

**Significant Learnings
Safe Start Local and National
Evaluations
June 16-17, 2005**

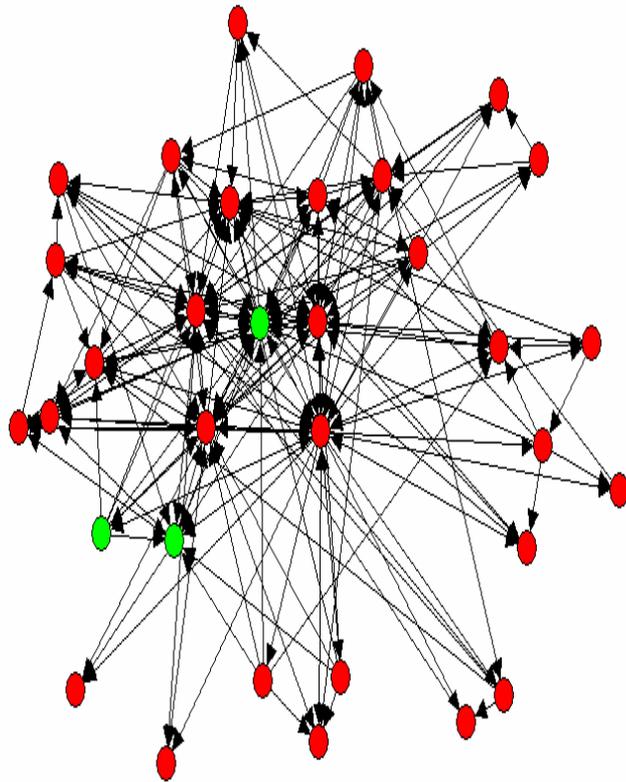
What We Know Now
and Critical Questions



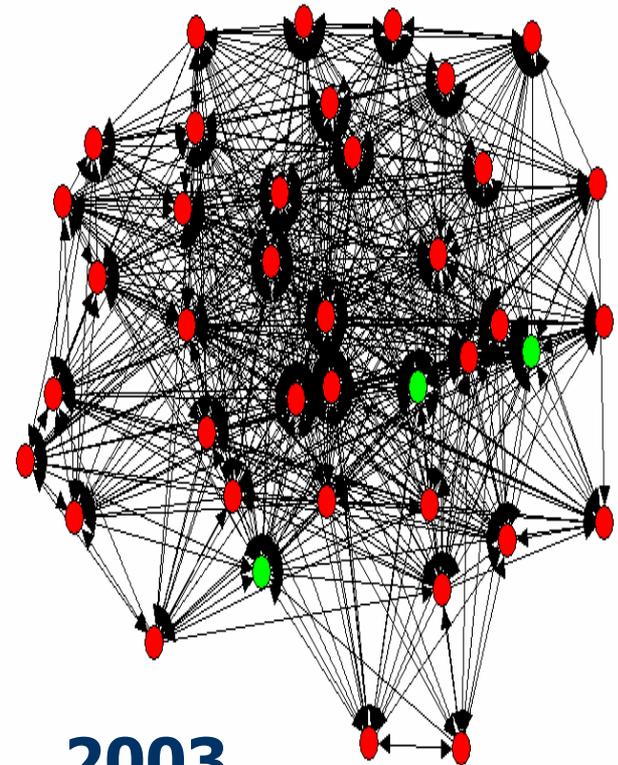
Baltimore City (Training Evaluation Findings)

- Knowledge acquired from training did not transfer to practice in terms of the number of referrals from the community of child serving agencies that participated in the training
- The evaluation of training outcomes needs to include other measures of community protective behaviors and not the number of referrals as a primary measure of behavior change

Bridgeport (Social Network Analysis)



2002



2003

Chatham County (Single Subject Research Design)

- Preliminary analyses of the single subject research design data indicate that families are achieving 75% of the treatment goals established at the beginning of services.
 - Examples of treatment goals: Children are displaying decreased fear and anxiety, decreased hostility and aggression, and decreased depression.

