



HHS Demonstration Project Summary

Appendices

Appendix A:	The Impact of Domestic Violence on Children
Appendix B:	Needs Assessment
Appendix C:	Training Domestic Violence Program Advocates
Appendix D:	Improvement of Statewide Data Collection System to Include Services To Children & Youth
Appendix E:	Guidelines for Enhancing Services to Children and Youth Statewide
Appendix F:	Service Enhancement Strategies
Appendix G:	Sustaining a Community of Practice



HHS Demonstration
Project Summary

Appendix A

Impact of Domestic Violence on Children



Appendix A

The Impact of Domestic Violence on Children

Nationally, approximately 7 to 14 million children are exposed to domestic violence each year.¹ Based on the national data and Virginia's population, approximately 362,021 children in Virginia are exposed to domestic violence each year.

Growing up in a violent home can dramatically impact a child. Perhaps the most tragic impact is when a child loses his or her life. In May of 2005 the Office of Chief Medical Examiner of Virginia released a new report from the Virginia State Child Fatality Review Team. The Report included a review of caretaker homicides perpetrated in 1988 to 1989 in Virginia. Caretaker homicides are defined as deaths to 0-17 year olds where the injury was intentionally inflicted by the person or persons responsible for the care and supervision of the child.

Of the 53 caretaker homicides of children perpetrated in the two-year period studied, one half (26) involved domestic violence—and 17% (9) were directly attributable to domestic violence.

In 2007, VAdata (Virginia statewide data collection system) indicated that 2,823 children received services from Virginia's domestic violence programs.

- 53% of these children had directly witnessed violence in the family,
- 21% had been emotionally abused or neglected and
- 14% had been physically abused.

38,497 hours of services were provided to these children.

Of the 2,823 who received services:

- 1,824 received individual counseling and advocacy services to address the impact of violence, and
- 1,615 received services to develop skills necessary to reduce the negative impact of exposure to violence, such as safety planning, conflict resolution, communication and stress management.

Virginia's domestic violence programs have a long history of providing services to children and youth who have been exposed to domestic violence. These services were first funded by the Virginia Department of Social Services in 1982 and focused on children in shelter. Domestic violence programs have developed widely varying services to support children and youth in shelter and in the community.

¹ Carlson, B.E. (2000). Children exposed to intimate partner violence: Research findings and implications for intervention. Trauma, Violence and Abuse, 1(4), 321-342.



HHS Demonstration
Project Summary

Appendix B Needs Assessment



Appendix B

Needs Assessment

In year one, the Advisory Council developed a needs assessment to be completed by all domestic violence programs in Virginia. The group developed a comprehensive service model based on their expertise and interviews conducted with professionals as a foundation for the needs assessment. The needs assessment was intended to assess the capacity of Virginia domestic violence programs to offer comprehensive services to children, youth and their non-abusing parents whose lives have been impacted by domestic violence.

The needs assessment was mailed to 45 domestic violence programs. Of the 45 Programs that received the assessment, 37 programs returned completed surveys from their program director and at least one staff person. **The overall response rate was 82%.**

The survey consisted of two parts; one to be completed by the program director and one to be completed by at least one program staff person. The survey to be completed by the program director included: their service area, number of children served during a specific period of time, the ages of the children, number of children served in the shelter program and the community program, the number of staff working in shelter and in the community whose primary or partial duty was dedicated to services to children and youth. The director's survey also listed crucial staff training necessary to provide age, developmentally and culturally appropriate services to children, youth and their non-abusing parent who have been exposed to domestic violence.

Program directors and at least one staff person completed the section of the survey that listed services that the Advisory Council determined to be ideal to provide comprehensive service for children, youth and their non-abusing parents.

The needs assessment requested that respondents rated each service listed “for ideal comprehensive services” on a scale of 1-5.

- “5” if you believe the item listed is a **REQUIRED** part of comprehensive services.
- “4” if you believe the item would be a **VALUABLE** part of comprehensive services, but not necessarily required.
- “3” if you are neutral.
- “2” if you believe that the item listed is **NOT A NECESSARY** component of comprehensive children services.
- “1” if you believe that the item listed is not an appropriate component of services within a domestic violence program.

Example of services listed in the needs assessment were:

- Educating community service providers about domestic violence and its effects on children.
- Safety planning focused on personal safety for children who do not read through verbal communication, picture books or other tools.
- Individual crisis counseling/advocacy for elementary school-aged children, middle school-aged children and high school-aged children, related to their exposure to domestic violence.
- Shelter for male and female teens accompanied by non-abusing parents.
- After school programming (for example, tutoring or special activities) for school aged children and youth.
- Summer activities (for example, special camps or “field trips”) for school-aged children and youth.
- Mentoring programs for teens, linking youth with healthy adult role models who encourage the development of positive relationships and life skills in collaboration with the non-abusing parents.
- Specialized services to children and youth of immigrant non-abusing parents impacted by domestic violence.

The needs assessment attempted to assess the correlation between size of program staff and the number of children that received services in shelter, in community and both. Results did not clearly demonstrate any correlation between the number of staff whose primary job duties were providing services to children/youth and the number of children /youth served.

The Advisory Council surveyed both executive directors and advocacy staff to see if there might be a difference in perspective or priorities. There were minimal differences in the rating of the importance of listed services between program staff and directors, and very similar perceptions about why services were not being provided when that was the case.

Most services listed in the needs assessment were rated as highly important with the exceptions of **cultural services and supervised visitation**. There seems to be a gap between what domestic violence programs want to do and what they perceive that they are able to do. Funding was identified most often as the barrier to doing what programs wanted to do to offer comprehensive services to the children and youth in their programs.

