Protect, Heal, Thrive

Lessons Learned from the Defending Childhood Demonstration Program

By Rachel Swaner, Lama Hassoun Ayoub, Elise Jensen, Michael Rempel

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Abstract

In order to address the high prevalence of children’s exposure to violence, eight sites around the country were selected by the Department of Justice for the Defending Childhood Demonstration Program. This national initiative aims: 1) to prevent children’s exposure to violence; 2) to mitigate the negative impact of such exposure when it does occur; and 3) to develop knowledge and spread awareness about children’s exposure to violence, both within and beyond the chosen pilot sites.

The eight demonstration sites were tasked with developing and implementing comprehensive strategies that could include both universal and targeted prevention programs; case management and treatment interventions for children who had been exposed to violence; community awareness and education; and professional training designed to increase the knowledge of children’s exposure to violence, trauma-informed care, and the use of proven evidence-based or promising treatment practices.

As part of the evaluation of the Defending Childhood Demonstration Program, this report is a cross-site synthesis of implementation strategies, lessons learned, and promising practices in six of the eight sites: Boston, MA; Chippewa Cree Tribe, Rocky Boy’s Reservation, MT; Cuyahoga County, OH; Grand Forks, ND; Rosebud Sioux Tribe, SD; and Shelby County, TN. This mixed-method study included three primary data collection methods: 1) multiple site visits involving interviews with key stakeholders and observations of meetings or events at each site; 2) quarterly site implementation reports tracking quantitative program outputs; and 3) document review of important planning documents, program records, and other materials.

The Defending Childhood sites made decisions about their strategies using their own needs assessments; discussions among their collaborative bodies; and informal evaluations of implementation feasibility. Program models vary greatly by site; however, general themes and lessons emerged as all of the sites worked to tackle children’s exposure to violence. Based on these lessons, this report provides recommendations for other jurisdictions, other tribal sites, funders, technical assistance providers, and researchers who may be involved in similar initiatives.
Acknowledgements

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For correspondence, please contact Rachel Swaner at rswaner@nycourts.gov.
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Executive Summary

The United States Department of Justice launched the Defending Childhood Initiative in 2010. This national initiative aims: 1) to prevent children’s exposure to violence; 2) to mitigate the negative impact of such exposure when it does occur; and 3) to develop knowledge and spread awareness about the problem and about effective strategies to ameliorate its attendant harms.

A major component of the Defending Childhood initiative is the Defending Childhood Demonstration Program. With this program, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Office of Violence Against Women (OVW) provided funding to eight sites around the country to implement prevention programs; case management and treatment interventions for children who had been exposed to violence; community awareness and education campaigns; and professional training designed to increase knowledge of children’s exposure to violence, trauma-informed care, and the use of proven evidence-based or promising treatment practices. In an approximately seven-month planning phase that began soon after October 2010, the eight sites each established collaborative bodies composed of a wide array of public and private agencies; conducted a local needs assessment; and developed a strategic plan. A subsequent implementation phase began October 2011 and will continue for at least five years through September 2016, with funding for some sites extending beyond that time.

About the Multisite Evaluation

In October 2010, the National Institute of Justice funded the Center for Court Innovation to evaluate both the planning and implementation phases of the demonstration program. A previous report identified and explored cross-site themes and lessons from the initial needs assessment and strategic planning process in all eight sites. The current report provides a multisite synthesis of findings, lessons, and recommendations based on the first three years of implementation (October 2011 through September 2014) at six of these sites. The six sites are Boston, MA; Chippewa Cree Tribe, Rocky Boy’s Reservation, MT; Cuyahoga County, OH; Grand Forks, ND; Rosebud Sioux Tribe, SD; and Shelby County, TN. The Center for Court Innovation was not funded to study implementation in the two remaining sites, which are Portland, ME and Multnomah County, OR.

In conjunction with this report, separate process evaluations of each of the six sites have also been released. Those evaluations provide details on the local context and strategies implemented in each site. Findings were based on: 1) multiple site visits featuring in-depth interviews with staff and stakeholders and observations of meetings or events; 2) quarterly site implementation reports tracking quantitative program outputs; and 3) document review of planning documents, program records, and other materials. Later in 2015, a single outcome evaluation on the same six sites will be released.

Ultimately, the purpose of the multisite evaluation is to memorialize and draw lessons from the experiences of six pioneering sites that pursued ambitious and innovative strategies, and encountered barriers and challenges along the way, so that other jurisdictions might benefit.

The Interplay of Local Context and Choice of Strategies

Each of the six Defending Childhood sites had a distinctive social, historical, and demographic context that, along with the prevalence of different types of violence, influenced their choice of strategies. Three sites were located in major metropolitan areas, Boston, Cuyahoga County (including Cleveland), and Shelby County (including Memphis); one site featured both a small city and a rural surrounding area (Grand Forks); and two sites were set on sprawling Native American reservations (Rocky Boy’s and the Rosebud Sioux reservations).

- **Place-Based Strategies:** Both Boston and Shelby County adopted a place-based approach, concentrating many (although not all) of their strategies in select high risk/high need areas. In Boston, targeting was generally at the neighborhood level, whereas in Shelby, a significant portion of funding was used to provide three apartment complexes with a variety of new services and resources.

- **County-Wide Systems Change:** In Cuyahoga, significant resources were applied to county-wide policy and infrastructure changes—epitomized by the establishment of a county-wide Central Intake and Assessment system to identify, refer, screen, assess, and treat children who are exposed to violence. Cuyahoga could not have taken this approach without a rich history of interagency collaboration, which facilitated buy-in to new policies, protocols and evidence-based practices among service providers. (A prior history of collaboration was a key facilitator in other sites as well.)

- **Bullying and Primary Prevention:** Grand Forks sees relatively modest levels of community violence. Planners determined that bullying, teen dating violence, and related socio-emotional violence comprised an important problem. Thus, Grand Forks opted to blanket elementary, middle, and high schools throughout the county, as well as select preschools, with evidence-based prevention programs promoting healthy relationships. In promoting school-based prevention, Grand Forks benefited from a close and willing partner in the Grand Forks Public Schools administration and from recent state legislation in North Dakota that required new anti-bullying policies.

- **Culturally-Specific, Community-Validated Strategies:** The Rocky Boy’s and Rosebud Sioux initiatives sought to engage their communities and address the needs of children and families through traditional methods, formalized based on local knowledge and local expertise, passed down over generations. The tribal sites exemplify the interweaving of culture into site-specific responses to violence.

- **Multi-Media Community Awareness Campaigns:** All six sites tended to adopt a county-wide (or city- or reservation-wide) scale for their community awareness activities, often incorporating multi-media strategies, such as web sites, Twitter and Facebook postings, public transportation ads, flyers, and even a youth-created fictional web series (in the
Boston site). Here too context mattered: For instance, given the intense focus on sports in Grand Forks, community awareness messages were often concentrated in sports venues and had sports themes.

Multisite Themes

There were various themes that emerged across all sites related to the different strategies sites chose as part of their program models.

Prevention Programs

- **Universal Prevention:** Some sites used universal prevention strategies (not targeted to a specific high-risk area or subgroup). The Rocky Boy’s and Rosebud Sioux initiatives focused on reconnecting youth to tribal culture as a form of prevention, holding events and activities that incorporated Native American traditions and culture as a protective factor. Grand Forks provided a county-wide school-based prevention model focused on bullying and healthy relationships. Lessons from these efforts include: 1) efforts must be made to balance multi-year exposure with program fidelity (a desire not to repeat the same curricula imparted the prior year while also not making excessive changes to proven curricular materials); 2) program managers must ensure that students do not receive conflicting messages (from different prevention programs); and (3) it is important to focus on both negative (e.g., anti-bullying) and positive (e.g., healthy friendships) messages.

- **Targeted Prevention:** Some sites created targeted prevention programs, administered to young people who were considered “at-risk” for violence exposure due to living in neighborhoods with high levels of violence. Boston and Cuyahoga County implemented evidence-based or promising programs for families that sought to build parental nurturing and positive parenting skills. Shelby County supported an existing program that provided support services and training to managers at targeted apartment complexes, focusing on reducing crime and ensuring residents’ safety. Boston and Grand Forks administered the Coaching Boys into Men program, where athletic coaches educate their players about relationship abuse, harassment, and sexual assault. Shelby County also trained athletic coaches on this curriculum. The numbers served by these programs were limited.
Intervention with Children Exposed to Violence

- **Screening and Assessment**: Screening refers to how children are identified for potential treatment and healing programs. It is typically a brief process, designed to determine the need for further assessment and possible services, whereas assessment yields a more comprehensive understanding of trauma symptomology. While many sites used validated instruments as part of their screening process for direct services, Cuyahoga County developed an ambitious universal screening, assessment, and treatment matching model. This system—which included a county-wide Central Intake and Assessment process—moved all children who screened for being exposed to violence from initial referral and screening (with a universal and newly created trauma tool) to full assessment and finally to treatment at partner agencies that were trained in and prepared to use evidence-based practices. Lessons learned from this experiment include: 1) determining a suitable screening threshold (to balance identifying most of those who need treatment against avoiding an excessive expenditure of in-depth assessment resources where trauma is not likely to be present); 2) selecting appropriate screening agencies and locations; and 3) having consistent training and booster training efforts to ensure that staff turnover does not adversely affect implementation.

- **Treatment and Healing**: The two tribal sites incorporated traditional healing ceremonies (sweat lodges, prayer, and smudging) as well as referrals to providers that offered counseling or addiction treatment. The most common therapeutic intervention across the sites was the evidence-based Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). The sites also implemented other interventions, only some of which were evidence-based. The resources commitment associated with ensuring adequate and continuous training for clinical providers emerged as a lesson for future implementation: programs will spend a significant amount of “upfront” time training staff on evidence-based treatments, but if positions are grant-funded for a finite period of time, those who are trained may look for other positions that have more job security. This staff turnover may lead to gaps in service capacity, but will also require programs to have to reallocate other monies in order to train new staff.

- **Case Management and Advocacy**: Three sites—the Chippewa Cree Tribe of Rocky Boy’s Reservation, the Rosebud Sioux Tribe, and Shelby County, TN—had case management and advocacy as major strategic components. Advocacy involved outreach to individuals in need with the aim of providing non-therapeutic forms of assistance and linkages to therapeutic clinical services where appropriate. Advocacy also involved advising and supporting individuals in legal proceedings. The two tribal sites determined that advocacy represented the greatest need in their communities. Shelby County implemented a place-based approach by concentrating case management staff in housing complexes where residents often required basic advice and services other than therapeutic treatment.

Community and Professional Awareness and Education

- **Community Awareness**: All sites created awareness about the existence of their Defending Childhood Initiative and had a website or social media presence. Some sites had campaigns...
designed to generate discussion about the topic of violence exposure. One unique example is Boston’s production of “The Halls,” an eight-part web series depicting the (fictional) lives of three young men of color in a local high school. Overall lessons about implementing community awareness campaigns relate to challenges in raising awareness in rural areas and federal restrictions on publications.

- **Professional Training:** All sites offered training to local professionals, including social workers, child care workers, educators, health staff, attorneys, faith/traditional leaders, and law enforcement officials. Trainings lasted a few hours to a day and varied in topic. Boston committed to 18-month learning communities, which trained fewer people but focused on long-term, high-quality implementation of evidence-based treatments. High staff turnover rates at social service agencies proved to be a challenge at most sites; the effectiveness of training efforts was diminished as participants left for other jobs.

**Interagency Collaboration**

- **Collaborative Bodies:** As required by their grants, all sites convened a collaborative body, consisting of key local stakeholders. Most commonly, collaborative bodies included law enforcement, social service agencies, community organizations, public health agencies, community leaders, and local school districts. Sites also incorporated the voices of youth and parents. Major themes included the advantages of prior relationships amongst individuals and agencies, coupled with some “collaboration fatigue” in sites with multiple overlapping initiatives and regular meetings.

- **System Infrastructure and Capacity Building:** Some sites took steps to change the way that multiple agencies address children’s exposure to violence. Cuyahoga County’s universal screening, assessment, and treatment matching system, noted above, is a compelling example. Others include the Rosebud Sioux’ proposed revisions of tribal legislation around protecting children and Shelby County’s new shared data management system.

**Other Themes and Lessons Learned**

- **Tribal Sites and Tradition:** The tribal sites were similar in their commitment to tradition as a protective factor and the infusion of this philosophy into all of their efforts. For example, the Rosebud Sioux incorporated the Lakota way of life into their services and the Rocky Boy’s advocates were trained in traditional forms of healing.

- **Special Needs of Rural Sites:** Three of the sites were mostly rural. Stakeholders at rural sites felt that they were left out of a national dialogue on violence, which focused on urban areas. Rural sites also faced unique challenges in raising community awareness and simply reaching people (e.g., to intervene with those exposed to violence). One of the technical assistance providers suggested a need for more intensive technical assistance in rural areas.

- **Local Politics:** Local politics can be a barrier or facilitator. Turnover in political leadership created challenges at sites that had strong commitments from previous leaders and required
new efforts to bring new leaders on board. These issues arose at both tribal and non-tribal sites.

- **Deconstructing or Rebuilding Silos:** Sites were tasked with addressing all types of children’s exposure to violence in conjunction, rather than focusing on one type. This led stakeholders to work across sectors and form relationships between organizations across disciplines. However, some funder decisions led counter-productively to the rebuilding of silos, such as OVW’s requirement to spend money specifically on domestic violence direct service programming.

- **Managing Transitions:** Several major transitions occurred that impacted the sites. First, the technical assistance (TA) provider during the initial strategic planning phase was replaced with a different provider for the second implementation phase. New relationships therefore had to be built, and prior decisions had to be conveyed to the new technical assistance provider. (Otherwise, multiple sites reported positive experiences in working with the technical assistance provider during implementation.) Second, the implementation funding period was changed multiple times, from three to two years; back to three years; and then to five or six years; these changes influenced implementation decisions, timelines, and the scope of adopted strategies. Third, an OJJDP reorganization led to the assignment of new grant managers partway through implementation. Staff at the sites expressed that the newer grant managers were initially unfamiliar with the sites. Managing transitions is an important consideration for future long-term and large-scale federally funded initiatives.

**Recommendations**

Recommendations listed here were developed through interviews and independent observations of the research team. Chapter 3 provides greater discussion of the rationale for each recommendation.

**For Other Jurisdictions Interested in Replication**

These recommendations are divided into three major sections: (1) at the start of the initiative; (2) implementation strategies; and (3) sustainability.

- **At the Start of the Initiative:**
  1. Make a purposive choice on where to anchor your initiative (e.g., an important city or county office or a community-based agency).
  2. Carefully weigh the benefits and drawbacks of geographic (place-based) targeting.
  3. When possible, use consensus to make decisions.
  4. Use a consultant early on to drive the planning and early implementation processes. (An outside consultant with expertise in strategic planning may be able to facilitate meetings, synthesize action steps, and help move the initiative forward.)
  5. Involve researchers early (e.g., to promote data-driven decision-making).
  6. Fully understand overlapping initiatives.
  7. Budget for an administrative assistant.
8. Build on knowledge gained from the Defending Childhood Demonstration Program (e.g., lessons from the implementation of strategies discussed therein).

9. Create a classification system to organize types of programming (e.g., such as: prevention; treatment and healing; case management and advocacy; community awareness; professional training; and systems infrastructure/capacity building).

- Implementation Strategies:
  10. Offer home-based services to overcome transportation obstacles (especially in rural areas).
  11. Look for unique ways to leverage existing resources to disseminate information about children’s exposure to violence.
  12. Focus on the positive.
  13. Beware of mission creep (e.g., providing social services and assistance that extend beyond children’s exposure to violence to families with multiple needs).

- Sustainability:
  14. For smaller communities, focus on prevention in schools (e.g., as in Grand Forks).
  15. Promote institutional adoption of best practices (e.g., changing clinical practice throughout target agencies rather than one-off trainings for specific individuals).
  16. Focus on systems change (e.g., as in Cuyahoga County).

For Tribal Communities

The tribal site staff, tribal technical assistance providers, grant managers, and others were asked about their recommendations for other Native American and Alaskan Native communities seeking to address children’s exposure to violence. The following are their recommendations:

1. Have faith: Have faith that what you do will help people, despite the challenges of working on children’s exposure to violence.
2. Work together and take care of each other: Team members should be proactive and draw on each other’s skillsets. Self-care is important, especially for frontline staff working directly with victims.
3. Adopt a strengths-based approach: This approach draws on the strengths of communities in areas such as indigenous knowledge, building on the roles of elders, focusing on relationship structures, and including connections to tradition, nature, and spirituality.
4. Consider local politics: Changes in political leadership can impact support for long-term projects. Working with grant managers and ensuring appropriate qualified individuals fill key positions for effectively implementing chosen strategies is important.
5. Streamline processes: Tribal communities should reflect on how to constructively address the need to ensure continued political support and staff for long-term projects. Streamlining processes and ensuring accountability are important considerations.
For Funders

Funders, especially federal funders, face challenges ensuring that large initiatives meet their goals while remaining flexible in working with individual sites. These recommendations aim to help funders accomplish their goals realistically and allow sites to implement their strategies with greater ease.

- Communicate clear and realistic expectations: When an initiative has large-scale, ambitious goals, funders must recognize the inherent challenges of each site. In light of these challenges, they should strive to:
  1. Make goals specific and achievable.
  2. Be realistic about impact.
  3. When funding evaluation, do no harm (e.g., seek to evaluate outcomes and impact after sites have had sufficient time to implement chosen strategies).

- Fund for a longer timeline: Funding for longer periods of time helps address two of the major lessons learned from this initiative:
  4. Allow time for recruitment of good staff.
  5. Allow time for impact (e.g., acknowledging that “moving the needle” on children’s exposure to violence in a jurisdiction may not happen in initial years).

- Incorporate Certain Structural Requirements into the Original Request for Proposal: Common issues emerged across sites that could have been addressed in the original RFP.
  6. Ensure that sites budget for an administrative assistant.
  7. Ensure that sites budget for a local research partner.
  8. Ensure that original RFP fully discloses funding sources and their implications.