Pinellas County (Key Informant Survey Findings)

- Based on the findings of the Key Informant Survey and the Training participant follow-up survey
 - The Safe Start community training is recognized and effective in building awareness of young children's exposure to violence.
 - The Safe Start training is being integrated into the community agencies which will sustain Safe Start CEV efforts.

Pinellas County (Key Informant Survey Findings)

- Consistently 30% of the respondents indicated “don’t know” to the KIS questions, with the exception of the questions regarding the training component.
- The questions on the training component had the highest number of respondents and also the highest ratings.

Rochester

(Social Marketing Campaign/Mentoring)

Two important findings from Rochester include:

1. The Shadow of Violence social marketing campaign appears to have had a positive, statistically significant impact on encouraging bystanders to take action when they witness a child being exposed to violence.
2. Children whose teachers have had mentoring about CEV had statistically significant more growth in academic, social, and motor skills as measured by the Child Observation Record than the control group.

Spokane

(Five Key Clinical Lessons)

- Safety first- negotiating the conditions for safe engagement and action
- Defining the value of engagement- what Safe Start has to offer
 - Focus on the child
 - How to benefit the child
 - Brokering and continuing negotiation of relationship in support of change
- Challenging the substance abuse/chemical dependency
 - Commitment of victim to the continued intimate relationship
 - Contact with the assailant-division of roles
- Extending the referral base to influence key systems
 - CPS and DV Advocacy relationship development
- Addressing the broad effects of trauma- rarely a single event but rather a recurrent and varied set of events
 - Need to stabilize and reduce the unpredictability, isolation, and chaos as the condition for treatment and healing

Washington County (KCSD Community Survey)

- Great majority believe that young children exposed to violence is NOT a problem –
Education/Awareness Need
- Women more likely to view this as a problem –
Targeted Education and Awareness for Young Males
- Less agreement that exposure for babies is negative
– Increase Awareness of Infant Mental Health Needs
- Public Perception that Direct Witnessing is Most Negative – Does research support this belief?

Washington County (KCSD Community Survey)

- Almost 25% of sample with childhood exposure to family violence & nearly 20% physically assaulted as a child – Implications for Education and Awareness Campaigns
- Media outlets most prevalent type of exposure for these young children, followed by school/day care settings - Key contexts for prevention/intervention.
- Health/Medical settings viewed as most willing to step in to help a child – Church and Religious Institutions viewed as least willing, thus a target of outreach.
- At least 38% of respondents would not report nor approach child or child's parent in order to intervene.

National Process Evaluation Accomplishments:

- Brought attention to the impact of exposure to violence among young children
- Increased the capacity of organizations to respond to young children exposed to violence
- Institutionalized changes that will benefit young children exposed to violence

National Process Evaluation

Common Challenges

- Procedures for assessing, treating, and following up with young children exposed to violence and their families were not as well-defined as procedures for identification and referral
- A supportive family and community environment was essential, but difficult to establish, for developing and sustaining a system of care

Critical Questions for the Future

- What different intervention and treatment strategies, if any, are appropriate for children exposed to violence compared to children exposed to any other repeated, severe trauma?
- What different ways, if any, should children exposed to different forms of violence (e.g., domestic vs. community) be treated?
- What are the most effective ways to improve the practice of mental health service providers such that family recruitment, engagement, and retention barriers are reduced?

Critical Questions for the Future

- What are the appropriate short term and intermediate outcomes that should be expected from intervention and treatment strategies for children exposed to violence?
- How can cultural and philosophical differences and other conflicts among domestic violence, child welfare, law enforcement, mental health and other service systems be most effectively addressed?

Critical Questions for the Future

- What are the advantages and disadvantages of immediate and delayed engagement of children and parents in response to exposure to violence?
- How can the tasks of raising community awareness about the impact of exposure to violence on young children and preparing the system to respond to these children's needs be properly balanced?