The results of the needs assessment indicated two major gaps in services: 1) the **lack of age appropriate services for youth and teens**, in shelter and in community settings, and 2) the **lack of consistent training for staff working in domestic violence programs** on working with children who have been exposed to domestic violence.

Using the results of the needs assessment, the Advisory Council developed seven service enhancement strategies to address identified gaps in service delivery for the intended population. Of the seven service enhancement strategies developed by the Advisory Council, the three partnering domestic violence programs selected, implemented and evaluated five of the strategies based on informal individual program needs assessments.

In year two and three of the demonstration project, the Advisory Council provided extensive technical assistance to the partnering domestic violence programs as they implemented and evaluated their chosen service enhancement strategies.



HHS Demonstration
Project Summary

Appendix C

Training Domestic Violence Program Advocates



Appendix C

Training Domestic Violence Advocates

In addition to the development, implementation and evaluation of the new service enhancement strategies; the Action Alliance offered two new training opportunities for advocates and professionals working with children, youth and their non-abusing parents.

The new Basic Child and Youth Advocacy Training curriculum was developed to offer consistent training for all new (working in a program for less than a year) domestic and sexual violence program advocates. The Basic Child and Youth Advocacy Training is one of five new advocacy trainings offered regionally.

The Basic Child and Youth Advocacy Training content includes: understanding the ways in which children and youth are impacted by violence perpetrated by significant adults in their lives; identifying the scope of physical and sexual violence perpetrated against children and youth; clarifying personal and community values about children and youth; understanding the importance of developmentally appropriate intervention with children and youth; practicing skills associated with child/youth advocacy; exploring unique issues of legal protection, confidentiality, empowerment and culturally appropriate services for children and youth and identifying policy and procedures related to reporting suspected child abuse and neglect.

Learning objectives for the training are:

1. Creating an environment that values children, is non-judgmental and feels safe to explore child and youth advocacy issues.
2. Enhancing advocates' understanding of the effects of sexual and domestic violence within a developmental framework.
3. Practicing applying a developmental framework to advocacy with children and youth.
4. Identifying unique services and resources that reduce risks and enhance protective factors for children and youth.

In 2007 and 2008, the training was offered each year in Radford, Norfolk, Fishersville and Front Royal, Virginia. Approximately 70 advocates and professionals successfully completed the training. The overall evaluation of the trainings indicated that over 90% of participants achieved the expected learning objectives.

The other basic advocacy trainings are: Basic Domestic Violence Advocacy, Basic Crisis Intervention Advocacy, Basic Sexual Violence Advocacy and Basic Primary Prevention.

The newly formed statewide multi-disciplinary group, the Action Alliance Child Advocacy Task Force, also hosts an annual conference targeting professionals who work with families whose lives have been impacted by sexual and domestic violence. The first annual conference was hosted in February 2008. Eighty advocates, educators, criminal justice professionals and social workers attended the conference. The second annual conference was hosted in April, 2009.



HHS Demonstration
Project Summary

Appendix D

Improvement of Statewide Data Collection System to Include Services to Children and Youth



Appendix D

Improvement of Statewide Data Collection System to Include Services to Children and Youth

Prompted by both the demonstration project and the need for Virginia to capture data that accurately reflects the number of children and youth who are impacted by domestic and sexual violence as well as the services that are provided to them, Virginia has enhanced their statewide data collection system, VAdata. This web-based data collection system is used by all of the domestic violence programs in Virginia and is the primary tool for statewide and federal reporting on both domestic violence and sexual violence.

When originally developed, the data collection linked children to a parent receiving services unless they themselves were considered a “victim” of domestic violence or sexual violence. For domestic violence, that generally meant only youth in dating relationships.

In the re-design of the system, each person who is served, regardless of age or relationship to another individual receiving services, has an electronic record. Complete demographic information, history of violence experienced, records of services provided and impacts of those services are now available for children and youth as well as adults.



HHS Demonstration
Project Summary

Appendix E Guidelines for Enhancing Services to Children and Youth Statewide



Appendix E

Guidelines for Enhancing Services to Children and Youth Statewide

Virginia's domestic violence agencies have widely varying capacities to deliver services to children and youth. The variations in capacity include staffing levels that range from no dedicated staff to staff teams that include advocacy and clinical staff dedicated to both children and youth; facilities that have no designated spaces for children to those with specially designed counseling rooms, play rooms, and visitation centers; and budgets that vary from having no specific funding for children's services resources and supplies to those that have a well developed program component including designated funding. For the first time since domestic violence agencies began receiving state and federal funding through the Virginia Department of Social Services in the early 1980s, and as a direct result of the HHS Demonstration Project, agencies received designated funding in 2008-09 to enhance their capacity to serve children and youth.

In spite of these wide variations, sexual and domestic violence agencies reached consensus on basic requirements for all agencies as part of the adoption of Accreditation Criteria in 2007. The current Criteria require that every program must, at a minimum:

- 1.** Provide time-sensitive and age-appropriate crisis response to children and youth who have themselves experienced a) sexual violence; b) physical violence as a result of domestic violence directed toward a parent; and/or c) have been exposed to violence perpetrated against a parent;
- 2.** Provide crisis intervention, support services, education and/or referrals to children and youth who are primary or secondary victims of sexual/domestic violence, including children who have been exposed to violence perpetrated against a parent; and
- 3.** Agencies operating residential shelters that house children and youth will, at minimum, provide age-appropriate shelter orientation and safety planning services to children and youth who reside in shelter for more than 24 hours.

