Understanding Children's Exposure to Violence

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Children exposed to violence live in our neighborhoods, play in our parks, and are enrolled in our schools. Each year, millions of children are abused or neglected, are exposed to some form of domestic violence, or witness violence in their communities. Exposure to violence cuts across all socioeconomic and racial/ethnic backgrounds.

Most children and youth who are exposed to violence are never formally identified, assessed, and/or treated. Yet the emotional, social, and psychological impact of their exposure is observed by families and practitioners in many settings. These children may exhibit a range of developmental problems and symptoms, both internal (depression or anxiety) and external (aggression or conduct problems). Exposure to violence, particularly multiple exposures, can interfere with a child's ability to think and learn and can disrupt the course of healthy physical, emotional, and intellectual development. Furthermore, exposure to violence is associated with increased use of health and mental health services and increased risk of involvement with the child welfare and juvenile justice systems.

Establishing Common Ground for Understanding Exposure to Violence: Framework

Defining exposure to violence

No universally accepted terminology is used among the various disciplines, agencies, and groups that serve children and youth who are exposed to violence. The lack of standard definitions contributes to

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Welcome to the Safe Start Center Series on Children Exposed to Violence

Over the past several years, significant research has expanded our knowledge about children's exposure to violence and effective strategies and interventions to address the needs of children at different ages. Nevertheless, in many areas, a gap exists between best practices (as determined by scientific evidence or expert consensus) and access to information about these practices by practitioners in the field.

Moving From Evidence to Action: The Safe Start Center Series on Children Exposed to Violence was developed to respond to this urgent need to translate research-based information and disseminate it to practitioners who can use it in their work with children and families in different settings.

The goal of the series is to build the capacity of practitioners in a variety of different fields to offer sensitive, timely, and appropriate interventions that enhance children's safety, promote their resilience, and ensure their well-being.

Issue Brief #1, *Understanding Children's Exposure to Violence*, describes core concepts—gleaned from research and program practice—used in designing and implementing programs that address children's exposure to violence. The Issue Briefs that follow apply these core concepts to different systems that interact with vulnerable children and their families. (For a complete list of Issue Briefs, see the box on page 8.)

Boston Medical Center — Exceptional Care. Without Exception.

Safe Start — Working Together to Help Children Exposed to Violence

OJJDP — Office of Juvenile Justice and Delinquency Prevention

agencies' and systems' failing to identify and serve this population. Often, these children and youth are not identified until they demonstrate impairments that interfere with their functioning in a particular setting.

The Safe Start initiative defines children's exposure to violence as **direct and indirect exposure to violence in the home, school, and community.**

Research has shown that children have a wide range of reactions to exposure to violence. Some children are not adversely affected or may show only brief and transient reactions. Others may be more affected, showing significant symptoms and emotional vulnerability. Some develop intense anxiety disorders or posttraumatic stress disorder.

Many factors determine the extent to which a child may be affected. Some variables are internal to the child and family and their social context (e.g., the child's temperamental and developmental characteristics, the protective capacity of the parents and family). Other factors are related to the violence itself (e.g., the severity and frequency of violence, whether the child knows the victim or perpetrator, and the child's proximity to the event).

Understanding exposure to violence within the stress-to-trauma continuum

Children often are in frightening or stressful situations, whether the situation is being away from home, experiencing the death of a beloved grandparent, or being hospitalized. These events range from evoking mild stress to being severely distressing. When confronted with stressful circumstances, children respond by releasing hormones and activating brain circuits to cope. The hormones and chemicals of these stress responses are essential; they help people protect themselves when threatened. When the stressful event is over, the physical response decreases and finally disappears. In most instances, adults can help children learn to manage their reactions by helping them develop coping skills.

However, children who are chronically exposed to violence (e.g., child abuse and neglect, community or family violence) never shut off their stress responses. They live constantly in a state of alert and crisis, which can produce neurochemical changes and adaptations that ultimately damage the child if not addressed. The National Scientific Council on the Developing Child (2005) has identified three categories of stress:

- *Positive* stress refers to the moderate, short-lived response to situations that are usually the normal part of life. Frightening events that provoke a positive stress response tend to be those that occur against the backdrop of safe, warm, and positive relationships; children can learn to control and manage reactions to these events with the support of caring adults. The challenges of meeting new people, dealing with frustration, entering a new childcare setting, even getting an immunization can be positive stressors that develop a sense of mastery.
- *Tolerable* stress refers to responses that can affect brain architecture but generally occur for brief periods and allow the brain to recover and therefore reverse potentially harmful effects. One of the critical ingredients that make stressful events tolerable is the presence of supportive adults who create safe environments that help children cope with and recover from major adverse experiences such as a frightening accident or parental separation or divorce.
- *Toxic* stress—also called traumatic and/or complex stress—refers to a strong, frequent, or prolonged activation of the body's stress management system.