- Improve Internal and External Coordination: Site staff and stakeholders interact with grant managers, technical assistance providers, researchers, and each other. Improving coordination would facilitate knowledge sharing and reduce duplicative efforts.
  9. Minimize the number of transitions.
  10. Improve coordination among key partners.
  11. Connect new sites with original demonstration sites.

- Hasten Approval Process for Public Messaging: Federal approval processes for publications, conferences, trainings, and other products were an impediment for most of the sites.
  12. Set realistic and reasonable timeframes for approval.
  13. Create a new policy for social media.

- Allow for More Flexibility: In certain areas, greater flexibility would create opportunities for testing new ideas.
  14. Allow grant funds to be used for food.
  15. Encourage research partner to incorporate non-western research practices where appropriate.
16. Support both evidence-based and non-evidence-based programming (e.g., the latter where potentially innovative, yet under-evaluated, strategies are available).

- **Understand Tribal Communities:** The inclusion of tribal sites provides for great opportunities but also unique challenges.
  17. Understand that the spending processes may be more complex for tribal sites.
  18. Be mindful of tribal politics.
  19. Provide support for researcher and technical assistance grantees that are doing evaluation and technical assistance work with tribal communities in order to facilitate discussion of best practices and alternative research designs.

**For Technical Assistance Providers**

In general, the sites had positive impressions of their technical assistance (TA) providers, and the tribal sites found the inclusion of a tribal TA provider valuable. TA providers working with similar initiatives may consider these recommendations.

1. **Help sites understand relevant laws:** Sites do not necessarily have the time or ability to gain an in-depth understanding of federal laws that impact their work.
2. **Early on, focus on the science of implementation:** Moving initiatives from paper to reality can be challenging and TA providers can facilitate this and provide “on the ground” assistance.
3. **Provide onsite technical assistance:** Frequent visits with constructive goals are important to sites and provide an opportunity to cater TA efforts to each site’s specific needs.
4. **Be mindful of differences between urban and rural populations:** Considering the unique challenges of rural areas can ensure that staff and stakeholders at these sites do not feel as though they are left out of the conversation.

**For Researchers and Evaluators**

Evaluating a national multisite initiative can be challenging. The following recommendations emerged for future large-scale evaluations.

1. **Try to know the sites:** Strong relationships and familiarity with the work that is implemented are important for successful evaluation.
2. **As much as possible, streamline reports:** To ensure that sites are not duplicating efforts for researchers and funders, researchers should consider the grant reporting requirements and how to best to work with them.
3. **Give back:** Taking data and information from sites should prompt researchers to also give back, such as assisting them in designing their own local evaluations, presenting research findings, or sharing data with local researchers.
4. **Ask the sites for their input. And then ask again:** Sites should be involved at multiple stages of the evaluation.
5. **Conduct a process evaluation:** A process evaluation may provide relevant lessons learned, especially when an outcome evaluation is not practical for short-term initiatives.
6. **Employ a mixed-methods study.** Especially when sites adopt multiple intersecting strategies, multi-method qualitative analysis is important to adequately reflect each site’s strategies and lessons, while quantitative data is also necessary to document specific outputs.

7. **Embrace non-western approaches to working with tribal sites.** Tribal sites may be particularly receptive to research when evaluators demonstrate flexibility in their methods; conversely, with modifications, some western methods may be appropriate.

8. **Do no harm.** Evaluation reports can have positive and negative impacts on sites and their ability to sustain their work. Outcome and impact evaluations, although ideal, should only be done for sites that are ready to be evaluated (e.g., taking into account how much time has elapsed since the implementation of chosen strategies began). Process evaluations are important, and need to be candid about barriers and shortcomings; yet, humility on the part of evaluators is also important in acknowledging the daunting challenge on initiatives such as this one of successfully implementing numerous strategies, involving multiple agencies and individuals, spanning multiple facets of a serious social problem.
Chapter 1
Introduction

About the Defending Childhood Initiative

A 2009 national survey found that 60 percent of American children have been exposed to violence, crime, or abuse in their homes, schools, or communities—and that 40 percent were direct victims of two or more violent acts. In an effort to address the high prevalence of children’s exposure to violence, the United States Department of Justice (DOJ), under the leadership of Attorney General Eric Holder, launched the Defending Childhood Initiative. This national initiative aims: 1) to prevent children’s exposure to violence; 2) to mitigate the negative impact of such exposure when it does occur; and 3) to develop knowledge and spread awareness about children’s exposure to violence. The motto of the initiative is “Protect, Heal, Thrive.”

A major component of this initiative is the Defending Childhood Demonstration Program, where the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Office of Violence Against Women (OVW) provided funding to eight sites around the country to address the high prevalence of children’s exposure to violence through prevention; intervention and treatment; community awareness and education; and professional training. Besides the multisite demonstration program, other components of the larger Defending Childhood Initiative, which are outside the scope of the current evaluation, include the Task Force on Children’s Exposure to Violence and the Task Force on American Indian and Alaskan Native Children Exposed to Violence.

The National Institute of Justice (NIJ) funded the Center for Court Innovation to conduct the evaluation of the demonstration program, and OJJDP funded Futures Without Violence, a national non-profit organization focused on ending domestic and sexual violence, to serve as the technical assistance provider. This report is a cross-site synthesis of findings, lessons learned, and promising practices from six of the eight demonstration program sites, based on implementation activities from October 2011 through September 2014. Besides the current synthesis, separate in-depth process evaluations of each of the six sites have also been completed. These site-specific reports provide details on the social and historical context and the major needs and problems related to children’s exposure to violence at each site; and describes the specific strategies undertaken and resulting implementation experiences. Later in 2015, a single outcome evaluation spanning all six sites will be released as well. Finally, whereas the current research focuses on the

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2 The full report of this task force can be found here: http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf.
4 The six process evaluation reports can be found at http://www.courtinnovation.org/.
implementation of chosen strategies, a previous report issued in 2011 explored and identified cross-site themes and lessons from the initial strategic planning process.6

The Demonstration Program Sites and Funding

The eight *Defending Childhood Demonstration Program* sites are: Boston, MA; Chippewa Cree Tribe, Rocky Boy’s Reservation, MT; Cuyahoga County, OH; Grand Forks, ND; Multnomah County, OR; Portland, ME; Rosebud Sioux Tribe, SD; and Shelby County, TN (see Figure 1).

These sites created broad, multi-disciplinary partnerships that implemented a wide range of responses, spanning prevention, intervention/treatment programs, community awareness, professional training, and system infrastructure. Phase I was initiated in October 2010, when OJJDP and OVW awarded each site over $150,000 to conduct, through a collaborative process, a needs assessment and strategic planning process for addressing children’s exposure to violence at their respective locations. Phase II of the initiative started in October 2011 and focused on implementation. Table 1.1 (next page) shows the funding amounts awarded to each site.

Because the Portland, ME and Multnomah County, OR sites received a lower amount of funding at the start of Phase II, they were not able to fully implement the original strategic plans that they developed during Phase I. Because of this, NIJ decided that the Center for Court Innovation should concentrate their evaluation on the six sites that received at least $1 million; therefore, Portland, ME and Multnomah County, OR are not included in this cross-site report.

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Table 1.1 Defending Childhood Grant Funding

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</table>

The Harms of Children’s Exposure to Violence

Around the world, childhood exposure to violence is pervasive. In the U.S., a recent survey found that more than 60% of children nationwide were exposed to violence within the past year, either directly or indirectly.7 Other research examined community violence with seventh- to twelfth-graders and found that 12% had someone pull a knife or gun on them, 5% had been cut or stabbed, and 1% saw someone get shot.8 A similar study of 10-19 year-olds found that 39% had witnessed a shooting, 11% had been shot at, and 3% had been shot.9 Exposure to trauma is pervasive among Native American youths. An average of 4.1 lifetime trauma experiences were found among a sample of 89 Native American youth, with the trauma events most commonly being a threat of injury and witnessing injury.10 A 2012 U.S. Surgeon General and National Alliance for Suicide Prevention report stated that suicide is the second leading cause of death among American Indian/Alaskan Native youth aged 10 to 34, and that in 2009 the rate of suicide among American Indian/Alaskan Native youth aged 10 to 18 years was 10.37 per 100,000, compared with an overall U.S. rate of 3.95 per 100,000.11

Children are exposed to violence in different parts of their lives: at school, at home, in their communities, and in the media. School violence includes incidents of bullying, threats, carrying a weapon, homicide, spree shootings, and fatalities.12 In 2000, a total of 128,000 students between the ages of 12 and 18 were victims of violent crimes at school, such as rape and assault, and almost

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10% of students in grades nine through twelve stated that they had been threatened or injured by a weapon on school property. One study found that almost 30% of sixth- through tenth-graders had moderate or frequent involvement in bullying, with 13% being the bully, 11% being bullied, and 6% both. Furthermore, it was found that boys tend to bully more than do girls.

The United Nations Population Division found that from 133 to 275 million children across the globe are exposed specifically to domestic violence, including an estimated 2.7 million children in the United States. Other research further determined that more than half of the domestic violence victims were from a racial or ethnic minority group, although additional analyses indicated that living in poverty, rather than race or ethnicity per se, was the more important factor. Findings indicated that children were present in almost half (44%) of the domestic violence incidents that involved police, with the majority of the children (58%) younger than six years old. The majority of children that were present during the incidents saw and heard the violence (60%), 18% only heard the violence, and 5% only saw the violence.

Of those surveyed in the 2011 National Survey of Children’s Exposure to Violence, 1 in 10 (10%) suffered from child maltreatment (including physical and emotional abuse, neglect, or a family abduction), 8% had witnessed a family assault, and 6% had witnessed a parent assault another parent (or parental partner) in the last year.

The effects of exposure can be extremely detrimental to a child’s emotional, psychological, and physical development. Children can experience post-traumatic stress disorder (PTSD), desensitization to violence, and hyper-arousal. Children can also be at an increased risk for substance abuse, externalized behavior problems such as aggression, and internalized behavior problems such as depression, anxiety, and suicidal ideation. Exposure to violence may result in decreased empathy and pro-violence attitudes, heightening the cycle of violence once the children become adults. Furthermore, exposure to community and school violence is associated with both externalizing behavior problems, such as antisocial behavior and aggression, and internalizing behavior problems, such as depression, suicidal ideation, and anxiety. Exposure to domestic violence in particular can produce several additional effects, including feelings of guilt, anger, and

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13 Department of Education, 2002; Flannery et al., 2004.
self-blame. The children may rationalize the aggressor’s (e.g., their father’s) behavior, which may lead, later, to rationalizing their own abusive behaviors in intimate relationships. Furthermore, children may feel they need to take on certain roles to mediate, protect, or save the family. These roles can put them under extreme stress, adversely affecting numerous aspects of their lives. Research has found that, of the young children and their parents who were identified in Safe Start communities as in need of intervention due to exposure to family or community violence, one quarter of the children and nearly half of their parents evidenced clinical levels of stress, suggesting the need to intervene at the family level as well as the individual level when working with young children exposed to violence.

Different systems have attempted to create effective interventions to decrease the prevalence of exposure and to minimize its negative impact. Promising approaches include therapeutic interventions, psycho-educational and supportive group interventions, and advocacy interventions. Although some programs have featured collaboration across different systems, such as shelters, courts, police, healthcare, and child welfare, research on the effectiveness of these multi-system approaches has been minimal. In response to this troubling gap in knowledge, the Defending Childhood Demonstration Program is an ambitious project to test comprehensive, community-based strategies in multiple localities.

Social Context and Current Needs at the Demonstration Program Sites

Baseline Prevalence: Community Survey Results

As part of the outcome evaluation of the Defending Childhood Demonstration program, the Center for Court Innovation conducted a baseline and two- to two-and-a-half year follow-up telephone survey of adults in five of the evaluation sites. While the full description of the methods and results of these surveys will be reported in the separate forthcoming outcome evaluation report, a summary of the key baseline results across all sites is included here to provide context for the underlying needs and development of strategies related to children’s exposure to violence.

Survey administration for Boston, Cuyahoga County, and Grand Forks County was conducted in November and December of 2011. The final count of completed surveys was 1,001 in Boston.


25 The community survey was developed to evaluate change in community awareness about violence and available local resources to address it, as well as levels of self-reported victimization. It was a random digit dial telephone survey of the full city, county, or reservation for each site. Because Shelby County chose a place-based strategy that concentrated their efforts in three apartment complexes in Memphis, a random digit dial survey of the whole county was not an appropriate method for capturing levels of awareness. Therefore, Shelby County was excluded from the community survey.
1,200 in Cuyahoga County, and 801 in Grand Forks. The survey was completed separately for the Rocky Boy’s and Rosebud Sioux reservations and was conducted in May and June of 2012. The final count of completed surveys was 211 at Rocky Boy and 692 at Rosebud. The total sample was 3,905 respondents.

Respondents were asked about their own exposure to violence as adults as well as children’s exposure to violence. About 58% of respondents reported either witnessing violence or being a direct victim. Those witnessing violence represented a greater proportion than those who were direct victims, with about half reported having witnessed violence and about 20% reported having been a direct victim. The most common exposure was seeing someone else being threatened with physical harm.

Parents and caregivers of children under 18 who were living in the home were asked additional questions. If they had more than one child, respondents were asked to indicate whether any of their children had been exposed to various types of violence. These respondents reported that 65% of children had been exposed to violence, either through direct victimization or through witnessing violence.

Table 1.2 provides more details on the results by site. Though levels of violence exposure were high across all locations, it is worth noting the much higher levels in the two tribal sites.

**Table 1.2 Baseline Community Survey Results**

<table>
<thead>
<tr>
<th>Site</th>
<th>Urban/Rural</th>
<th>Baseline Survey Results Summary*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston, MA</td>
<td>Urban</td>
<td>• Big problems: violent crime, gang violence, and bullying</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 53% of adults exposed to violence in the past year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 54% of parents of children under 18 said their children had been exposed to violence in the past year</td>
</tr>
<tr>
<td>Cuyahoga County, OH</td>
<td>Urban</td>
<td>• Big problems: violent crime, gang violence, and child abuse/neglect</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 52% of adults exposed to violence in the past year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 62% of parents of children under 18 said their children had been exposed to violence in the past year</td>
</tr>
<tr>
<td>Grand Forks, ND</td>
<td>Both</td>
<td>• Big problems: bullying, relationship violence, and child abuse/neglect</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 41% of adults exposed to violence in the past year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 61% of parents of children under 18 said their children had been exposed to violence in the past year</td>
</tr>
<tr>
<td>Rocky Boy’s Reservation, MT</td>
<td>Rural</td>
<td>• Big problems: gang violence, violent crime, and relationship violence</td>
</tr>
</tbody>
</table>
Chapter 1. Introduction

- 87% of adults exposed to violence in the past year
- 84% of parents of children under 18 said their children had been exposed to violence in the past year

Rosebud Sioux Tribe, SD
- Rural
- Big problems: gang violence, violent crime, and relationship violence
- 88% of adults exposed to violence in the past year
- 76% said their children had been exposed to violence in the past year

* Exposure to violence includes both direct victimization and witnessing violence.

Community Strengths at the Demonstration Program Sites

Despite the overwhelming amounts of violence exposure and need, these communities have many strengths and resources that made them ideal sites for developing programs and campaigns to address that violence, and enhanced their capacity for implementing a Defending Childhood initiative. Some locations, like Cuyahoga and Shelby counties, had previous initiatives that brought major health, early childhood, law enforcement, and social service agencies together to collaborate around issues affecting children and youth. This history of cross-agency relationships helped set the stage for a new collaboration to address children’s exposure to violence. Other sites, such as Boston and the Rocky Boy’s initiative, had support from major political actors such as the mayor or the tribal council, which helped make the work of the local Defending Childhood programs a priority for the community. One site, Grand Forks, had a strong relationship with the local school districts, making it an ideal location for extensive primary prevention programming. Another site, the Rosebud Sioux tribe, had a strong commitment to using traditional culture as a form of violence prevention. Table 1.3 highlights some of these strengths for each site, as documented in early research conducted by the Center for Court Innovation during Phase I.

<table>
<thead>
<tr>
<th>Table 1.3 Community Strengths</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boston, MA</td>
</tr>
<tr>
<td></td>
<td>• Resource rich environment with many local organizations working on children’s exposure to violence issues</td>
</tr>
<tr>
<td></td>
<td>• History of collaboration cross-agency collaboration</td>
</tr>
<tr>
<td></td>
<td>• Political will</td>
</tr>
<tr>
<td></td>
<td>Cuyahoga County, OH</td>
</tr>
<tr>
<td></td>
<td>• Strong history of children’s exposure to violence related programs</td>
</tr>
<tr>
<td></td>
<td>• History of cross-agency collaboration</td>
</tr>
<tr>
<td></td>
<td>• Strong local research capacity</td>
</tr>
<tr>
<td></td>
<td>Grand Forks, ND</td>
</tr>
<tr>
<td></td>
<td>• Strong relationships with local schools</td>
</tr>
<tr>
<td></td>
<td>Rocky Boy’s Reservation, MT</td>
</tr>
<tr>
<td></td>
<td>• Strong commitment to tribal tradition and culture as protective factors</td>
</tr>
<tr>
<td>Location</td>
<td>Attributes</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Rosebud Sioux Tribe, SD</td>
<td>• Consistent support of Tribal Council and local agencies</td>
</tr>
<tr>
<td></td>
<td>• History of cross-agency collaboration</td>
</tr>
<tr>
<td>Shelby County, TN</td>
<td>• Strong commitment to tribal tradition and culture as protective factors</td>
</tr>
<tr>
<td></td>
<td>• History of cross-agency collaboration</td>
</tr>
<tr>
<td></td>
<td>• Strong local research capacity</td>
</tr>
</tbody>
</table>
Both the distinct needs and distinct strengths of each site informed the selection of specific strategies. Hence, the six sites yielded a diverse array of choices and pilot projects, providing a wealth of models and lessons that may variously inform replication efforts in other jurisdictions around the country.