The Guidelines that follow were designed by the HHS Project Partners as a resource for Virginia domestic violence agencies as they strive to meet and exceed the Accreditation Criteria—and to provide effective services to children, youth and non-offending parents. Guidelines are provided for “safety planning,” “shelter,” “collaboration with Child Protective Services,” and “crisis intervention and domestic violence education.” Guidance is provided for three levels of services provision:

Level I: This level is appropriate for agencies that do not have dedicated staff providing services to children and youth.

Level II: This level is for agencies with at least a part-time staff person dedicated to working with children and youth.

Level III: This level is for agencies that have a team of staff focused on services to children and youth.

Safety Planning

Type of Service:

Age and culturally appropriate individual safety planning with children and youth who are living in homes with ongoing domestic violence, engaged in an ongoing relationship with a perpetrator of domestic violence (for example, through a custody or visitation arrangement), and/or experiencing significant physical and emotional symptoms as a result of the impact of domestic violence.

Setting for Service:

Make this service available for children and youth in shelters, in transitional housing programs, and those being served in the community; adapt the service based on the individual child's circumstances and abilities.

Benefit of This Service to Children/Youth and Non-Offending Parents:

This service is intended to enhance the ability of individual children and youth to take actions that will increase their physical and emotional safety by providing interactive, age-appropriate and culturally appropriate safety planning.

Guidance on Provision of Service:

Level 1:

- All staff complete the Child and Youth Basic Advocacy training, or an equivalent 6 hours of training on the basics of providing age and culturally appropriate support and advocacy to children and youth;
- At least one session of individual safety planning is completed with each child/youth age 2-17 residing in shelter for more than 24 hours, each child/youth residing in transitional housing, and each child/youth receiving individual services (for example, individual or group counseling at the agency office or in a community site such as a school or youth center);
- Safety planning materials are provided to children/youth in age-appropriate and culturally relevant formats, including visual, verbal and written formats (at least one written format at a new reader level, and one at a 6th grade or below reading level);
- Safety planning focuses on personal safety and helps children and youth to understand that the safety of the non-offending parent is not their responsibility; and
- The agency collaborates with the non-offending parent and child/youth to report any ongoing threat of child abuse/neglect to Child Protective Services.

Level 2:

- All activities above; and
- At least one designated Child and Youth Advocate on staff receives at least 20 hours of annual continuing education on advocacy and support to children, youth and non-offending parents;
- All children/youth in shelter longer than 72 hours, in transitional housing and using community-based services are assessed for verbal skills, abilities and behaviors to assist in providing developmentally appropriate services and referrals;
- All children/youth served and non-offending parents are offered the opportunity to share their unique family culture and relationship network (including racial/ethnic identity and culture, religious beliefs and values, gender identity and sexual orientation, unique physical and mental abilities, and network of family and friends) to assist in providing culturally relevant services and referrals; and
- Regular age and culturally appropriate interactive safety planning sessions are offered to all children/youth age 2-17 residing in shelter or transitional housing as well as children and youth receiving services in the community with a focus on personal safety as well as the safety of other family members.

Level 3:

- All activities above; and
- Safety planning materials are provided in languages that are spoken by 5% or more of the community population for children, youth and non-offending parents with limited English proficiency;
- All staff are trained on a basic model of trauma informed advocacy, with Children and Youth Advocates receiving additional training on applying trauma informed advocacy to work with children and youth;
- Trauma informed advocacy and/or counseling services are offered for children and youth who have experienced significant trauma as a result of the domestic violence they have witnessed or violence that has been perpetrated against them; and
- Children and youth who are engaged with the agency for an extended period of time (e.g. more than 4 weeks) are introduced to the concept of planning for their future safety in dating and intimate partner relationships.

Shelter

Type of Service:

Safe shelter for children and youth of all ages and genders accompanying a non-offending parent who has been a victim of domestic violence, along with age and culturally appropriate information for the child that explains the purpose of the shelter, how the shelter works, and what the child can expect from shelter staff.

Setting for Service:

This service may be provided in a residential shelter operated by a domestic violence program, in a community-based safe house, in another shelter in the community, or in the temporary setting of a hotel or motel.

Benefit of This Service to Children/Youth and Non-Offending Parents:

This service is intended to provide a supportive environment that is free of the imminent threat of domestic violence offering an opportunity for healing, for consideration of future options, and for reducing the isolation that frequently goes along with the perpetration of domestic violence.

Guidance on Provision of Service:

Level 1:

- All staff complete the Child and Youth Basic Advocacy training, or an equivalent 6 hours of training on the basics of providing age and culturally appropriate support and advocacy to children and youth;
- Agency policies specify that children and youth may accompany their non-offending parents to shelter regardless of their age or gender;
- Staff and volunteers conducting shelter intakes provide a basic orientation to the shelter for the entire family, including children and youth, that includes the purpose of the shelter, and information about how the shelter works in language that is age appropriate;
- Shelter accommodations that are provided by the agency are safe and comfortable for the age and culture of the children/youth being sheltered—for example, safe sleeping arrangements are made for infants and toddlers, young children are protected from electrical hazards, medications and cleaning supplies are not within reach of children and familiar foods are available; and
- Shelter advocates interact regularly with residents of the shelter to model safe and supportive interactions with children and youth and to ensure that all residents are supporting a healthy and positive environment for the children and youth in shelter.