Stressful events that are chronic, uncontrollable, and/or experienced without access to support from caring adults provoke toxic stress responses. Studies indicate that such stress responses can have an adverse impact on brain architecture. In the extreme—such as in cases of severe, chronic abuse—toxic stress may result in the development of a smaller brain. For these types of stressors, intervention is necessary to prevent/reduce negative impact.

These concepts of positive, tolerable, and toxic stress carry three important messages:

1. Not all exposures to violence have a long-term negative impact.
2. The presence of a supportive adult or environment provides a powerful buffer to children from the intense stress or anxiety that may occur when they are exposed to violence.
3. The effects of exposure to violence can be mitigated with appropriate supports and interventions.

The role of risk and protective factors

The response of the child or adolescent to exposure to violence is governed both by risk factors that increase the likelihood of a disruption in the developmental trajectories and by protective factors in the environment. These risk and protective factors depend on the child's age and developmental level and the type and intensity of challenges present in the environment.

Risk and protective factors for children exposed to violence are typically embedded in one or more of the following:

- Biological and psychological characteristics of the child (e.g., temperament, age, developmental level, disability)
- Quality of the parent/caregiver–child relationship, relationships among family members, the parental relationship, and relationships with other important adults
- Stability and responsiveness of systems and staffs that interact directly with the child (e.g., school personnel, pediatric care staff)
- Social supports and interventions for parents and other caregivers (e.g., access to mental health services, drug treatment interventions)

- Factors that affect the environment (e.g., poverty, racial and ethnic status, community's attitudes about violence).

Enhancing resilience, decreasing risks, and providing specialized treatment

Exposure to violence often requires interventions that range from improving the environment of the child by enhancing protective factors, to reducing symptoms, to addressing underlying trauma. In addition, early interventions for children who are already exposed (e.g., survivors of abuse, neglect, and sexual violence; children and youth in the juvenile justice system; children in homeless families; children and youth living in neighborhoods with high levels of community violence) enhance the children's capacity to cope with ongoing stressors.

Research has documented the effectiveness of an array of programs to enhance resilience and decrease the risks of vulnerable children and their families:

- For all children, participation in *high-quality early care and education programs* can enhance physical, cognitive, and social development and promote readiness and capacity to succeed in school. Effective programs combine small class sizes, high adult-to-child ratios, a language-rich environment, an age-appropriate curriculum, highly skilled teachers,

and warm responsive interactions between staff members and children (Aos, Lieb, Mayfield, Miller, & Pernucci, 2004).

- For at-risk families, *early identification of and intervention with high-risk children* by early education programs and schools, pediatric care and mental health programs, child welfare systems, and court and law enforcement agencies can prevent threats to healthy development by detecting and addressing emerging problems. There is empirical support for the efficacy of early intervention services for children in the general population; children receiving early intervention services are more likely to complete high school, maintain jobs, and avoid teenage pregnancy and delinquency than those who do not receive such services. Such favorable outcomes are most profound for children who are significantly at risk (Aos et al., 2004; Olds et al., 1998).
- For children and families already exposed to violence, *intensive intervention programs* delivered in the home and in the community can improve outcomes for children well into the adult years and can generate benefits to society that far exceed program costs. Evaluations have shown that effective programs must be implemented by highly qualified staff that has access to supports (e.g., supervision, consultation, training); programs implemented by poorly qualified staff have minimal effect on parents and children with significant needs (Mihalic, Irwin, Elliott, Fagan, & Hansen, 2004).
- Outcomes improve when highly skilled practitioners provide *intensive trauma-focused psychotherapeutic interventions* to stop the negative chain reaction following exposure to traumatic stressors (e.g., child abuse and neglect, homelessness, severe maternal depression, domestic violence). Treatment is an essential component of successful adjustments to exposure to violence, especially for children who have frequent exposure and who have complicated courses of recovery (Cohen, Mannarino, & Deblinger, 2006; Jaycox, 2003; Lieberman & Van Horn, 2004).

Barriers to Building a Common Agenda

Several barriers to a coordinated system of service delivery for children exposed to violence have been identified (Knitzer & Lefkowitz, 2006):

- *Lack of agreement on a definition of exposure to violence.* Different systems (e.g., domestic violence, child abuse) define exposure to violence in different ways, for example, by the type, direct victimization, or extent of violence toward the child.
- *Poor or insufficient identification of children exposed to violence.* Many programs do not screen children, especially young children, for exposure to violence. Programs are likely to identify and refer children for evaluation and treatment of physical health and educational concerns, but they are less likely to identify behaviors that may be related to exposure to violence.
- *Lack of valid and reliable screening tools,* especially for use by nonclinical staff.
- *Lack of available services or difficulties ensuring access to services.* Even after a child is identified as having behaviors that may be related to exposure to violence, it may be difficult to link the child to services because of problems unique to each system. These problems include poor communication, lack of a clearly identified case coordinator, inability to obtain a signed consent, and decreased funding for services.