**Process Evaluation Methodology**

A full process evaluation was conducted for each site to document implementation. The process evaluations provided rich accounts of the strategies that were undertaken; and a separate report for each site has been written in conjunction with this synthetic report. Each report provides details on local context; structure, scope, and staffing of the initiative; the program model; how implementation unfolded over time; barriers and facilitators to implementation; and sustainability of the initiative after federal funding ends.

The process evaluations were mixed-method studies that included three primary data collection methods: 1) site visits to interview key stakeholders and program administrators, and, in some cases, to observe collaborative meetings or community events; 2) quarterly site implementation reports that kept track of quantitative outputs of the program such as number served and number of trainings held; and 3) document review of important program records and materials. For the purposes of this umbrella report, additional interviews were conducted with other relevant stakeholders, including grant managers and technical assistance providers. Early on in the project, all stakeholders—at the demonstration program sites, OJJDP, NIJ, and Futures Without Violence—received an opportunity to help shape the outline of the process evaluation reports. Additionally, sites were able to read their respective process evaluation reports to provide feedback before they were finalized.

**Site Visits**

As part of the process evaluations, the evaluation team conducted at least two site visits to the six Defending Childhood Demonstration Program sites.

During these 2-3 day visits, key informant interviews were conducted with professionals that are members of the local Defending Childhood collaboratives, as well as with Defending Childhood program administrators and staff members. In some cases, interviews or focus groups were also conducted with community members who received services or who participated in programming. Interviews were conducted in face-to-face meetings and lasted 30 minutes to an hour, depending on the role of the particular stakeholder. Interviews were not digitally recorded but detailed notes were taken. The site visit schedule can be found in Table 1.4.
Table 1.4 Evaluation Site Visits

<table>
<thead>
<tr>
<th>Site</th>
<th>Dates of 1st Visit</th>
<th>Dates of 2nd Visit</th>
<th>Dates of 3rd Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston, MA</td>
<td>10/22/12-10/23/12</td>
<td>2/26/14-2/28/14</td>
<td></td>
</tr>
<tr>
<td>Cuyahoga County, OH</td>
<td>10/8/12-10/9/12</td>
<td>5/20/14-5/21/14</td>
<td></td>
</tr>
<tr>
<td>Grand Forks, ND</td>
<td>11/8/12-11/9/12</td>
<td>5/8/14-5/9/14</td>
<td></td>
</tr>
<tr>
<td>Rocky Boy’s Reservation, MT</td>
<td>5/2/13-5/3/13</td>
<td>6/2/14-6/3/14</td>
<td></td>
</tr>
<tr>
<td>Rosebud Sioux, SD</td>
<td>5/9/12-5/10/12</td>
<td>12/17/12-12/18-12</td>
<td>5/12/14-5/13/14</td>
</tr>
<tr>
<td>Shelby County, TN</td>
<td>9/23/12-9/24/12</td>
<td>10/18/13-10/20/13</td>
<td>4/16/14-4/17/14</td>
</tr>
</tbody>
</table>

The interviews with program staff included questions about site-level strategies and implementation successes and challenges from each stakeholder’s perspective. All interviews collected basic information about respondent agency affiliation, job responsibilities, role/responsibilities within the initiative, and experience with addressing children’s exposure to violence. The interview protocol is included in Appendix A. Questions covered several broad categories, including:

- **Initiative Management and Oversight**: Core management team, collaborative body, governance board.
- **Program Infrastructure**: Number of staff members, staff credentials, staff turnover, organizational structure, relationships between key public health and law enforcement agencies.
- **Program Model**: Detailed description of chosen strategies and activities to address children’s exposure to violence.
- **Obstacles and Facilitators to Program Implementation**: Barriers encountered while trying to implement the chosen models, if and how those barriers were overcome, external catalysts that quickened the pace of implementation or made programming successful.
- **Environmental Factors**: Political, legislative, community events, and other violence prevention and/or police initiatives that may be positively or negatively affecting the potential impact of the program.
- **Technical Assistance**: Types of assistance asked for from Futures Without Violence.
- **Sustainability**: Plans for continued programming after grant funding ends, other available resources to sustain programs.

Interviews were analyzed in depth to inform site-specific reports published in conjunction with this cross-site report. A total of 153 interviews with 145 Defending Childhood stakeholders were conducted across the sites. In addition, in one site, Shelby County, three focus groups were conducted with 14 female program participants, asking about their experience with the program.

Some site visits were scheduled specifically to allow the research team to observe particular events. Throughout the course of the visits, researchers observed four collaborative body meetings, three community awareness events, two tribal council meetings, and one full day of professional training. In addition, the research team participated in a sexual assault awareness walk on Rocky Boy’s Reservation.
Quarterly Implementation Reports

The sites implemented work across seven major domains: 1) prevention; 2) screening and assessment; 3) case management and advocacy, 4) treatment, healing, and direct intervention services; 5) community awareness and education; 6) professional training; and 7) systems change and capacity building. A standard quarterly implementation report was developed to capture quantitative information about the programming, including information on reach (e.g., how many people participated in a training) and dose (e.g., how many hours of training people received).

Appendix B includes a blank copy of the quarterly implementation report, which includes the following sections:
- Collaborative body and subcommittee meetings
- Professional trainings
- Community awareness events
- Publications and other printed materials
- Direct services and screening
- Policies, protocols, and procedures

For each of these domains, sites recorded for each activity the date, time, target audience, attendance, and a brief description of the event. Additional space allowed sites to discuss site-specific activities that did not fall under other categories.

These Excel spreadsheet reports were filled out by Defending Childhood program managers and submitted quarterly to the research team. For each year of the project, sites submitted the reports in January, April, July and October for the previous quarter. Twelve reports were collected from each site covering the time period of October 1, 2011 through September 30, 2014.

Document Review

Research staff reviewed all planning documents including strategic plans, reports, protocols, screening and assessment tools, training curricula and summaries, prevention program curricula, provider checklists, flyers, brochures, pamphlets, presentations, and meeting agendas and minutes. Document review activities enabled full documentation of the implementation details and timeline of each site’s strategic plan. Defending Childhood program managers submitted these documents quarterly with their implementation reports, and researchers also collected documents during their site visits.

Cross-Site Synthesis Interviews

Additional interviews were conducted with members of the Futures Without Violence technical assistance team and OJJDP grant managers. Specifically, a group interview was held with four members of the Futures without Violence technical assistance team, and individual interviews were conducted with two OJJDP grant managers and one technical assistance subcontractor from the Native Streams Institute. The interviews involved questions on the progress of the Defending Childhood Initiative, successes and challenges, lessons learned, and recommendations.
Organization of this Report

The remainder of the report is organized as follows. Chapter 2 provides a summary of cross-site programmatic themes; common and unique strategies; and lessons learned across all six sites. Chapter 3 provides a discussion of key recommendations for other jurisdictions seeking to implement similar programming in their communities; for future funders of large-scale, multi-sector anti-violence initiatives; and for technical assistance providers and researchers who are working on similar or future initiatives.

Each site had slightly different names for their Defending Childhood initiatives. In the next two chapters, we will refer to them by their location (e.g., Grand Forks) for ease of reading.
Chapter 2
Cross-Site Themes and Lessons Learned

This chapter provides a discussion of the themes and lessons learned across the six Defending Childhood sites. The chapter starts by summarizing the strategies that the six sites implemented, highlighting common and unique approaches and challenges in the following core areas:

- Prevention (both universal prevention and targeted prevention for high-risk groups);
- Screening and assessment;
- Case management and advocacy;
- Treatment and healing (therapeutic clinical services);
- Community awareness and education;
- Professional training; and
- Systems infrastructure and capacity building.

What strategies sites chose to implement was based on findings from their original needs assessment, discussions among their collaborative bodies, and informal feasibility assessments; hence, overall program models differ by site. For example, one site (Cuyahoga County) focused heavily on treatment and healing and had a limited focus on prevention, while another (Grand Forks) concentrated their resources mostly on universal prevention programming.

After a discussion of the major components of the program models, we then describe the lessons learned across the sites from their implementation of selected strategies.

Prevention Programming

Prevention programming is defined as efforts to prevent initial or subsequent exposure to violence. While all sites implemented some form of prevention programming, only the Grand Forks site chose to concentrate their resources on extensive universal prevention.

The Grand Forks Universal School-Based Prevention Model

Schools are the most logical setting for large-scale prevention programming for children and youth. However, implementing extensive prevention programming in schools is no easy task, given that many of the demonstration program sites are located in counties that include major metropolitan school districts and multiple suburban districts. Grand Forks, ND, however, is the one site where, because of its relatively small size, universal school-based programming was potentially feasible. Indeed, Grand Forks was largely successful in implementing prevention programming county-wide, spanning city, rural, and parochial schools. The programming is “universal” because it was offered to everyone, regardless of previous exposure to violence or at risk status. Children ages 3-17 learned about different kinds of violence (e.g., bullying, dating violence) and ways of preventing it, as well as about how to have positive relationships with others and improve their social-emotional health. A summary of all of the programming in Grand Forks, most of which was evidence-based, is included as Table 2.2.
## Table 2.2 Grand Forks’ Safer Tomorrows Prevention Programming Summary

<table>
<thead>
<tr>
<th>Prevention Program</th>
<th>Schools</th>
<th>Grades</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al’s Pals and Al’s Caring Pals</td>
<td>Head Start, Childcare Centers</td>
<td>Ages 3-8</td>
<td>Resilience-based curriculum used to develop the social, emotional,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>multi-cultural, and behavioral skills of children</td>
</tr>
<tr>
<td>Olweus Bullying Prevention Program</td>
<td>All high schools in the county</td>
<td>K-8</td>
<td>Prevention of bullying through individual actions, school environment, and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>community members</td>
</tr>
<tr>
<td>The Fourth R</td>
<td>All high schools in the county</td>
<td>9 &amp; 10</td>
<td>A comprehensive, school-based program designed to reduce violence and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>associated risk behaviors by focusing on relationship goals and challenges</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>that influence decision-making.</td>
</tr>
<tr>
<td>Lessons in Literature</td>
<td>Larimore High School Only</td>
<td>9-12</td>
<td>Uses existing literature curriculum and with additional books and stories to</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>increase awareness about the damaging effects of physical, sexual and verbal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>abuse, and how to recognize abusive uses of power and control and alternatives</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>to violence</td>
</tr>
<tr>
<td>Friendships that Work: A Positive</td>
<td>All high schools in the county</td>
<td>5 &amp; 7</td>
<td>Increase healthy relationship skills among early adolescents and to decrease</td>
</tr>
<tr>
<td>Friendship Curriculum</td>
<td></td>
<td></td>
<td>characteristics commonly thought of as precursors to intimate partner</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>violence</td>
</tr>
<tr>
<td>Project Northland</td>
<td>Grand Forks Public Schools Only</td>
<td>6, 8, 10</td>
<td>This curriculum is proven to delay the age at which young people begin</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>drinking, reduce alcohol use among young people that have already tried</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>drinking, and limit the number of alcohol-related problems.</td>
</tr>
<tr>
<td>Digital Citizenship</td>
<td>Grand Forks Public Schools Only</td>
<td>K-12</td>
<td>This curriculum teaches students responsible behavior in regard to technology</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>use, including personal safety.</td>
</tr>
<tr>
<td>NetSmartz</td>
<td>Rural and Parochial Schools Only</td>
<td>K-12</td>
<td>Teaches children to make safe decisions, both online and offline. NetSmartz</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>addresses issues such as cyber-bullying, inappropriate content, predators,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>revealing too much information, sexting, and scams.</td>
</tr>
<tr>
<td>Coaching Boys into Men</td>
<td>All high schools in the county</td>
<td>9-12</td>
<td>This is a curriculum for high-school athletic coaches that is designed to</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>inspire them to teach student athletes about the importance of respect for</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>themselves and others in their relationships. This program equips coaches to</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>take advantage of teachable moments with athletes.</td>
</tr>
<tr>
<td>Rachel’s Challenge</td>
<td>Grand Forks Public Schools and two Rural</td>
<td>Middle</td>
<td>A series of motivating presentations that provide students and staff with the</td>
</tr>
<tr>
<td></td>
<td>Schools</td>
<td>School (GFPS), K-12 (rural)</td>
<td>the skills to create a supportive learning environment.</td>
</tr>
<tr>
<td>Healthy Families</td>
<td>N/A</td>
<td>Ages 0-3</td>
<td>An evidence-based home visiting model for families at-risk or in need.</td>
</tr>
</tbody>
</table>
Grand Forks’ extensive focus on prevention programming is a replicable model for jurisdictions across the country that have problems with bullying in schools, dating violence, and domestic and child abuse, and are of similar geographic size that they may be able to garner the support of their communities’ school districts. Even larger school districts may wish to replicate what Grand Forks accomplished—but more up-front funding may be required.

Moreover, in the long-term, blanketing a jurisdiction with universal prevention programming is potentially sustainable, as the costs are mostly up-front in terms of buying curricula and having school staff trained. Because the programming is mostly administered by teachers and coaches who remain in the district for years, once they are trained they can continue to offer the programs with little to no additional training after the first year.

**Prevention through Traditional Culture at the Rocky Boy and Rosebud Sites**

The two tribal sites held events and activities that sought to incorporate traditional Lakota or Chippewa Cree culture as a means of universal prevention, under the belief that a disconnect of youth from Native culture had allowed violence to enter into their communities. At Rocky Boy, smudging, drumming, and traditional arts and crafts were incorporated into community events and programming; at Rosebud, smudging and traditional foods were incorporated. Rosebud also plans to host a Lakota naming ceremony for youth on the reservation who do not have a traditional name.

**Targeted Prevention Models**

Boston, Cuyahoga County, and Shelby County contracted with community-based organizations to support or create limited targeted prevention programs. These programs are considered “targeted prevention” because they are administered to young people who are considered “at-risk” for exposure to violence due to living in neighborhoods with high levels of violence. The programs are considered limited because they do not reach a substantial number of people.

- **Coaching Boys into Men:** Boston administered this leadership program that provides athletic coaches with the strategies and resources to educate young males about relationship abuse, harassment, and sexual assault. Shelby County also trained athletic coaches in the county school district on the Coaching Boys into Men curriculum.

- **Family Programs:** Boston administered the evidence-based Family Nurturing Program, which is designed for parents and children together to build their nurturing skills and understanding of healthy development, appropriate expectations, and discipline with dignity. Through a limited number of providers, Cuyahoga County administered Adults and Children Together (ACT), which teaches positive parenting skills to parents and caregivers of children from birth to age eight.

- **Project Safeways:** Shelby County gave monies to support a previously existing prevention program called Project Safeways, which is a Memphis-based program that provides support services and training to apartment complex managers to prevent crime and ensure residents’ safety in their complexes. The use of this particular program model dovetailed
with the overall philosophy of the Shelby County initiative of infusing a small number of high-risk apartment complexes with a highly aggressive panoply of advocacy, case management, and prevention services (see further discussion below).

**Lessons Learned Concerning Prevention**

Three important lessons emerged concerning the focus of prevention, especially when the programming is universal. First, in addition to the focus on negative prevention (e.g., anti-violence, anti-bullying), programs might consider incorporating positive promotion (e.g., healthy relationships, building resiliency), as those messages may resonate with and be applicable to a more general (not necessarily “at risk”) youth audience.

I think another challenge here is that a comprehensive prevention program for multiple ages does not exist. They had to piecemeal different curriculum together and make sure that the messages were complimentary rather than repetitive or conflicting.

Second, jurisdictions interested in implementing multiple programs in schools over multiple years will find a lack of any existing comprehensive prevention program that goes across all ages. As depicted in Table 2.2, Grand Forks used multiple curricula and struggled with the challenge of making the curricula complimentary rather than repetitive or conflicting. Realistically, students may become exposed to the same concepts year after year. It is important for staff to be sensitive to this reality, while not avoiding repetition by altering the programs so much that they do not have fidelity to the model, rendering the programs not evidence-based.

Third, some programs have similar goals but take different approaches to achieving those goals, and staff should be mindful of this where multiple programs are implemented in the same settings so as not to support conflicting messages. For example, as an anti-bullying program, Olweus trains school staff to keep parties who bully others separate from those they bully; a key tenet of restorative justice programs, however, is to bring those parties together; thus, their messages could conflict if administered to the same students.

**Screening and Assessment**

Screening is an important first step in identifying children who have been exposed to violence and refers to how children are identified for potential intervention, treatment, and healing programs. Screening is typically a brief process, designed to determine the need for further assessment and possible services, whereas assessment yields a more comprehensive understanding of trauma symptomology in order to determine which specific services are appropriate.

For sites that focused some of their resources on providing treatment, most had formal screening and assessment tools that they used. For example, in Shelby County, agencies involved in Defending Childhood programming used the VanDenBerg “Strength, Needs, and Culture Discovery” assessment, the UCLA PTDS Trauma Index, and the Ages and Stages Questionnaire. Boston used the Child and Adolescent Needs and Strengths (CANS) assessment.

**The Cuyahoga County Universal Screening and Assessment Model**
Cuyahoga County concentrated many resources on comprehensive screening and assessment, creating a streamlined system that moves children ages 0-18 who have been exposed to violence and may be experiencing trauma symptoms from identification/screening with a single universal tool for the county, to more in-depth assessment, to treatment. Fifteen agencies in the county use a centrally created and universal screener, and if a child screens positively and the parent consents, the family’s screener and contact information are sent to a Central Intake and Assessment location. If Central Intake staff administer an assessment and deem that the child should receive treatment, they refer to one of seven local agencies for service provision. It is worth describing their unique model a little more in depth.

- **Development of a Universal Screening Tool:** The Cuyahoga County research team piloted and developed a short, one-page screener that asks questions related to violence exposure and trauma. The research team established separate screeners for children seven years of age and younger (completed by the caregiver) and for children eight years of age and older (completed by the child). The screeners were based on existing violence exposure and trauma instruments (e.g., Juvenile Victimization Questionnaire, Trauma Symptom Checklist for Children, Violent Behavior Questionnaire, Child Behavior Checklist) and shortened to be appropriate for an efficient and therefore practical screener.

