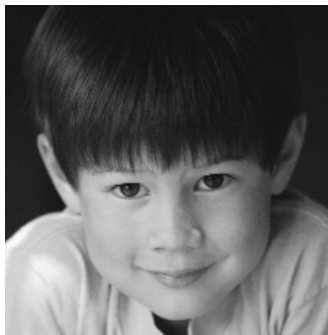
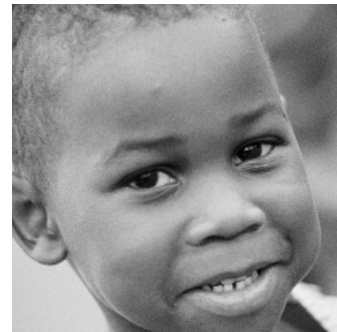


California Attorney General's

Safe from the Start

Reducing Children's Exposure To Violence



Including
Information on
Evaluation Tools
and Funding
Resources

Promising Strategies and Programs Resource Guide

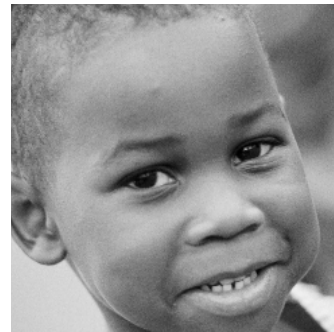


California Attorney General's Office
Crime and Violence Prevention Center

California Attorney General's

Safe from the Start

Reducing Children's Exposure To Violence



Promising Strategies and Programs Resource Guide



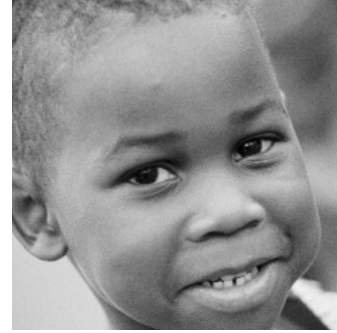
California Attorney General's Office
Crime and Violence Prevention Center



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Table of Contents

| | |
|--|-----|
| Introduction | .2 |
| Organization of this Guide | .3 |
| Section 1 | |
| Law Enforcement-Based Strategies | .4 |
| Law Enforcement/Mental Health Teams | .6 |
| Law Enforcement/School/Community Partnerships | .11 |
| Law Enforcement/Domestic Violence Advocate Teams | .14 |
| Offender-Oriented Interventions | .17 |
| Section 2 | |
| Health and Social Services-Based Strategies | .22 |
| Crisis Response Teams | .23 |
| Counseling Services | .29 |
| Family Support Services | .33 |
| Home Visitation | .39 |
| Training for Professionals | .45 |
| Section 3 | |
| School and Community-Based Strategies | .51 |
| Family/School Partnerships | .52 |
| Parental Education and Involvement | .55 |
| School/Community Partnerships | .61 |
| Classroom-Based Curriculum | .66 |
| Section 4 | |
| Policy to Action: Two Community Approaches | .73 |
| San Francisco City/County | .74 |
| Contra Costa County | .75 |
| Section 5 | |
| Evaluation: Ideas, Tools, Resources | .78 |
| A Key Ingredient to Success | .79 |
| Why is Evaluation Important? | .82 |
| Types of Evaluation | .82 |
| Evaluation Bibliography | .83 |
| Evaluation Resources on the Internet | .83 |
| Section 6 | |
| Funding Sources | .85 |
| Appendix | |
| Youth Violence Prevention Resources | .95 |



The usual greeting among the Masai tribe of Africa is, "How are the children?" and the traditional answer is, "All of the children are well." In using this greeting and response, the Masai people are saying that the welfare of the children is a barometer of the health of the community.



Introduction

In response to the 1998 United States Department of Justice “Safe Start” initiative, the California Attorney General’s Office, in coordination with the California Children and Families Commission (Prop 10), the California Health and Human Services Agency, and others, developed “Safe from the Start: Reducing Children’s Exposure to Violence.” This comprehensive strategy calls for state government to support local communities that take action to prevent, and reduce the harm caused by, children’s exposure to violence.

In the first phase of Safe from the Start, the Attorney General’s Office and its partners convened a one-day symposium in Los Angeles and ten regional forums throughout the state. The 1,450 local leaders and practitioners who attended these meetings represented law enforcement, education, health, social services, and the faith community. They learned the latest “brain science” which explains that exposure to violence will seriously impair the brain development of very young children and infants, and will thus lead to harmful and costly behaviors including youth violence. These local leaders and practitioners also exchanged information and ideas on how their communities could begin to take effective action. They overwhelmingly concluded, however, that they needed more information: on promising strategies and programs, on evaluating the effectiveness of their efforts, and on potential funding sources. As a result, the Attorney General’s Office began planning the “Tools for the Future” Expo.

This resource guide – Promising Strategies and Programs – is one of those tools for the future. First, it identifies general strategies or approaches designed to prevent children’s exposure to violence, and to mitigate the damage suffered by those who are exposed. The common and indispensable aspect of each strategy is the absolute requirement of partnership. If all relevant community organizations do not collaborate in the effort, if they do not overcome the human tendency to wage turf battles, resurrect old slights, and misunderstand those with other perspectives, then that community should not expect to succeed.

Second, the guide offers thumbnail sketches of programs that specifically address children’s exposure to violence. It was our hope to describe only programs that have been “proven” to be effective according to objective, scientific evaluations. However, the medical research in this area is so new that social science has not yet had sufficient time to authoritatively evaluate such programs. Accordingly, this guide describes programs that researchers, experienced practitioners, and informal evaluations describe as genuinely “promising.”

Finally, this guide presents information on basic evaluation tools and funding resources. The need for information about funding is obvious. The need for

information about evaluation may not be as evident. In the past, programs may have invested few resources in evaluation, because of its great expense and difficulty. But now, virtually all funders, public and private, require recipients of financial support to evaluate their programs, and some expect increasingly sophisticated evaluations. This guide sets forth fundamentals on funding and evaluation, and we expect to offer more detailed presentations on these subjects in the near future.

If you have strategies and programs working in your community directly related to children exposed to violence and would like to be included in a future edition of this guide, please forward information about your program to sfts@doj.ca.gov

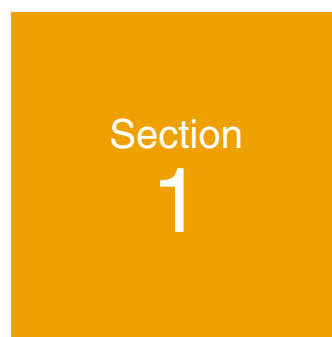
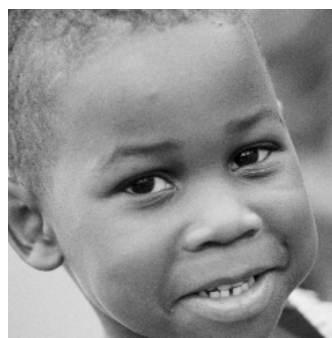
Organization of this Guide

The Strategies section of this guide is organized into sections by discipline. Promising strategies are listed in each section. The disciplines are: (I) Law Enforcement, (II) Health and Social Services, and (III) School and Community. We recognize that numerous other disciplines contribute, partner and lead violence prevention-based programs. These three disciplines, however, provide the most natural fit as lead agencies in the majority of programs and strategies related to children exposed to violence. Within each section, information is provided on agencies that have developed programs based on the identified promising strategy. These specific programs are listed in the “Applying the Strategy” sections.

The Policy to Action portion of the guide gives a brief synopsis of two communities, San Francisco and Contra Costa, that have placed strategies and programs into action. The Evaluation and Funding Resource sections provide information on these two important areas of program development. For further research into youth violence prevention strategies and programs used in this literature search, check the bibliography of Youth Violence Prevention Resources in the appendix of the guide.



Law Enforcement-Based Strategies



As first responders, law enforcement officers have a tremendous impact on the health and welfare of children who experience violence. With community-oriented policing skills and their unique leadership positions, law enforcement agencies are poised to identify and reduce the impact that exposure to violence has on children. Officers are generally the first to arrive on the scene of a domestic violence call. Law enforcement officers may have knowledge of the trauma of violence exposure on witnessing children long before school or health systems make the assessment. Additionally, as community members, officers are aware of available resources in their neighborhoods and they are the natural agents to connect children and families for services.

What are the effects on children who witness domestic violence? We know the trauma and damage is long lasting. We know that the behavior is often repeated in their future relationships. What are the effects on children who witness their parent being handcuffed and taken away? Research is just beginning to address children's responses to police intervention. There is scant evaluative literature on innovative police responses to children in cases of family violence. The efforts are new and research into the effectiveness of the approaches is just beginning.

Law enforcement agencies are taking the lead in the implementation of promising strategies and partnerships to address these issues. Some of these strategies are:

- (1) Law Enforcement/Mental Health Teams
- (2) Law Enforcement/School/Community Partnerships
- (3) Law Enforcement/Domestic Violence Advocate Teams
- (4) Offender-Oriented Interventions

"When considering the effect of the role of policing both on the quality of life of families and on children's development, it may be especially important to examine those models of community policing that have an impact on reducing fear, mobilizing community involvement in problem-solving partnerships, and enhancing the community's sense of security."

— S. Marans and M. Schaffer, *Community Policing, Schools, and Mental Health: The Challenge of Collaboration*, Cambridge University Press, 1998



Promising Strategy #1:

Law Enforcement/Mental Health Teams

A coordinated law enforcement/mental health response can make a difference in the future health of children exposed to violence. Police response can have a profound impact on children who have witnessed or been victimized by violent behavior. Additionally, the mental health services children receive immediately following the exposure or traumatic event are very important to recovery. Involving mental health professionals as partners in law enforcement training and intervention services provides a coordinated and effective response to the victim. It also enhances officer effectiveness and improves the way mental health services are delivered through immediate care and ongoing trauma management.

Applying the Strategy

Agency/Program

Yale University School of Medicine
Yale Child Study Center
Child Development-Community Policing Program (CD-CP)
230 South Frontage Road
New Haven, CT 06520-7900

Overview

The goal of the Child Development-Community Policing (CD-CP) Program is to improve the delivery of law enforcement and mental health services using a “victim-centered” approach. The CD-CP Program is a joint venture of the New Haven Police Department and the Yale Child Study Center. The New Haven model of community-based policing employs a citywide strategy for developing partnerships between officers and the neighborhoods in which they work. Central to this strategy are the shared concerns about the safety and welfare of children and families and the role that officers can play in providing a sense of security and positive authority. The program also aims to expand the role mental health professionals have in the lives of children and families exposed to violence.

The theory is that coordinated responses from knowledgeable police officers who have a thorough understanding of child development, and mental health clinicians who can provide appropriate care, can help restore a child’s sense of security and self-esteem. CD-CP Program officers are also trained to gather information effectively from children at the crime scene that may impact subsequent legal proceedings. Immediate, appropriate intervention with children who are victims and witnesses of violence may also enable children to cope with distress instead of reacting with unacceptable behaviors. In addition, helping families to access immediate follow-up services, rather than waiting until months or years later, can facilitate a faster recovery from the distressing situation.



Target Audience

Children and families who have been exposed to or victimized by violence.

Components

The CD-CP Program includes five principal components:

1. Police officer training to provide insight on the principles of child development and acute traumatic responses.
2. Mental Health fellowships that educate police supervisors about clinical services, mental health settings and developmental perspectives.
3. Police fellowships that educate clinicians about the police setting, tasks and job demands of law enforcement officers.
4. 24-hour consultation service for officers, children and families directly involved in violent incidents.
5. Ongoing case conferencing between officers and clinicians to discuss interventions.

The CD-CP Program also provides parents with information on how their children are coping and ways they can help them recover. Mental health clinicians conduct evaluations and offer referrals to agencies that can provide assistance.

Outcomes

The CD-CP Program has been extended in New Haven to include other child service providers, including juvenile probation officers and social service workers. The program is also being replicated and implemented in other communities. Federal funds were made available in 1998 to launch the program in 15 locations nationwide. Boston, Massachusetts has established a similar, but broader, collaborative program involving the police, the district attorney's office, the courts, community business leaders, youth agencies, community health centers and hospitals. Their efforts and partnerships have strengthened the city's community policing efforts to reduce violent crime and assist victims. The success of the CD-CP Program was recognized by former President Clinton and Mrs. Clinton at the 1997 White House Conference on Early Child Development and Learning.

Funding

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

Evaluation/Oversight

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



Applying the Strategy

Agency/Program

Riverside County Sheriff's Department
Police Action Counseling Team (PACT)
73-520 Fred Waring Drive
Palm Desert, CA 92260
(760) 836-1600

Overview

The City of Palm Desert and the Riverside County Sheriff's Department support an effective law enforcement/mental health collaboration called the Police Action Counseling Team (PACT). PACT provides crisis intervention services to children and families. Program objectives include: assisting children recover from trauma; interrupting the family cycle of violence; and promoting a culture within the law enforcement agency that encourages collaboration with community agencies. Teams of specially trained mental health professionals and law enforcement officers from the Riverside County Sheriff's Department and Palm Desert Police Department respond to emergency calls where children have been exposed to domestic violence, serious accidents, violent crime, death or other traumatic events. Team members provide children and families with assistance at the time of trauma through immediate police presence and assessment by licensed therapists. Families also receive referrals to appropriate community resources such as counseling and medical services for short- and long-term recovery.

Target Audience

Children and families who have been exposed to or victimized by violence.

Components

The officers chosen for the PACT Program are teamed with mental health professionals with expertise in psychology, marriage-family therapy or social work. Together, team members receive training designed to improve their skills at assessing the psychological needs of families in crisis so they can provide immediate, informed intervention. The mental health professionals are on call 24 hours a day, seven days a week, to respond to calls with their law enforcement team members. After the initial crisis assessment and intervention, PACT utilizes a streamlined referral system, based on relationships established with key community agencies, to obtain needed services for children and families. Current partners in the system include the local school district, county mental health, community medical facilities, child protective services, probation services, victim/witness assistance centers and the district attorney's office.



Outcomes

The PACT Program has increased the possibility of healthy adaptation to trauma and has attempted to interrupt the familial cycle of violence by providing immediate and effective intervention services.

The PACT Program has also had a very positive effect on the law enforcement officers and the mental health practitioners by raising their level of awareness and skill base in working with children and families exposed to violence or experiencing trauma. Officers have also reported a renewed emphasis within their agencies that fosters development of partnerships with community agencies.

Funding

City of Palm Desert
Riverside County Sheriff's Department
Private Foundations

Evaluation/Oversight

Dr. Michael J. Lambert, Ed., Handbook of Psychotherapy and Behavior Change, Brigham Young University, 1998

Dr. Dale Sechrest, Professor of Criminal Justice, California State University, San Bernardino

"Programs implemented at the earliest possible stages of a child's life, are more likely to deter troubled children from crime."

— Peter Greenwood, RAND, 1994





Applying the Strategy

Agency/Program

Louisiana State University Health Sciences Center
Department of Psychiatry
Violence Intervention Program (VIP) for Children and Families
1542 Tulane Avenue
New Orleans, LA 70112
(504) 568-3997
www.medschool.lsuhscc.edu/VIP

Overview

The Violence Intervention Program (VIP) for Children and Families is a partnership between the Department of Psychiatry at the Louisiana State University Health Sciences Center and the New Orleans Police Department. The program identifies and assists young children and families exposed to violence through a coordinated law enforcement/mental health services approach.

Target Audience

Children and families who have been exposed to or victimized by violence.