Level 2:

- All activities above; and
- At least one designated Child and Youth Advocate on staff receives at least 20 hours of annual continuing education on advocacy and support to children, youth and non-offending parents;
- All children/youth over the age of 4 and in shelter longer than 72 hours receive an individual orientation to the shelter that includes introductions to all staff, a tour of the facility, and the opportunity to ask questions;
- All children/youth served and non-offending parents are offered the opportunity to share their unique family culture and relationship network (including racial/ethnic identity and culture, religious beliefs and values, gender identity and sexual orientation, unique physical and mental abilities, and network of family and friends) to assist in providing culturally relevant services and referrals; and
- Regular age and culturally appropriate interactive safety planning sessions are offered to all children/youth age 2-17 residing in shelter with a focus on personal safety as well as the safety of other family members.

Level 3:

- All activities above, and;
- Regular activities are provided for children and youth in shelter that include safety planning, age and culturally appropriate education about domestic violence, and recreational activities;
- All children and youth are offered a regular and ongoing opportunity to share their experiences, thoughts and feelings—both good and bad—and are provided with tools that help them to process, cope and thrive with those thoughts and feelings; and
- Children and youth who are engaged with the agency for an extended period of time (e.g. more than 4 weeks) are introduced to the concept of planning for their future safety in dating and intimate partner relationships.

Collaboration with Child Protective Services

Type of Service:

Advocacy to non-offending parents, children and youth through an effective collaboration between the Domestic Violence Program and each Child Protective Services agency in the service area resulting in safety and stability for children and youth exposed to domestic violence.

Setting for Service:

A community-based activity that includes coordination, protocol development, cross training and regular communication in each of the localities in the domestic violence program's geographic service area.

Benefit of This Service to Children/Youth and Non-Offending Parents:

This model of collaborative service provision recognizes the high co-occurrence of domestic violence and child abuse and supports 1) prioritizing safety for children and youth; 2) an understanding that the safety of the non-offending parent is critical to the safety of the children; and 3) accountability for perpetrators of family violence.

Guidance on Provision of Service:

Level 1:

- All staff complete the Child and Youth Basic Advocacy training, or an equivalent 6 hours of training on the basics of providing age and culturally appropriate support and advocacy to children and youth;
- The agency has established a policy and protocol for identifying and reporting possible child abuse and/or neglect that includes collaboration and additional safety planning with the non-offending parent, and when appropriate, the child(ren) who have possibly been abused/neglected;
- The agency has developed a cooperative agreement with Child Protective Services in each locality served by the agency that addresses communication between the agencies, confidentiality policies of each agency, and roles and responsibilities related to providing services to family violence victims;
- All staff receive training prior to beginning any direct service work on the agency policy and protocol for identifying and reporting possible child abuse and/or neglect.

Level 2:

- All activities above; and
- At least one designated Child and Youth Advocate on staff receives at least 20 hours of annual continuing education on advocacy and support to children, youth and non-offending parents;
- The agency holds an annual meeting between the Domestic Violence Program staff and the Child Protective Services staff from each locality in the service area to share updates on services that are being provided, share challenges and opportunities in the community for providing safe and secure shelter and visitation, and share any changes in domestic violence, child protection or related statutes.

Level 3:

- All activities above; and
- Domestic Violence Agency staff and Child Protective Services staff participate in cross training that supports the delivery of effective and culturally appropriate services to children and non-offending parents;
- Domestic Violence Agency staff and Child Protective Services staff have quarterly contact through community teams or individual meetings in order to maintain effective working relationships and share resources.



HHS Demonstration
Project Summary

Appendix F Service Enhancement Strategies Developed, Implemented, and Evaluated by the Partnering Domestic Violence Programs



Appendix F

Service Enhancement Strategies Developed, Implemented and Evaluated by the Partnering Domestic Violence Programs

In year one of the demonstration project, the Advisory Council defined a comprehensive services model, and used that model to create a needs assessment that was distributed to all domestic violence programs. The group used the results of the needs assessment to develop seven new service enhancement strategies that would address identified gaps in services for children, youth and their non-abusing parents.

The **Seven New Service Enhancement Strategies** created by the Advisory Council were:

- Developing staff guidelines for providing interactive, age-appropriate safety planning and education with middle school youth who have been exposed to domestic violence, based on their individual circumstances and abilities.
- Developing and implementing a mini-mentoring program for children and youth in a transitional housing program to promote strength and resiliency amongst children and youth who have been exposed to domestic violence.
- Developing support and educational groups for teen mothers who had been exposed to domestic violence as children and/or in their teen relationships, focused on safety, building relationships skills, and providing activities that teach how to nurture their children.
- Developing support and educational groups for parents and children/youth for an underserved population that promotes positive interactions and an understanding of how domestic violence impacts the parent-child relationship.
- Developing a model of trauma-informed advocacy services for children and youth based on an empowerment approach to services that recognizes how trauma affects an individual's interactions with the world around them.
- Developing an age appropriate, multicultural information packet and advocates' guide to using the packet for use while educating parents of children exposed to domestic violence on safety planning with their children.

- Developing a model for advocacy related to child custody, support and visitation that is empowerment based, helps non-abusing parents to explore risks and benefits of options related to custody, support and visitation and educating parents about the legal process and court procedures. Also, train staff on the delivery of child custody, support and visitation advocacy.

Of the seven strategies developed, the partnering domestic violence programs chose five for implementation and evaluation. The **two not chosen** were:

- Developing an age-appropriate, multicultural information packet and advocates' guide to using the packet for use while educating parents of children exposed to domestic violence on safety planning with their children.
- Developing a model for advocacy related to child custody, support and visitation that is empowerment based, helps non-abusing parents to explore risks and benefits of options related to custody, support and visitation and educating parents about the legal process and court procedures. Also, train staff on the delivery of child custody, support and visitation advocacy.