- **Administration of the Screening Tool:** The two primary screening agencies have been the Cuyahoga County Division of Children and Family Services (DCFS) and the Cuyahoga County Juvenile Court, resulting in over 16,000 children screened in a little over two years. The agencies that received a contract to provide treatment services also use the screener.

- **Countywide Central Intake and Assessment:** If a child screens as having been exposed to violence or trauma, this event facilitates a referral to a Central Intake and Assessment (“Central Intake”) office for a full assessment. Central Intake—available 24 hours a day, seven days a week, 365 days a year—is the site for all diagnostic assessments and crisis response in the county’s service system, created under the Defending Childhood Initiative. The diagnostic assessment is comprehensive, with core components from valid and reliable instruments such as the Juvenile Victimization Questionnaire, Trauma Symptom Checklist for Children, Trauma Symptom Checklist for Young Children, Violent Behavior Questionnaire, and the Child Behavior Checklist. Once Central Intake receives a screener, staff have 24 hours to reach out to the family.

- **Assessment-driven Treatment Planning:** Once an assessment is complete, Central Intake staff make a diagnosis and recommendation for appropriate treatment and then link families to a Defending Childhood contract agency that can provide the child with the most appropriate trauma-informed intervention, driven by the results of the assessment. All trauma treatment services that Central Intake refers to are evidence-based.

Cuyahoga’s groundbreaking experiment in countywide screening and assessment also yielded valuable lessons. First, it is important to find a delicate balance between not setting the screening threshold so high that children who need services fail to flag as such on the screener, and not setting the threshold so low that too many children are identified but then found not to need...
services after a full assessment or not to be able to receive services because community-based providers are over-stretched.

Second, if one of the primary screening agencies will be the local Children and Family Services agency, intake may not be the best point of screening; while the number of children potentially screened will be highest if done at intake, at that point in time many parents may not be fully honest when filling out the screener, for fear that it might affect their child welfare case. Finally, because there is often turnover at major screening agencies (e.g., court, child welfare service), there may be a need for regular new or booster trainings on how to administer the screener.

**Case Management and Advocacy**

Case management and advocacy are major components of the two tribal sites’ programming and of the place-based service linkage model adopted in Shelby County. These activities involve outreach to individuals in potential need with the aim of providing non-therapeutic forms of assistance as well as providing linkages to clinical services where appropriate. Advocacy also involves assistance in supporting individuals in legal proceedings and working to ensure they receive appropriate educational services.

**Three Examples of Case Management and Advocacy Models**

- **The Rocky Boy’s Domestic Violence/Sexual Assault and Child Advocacy Model:** The domestic violence advocacy model includes safety planning, intake and referral, short-term and emergency housing assistance, court and law enforcement accompaniment, and support groups. The child advocacy model focuses on child abuse and neglect cases. Child advocates receive case referrals from multiple Rocky Boy agencies, including social services, TANF, and Rocky Boy Schools. Their advocacy work involves spending time with the child and remaining involved throughout the abuse/neglect case, taking him/her to the hospital or doctor’s appointments, and playing an advocacy role in court proceedings and other formal events.

- **The Rosebud Care Advocacy Model:** This model relies on referrals from three sources: 1) the juvenile detention center (JDC) (which supplies the majority of referrals); 2) community partners such as the police, Department of Social Services, and local wellness and mental health programs; and 3) family/guardians. Staff refer to the case management work as “care advocacy.” They work with the young people to create individualized action plans, make referrals to local service providers, and do civil legal advocacy and court accompaniment. Many of the people they work with are from court-involved families; thus, case managers assist with things such as preparing paperwork for a protection order and accompanying a child to a protection order hearing. Case managers also advocate within the school system to ensure that the educational needs of their youth are met.

- **The Shelby County Place-Based Case Management Model:** Case management and advocacy was also a major component for Shelby County, the only site to institute a place-based approach by concentrating resources in three public housing apartment complexes in Memphis. The site hired family service providers to work in these apartments. The
family service providers were not licensed clinicians; rather, they were intended to play an intermediate role: providing a safe space for people to come to discuss their problems with a caring person, while also referring potential clients to social service agencies for appropriate and needed services. The case managers, called connectors, received space at the target complexes, helping to connect families to the services they may need (e.g., receiving therapy, filing court orders, paying their utility bills, finding daycare for their children). Their onsite presence meant that they were highly accessible to residents on a regular basis, enhancing their capacity to identify individuals in need of help and link them to trained clinicians or whatever other services were necessary. The connectors also put together a written resource guide for residents.

Lessons Learned Concerning Case Management and Advocacy

As the advocates in the three aforementioned sites learned, advocacy work has many challenges. The work itself is exhausting, since advocates are on call 24 hours a day, seven days a week. The advocates were concerned about self-care and helping themselves not to burn out. In the Rosebud site, another challenge had to do with the lack of transportation and the expansive size of the reservation. On the Rosebud, it could potentially take over an hour to drive to a child’s home, and then there is no guarantee that the person will be there. Additionally, the children and youth at both of the two tribal sites serve often lack transportation to get to and from the social service agencies they are referred to. Finally, many families are lacking basic needs of food, shelter, and clothing. It is often hard to engage them in services related to violence when they need their basic needs met first. Besides the less sprawling geography in the far more urban Shelby site, the onsite presence of advocates in a select number of high-risk apartment complexes provided for a model that may be highly replicable in other urban contexts where there is a concentration of need in high-rise or densely populated complexes or neighborhoods.

Treatment and Healing

For the purposes of this report, therapeutic programs designed to treat the psychological effects in children who have been exposed to violence are categorized as “treatment and healing.” This category differs from case management and advocacy, which involves outreach to individuals in potential need with the aim of providing non-therapeutic forms of assistance and linkages to clinical services where appropriate. The two tribal sites largely adopted an advocacy model (described above), while referring to other preexisting service providers to administer therapeutic treatment. However, the tribal sites did also offer traditional healing ceremonies such as sweat lodges and smudging. Through varying mechanisms, the non-tribal sites all utilized Defending Childhood funding to support direct therapeutic treatment, in most cases using known, evidence-based treatment models. Most of the treatment recipients were Medicaid-eligible, meaning that the treatment agencies were able to serve the children and youth and be reimbursed through Medicaid; however, in its intensive place-based work in select neighborhoods and apartment complexes, the Shelby model also directly funded services that existing insurance options would otherwise not pay for.
Table 2.1 provides a description of most of the different treatments across the sites. If a treatment is classified as “evidence-based,” it means that at least one rigorous evaluation provides evidence that the program is effective in achieving intended outcomes (e.g., decreased trauma symptoms). It is important to note, however, that the research that supports the use of evidence-based practices does not usually include evaluations of intervention with Native American and/or Alaskan Native communities. None of the western treatments outlined in Table 2.1 have evidence on their use with Native communities. TF-CBT has been adapted for tribal use, but its adaptation “Honoring Children, Mending the Circle,” is considered a promising practice by the National Child Traumatic Stress Network, since evaluation is ongoing and presently insufficient.

On the other hand, some tribal practices may be considered as effective in healing based on non-western approaches to evaluating them. For example, sweat lodges, used at both the Rocky Boy and Rosebud sites, fall under “Local community validation” according to the First Nations Behavioral Health Association.26

### Table 2.1 Treatment and Healing Interventions

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Description</th>
<th>Evidence-Based?</th>
<th>Site(s) Implementing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)</td>
<td>TF-CBT is a treatment designed to help children, adolescents, and their parents to overcome the negative effects of trauma. The model blends fundamentals of CBT with traditional child abuse therapies, thereby enabling clients to regain trust and a personal sense of integrity. It targets the symptoms, such as intrusive thoughts of the traumatic event, avoidance, and trouble sleeping or concentrating that are characteristic of post-traumatic stress disorder.</td>
<td>Yes</td>
<td>Cuyahoga County, Grand Forks, Shelby County</td>
</tr>
<tr>
<td>Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)</td>
<td>SPARCS is a group intervention specifically designed to address the needs of chronically traumatized adolescents who may still be living with ongoing stress and experiencing problems in their adjustment. Goals of the program often focus on affect regulation, self-perception, coping and relationship building while also reducing somatization, dissociation, avoidance, and hopelessness. SPARCS draws heavily from cognitive-behavioral and dialectical behavior therapy concepts and techniques.</td>
<td>Yes</td>
<td>Cuyahoga County, Grand Forks</td>
</tr>
<tr>
<td>Sweat Lodge</td>
<td>Traditional native ceremonies for wiping the trauma (e.g., through heat, prayer, and sage plants) from a child.</td>
<td>Yes, Local Community Validation</td>
<td>Rocky Boy, Rosebud</td>
</tr>
<tr>
<td>Multisystemic Therapy (MST)</td>
<td>MST is an intensive family- and community-based treatment that addresses the multiple determinants of anti-social behavior in</td>
<td>Yes</td>
<td>Cuyahoga County</td>
</tr>
</tbody>
</table>

Chapter 2. Cross-Site Themes and Lessons Learned

**Table 2.1 Treatment and Healing Interventions**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Description</th>
<th>Evidence-Based?</th>
<th>Site(s) Implementing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parent-Child Interaction Therapy (PCIT)</strong></td>
<td>PCIT provides coaching to parents and other caregivers who want to help their children to learn how to relate and behave better. Discipline skill building and coached parent/caregiver-directed play occur with the assistance of a PCIT therapist. Parent/caregivers are also given a homework assignment after each session to practice PRIDE skills (praise, reflect, imitate, describe, enthusiasm) with children every day for 5-10 minutes.</td>
<td>Yes</td>
<td>Cuyahoga County</td>
</tr>
<tr>
<td><strong>Kids Club</strong></td>
<td>Kids Club is a nine-week group therapy program that covers the following topics: safety planning, problem solving and conflict resolution and trauma, and issues related to witnessing domestic violence.</td>
<td>Yes</td>
<td>Shelby County</td>
</tr>
<tr>
<td><strong>Attachment, Self-Regulation, and Competency (ARC)</strong></td>
<td>ARC is a comprehensive framework for intervention with youth exposed to complex trauma. It identifies 3 core principals of understanding trauma: trauma derails healthy development; trauma does not occur in a vacuum, not should service provision; and good intervention goes beyond individual therapy. Thus, three core domains are addressed: attachment, self-regulation, and competency.</td>
<td>Yes</td>
<td>Boston</td>
</tr>
<tr>
<td><strong>Child Parent Psychotherapy (CPP)</strong></td>
<td>CPP involves the restoring the child and parent relationship as a means of improving the child’s sense of safety, attachment to the parent, and their cognitive, behavioral, and social functioning. Parents work on their negative associations with their child and maladaptive parenting strategies.</td>
<td>Yes</td>
<td>Shelby County</td>
</tr>
<tr>
<td><strong>Eye Movement Desensitization and Reprocessing (EMDR)</strong></td>
<td>EMDR is a psychotherapy used to treat post-traumatic stress disorder (PTSD), where the patient’s traumatic memories are treated with rapid eye movement.</td>
<td>No</td>
<td>Grand Forks</td>
</tr>
<tr>
<td><strong>Restorative Justice Program</strong></td>
<td>RJ involves a face-to-face meeting between the victim and the offender to discuss a violent incident and focuses on repairing the harm between the parties involved in a dispute through</td>
<td>No</td>
<td>Grand Forks</td>
</tr>
</tbody>
</table>
Table 2.1 Treatment and Healing Interventions

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Description</th>
<th>Evidence-Based?</th>
<th>Site(s) Implementing</th>
</tr>
</thead>
</table>

Lessons Learned Concerning Treatment and Healing

Across sites, there were two primary lessons. First, although programs may assess and connect a family to an appropriate intervention to address a child’s trauma, it is common for families to drop out or refuse services. This happens for multiple reasons, but for many of the evidence-based treatments described above, time commitment is the primary issue. Once families see how long treatment will take—usually somewhere between three and six months—and how much time they need to devote to it, they are often taken aback and feel they cannot commit to or continue with the therapy. While research has shown these treatments to reduce trauma symptoms or improve other outcomes for children and youth, these results can only be expected if participants complete the program. This may also indicate that sites should include brief treatment modalities as options, in addition to longer term programs.

The second lesson relates to the need for continuous training. When choosing the different treatments described above, the local Defending Childhood sites needed to provide training for the clinicians on the therapies, as service agencies either needed to hire new staff to expand their capacity or train existing staff who had not previously used these treatments. This was an upfront cost for the sites, which they budgeted for. However, for some of the therapists, there was a lack of job security given the finite nature of the grant funding, leading them to look for other positions. This staff turnover not only left gaps in service capacity, but also required the sites to have to reallocate other monies in order to train new staff.

Community Awareness and Education

Community awareness and education refers to efforts to increase knowledge of children’s exposure to violence and available resources and services. The audiences for these campaigns tended to fall into two categories: the general public and professionals who work with children and youth. Subject matter of the campaigns tended to fall into two categories as well: information about the existence of the local Defending Childhood initiative and the services it could offer, and information about violence exposure and its impact. All sites had either a website or Facebook page where they would post information and upcoming events, and some hired a local public relations agency to help spread their messaging. While for some sites (e.g., Cuyahoga County), community awareness and education programming was limited, for others (e.g., Rocky Boy) it was a primary component. Table 2.3 provides a summary of the awareness activities for each site.

Table 2.3 Community Awareness and Education Activities by Site

<table>
<thead>
<tr>
<th>Site</th>
<th>Examples of Awareness Activities</th>
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Chapter 2. Cross-Site Themes and Lessons Learned
<table>
<thead>
<tr>
<th>Location</th>
<th>Activities</th>
</tr>
</thead>
</table>
| Boston, MA                     | - Supported youth leaders in developing and leading education and organizing projects to promote healthy teen relationships in their neighborhood. These projects included workshops, public service announcements, and public dialogues.  
                                | - Created a web series (“The Halls”) designed to engage young men in a conversation to end violence, particularly gender-based violence against women and girls. The series consisted of professional television-style episodes that told the stories of three young men in Boston and their struggles through relationships, trauma, masculinity, and identity. |
| Cuyahoga County, OH             | - Held a neighborhood-based “We Have the Power to Stop the Violence!” youth art contest.  
                                | - Held a broad campaign to let the county know that they could call 211 to get help for children who have been exposed to violence. |
| Grand Forks, ND                 | - Created banners and displayed them at local sporting events, as well as banners for sexual assault awareness and child abuse awareness months.  
                                | - Had a bus wrap about the initiative on a highly visible city bus route.  
                                | - Distributed window cling decals with the initiative’s name.  
                                | - Distributed flash drives to local service providers that stored important information about the initiative.  
                                | - Developed a “Winners Way” campaign as a code of ethics for fans at sporting events, especially at the high school level.  
                                | - Filmed a public service announcement that was shown at local sporting events and at the movie theater.  
                                | - Created a website for practitioners that gave them access to information about children’s exposure to violence. |
| Rocky Boy’s Reservation, MT     | - Developed and distributed items (e.g., t-shirts, backpacks, bumper stickers, water bottles) with the project’s logo.  
                                | - Held Family Fun Nights and Cultural Fairs.  
                                | - Hosted Community Summits for practitioners.  
                                | - Organized Awareness Walks.  
                                | - Created and distributed brochures and information cards, varying in topic and design, for distribution at events such as family fun nights. All publications contain information about the project itself, as well as awareness information about the central topic of the document (e.g., violence or bullying). |
Rosebud Sioux Tribe, SD
- Made presentations about the project in schools and in the different communities on the reservation.
- Hosted a weekly radio show to discuss relevant topics.

Shelby County, TN
- Created a trifold brochure (including a Spanish translation) to be handed out by first responders when they respond to a domestic violence call.
- Hosted community fairs and monthly meetings in targeted apartment complexes.
- Developed a password-protected portal for professionals that gave them access to webinars and training materials on topics related to children’s exposure to violence.

A few sites had truly unique strategies for discussing violence, of which two are reviewed below.

- **“The Halls” Web Series in Boston:** Boston’s web series, “The Halls,” was accompanied by a massive marketing campaign that included advertisements throughout the city of Boston, in newspapers, in the train stations, and on buses. The web series and its advertisements were intentionally developed to feel different from a public service announcement. Instead, they appear like standard television show advertising and do not include any Defending Childhood logos or discussion about violence; instead they speak to young people in their own language and mediums. In this sense, it attracted a larger audience than would probably have happened if it were framed as a show that addressed violence and its impact. Indeed, there were over 12,500 clicks for its first episode.

- **Sports-based Public Awareness Campaign in Grand Forks:** Grand Forks was able to gain a large reach with its messaging campaign through purposeful placement and images that resonated with the local population. They created a public service announcement that involved sporting references—sports are a big part of life for residents in Grand Forks—and was shown at the local cinema before each movie, bringing a captive audience to hear a powerful message. Additionally, some of their awareness campaign focused on positive messaging as opposed to using words such as “don’t” and “violence.” For example, their Winner’s Way campaign, which once again was about sports, was “We like to win, and the way we win matters.” The message was “WE are the team. RESPECT the effort. EVERYONE has a role. It’s the WINNER’S WAY.” The awareness campaigns in Grand Forks further reinforced the universal prevention messages that the children were receiving in schools.

**Lessons Learned Concerning Community Awareness and Education**

Across sites, there were multiple lessons learned from implementing community awareness campaigns. First, the rural nature of the two reservations and parts of Grand Forks County made dissemination of information challenging to the far-reaching ends of the jurisdictions. This problem applies especially during wintertime, when snowstorms render certain areas inaccessible, making community presentations extremely difficult.
Second, several barriers to community awareness activities related to the nature of the Defending Childhood Initiative as a federally funded demonstration. In particular, the sites encountered many federal restrictions on publications, distributed materials, social media posts, and public messaging. Many of these had to receive approval from OJJDP before dissemination, and this approval process often took anywhere from weeks to months. In an age where social media outlets such as Facebook, Twitter, YouTube—the primary mediums of communication for today’s youth—require real-time postings and interactions, this approval process was extremely frustrating and limiting, especially to contracted public relations firms who were not used to working within such restrictions. As one person put it: “How do we plan ahead for our spontaneous tweets two months from now?”

