



*Enhanced Services
to Children and Youth
Who Have Been Exposed to
Domestic Violence*

*Promising
Practices*

*Lessons
Learned*

Developed by the National Resource Center on Domestic Violence in collaboration with the Family and Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services

Enhanced Services to Children and Youth Exposed to Domestic Violence

Promising Practices & Lessons Learned



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*This publication is funded through Grant Award No. 90EV0374/ from the Family and Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.
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Executive Summary

During the past decade, communities have begun to develop more comprehensive systems of care that better respond to the unique experiences and complex needs of children exposed to domestic violence. The quality of children's services has also improved as direct service providers and researchers more clearly define the effects of domestic violence on children, document children's varied responses to abuse, and recommend effective approaches to working with children, youth and families.

Public policy advocacy has brought about changes in law and practice impacting children exposed to domestic violence, including how violent assaults against family members are prosecuted, the resolution of custody and visitation in these cases, and improving the child welfare system's response to the co-occurrence of domestic violence and child abuse.

Although exposure to domestic violence can have serious negative effects on children of all ages, research studies on the resilience¹ of children suggest that as assets in a child's environment increase, including protective adults, the problems they experience may actually decrease.

Acknowledgements

Our deepest gratitude extends to the adult, youth and child survivors of domestic violence whose experience, courage and resilience inspired the work described in this publication. Appreciation and special thanks must also be extended to the domestic violence victim advocates, their partners and allies who created and implemented the promising practices described here, and who graciously shared their experiences, challenges, surprises and successes in order to add texture and richness to this report.

¹ Resilience describes what enables children to meet developmental milestones despite serious risk factors. Although early research used terms like "invincible" and "invulnerable" to describe youth who showed resilience, the current understanding is that resilience is enabled through ordinary processes, many of which are teachable (Masten, 2001; Reivich and Shatté, 2002; Seligman, 1990). Resilience is a set of processes that enables good outcomes in spite of serious threats (Masten, 2001). In nontechnical language, it is the ability to persist in the face of challenges and bounce back from adversity (Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56, 227-238 and Reivich, K., & Shatté, A. (2002). *The resilience factor: Seven essential skills for overcoming life's inevitable obstacles*. New York, NY: Broadway Books and Seligman, M. E. P. (1990). *Learned optimism*. New York: Knopf.

Expanding Services to Children and Youth Exposed to Domestic Violence

In October 2003, the United States Post Office issued a “Stop the Violence Stamp” as directed by the Stamp Out Family Violence Act of 2001, to provide the public with a direct and tangible way to contribute funding for domestic violence programs. The proceeds from the stamp sales over a two-year period were transferred to the U.S. Department of Health and Human Services (HHS) to carry out the purposes of the Act with a focus on enhancing services to children and youth impacted by domestic violence.

In 2005, the Administration for Children and Families (ACF), a division of HHS, released funds for the development of demonstration projects to enhance services to children and youth who have been exposed to domestic violence. Three-year grants were awarded, after a competitive process, to projects in California, Colorado, Washington, D.C., Michigan, New York, Oklahoma, Oregon, Pennsylvania and Virginia to explore innovative approaches to intervention and prevention for families in both shelter and non-shelter settings. Across all programs, project staff and partners worked to:

- Develop and enhance assessment and intervention strategies for children and youth exposed to domestic violence and their parents;
- Train domestic violence program staff and community partners on the effects of being exposed to violence on children and youth and intervention strategies; and
- Develop or enhance community-based interventions specific to issues of domestic violence in order to meet the needs of children and youth impacted by such violence.

Impact & Outcomes of the Stamp Out Family Violence Act of 2001 Demonstration Grants, Proceeds Administered by the Department of Health and Human Services

Family Violence Stamp sales generated **\$3.2** million to support domestic violence programs administered by the Department of Health and Human Services, Administration for Children, Youth, and Families.

From Fiscal Year **2005** through Fiscal Year **2008**, the Family Violence Prevention and Services Program funded grantees from nine (**9**) states and local communities to support efforts to in providing enhanced direct services for children whose parents were abused.

Families Reached

1,763
children

385
non-abusive parents



Built collaborations to establish **5 task forces** whose combined efforts reached:

9 states

8 statewide domestic violence coalitions

22 local direct victim services programs

28 community allies



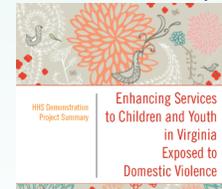
3 curricula on therapeutic support services to children exposed to domestic violence were created.

More than **180** agencies and over **300** school-based professionals were trained on domestic violence, its dynamics, and the effects of exposure on children and youth.



