Children Exposed to Violence: What We Know, What We Don’t, and Why It Matters

CBCAP GRANTEE MEETING
Alexandria, VA

KRISTEN KRACKE
Office of Juvenile Justice and Delinquency Prevention
Office of Justice Programs
US Department of Justice
CHILDREN’S EXPOSURE TO VIOLENCE

Broadly defined as being a direct victim or witness to violence, crime or abuse in the home, school or community.
FRAMEWORK FOR ASSESSING EVIDENCE

Incidence & Prevalence

Outcomes

Continuum of Care

Prevention
Identification Screening Referral Assessment
Intervention Treatment
Systems Response

Place
- Home
- School
- Community

Type of Exposure
- Direct
- Indirect
- Acute
- Chronic

Age
- Development

Relationship
- Self
- Family
- Peer
- Stranger

Demographics
- Socioeconomics
- Culture
- Gender

- Social Services
- Child Protective Services
- Domestic Violence Providers & Advocates
- Health Care Professionals & Substance Abuse Providers
- Courts & Legal
- Law Enforcement
- Schools & Early Childhood Providers
- CBOs
- Housing
National Survey on Children Exposed to Violence (NatSCEV)

- Most comprehensive survey on the nature and extent of violence in children’s lives.

- First time data has been collected on the cumulative exposure to violence over a child’s lifetime.

- Data collected across all age ranges and all types of violence to define the full scope of violence-related experiences in a child’s life – whether it be as victims or witnesses, and whether it be in the home, the school or the community.
Categories of Exposures Covered

- Conventional crime
- Child maltreatment
- Victimization of and by peers and siblings
- Sexual victimization
- Witnessing and indirect victimization
- School violence and threats
- Internet victimization: internet threats/harassment and online sexual solicitation
Incidence and Prevalence of Children’s Exposure to Violence

National Survey of Children’s Exposure to Violence (NatSCEV)

6 in 10 children reported at least one crime, violence or abuse experience in the past year

- Direct exposure included physical assaults, bullying (physical, teasing or emotional, cyberbullying), sexual victimization, and maltreatment.

- Indirect exposure included witnessing violence and other indirect exposure (e.g. hearing or seeing evidence of family assault, hearing about community violence).
The National Survey on Children Exposed to Violence (NatSCEV)

- 46.3% were physically assaulted
- 13.3% were physically bullied
- 6.1% were sexually victimized
- 10.2% suffered maltreatment
- 25.3% had witnessed violence
Poly-Victimization

In the past year:

- Nearly half of all children have experienced at least two different types of victimizations.
- 8% have experienced 7 or more kinds of victimizations.

Over the course of a lifetime:

- 66% experienced 2 or more types
- 30% experienced 5 or more types
Overlap between Witnessing and Victimization in the Home

- More than 1 in 9 children were exposed to family violence in the past year.

- 1 in 4 those surveyed had been exposed to family violence at some point in their lifetime.

- About $\frac{1}{2}$ of all kids exposed to domestic violence (between adults) are also victims of maltreatment.

- Maltreatment that co-occurs with witnessing partner violence tends to be more severe.
OUTCOMES

FOR

CHILDREN EXPOSED TO VIOLENCE
Factors that Increase Children’s Risk of Being Exposed to Violence

- Age
- Gender
- Race and ethnicity
- Family income
- Family structure
- Family alcohol problems/drug use
- Prior victimization
Exposure to Violence Across Locations

- Sexual assault occurred most often in the home (30%), followed by the victim’s neighborhood (24%) and then victim’s school (15%).

- Physical assault occurred most often in the victim’s neighborhood (34%), followed by home (28%) and school (20%).

Outcomes for Children Exposed to Violence

- Psychological Outcomes
  - PTSD, depression, and anxiety

- Academic Achievement
  - School grades and dropout

- Physical Health Outcomes
  - Somatic complaints and illness requiring medical attention

- Behavioral Outcomes
  - Substance abuse, aggression, and perpetration
Poly-Victimization Outcomes

As number of types of victimizations increases so do trauma symptoms

Past year

![Graph showing increase in trauma symptoms with number of victimizations](image-url)
Poly-Victimization Outcomes

- Poly-victimization explains outcomes over and above chronic and severe victimization.