Third, staff at all sites found that there was a need to provide food at community events. Gathering around food is culturally important for many of the ethnic groups that comprise large percentages of the populations in these communities. Additionally, in order to accommodate work schedules, many times these events are offered in the evening around dinnertime. Staff and stakeholders reported feeling hindered by federal restrictions that do not allow for grant funds to be used for food. In some cases where exceptions could be made, such as with some events for the tribal sites, the approval process was unnecessarily arduous and time-consuming. Obviously, the problems related to food as well as federal approval for dissemination would not apply to local replication efforts that do not involve federal oversight and funding, but the issue would apply to any future federally-funded expansions of the Defending Childhood Demonstration Program.

Professional Training

All sites offered training to local professionals who work with children and youth on issues related to children’s exposure to violence. The audience for these trainings included social and human service agencies, social workers, childcare workers, educators, healthcare staff, attorneys, court personnel, faith and traditional leaders, and law enforcement officials. Most of these trainings lasted a few hours to a day. Topics varied by site, but most of the major topics included:

- The effects of trauma on children;
- Wraparound services;
- Resiliency factors for children and parents in domestic violence situations;
- Confidentiality and sharing information and data across systems;
- Sexual abuse;
- Trauma-informed care;
- How to use screening tools;
- Compassion fatigue; and
- Specific evidence-based treatments such as Trauma-Focused Cognitive Behavioral Therapy and Structured Psychotherapy for Adolescents Responding to Chronic Stress.

Table 2.4 provides counts of the number of professional trainings each site offered and the number of individuals trained between October 2011 and September 2014.

Table 2.4 Professional Trainings by Site

<table>
<thead>
<tr>
<th>Site</th>
<th># of Trainings Held</th>
<th># of Individuals Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston, MA</td>
<td>34</td>
<td>1,006</td>
</tr>
</tbody>
</table>
The Boston Learning Communities Model

The Boston site took a comprehensive approach to training, focusing on training a smaller number of people in depth through learning communities, which requires clinicians to make a longer-term commitment (18 months) in the hopes that it will lead to institutional adoption of best practices. Learning communities involve two-to-four in-person training sessions and 24 case conferencing and supervision phone calls. Boston created three of these communities on mental-health interventions for children exposed to violence: Trauma-Focused Cognitive Behavioral Therapy; Child Parent Psychotherapy; and Attachment, Self-Regulation, and Competency. Eligible clinicians had to have a master’s degree and some practical experience.

Lessons Learned Concerning Professional Training

For many of the sites, it took quite some time to get training efforts off the ground. Two reasons were the lack of staff dedicated to training and the local and federal approval process. For example, at the Boston site, it took much longer than anticipated to hire someone due to the hiring restrictions (e.g., must be a city resident) of the Boston Public Health Commission, as well as the finite nature of the federal grant, which meant that good people were less likely to apply due to the lack of job security. This problem proved to be a significant challenge to developing and implementing professional training. At the Grand Forks site, staff put together many training presentations on various topics, but it took many months to get these presentations approved by OJJDP. As with several of the barriers to community awareness campaigns, the OJJDP-related restrictions were only a barrier in the context of the Defending Childhood federal grant process and would not apply to a jurisdiction seeking to replicate strategies with local funding sources.

Limited options exist for trainings that cut across the various types of children’s exposure to violence; in many cases, training options are narrow in scope and only address one type of violence. Some existing trainings may not span the full range of childhood (ages 0 to 18) and some of the sites had to adapt or develop new training curricula to address their needs. The field would benefit from more comprehensive trainings and resources for communities.

Across all sites, staff also expressed the need for consistent trainings for new staff due to high turnover rates at social service agencies, as well as booster trainings for previously trained staff, given that oftentimes the original trainings were only a few hours long. These needs proved difficult to meet, however, because of insufficient monies budgeted to training. This lesson suggests that a training process that culminates in specific outcomes regarding agency protocols, practices, and treatment modalities—reflected in the goal of Boston’s learning communities in fostering institutional adoption of best practices—may be more sustainable than an approach that relies on one-off trainings individual staff, who may or may not remain in influential positions at
their agency. Transforming entire organizations and agencies to be trauma-informed may be the most successful approach for sustainability.

**System Infrastructure and Capacity Building**

Some sites took explicit steps to create systemic change in the way that multiple agencies in their community (e.g., law enforcement, social services, public health) respond to children’s exposure to violence. System infrastructure changes varied by site, and not all sites devoted resources to making these changes. Cuyahoga County afforded a particularly intensive focus to countywide infrastructure changes through the countywide universal screening, assessment, and central intake process described above. Table 2.5 summarizes activities in each site.

**Lessons Learned System Infrastructure and Capacity Building**

Most of these systems changes involved data sharing in some way. One of the major lessons learned from these efforts relates to fully understanding federal laws that regulate the use and disclosure of protected health information (e.g., the Health Insurance Portability and Accountability Act), which is often misunderstood by many who believe it completely prevents data sharing; it does not, but certain memorandums of understanding and releases of information must be in place. Additionally, it is important to understand state statutes regarding sharing of information (e.g., police investigative reports) so as to avoid creating something that could lead to unintended consequences. For example, in some states a police report is automatically public record, and any changes to a police report (e.g., adding space to discuss whether children were present during a domestic violence incident) may be increasing risk to victims by making their address public. It is also important to understand the unintended risks to victims in subsequent family matters or child protective proceedings. The lesson is not to implement these efforts, but rather to fully understand the necessary components to tracking and sharing certain data, and the potential unintended consequences of doing so.

**Table 2.5 System Infrastructure and Capacity Building**

<table>
<thead>
<tr>
<th>Site</th>
<th>Activity</th>
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</table>
| Boston, MA      | • Provided recommendations to the Massachusetts Departments of Public Health and Early Education and Care to include standards and guidelines for early education sites, home visiting, and early intervention programs in order to improve the identification of children exposed to violence and trauma-informed responses.  
• Developed a briefing document and supporting materials that was sent to the Massachusetts Department of Public Health and the Prevention Trust Fund to make the case to include exposure to violence as a preventable and prevalent health condition and to recommend evidence-based practices for addressing violence and trauma.  
• Worked with the Boston Police Department to update incident reports to include a check box to indicate if a child has witnessed domestic or community violence.  
• Implemented an intensive, long-term, training curricula for local child care organizations to become trauma-informed |

Chapter 2. Cross-Site Themes and Lessons Learned
Cuyahoga County, OH  
- Created a streamlined service system that involved moving children from screening to assessment to treatment in a systematic way, involving major systems (e.g., court, child welfare agency) doing screening and referring children to one central location (Central Intake and Assessment) for assessment.

Rosebud Sioux, SD  
- Revised tribal legislation and policy to be more responsive to children’s exposure to violence, providing the tribal council with suggested amendments to the Child Protection Code.

Shelby County, TN  
- Built and implemented a shared data management system that allows partner agencies to, after signing Memorandums of Understanding, be able to share client data if their clients sign a Release of Information. This allows agencies to search the system to see if a client they are encountering for the first time has had previous interactions with a Defending Childhood partner agency.

Collaborative Bodies

Every Defending Childhood site assembled a collaborative body, as required by their grants. These bodies varied in size across sites, with the smallest having 12 partners and the largest having over 65. In general, all of the sites ensured that certain key public health, law enforcement, social service, and education stakeholders participated. Table 2.6 provides details on the collaborative bodies, management, and subcommittees at all of the sites.

<table>
<thead>
<tr>
<th>Site</th>
<th>Number of Collaborative Body Members</th>
<th>Core Management Team</th>
<th>Governance/Leadership Team</th>
<th>Formal Subcommittees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston, MA</td>
<td>65 organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>None (some put together on ad-hoc basis)</td>
</tr>
<tr>
<td>Cuyahoga County, OH</td>
<td>60 organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>1) Services&lt;br&gt;2) Policies &amp; Procedures&lt;br&gt;3) Training&lt;br&gt;4) Data &amp; Evaluation&lt;br&gt;5) Community Engagement, Awareness &amp; Prevention&lt;br&gt;6) Funding &amp; Sustainability</td>
</tr>
<tr>
<td>Grand Forks, ND</td>
<td>40 organizations; 91 participants</td>
<td>Yes</td>
<td>Yes</td>
<td>1) Stakeholders&lt;br&gt;2) Prevention (3 working groups)&lt;br&gt;3) Intervention (3 working groups)&lt;br&gt;4) Data (1 working group)&lt;br&gt;5) Rural Coalition&lt;br&gt;6) Healthy Families Advisory Committee</td>
</tr>
<tr>
<td>Rocky Boy’s Reservation, MT</td>
<td>12 organizations</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>Rosebud Sioux, SD</td>
<td>9 organizations</td>
<td>No</td>
<td>No</td>
<td>None (some put together on ad-hoc basis)</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------</td>
<td>----</td>
<td>----</td>
<td>----------------------------------------</td>
</tr>
</tbody>
</table>
| Shelby County, TN | 30 organizations; 80 participants | Yes | No | 1) Transforming Cultural Norms  
2) Building Child and Family Resiliency  
3) Screening and Referral for Children Suspected of Having Been Exposed to Violence  
4) Identification, Linkage, Referral for Children Who Have Been Direct Victims of Violence  
5) Identification, Linkage, Referral for Children Who Have Been Exposed of Violence |

The sites with a larger number of participating organizations were more likely to have subcommittees, a core management team, and a governance or leadership committee. However, as initiatives matured, subcommittees no longer met regularly in any site.

Many of the sites highlighted the increased cooperation that resulted from the establishment of their collaborative body as a success of their efforts. In some sites, organizations that had previously never worked together were reaching across the aisle to collaborate.

In other sites, especially Boston, Cuyahoga County, and Shelby County, there was a long history of interagency collaboration, including collaborating on topics related to children (e.g., through an early childhood coalition) and exposure to violence (e.g., through prior children who witness violence programming). This past history set the stage for the local Defending Childhood collaboratives and helped push the initiative along, as long-term relationships and trust had already been established.

**Potential Role of External Consultants and Researchers**

Two of the sites (Cuyahoga County and Shelby County) chose to hire an external consultant to drive the planning phase and to help drive early implementation as well. This decision was helpful because the consultant was reportedly able to see “big picture” issues when the collaborative body members would at times get “stuck in the weeds.” Use of a consultant helped to move implementation forward and keep the collaborative focused on tasks that flow from the essential goals of the initiative.

Additionally, Cuyahoga and Shelby, as well as Grand Forks, had early involvement of local research partners, who helped provide data (e.g., where violent crime was located), which in turn helped to inform the focus of the initiatives, as well as to ensure that mechanisms were in place to collect baseline data as well as important data once implementation began.

**Navigating the Risk of Collaboration Fatigue**

Whereas forging or building on strong preexisting working relationships can mostly be seen as an asset, having multiple collaboratives with many of the same players can lead to “meeting fatigue”
or “collaborative fatigue,” which stakeholders cited as a challenge. In many cases, collaborative body members were pulled in many directions and were attending meetings for similar or overlapping initiatives, many of which are federally-funded (e.g., National Forum on Youth Violence) and could, at the federal level, benefit from better cross-coordination. As the initiative matured, some sites chose to merge similar collaborative bodies or fold the Defending Childhood one into a preexisting one. This helped to reduce collaborative fatigue.

Nonetheless, across all sites, there remained a real need to think creatively about how to keep organizations and their representatives engaged throughout implementation. For instance, some organizations that were represented on the collaborative body early on became less interested in continuing their participation once their programming did not receive funding or support.

**Including the Voice of Local Communities, Parents, and Youth**

At nearly all of the sites, staff and stakeholders repeatedly mentioned community buy-in as vital to the success of most initiatives, including the redistribution of the OJJDP grant money to smaller community-based organizations through competitive funding. Some sites partnered with local parent and youth organizations in order to achieve additional buy-in and to include youth and parent voices in their work. The involvement of active community members in the planning and implementation of the Initiative meant the inclusion of those who have a deep understanding of the complex cultural and social context of the community and neighborhoods. These individuals tend to have types of knowledge and expertise that cannot be found in organizations and can often be the most invested in change because of their experiences.

**Local Politics**

Local politics can serve as both a barrier and a facilitator to implementing any large-scale initiative, and indeed, that was the case for some of the Defending Childhood sites. For some sites, early support from political leaders helped push implementation along, generating political will and mandates “from above.” In Boston, for example, the city’s mayor was extremely supportive of the initiative and encouraged involvement of high-level stakeholders. However, when a new mayor came in, staff had to retell the story of why the Defending Childhood Initiative is important and had to spend time convincing new mayoral appointees in multiple agencies to embrace a children’s exposure to violence lens in their work.

Cuyahoga County faced a similar situation. Turnover in county leadership, particularly within Public Safety and Justice Services (where the local Defending Childhood Initiative is anchored), presented a challenge. Part of the decision to embed the initiative within the county was for sustainability purposes, but with turnover of directors, the original leaders who had children’s exposure to violence constantly on their radar left, and the staff had to start over with new executives, advocating for the importance of thinking about children’s exposure to violence in all aspects of the department’s work. While the new leadership has been supportive, it has been time-consuming to bring new leaders up to speed and lead them to believe in the work.

The Rosebud site faced challenges around local tribal politics, similarly influenced by a transition at the tribal council level. The person who was the tribal council president at the start of the project
fully supported the initiative. However, elections saw a change in tribal council administration, and when the new president came on board, he wanted to replace Defending Childhood staff. Like many state, local, and tribal communities, there is a certain degree of “politics” on the Rosebud reservation, where jobs are perceived as a form of payback for political support. Often, local tribal officials see grants as “job creators,” and, given the high unemployment rate in the area, grant-funded positions become a political asset. This dynamic created a lot of turnover in project staff.

A few of the urban sites had originally worked to develop relationships with the major school districts in their counties, but district mergers and turnover made it hard to consistently have the right people at the table early on and to have schools involved in a meaningful way. Overall, only the Grand Forks site established meaningful relationships with the local Department of Education, leading school-based prevention to be a significant focus only at that site.

**Tribal Sites and Tradition**

The two tribal sites of the Defending Childhood Demonstration Program are quite different, yet had similar approaches in addressing children’s exposure to violence. The Chippewa Cree Tribe of Rocky Boy’s Reservation has an estimated population of 3,500 tribal members, while the Rosebud Sioux Tribe has a population of over 24,000 members on Rosebud Reservation. Both reservations are rural in nature, with large expanses of land but few residents. However, Rocky Boy’s Reservation is much smaller, with about 140 square miles compared to over 1,400 square miles at Rosebud. The two tribes have different languages and customs; their tribes have different laws and community norms.

Despite these differences, both tribal sites led their efforts with a strong philosophy centered on a return to tradition and culture as protective factors. At Rosebud, the Lakota way of life, or Lakal Wicohan, was incorporated into all the work of the Rosebud Defending Childhood Initiative. This approach manifested itself in multiple ways. For instance, they refer to the people they serve as relatives, not clients. Collaborative meetings begin and end with saying “Mitakuye oyasin,” Lakota for “all my relatives,” reflecting their belief in the interconnectedness of all forms of life. Voluntary services offered include Wopakinte, a spiritual cleansing in the form of a sweat. Project staff attended a Lakota mental health first aid training to help guide their treatment and healing work. There are future plans for offering a Lakota naming ceremony for young people who do not have Lakota names, and in a newsletter for the initiative, there is a vocabulary section that includes definitions of Lakota words.

Similarly, at Rocky Boy’s Reservation, the staff focused on culture and language as central to their efforts. They stated, “Culture is prevention. Culture is unity. Culture is identity.” The project puts a quote from Chief Rocky Boy at the center of its work: “Love one another and take care of each other.” The philosophy of their initiative centers around the belief that a return to Chippewa Cree culture, tradition, and language is a primary protective factor for families and children on the reservation. At least one of the advocates is trained in traditional forms of healing (e.g., smudging and sweat lodges), and the staff incorporates song, dance, drumming, and prayer in their programming. The staff open meetings and events with prayers and sweet grass and use sage to cleanse and clarify the mind, body, and soul. At their community events, they incorporate
Chapter 2. Cross-Site Themes and Lessons Learned

traditional healing and ceremonial practices, spirituality, arts and crafts, tribal stories, native language, and native plants.

Philosophies of the Non-Tribal Sites

Many of the non-tribal sites had an underlying philosophy or perspective that drove their work. In Boston, a very deliberate effort was made to focus on racism and health equity in addressing children’s exposure to violence. Boston targeted neighborhoods with the highest disparities when it came to violence and also ensured that their trainings, awareness campaigns, prevention programming, and direct services were connected to their anti-racism and equality mission.

Similarities Between Tribal and Non-tribal Sites

The tribal communities have suffered from historical trauma from decades of federal policy that disrupted the cultural and familial ties of the native communities. Similarly, many of the non-tribal sites are home to large African-American populations who have also suffered historical trauma related to centuries of federal policy. Both of these populations suffer from disproportionate minority contact in the criminal justice and child welfare systems. These reasons have combined to create a distrust of law enforcement, service providers, and researchers. Both communities also have a long history of oral tradition and storytelling, gathering around food and non-nuclear family models. For future initiatives that bring tribal and non-tribal sites together, it may be worth intentionally highlighting similarities in cultural norms and historical struggles to help bridge the tendency on the part of researchers, technical assistance providers, and funders to consistently make “tribal v. non-tribal” distinctions.