Components

VIP instructors provide information to new police academy recruits and current patrol officers on the effects of family violence on child witnesses. The program also provides a 24-hour mental health crisis referral and consultation service for children. As an added resource, VIP staff develop a community resource directory to assist police officers in making referrals.

Outcomes

VIP has documented an increase each year in the number of client calls to their 24-hour hotline for mental health services. Law enforcement officers are able to provide immediate referral to community-based organizations that have agreed to provide services to families and children exposed to violence.

Funding

U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention
Federal Crime Victims Assistance Block Grant
Federal Crime Victims Compensation
Private Foundations

Evaluation/Oversight

Louisiana State University, New Orleans



Promising Strategy #2:

Law Enforcement/School/Community Partnerships

Effective law enforcement/school/community partnerships combine available resources to help reduce and prevent school community violence and strengthen the response to violence when it does occur. Law enforcement presence on campuses, at school functions and in the community can create a visible, positive police presence. This strategy recognizes how important it is for law enforcement personnel to provide positive direction for students in the community. School/law enforcement partnerships also reflect the need for administrators and police to work closely with students and parents to promote school and community safety.

Children who are exposed to violence in their homes or who are abused or neglected by their caregivers, need to be identified and protected from future abuse. Criminal justice agencies, including law enforcement agencies, probation departments and court systems, work with families on a daily basis. Law enforcement responds to reports of violent incidents that involve children and families. Probation departments provide supervision to offenders. Juvenile and family courts make decisions that affect the living situations and safety of children. By utilizing certain protective strategies, these agencies can strengthen the function of the criminal justice system and reduce the chances that children will be further exposed to violence. By working together in the criminal justice arena, the schools and the community, resources are maximized and children and families are better served.

“In order to be effective in their new roles within communities, and to guard against being overwhelmed by the volume of problems they address in their efforts to prevent crime, officers need a framework for understanding the children and families with whom they work, and they need new partners who can assist in dealing with the challenges and tragedies they encounter every day.”

— S. Marans and M. Schaffer, *Community Policing, Schools, and Mental Health: The Challenge of Collaboration*, Cambridge University Press, 1998



Applying the Strategy

Agency/Program

Westminster Police Department
Strategic Home Intervention and Early Leadership
Development (SHIELD) Program
8200 Westminster Boulevard
Westminster, CA 92683
(714) 898-3315

Overview

The Westminster Police Department designed the Strategic Home Intervention and Early Leadership Development (SHIELD) Program to identify and protect children at risk of violence due to the environment at home. SHIELD officers who respond to calls about family violence, gang activity, child abuse or neglect, substance abuse, or other circumstances where a child's welfare has been put at increased risk because of family member or visitor behavior, assess the situation and intervene to protect the child. This intervention may involve taking the child into protective custody. SHIELD broadens the scope of child protection strategies by addressing factors that have not traditionally been considered dangerous enough to merit immediate intervention, even though their negative effects on the welfare or behavior of children is widely acknowledged. This proactive response with children exposed to violence may prevent or reduce further harm.

Target Audience

Children present in homes where police have been summoned in response to domestic violence or other violent or dangerous behavior.

Components

A department policy requires responding officers to identify minor children residing in the home of all domestic violence calls. Officers are also required to conduct a brief inquiry into each child's well being and obtain the name of each child's school. If the officer determines that a child's welfare is imminently threatened, the child is taken into protective custody. If the child remains in the home, the officer forwards a report to the SHIELD program officer, who reviews this information, along with any other previous police reports of calls for service to the home. If the officer concludes that problems in the home may continue to endanger the child's welfare, the case is reviewed by a multidisciplinary professional team consisting of a senior social worker, school administrator, school nurse, mental health provider, law enforcement officer and representatives of other community-based organizations. Team members, who are authorized to share confidential information about the child, will then recommend appropriate interventions.



Outcomes

The SHIELD Program identifies and protects children from further exposure to violence by:

- Providing special training for patrol officers to help them recognize effective intervention opportunities;
- Integrating efforts of special police units (e.g., family protection and gang units, narcotics teams) with those of the SHIELD Program;
- Holding perpetrators accountable for behavior that endangers children through investigations that support aggressive case filing and vertical prosecution; and
- Increasing delivery of police services and partnerships with local schools and community-based organizations.

Funding

U.S. Department of Justice, Office of Community Oriented Policing Services
California Governor's Office of Criminal Justice Planning
California Department of Education
United Way of Orange County

Evaluation/Oversight

Douglas R. Kent, Ph.D. and Phelan A. Wyrick, M.A.,
California State University, Fullerton

"Open and honest communication among partners is essential. Be truthful about what you can and cannot do, what you want to accomplish and what you are willing to do as a partner."

— Attorney General's Building Safer Communities
Handbook, January 2000

"School safety must be viewed in broad preventive terms: a safe school fosters a supportive school atmosphere, has strong links to the surrounding community, has in place both programs to prevent violence and mechanisms to allow students to confide their concerns about violence and safety."

— Delbert Elliott, Director, Center for the Study and Prevention
of Violence, University of Colorado; Columbine Review
Commission, May 2001



Promising Strategy #3:

Law Enforcement/Domestic Violence Advocate Teams

The initial response of law enforcement to domestic violence calls and the immediacy of appropriate support from trained domestic violence advocates can be crucial for children who have witnessed or been victimized by domestic violence. Law enforcement agencies are recognizing the importance of treating children in these situations as victims, whether or not they are physically injured. Adding the knowledge and expertise of domestic violence advocates to the initial intervention effort enhances officer responsiveness and improves the way both immediate and follow-up community, health and legal services are delivered to the families and the children. Building strong, coordinated law enforcement/domestic violence advocate partnerships can profoundly impact how victimized children cope with and recover from exposure to violence.

Applying the Strategy

Agency/Program

Domestic Abuse Center
Domestic Abuse Response Team (DART)
8817 Reseda Boulevard, Suite C
Northridge, CA 91324
(888) 705-5030 or (818) 788-4327

Overview

The Domestic Abuse Center, a community-based organization, and the Van Nuys Division of the Los Angeles Police Department, collaborate in an effort called the Domestic Abuse Response Team (DART). The program involves partnering a police officer in plain clothes and two highly trained domestic violence advocates who respond together when police receive a domestic violence call.

Target Audience

Victims of domestic violence and witnessing children.

Components

Upon arrival at the scene of a domestic violence call, law enforcement officers first assess the situation for safety concerns. The advocate partner will then provide crisis counseling and trauma debriefing to the victim and children who are present. The DART staff can also arrange for medical care and provide information on local shelters and follow-up services. The DART team will photograph the scene and the victim's injuries and prepare supplementary reports for the investigating law enforcement officer. In addition, team members can assist in obtaining emergency protective orders, if necessary.



Outcomes

Partnering law enforcement with domestic violence advocates is good for the victims of domestic violence and is an effective law enforcement strategy. Studies show that victims are more apt to follow through with prosecution of the batterer and are much more likely to get services for themselves and their children when advocates and law enforcement respond to calls as partners. By providing immediate advocate services to the victims of domestic violence and their children, the trauma may be reduced and immediate steps can be taken to advocate for the safety of the victim and the witnessing children.

Funding

California Governor's Office of Criminal Justice Planning
Los Angeles Police Department
Kaiser Foundation

Evaluation/Oversight

Los Angeles Police Department

 **Applying the Strategy****Agency/Program**

Antelope Valley Domestic Violence Council
Mobile Advocacy Trauma Team (MATT)
44522 Fern Avenue
Lancaster, CA 98534
(661) 951-3869

Overview

The Antelope Valley Domestic Violence Council and the Kern County Sheriff's Department have developed a collaborative program called the Mobile Advocacy Trauma Team (MATT). The program teams trained domestic violence advocates and sheriff's deputies to respond together to domestic violence calls. MATT provides immediate support and extensive follow-up services to victims and children.

Target Audience

Victims of domestic violence and witnessing children.

Components

Once law enforcement officers have secured the area, MATT advocate staff offer immediate support to both adult and child victims, including children who have witnessed the incident. Within 24 hours, MATT staff contact victims to provide follow-up services, including case management, criminal justice advocacy (working with the investigating officers and the district attorney), and accompaniment to court proceedings.



Outcomes

Domestic violence victims and witnessing children are provided with immediate services, including community referrals and criminal justice advocacy. Victims are more likely to support prosecution efforts and take action to ensure the safety of their children when advocate staff offer support.

Funding

California Governor's Office of Criminal Justice Planning
California Community Foundation
Weingart Foundation

Evaluation/Oversight

Kern County Sheriff's Department



Promising Strategy #4:

Offender-Oriented Interventions

Collaborative efforts that create a web of social oversight for offenders are an important strategy that can achieve a significant deterrent effect in addressing domestic violence and children exposed to family violence. Collaborative efforts may include victim support and offender tracking systems that are designed to increase the likelihood that domestic violence cases will be prosecuted when an arrest has been made. Furthermore, sanctions and treatment services will be imposed on the offender and penalties will be invoked for failure to comply with the treatment conditions.

The research does not yet suggest a specific treatment model that is appropriate for most batterers. Research studies suggest that there are multiple profiles of batterers, and therefore, one generic approach is not appropriate for all offenders. Batterer treatment programs may be helpful to some offenders but require stronger mechanisms to enforce conditions, enforce referrals and establish penalties for failure to comply. Research on the effectiveness of treatment programs suggests that the majority of subjects who complete court-ordered treatment programs do learn basic cognitive and behavioral principles taught in their course. However, very few studies have examined matched groups of violent offenders who are assigned to treatment and control groups or comparison groups such as incarceration or work-release attendees. Treatment programs may be helpful in changing abusive behavior when they are part of an overall strategy designed to recognize and reduce violence in a relationship. Programs are more effective when the offender is prepared to learn how to control aggressive impulses. Providing the offender with information on power, control, gender issues and personal accountability may also prove to be effective with some populations. Since many of these relationships include witnessing children, the connection between offender-oriented intervention and child abuse and violence exposure is clear.

“The presence of violence in one family relationship increases the risk that there will be violence in others. For example, children in homes in which there is violence between their parents are more likely to experience violence than are children who grow up in homes where there is no such violence. Moreover, children who witness and experience violence are more likely to use violence toward their parents and siblings than are children who do not experience or see violence in their homes.”

— Fagan and Brown, 1994



Applying the Strategy

Agency/Program

Tulare County Sheriff's Department
Domestic Violence Accountability Program
Civic Center
Visalia, CA 93291
(559) 733-6233

Overview

Tulare County is working to improve its batterer intervention programs through the Domestic Violence Accountability Program, a collaborative effort of the sheriff's department, probation office, district attorney's office, victim/witness assistance program, local women's shelters and domestic violence prevention/intervention programs. The program goal is to increase arrests and incarceration of domestic violence offenders through the use of innovative technology and intensive probation.

Target Audience

Adult batterers, including those on probation.

Components

Officers working in the Domestic Violence Accountability Program use digital photography to document all injuries in a domestic violence incident as well as damage to property. The pictures are made available electronically the next day to district attorneys and judges to help in determining what charges to file and whether or not defendants should be released on their own recognizance. Officers also use electronic monitoring of offenders to make sure that they do not return to the victim's home. All agencies participating in the program have electronic access to information on the case, including the domestic violence disturbance reports, which are entered into the network the day after the incident. This allows for an easy exchange of information and helps speed needed information and referrals to victims from domestic violence advocates.

Outcomes

While the Domestic Violence Accountability Program targets adult batterers and victims, this intervention has also reduced children's exposure to violence in the following ways:

- Intensive supervision of batterers by probation officers, including drug and alcohol testing, has helped to prevent subsequent offenses. With the first unexcused absence from the Batterers Treatment Class, probation officers make a home visit.



- Crime scene photographs of the children and their living conditions (e.g., showing smashed toys, broken furniture) have conveyed the message to district attorneys and judges that children in homes where domestic violence occurs are in danger.
- Interaction with judges, including their participation in domestic violence training, has resulted in more consistent sentencing for batterers.
- Domestic violence arrests and prosecutions are more visible in the local media. This has resulted in an increase of the number of reported domestic violence incidents.

Funding

U.S. Department of Justice, Bureau of Justice Assistance, Violence Against Women Act

Evaluation/Oversight

U.S. Department of Justice

Applying the Strategy

Agency/Program

Men Overcoming Violence (MOVE)
Youth Program
1385 Mission Street
San Francisco, CA 94103
(415) 626-6683

Overview

The Men Overcoming Violence (MOVE) Youth Program, part of the overall MOVE batterer intervention program, provides comprehensive services and accountability strategies for young male batterers. Many MOVE clients are both victims and perpetrators of domestic violence. The program recognizes the importance of working with teenage males to change attitudes that lead to violence, while cultivating the skills and empathy needed to sustain healthy relationships.

Target Audience

Male batterers between the ages of 12 and 20 years old.

Components

MOVE began as an adult behavior modification program and started working with youthful offenders in the mid-1990s. The MOVE Youth Program strives to effect change at both the individual and community level:

- MOVE counselors work with young male perpetrators of domestic violence in an intensive, one-year counseling program designed to shape healthier attitudes and provide new skills to prevent further abusive or violent behavior;
- MOVE staff challenge violent messages within the culture and educate family and community members through workshops for incarcerated youth at the San Francisco juvenile hall;
- Staff present teen dating violence prevention programs and peer education programs for the San Francisco Unified School District;
- MOVE counselors lead numerous support groups for teen males; and
- Staff provides professional training at community-based organizations, schools and county agencies on the dynamics of domestic violence.

Outcomes

MOVE has a successful partnership with the San Francisco Adult Probation Department. Recently, the U.S. Department of Justice awarded MOVE a grant to create a “vertical caseload” program for juvenile probationers. When convicted of a domestic violence offense, juvenile probationers are now assigned to a probation officer trained by MOVE as an expert in domestic violence. The officer closely monitors and supervises the probationer, helping to ensure that victims remain safe and that offenders are held accountable. MOVE is a nationally recognized batterer intervention program and was selected as a model program by the U.S. Department of Justice.

Funding

U.S. Department of Justice, Bureau of Justice Assistance,
Violence Against Women Act
Local Sources

Evaluation/Oversight

U.S. Department of Justice





Applying the Strategy

Agency/Program

The Coalition to End Domestic and Sexual Violence
Coalition Westside Family Center
110 North Olive Street, Suite G
Ventura, CA 93001
(805) 653-2060

Overview

The primary goal of the Coalition Westside Family Center is to present a viable, collaborative presence that promotes zero tolerance of violence in families. The project operates on the premise that batterers will stop assaulting victims when the entire community believes this behavior to be intolerable. Batterers are not only encouraged to take responsibility for their individual actions, but also encouraged to influence and educate other men and youth in the community to remain violence free. In addition to providing alternatives to violence, the project provides outreach and education to the community and is linked to a comprehensive continuum of services that provides support to families. The project also provides services to children who witness domestic violence.

The project collaborates with other agencies and organizations to foster a coordinated response to family violence and become a part of the community's systemic approach to strengthening families. It provides outreach/training for professionals and community leaders on the causes of male violence and how to intervene effectively. The project provides community outreach and education on the root causes of violence and effective ways in which the community can change its attitudes toward violence. Effective and comprehensive intervention services for men who batter are also provided, as well as alternatives for changing that behavior. The project also includes a mentor program for teenagers in the community who are at risk of violent behavior.