Supported efforts to identify, design, and test approaches for providing enhanced direct services for children whose parents were abused.

Virginia (VA) Statewide Standards for Child Advocacy



2 Best practice guides on supervised visitation and team decision making for families receiving services from child protective services were developed.



A Basic Child and Youth Advocacy Training Curriculum was developed for domestic violence victim advocates, with over **150** advocates receiving training.

Family Violence Stamp sales generated \$3.2 million to support domestic violence programs administered by the Department of Health and Human Services, Administration for Children, Youth, and Families. From Fiscal Year 2005 through Fiscal Year 2008, the Family Violence Prevention and Services Program funded grantees from the nine (9) states listed above in order to support efforts to identify, design and test approaches for providing enhanced direct services for children whose parents were abused.

Through this multi-state project, 8 Statewide domestic violence coalitions, 22 local direct victim services programs, and 28 community

allies built collaborations to establish 5 tasks forces whose combined efforts reached over 1,763 children, 385 non-abusive parents in a multitude of communities. More than 180 agencies and over 300 school-based professionals were trained on domestic violence, its dynamics, and the effects of exposure on children and youth. Two best practice guides on supervised visitation and team decision making for families receiving services from child protective services were developed and 3 curricula on therapeutic support services to children exposed to domestic violence were created.

A noteworthy outcome of the collaborations funded through this multi-state project is the Virginia Statewide Standards for Child Advocacy. The Department of Health and Human Services, in collaboration with the Virginia Sexual & Domestic Violence Action Alliance, developed a curriculum for training Child Protective Services (CPS) workers on the dynamics of domestic violence, the impact of the abusers behavior on children and youth and trauma-informed intervention. Service guidelines and basic requirements were developed for Virginia's Domestic Violence Program Accreditation Criteria to define and enhance comprehensive services to children and youth impacted by domestic violence or sexual assault.

This Basic Child and Youth Advocacy Training Curriculum was developed for domestic violence victim advocates, with over 150 advocates receiving training. Use the links below² to access the publication entitled, **Enhancing Services to Children and Youth in Virginia Exposed to Violence: A Report on a Demonstration Project Funded by the US Department of Health and Human Services, Family Violence Prevention and Services Program, 2006-2008 by the Virginia Sexual & Domestic Violence Action Alliance (2010).**

² Access the Project Summary here — http://www.vawnet.org/Assoc_Files_VAWnet/ESCYVA-ProjectSummary.pdf
and the Appendices here — http://www.vawnet.org/Assoc_Files_VAWnet/ESCYVA-Appendices.pdf



HHS Demonstration
Project Summary

Enhancing Services to Children and Youth in Virginia Exposed to Domestic Violence



A Snapshot of Key Learning from the Demonstration Sites

The nine *Demonstration of Enhanced Services to Children and Youth Who Have Been Exposed to Domestic Violence* sites expanded the broader victim advocacy field's understanding of the varied ways in which children, youth and families experiencing domestic violence can be identified and provided with essential services and supports. Key lessons learned include:

- Enhancing the capacity of mental health therapists to understand the challenges of working in shelter environments and to better understand and address the needs of ethnically and culturally diverse children who are exposed to domestic violence and their protective parents requires multifaceted intervention strategies sustained over time.
- The development of an interconnected system of care within communities and strengthening partnerships requires not only the provision of cross-training on the impact of domestic violence on children and approaches to service provision for children and non-abusive parents, but also training on vicarious trauma for domestic violence programs, batterer intervention services, mental health providers and social service staff. The evaluation of subsequent intervention approaches to determine treatment viability and efficacy is also a critical component.
- Working “outside the office box” by utilizing recreational therapy and opportunities for urban children and their mothers to leave their violent homes, and often their violent neighborhoods, as the primary mechanism for trust building, encouraging open communication and offering support and education, can provide opportunities for children to be relieved of their concern for their mother’s safety and allow their mothers to take back parental roles that often had been compromised by abuser behavior.
- A Team Decision Making (TDM) process centered on proactive collaboration efforts and the belief that families know their children best, and can participate in planning to keep them safe, allows domestic violence victim advocates to become active members of the TDM team. Their inclusion can be used to increase child welfare workers’ understanding of the complexities of domestic violence dynamics and life-generated risks to survivors and their children and create a more effective and supportive approach to intervention with children, youth and non-offending parents.
- Increasing the capacity of courts and supervised visitation centers to provide safe services and support to children and youth who have witnessed or were exposed to domestic violence, and services that enhance safety and support to adult caregivers in order to boost their care-giving capabilities, can begin with ongoing education and collaboration between domestic violence programs and the courts. This collaboration itself can improve relationships, foster understanding of the dynamics of abuser behavior and the impact of that behavior

on child and adult survivors, and encourage the implementation of appropriate service provision across disciplines.