Urban and Rural Sites

The distinction between tribal and non-tribal sites is not always the most relevant difference. Another way to compare the sites is through an urban v. rural lens. Three of the sites, Boston, Cuyahoga County (which encompasses Cleveland), and Shelby County (which encompasses Memphis) can be described as large urban areas, and the remaining three, including the two tribal sites, are considered more rural; although Grand Forks does have a small city, the full county has many rural areas. Grand Forks was the only site that had large expanses of rural area but was not tribal. Vast differences exist between implementing programming in an urban area and a rural one, many of which involve availability of public transportation and geographic access to services, especially during inclement weather. On Rocky Boy’s and Rosebud reservations, the rural nature of the land, also described as “frontier” by some individuals at Rocky Boy, posed challenges when working on community awareness efforts and spreading the word about the services available through Defending Childhood.

While the grantees each had a deep understanding of their respective environments, those in rural areas felt that they were not learning from the national dialogue on violence, which tended to focus on urban issues. Additionally, as Defending Childhood grantee all-sites meetings started becoming combined with all-sites meetings for other Department of Justice violence-related initiatives such
as the National Forum on Youth Violence, which focuses on gang violence in urban areas, representatives of the rural sites felt more and more left out of the conversation.

As discussed further in Chapter 3, one of the technical assistance providers highlighted the need for more intensive technical assistance in rural areas.

**Use of Evidence-Based and Promising Practices**

Since the inception of the *Defending Childhood* Initiative, emphasis has been placed on the use of evidence-based practices (EBPs) or promising practices in the implementation of efforts to address children’s exposure to violence. Most sites used the National Child Traumatic Stress Network (NCTSN) as a resource, which focuses on empirically supported and/or promising treatment practices. The most commonly used practice across the sites was Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

Despite the emphasis on EBPs, nearly every site used additional programs that were not “evidence-based.” At one site, staff stated that the requirement to focus on evidence-based practices hampered innovation and that working with new and promising programs could be important for learning more about what works in the field of children’s exposure to violence. Additionally, while a program could be evidence-based, it may have been shown to be effective for a specific population in a specific geographic region, and it may not be applicable to the populations that the sites are working with. It should also be noted that the lessons learned from the implementation of some of the evidence-based treatments at the *Defending Childhood Demonstration Program* sites indicate that it may be challenging to engage children who have been exposed to violence for the full length of time these treatments require to be effective.

On the other hand, neglect of proven practices when developing new programs can often lead to poor program designs that do not have positive effects on children. At a minimum, sites might have benefited from clearer information regarding what makes an approach evidence-based and what are the functions and limits of evidence-based treatments vis-à-vis efforts to spin-off new innovations.

Challenges and dilemmas surrounding evidence-based practices can be illustrated in the choices made at the two tribal sites, which adopted several well-established approaches within tribal communities that, as mentioned previously under Treatment and Healing, only have local community validation as their evidence base. The NCTSN does highlight some promising practices for use by tribal communities, including: 1) Honoring Children, Making Relatives for ages 3 to 7; 2) Honoring Children, Mending the Circle for ages 3 to 18; and 3) Honoring Children, Respectful Ways for ages 3 to 12. These programs are adaptations of TF-CBT. The Rocky Boy’s initiative did utilize the Medicine Wheel Model, which is considered to be a promising practice, and Honoring Children, Mending the Circle is a well-being model that also uses the medicine wheel to focus on balance, harmony, respect and wellness to address child abuse and neglect. The medicine wheel model is used to address the downwards spiral into trauma from the events that
have affected American Indians. Arguably, federal funders might have either: 1) proposed greater incorporation of these promising practices at the tribal sites; or 2) in order to further encourage experimentation with Native American models promoted conditions for the original study of other potentially innovative practices and methods.

**Place-Based v. City/County-wide Strategies**

The four non-tribal sites took two distinct approaches in terms of targeting. Two sites chose to focus their work throughout their whole jurisdictions by creating either large-scale systems infrastructure for screening, assessment, and treatment (Cuyahoga County) or offering universal prevention (Grand Forks). The two other sites (Boston and Shelby County) chose, instead, to target select high-risk neighborhoods for most programming (e.g., trainings, case management and advocacy, prevention).

There are advantages and disadvantages to each approach. Choosing to target a whole jurisdiction may seem like a Sisyphean task for large cities, especially when the goal is to reduce violence across that whole geographic area. However, if the strategies include creating citywide or countywide infrastructure to systematically address children’s exposure to violence by, for example, creating a streamlined service system, the initiative may be sustainable after grant funding ends.

Further, if the jurisdiction is small enough and the local school district is willing to be a primary implementing partner, universal prevention programming can potentially reach nearly all children and youth in the community. Universal prevention may be especially desirable if the types of violence that are most prevalent are teen dating violence and bullying. In-school prevention programs where there are up-front costs to buy curricula and train school staff but low costs for sustaining after the first year of implementation may also be sustainable after grant funding ends.

Alternatively, if an initiative cannot get schools involved, it may be nearly impossible to target the full geographic area with universal prevention programming. In this case, it may make more sense to offer targeted efforts in select neighborhoods that are disproportionately affected by violence. This approach allows for greater outreach to the specific members of the population that are the intended beneficiaries of the *Defending Childhood Initiative* (i.e., children who have been exposed to violence) and allows efforts to be tailored to high risk communities. In large urban environments, where one neighborhood may be very different from the next, needs and strategies may vary for each area. However, this means that some children who do not live in the targeted neighborhoods but who have been exposed to violence may not be reached for services.

**Deconstructing or Rebuilding Silos**

The *Defending Childhood Initiative* is one of the few national programs to look at all different types of violence—domestic violence, community violence, teen dating violence, bullying, child abuse and neglect—and to try to work across sectors—public health, law enforcement, education,

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social services, criminal justice. That sites were able to form collaborative bodies to work across disciplines that usually work in silos has been a great accomplishment. However, early on in the initiative, federal funding streams forced some of the demonstration sites to rebuild these silos in specific, prescribed ways. For example, in early collaborative meetings, decisions were made about which types of projects to fund based on community need. However, right as the sites were to start implementation, they were notified that some of their grant money would be coming from the Office of Violence Against Women, which required them to spend a portion of their money specifically on domestic violence direct service work. This turnabout was problematic because project directors then had to go back to their collaborative bodies to develop new plans and budgets with more restrictions, which those at some sites felt worked counter-productively to rebuild the silos between domestic violence and community violence that they had worked so hard to tear down.

Transitions: Technical Assistance Providers and Federal Grant Managers

In Phase I (October 2010 – September 2011) of the Defending Childhood Demonstration Program, sites were tasked with conducting a community needs assessment and developing a strategic plan. Strategies were chosen, and, in some cases, funding allotments were made collaboratively through a consensus process. During Phase I, the technical assistance (TA) provider was JBS International, Inc. However, OJJDP awarded the technical assistance grant for Phase II (beginning October 2011) to Futures Without Violence. When the new TA provider came on for the implementation years, the TA representatives needed to spend time developing new relationships at a critical point in implementation for the site. As one project director stated:

The first TA provider we had a relationship with. The new group comes in and is like, ‘Let’s get to know each other’ as we’re trying to hold our head above water trying to implement our system. We were at different places. Now we’re coming closer together but during that transition, we were on different tracks. We’ve already done that. We went through a long community process, made our decisions; we can’t go back and change things.

Other project directors echoed similar concerns about being in a different place with the initiative than the TA provider, especially early on in Phase II. As another stated, “I don’t think this was ever explicitly stated, but Futures always seemed to be several steps behind what was actually needed in regards to training and webinars.” Some said that the Center for Disease Control’s Science of Implementation training that Futures Without Violence invited them to was extremely helpful, but it happened in March 2014—three years after implementation began.

These sentiments were not a reflection on Futures Without Violence, whom the sites identified as helpful, but they more speak to the difficulty in changing TA providers at a critical juncture of the initiative. As part of this transition, the new TA provider had to spend necessary time getting to know the sites—and the strategic plans that each site had already forged in Phase I. Futures Without Violence staff expressed similar sentiments and recognized the challenges of becoming the TA provider at Phase II instead of at the beginning, in Phase I.
There were transitions at the federal level as well. Years into implementation, a reorganization at OJJDP led to a change in grant managers for the sites. Similar to the change in TA provider, it took a while for the new grant managers to establish relationships with the sites and understanding of their needs. Some staff at the sites did express that, even after a few phone meetings, their new federal grant managers could not remember their names. Thus, it may be inherently problematic to switch grant managers, breaking established relationships and, on the funder side, potentially losing some important historical knowledge about the individual sites.
Chapter 3
Recommendations

This chapter highlights recommendations for other jurisdictions and tribal communities that want to implement strategies to address children’s exposure to violence. The chapter also provides recommendations for funders, technical assistance providers, and researchers. These recommendations were developed both through interviews (staff and stakeholders at each site were directly asked about their recommendations) and independent observations by the research team. Many of the recommendations are stated succinctly, particularly when they follow logically from themes and findings that received significant discussion in the preceding chapters.

Recommendations for Other Jurisdictions

These recommendations are divided into three major sections: (1) at the start of the initiative; (2) implementation strategies; (3) sustainability.

At the Start of the Initiative

1. Make a purposive choice on where anchor your initiative. There are pros and cons to having the initiative run out of local government, and it is important to know what these are. Other jurisdictions should be aware of the potential constraints of local government (e.g., residency requirements for staff, approval process for spending money, social media restrictions, limitations on advocacy work) and the potential benefits (e.g., strong infrastructure to run a large initiative, public trust), and make a decision that will best facilitate successful program implementation. Instead, sites may choose to anchor their initiative at a local, established community-based organization that has a longstanding history of addressing issues of violence (e.g., a local treatment provider).

2. Carefully weigh the benefits and drawbacks of geographic (place-based) targeting. Before designing any initiative, a jurisdiction should conduct a needs assessment to identify high-risk communities and assess existing service capacity. In some cases it may make sense to target programming where there is the greatest need—neighborhoods with high concentrations of violence and scant extant services to address that violence. This is especially true when resources are limited and need is disproportionately concentrated. In other cases, when the types of violence that are most prevalent are bullying and teen dating violence (i.e., not community violence that is concentrated in certain neighborhoods), it may make more sense to try to reach the whole community (e.g., as in Grand Forks). Where feasible, implementing major professional training initiatives (e.g., as in Boston) or jurisdiction-wide changes to policies, protocols, screening/assessment tools, and referral processes (e.g., as in Cuyahoga), in lieu of funding new staff in select agencies to administer specific treatments, may comprise effective community-wide approaches.

3. When possible, use consensus to make decisions. Consensus and transparency in decision-making regarding the choice of strategies can helped maintain high levels of active
involvement among collaborative members. Additionally, when stakeholders feel like they have been able to voice their opinions as part of the process and can see how the decision is made, they are more likely to accept programmatic decisions that may not have been their ideas or may not provide funding to their organization.

4. **Use a consultant early on to drive the planning and early implementation processes.** Hiring an external consultant—especially one with strategic planning experience—to facilitate meetings and synthesize action steps can help move the initiative along early in the process, because she may be less “stuck in the weeds” of logistical details and can see the big picture of where the initiative should be headed and the steps needed to get there.

5. **Involve researchers early.** Bringing a local research team on board early will help facilitate data-driven decision making, as well as allow for collection of baseline information on activities that are not included in the external evaluator’s outcome evaluation (e.g., individual-level outcomes for young people going through a treatment program).

6. **Fully understand overlapping initiatives.** Some of the Defending Childhood sites had other Department of Justice grants (e.g., National Forum on Youth Violence) that required collaborative efforts among the same community players. Others had existing collaborative bodies that addressed a different topic (e.g., early childhood education) but involved all the same health, mental health, education, and law enforcement stakeholders. Other jurisdictions should fully understand the extant initiatives and consider folding their new initiative into one of the established collaborative bodies in order to prevent collaborative fatigue.

7. **Budget for an administrative assistant.** There are many reporting requirements involved in such a large initiative: quarterly reports to funders, evaluators, and technical assistance providers. Additionally, there are many administrative tasks related to budgets, grant management, collaborative coordination, and hiring processes. The project director also has to focus on the big picture, including, planning, reporting, and high-level decision making. It is not the best use of the project director’s time to handle time-consuming tasks or direct service management, and sites should budget for an administrative assistant to help ease the bureaucratic burden.

8. **Build on knowledge gained from the Defending Childhood Demonstration Program.** There have been many lessons learned from the Defending Childhood Demonstration Program. Other jurisdictions seeking to implement strategies similar to those implemented by one of the demonstration sites, or that have similar geographic, demographic, or violence issues, should closely review the documentation of that demonstration site, read the lessons learned from this report and the site’s individual process evaluation report, and seek out documents (e.g., program, technical assistance, evaluations) from other places that have previously adopted similar programming. Direct contact with program planners and stakeholders from the current demonstration program sites may also be beneficial. These steps will help improve decision-making and help new sites overcome certain hurdles more efficiently.
9. Create a classification system to organize types of programming. The Defending Childhood Demonstration Program sites’ chosen strategies fit into the following classifications: screening and assessment, case management and advocacy, treatment and healing, prevention, community awareness, professional training, and systems infrastructure/capacity building. Organizing activities into these or similar classifications is a good way to help collaborative bodies or other decision makers decide, with intention, which categories make the most sense for their site to focus on, given need and available resources. It also helps sites to link activities to desired outcomes and gives them a way to discuss their program models in a way that is accessible to external audiences.

10. Planning for Sustainability. Although sustainability recommendations are discussed in detail below, it is important for sites to begin thinking about sustainability at the start of the initiative. Early on, sites must consider how they will be able to sustain staffing and services beyond the length of their immediate funding, and this can often inform their choice of strategies and programs, such as investing in large-scale systems change, capacity building, organizational movement to becoming trauma-informed or professional training. Building local and political buy-in can be instrumental to ensuring long-term sustainability and leverage local funds to move strategies beyond the initial stages. Sites should also identify funding streams available for direct service provision, such as health insurance, Medicaid/Medicare, or local and state funding.

Implementation Strategies

11. Offer home-based services to overcome transportation obstacles. For many of the families in these initiatives, there are barriers to access to services, be it because of lack of transportation, lack of money for public transportation, or lack of service availability in convenient or accessible geographic locations. Offering home- or school-based services can help reach more people than office-only services; this is particularly true in rural areas.

12. Look for unique ways to leverage existing resources to get information out about children’s exposure to violence. Some of the Defending Childhood sites were able to leverage available resources to disseminate information about their initiatives. For instance, in Shelby County, the local public relations firm that was contracted was able to obtain a free donation of flash drives, which they then were able to put Defending Childhood information on and distribute easily to local social service agencies. Similarly, in Grand Forks, the public relations team knew that paying for a bus wrap to promote the initiative would be beneficial because these wraps are not sold often, so although you only pay for six months, you may end up getting an additional six months free because no new company or agency has paid for one, so the city bus company does not change it.

13. Focus on the positive. When choosing prevention activities, do not just focus on teen dating violence and bullying prevention programs. Particularly for universal prevention programs that target those at-risk for violence exposure and those not at-risk, consider choosing programs that focus on healthy relationships, positive friendships, and building resiliency—principles reflected, for example, in the approach to prevention in Grand Forks.
14. **Beware of mission creep.** When choosing activities, be mindful of not losing sight of the focus of the initiative: children’s exposure to violence. Many people who are exposed to violence are also victims of associated social problems such as poverty and structural racism. It is easy to become focused on addressing those latter issues, particularly when one knows that families must meet basic needs before they can be open to addressing trauma from violence exposure. Indeed, other needs are important too. However, other jurisdictions should be mindful of mission creep. This is especially true for sites doing place-based targeted outreach and case management, where it is easy to unintentionally shift focus away from addressing children’s exposure to violence to issues related to concentrated poverty and housing instability.

**Sustainability**

15. **For smaller communities, focus on prevention in schools.** In thinking about the sustainability of programming after the end of a grant period, an effective way to ensure continued programming is for schools to be the site of prevention programming and initial grant funds to be spent on buying curricula and training school staff (e.g., teachers) to run the program. (Primary school-based prevention primarily involves start-up costs, which a special initiative can fund; such prevention efforts can subsequently be institutionalized at low ongoing costs.)

16. **Prepare for unintended consequences.** Increased awareness of children’s exposure to violence may lead to increases in local service utilization – more children referred to local services, school counselors, child welfare, foster care, and the court system. This can place a burden on local capacity and can strain existing resources. Preparing for the potential for a long-term increase in service utilization and ensuring the agencies and organizations can take on the additional work or have access to greater resources is important. Furthermore, sites need to thoughtfully partner with families and ensure that they get the help they need without fear of punishment, removal, or change.

17. **Promote institutional adoption of best practices.** Because individual staff may not stay with an agency for a long period of time—indeed, there was a lot of turnover in frontline staff across the demonstration sites—an approach that relies on training individual staff may not be sustainable, as new staff will constantly have to be retrained. Therefore, when offering professional training, sites should focus not strictly on increasing the knowledge of individual staff members, but also on promoting specific outcomes for agencies, such as adoption of agency-wide protocols, practices, and treatment modalities. In this way, after grant funding ends and individual training can no longer be paid for, agencies will have already incorporated best practices into their organization.

18. **Focus on systems change.** While funding one-off treatment, healing, and prevention programs may address immediate needs in a community, these programs may be hard to maintain after grant funding ends. Instead, new sites should consider systems changes that will help to sustain the work after grant funding has ended. Specifically, sites should emphasize strategies such as universal adoption of tools (e.g., screeners, assessments); the creation of centralized intake and referral mechanisms; and adoption of evidence-based
treatment programs by multiple agencies. Sites should also focus on training as a vehicle for institutionalization, as doing so may be a more effective means of sustainability—improving the quality of treatment services and the capacity of agencies to offer specific treatments, as opposed to funding the treatment services themselves. Activities involving systems change will help sites to maintain consistent reach of the target population of children who have been exposed to violence over time.

Recommendations For Tribal Communities

Native American and Alaskan Native communities that seek to implement efforts to address children’s exposure to violence are unlike other jurisdictions, counties, and cities around the country. In many ways, they defy a categorical grouping, since they consist of so much diversity in language, culture, history, governance, and relationships with the United States federal government. Some tribes may have a history of working with the federal government; others are wary of it; and some tribes are not open to any collaboration or funding from non-tribal individuals. Many tribes are accustomed to receiving funding from sources such as the Bureau of Indian Affairs or the Indian Health Service; fewer have experience working with funders like the Office of Juvenile Justice and Delinquency Prevention. Many tribes around the country are considering the impact of historical trauma and injustice as they work through issues of violence in their communities and the lives of their children.