Funding

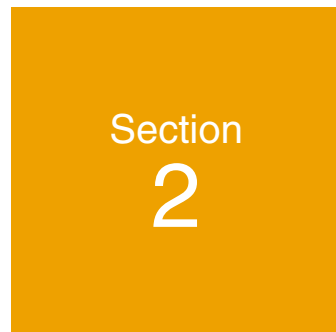
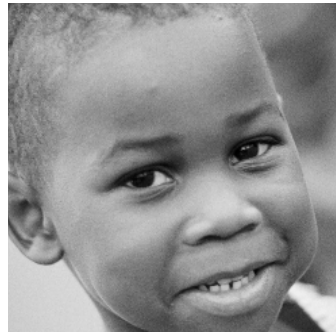
California Department of Social Services, Office of Child Abuse Prevention
Hilton Foundation

Evaluation/Oversight

University of California, Davis



Health and Social Services-Based Strategies



Health care professionals and social service workers provide key physical and emotional care that can identify problems and intervene in the lives of children exposed to violence. Physicians, nurses, mental health workers and social service professionals have the opportunity to identify problems and intervene early when abuse, neglect or exposure to violence is suspected. Some of these strategies include:

- (1) Crisis Response Teams
- (2) Counseling Services
- (3) Family Support Services
- (4) Home Visitation
- (5) Training for Professionals

“The public health approach can help reduce the number of injuries and deaths caused by violence, just as it has reduced the number of traffic fatalities and deaths attributed to tobacco use. The public health approach typically uses practical, goal-oriented, community-based strategies for promoting health. ”

—Surgeon General’s Report on Youth Violence, 2000

Promising Strategy #1:

Crisis Response Teams

Science tells us that violence affects not only those directly involved, but family members, neighbors and others who witness the violence. Both the short- and long-term effects of exposure to violence are particularly devastating for children. Thus, helping children cope with the trauma, fear and stress caused by the event at the time of the incident can significantly impact emotional recovery. Crisis response teams partner health care providers with law enforcement and community service providers to improve initial response to: (1) minimize trauma to children; and (2) link families with needed services as quickly as possible. This collaborative strategy recognizes the importance of immediate support, counseling and intervention services for children who are exposed to violence.



Applying the Strategy

Agency/Program

Cambridge Hospital
Victims of Violence Program
Community Crisis Response Team
1493 Cambridge Street
Cambridge, MA 02139
(617) 498-1150

Overview

The Community Crisis Response Team of Cambridge, Massachusetts, was organized through the Victims of Violence Program at Cambridge Hospital to coordinate an agency response to neighborhood crime and violence. Recognizing that the traumatic effects of crime, such as fear and stress, reach beyond the immediate parties to affect those who witness the violence, response team participants are trained to deal with the psychological trauma of victims, witnesses (including children), and neighbors. The program goal is to empower the community and foster long-term resiliency through crisis intervention. Successfully using this strategy points to the continued need for close cooperation between health and community agencies and the police to maximize the use of teams where most needed.

Target Audience

Children and families who witness violent crimes.

Components

The multidisciplinary Community Crisis Response Team consists of health professionals, police and probation officers, judges, parents, teachers, social workers and youth workers who respond immediately to reports of violent crimes in the community. While on patrol or upon referral from law enforcement, the team will talk with victims, children and neighbors to lend support, helping them cope with the trauma of the incident and its ramifications. Team members can also provide victims and witnesses with information on how to obtain medical help, counseling and legal advice. Some teams have established relationships with religious groups to provide spiritual support. When responding to reports of gang violence, the team uses community mediation techniques to diffuse gang rivalries and prevent violence and future retaliation.



Outcomes

Community Crisis Response Team members have intervened in hundreds of violent incidents and helped thousands of adults and children impacted by violence since the early 1990s. In addition, many communities have successfully applied this strategy through similar programs. These include:

Youth Trauma Team, Washington, DC

- Psychologists, social workers, police officers and recreation workers immediately respond to violent incidents.
- Counseling and support is offered to children and others in the neighborhood.
- Howard University Violence Prevention Project provides support through an after-school program and summer camp for children who have witnessed violence.

Group Against Narcotics and Gangs, Mobile, Alabama

- Intervenes at the scene of violent incidents and has successfully prevented gang violence.
- Mediates disputes among rival gang members and works with neighbors who feel threatened.
- Provides a safe house for runaway or displaced youth.

Funding

Local Sources

Evaluation/Oversight

Cambridge Hospital, Cambridge, MA

Applying the Strategy

Agency/Program

Casa de Esperanza, Inc.
P.O. Box 56
Yuba City, CA 95992-0056
(530) 674-5400
cde@jps.net

Project ERIN (Emergency Response Intervention Network)



Children's Institute International
 711 S. New Hampshire Avenue
 Los Angeles, CA 90033
 (213) 385-5100

County of Santa Cruz Human Resources Agency
 Adult, Family and Children's Division
 1400 Emeline Avenue
 Santa Cruz, CA 95060
 (831) 454-4062

Shelter Services for Women
 P.O. Box 1536
 521 West Victoria Street
 Santa Barbara, CA 93102
 (805) 963-4458

South Bay Community Services
 315 4th Avenue, Suite E
 Chula Vista, CA 91910
 (619) 420-5094
 scommunity@aol.com

Sutter Lakeside Community Services
 896 Lakeport Boulevard
 Lakeport, CA 95453
 (707) 262-1611

Overview

The six agencies listed above have all initiated projects to coordinate family response teams that can respond to incidents of domestic violence in their respective communities. The multidisciplinary teams developed by these agencies are improving upon the traditional response of law enforcement, child welfare organizations and domestic violence prevention agencies in dealing with incidents of domestic/family violence. All of the projects share common goals, which include providing support for children and families impacted by domestic violence; assessing and addressing the needs of children in violent homes to ensure their safety and stability; and referring all family members, including the perpetrator, to appropriate intervention services. The ultimate goal of the projects is to reduce repeated incidents of violence.

Target Audience

Families and children who are involved in or witness incidents of domestic violence.



Components

Each of the family response teams includes law enforcement officers, child protective services workers and trained representatives from other public and nonprofit community agencies. When an incident of domestic violence occurs, the officers summon the team to the scene. Working as family advocates, rather than adversaries, team members interact with both the adult victim and any children who are present and help to restore calm to the situation.

Outcomes

This initial contact with the family gives the advocates an opportunity to:

- Provide the family with information on immediate community resources, including food, shelter and medical care.
- Develop age-appropriate safety plans for both the adult and child victims.
- Make referrals to community agencies as needed for prevention and intervention services, including restraining orders.
- Educate the family on the effects of violence on the children.

Family response team members also stay in contact with the family after an incident to help victims access additional support services.

Funding

California Department of Social Services, Office of Child Abuse Prevention

Evaluation/Oversight

University of California, Davis

Applying the Strategy

Agency/Program

Trauma Intervention Programs
TIP4Kids Program
1420 Phillips Street
Vista, CA 92083
(714) 314-0744
www.tipnational.org

Overview

The TIP4Kids Program trains volunteers from the community to work with local law enforcement agencies, fire departments and hospitals to provide developmentally appropriate crisis intervention services to children in the wake of a violent, tragic or disastrous event. The program recognizes the importance of immediate intervention to help children cope with the fear, stress and trauma of exposure to violent or devastating circumstances.



Target Audience

Children who have witnessed a crisis or tragic event.

Components

TIP4Kids volunteers provide emotional comfort and support to children in crisis situations where:

- Parents are unavailable due to physical or emotional injury or detainment by the police.
- Children cannot express their need for assistance.
- Emergency responders are busy taking care of the urgent situation.

The volunteers protect children from on-the-scene dangers such as traffic or exposure to gruesome sights. Volunteers are trained to explain emergency procedures in terms the children can understand, and render assistance as needed. By providing immediate protection, support and explanation to children, trauma is reduced and quicker recovery is experienced.

Outcomes

In March 2000, Trauma Intervention Programs was one of 11 organizations and individuals to receive the prestigious Crime Victim Service Award from the U.S. Department of Justice, Office of Victim Services.

Funding

Local Sources
Private Foundations

Evaluation/Oversight

Harvard University
Ford Foundation



Promising Strategy #2:

Counseling Services

Research has shown children who witness violence may view violent behavior as acceptable in everyday life. Statistically, these children are much more likely to abuse others as juveniles and/or adults. Counseling and other services for children who have witnessed or been victims of violence are beneficial in several ways. Early intervention can help children cope with trauma in the aftermath of the incident and lessen the potential for post traumatic stress disorder, which may affect school performance and the development of healthy relationships. Counseling can also break the cycle of violence by educating children to see that violence is not an appropriate response to anger, stress or conflict. Applying this strategy involves the cooperation of psychologists and other health professionals, schools, law enforcement and court personnel trained to understand the needs of children who witness violence and who can work together to refer children to appropriate counseling programs.

Both research and clinical work have shown that witnessing violence has a consistently negative impact on children's emotional, social and cognitive development. Even in the earliest phases of development, infants and toddlers exhibit clear associations between exposure to violence and emotional and behavioral problems.

—Dell, Siegel, and Gaensbauer, 1993; Osofsky and Fenichel, 1999

Applying the Strategy

Program/Agency

Boston City Hospital
 Division of Development and Behavioral Pediatrics
 Child Witness to Violence Project
 818 Harrison Avenue
 Boston, MA 02118
 (617) 534-4244



Overview

Health professionals and law enforcement personnel in Boston, responding to the latest scientific findings about the impact of violence on child witnesses, have developed a collaborative program to provide psychological counseling for area children exposed to violent acts. Under the Child Witness to Violence Project, law enforcement officers, health care providers, educators, and family court personnel are trained to understand the needs of children who have witnessed violence, identify those children and refer them to the program for therapy. The goal of the program is to counsel children and enable them to develop the skills necessary to cope with trauma.

Target Audience

Young children who have witnessed violence (particularly spousal abuse) and their families.

Components

Trained hospital staff and volunteer health professionals offer counseling services to assist children in coping with the trauma of witnessing a violent event. Counselors teach children skills in anger management, stress reduction and conflict resolution. Health care personnel and police officers help publicize the program and its services to area youth-serving organizations. Counseling is provided at little or no cost to families who participate.

Outcomes

The Child Witness to Violence Program has operated for more than a decade and helped thousands of children. Another Boston hospital initiated the Good Grief Program, which supports children who have experienced or witnessed the violent death of a family member or friend. The Good Grief program mirrors the Boston City Hospital project by consulting parents, teachers and school administrators to monitor the children's progress.

Funding

Local Sources

Evaluation/Oversight

Boston City Hospital





Applying the Strategy

Agency/Program

Boston Children's Hospital
Advocacy for Women and Kids in Emergencies (AWAKE)
300 Longwood Avenue
Boston, MA 01225
(617) 355-7979

Overview

Since the mid-1980s, Boston Children's Hospital has supported the Advocacy for Women and Kids In Emergencies (AWAKE) Program, which advocates for women and children in families where domestic violence has occurred. AWAKE coordinates victim assistance services that focus on the developmental needs of child victims of crime or abuse in the hope of preventing additional victimization. The program works with local and county agency representatives, including family court personnel, health care providers, counselors, police officers and prosecutors, helping them to better understand the home and school needs of these children and refer them to appropriate services. AWAKE encourages continual policy coordination among these agencies to promote information sharing, service referrals and enforcement of the law against adult offenders.

Target Audience

Domestic violence victims and witnessing children.

Components

The AWAKE program provides health evaluations and age-appropriate counseling for children who have witnessed or been victimized by violence, and emergency housing for all victims in the family. The program trains hospital staff, police officers, social workers, court staff and nursing students in advocacy for children and mothers whose families are dealing with domestic violence. AWAKE has counseling sessions and support groups designed especially for children. Representatives from participating agencies help mothers who are receiving treatment at the hospital to access legal or psychological counseling. Additional medical care and information on support groups are also available to the families. AWAKE task force members work with social service agencies, law enforcement, the court system, other health professionals and school officials to ensure that a comprehensive range of services is available to the family.



Outcomes

The AWAKE program has inspired other communities to take similar actions to support children who witness violence, including:

The Commission on Families and Children, Corpus Christi, Texas

- Developed programs in parent education, child protection and family support in response to child abuse and trauma that may occur when parents divorce.
- Assisted the courts, social service agencies, police and schools in their coordination of services to children and families in divorce situations.

The Mental Health Association, Montgomery County, Maryland

- Organized a panel of local and county agencies, including mental health, education, child welfare and law enforcement, to improve delivery of services in child abuse and school violence situations.
- Promoted enhanced referrals and coordination of needed services to youth and families in the Washington, DC suburbs.

Funding

Local Sources

Evaluation/Oversight

Boston Children's Hospital



Promising Strategy #3:

Family Support Services

When there is family violence, whether it involves intimate partner abuse or child abuse, and whether the children are directly involved or witnesses to the violence, experts agree that all of the members of the family are affected. This strategy recognizes the importance of treating parents and children in tandem, rather than using the more traditional approach of providing services individually to the adults and the children. Programs that apply this comprehensive strategy provide support to the family through medical, mental health, legal, social and other needed services. Improving family support services strengthens the family unit as a whole and reduces the chance that children will be victimized by violence in the home.

Applying the Strategy

Agency/Program

University of California Davis Medical Center
Department of Pediatrics
CAARE Diagnostic and Treatment Center
Parent-Child Interaction Therapy (PCIT)
3300 Stockton Blvd.
Sacramento, CA 95820
(916) 734-4481

Overview

Parent-Child Interaction Therapy (PCIT) is a positive and intensive treatment program designed to help both parents and children. The program works with both parents and children to improve the quality of the parent-child relationship and to teach parents the skills necessary to manage their child's behavioral problems.

Target Audience

Children two to eight years of age who are exhibiting chronic behavioral problems at home, school, preschool or daycare.

Components

The PCIT consists of two parts:

- Relationship Enhancement – In the Relationship Enhancement component of the program, parents are taught and “coached” how to decrease the negative aspects of their relationship with their child and develop consistently positive and supportive communication.



- **Discipline** – In the Discipline component of the program, parents are taught and “coached” on the elements of effective discipline and child management skills.

In both parts of the program, parents are taught specific skills, and given the opportunity to practice these skills during therapy, until mastery is acquired and the child’s behavior is improved.

Outcomes

PCIT works to change the relationship, which will eventually change the behavior. It stresses building positive relationships and skills to enable the parent to handle more stressful situations. The program focuses on child behavior problems, parenting skills, and changing relationships. PCIT treatment satisfaction measures show positive results for parent competency, parent assessment of improved child behavior and teacher assessment of improved behavior.

Funding

California Governor’s Office of Criminal Justice Planning

Evaluation/Oversight

University of California Davis Medical Center

Applying the Strategy

Agency/Program

Los Angeles County and University of Southern California Medical Center
Violence Intervention Program (VIP)
1240 North Mission Road, T-11
Los Angeles, CA 90033
(323) 226-6806

Overview

The Violence Intervention Program (VIP) offers comprehensive medical and mental health, legal, and social services for families coping with domestic abuse and child neglect issues. While the program’s original focus was on child abuse, its scope has widened to provide assistance for families where violence and sexual assault occur repeatedly. VIP sponsors several programs to provide child abuse intervention services, victim assistance, family therapy and community outreach.

Target Audience

Children and families involved with family violence and child abuse.