- Research that focuses on a single exposure type may inaccurately attribute outcomes to that type of exposure.
NatSCEV: Trauma Symptom Scores Across Victim Groups

Assault Victims

-1 -0.5 0 0.5 1 1.5
Non-Victim Low Chron High Chron Poly-Victim

Maltreatment Victims

-1 -0.5 0 0.5 1 1.5
Non-Victim Low Chron High Chron Poly-Victim

Sexual Victims

-1 -0.5 0 0.5 1 1.5
Non-Victim Low Chron High Chron Poly-Victim

Bullying Victims

-1 -0.5 0 0.5 1 1.5
Non-Victim Low Chron High Chron Poly-Victim

Witness Family Violence

-1 -0.5 0 0.5 1 1.5
Non-Victim Low Chron High Chron Poly-Victim

Exposed Community Violence

-1 -0.5 0 0.5 1 1.5
Non-Victim Low Chron High Chron Poly-Victim

NATSCEV PY weighted
ANOVA includes sex, age, race/ethnicity, family structure and SES.
Continuum of Care
for Children Exposed to Violence
Prevention

Models relate to individual forms of CEV:

- Home visitation
- Parent education
- Parent training
- School-based anti-violence programs
Intervention and Treatment

- Home Visitation
- Parent training
  - Incredible Years
  - Triple P Parenting
- Psychological treatment for parents and children:
  - Cognitive Behavioral Therapy (CBT or TF-CBT)
  - Parent Child Interaction Therapy (PCIT)
  - Child-Parent Psychotherapy (CPP)
  - Project Support (Post-shelter in-home CBT and Parent Training)
  - Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
Identification, Screening and Assessment

• Few rigorous research studies about the use and application of tools for increasing pathways into support service

• Absolutely key in applying a broader perspective around violence exposure and associated trauma

• Trauma symptoms of children are the primary focus—important but so is incidence. Events matter too.

• Assessment tools vary widely and underutilized

• Practitioners have difficulty screening and identifying families beyond individual violence types—need to ask a broader range of questions
System Response

Medical, child protection, social services, law enforcement, prosecution/courts, CAC’s, mental health, crisis response, schools, community etc

- Evidence base is limited
- Responses have been in discipline and “violence typology” silos
- Reporting of the direct victimization of child maltreatment (failures across all sectors)---can’t be afraid to ask
- Multi disciplinary and multi modal responses needed
- Training and cross training needed
What are we doing?

- Translating evidence and findings into action
- Balancing innovation with evidence—learn while serving
Children Exposed to Violence: Department of Justice Priority

Defending Childhood Initiative link to the US Department of Justice for all DOJ CEV efforts:
www.justice.gov/ag/defendingchildhood
Defending Childhood Goals

• *Reduce childhood exposure* to violence by developing and implementing activities that prevent children’s initial and repeated exposure to violence.

• *Increase knowledge and awareness* by advancing scientific inquiry on the causes and characteristics of childhood exposure and supporting education and outreach efforts to improve understanding.

• *Reduce the negative impact* of childhood exposure by improving systems and services that identify and assist youth and families who have been impacted by violence to reduce trauma, build resilience, and promote healing.
Some Activities Under Defending Childhood

- Demonstration Sites and Seed Sites
- Attorney General National PSA
- National Conference for local teams led by United States Attorneys
- Partnerships with HHS and other federal partners
- Further development of *Evidence Integration* to translate evidence into action
The Safe Start Initiative

Safe Start is a decade long initiative developed to prevent and reduce children’s exposure to violence. Established first under then Deputy Attorney General Eric Holder through a White House Conference on Children Exposed to Violence,

• A core foundation of the Defending Childhood Initiative

• Component building the evidence-based foundation for CEV

• Research/Practice Model testing new practices for efficacy
Guiding Principles

- Balance *innovation* of practice with *efficacy* of interventions
  - Increase *awareness* and *identification* of children exposed to violence
  - *Plan for safety* of adult victim AND child in all systems/entry point
- Develop and support systems that provide *developmentally appropriate, specialized, and evidence based* interventions
  - Use an *ecological approach* to respond to children’s strengths and risks in the context of family and community
National Safe Start Initiative Framework

**Knowledge Building**

**Phase I: Safe Start Demonstration Sites**

**What We Will Accomplish:**
Understanding how communities can successfully develop and implement innovative policy and practice interventions to reduce children’s exposure to violence.

**Phase II: Safe Start Promising Approaches**

**What We Will Accomplish:**
Understanding the impact of specific intervention strategies on outcomes for children and families. Phase II will be the first Phase to achieve child-level outcome data.