We asked the project coordinators, staff, tribal TA providers, grant managers, and tribal leaders of the Chippewa Cree and the Rosebud Sioux about recommendations they may have for other tribal communities that aim to work on the issue of children’s exposure to violence. This is a summary of their recommendations, along with observations from the research team.

1. **Have faith.** Working in the area of children’s exposure to violence can be challenging, especially when working in an environment where people may not understand the topic, may be in denial about its prevalence, or may think it is taboo to discuss. As one tribal project coordinator stated, “Have faith that what you do will help people.” In all communities, the issues are interconnected: children’s exposure to violence is connected with other problems such as poverty, substance abuse, mental health issues, education, and employment. When one works in this field, they are working on something much bigger and this can be overwhelming. For this reason, it is important to have faith in oneself and in one’s community.

2. **Work together and take care of each other.** The success of implementing strategies to address children’s exposure to violence is based heavily on the collaborative efforts of all members of a team, who must remember they that they cannot do everything themselves and that they need to rely on others and work together. Team members have to be proactive and draw on each other’s skillsets. People who work in this field tend to be passionate and willing to go above and beyond. In addition, an important aspect of working as a team is self- and community-care, particularly for front line staff working directly with victims. When one tries to do everything, this can lead to burn out. Ensuring that staff are taking care of themselves and feel supported is essential. Tribal teachings also say that humor is part of life. Although the work is obviously serious, humor can provide a way of healing.
a release of tension and contribute to self-care. Another suggestion for the team leaders to show care for team members is to provide opportunities for everyone to come together over food, prayer, and smudging.

3. **Adopt a strengths-based approach.** Typically, communities identify a problem (e.g., children’s exposure to violence) and then work to address the problem using a deficit-focused perspective. Tribal communities are more likely to focus on the strengths of a situation which can then lead to seeking solutions through a collaborative and consensus building approach. A strengths-based approach draws on the strengths of communities in areas such as indigenous knowledge, building on the role of elders, focusing on extended families and relationship structures, and including connections to nature and spirituality.\(^\text{28}\)

One of the ways this approach was apparent in the tribal sites of the *Defending Childhood Initiative* is their mutual focus on tribal tradition and culture as a protective factor for youth in their communities. A return of tribal culture was central to both of their efforts.

4. **Consider local politics.** Multi-year, grant-funded projects often do not account for changing governance and local political support. Programs may be supported by one tribal council, but the next tribal council may have different priorities. Sites should work closely with their grant managers to ensure that grant-funded positions are filled with qualified staff and not given out as a form of payback for political support. Staff turnover that follows from local politics does may affect staff morale, program quality, and program consistency.

5. **Streamline processes.** While much of the onus is on the federal government to ensure program and staff stability (discussed further below), tribal communities need to reflect on how to constructively address the issue of ensuring continued political support and staffing for grant-funded opportunities that tackle issues that are important for their communities. Streamlining processes and ensuring that there is accountability and transparency for funding and hiring may help avoid some of these issues. Another recommendation is to set up an advisory or decision-making board in advance of grant funding that is permanent for the length of the grant and that includes key tribal members who are respected and unlikely to change, such as tribal elders or peacemakers. If staff turnover is considered likely and unavoidable, some efforts can be made to attenuate the impact of the changes. For example, projects may benefit from having multiple project coordinators, who share responsibilities; clear written protocols and procedures may need to be established early on that new staff can follow easily; ensuring that grant managers, TA providers, and other key individuals have detailed knowledge about the ongoing work can also help make transitions smoother.

**Recommendations for Funders**

With an initiative as large and comprehensive as *Defending Childhood*, funders face challenges ensuring that requirements of the larger initiative are met while providing flexibility for individual demonstration sites. Here we provide a summary of recommendations to funding agencies, in particular federal funding agencies, synthesized from the feedback and reflections of the program.

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site staff, technical assistance providers, grant managers, and the research team. These recommendations are intended to focus on agency-level policies and to be constructive.

**Communicate Clear and Realistic Expectations**

The sites were tasked with addressing children’s exposure to violence in three primary ways, outlined in the goals of the initiative: 1) preventing children’s exposure to violence, 2) reducing its negative impact, and 3) increasing public awareness. Realistically, this is a colossal ask for a two- to three-year project. Each site faces its own challenges, from being a large urban environment where it is challenging to make a citywide impact (e.g., Boston, Cuyahoga, and Shelby) to working in a less populated rural area where it is hard to reach people and engage them (e.g., Chippewa Cree, Grand Forks, and Rosebud). The tribal sites had their own additional challenges, as the only sites to have exceptionally high rates of unemployment (consistently over 60%); high rates of alcoholism and substance abuse in their general populations; and unmatched historical trauma. Given this huge lift, we propose the following recommendations for funders:

1. **Make goals specific and achievable.** Funders should specify realistic process and outcome goals at the start of the project, and continue to reinforce those over the course of the grant. As one grant manager stated: “We don’t do a good job of messaging expectations when we put something together that is so complex.”

2. **Be realistic about impact.** While an outcome evaluation is important to learn the impact an initiative has had, when the timeframe for effecting change is under five years, and funds are limited given the scope of the problem and the geographic and population size of the target area, it will be difficult to move county-wide or citywide indicators of violence.

3. **When funding evaluation, do no harm.** Requiring an outcome evaluation of sites that are not ready to be evaluated—e.g., because their programming has taken a while to get up and running—can do more harm than good. Two sites in this initiative did not have their strategic plans approved until August 2014, when the bulk of the evaluation work was completed. This means that the programming that was evaluated was not fully mature. An outcome evaluation that could potentially show no impact, thereby having a negative effect on continued or future funding or local support, when in fact the program was not ready for evaluation. Moreover, because all sites implemented key community awareness campaigns that educated the community on what violence was and who to call if they suspected a child had been exposed to violence, some core community indicators might move in a less positive direction: it may in fact look like violence has increased when numbers may just be capturing more awareness and hence more reporting. Funders should be mindful about making judgments about success or lack thereof based on outcome evaluations that are done over the course of a short timeframe.

**Fund for a Longer Timeline**

The original implementation funding was supposed to be for three years, but when sites were notified about their awards, they were told to resubmit a budget because the timeframe had to be changed to two years due to the constraints of some of the funding streams. While program
implementation was supposed to start in October 2011, many sites’ revised budgets were not approved by OJJDP until early 2012. Additionally, after the initial shift in funding to two years, and with the delays in approval leading the first year mostly to be spent addressing implementation logistics (e.g., hiring, training treatment providers), some community members who were the intended targets of the initiative expressed discontent to program staff about another well-intentioned program only coming to their community for a short time period. Although sites were twice given additional funding that extended the project by multiple years, the original timeframe brought about challenges for the sites. Therefore, we propose the following recommendations.

4. **Fund for longer periods of time to allow for recruitment of good staff.** Hiring key staff such as licensed therapists or training coordinators takes time, especially when job postings need to get approval by local governments. This could take six months to prepare. Then staff may need to be trained. Sites found it challenging to hire good, qualified candidates when you can only offer them a year to a year and a half of job security.

5. **Fund for longer periods of time to allow for impact.** In order to achieve large-scale impact, sites should be given at least five years of funding up front in order to not feel rushed to implement before building the necessary infrastructure to implement successfully. Evaluations should be funded for at least two years after the end of programming to allow for data collection through the end of implementation, as well as post-implementation (to test for the sustainability of any observed effects).

**Incorporate Certain Structural Requirements into the Original Request for Proposal (RFP)**

Common “we wish we had known earlier” themes emerged across the sites, specifically around items they wish they had been told to budget for. In future request for proposals, funders should incorporate the following recommendations.

6. **Ensure that sites budget for an administrative assistant.** Project directors spent a significant amount of time responding to requests from and submitting time-consuming reports to OJJDP, the technical assistance team, and the evaluation team. Additionally, for those sites that offered grants to local community-based organizations, there was a lot of paperwork and monitoring to be done. At times, project directors spent time managing trainings or direct services. At the tribal sites, the paperwork to get tribal council approval to spend funds was significant. Funders should require that organizations responding to a request for proposal should budget for at least a part-time administrative assistant.

7. **Ensure that sites budget for a local research partner.** It is critical for each site to have a local data and evaluation partner on board from the beginning. With such a large initiative, where each site is choosing a different package of strategies to address children’s exposure to violence, the cross-site evaluator cannot do evaluation at the individual level (e.g., to measure reduction in trauma symptoms of children who receive treatment).

8. **Ensure that original RFP fully discloses funding sources and their implications.** When sites originally developed their strategic plans, they were unaware that part of their funding would be coming from the Office of Violence Against Women (OVW). They were
informed of this after their plans had been developed through a long, collaborative local process. The OVW money had specific requirements about funding domestic violence direct services, which some sites had not planned for. Additionally, this requirement helped to rebuild (counter-productively) the community violence/domestic violence silos the sites had worked hard to break down during the initial strategic planning phase.

**Improve Internal and External Coordination**

There were multiple players involved with the *Defending Childhood Demonstration Program*. There was the programmatic funder (OJJDP), the program sites, the research funder (National Institute of Justice), the research and evaluation partner (Center for Court Innovation), and the technical assistance provider (Futures Without Violence). While each had a unique role, there could have been better synchronization. The following recommendations may help on future projects.

9. **Minimize the number of transitions.** Over the course of the initiative, there was a change in technical assistance provider and a change in the grant managers for each site. Funders should recognize that this disrupts relationships and when new players are brought in, historical knowledge—about the initiative, about the sites’ program models, about why certain decisions were made—is often lost, and sites have to spend significant periods of time catching these stakeholders up. Whenever possible, funders should try to reduce the number of these transitions and only make them if absolutely necessary.

10. **Improve coordination among key partners.** Although there were phone meetings between the funders, the technical assistance team, and the evaluation team, these were more used as arenas to talk about work each individual group had been doing, and oftentimes it was only peripherally related to *Defending Childhood* (e.g., discussion of attendance at a violence-related event hosted in another city by another initiative) or to discuss a group’s own success (e.g., we offered x amount of webinars or completed y number of site visits). These meetings should be better structured to discuss how best to work in a coordinated way as a team, recognizing that each group has done work that could be useful to the other. Additionally, funders should coordinate a streamlined reporting process so that the sites do not have to do multiple reports for the different partners.

11. **Connect new sites with original demonstration sites.** Federal funders that plan to fund similar initiatives or new sites under the same initiative should pair new sites with one of the six sites evaluated under the *Defending Childhood Demonstration Program*. Existing sites could serve as mentor sites to new ones that are similar in jurisdiction makeup or in the strategies chosen. This could help new sites avoid errors in the early stages of planning and implementation, and help facilitate decision making.

**Hasten Approval Process for Public Messaging**

Many of the sites struggled with the level of regulation and restriction over printed material and the length of time it took to receive OJJDP approval for all public messaging. This also applied to many events, conferences, trainings, and site visits. This problem led to delays in awareness...
campaigns and professional and community trainings (training materials also needed to be approved), frustrating those working in the sites because they could have had a greater reach with their initiatives had materials been approved in a timely manner. It also led to higher costs since planning and travel arrangements could not be initiated until approval was received. In some cases it took over six months to receive approval. The following are recommendations for funders moving forward:

12. Set realistic and reasonable timeframes for approval. Funders should be required to approve materials submitted by sites for review within a set time frame (e.g., two weeks), and that timeframe should be communicated to the sites at the start of the initiative.

13. Create a new policy for social media. In an age of social media where much communication and promotion is done spontaneously on websites such as Facebook and Twitter, sites cannot submit every message for approval. Sites must be given flexibility to spontaneously tweet or post about events, especially when they are in response to something that has happened (e.g., wanting to post an immediate response to a shooting that occurred in the community). Additionally, funders should create a list of trusted organizations that sites could share or “repost” materials from without prior approval.

Allow for More Flexibility

14. Allow for grant funds to be used for food. Across all cultures and geographic locations, and especially in impoverished communities, providing food at community events is an important way to bring people out and also to show care. Federal restrictions on the reasonable spending of grant monies on food for participants at initiative-sponsored events can lead to staff spending their own money out-of-pocket or lower attendance rates. Future non-federal funders should allow for money to be spent on food. Federal funders should advocate for revised policies to address this need.

15. Encourage research partner to incorporate non-western research practices. Federal funders such as the National Institute of Justice often require their grantees to develop research designs that are based on western social science and the scientific method, with gold standards of random assignment and quasi-experiments. These designs may not be applicable in tribal communities or, at minimum, may need to be supplemented. Funders of evaluation research of these types of initiatives should highlight in their RFPs the role for alternative evaluation models such as case studies and storytelling.

16. Support both evidence-based and non-evidence-based programming. All sites expressed concern that because the federal government strongly suggested that site choose evidence-based programming, they were not motivated to explore other interventions such as grassroots activities that were driven by families. When too much focus is on evidence-based programming—especially when choosing treatment programs that may be too lengthy for families to complete—sites are restricted in developing new and innovative practices, or adopting good programs that may work but just have not been evaluated. Funders should encourage a combination of both evidence-based and non-evidence based
programming—while promoting rigorous local research and evaluation plans where novel approaches are tried.

**Understand Tribal Communities**

Funders working with tribal reservations need to have a strong understanding of the needs of these communities, as well as the historical role that federal funding has played there.

17. **Understand that the spending processes may be more complex for tribal sites.** Tribal leadership is the signatory for the federal grant management system (GMS), and when tribal leaders change, new ones may not know how to make adjustments and submissions in GMS, which is set up with regular reporting requirements. When a report is not submitted or submitted late, the tribes cannot draw down funding, and, due to local politics, this can lead to jobs being threatened. Grant managers must play a more active role than they might with non-tribal sites.

18. **Be mindful of tribal politics.** Like many state and local communities, there is a certain degree of “politics” on tribal reservations, where jobs are perceived as a form of payback for political support. Often, local tribal officials see grants as “job creators,” and, given the high unemployment rate in the area, grant-funded positions become a political issue. Grant managers should be involved throughout hiring processes to ensure that the persons hired are appropriate for the positions and to ensure that jobs are not given to unqualified candidates. In addition, because of the intensity and centrality of politics on the reservations, staff members are often nervous that they will lose their jobs for reasons that are unrelated to job performance. Additionally, when the federal government was shut down in the fall of 2013, staff were threatened with termination because the tribe could not draw down money to pay their salaries. Grant managers must pay close attention to how local politics is affecting staffing and morale.

19. **Provide support for researcher and technical assistance grantees.** Research and evaluation, as well as technical assistance, grantees should be connected to other federal grantees that are doing evaluation and technical assistance work with tribal communities in order to facilitate discussion of best practices and alternative research designs. Tribal communities can also be encouraged to bring in local evaluators, if they have existing relationships with researchers they trust, to partner with national evaluators.

**Recommendations for Technical Assistance Providers**

In general, the *Defending Childhood Demonstration Program* sites had positive impressions of the technical assistance (TA) providers, and the tribal sites in particular were thankful for the inclusion of a native TA provider. Several important recommendations emerged for future TA providers working with similar initiatives.

1. **Help sites understand relevant laws.** There are many federal laws that are relevant to programming that addresses children’s exposure to violence. TA providers should help sites understand the full implications of these laws—e.g., the Affordable Care Act, the
Violence Against Women Act, the Health Insurance Portability and Accountability Act, the Family Educational Rights and Privacy Act—and how they may potentially affect programming.

2. Early on, focus on the science of implementation. At the start of the implementation phase, many of the sites did not need help in choosing strategies to address children’s exposure to violence, but rather needed help focusing on how to move their initiatives from paper to reality. While it is good to give sites space to learn about the larger dialogue around violence issues, TA providers should focus on providing “on the ground” assistance in helping sites through the logistics of implementation.

3. Provide onsite TA. Bringing the sites together on an annual basis to hear from each other and to learn about relevant topics is important, but oftentimes project staff have a hard time translating what they learned into practice when they return to their sites. After all-site meetings, TA providers should visit sites to help them adapt some of what was discussed to their local programming. TA providers should budget for multiple site visits to each site. They should also be aware of where sites are at during their implementation and cater their work to the individual sites.

4. Be mindful of differences between urban and rural populations. Sites in urban areas tend to have more resources (e.g., service agencies, public transportation) available than in rural communities. Challenges for serving rural populations are unique. When convening all-sites meetings, include a specific component that addresses these unique challenges.

5. Subcontract with a native TA provider. If working with tribal sites, it may be important, or even imperative, for the TA provider to subcontract with a native-run organization that can help provide culturally appropriate assistance to tribal sites. This step will help make the assistance more accepted and more relevant.

6. Provide webcasts of speakers from all-sites meetings. Because sites have limited travel funds, at all-sites meetings they are usually restricted to bringing about four project staff. However, many of the topics covered would be useful for other team members as well. TA providers should live stream or archive videos of the speakers so that others can learn from the meetings as well, and those who are there can go back to the videos at a later time to refresh their memories.

7. Consider hosting Defending Childhood podcasts that highlight unique strategies. Each site has its own lessons learned from implementing this large-scale, multi-sector initiative. To highlight success stories and unique strategies and approaches, the TA provider should host regular podcasts or “Ted Talk”-like events where local initiatives can discuss their successes and how they got there.

8. As an initiative matures, reduce number of meetings sites are required to attend. Once sites have been up and running for multiple years, biweekly phone calls that were helpful at the start may become burdensome. In the case of Defending Childhood, these calls were a
requirement of the grant funding, however other TA providers should consider hosting them on an ad-hoc basis.

9. **Provide both proactive and reactive technical assistance.** TA providers should react to the needs of the sites as they work to implement their strategies, but should also work to identify trends and missing knowledge and to plan for emerging issues. Proactive TA provision may require the use of affinity groups or more peer-to-peer learning opportunities that can help TA providers identify important issues early on, while also provide important learning opportunities for sites.