The five strategies chosen for implementation were:

Samaritan House, located in Virginia Beach chose:

- Developing staff guidelines for providing interactive, age-appropriate safety planning and education with middle school youth who have been exposed to domestic violence, based on their individual circumstances and abilities.
- Developing and implementing a mini-mentoring program for children and youth in a transitional housing program to promote strength and resiliency amongst children and youth who have been exposed to domestic violence.

Samaritan House is one of Virginia's largest domestic violence programs. The program includes a group of emergency shelters, transitional housing and a community outreach center where advocacy, clinical and legal services are provided to victims and their children. A longstanding collaboration with the local department of social services resulted in one of Virginia's first social services agency based domestic violence projects.

Samaritan House chose to implement these strategies based on an informal needs assessment conducted in their program and community.

Community needs identified by this program:

1. Children who are exposed to domestic violence need continued support from the domestic violence program after they and their families exit emergency shelter and;
2. Children and youth exposed to domestic violence who are not involved with their program need education about violence and safety planning as well as the school personnel whom they may seek out to respond.

ACTS/Turning Points, located in Prince William County chose:

- Developing support and educational groups for teen mothers who had been exposed to domestic violence as children and/or in their teen relationships, focused on safety, building relationships skills and providing activities that teach how to nurture their children.
- Developing support and educational groups for parents and children/youth for an underserved population that promotes positive interactions and an understanding of how domestic violence impacts the parent-child relationship.

ACTS/Turning Points is located in a once rural Northern Virginia community that has become a suburb of Washington, D.C. The program operates two residential shelters, provides a wide array of community-based services and provides one of the most stable and effective batterer intervention programs operating in Virginia.

Community needs identified by this program:

1. Over the past five years, the number of non-English speaking Hispanic individuals has increased three fold. Over 27% of the population in Prince William County and the surrounding cities are of Hispanic origin. Resources for Spanish only speaking individuals within the county have not increased proportionally; and
2. The need to educate pregnant teens about the components of a healthy relationship. Research conducted from July 2003-June 2004, to determine the rates of child abuse and neglect in Northern Virginia, demonstrated that the combined total rate per 1,000 children for cities of Manassas, Manassas Park and Prince William County was 8.4. Adolescent females exposed to domestic violence are at a higher risk of vulnerability for at-risk behaviors.

Family Resource Center, Inc. located in Wytheville chose:

- Developing a model of trauma-informed advocacy services for children and youth based on an empowerment approach to services that recognize how trauma affects an individual's interactions with the world around them.

Family Resource Center, Inc., serves a five county area in southwest Virginia. Service provision in rural areas of the state, especially in southwestern part of the state, faces many unique challenges: long distances, depressed local economics, scarce resources, and a lack of cultural sensitivity around many issues including race, ethnicity, religious beliefs, and sexual orientation. The Family Resource Center has been very successful in the face of these challenges—reaching out to the growing migrant Latino population, developing unique community partnerships to support and enhance shelter services, and offering effective advocacy services on behalf of children and youth.

Community needs identified by this program:

1. Service delivery to children and youth must address trauma to be effective in facilitating growth and recovery.

These three diverse Domestic Violence Programs agreed to work with the Action Alliance and the Virginia Department of Social Services to identify, implement and evaluate achievable service enhancement strategies for children, youth and their non-abusing parents that would bring Virginia Domestic Violence Programs closer to providing comprehensive services to children, youth and their non-abusing parents.

The enhanced services were to be delivered to a minimum of 30 children, youth and non-abusing parents each month-or 360 individuals in a 12-month period. At least 40% of these services were to be delivered in a community setting (non-shelter), and at least 50% were to be delivered to children, youth and non-abusing parents from a traditionally underserved community: racial/ethnic minorities, families in poverty, children/youth/parents with physical, sensory, cognitive or mental health disabilities or other groups who have been identified by the program as “underserved”.

Each partnering domestic violence program received approximately \$15,000 annually to implement and evaluate their selected service enhancement strategies. With this limited funding, the domestic violence programs provided these enhanced services to approximately 1,141 individuals; 1,012 children and 129 non-abusing parents. Additionally, approximately 300 public school personnel received comprehensive training on the impact of exposure to violence on children and youth and how to effectively respond to their individual circumstances.

More than 50% of the new services were delivered to children, youth and their non-abusing parents, from an underserved population, in a community setting.

Partnering Domestic Violence Program: **ACTS/Turning Points**

Community Need: Research conducted from July 2003-2004 to determine the rates of child abuse and neglect in Northern Virginia demonstrated that the combined total rate per 1,000 children for cities of Manassas, Manassas Park and Prince William County was 8.4. Adolescent females exposed to domestic violence are at a higher risk of vulnerability for at-risk behaviors.

Settings: Health Department (free clinic for pregnant teens) and high school

Objective:

Develop a support and educational group for teen mothers who have been exposed to domestic violence as children and/or in their relationships, focused on safety, building relationship skills and activities that teach how to nurture their children.

Inputs

- Prevention Specialist provides training, public awareness, facilitation of groups and oral/written material to pregnant teens.
- The Prince William County Health Department provides facility for groups and individual communication to educate and counsel adolescent mothers.