- *Ineffectiveness of intervention services received.* Even if a child receives an assessment and is linked to services, there is no assurance that the child will receive an evidence-based intervention or that his or her outcomes will improve.
- *Cultural "blindness."* Children at different ages and from diverse ethnocultural backgrounds may respond differently to assessments, questionnaires, and interviews, as well as to staff members with different styles and backgrounds. Many assessment tools are available only in English or have not been adapted for members of minority ethnic groups.

Mandated Reporting

Many children experiencing crises or violence are also at risk for child abuse and neglect. All States have child welfare systems that receive and respond to reports of child abuse and neglect, offer services to families, provide foster homes for children who must be removed from their parents' care, and work to find permanent placements for children who cannot safely return home.

Domestic violence does not equal child abuse and neglect, and therefore not all cases of domestic violence must be reported to child protective services. When responding to families affected by domestic violence, it is critically important for practitioners to consider simultaneously the safety of the child and the safety of any adult victim.

State-by-State information on reporting requirements can be found at www.childwelfare.gov/systemwide/laws_policies/state.

Guiding Principles To Support Best Practices

The following *Safe Start* principles serve as guidelines for the development of policies, programs and specialized interventions that are effective in responding to exposure to violence.

- *Safety* of non-offending parent and of the children ***must be paramount and addressed concurrently*** in cases involving domestic violence.
- Children ***must be understood in the context*** of their individual traits, families, and community. (***a socio-ecological approach***).
- Responsibility for child's well-being must be owned by parents, community agencies and public systems together—***CEV is everyone's responsibility***.
- Agencies must ***work together in a coordinated manner*** to expand and enhance service delivery.
- Policies, programs, and services must be ***developmentally appropriate, culturally competent***, and offered in the family's preferred language.
- Programs and services need to be ***evaluated rigorously*** for effectiveness—efficacy is key. We must commit to ***learning what works***.

Designing an Effective Response: Key Elements

Children exposed to violence have a variety of complex needs, and the network of child and family interventions must reflect this diversity of needs. It is unrealistic to expect that any single program can promote strength and resilience of children and families, provide interventions to reduce the negative effects of the exposure, and respond to the economic, social, and psychological needs of families. Each system should offer services that are based on its function and focus, work collaboratively with other agencies, and refer families for other services.

Research and program evaluations, including the cross-site evaluation of the Safe Start Demonstration Sites (Kracke, Lamb, & Hyde, 2008), demonstrate that the best outcomes are achieved when the following response elements are adapted to specific fields of expertise, resources, and constraints:

- *Early detection and identification.* Communities, families, and staff at different entry points should recognize and respond immediately to symptoms of exposure to violence.
- *Promoting community awareness and educating practitioners.* Outreach includes contacting groups of people with information and resources and educating practitioners on core concepts of vulnerability and exposure to violence. Ongoing outreach and education should meet the specific needs of the community and program.
- *Protocols, policies, and procedures.* Programs and systems should have specific protocols, policies, and procedures that detail their response to child exposure to violence. These elements should

be designed with community and consumer collaboration.

- *Referrals.* Staff should be aware of services provided by other agencies and be able to provide appropriate referrals to these agencies, including mandated reporting to child protective services when required (see Mandated Reporting box on page 5).
- *Evidence-based interventions.* Research and emerging promising practices should inform service delivery.
- *Comprehensive, coordinated responses.* Relationships should be developed in the organization and with external organizations to ensure that services provide a coordinated continuum of care for children and families. Working together is cost-effective because it reduces duplication, shares expenses, fosters cooperation, and improves outcomes for children and families.
- *Staff support and supervision.* All staff members working with children and families who are affected by violence should have access to supervision and support.
- *Evaluation and continuous improvement.* Programs and interventions should be regularly evaluated to enhance practice and improve the organizational response to children exposed to violence.
- *Expansion of each system's perspective: A problem without a home.* Exposure to violence is the responsibility of everyone, but this responsibility is not owned by any specific system or program. Systems, programs, and staff members need to expand their perspectives and adapt or enhance their policies and practices to ensure that children who are exposed to violence are not invisible.

Conclusion

Despite the complexity of developing and evaluating interventions for children who are at risk of exposure or have been exposed to violence, a growing number of efforts are currently gaining momentum.

Coordinated efforts during the last decade are encouraging systems and communities to move beyond individual agencies to respond to the effects of violence on children in a more collaborative, comprehensive way. These efforts include the Greenbook Initiative communities, National Child Traumatic Stress Network, Safe and Bright Futures projects, Domestic Violence Initiative for Child Protective Services at the Massachusetts Department of Social Services, Child Development–Community Policing projects, Miami Model Dependency Court, Safe Start, Child Witness to Violence Project at Boston Medical Center, Violence Intervention Program at Louisiana State University, and Child Trauma Research Project at San Francisco General Hospital (Kracke & Cohen, 2008).