**Recommendations for Researchers and Evaluators**

Evaluating a multisite, comprehensive initiative where sites employ similar general types of strategies but quite different specific activities can be a challenge for research design. The evaluation of the *Defending Childhood Demonstration Program* included both a process and outcome evaluation. (The outcome evaluation report is forthcoming later in 2015.) The following are recommendations based on four years of conducting research across sites (in some case reflecting lessons that the research team learned the “hard way” through trial and error).

1. **Try to know the sites.** Researchers should take time to get to know the sites. This means not only forming and maintaining relationships with the local staff members, but immersing themselves in the geographic and historical context of the communities. To accomplish this task, it is essential to budget for and make multiple site visits. Additionally, research teams should invest time in learning about tribal history relevant to the particular tribal sites.

2. **As much as possible, streamline reports.** Collecting implementation data on a regular basis is important to both funders and evaluators. Whenever possible, reports for the two stakeholders should be streamlined. Before creating any reporting requirements, researchers should obtain the report formats that funders also require and attempt to streamline the reporting requirements by incorporating similar indicators. This is not usually possible for federal grants, as federal funders and evaluators are often seeking different information. However, it is important for researchers to make a good faith effort to do so when possible. If there is a non-federal funder, evaluators can potentially work with the private funder to create one report that works for both of them, in an effort to ease the reporting burden on the sites.

3. **Give back.** Because the evaluation reporting requirements can be burdensome, it is important for researchers to “give back” to the sites (at least to the extent that doing so is feasible). Examples of ways to give back to those at the sites include: helping them design their own local evaluation, allowing them to add their own questions to data collection tools or surveys, offering to present key evaluation findings (e.g., community survey results), and giving them access to data collected to be used for their own purposes (e.g., to run their own analyses and incorporate into future grant proposals). Researchers should also present interim findings to staff at the sites so that they can see how the data they submit is used and what story it is telling.
4. **Ask the sites for their input.** And then ask again. Sites should be involved at various stages of the evaluation process. Early on, researchers should ask the sites for their input on the tools and instruments (e.g., surveys) and the terminology and language used to discuss the initiative. Sites should also be asked to help design the outline for any reports that will be publicly available (e.g., process evaluations). Finally, sites should be given the opportunity to review and provide feedback on any reports produced. Transparency on behalf of the researchers is absolutely critical to conducting effective research.

5. **Conduct a process evaluation.** With initiatives like *Defending Childhood* that seek to address a large, complicated, and important issue such as violence in a community in a relatively short period of time (e.g., three years), a process evaluation may prove to provide more lessons learned than an outcome evaluation.

6. **Employ a mixed-methods study.** Evaluations must use a combination of quantitative and qualitative data in order to fully understand the effects programs have had on communities and whether the models were successful; and to identify challenges. When possible, qualitative interviews or focus groups with program participants should be considered.

7. **Embrace non-western approaches when working with tribal sites.** Evaluators who only stick to inflexible scientific processes when evaluating initiatives on reservations will face dissonance. Many Native Americans have been unwilling subjects of outsiders’ research and were harmed by conclusions drawn from data that were collected by methods that were deemed more valid than their own. Tribes may be hesitant to participate in an evaluation that assesses their programming given their historical experiences working with the federal government and researchers. Therefore, to the extent feasible, researchers should embrace non-western methods (e.g., storytelling) that acknowledge and respect cultural values, historical contexts, and familial and community social structures. That is not to say that some of the same methods that are used for non-tribal sites cannot be implemented on a reservation. Indeed, we found that, with some modifications, some of these methods were completely appropriate. For instance, the community phone survey was successful when it changed some of the language used and added new response categories, in addition to getting tribal councils’ permission to administer the survey. Seeking tribal approval of evaluation and research projects is an important way to recognize tribal sovereignty. In any approach, findings must be interpreted in ways that incorporate cultural and contextual factors.

8. **Do no harm.** As with the recommendation for funders, researchers and evaluators should take care not to do harm. Evaluation reports can ultimately help sites obtain additional funding, from federal and other sources. However, they can also be the reason for funding or program cuts and withdrawal of political support. Outcome evaluation should only be done for sites that are ready to be evaluated so as not to render judgment on a program that was not fully mature. When evaluating over a short timeframe (e.g., two or three years) for such a large initiative, researchers should make efforts to understand unintended consequences of the programming so as to document potential reasons why, in the short-term, numbers may look like they moved in a negative direction.
Conclusion

The process evaluation of the Defending Childhood Demonstration Program provided many lessons and recommendations for other jurisdictions seeking to address children’s exposure to violence; for funders who fund similar programs; and for technical assistance providers and researchers. This multisite report provides an overview of the different sites’ strategies and highlights unique approaches. However, stakeholders at other jurisdictions that are looking to implement some or many of the strategies discussed therein are encouraged to read the individual site process evaluation reports for those demonstration sites that most closely resemble theirs, in terms of demographic or geographic composition; baseline levels of violence; and potentially desired strategies (as soon as they are known). The individual site reports provide greater depth regarding implementation specifics and related challenges that may be helpful for future sites.
Appendix A
Process Evaluation Stakeholder Interview Protocol

Process Evaluation Interview Protocol
Name: ________________________________________________________________
Agency: ___________________________________________________________________
Title: ___________________________________________________________________
Job Responsibilities: ___________________________________________________________________
Role within the Initiative: ___________________________________________________________________

1. How are you involved with the Defending Childhood Initiative?
   a. Are you on the core management team?
   b. Are you a member of a subcommittee? If so, which one?
   c. Are you your organization’s representative to the collaborative?
   d. How often do you attend Defending Childhood-related meetings?

2. What has been the role of the collaborative body in Phase II?
   a. How often does it meet, and where?
   b. Has the makeup of the collaborative changed since Phase I? Who has left and who has joined?
   c. What types of decisions are being made by the collaborative? How would you describe the process by which the collaborative makes decisions? Is it efficient and effective? How could it be improved? Can you give a specific example of such a decision?
   d. Are there any key agencies that aren’t collaborating, and if so, how do you think this might affect project implementation?
   e. Are there currently subcommittees? If so, how often do they meet and what have they been working on? If not, why not?

3. What has been the staffing of the local Defending Childhood Initiative?
   a. Who is part of the core management team?
   b. What new staff have you hired, and what are their roles?
   c. Has there been any turnover in coordinators, researchers, etc.?
   d. Have staffing issues affected the initiative? If so, in what ways?

4. How has implementation been going so far?
   a. What parts of your strategic plan have already been implemented?
b. What have been some of the barriers/challenges to implementation? Have you overcome those barriers, and if so, how? If not, what do you think you might need to overcome them?
c. Have you had to abandon any of your planned activities or change your target populations in any way? Why?
d. Have the assumptions you made about target population and needs Phase I have been confirmed?

5. What have been some of the identified successes thus far?
a. Why do you think they were successful?
b. Aside from Defending Childhood resources, what additional money/staff/political capital were involved?

6. Tell me your community awareness activities or campaigns.
a. Who has been involved in these activities? (organizations, PR companies)
b. What are its primary messages, and how were those messages chosen? How have you gotten those messages out?
c. Who has been your target audience so far, and do you feel like you’ve been reaching that audience? If so, how have you done so? If not, what have the challenges been to reaching them?
d. Does the collaborative track how many people have been reached by various community awareness activities? If so, how?
e. How many people have you reached so far? How do you know that? How many times do you want your target to see/hear the message? How many times has the message been broadcast/printed/aired/etc.?
f. What have been some additional challenges to getting your message out?
g. Do you have a sense of how the messaging is being received? Is it having its intended effect on its audience?
h. How will the messaging or strategies change or continue in the next future?
i. Can I have a copy of any campaign materials (e.g., brochures, photos of billboards, PSAs, cds of radio spots, etc.)?

7. Tell me about your professional training activities.
a. How many trainings have you held, where were they held, and what were the topics? Who ran the trainings? How long did they last?
b. How did you reach out to people to invite them to attend? How was the attendance? Who was your target audience and who came? What were challenges in recruitment?
c. What has the feedback on the trainings been? If it has been positive, what made them successful? If it has been negative, what made them unsuccessful?
d. Now that you’ve implemented some trainings, do you feel like there are additional groups that weren’t previously identified that you want to reach out to for training? Additional topics?
e. Can I have a copy of any training materials you’ve distributed?

8. Has the collaborative created universal screening or assessment instruments and protocols?
a. What was the process of creating these? Who was involved?
b. Can I get a copy of the final/latest draft?
c. Have you been successful in getting agencies to use these new instruments/protocols? How many organizations have adopted them? What is your goal for number of agencies that use them?
d. What is the timeline for getting these agencies to be using these instruments?
e. What have been some of the challenges related to screening and assessment thus far?
f. Are the agencies sending their data to a central location for analysis/reporting? What are you doing with the data collected? Have there been any findings from these tools that could be useful to the field in terms of better understanding children who have been exposed to violence?
g. What about other policy or protocol changes? (probe on data sharing, systems response, etc.)

9. What prevention programs have been implemented to date? By prevention programs, I mean direct primary or tertiary prevention programs designed to prevent children’s exposure to violence.
   a. Where are these programs taking place, and who is running them?
   b. What is the role of the Defending Childhood Initiative in these programs (e.g., funder, provide other support, running it, etc.)?
   c. If you were able to get schools involved, how were you able to do so? If you weren’t, what have the challenges been? Are they able to be addressed?
   d. What are these programs? Are they evidence-based? What are the topics they are addressing?
   e. What are the goals and how is success defined?
   f. Are you doing any local evaluation of these programs? If so, how are you evaluating them, and what have been some of the results?
   g. What have been some successes of implementing these programs? What have been some challenges?

(Question 10 is more for the actual organizations running the prevention programs.)

10. I’d like to know more about these prevention programs.
   a. How often do the programs meet, for how long each time, and for how long will the program run?
   b. Who is the population being reached? How are participants being recruited? What are the eligibility requirements and how are they screened?
   c. How many did you intend to serve, and how many are actually being served? If there is a gap in the program’s intended and actual reach, why do you think this is? Is there a plan to recruit more program participants?
   d. How many people have dropped out? Why did they leave the program?
   e. Have you had people decline participation? Why?
   f. How many staff members are involved, and what qualifications do they need to run these programs?
   g. How have participants reacted to the program? How about the staff?

11. What intervention programs or services have been implemented through the Defending Childhood Initiative to date? By intervention, I mean direct intervention services or programs for children who have been exposed to violence.
Appendix A. Process Evaluation Stakeholder Interview Protocol

a. Where are these programs/services taking place, and who is running them?
b. Is this location accessible to the target audience (i.e., does public transportation access the facility and is parking available)?
c. What is the role of the Defending Childhood Initiative in these programs (e.g., funder, provide other support, running it, etc.)?
d. What are these programs/services? Are they evidence-based? What are the goals and how is success defined?
e. Are you doing any local evaluation of these programs? If so, how are you evaluating them, and what have been some of the results?
f. What have been some successes of implementing these programs? What have been some challenges?

(Question 12 is more for the actual organizations running the intervention programs.)

12. I’d like to know more about these interventions.
   a. How long do these interventions last, and how often does the child/family participate?
   b. Who is the population being reached? How are participants being recruited? What are the eligibility requirements and how are they screened?
   c. How is confidentiality maintained?
   d. What factors do the clients have in common?
   e. What types of violence have the clients been exposed to?
   f. How many did you intend to serve, and how many are actually being served? If there is a gap in the program’s intended and actual reach, why do you think this is? Is there a plan to recruit more program participants?
   g. How many people have dropped out? Why did they leave the program?
   h. Have you had people refuse services? Why do you think they refused?
   i. How many staff members are involved, and what qualifications do they need to run these programs?
   j. How have participants reacted to the program? How about the staff?

13. What are the next steps in the implementation plan?
   a. What is the timeline for implementing the other parts of your plan?

14. What have been additional obstacles your local Defending Childhood Initiative has encountered?
   a. Where are there still major gaps in prevention, intervention, awareness?
   b. What additional challenges have you faced? (probe on each of the following: political will, resources, organizational support, agency turf battles, interagency data sharing and collaboration, etc.)?
   c. How has the move from being a 3-year initiative to a 2-year one changed your strategies, target population, etc.?

15. Have you asked for help from the technical assistance provider, Futures Without Violence?
   a. If so, what types of assistance have you requested? (probes: guest speakers, help designing professional training, help regarding media campaigning, technical information about the effects of violence exposure on children, facilitation, etc.)
   b. What has the response been to your requests? (probes: responsiveness, timeliness, helpfulness)
c. What types of assistance do you think you may ask of them in the future?

16. Have you asked for help from the technical assistance provider, Futures Without Violence?
   a. If so, what types of assistance have you requested? (probes: guest speakers, help designing professional training, help regarding media campaigning, technical information about the effects of violence exposure on children, facilitation, etc.)
   b. What has the response been to your requests? (probes: responsiveness, timeliness, helpfulness)
   c. What types of assistance do you think you may ask of them in the future?

17. What are your plans for sustainability past the 2-year grant period?
   a. What parts of the initiative do you think are sustainable without additional funding?
   b. What parts of the initiative do you think are not sustainable or will likely go away?
   c. Have you been looking for funding elsewhere to support the initiative? If so, where?
Appendix B
Sample Quarterly Implementation Report

THE DEFENDING CHILDHOOD INITIATIVE: QUARTERLY IMPLEMENTATION REPORT

[QUARTER DATE]


COLLABORATIVE BODY MEETINGS:
List the date, time, and number of participants for all collaborative meetings during this quarter. If no meetings took place, type "None."

<table>
<thead>
<tr>
<th>Group/Committee Name</th>
<th>Meeting Date</th>
<th>Meeting Time</th>
<th># of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 1</td>
<td>10/15/2011</td>
<td>1:00 p.m.-3:00 p.m.</td>
<td>15</td>
</tr>
<tr>
<td>Example 2</td>
<td>12/1/2011</td>
<td>9:00 a.m.-11:00 a.m.</td>
<td>5</td>
</tr>
</tbody>
</table>

PROFESSIONAL TRAININGS:
List the date, time, number of participants, audience, topic, and description for all trainings during this quarter. If no trainings took place, type "None."

<table>
<thead>
<tr>
<th>Training Name</th>
<th>Event Date</th>
<th>Event Time</th>
<th># of Participants</th>
<th>Audience</th>
<th>Event Topic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying the Effects of Children’s Exposure to Violence (CEV)</td>
<td>11/2/2011</td>
<td>9:00 a.m.-12:00 p.m.</td>
<td>30</td>
<td>Home Visiting Nurses</td>
<td>Effects of CEV</td>
<td>Home visiting nurses were trained on how to identify the effects of CEV.</td>
</tr>
<tr>
<td>TFCBT Provider Training</td>
<td>12/1/2011</td>
<td>10:00 a.m.-4:00 p.m.</td>
<td>12</td>
<td>Mental Health Providers</td>
<td>TFCBT</td>
<td>Mental health care providers were trained in TFCBT techniques.</td>
</tr>
</tbody>
</table>
## COMMUNITY AWARENESS/EDUCATION EVENTS:

List the date, time, number of participants, audience, topic, and description for all community events during this quarter. If none, type "None."

<table>
<thead>
<tr>
<th>Event Name</th>
<th>Event Date</th>
<th>Event Time</th>
<th># of Participants</th>
<th>Audience</th>
<th>Event Topic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 1 City Council Meeting</td>
<td>11/15/2011</td>
<td>6:00 p.m.-6:15 p.m.</td>
<td>25</td>
<td>City Council Members</td>
<td>Defending Childhood Initiative</td>
<td>City Council Members were given a brief description of DCI and how it will be implemented in the community.</td>
</tr>
<tr>
<td>Example 2 Community Summit</td>
<td>12/15/2011</td>
<td>12:00 p.m.-2:00 p.m.</td>
<td>150</td>
<td>Adult Community Members</td>
<td>Community Violence</td>
<td>Community members discussed results of the community needs assessment.</td>
</tr>
</tbody>
</table>

## PUBLICATIONS/MATERIALS:

List the type, topic, number distributed, and audience for all publications and materials distributed this quarter. If none, type "None."

<table>
<thead>
<tr>
<th>Publication Name</th>
<th>Type</th>
<th>Topic</th>
<th># Distributed</th>
<th>Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 1 Teen Dating Violence Fact Sheet</td>
<td>Brochure</td>
<td>Teen Dating Violence Prevention</td>
<td>30</td>
<td>Teenagers</td>
</tr>
<tr>
<td>Example 2 Defending Childhood Newsletter</td>
<td>Newsletter</td>
<td>Update on program activities</td>
<td>250</td>
<td>School staff and parents</td>
</tr>
</tbody>
</table>

## DIRECT SERVICES:

List the type, total number of hours provided, recipients, and number of recipients for all direct services provided during this quarter. If none, type "None."

<table>
<thead>
<tr>
<th>Type</th>
<th>Total # of Hours Provided</th>
<th>Recipients</th>
<th># of Recipients</th>
<th>Total # of individuals screened for services (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 1 Cognitive Behavioral Therapy</td>
<td>10 hours</td>
<td>Children, Ages 8-12</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Example 2 DV Crisis Intervention Services</td>
<td>2 hours</td>
<td>Adult victims of DV</td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>
### POLICIES, PROTOCOL, AND PROCEDURE CHANGES:
Please describe any policies, protocol, and procedure changes. Include the type of change, when the change was implemented, and who or what was affected. If none, type "None."

| Example 1  | Beginning in January, the local law enforcement was required to report when a child witnessed a violent crime. |
| Example 2  | In December, all agencies represented on the collaborative adopted a universal screening tool for CEV. |

### OTHER:
Please describe any other activities or events not listed above. Includes date, time, number of participants, and audience where applicable.

| Example 1  | During October we held a poster contest for public high school youth. The winning poster was disseminated to 50 public high schools. |
| Example 2  | During December we issued an RFP for a public relations firm to design the community awareness campaign. |