Activities

- The Prevention Specialist received specialized training from the Outreach Coordinator.
- The Prevention Specialist provided educational presentations to the case managers working for the collaborating Resource Mother Program—case managers then used their training to identify and refer adolescent mothers who have been exposed to domestic violence to the program.
- The Prevention Specialist conducted weekly peer educational groups which focus on self-esteem, identification of healthy vs. abusive relationships, safety planning and risk assessment, available community resources, the effect that their choices have on the welfare and potential resiliency of their children, and ways to nurture their children.
- Provide individualized case management as appropriate.
- Public awareness tables are set up and manned by the Prevention Specialist at the free pregnancy clinic and the STDs clinic to educate adolescents on domestic violence and available resources.

Outputs

- Weekly classes are facilitated for approximately 24 adolescent mothers (each session is 3.5 hours) equaling 12 sessions.
- Case Managers of the Resource Mother Program receive 3 hours of training on the effects of domestic violence on children.
- Weekly public awareness booth, at the clinic for pregnant teens provides resources, education and materials to approximately 90+ youth quarterly.
- Monthly classes are facilitated to 20 adolescent mothers for an hour over 6 months in the local high school.

Tools

- Pre/Post Healthy Relationship skills test for adolescent mothers (developed for this project)

Expected Outcomes

1. Adolescent mothers will demonstrate an increased knowledge of domestic violence.
2. Adolescent mothers will have an increased knowledge of how to be safe.
3. Adolescent mothers will graduate with an increased knowledge of available resources.
4. Adolescent mothers will demonstrate an increased resiliency after services as assessed through self-reporting.
5. Adolescent mothers will demonstrate an understanding of protective factors that promote resiliency in their child.
6. Adolescent mothers will demonstrate an understanding of how to nurture their child.

Outcomes

- Participants who completed feedback forms reported a 95% improvement in knowledge of domestic violence.
- Participants who completed the Healthy Relationship Skills Test, showed a 90% improvement in their understanding of healthy vs. unhealthy relationships.

Lessons Learned

- Language and cultural barriers in a culturally diverse community make it difficult to explain the program and its benefits.
- Adolescent mothers in homes where there is domestic violence may be reluctant to seek parental permission to attend group; they may be hiding their pregnancy for fear of personal abuse or abuse of the “safe” parent.
- Parents of the adolescent mother may be unwilling to sign insurance paperwork so that the teen can receive medical (prenatal) service; limiting teens access to the healthy relationship program.
- Funding cuts for partnering agencies can adversely affect the ability to provide consistent services and/or partner on project activities.
- Partnering agencies (schools) provide group and individual services only during the school year.

Partnering Domestic Violence Program: **ACTS/Turning Points**

Community Need: Over the past five years, the number of non-English speaking Hispanic individuals in the community increased three fold. Over 27% of the population in Prince William County and the surrounding cities are of Hispanic origin. Resources for Spanish only speaking individuals within the county have not increased proportionally.

Setting: Community clients (non-shelter)

Objective:

Develop a support and educational group for parents and their children/youth from the Latina community that promotes positive interactions and an understanding of how domestic violence impacts the parent-child relationship.

Inputs

- Hispanic Women's Program Coordinator dedicated between 5-10 hours weekly for translation and advocacy services related to this project.
- Volunteers (trained by the Outreach Coordinator) provide mentoring services to adult participants and tutoring services to child participants.
- Snacks at each session.
- Local church provides the space for groups.
- Printed materials –developed to be culturally appropriate.
- Children's Program Facilitator (trained by Outreach Coordinator) provides educational support groups for a total of 5 hours each week.
- Case management and advocacy services provided by the Children's Program Coordinator for a total of 5 hours each week.

Activities

- The Hispanic Women's Program Coordinator, Children's Program Coordinator, and Children's Program Facilitator were trained by the Outreach Coordinator on the identification of domestic violence and the effects on children and youth in the Hispanic community.

- Training provided to volunteers by Outreach Coordinator on cultural needs of this underserved population, effect of domestic violence on their children, and an understanding of domestic violence.
- Hispanic Women's Program Coordinator and Children's Program Coordinator conduct intake assessments on the victim's experience of domestic violence and the effects on their children, risk assessment and safety planning for future incidents of domestic violence, behavior assessments of children and academic concerns.
- Conduct weekly educational support groups for 15 weeks (2 hour sessions).
- Provide individualized case management as appropriate.
- Provide tutoring for children as necessary prior to and after group sessions who have been exposed to domestic violence to the program.

Outputs

- Weekly sessions for 4 groups with a total of 10 adult participants and 20 child participants.
- Weekly tutoring sessions for children requesting assistance for a total of 5 participants.

Tools

- Intake assessment for women and children (English and Spanish)-developed for this project.
- Women's program assessment pre/post test (English and Spanish)-developed for this project.
- Children's program assessment pre/post test -developed for this project.
- Parent/Teacher Evaluation Letter- (English and Spanish)-developed for this project.
- Hispanic Children's Group Syllabus (Week 1-15).
- Hispanic Women's Group Schedule (Week 1-15).

Expected Outcomes

1. Hispanic adult participants will demonstrate an increased knowledge of domestic violence.
2. Hispanic adult participants will have an increased knowledge of how to interact and communicate with their children to promote resiliency.
3. Hispanic adult participants will demonstrate an increase in their use of systems to assess available assistance.
4. Hispanic adult participants will be able to identify the negative consequences of domestic violence on the well-being of their children.
5. Hispanic child participants will be able to identify safe people in their lives.
6. Hispanic child participants will demonstrate an improvement in their academic and social skills.
7. Hispanic child participants will demonstrate an improvement in pro-social skills.
8. Hispanic child participants can identify personal strengths.