In the clinical field, data to support the effectiveness of different strategies and protocols in diverse environments are being collected across the country. Critical components of successful interventions include a developmental perspective that engages the child's and the family's ecological contexts and service systems to screen for, provide early intervention for, and respond to the treatment needs of children. Effectiveness is bolstered when treatment is offered in a range of settings, such as homes, early care and education programs, and schools, incorporating collaboration with health, law enforcement, legal, child welfare, and other systems (Lieberman & DiMartino, 2005).

Definition of Terms

Domestic violence. Pattern of coercive behaviors including physical, sexual, and psychological abuse, as well as economic coercion, used by adults or adolescents against their current or former intimate partners.

Community violence. Random violence including school shootings and use of guns, knives, and drugs in the community. It can be an isolated incident or frequent and continuous events.

Exposure to violence. Witnessing, being affected by, or being aware of domestic and community violence and/or experiencing violence through child abuse and neglect or in a violent incident in the home or community.

Impact of exposure to violence. Children react to exposure to violence in different ways, and many children demonstrate remarkable resiliency. However, children's exposure to violence has been associated with difficulties with attachment, regressive behavior, anxiety and depression, aggression and conduct problems, dating violence, delinquency, and involvement with child welfare and juvenile justice systems. And there is a strong likelihood that exposure to violence will affect children's capacity for partnering and parenting later in life, continuing the cycle of violence into the next generation.

Intervention. Purposeful response to address a child's exposure to violence. Intervention can occur when services are provided at the time of the exposure or after the event has occurred. The goals of interventions are to provide support to children who have been affected by the exposure to violence and to find immediate solutions to practical problems that arise from, or gave rise to, the traumatic, disruptive, violent experience.

Resilience. The property of a material that enables it to resume its original shape or position after being bent, stretched, or compressed; in humans, the capacity to adapt to and recover from a disruption in functioning quickly and effectively (Masten & Gewirtz, 2006).

Stress. Life event or situation that causes imbalance in an individual's life. Often stress results from something that is beyond the individual's control. Control has a great deal to do with levels of stress. Internal sources of stress include hunger, pain, temperature change, and fatigue. External stress includes changes in family composition, loss of property, unrealistic expectations, and disorganization in daily events.

Trauma. An exceptional, sudden, and unexpected experience that is perceived as dangerous. It may involve a threat of physical harm leading to intense fear. It overwhelms an individual's ability to cope. Acute trauma is generally a one-time event, such as a natural disaster or short-term parental illness. Chronic trauma (or complex trauma) is experiencing multiple traumatic events over time (physical abuse) or when different traumatic events are related to one another (maltreatment followed by separation from caregiver).

Treatment. A form of intervention that may be short or long term and is characterized by an ongoing relationship with a particular service provider, most often a counselor, mental health clinician, or medical practitioner. The goal of treatment is to provide long-term support and remediation of symptoms.

Vulnerability. Susceptibility to distress and disturbances during development.

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Moving From Evidence to Action: The Safe Start Center Series on Children Exposed to Violence

Issue Brief #1: ***Understanding Children's Exposure to Violence***

Issue Brief #2: ***Pediatric Care Settings***

Issue Brief #3: ***Schools***

Issue Brief #4: ***Child Welfare Systems***

Issue Brief #5: ***Domestic Violence Agencies and Shelters***

Issue Brief #6: ***Homeless Shelters, Permanent/ Supportive Housing, and Transitional Housing***

Issue Brief#7: ***Fatherhood Programs***

Safe Start Initiative

The Safe Start initiative is funded by the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP). The goal of the initiative is to increase the knowledge of and promote community investment in evidence-based strategies for preventing and reducing the impact of children's exposure to violence. Eleven demonstration sites were funded from 2000 to 2006 to create a comprehensive service delivery system to improve the accessibility, delivery, and quality of services for children exposed to violence at any point of entry. A national evaluation broadened understanding of how communities can successfully implement a comprehensive system of care with policy and practice interventions to minimize the negative consequences of exposure to violence.

Fifteen Promising Approaches pilot sites, funded in 2005, are focusing on implementing and measuring developmentally appropriate services for children exposed to violence within the context of the systems that serve them. A national evaluation of these sites will analyze the impact of specific intervention strategies on outcomes for children and families.

The Safe Start Center is a resource center designed to support the Safe Start initiative on a national level and to broaden the scope of knowledge and resources for responding to the needs of children who are exposed to violence and their families. For more information on the Safe Start initiative and Safe Start Center, visit www.safestartcenter.org.

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