include rape, sexual assault, robbery with or without injury, aggravated assault with injury, and simple assault with minor injury. See the note on table 1, page 3, for the population counts, 1993-97.

*The difference from 1996 to 1997 is significant at the 95-percent confidence level.

‡The difference from 1996 to 1997 is significant at the 90-percent confidence level.

[a]The NCVS is based on interviews with victims and therefore cannot measure murder.

[b]Includes pocket picking, purse snatching, and attempted purse snatching not shown separately.

[c]Includes thefts with unknown losses.

Personal theft

Personal theft includes pocket picking and attempted and completed purse snatching. The personal theft rate decreased significantly from 1993 to 1997.

Property crime

The numbers and rates of property crime, both in the aggregate and by type of crime declined throughout the 1993-97 period. However, as was the case with violent offenses, not every year-to-year decrease was significant.

Characteristics of victims

The general downward trend in criminal victimization can be seen across demographic characteristics such as victim sex, race, and income. Males and females, blacks and whites, and those at different income levels all experienced declines from 1993-97 for overall violent and property crime victimizations. (See appendix figures on page 11.)

Between 1993 and 1997 urban households did experience greater declines in property crime rates than suburban or rural households.