Outcomes

1. Child participants showed:
 - 88% improvement in their ability to identify safe people
 - 82% improvement in their ability to identify their own strengths
2. Parents and teachers reported a 90% improvement in the children's school work and overall behavior and attitude.
3. Participants of the women's group demonstrated an increased understanding of the impact of domestic violence on their children.
4. Participants reported an increase in communication with their children.
5. Parents increased their communication as parents with their children's school.

Lessons Learned

- Transportation can be a barrier for participants.
- Many children arrive at group needing homework assistance because their parent is unable to help.
- Non-abusing parents are unable to assist their children with homework assignments or contact teachers due to language barriers.
- Offering groups at the same location and time as the Hispanic Batterer's Intervention Group may raise safety concerns for victims and their children, but it may also raise participation of family members.
- The project increased awareness about the specialized services needed for this population due to the probability these families remain intact.
- Requests for support services from this population increased because new laws in the region limited the ability for immigrants and those without legal status to receive emergency services. Law enforcement, emergency medical personnel and fire fighters are being requested to provide their services and then ask for legal documents whenever they suspect that the person's involved may have questionable presence in the country.

Partnering Domestic Violence Program: **Samaritan House**

Community Need: Children and youth exposed to domestic violence who are not involved with the domestic violence program need education about violence and safety planning. School personnel, who are likely responders to these youth, need education about domestic violence and information about services.

Setting: Local middle school.

Objective:

Develop school staff guidelines for providing interactive, age-appropriate safety planning and education with middle school youth who have been exposed to domestic violence based on their individual circumstances and abilities. Provide interactive one-on-one safety planning and education with 5-8 middle school youth each quarter.

Inputs

- Director of Education along with Children's Advocate meet weekly for 1.5 hours with middle school youth.
- School provides space for meeting; meetings take place after school in the school library.
- 8-10 hours a month is needed for each staff to provide the program.
- 2 Guidance Counselors from the middle school use 8 hours a month to screen and select students, collect permission slips, and alternate being present at the site for each meeting.
- Guidance Counselors are compensated with gift certificates.
- Training for school personnel will be offered 4 times a year, an additional 4 hours each quarter will be provided by the Director of Education.
- A school classroom as well as the agency training room are utilized for training of school personnel.

Activities

- Provide safety planning and education on healthy relationships and violence prevention with middle school youths.
- Educate and train school personnel on how to identify, safety plan and respond effectively to a child or youth exposed to domestic violence.

Outputs

- 10 weekly sessions lasting 1.5 hours will be offered to 5-8 middle school youth 4 times a year from September to May. This will be an ongoing and open group, new members may attend.
- 1 training per quarter will be offered to school personnel.

Tools

- Curriculum adapted from “Teens Building Violence Free Relationships” and “The Teen Relationship Workbook”
- Youth Risk and Resiliency Inventory
- Pre/Post test for school personnel training (developed for this project)
- Training Agenda for school personnel (developed for this project)
- Handbook developed for school personnel “A School Personnel Handbook to Increase Understanding and Improve Community Responses” (developed as a result of this project)
- Parent Permission to Participate Form
- Parent Survey
- Certification of Successful Completion

Expected Outcomes

1. Children and youth will be able to describe and employ safety strategies.
2. Children and youth will have increased resiliency by identifying risks and learning new coping skills.
3. Children and youth will be able to recognize violence and attributes of healthy relationships.
4. School personnel will have enhanced skills identifying and responding to children and youth exposed to domestic violence.

Outcomes

The Youth Risk and Resiliency Inventory (YRRI) identified the strengths and protective factors students possess as well as the risks and challenges they face.

1. The YRRI was administered to 3 separate groups of students prior to group sessions and again after the completion of 9 sessions.
 - The YRRI indicated that risk factors did not change over the course of the 9 weeks.
 - The YRRI indicated that protective factors improved over the course of 9 weeks by 30% to 50%.
 - The number of youth reporting “I get into trouble at school” decreased from 75% to 55%.
 - The number of youth reporting “I usually avoid trouble” increased from 60% to 75%.
 - The number of youth reporting “I have made responsible choices” increased from 55% to 75%.
2. A “Healthy Relationship Quiz” administered at the end of 9 sessions to each group found:
 - 86% of students surveyed could list four types of abuse.
 - 86% of students could identify controlling behavior.
 - 100% of students surveyed could identify emotional abuse.
 - 71% of students could identify sexual assault.
3. Providing education to educators has received a positive response, Samaritan House is now recognized as a partner with the local school system and has seen a significant increase in contacts for outreach and support services.

Lessons Learned

- Competition with other after school enrichment programs and the inability to get commitment from the youth and parents for a weekly group are significant issues.
- Consideration should be given to monthly evening sessions or special events for youths exposed to domestic violence in order to provide education and support.
- The time and effort to adapt curricula and to print materials related particularly to educators is well worth it; school personnel generally appreciate information they can use or display with their students.

Partnering Domestic Violence Program: **Samaritan House**

Community Need: Children who are exposed to domestic violence need continued support from the program after they and their families exit emergency shelter.

Setting: Transitional Housing Program.

Objective:
Provide mentorship to 15 children and youth in Samaritan House's Transitional Housing Program each quarter.

Inputs

- The Children's Program Supervisor facilitates the Mentoring Program.
- 5-8 trained volunteers mentor children, assist with transportation and cooking.
- Mentor/Mentee meet bi-weekly at the outreach office and convene in a large training room; in smaller groups they use the Children's Program room, outdoor playground and basketball court.
- Approximately 10 hours per month is needed by the Children's Program Supervisor and Program Manager to administer this program, including facilitating, reporting, conference calls, and traveling to grant related meetings.