**Phase III: Safe Start Replication**

**What We Will Accomplish:**
Provide prescriptive instructions for replicating proven strategies for reducing children’s exposure to violence. Assess the success of the replications in order to operationalize plans for seeding new sites in Phase IV.

**Phase IV: Seed Sites**

**What We Will Accomplish:**
OJJDP will leverage seed funds into widespread implementation of evidence-based practices to reduce children’s exposure to violence.

**Knowledge Transfer**
Safe Start Components

Practice innovation—**36 to date**

Evaluation—*Rand Corporation*

Research—National Survey (*NatSCEV*)

Training and technical assistance—*National Safe Start Center*

Resource development
Translating Evidence and Findings into Action:

- **NATSCEV:**
  - Longitudinal survey
  - Trend data
  - Toolkit—how to measure incidence

- **Building Causal Evidence:** Ongoing Intervention/Practice-based research

- **Safe Start Center:** Using our *National Resource Center* to document and translate evidence with an evidence-based database and a science digest for the field and disseminate practitioner materials

- **Strategic Systems Development** in CEV Framework through Defending Childhood Demonstrations—innovate new strategies

- **Seeding new Evidence-based approaches** in CEV in 2011 and onward through Defending Childhood’s *Safe Start* and the *Demonstration sites*
Resources

- **Defending Childhood Initiative** link to the US Department of Justice for all DOJ CEV efforts: [www.justice.gov/ag/defendingchildhood](http://www.justice.gov/ag/defendingchildhood)
  - Resource Kit coming in October


- **NatSCEV** at [www.unh.edu/ccrc](http://www.unh.edu/ccrc) -- Toolkit coming soon.

- **Safe Start Center** [www.safestartcenter.org](http://www.safestartcenter.org)
  - Follow CEV through Web2o
  - E-newsletter (bi-monthly)
  - CEV Evidence-Based Database—coming soon
  - Science Digest
  - Evidence-Based Matrix
  - Publications

- Office of Justice Program’s **Crime Solutions**: [www.crimesolutions.gov](http://www.crimesolutions.gov) coming in July
Evidence-Based Practice Databases

Just a few:

- OJP’s Crime Solutions:  [www.crimesolutions.gov](http://www.crimesolutions.gov)
- Safe Start’s CEV Database:  [www.safestartcenter.org](http://www.safestartcenter.org)
- Safe Start: Evidence-Based Matrix on CEV
- OJJDP’s Model Programs Guide  [www.ojjdp.gov](http://www.ojjdp.gov)
- SAMHSA’s National Registry on Evidence-based Programs (NREP)
- SAMHSA’s Systems of Care Communities: Evidence-Based Practices (child and family mental health)
- California Evidence-Based Clearinghouse for Child Welfare  [www.cebc4cw.org](http://www.cebc4cw.org)
Where do we go from here?

Building a Broader Practice-Driven Evidence-Based Framework For CEV
Findings Implications

Children’s exposure to violence is everyone’s responsibility.

It is not a field or an expertise or specialization.

It is a new framework for understanding violence that reshapes current ways of measuring, studying and addressing violence.
Findings Implications for Research

• Systematic reviews needed:
  • By typology (until CEV evidence is built)
  • By sector—descriptive evidence of system functioning—e.g., NIS
  • By expert review (until causal evidence available)

• Ongoing surveillance of CEV (NatSCEV cont’d)
  • Longitudinal data
  • Trend analysis
  • Building local capacity (toolkit)

• Increase research understanding
  • Outcomes
  • Interactive variables
  • Implications of poly-victimization
Findings Implications for Practice

- Service characteristics matter—maybe more than specific programs
- Discipline effects approach more than evidence
  - More systematic identification and screening
  - Poly-victimization as risk assessment tool
  - Training and Cross-Training
  - Incidence Matters Too—Not Just Trauma

- Parent-Child Dual approach
- Multi-modal
- Psycho-educational Roles for All
- Parent Training
- Combined Home- and Center-Approach
- Attrition and Retention
Findings For a Translational BRIDGE between Research and Practice

- Attrition and retention – *barrier to research/practice*
- Common framework of assessing CEV (e.g., outcomes, associated factors)
  - Trauma
  - Events/Risk
  - Resilience/youth development
- Consensus on common definitions and measures
- Higher education/professional orgs:
  - *CEV cross-discipline framework*
  - *Evidence framework*
- Increase practitioner capacity around EBP’s: *Put evidence before discipline*
Translational Bridge
Need parallel development of evidence and innovation

*CEV is an Emergent Framework*