Components

The Center for the Vulnerable Child (CVC), one component of the VIP, has services available to law enforcement, social service agencies and parents 24



hours a day, seven days a week. The CVC provides a thorough, accurate needs assessment of children exposed to violence. The goal of the CVC is to minimize the effects of trauma on the child and family, and promote appropriate protection decisions by social services and law enforcement. Another VIP component, the Domestic Violence Center (DVC), supports an innovative, hospital-based violence response team that works with inpatient and outpatient services at USC Medical Center and area clinics. The team responds to all cases of intimate violence, assisting victims and assessing the future risk of exposure to violence for children in the home. The DVC also provides bilingual mother-child therapy, parenting classes and community outreach programs that feature school-based services and prevention curriculum for junior high and high school students.

Outcomes

The Domestic Violence Center has assisted over 3,000 families each year by treating both the direct and indirect effects of abuse and family violence.

Funding

Federal and State Grants
Los Angeles County

Evaluation/Oversight

University of Southern California

Applying the Strategy

Agency/Program

San Francisco General Hospital
Child Trauma Research Project (CTRP)
1001 Potrero Avenue, Building 20, Suite 2100
San Francisco, CA 94110
(415) 206-5323

Overview

The Child Trauma Research Project (CTRP) at San Francisco General is a university-based research, training and clinical service program for mothers and their young children who have witnessed domestic violence. The research focus of the CTRP is to evaluate the effectiveness of a relationship-based treatment model on reducing the traumatic impact of domestic violence on both mothers and children.

Target Audience

Mothers who are victims of domestic violence and their pre-school aged children.



Components

The CTRP relationship-based treatment model includes the use of psychotherapy, case management, developmental guidance and home visits to treat both mothers and their children. The study compares outcomes for mothers and children treated within the CTRP model to those enrolled in more traditional treatment programs that individually address the needs of the mother and the children.

Outcomes

A pilot study of the CTRP revealed the following outcomes:

- Children who were treated using the CTRP model developed better relationships with their mothers and demonstrated enhanced readiness to learn.
- Mothers who participated in the CTRP approach exhibited fewer symptoms of post traumatic stress disorder and depression after treatment.

In addition to the principal study, CTRP is collaborating with other mental health providers, a pediatric service, a legal service and a team of health educators. CTRP also provides mental health services for immigrant preschoolers and children residing at the largest battered women's shelter in San Francisco. CTRP serves as the lead agency for the city's Safe Start Initiative, a federally funded program aimed at improving the system-wide response to young children who are exposed to violence.

Funding

National Institute of Mental Health
Local Sources

Evaluation/Oversight

University of San Francisco





Applying the Strategy

Agency/Program

Sutter Medical Center
Regional Programs Department
Creating Healthy Environments for Children (CHEC)
5151 F Street, 2 South
Sacramento, CA 95819
(916) 733-6030

Overview

Creating Healthy Environments for Children (CHEC) is a regional, collaborative program organized by Sutter Medical Center in Sacramento. The program goal is to prevent child abuse and neglect by reducing stress in high-risk families. The CHEC program was designed to replicate and expand on the proven Hawaii Healthy Start model, now being used across the country, known as Healthy Families America.

Target Audience

Expectant families and new parents in Placer, Sacramento, Yolo, Nevada, and San Joaquin counties.

Components

Families are identified and referred as candidates for the CHEC program through prenatal or at-birth screening and assessment by staff at participating health care offices and hospitals. The program offers families: (1) home visitation services that begin during pregnancy and last up to three years; and (2) help in accessing medical care, with an emphasis on immunization for their newborns.

Representatives of community agencies take part in the planning, implementation and evaluation of the program. Community-based family support workers (FSW), who understand the unique cultural, language and socioeconomic characteristics of each target community, provide home visiting services. The FSWs also receive extensive training in the Healthy Families America model as well as prenatal and child development training from Sutter Memorial Hospital.



Outcomes

Family support workers develop and implement an Individualized Family Support Plan for each family. The plan includes specific areas of concern to the family that will be targeted for intervention through education and activities. It covers a broad range of issues, including parent-child relationships, parenting skills, nutrition, employment, substance abuse and family violence prevention. The plan is re-evaluated every three months to check the family's progress. The FSW acts as a family coach to help the family use their new coping skills as problems arise. The CHEC support network facilitates the family's ongoing access to health care, respite care, childcare and mental health services while the parents' continued participation in the program helps to ensure the child's well being.

Funding

The California Endowment
In-kind contributions from collaborating agencies

Evaluation/Oversight

LPC Consulting Association



Promising Strategy #4:

Home Visitation

Many problems faced by young children and parents are a consequence of adverse maternal health-related behaviors during pregnancy, unskilled infant caregiving and stressful environmental conditions. Early intervention with families who are at risk for child abuse and domestic violence can impact both the mental health and physical well-being of children and their parents. Using home visitation as a vehicle to help reduce violence can mean a more positive environment for all family members. This strategy seeks to educate mothers-to-be and parents about pregnancy, infant care and child health and development through home visits by a nurse or social worker. Home visitation creates a partnership that enables these professionals to share knowledge that can improve pregnancy outcomes, strengthen bonds between mothers and children, decrease the incidence of child abuse and neglect, and increase the family's ability to be self-sufficient. Home visitation programs can protect children from potential violence, both short- and long-term, by strengthening the family unit.

"A solid attachment between a child and caretaker promotes the emotional and social development of the child."

—"Blueprints for Violence Prevention," University of Colorado, 1998



Applying the Strategy

Agency/Program

National Center for Children, Families and Communities
Prenatal and Early Childhood Nurse Home Visitation (PECNHV) Program
1825 Marion Street
Denver, CO 80218
(303) 864-5839



Overview

The Prenatal and Early Childhood Nurse Home Visitation (PECNHV) Program is based on a 20-year model in which trained nurses visit mothers-to-be during their pregnancy and continue home visitation until the child's second birthday. The program seeks to (1) improve pregnancy outcomes by helping the women reduce their use of tobacco, alcohol and drugs; (2) promote child health and development by educating parents about responsible child care; and (3) strengthen the economic self-sufficiency of families through family planning, education and job assistance. The ultimate goals are to reduce the incidence of child abuse and neglect and the long-term impact of violence on children.

Target Audience

Low-income, first-time mothers and their families.

Components

The PECNHV Program uses trained, experienced nurses with strong interpersonal skills who visit with mothers and family members in their homes every 1-2 weeks. The visits follow program guidelines that are adapted to the unique health and economic needs of the family. Each nurse works a caseload of no more than 25 families. The program costs between \$2,800 and \$3,200 per family per year.

Outcomes

Three longitudinal, randomized, controlled research studies have shown that the PECNHV Program benefits high-risk families, especially those where the mother is low income and unmarried, by reducing rates of childhood injury, child abuse and neglect. Children who are part of the program also have a lower risk of early antisocial behavior. Long-term follow-up indicates that as teenagers, these children have fewer behavioral problems related to drugs and alcohol and fewer arrests for criminal offenses. In addition, study results for mothers who participate in the program indicate reductions in smoking during pregnancy, reductions in arrests, and a reduction in problems related to substance abuse and welfare dependency. The studies were conducted with Caucasian, African-American and Hispanic families in urban and semi-rural environments.

In addition to sites in Colorado, there are PECNHV-type programs in New York and Tennessee, including:

Home Visitation Program, Elmira, New York

- Utilizes nurse-developed, individualized programs for high-risk parents (i.e., young, unmarried, low socioeconomic status).
- Reduced reports of child abuse and neglect by 75 percent among participant families.



- Lowered the number of child visits to hospital emergency departments for illness or accidents by 56 percent.

The U.S. Department of Justice and the Center for the Study and Prevention of Violence chose the PECNHV Program as one of their ten Blueprints for Violence Prevention. The Department of Justice has also asked the National Center for Children, Families and Communities to institute similar programs in 30 new communities to serve more than 14,000 new families.

Funding

National Institute of Mental Health
 U.S. Department of Justice, Juvenile Justice and Delinquency Prevention
 Temporary Assistance for Needy Families (TANF)
 Medicaid
 Federal Maternal and Child Health Title IV Funds
 Private Foundations

Evaluation/Oversight

The National Center for Children, Families and Communities provides consultation to sponsoring agencies. Interested agencies may apply to become partners in the Home Nurse Visitation Program. Once selected as a program site, the agency is required to purchase the following resources: the training manual; Home Visit Guidelines for Pregnancy, Infancy and Toddlerhood; and Clinical Information System. In addition, each program site is required to purchase materials from the Partners in Parenting Education Program and obtain Nursing Child Assessment Satellite Training from the University of Washington School of Nursing.

Applying the Strategy

Agency/Program

Fresno County Human Services System
 Department of Community Health
 Maternal, Child and Adolescent Health
 1221 Fulton Mall
 P.O. Box 11867
 Fresno, CA 93775
 (559) 445-3542
 chenry@fresno.ca.gov



Overview

The Fresno Home Nurse Visitation model program was developed by Dr. David Olds and some colleagues over twenty years ago. The Fresno County project is one of nine sites participating in the replication study. The program offers free services to low income, first-time mothers and their infants to improve the health and well being of the family and infant.

Target Audience

First-time young mothers and their infants.

Components

Home visits are conducted weekly by public health nurses. Visits begin during pregnancy and continue through the first two years of the child's life. Program goals are: (1) to improve pregnancy outcomes by helping women alter their health-related behaviors, including the use of cigarettes, alcohol and drugs; improve their nutrition; and reduce risk factors for premature delivery; (2) to improve child health and development by helping parents provide more responsible and competent care for their children; and (3) to improve family self-sufficiency by assisting the parents with development of a vision for their own future, plan future pregnancies, continue their education and find employment.

Outcomes

The use of home visitation has been proven to reduce adverse maternal health-related problems, reduce reports of child abuse and neglect, reduce the neuropsychological impairment in participating children, and delay subsequent pregnancies in young mothers.

Funding

Fresno County

Evaluation/Oversight

National Center for Children, Families and Communities
University of Colorado

Applying the Strategy

Agency/Program

Santa Barbara County Public Health Department
Home-Based Child Abuse Prevention Program
300 South Antonio Road
Santa Barbara, CA 93110
(805) 681-5432



Overview

The Santa Barbara Home-Based Child Abuse Prevention Program is a collaborative effort of the County Public Health Department, Alcohol and Mental Health Services Department, Child Abuse Listening and Mediation (CALM), and the University of California, Santa Barbara. This home visitation program includes a cognitive element that attempts to empower parents to lessen the chances for child abuse and domestic violence in the home.

Target Audience

Families at moderate risk for child abuse.

Components

Families are identified for participation in the program before the birth of a child. A paraprofessional or MFCC/LCSW intern conducts home visits with the family during the year following the birth. Each mother receives social support and parent training as well as additional training designed to reinterpret stressful family events as unintentional and resolvable (“attributional retraining”).

Outcomes

Children who participate in the Home-Based Child Abuse Prevention Program have fewer injuries during the first year of life and fewer incidents of exposure to spousal abuse. Mothers who take part experience lower stress levels and less postpartum depression.

Funding

Federal Early Periodic Screening and Diagnostic Services
California Department of Social Services, Office of Child Abuse Prevention

Evaluation/Oversight

University of California, Santa Barbara
Santa Barbara Health Care Services
Child Abuse Listening and Mediation (CALM)

Applying the Strategy**Agency/Program**

For the Child Center (FCC)
High Risk Infant Outreach Project and Pregnant Minor Program
4665 California Avenue
Long Beach, CA 90807
(562) 422-8472



Overview

For the Child Center (FCC) is a community-based child abuse prevention and treatment agency. FCC sponsors the High Risk Infant Outreach Project Program which is designed to prevent child abuse by providing high-risk new mothers with education and support services. The program uses culturally and linguistically appropriate materials to instruct participating mothers about infant care and offers counseling and referral to community resources. The program's three-part goal aims to: (1) break the cycle of violence in families; (2) create a safe, caring environment for babies; and (3) teach parents how to keep their children safe.

Target Audience

High-risk new mothers and their children.

Components

Mothers enroll in the program through the FCC Pregnant Minor Program, located at an area high school, or through St. Mary's Medical Hospital. Many of these women are at risk for inadequate prenatal care, substance abuse or domestic violence during their pregnancy. A social worker is assigned to make home visits and observe and evaluate each mother during her entire pregnancy and until the child reaches the age of two. New mothers receive counseling and instruction on many topics, including postnatal care, mother/baby nutrition, child development and acceptable disciplinary actions.

Outcomes

New mothers are given parenting information and instruction. The infants benefit from the new skills and knowledge of their mothers.

Funding

Weingart Foundation

Evaluation/Oversight

For the Child Center



Promising Strategy #5:

Training For Professionals

Health care providers and legal professionals are often involved in cases of child abuse, neglect or exposure to violence. Many physicians, hospital personnel and psychiatrists have not had sufficient training on domestic violence issues. Doctors commonly treat children who have obvious illness or injury, but they do not routinely screen for exposure to violence during prenatal visits or annual check-ups. Lawyers and other justice system officials must also learn to recognize child victims of violence and abuse, understand the special needs of these victims and be able to act as advocates. In addition, there remains a general lack of public knowledge about domestic violence and its impact on children and youth. Expanding the base of public awareness about this problem is crucial to reducing the impact of violence and exposure to violence on children.

Applying the Strategy

Agency/Program

Alaska Department of Health and Social Services
 Maternal, Child and Family Health Section
 Alaska Family Violence Prevention Project (AFVPP)
 1231 Gambell Street
 Anchorage, AK 99501
 (907) 269-3454
www.hss.state.ak.us/DPH/MCFH/DomesticViolence/Clearinghouse

Overview

Domestic violence is a leading health issue in Alaska. Over 91 percent of domestic violence victims report that their children witnessed the violence. Science tells us that early detection, intervention and treatment for these witnessing children is critical. The Alaska Family Violence Prevention Project (AFVPP) has developed training designed to increase awareness about the clinical indicators of domestic abuse, thus enabling health care providers to recognize the subtle signs of victimization more easily. The program seeks to instill among providers a belief in their responsibility to address domestic violence in the initial clinical setting and to increase their awareness of the prevalence of abuse among their patients.

Target Audience

Physicians, nurses and other health care providers.

Components

Since 1993, AFVPP has provided training on domestic violence issues to hundreds of health care providers and domestic violence advocates in 39 Alaskan



communities. The project offers “Training of Trainers” workshops, on-request technical expertise, and an on-line clearinghouse of resource and training materials. AFVPP also coordinates Rural Domestic Violence and Child Abuse Workshops throughout Alaska for domestic violence and sexual assault advocates, law enforcement officers, social workers, mental health providers, tribal representatives, and other community service professionals. These programs help communities understand the relationship between domestic violence and child abuse and work together to end the cycle of family violence.

Outcomes

Beginning in 1999, AFVPP has coordinated the “Ten State National Health Initiative on Domestic Violence” Project, sponsored by the Federal Family Violence Prevention Fund. For this project, AFVPP is working with the Alaska Network on Domestic Violence and Sexual Assault to develop and implement a statewide, comprehensive health care system response to domestic violence. AFVPP is providing training, technical expertise and resources to participating health care facilities and clinics.

Funding

Alaska Department of Health and Social Services/Maternal, Child and Family Health Section

Evaluation/Oversight

Alaska Department of Health and Social Services



Applying the Strategy

Agency/Program

Civitas
The Civitas Initiative
1327 West Washington Boulevard, Suite 30
Chicago, IL 60607
(312) 226-6700
www.civitasinitiative.com

Overview

Since 1993, Civitas, a national, nonprofit organization, has created tools that educate and support adults who take care of young children. Among its many programs, Civitas provides specialized graduate level training in child development and maltreatment for students in the fields of law, medicine and social work. The Civitas Initiative was developed from a local lawyer's concern about the treatment of abused children within the court and foster-care system. The program aims to cross-train health care and legal professionals on both legal and medical issues and procedures of child victimization.