Activities

- Train and screen mentors in preparation for developing relationships with high-risk children and youth.
- Facilitate meetings and activities so that children and youth exposed to domestic violence create mentoring relationships with trusted adults.

Outputs

- Mentoring and dinner is provided bi-weekly. Sessions with volunteers take place for approximately 2 hours.
- 5-10 youths participate in the program.

Tools

- Mentor Relationship Evaluation-designed for this project.
- Mentee Evaluation-developed for this project.
- Healthy Relationship Quiz-developed for this project.
- Mentor Application-developed for this project.
- Mentee Application-developed for this project.
- Mentoring Program marketing brochure-developed for this project.
- Mentoring Program Workplan-developed for this project.

Expected Outcomes

1. Children and youth will be able to identify and use trusted adults for support.
2. Children and youth will actively participate and allow interaction with mentors.
3. Children and youth will improve their pro-social skills.
4. Children and youth will be able to identify attributes of a healthy relationship.

Outcomes

Mentor's Evaluation:

- 71% of the mentees were described as interactive in positive reciprocal communication with their mentor.
- 43% of the youth were described as being unsure or reluctant to participate with other peers in the group.
- 100% of the youth participated in the activities and cooperated with others.
- The mentors gave the program an 80% approval rating at time of evaluation.

Healthy Relationship Quiz:

- 78% of mentees surveyed could list the four types of abuse.
- 78% of mentees surveyed could recognize emotional abuse.
- 78% of mentees surveyed recognized controlling behaviors.
- 100% of mentees surveyed understood that rape is not coerced by provocative behavior.

Lessons Learned

- Need an orientation night for the whole family to hear about the program and meeting the assigned mentor.
- Parent involvement is an integral part of mentoring efforts, and therefore mentoring projects must be designed to seek and encourage parental involvement.
- Before assigning a mentor, assess how long the child is likely to be in transitional housing and/or whether the mentoring might continue after the child leaves transitional housing.
- Anticipate that large families exiting from transitional housing can have a significant impact on the program.

Partnering Domestic Violence Program: **Family Resource Center, Inc.**

Community Need: Service delivery to children and youth must address trauma to be effective in facilitating growth and recovery.

Settings: Shelter and community clients.

Objective:

Develop a model of trauma informed advocacy services for children and youth based on an empowerment approach to services that recognizes how trauma affects an individual's interaction with the world around them.

Inputs

- Two full-time Youth Outreach Coordinators and one full-time Family Services Coordinator facilitate the implementation of the assessment tool and model.
- Consultation is available to individuals 24/7 or through small group staffing sessions.
- Staff meets with children, as necessary, in school and in program office.
- Approximately 10 hours a month is needed by staff to administer the program; including facilitating, reporting, conference calls, staff supervision, and traveling for grant related meetings.

Activities

- Provide trauma-informed advocacy training to staff.
- Provide appropriate interventions for children and youth who have been exposed to traumatic events, including domestic violence.

Outputs

- Train 5 advocates and 15 other staff members on trauma informed advocacy.
- Utilization of the assessment tool with all children/youth clients (shelter and non-shelter).
- Staff apply the trauma informed advocacy model with 30 children/youth each quarter.

Tools

- Staff training curriculum (developed for this project).
- Staff training pre/post test (developed for this project).
- Trauma Symptoms Checklist-Props and Crops.

Expected Outcomes

1. Increased staff competency/confidence in using trauma informed advocacy model.
2. Increased support for children who have experienced trauma.
3. Increased knowledge of coping strategies for children.
4. Reduction in trauma symptoms.

Outcomes

Based on 93 non-sheltered children and 34 children in shelter who received intervention services, individually and in groups:

- 100% were able to identify 3 personal safety strategies.
- All exhibited increased social, coping and problem solving skills.
- All reported a reduction in trauma-related symptoms and behaviors.

Lessons Learned

- Evaluation of the efficacy of this model is not totally dependent on scales or pre and post test. The program values supervisory assessment of staff and client feedback.
- Regular and effective communication was key to the success of the model; staff must feel supported in the use of the model.
- This model is heavily dependent on staff teamwork, intensive staff training and supervision, and long-term relationships with the children and youth. It is most appropriate for agencies with adequate staff resources.



HHS Demonstration
Project Summary

Appendix G Sustaining a Community of Practice



Appendix G

Sustaining a Community of Practice

As a result of the three-year demonstration project and increased statewide dialogue about the specific needs of children and youth exposed to domestic and sexual violence, the Child Advocacy Task Force (CATF) was formed.

The CATF is a statewide collaboration to promote a healthy environment free of sexual and domestic violence **for all children**.

The multi-disciplinary task force formed in the fall of 2006 in an effort to identify issues faced by children and youth who have been exposed to sexual and domestic violence and to collaborate on the development of effective strategies, tools and interventions to meet the needs of those often forgotten victims.

The Child Advocacy Task Force has included over 80 child advocates from every region of Virginia.

The CATF is committed to hosting an annual conference for professionals and advocates who work with families impacted by domestic and sexual violence. The CATF hosted the first annual conference in February 2008, eighty advocates and professionals attended. The second conference was offered in April, 2009.

In addition to the conference, the task force is working on developing a toolkit, including interventions and tools for supporting child survivors, for professionals outside of the domestic and sexual violence field. The group is also working on publishing brochures illustrating the effects of sexual and domestic violence on children.

The Task Force meets bi-monthly and its membership continues to rapidly increase.