Target Audience

Graduate students in law and medicine.

Components

The Civitas Initiative cross-trains law and psychiatry students to improve each group's ability to understand legal procedures, evaluate medical reports and use available resources to help child victims. Law students who participate in the Civitas Initiative train with emergency room doctors, ride with police who respond to family violence calls, and accompany social workers on home visits to families where abuse has occurred. Psychiatry students, in turn, attend law school classes and monitor court proceedings involving family abuse.

Outcomes

Civitas has continued to expand its fellows training, through programs at Loyola University and the University of Michigan. Other organizations and academic institutions are developing similar cross-training programs, including:

American Academy of Pediatrics, Elk Grove Village, Illinois, teams with the Center to Prevent Handgun Violence through the Stop Firearm Injury program to:

- Provide education and training materials, including brochures, posters and reading lists, to pediatric health care professionals.
- Train physicians to recognize child victims of gun violence and refer them to needed service providers.



Baylor College of Medicine, Houston, Texas, expanded its cross-training program to include more psychiatry residents and medical students with skills and information to identify children at risk of exposure to violence.

The U.S. Department of Justice and the American Bar Association have endorsed the Civitas Initiative. Prosecutors and governmental agencies have pledged to continue cooperative training agreements.

Funding

U.S. Department of Justice
Local Sources

Evaluation/Oversight

U.S. Department of Justice

"I have benefited from sharing knowledge and experiences with fellow judicial officers. The on-the-job experience of working with thousands of teens going through "the system" has been invaluable and tremendously rewarding. Professional advice and expertise on topics as varied as child psychology, drug addiction and violence prevention have been extremely helpful in understanding the young people who appear before me."

—Frances Kearney, Presiding Judge, Juvenile and Family Law Court, Placer County, CA in testimony to the Little Hoover Commission, 2000





Applying the Strategy

Agency/Program

Fresno County Department of Health
Maternal, Child and Adolescent Health
Count to Ten Program
P.O. Box 11867
Fresno, CA 93775
(559) 445-3234

Overview

The Count to Ten Program sponsors a community-wide campaign to increase public awareness about the following: (1) causes of domestic violence; (2) impact of domestic violence on children; and (3) importance of primary prevention and early intervention for children, youth and families. Creating greater public awareness of these issues can help protect children from exposure to violence and abuse in the home and connect families with needed support services.

Target Audience

The general public, community organizations and area high schools in Fresno County.

Components

Count to Ten Program activities include the following:

- A Speakers Bureau, which trains volunteers to talk about domestic violence and its impact on children to audiences at business and community organizations, churches and campus clubs. Presentations include videos and printed materials.
- The kNOw MORE youth peer educators program, which trains young people from seven participating area high schools as peer educators. These youth volunteers make 45-minute presentations to middle school and high school audiences throughout Fresno County.
- A biannual media campaign sponsored in conjunction with Count to Ten's community partners. The campaign uses television, radio and print media to deliver messages in both English and Spanish throughout the greater Fresno County area.
- Co-sponsorship of and participation in community events, including an annual fall luncheon seminar at which nationally recognized experts discuss critical issues related to family violence.



Outcomes

The peer education element of the Count to Ten campaign has been highly successful in publicizing the disturbing research data that shows 28 percent of youth relationships nationwide are abusive.

Funding

California Department of Health Services, Maternal and Child Health Branch,
Domestic Violence Section

Evaluation/Oversight

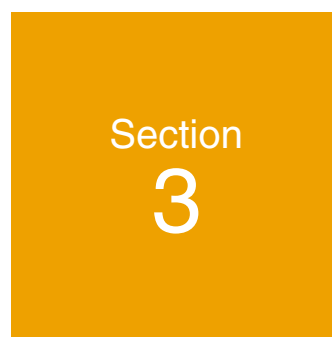
Evalustats Consulting

“As long as we allow child abuse and family violence to run rampant in this state, we’ll have a very large segment of our youth population who will in turn become violent offenders. We know that if we can significantly and dramatically reduce child abuse and neglect, then we can reduce violence.”

—Barry Krisberg, President, National Council on Crime and Delinquency, State Juvenile Justice Task Force, 1996



School and Community-Based Strategies



Schools and community organizations are in a unique position to effect positive change in the area of children exposed to violence. Children spend a good portion of their day at school and involved with school activities. Classrooms and campuses provide an ideal place for education and skill building related to family violence prevention, anger management and conflict resolution. Community, businesses and faith-based organizations, involved with local schools and neighborhood families, are a necessity to strong advocacy for violence prevention. Together they can provide comprehensive and thorough support, counseling and outreach to families. Administrators, teachers, parents, students and community leaders are working together to forge new partnerships and try new approaches to the integration of violence prevention strategies. Some of these strategies include:

- (1) Family/School Partnerships
- (2) Parental Education and Involvement
- (3) School/Community Partnerships
- (4) Classroom-Based Curriculum

Promising Strategy #1:

Family/School Partnerships

Family/school partnerships can promote parental involvement in school activities and participation in school policymaking. This strategy is important because increasing positive contact between parents and the schools and securing parental support of educational goals plays a critical role in decreasing juvenile delinquency. Getting parents involved with their children's school through interaction with teachers, participation in academic and recreational programs, and oversight of their children's homework can mean a big difference for student success and lessen the potential of violence.



“It is assumed that when children come to school they are already able to use adults as sources of information, discipline and enjoyment. This is only the case if their families or other consistent caregivers have set the stage. The quality of early care lays the groundwork for the capacity to love and to use other humans as a source of comfort, hope and guidance.”

—Barbara Bowman, National Research Council, Institute of Medicine, 2000

Applying the Strategy

Agency/Program

U.S. Department of Education
600 Independence Avenue, SW
Washington, DC 20202
(800) USA-LEARN
www.ed.gov/offices/OCR/

Overview

The U.S. Department of Education recommends the creation of family/school partnerships and teacher training programs involving parents in their children’s academic and social development. As part of National Education Goals 2000, the federal government recognizes that parental involvement programs are critical to the success of both students and school communities.

Target Audience

Parent groups and associations.

Components

Working together, schools and parent groups can assess what parents and students in the community need and then design programs that address problems. Focus areas may include: violence prevention, academic difficulties, family management, dropout prevention and after-school care. Collaborative efforts to promote parental involvement may include: support groups, parent-to-parent visits, training programs and activities that encourage communication between parents and the school.



Outcomes

Successful family/school partnerships are being developed in many communities across the country, including:

Atenville Elementary School Parents as Partners Program, Harts, West Virginia

- Promotes parent/school communication through a church-based parent support center, home visits and other communication tools.
- Has increased parental involvement and improved student performance.

Alpha Collaboration, St. Petersburg, Florida

- Requires parental involvement in tutoring and dropout prevention programs.
- Provides training for parents in new skills to help their children improve academically.

Kids House, Oakland, California

- Provides safe after-school care and tutoring to area elementary school students through a network of private homes.
- Receives funding from local foundations and businesses that pay for adult caretakers and tutors.
- Improved grades for 63 percent of the student participants after one year.

The U.S. Department of Education has developed and disseminated a guide entitled, “Strong Families, Strong Schools: Building Community Partnerships for Learning.” It is available on the U.S. Department of Education web site.

Funding

U.S. Department of Education
Local Sources

Evaluation/Oversight

U.S. Department of Education



Promising Strategy #2:

Parental Education and Involvement

This strategy recognizes that providing training in parenting skills can positively change parental attitudes and beliefs, and thus potentially reduce or prevent behavior that may be detrimental to children’s physical and mental health as well as academic and social success. Helping parents to understand child development, including how a child’s environment influences brain development, will increase their ability to improve their child-rearing practices, build stronger relationships with their children, manage challenging behavior and encourage learning. Teaching parents how to access services can also make it easier for them to get help with problems such as substance abuse, which can lead to violence and abuse in the home. This strategy is based on using intensive interaction, including in-home counseling, to help parents cope with responsibilities and stress. Educating parents can prevent child abuse by parents and result in less trauma and delinquent behavior later on the part of their children.

Applying the Strategy

Agency/Program

Chicago Board of Education
Specialized Services
Cradle to Classroom Program
125 South Clark Street
Chicago, IL 60603
(773) 553-2005

Overview

The benefits of educating parents are documented at the Cradle to Classroom Program in Chicago. The program is a collaborative effort of the Chicago public schools, Department of Public Health, six hospitals, and local agencies that work with pregnant and parenting teens. The program trains teens facing the challenges of parenthood, in parenting skills and in how to access community resources. Educating new and soon-to-be parents also enhances coping skills and improves relationships, which may prevent later family violence.

Target Audience

Pregnant teens and new, young mothers.



Components

Cradle to Classroom provides opportunities for parents to bond with their infants, which increases basic trust and security for the children. Program counselors also work with new mothers to increase their awareness of issues such as domestic violence and to link them with prenatal, nutritional, medical, social and childcare services in the community.

Outcomes

The Cradle to Classroom approach has significantly reduced the number of school dropouts and the multiple birth rate among participating young mothers. Providing parents with information about the effects of violence on their children, and ways in which they can become better parents, the program will have positive long-term effects for both parents and children.

Funding

Local Sources

Evaluation/Oversight

Chicago School Board

**Applying the Strategy****Agency/Program**

Parents as Teachers National Center
 Parents as Teachers (PAT)
 10176 Corporate Square Drive, Suite 230
 St. Louis, MO 63132
 (314) 432-4330
www.patnc.org

Overview

Parents as Teachers (PAT) is a national, nonprofit parent education and family support program. PAT utilizes current research that shows the majority of brain development takes place from birth to age three, and that learning takes place more easily during certain “windows of opportunity” early in a child’s life. The Parents as Teachers National Center developed a curriculum and trains parent educators who in turn work with other parents to teach them principles of prenatal and postnatal brain development. PAT Program staff also help parents with issues such as gangs, drugs and violence, poverty, low education levels, and limited access to needed services that can impact their children’s development. The award-winning PAT Program is based on a philosophy that acknowledges the strengths of all families and the fact that parents are the experts concerning their own children.



Target Audience

Parents with children under six years of age, and pregnant teenagers, especially those who are poor, single, or high school dropouts.

Components

There are more than 2,600 PAT Program sites worldwide. PAT provides parents and families with four core services:

- Personal home visits by certified parent educators to teach parents about developmentally appropriate expectations and practical ideas on how to encourage learning and interact with their child.
- Group meetings where parents can talk with other parents about their experiences, concerns and successes.
- Periodic, developmental screenings to check overall development, health, hearing and vision of the child and detect any potential problems that may interfere with later academic success.
- Help with access to community resources for families with needs beyond the scope of PAT programming.

Outcomes

PAT began in 1981 as a pilot project for first-time parents of newborns in Missouri. Today, PAT programs can be found in all 50 states, the District of Columbia, five U.S. territories, and six foreign countries. By 1985, evaluation results of PAT programs showed benefits for children at age three and their parents, generating international interest in this strategy. During the 1990s, subsequent studies indicated that high-needs children and parents who participated in PAT programs realized significant gains. In 1999, the Missouri Department of Elementary and Secondary Education released a study of 3,500 children and concluded that those who had participated in PAT programs were better prepared to enter kindergarten than the children who had not taken part in PAT. Specifically, PAT programs have:

- Improved communication between parents and children, thus lessening incidents of child abuse.
- Detected and resolved developmental delays among children of participating families through in-home screenings.
- Improved grades and standardized test scores for participating children.
- Increased parental involvement with the education process.



Many other programs have modeled their efforts on PAT's success, including:

The Center for Successful Child Development (CSCD), Robert Taylor Homes public housing community, Chicago, Illinois

- Provides a community center that offers day care and social activities for children and adults.
- Trains former and current residents to become home visitors.
- Improved social skills and school readiness for participating children.
- Increased parental knowledge of child development needs and strengthened parent-child bonds in participating families.

PAT received the first “Spirit of Children Award” from the St. Louis Pediatric Society in 2000. Strengthening America’s Families Project, in collaboration with the Center for Substance Abuse Prevention and the Federal Office of Juvenile Justice and Delinquency Programs, named PAT as a model family-strengthening program in 1999. Additionally, in 1997, the Partnership for Family Involvement in Education, Teachers College, Columbia University and Working Mother magazine awarded PAT the APPLE Pie Award for supporting parental involvement in education.

Funding

National Center: McCormick Tribune Foundation

Charles A. Dana Foundation

Local sites: U.S. Department of Health and Human Services

U.S. Department of Education, Head Start and Healthy Start

Private Foundations

Evaluation/Oversight

Stanford Research Institute International

Research and Training Institute



“We must help parents with the ever challenging task of bringing their children up to be productive and involved citizens by providing information, skills and support.”

—James E. Copple, Vice President, National Crime Prevention Council, in testimony to the Little Hoover Commission, 2000

“Children who have witnessed violence are more likely to miss days of school, get poor grades and exhibit emotional problems. Children with higher exposure to violence exhibit more depression and anxiety than children with lower exposure.”

—Archives of Pediatric Medicine, 2001

Applying the Strategy

Agency/Program

Initiatives for Human Development
Parents Are Teachers Program
474 Broadway
Pawtucket, RI 02860
(401) 722-9400

Overview

Educational programs can reduce risk factors for problems faced by many parents. This strategy is being used at the Parents Are Teachers Program at the Genesis Center in Rhode Island, a collaborative effort between Initiatives for Human Development and the Rhode Island Department of Mental Health, Retardation and Hospitals. The program is based on the idea that parental education can offset some of the ineffective parenting skills and coping behaviors that immigrants and refugees to the United States bring from their country of origin. In addition, using this approach can lead to positive changes in attitudes and beliefs that impact behavior toward children, thus lessening the potential for violence and abuse in the home.

Target Audience

Immigrant and refugee parents living at or below the poverty level, with cultural isolation and limited English-speaking skills.



Components

The Parents Are Teachers curriculum consists of 15 educational sessions of 90 minutes each. The materials are designed to decrease parental risk factors, including economic and social deprivation, unemployment, low levels of literacy, feelings of family isolation, mental health problems, domestic violence and substance abuse. The program also addresses stress related to poverty and immigrant status. The curriculum includes visual and experiential activities, presentations, group discussions and practice opportunities for participants to apply what they learn in real-life situations.

Outcomes

Evaluation results indicate an improvement in parenting behaviors, an increase in parent self-efficacy, and a decrease in the frequency of negative, punitive behaviors. The program has an 85 percent completion rate and has prompted increased attendance in other programs at the Genesis Center. After successfully completing the sessions, participating parents may attend a teacher-training institute, which involves three half-day sessions, where they learn to become mentors to other parents.

Funding

U.S. Department of Education, Safe and Drug Free Schools and Communities Act
Local Sources

Evaluation/Oversight

U.S. Department of Education



Promising Strategy #3:

School/Community Partnerships

Bringing schools and community agencies and organizations together to improve the health and social well-being of children makes good sense. This strategy capitalizes on the strengths of many disciplines and the commitment of all partners to effect positive change. School and community partners can collaborate on diverse projects, including developing curriculum, promoting health and/or mental health programs, supporting recreational activities and providing employment services. These partnerships can work together to support children and families, encourage healthy growth and development, and lessen the potential for stress and violent behavior.

“The entire nation must rethink the balance between individual and shared responsibility for babies and young children. Families clearly are the best vehicles for providing loving and caring relationships. Communities are ideally situated to provide support through informal networks and voluntary associations.”

—Dr. Jack Shonkoff, “From Neurons to Neighborhoods”, 2000

Applying the Strategy

Agency/Program

Cities in Schools (CIS)
1326 Fifth Avenue, Suite 808
Seattle, WA 98101
(206) 461-8521

Overview

Cities in Schools (CIS) is one of the largest nonprofit, school-serving organizations, with programs currently helping over 175,000 students and families in 264 communities in 30 states. CIS applies the school-community partnership by establishing community centers in school facilities that can be used before,



during and after school. Using the school as a support center for families and children utilizes the resources of the school facility and promotes the school as a center of community activity. This connection is important because it not only bonds students and families to the school, but also increases parental involvement, which is key to providing a high-quality, nonviolent educational environment.

Target Audience

Families, children and neighborhood schools.

Components

School administrators and parents work with representatives from private and local government agencies and organizations to coordinate family and student services and programs at each school resource center. These services include health education and employment services for parents, and mentoring, counseling, recreational/sports activities and creative arts classes for children. CIS programs require collaboration among school officials, parents and community leaders to assess community needs, design services, find resources/materials and provide the services.

Outcomes

Many communities across the nation are utilizing the Cities in Schools approach, including:

The Beacon School Initiative, New York

- Serves all five New York City boroughs through 37 programs managed by community-based organizations, with at least one Beacon School in each community school district.
- Provides a health clinic, workshops for young parents, narcotics anonymous meetings, conflict resolution workshops, job training, homework help and family activities.
- Keeps schools open and available for 200 percent more hours than traditional schools.

Funding

Private Foundations

Evaluation/Oversight

Cities in Schools



Applying the Strategy

Agency/Program

Sacramento City Unified School District
 Bret Harte Healthy Start Family Resource Center
 2751 9th Avenue
 Sacramento, CA 95824
 (916) 277-6271

Overview

Healthy Start is based on the recognition that educational achievement, physical and emotional health and family strength all depend on each other. The mission of Health Start is to promote and facilitate the integration of community and school resources to better serve students and families. Through this effort, school readiness and academic success is promoted. Healthy Start is rooted in a belief system that families are the foundation of a child's learning. A strong family promotes student success. Healthy Start helps schools and school clusters restructure service systems as it develops interagency collaboration.

Target Audience

School-aged children and their families.

Components

Key components of the Bret Harte Healthy Start are: 1) On-site mental health counseling, parent peer support groups, student tutoring and service learning opportunities; 2) Adult education and parent education classes; 3) Kindergarten transition and recreation and arts programs on the weekends; 4) Birth and Beyond home visitation program for pregnant women and young children; 5) Teacher home visitation program; and 6) Dental screenings and enrollment in Healthy Families and Medical programs.

Outcomes

Over 1,200 schools are linked with the Healthy Start initiative established in 1991. Healthy Start assists in providing culturally appropriate, integrated, accessible, strengths-based education, mental and physical health and social services, and other support services, at or near schools. The focus and intent of on-site and linked services varies by child, family and community needs and resources.

Funding

California Department of Education

Evaluation/Oversight

California Department of Education



“Today’s students are tomorrow’s employees. This means that businesses have a direct and immediate stake in improving education and student well being.”

— National PTA, *Building Successful Partnerships*, 2000

“School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.”

—Carnegie Council Task Force, 1989

Applying the Strategy

Agency/Program

Choices for Children
Community Coping, Assistance, Resiliency, Education Support (CARES)
111 North Market Street, Suite 100
San Jose, CA 95113
(408) 297-3295, ext. 302

Overview

The Community Coping, Assistance, Resiliency, Education Support (CARES) Program of Santa Clara County increases coping skills for managing stress in preschool children and their parents in high-risk environments using curriculum taught by trained child care professionals. The program successfully implemented the Pre-School Stress Relief Project (PSSRP) model developed by the Holistic Stress Control Institute, a substance abuse prevention and mental health program. The program provides training consultation and educational resources in stress management for Head Start, childcare programs and public schools. Teaching parents, children and childcare professionals about positive coping skills can reduce stress and change behaviors associated with violence. Communities that develop partnerships to implement the PSSRP model can collaborate to identify and reduce stress among young children.

Target Audience

Preschool children and their parents, guardians and child care providers.

Components

The CARES Program uses the PSSRP model, a three-pronged approach that provides training for parents, children and child care providers in positive coping skills for reducing stress and changing behaviors associated with violence. The program creates a community infrastructure of child care professionals with expertise in stress-reduction techniques.



Outcomes

The CARES Program network of child health and social welfare agencies is committed to improving the well being of area children by using the PSSRP model. Together, these organizations are implementing the parent education program of the Santa Clara County Violence Prevention Action Plan. In addition, CARES is working to:

- Create a countywide infrastructure of child care professionals who are trained in stress-management skills proven to reduce stress among parents and their children.
- Provide more opportunities for parents and children to learn and practice stress-reduction techniques, thus reducing the potential for violence in both classroom and home environments.

The PSSRP has been recognized with two Governor’s Exemplary Prevention Awards in Georgia. The Program is also considered a best practice curriculum by the U.S. Department of Education.

Funding

Santa Clara County

Evaluation/Oversight

Santa Clara Public Health Department
Holistic Stress Control Institute, Inc.

“How young children feel is as important as how they think, particularly with regard to school readiness.”

—Dr. Jack Shonkoff, *“From Neurons to Neighborhoods”*, 2000



Promising Strategy #4:

Classroom-Based Curriculum

What children learn at school beyond the basics of reading, writing and arithmetic has a long-term effect on their awareness, attitudes and socialization skills. This strategy uses a specially developed school curriculum as a forum in which to teach students about violence, crime prevention and self-protection, while providing them with problem-solving and interpersonal skills that may lessen the impact of violence on their lives. New curricula, based on developmental research, can enhance capacities and knowledge among children and teenagers, and thus promote acceptable behavior and interactions, reduce or prevent incidents of conflict or violence, and help students from being victimized by crime or violence.

“Interviews with kindergarten teachers about what they thought was important for success found that they did not mention many of the skills that are measured by readiness tests. Teachers didn’t talk about colors. They didn’t talk about numbers. They talked about work-oriented skills and social skills...and what are these? They are abilities like being able to wait to take your turn, remembering the directions the teacher gave you and keeping up with your work.”

—Dale Farran, National Research Council, 2000

Applying the Strategy

Agency/Program

Penn State University
Prevention Research Center
Promoting Alternative Thinking Strategies (PATHS)
110 HDFC - Henderson Building South
University Park, PA 16802
(814) 863-0112



Overview

The goal of the Promoting Alternative Thinking Strategies (PATHS) Program is to use a comprehensive school curriculum to promote developmental skills and thus: (1) increase emotional and social competencies; (2) prevent or reduce aggression and behavior problems; and (3) enhance the learning environment in the classroom.

Target Audience

Elementary school children in kindergarten through fifth grade.

Components

Educators and counselors teach the curriculum in a multi-year, universal model. The material is presented for 20 to 30 minutes, three times a week. The lessons cover emotional literacy, self-control, social competence, positive peer relations and interpersonal problem-solving techniques. Information and activities are also provided for parents to supplement the classroom program.

Outcomes

The PATHS curriculum has been field-tested with regular education students as well as special needs students in grades K-5 with success.

The U.S. Department of Justice and the University of Colorado Center chose the PATHS curriculum as one of their ten Blueprints for Violence Prevention for the Study and Prevention of Violence.

Funding

Federal Blueprints for Violence Prevention grants
U.S. Department of Education, Safe and Drug Free Schools
and Communities Act
Local School Districts
Local Human Services Agencies

Evaluation/Oversight

Federal Institutes of Medicine, National Research Center
Conduct Problems Prevention Research Group

Applying the Strategy**Agency/Program**

University of California, Los Angeles (UCLA)
Department of Psychiatry and Behavioral Sciences
Trauma Psychiatry Program
300 Medical Plaza
Los Angeles, CA 90024
(310) 794-1076



Overview

The UCLA Trauma Psychiatry Program has been nationally known as a leader in the field of evaluation and treatment of children and adolescents exposed to violence since 1984. The program has developed a school-based, comprehensive problem-solving model for children exposed to community violence. This special curriculum brings students, teachers and law enforcement officers together to address specific problems at school that either create conflict or violence, or contribute to student fears about their own safety. The program helps students to identify and deal with problems and conflicts among students and between students and staff. The goal is to empower students to take charge and find nonviolent solutions to problems.

Target Audience

High school students

Components

Students, faculty and law enforcement partner to implement the program. At first, teachers act as facilitators, and police officers serve as resources to initiate dialogue. Gradually, the students take most of the responsibility for identifying school problems and offering solutions. More than 250 students in all of the Los Angeles Unified School District's junior-level government classes participate each year.

Outcomes

An evaluation by the National Institute of Justice found that using this program resulted in:

- 29 percent fewer school suspensions
- 70 percent fewer student conflicts
- 46 percent fewer student/teacher conflicts
- 40 percent fewer students who reported a fear of being hurt or harassed at school

The UCLA Trauma Psychiatry Program has been recommended by the American Psychiatric Association as an effective intervention. The program was honored with an award from the American Academy of Psychiatry and the Law for work with child witnesses. Mothers Against Drunk Driving (MADD) has adapted some of the program's recommendations in a guide for teachers, nurses and counselors.



Funding

California Governor's Office of Criminal Justice Planning
Local Sources

Evaluation/Oversight

National Institute of Justice

Applying the Strategy**Agency/Program**

National Crime Prevention Council
1700 K Street, NW, Second Floor
Washington, DC 20006-3817
(202) 466-6272

Overview

Teaching young children basic crime prevention and self-protection techniques can help prevent them from becoming victims of crime or abuse. Providing this type of curriculum can empower children by enhancing their capacity to make decisions that may protect them. Using age-appropriate educational materials and interactive teaching methods will reinforce important messages such as self-protection and preventive action. Thousands of schools and law enforcement agencies are using materials prepared by the National Crime Prevention Council, featuring McGruff the Crime Dog, to educate young children. This curriculum is presented in schools or day-care centers through partnerships between schools, law enforcement agencies and community organizations that serve youth.

Target Audience

School children in kindergarten through high school.

Components

The McGruff the Crime Dog materials deal with child victimization and crime prevention topics, such as inappropriate touching behavior, how to report a crime, and how to register bicycles with police to facilitate recovery if they are stolen. Law enforcement officers train teachers and day-care providers in how to present information effectively. Police officers (often dressed as the McGruff character) and medical and fire emergency specialists make presentations that teach children about crime prevention and how to handle an emergency situation. Simple, interactive techniques are used to reach younger children, while group discussions and role-playing get older students involved. Teachers, school counselors, parents and law enforcement officers work together to ensure an educational atmosphere that is responsive to student questions and concerns, especially when children report a crime.



Outcomes

Organizations all over the country are working with schools and local law enforcement agencies to use this type of curriculum to educate young children, including:

Housewise/Streetwise, Greenville, South Carolina

- Local school districts and law enforcement agencies provide education to students on child abuse victimization and prevention.
- Assisted over 65,000 third-grade students in learning self-protection skills.

Stranger Danger and Child Molestation Prevention Program, Binghamton, New York

- Developed and supported by local law enforcement, community and business leaders.
- Targets physically and mentally challenged children and youth considered at high risk for abuse and victimization.
- Taught hundreds of children self-protection skills, empowering them to feel more confident and less vulnerable.

We Help Ourselves, Houston, Texas

- Provides K-12 students with information on physical and sexual abuse, suicide prevention, and victimization prevention.
- Staffed by trained volunteers who give hour-long presentations.
- Supported by the state, local school district and regional United Way.

Funding

National Crime Prevention Council
U.S. Department of Justice, Bureau of Justice Assistance

Evaluation/Oversight

National Crime Prevention Council



“To the extent that interventions are perceived as culturally relevant and welcomed, they are more likely to be valued, used, and incorporated into participants’ everyday lives.”

—Craig Ramey, National Research Council, 2000

Applying the Strategy

Agency/Program

Incredible Years
1411 8th Avenue, West
Seattle, WA 98119
(888) 506-3562
www.incredibleyears.com

Overview

The Incredible Years Series of developmentally based curricula is designed with two objectives: (1) to promote emotional and social competence in young children; and (2) to prevent, reduce and treat behavioral and emotional problems. The program uses a three-pronged approach which may be used alone or in combination, featuring separate components for children, parents and teachers.

Target Audience

Parents, teachers and at-risk children aged three to eight years.

Components

The Incredible Years Parenting Series includes three specific programs for parents. The Training for Teachers program provides instruction in effective classroom management skills, development of social skills, and problem-solving techniques. The Incredible Years Training for Children (Dinosaur Curriculum) may be used as a “pull-out” program for small groups of children exhibiting conduct problems or as a classroom program presented to all students. The materials promote skill-building for emotional literacy, empathy or perspective taking, friendship, anger management, interpersonal problem solving, following school rules and succeeding at school. Certified trainers from Incredible Years also instruct therapists, counselors and teachers on how to implement the series. A therapist/group leader certification process using peer review, videotape feedback and consultation safeguards the quality of the program.



Outcomes

Originally, the Incredible Years Series was created to help mental health professionals work with children who were diagnosed with oppositional defiant disorder, conduct disorder and attention deficit hyperactivity disorders. The programs have been successfully modified and implemented as prevention programs by Head Start and schools at the preschool, daycare and primary grade (K-3) level. Multiple randomized studies have shown that these programs are effective with multi-ethnic populations.

The Incredible Years Series was honored with the Leila Rowland National Mental Health Award in 1997 as an outstanding prevention program for children. The Federal Office of Juvenile Justice and Delinquency Prevention Programs selected the series as one of its ten Blueprints for Violence Prevention. Results of the program have been detailed in several journals, including the Journal of Consulting and Clinical Psychology and the Journal of Clinical Child Psychology and Psychiatry.

Funding

National Institute for Nursing Research
National Head Start Program
Center for Substance Abuse Prevention
National Institute of Mental Health

Evaluation/Oversight

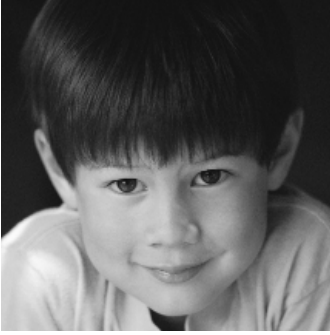
National Institute of Mental Health

“Although society tends to focus on children’s academic advancement, their social and emotional development are just as important. For example, scientific evidence shows that even very young children are capable of experiencing deep anguish and grief in response to trauma, loss and personal rejection.”

—National Academies of Science, 2000



Policy To Action: Two Community Approaches



Section
4



San Francisco City/County – Safe Start Initiative

The U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention has funded nine collaboratives nationwide under the federal Safe Start Initiative. The San Francisco Safe Start is the only California-based collaborative to receive a grant. The San Francisco project has created a single system to identify and serve children from infants to age six, who are at risk of being, or who have been, witnesses to or victims of family and community violence.

Children are identified and categorized according to their level of risk. Age-appropriate strategies have been implemented to serve children at each risk level in the areas of prevention, early intervention and intensive intervention. The program created an infrastructure that includes strengthened collaboration, enhanced data collection, expanded resources, increased community participation and cultural competence.

Virtually all of San Francisco's major public youth-serving institutions collaborate on the Safe Start Initiative administered by the Department of Children, Youth and Families. Participating agencies include: the Department of Human Services, Child Protective Services, CalWorks, the Department of Health Services, the Probation Department, the District Attorney's Office, the Police Department, the Unified Family Court, the Child and Adolescent Sexual Abuse Resource Center, the San Francisco Child Abuse Council, the Children's Health Center of San Francisco General Hospital, the Commission on the Status of Women and the Mayor's Criminal Justice Council. Many local community-based organizations also participate in the project. In addition, the University of California, San Francisco and San Francisco State University provide collaborative support to the initiative.

During the first year, a strategic plan was developed and adopted by the partners. Memoranda of understanding were developed which enabled the project to: 1) hire a domestic violence coordinator to work in the unified family court; 2) expand the 24-hour domestic violence hotline to include referrals and crisis counseling for child victims and witnesses; 3) hire three domestic violence advocates for the family resource centers; and 4) place specialized social workers in the community health centers. Plans are also underway to provide multidisciplinary training in the current grant year.

For information on the San Francisco Safe Start Initiative, contact:

San Francisco Safe Start
 Department of Children, Youth and Families
 1390 Market Street, Suite 918
 San Francisco, CA 94102
 (415) 554-9519

Contra Costa County – Zero Tolerance for Domestic Violence Program

In February 2000, the Contra Costa County Board of Supervisors declared a policy of “zero tolerance for domestic violence.” This policy was established because the Board found that, although the law enforcement and service provider community had identified reducing domestic/family violence and elder abuse as priorities, and had devoted significant resources and effort to reducing the human and fiscal toll associated with these crimes, domestic violence and elder abuse were on the rise. Moreover, these crimes were primarily committed against women, vulnerable children and elders.

To address this serious community issue, the Board of Supervisors approved approximately \$2 million in ongoing system support for a multi-jurisdictional system improvement effort. “Zero Tolerance” funds were allocated among the following agencies: Superior Court, Sheriff’s Department, District Attorney’s Office, Public Defender’s Office, Employment and Human Services, Probation Department, Health Department and community service providers. System-wide improvements included:

- Establishment of a misdemeanor post-conviction calendar (or “Domestic Violence Court”) to hold batterers accountable earlier in the cycle of violence, ensure offenders’ attendance at mandatory programs, improve access to services such as substance abuse treatment, and align court activities across family, criminal, civil and probate sectors;
- Increased number of sheriff’s detectives to screen and investigate misdemeanor cases;
- Creation of an Elder Abuse Prosecution Unit in the District Attorney’s Office;
- Extension of a Restraining Order Clinic pilot project, a joint effort between the Superior Court and the Legal Services Foundation;



- Improved automated filing and tracking of restraining and other court orders, eliminating the need for victims to file orders in multiple jurisdictions across the county;
- Increased number of victim/witness staff to conduct outreach to victims and children;
- Training for doctors and other health care providers to improve victim and family access to services;
- Establishment of CalWORKs and Child Welfare Domestic Violence liaisons in local human services offices; and
- Increased number of probation officers to actively supervise more violent felons in domestic violence cases.

Results of these changes were immediate and encouraging. Some examples were:

- The Domestic Violence Court handled 40 cases in the first month. In the first few months of operation, the court caseload grew to 186 cases.
- Initial Sheriff's Office data showed a doubled rate of misdemeanor domestic violence filings, and an increased rate of felony filings attributable to the increase in investigations;
- The District Attorney's Elder Abuse Unit posted 14 convictions in its first 90 days of operation and established an elder abuse hotline (1-866-ELDER-OK/1-866-353-3765).
- In its first 90 days of operation, the Sheriff's Office entered over 1,600 orders and other documents into the statewide DV Restraining Order System;
- In the first 60 days of outreach, the Victim/Witness Program contacted over 160 misdemeanor-level victims and helped a significant number to access the state victims program for services;

In July 2001, the Governor signed into law SB 425 (Torlakson), the "Contra Costa Zero Tolerance for Domestic Violence" Act, making Contra Costa the first "Zero Tolerance" county in California. The Act gave the Board of Supervisors authority to increase fees for certified copies of certain vital records to fund governmental oversight, coordination and support of the County's "Zero Tolerance" initiative. The bill requires Contra Costa County to track performance measures related to the initiative and report back to the Legislature on the success of the program in 2006.



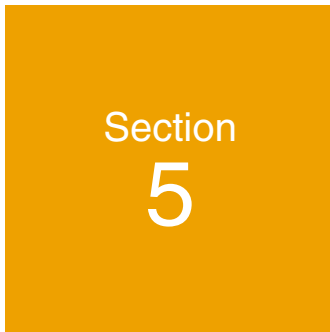
The “Zero Tolerance” initiative builds on years of effort among county and community agencies devoted to addressing the issue of domestic and family violence and elder abuse.

For more information on the Contra Costa Zero Tolerance for Domestic Violence Program, contact:

Contra Costa County Board of Supervisors
Deputy County Administrator
651 Pine Street, 11th Floor
Martinez, CA 94553
(925) 335-1017



Evaluation: Ideas, Tools, Resources



During the Safe from the Start Regional Forums, participants reported concerns about developing an evaluation component for their local programs. Many of the attendees had current programs which had never been evaluated, and funding agencies were now expecting results. Other programs were in the planning stages and were uncertain of how to incorporate an evaluation within their program. There were also concerns about programs that were being evaluated, but did not provide tangible results. What do you do when your system needs major change and you have been asking the wrong questions and collecting the wrong data? These questions are often asked, but the answers are not always so simple.

From a funder's perspective, accountability is expected in programs. In the past, funds were awarded, but specific outcomes were not always reported. A program may have appeared to be successful based on anecdotal evidence, but could it be replicated? Funders are now expecting answers to these questions and demanding more accountability. Program managers may be experts in putting together a program, but they are not necessarily trained in the rudimentary elements of evaluation. In many cases, they are told they must create an evaluation component without knowing how to begin. The lack of basic training, combined with higher expectations, has caused anxiety for program managers. We would like to provide the reader with all of the answers, but the reality is that each program is unique in its size, scope, perspective and service population. Additionally, there are numerous evaluation models and tools which complicate the selection process. We have provided some sample documents and resources that will assist you in asking the beginning questions and in determining the best course for your project.

Evaluation: A Key Ingredient to Success

(This article includes excerpts from past issues of Partnerships, a newsletter produced by Sierra Health Foundation (www.sierrahealth.org). Reprinted with permission by author, D. Meehan, Vice President of the Foundation)

It's time to sound the battle cry and talk about the project evaluation process. I suspect some grantees would rather do battle than be burdened with project evaluation. Caesar might have felt that way too if he had ever applied for grants. But evaluation is a battle that can be won. Properly armed, evaluation can be a "slam dunk." So don't run for cover yet — just charge ahead!

What's the big fuss about evaluation anyway? First of all, the whole point of writing grant proposals is to get the funds that will support your projects. However, smart funders want assurances that their investments will be well managed and assessed before they'll invest in your projects. Indeed, the majority of grant applications require a description of how the progress and ultimate success of a proposed project will be measured.



Today there's an emerging trend in philanthropy that reemphasizes the value of project evaluation. Don't decompress over this. Philanthropists simply want to know that their charitable contributions are being directed to organizations that are results-oriented. Funders want to see increased accountability.

In other words, foundations are placing less emphasis on how project goals are being met and greater emphasis on what is being accomplished. Long-term benefits alone make the evaluation process worthwhile.

If you approach the evaluation process as you would a classroom, you can learn valuable information about the strengths and weaknesses of your program. For example, project evaluation can help you learn how to improve the quality of your program and consequently validate its existence. You also might learn that you have to alter your goals and objectives or even terminate your project altogether.

Once validated, however, a systematic evaluation can become the underpinning for promoting your project. While celebrating your project's strategic success based on sound and resourceful investment, you can now approach additional funding sources for further support. A critical evaluation reflects your interest and commitment to your project — and that's what funders like to see!

Yes, evaluation can be intimidating, but it's critical to achieving ongoing success. If you don't measure results, you can't tell success from failure. The success barometer in charitable giving rises exponentially when grantees show they have simple, but sufficient, assessment tools in place.

Funders understand that not all outcome-based programs are able to demonstrate results until long after a program is in place. You can, however, evaluate your progress by using interim measures along the way. Either way, these measures should be predetermined long before the project begins.

Your grant application will be more competitive if you include an evaluation strategy that is focused on results. Simply put, funders want to know that grantees have developed methods to measure progress and outcomes. This is a battle plan marked for success.

So let's take a look at the ABCs of E-evaluation....

To begin you must first understand what's at the core of evaluation. In a nutshell, it is the logic that if you follow your proposed strategy of applying resources (inputs) to specific activities (processes), certain changes (outcomes) will occur — a domino effect, if you will.

Your evaluation plan stipulates how you will assess your activities. However you design your evaluation plan, whether pages long or a paragraph, the underlying logic intrinsic to the program should be clear and simply explained. If your plan



details how you hope to measure the outcomes of your activities (domino by domino), you'll probably stand a better chance of getting the grant.

Having laid the groundwork for the importance of evaluation, let's take a rudimentary look at developing an evaluation plan. The steps are simple even if the terminology funders and evaluation experts use is not.

The first step is to develop a program work plan. Work plans are blueprints of projected activities, goals, and objectives and should be straight-forward and to the point.

Articulate your goals and objectives (What problems are you addressing? What do you want to accomplish?).

Identify the necessary activities to achieve these objectives (processes); and identify resources needed to conduct the activities.

Once you have a well-thought-out work plan, you can begin to develop an evaluation plan.

Your evaluation plan should follow the strategy of your work plan. Remember the dominoes!

How well you are able to reach your goals can be tested (evaluated) by measuring how resources (inputs) are applied to activities (processes) and result in conclusions (outcomes) within a predetermined time line.

An evaluation plan can be complex or consist of a few paragraphs. If your evaluation plan supports a moderate project, you might consider using a simple format. For larger efforts or demonstration projects, pre-designed evaluation tools such as surveys, interview guides, and program questionnaires are recommended.

Keep this in mind too! If you, the grant writer, can clearly articulate to your funder how you will answer the following two questions, you will have already taken a giant step toward writing a successful proposal:

1. How will you measure the success of each work step in your work plan?
2. Will your efforts result in making a difference in someone's life?

Making a "difference" in someone's life is the underpinning of grant making endeavors. But what happens after the work is done and evaluations are complete? How do you communicate the results to your funders? There is stiff competition out there for grant dollars. This is why grant makers are asking tough questions. So don't cheat yourself or your potential recipients out of funds that

fundes want to award. The finger is pointed at you to develop a strategy that will adequately and responsibly measure the value of your dedicated efforts.

Finally, and most importantly, when fundes ask you, “What’s it all about?” make sure you tell them it’s about making a difference. It might make all the “difference” in the world!

Why is Evaluation Important?

Accountability: Was the program implemented as planned? Were the expectations met? If not, why not? Was the grant money well spent?

Program improvement: An evaluation can provide regular feedback that will help make a program more effective.

Increased knowledge: An evaluation can increase knowledge about the services being provided, and any problems the services are addressing.

Dissemination: Information gathered in an evaluation can be disseminated to others, including people who are interested in replication or want to know how a program was conducted and what pitfalls to avoid.

Types of Evaluation

There are several types of evaluation. Most evaluations use a combination of these approaches:

Needs assessment looks at the needs and resources of a particular community. Generally, it is the first step in planning a program.

Process evaluation is used to understand and document how a program was implemented. It is especially useful for demonstration programs, but can be used for any program that is just getting started.

Outcomes evaluation measures the extent to which the program’s goals and objectives were achieved and determines unintended consequences, positive or negative, of implementing the program.

Formative evaluation provides frequent feedback on how to improve and refine the project or program during its formative period.

Summative evaluation provides an overall assessment of the program quality and impact at the end of the program.



Evaluation Bibliography

Drucker, Peter F. The Drucker Foundation Self-Assessment Tool for Nonprofit Organizations (workbook & guide). San Francisco: Jossey-Bass Publishers.

Ferguson, Jacqueline The Grantseeker's Guide to Effective Project Evaluation. 2nd ed., Alexandria: Capitol Publications, 1997.

Fetterman, David M. Empowerment Evaluation: Knowledge and Tools for Self-Assessment & Accountability. Thousand Oaks: Sage Publications, 1996.

Newcomer, Kathryn E. Using Performance Measurement to Improve Public and Nonprofit Programs. San Francisco: Bass Publishers, 1997.

Program Evaluation Project Annotated Bibliography. Dallas: Center for Nonprofit Management, 1997.

Evaluation Resources on the Internet

American Evaluation Association

www.eval.org/EvaluationLinks/links.htm

National Crime Prevention Council

How Are We Doing? A Guide to Program Evaluation

www.ncpc.org

Evaluation Research Information Center (ERIC)

www.ed.gov/databases/ERIC_Digests/

The CDC Evaluation Working Group

www.cdc.gov/eval/over.htm

Children, Youth and Families Education Network (CYFERNET)

www.cyfernet.org/evaluation.html

U.S. Department of Justice, National Criminal Justice Reference Service

www.fulltextpubs.ncjrs.org/content/FullTextPubs.html

(type in "evaluations" for a compilation of USDOJ evaluations)

U.S. Department of Justice, Bureau of Justice Assistance

www.bja.evaluationwebsite.org

National Network for Family Resiliency

www.members.home.net/gpic/evalwebindex.htm



Harvard Family Research Project

www.gseweb.harvard.edu/~hfrp/eval.html

**U.S. Department of Health and Human Services
Administration for Children and Families**

www.acf.dhhs.gov/programs/core/

The United Way (Outcome Measure Resource Network)

www.national.unitedway.org/outcomes/pgmomres.htm

The Program Managers Guide to Evaluation

www.acf.dhhs.gov/programs/core/pubs_reports/prog_mgr.html

The W.K. Kellogg Foundation Evaluation Handbook

www.wkkf.org/Publications/evalhdbk/html

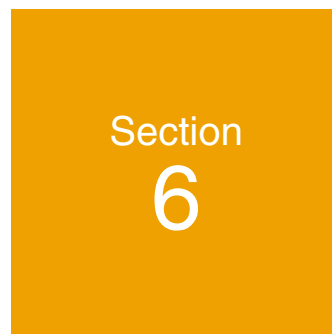
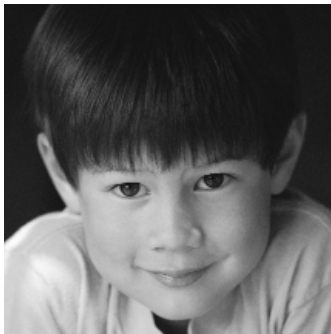
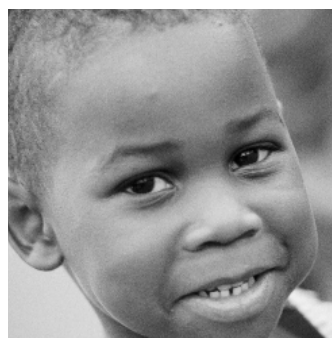
National Institute of Justice

The Urban Institute Evaluation Guidebook

www.urban.org/crime/evalguide.html



Funding Sources



Funding Sources Specific To Children Exposed To Violence

The Attorney General's Crime and Violence Prevention Center prepared this listing of potential funding sources for programs specific to children exposed to violence. Many other funding sources for general violence prevention programs are available from federal, state and private organizations.

1 Public Funding Sources

Federal Government

US Department of Justice

The Office of Justice Programs publishes At-A-Glance, a topical guide to all their funding opportunities, listing the amount of funding available, who can apply, and the status of program regulations, guidelines, reports, and application kits.
www.ojp.usdoj.gov/ocpa/ataglance/

Office for Victims of Crime (OVC)

For communities that want to improve or expand their victim assistance efforts
(202) 307-5983
www.ojp.usdoj.gov/ovc

Office of Juvenile Justice and Delinquency Prevention (OJJDP)

Each fiscal year, OJJDP lists its current program announcements and solicitations on its web site.
(202) 307-5911
www.ojjdp.ncjrs.org

US Department of Health and Human Services (DHHS)

Information on grants funded through all DHHS programs is available through the Department's "GrantsNet."
(202) 205-8054
www.hhs.gov/grantsnet/roadmap/index.html



Community Implementation Grants

“Micro-grants“ of up to \$2,010 to community organizations for activities that support the goals of Healthy People 2010 – “programs designed to increase the quality and years of healthy life of residents and to eliminate health disparities.“

(202) 260-7654

www.health.gov/healthypeople/

Administration for Children and Families

www.acf.dhhs.gov

Substance Abuse and Mental Health Services Administration (SAMHSA)

www.samhsa.gov/grants/grants.html

US Department of Education

www.ed.gov/funding.html

Catalog of Federal Domestic Assistance

This catalog, compiled and maintained by the General Services Administration, profiles all federal grant programs, and lists for each one a specific contact for obtaining additional information and application forms.

www.cfda.gov/

State Government

California Children and Families Commission (CCFC)

501 J Street, Suite 530

Sacramento, CA 95814

(916) 323-0056

www.ccfc.ca.gov

The California Children and Families State and County Commissions are designed to provide, on a community-by-community basis, all children prenatal to five years of age with a comprehensive, integrated system of early childhood development services. Through the integration of health care, quality child care, parent education and effective intervention programs for families at risk, children and their parents and caregivers will be provided with the tools necessary to foster secure, healthy and loving attachments.



California Department of Education (CDE) Healthy Start

660 J Street
Sacramento, CA 95814
(916) 657-3558
www.cde.ca.gov/healthystart/

Operational grants and collaborative planning grants are available through the CDE. Each local Healthy Start initiative provides comprehensive school-integrated services and activities to meet the desired results identified for Healthy Start children, youth and families.

Governor's Office of Criminal Justice Planning (OCJP)

1130 K Street, Suite 300
Sacramento, CA 95814
(916) 324-7449
www.ocjp.ca.gov

OCJP provides financial and technical assistance to public and private agencies to improve the quality of life by protecting the public's safety, supporting services for crime victims and developing policies to reduce crime and delinquency.

Department of Health Services (DHS), Maternal and Child Health Branch

714 P Street, Room 540
Sacramento, CA 95814
(916) 657-4643
www.dhs.ca.gov/pcfh/mchb/dvs/dvsindex.htm

Department of Social Services (DSS), Office of Child Abuse Prevention

744 P Street
Sacramento, CA 95814
(916) 445-2771
www.childsworld.org

2 Private Funding Sources

FOUNDATIONS

The California Endowment

21650 Oxnard Street, Suite 1200
Woodland Hills, CA 91367
(818) 703-3311
(800) 449-4149
www.calendow.org

Created in 1996 as a result of Blue Cross of California's conversion to WellPoint Health Networks, The California Endowment, a for-profit corporation, is the State's largest health care foundation with \$3.5 billion in assets. Since its inception, The Endowment has awarded more than 2,100 grants totaling nearly \$695,000,000 to community-based organizations throughout California. The CommunitiesFirst responsive grant-making program focuses on three broad areas of interest: Access, Health & Well Being, and Multicultural Health.

The California Wellness Foundation

6320 Canoga Avenue, Suite 1700
Woodland Hills, CA 91367
(818) 593-6600
www.tcwf.org

The Wellness Foundation funds grants for health promotion, wellness education, and disease prevention. Focus is on prevention of health problems that result from violence, teen pregnancy, poverty and other issues. The Foundation encourages requests for core operating support, but requests for project funding are also welcome. One of the eight funding priority areas is violence prevention.

Annie E. Casey Foundation

701 St. Paul Street
Baltimore, MD 21202
(410) 547-6600
www.aecf.org

The Casey Foundation funds initiatives that have “significant potential to demonstrate innovative policy, service delivery and community support for children and families.”



The William Randolph Hearst Foundations

90 New Montgomery Street, Suite 1212
San Francisco, CA 94105
(415) 543-0400
www.hearstfdn.org

The Hearst Foundations support human service agencies that foster effective solutions to social and economic problems. Preference is given to well-established organizations that provide comprehensive, direct-service programs that include, but are not limited to, strengthening families and ensuring healthy childhood development.

W. K. Kellogg Foundation

One Michigan Avenue East
Battle Creek, MI 49017-4058
(616) 968-1611
www.wkkf.org

The Kellogg Foundation funds grants within three programming areas. One focus area is youth and education. Included in this area is the SPARK Initiative (Supporting Partnerships to Assure Ready Kids). Grants under the SPARK Initiative will support coalitions who “work together to promote early learning and school readiness for vulnerable and under served children ages 3 to 6 years.” The Foundation also funded a Pre-Birth Through Age Three (PB3) Initiative. The initiative supports planning comprehensive systems for serving pre-birth through age 3 children in three states: Michigan, Minnesota and Ohio. There are no plans to extend this initiative further, but Kellogg is hopeful that “the community sites of the PB3 Initiative will serve as models for other communities interested in building bright futures for their children.”

A. L. Mailman Family Foundation

707 Westchester Ave.
White Plains, NY 10604
(914) 683-8089
www.mailman.org

The A. L. Mailman Family Foundation recognizes that a confluence of “brain research“ and behavioral studies underlines the critical importance of early emotional development for later motivation, stress management, impulse control and learning. The Foundation views the needs of infants and toddlers as especially acute at this time, and will target resources toward building and strengthening systems for training and supporting infant/toddler caregivers, parents and home visitors.



New York Life Foundation

51 Madison Avenue, Room 1600
New York, NY 10010-1655
(212) 576-7341
www.newyorklife.com/foundation

The Foundation is currently focusing its efforts on organizations, programs and services which target children, particularly in the areas of: mentoring, tutoring, after-school programs, educational enhancement activities and safe places to learn and grow.

The David and Lucile Packard Foundation

300 Second Street, Suite 200
Los Altos, CA 94022
(650) 948-7658
www.packard.org

Children, Families and Communities focuses on access to quality health care, the development of children and youth, the economic security of families, and the reduction of violence in homes and communities. The Foundation is committed to building the capacity to support children in the local community and the nation, to enable them to thrive and grow into responsible, productive and happy individuals.

Lucile Packard Foundation for Children's Health

770 Welch Road, Suite 350
Palo Alto, CA 94304
(650) 736-0676
www.lpfch.org

The Foundation provides financial support for, and works in partnership with, community-based, family-centered, nonprofit organizations in San Mateo and Santa Clara Counties whose primary focus is in the prevention area of children's health.



Public Welfare Foundation

1200 U Street, NW
Washington, DC 20009-4443
(202) 965-1800
www.publicwelfare.org

The Foundation's concept of human welfare is broad, but includes an interest in all stages of child development, including pre- and post-natal development, childhood, adolescence, and transition to adulthood. The Foundation believes that services to assist children and youths at each stage should include those directed at prevention of problems and intervention to alleviate those problems that do occur.

Sierra Health Foundation

1321 Garden Highway
Sacramento, CA 95833
(916) 922-4755 phone
www.sierrahealth.org

By fostering solutions at the community level, the Community Partnerships for Healthy Children Initiative is triggering fundamental changes in the way participating communities address children's issues in a 26-county region of northern California. Four principles guide the initiative: 1) Parents and families, supported by community resources, are first and foremost responsible for the healthy development and care of their children; 2) Emphasis should be given to prevention of and early intervention for preventable conditions; 3) The physical and mental health of a child is affected by a wide variety of factors, the quality of life of families being most significant; and 4) Effective solutions to the problems of children and their families require collaboration among decision makers, providers, advocates and consumers who represent diverse, community interests.

The Stuart Foundation

50 California Street, Suite 3350
San Francisco, CA 94111-4735
(415) 393-1551
www.stuartfoundation.org

The Stuart Foundation recognizes that families today face an array of challenges in building a sustainable household and providing opportunities for their children and youth to attain success, and that communities have a significant influence on the behavior and prospects for individual families and children. The premise of the Communities program is that satisfactory family and youth outcomes depend on a whole-community approach, involving both stronger services and greater individual, family and community responsibility for supporting children's development.



The Waitt Family Foundation

P.O. Box 1948
La Jolla, CA 92037-1948
(858) 551-4839
www.waittfoundation.org

The Waitt Family Foundation believes that intervention is required at the community level to break the cycle of often-interrelated issues such as poverty, poor education, poor healthcare, and family violence. The Foundation provides grants to organizations that use a community's power to affect positive change in the lives of its residents. This strategy is designed to build strong, healthy futures for families through their communities.

Nonprofit Resource Center

828 I Street (2nd Floor Sacramento Public Library)
Sacramento, CA 95814-2508
(916) 264-2772
www.nonprofitresourcectr.org

The Center is not a funding source per se, but they offer workshops both on grant proposal development and on fund-raising, as well as site customized training and consulting in these areas.

CORPORATIONS

Avery Dennison Corporation

150 North Orange Grove Boulevard
Pasadena, CA 91103
www.averydennison.com

The Corporate Contributions Program is designed to support programs and projects which address specific community challenges and needs which are action oriented and develop opportunities for enrichment of life in which self-support or broad-based community support is the ultimate goal or objective.



Kaiser Permanente

Divisional Offices North
1950 Franklin, Oakland 94612
(510) 987-1000
Divisional Offices South
393 E. Walnut St.,
Pasadena, CA 91188
(626) 405-5517
www.kaiserpermanente.org

The Community Service Fund grant program provides financial support to local nonprofit health and human service organizations with an emphasis on disadvantaged and/or under-served populations. Priority areas are health services, preventive health services and preventive social services.

Office Depot

2200 Old Germantown Road
Delray Beach, FL 33445
www.officedepot.com

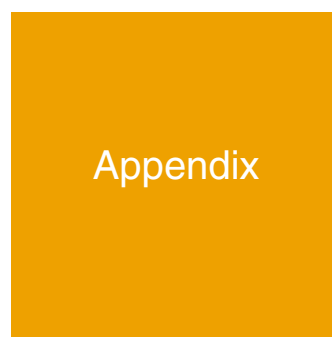
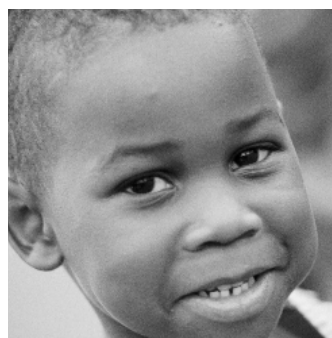
Office Depot initiates and supports programs that directly impact children, their education, health and welfare.

Target Corporation

www.target.com

Target Corporation supports local communities in three areas: the arts, education, and families, through grants and volunteerism. Family violence prevention is a focus in the “families” area.

Appendix



Youth Violence Prevention Resources

Best Practices of Youth Violence Prevention: A Sourcebook for Community Action

Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
200 Independence Ave. SW
Washington, DC 20201
www.os.dhhs.gov
www.cdc.gov

Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda

U.S. Department of Health and Human Services
6001 Executive Blvd. Room 8184 MSC 9663
Bethesda, MD 20892
(800) 789-2647
(301) 443-4279
www.surgeongeneral.gov/cmh/default.htm

Prevention Works: Promoting Healthy Individuals and Communities and Reducing Crime, Violence, and Substance Abuse

National Crime Prevention Council
1000 Connecticut Avenue, NW 13th Floor
Washington, DC 20036
(202) 466-6272
(800) WE-PREVENT
www.ncpc.org

350 Tested Strategies to Prevent Crime: A Resource for Municipal Agencies and Community Groups

National Crime Prevention Council
1700 K Street, NW, Second Floor
Washington, DC 20006
(800) WE-PREVENT
www.ncpc.org



**Youth and Violence: Medicine, Nursing, and Public Health:
Connecting the Dots to Prevent Violence**

Commission for the Prevention of Youth Violence
515 North State Street
Chicago, IL 60610
(312) 464-4520
www.ama-assn.org/violence

Report to Congress on: Juvenile Violence Research

U.S. Department of Justice
810 Seventh Street NW
Washington, DC 20531
(800) 638-8736
www.ojjdp.ncjrs.org

**Exemplary Mental Health Programs: School Psychologists
as Mental Health Service Providers**

National Association of School Psychologists
4340 East West Highway, Suite 402
Bethesda, MD 20814
(301) 657-0270
(301) 657-0275
www.naspweb.org

The Comparative Costs and Benefits of Programs to Reduce Crimes

National Crime Prevention Council
1000 Connecticut Ave. NW, 13th floor
Washington, DC 20036
(202) 466-6272
(800) WE-PREVENT
www.ncpc.org

**Guide for Implementing the Comprehensive Strategy for Serious,
Violent, and Chronic Juvenile Offenders**

U.S. Department of Justice
810 Seventh Street. NW
Washington, DC 20531
(800) 638-8736
www.ojjdp.ncjrs.org



Federal Activities Addressing Violence in Schools

U.S. Department of Health and Human Services
Division of Adolescent and School Health Centers for Disease Control and Prevention.
4770 Buford Highway, NE Mailstop K-33
Atlanta, GA 30341
(770) 488-3257
www.cdc.gov/nccdphp/dash/violence

Best Practices, Promising Practices: A Publication of Georgia Academy for Children and Youth Professionals Inc.

Georgia Academy Journal
100 Peachtree St. NW Suite 500
Atlanta, GA 30303
(404) 527-7394
www.promisingpractices.net

America's Children: Key National Indicators of Well-Being 2001 Forum on Child and Family Statistics

National Maternal and Child Health Clearinghouse
2070 Chain Bridge Road, Suite 450
Vienna, VA 22182
(888) 434-4624
www.childstats.gov

Youth Violence: A Report of the Surgeon General

U.S. Department of Health and Human Services
6001 Executive Blvd. Room 8184 MSC 9663
Bethesda, MD 20892
(800) 789-2647
www.mental.health.org/cmhs/surgeongeneral/

Mental Health: A Report of the Surgeon General

U.S. Department of Health and Human Services
6001 Executive Blvd. Room 8184 MSC 9663
Bethesda, MD 20892
(800) 789-2647
www.surgeongeneral.gov/library/mentalhealth/home.html

Early Childhood Intervention: Views from the Field

National Research Council Institute of Medicine
www.nap.edu



**Substance Abuse Mental Health Services
Administration (SAMHSA) News Releases**

U.S. Department of Health and Human Services
www.samhsa.gov

**Investing In Our Children: What We Know and Don't Know
About the Costs and Benefits of Early Childhood Interventions**

The Rand Corporation for the California Wellness Foundation
www.rand.org/publications/electronic/child.html

Safe from the Start: Taking Action on Children Exposed to Violence

U.S. Department of Justice
810 Seventh Street NW
Washington, DC 20531
(800) 638-8736
www.ojjdp.ncjrs.org



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This document can be downloaded from the web site:
www.safefromthestart.org

or obtained by writing:
Attorney General's Office
Crime and Violence Prevention Center
P.O. Box 944255
Sacramento, CA 94244-2550