- Intervention models designed to reduce children’s trauma symptoms related to exposure to domestic violence can be adapted for use by domestic violence victim advocates with limited or no formal clinical training through collaboration with mental health providers. These collaborations can focus on the development of intervention strategies that incorporate the view of abused mothers, create standards for the delivery of those services (focusing on children’s services instead of children’s activities), and development of a standard training curriculum for advocates providing services to mothers and their children.
- Establishing a seamless system of wrap around services can reduce barriers to service access and build ongoing community support for children and non-offending parents who identify as victims of domestic violence. These wrap around services can include individual therapeutic intervention, group support, parenting education, therapeutic respite care, school-based education, school-based psycho-educational support groups and home visits for families exiting shelter. Building such wrap around services requires time to develop relationships and establish trust between providers and families receiving services, flexibility that respects families in crisis with complex needs and ongoing training for providers focused on appropriate and consistent responses to children exposed to abuser behavior.
- A variety of approaches can be used by domestic violence programs to expand their capacity to address the needs of children exposed to domestic violence, including: the development of home-based services focusing on strengthening the abused parent-child relationship; addressing the trauma

associated with a child’s exposure to an abuser by increasing parents’ understanding of child development, age-appropriate behavior, children’s emotional and behavioral responses to abuser behavior, and appropriate ways to offer their children support; and providing training, education, technical assistance and support for advocates from state domestic violence coalition staff on child development, and trauma informed services to children exposed to domestic violence and their caretakers.

- Significant improvement in statewide services to children, youth and their parents who have been exposed to domestic violence and building the capacity of professionals who provide critical safety and support services to victims and their children can be achieved through: careful assessment of current needs; collaborative development of service and support strategies across systems to meet those needs; and the development of guidelines for defining and enhancing comprehensive services to children and youth that acknowledges varied program capacities and allows for differing levels of service provision.

Each project described in the pages that follow has contributed new knowledge and experience to helping children and youth exposed to domestic violence. This knowledge and experience has strengthened the relationship between domestic violence victim advocates and other partners in the community serving children and youth exposed to domestic violence. Further, each collaboration has reinforced the shared mission of protecting abused women and their children from violence by providing them with the interventions, tools and resources to move their lives and their futures forward in positive, productive and violence-free directions. This Guide showcases these projects, focusing on their goals, collaborative partnerships, experiences, challenges, and successes.

The California Demonstration Project: *New Beginnings*

Building Futures for Women and Children served as the primary site for New Beginnings Project activities. Through this partnership, which had Safe Passages Early Childhood Strategy in Oakland, CA as the lead agency,

- Funds were provided to Safe Passages' staff to train domestic violence shelter advocates in the use of a research-based, skill-building program with young children exposed to domestic violence and their abused parents.
- Mental health consultation to staff and therapeutic services for adult and child victims were provided by a partner agency at both shelter and in home-based settings.
- Building Futures for Women and Children continued to provide a full continuum of emergency and support services to abused women and their children who are concurrently dealing with homelessness, substance abuse, and/or mental illness.

The Colorado Demonstration Project: *The Alliance*

Comprehensive, broad-based training and technical assistance was the major focus of the partnership led by the Women's Crisis and Family Outreach Center (WCFOC) in Douglas County, CO. In addition:

- Partner agencies worked to introduce trauma-informed approaches to provide support and services for children and protective parents.
- The direct service component of the project included the provision of therapeutic services for adolescent boys who were exposed to domestic violence and were showing early signs of perpetrator behavior, with a total of 580 children receiving therapy during the project period.
- Pre and post intervention assessments consistently indicated that intervention lessened children's trauma symptoms and behavior problems, with eight (8) out of ten (10) trauma-related issues showing significant improvement for most children.
- The data also showed a significant decrease in parenting stress.

The District of Columbia Demonstration Project: *DC Kids*

The Strong Families Program of the District of Columbia Department of Human Services (DCDHS) developed and implemented the *DC Kids* project, whose intervention focused on serving families experiencing acute stressors such as poverty, community violence, and placement of their children in the foster care system. Through the project,

- Workers “*went where the clients were,*” visiting families in shelters and hotels, as well as in homes.
- Recreational therapy became the project’s primary mechanism for offering support and education, with 36 adults and children participating in extended therapeutic field trips.
- For families with limited opportunities to leave their violent neighborhoods, therapeutic activities provided an opportunity for bonding and open communication between counselors and family members, between mothers and their children, and among the participating families.

The Michigan Demonstration Project: *Kids Exposed*

A Project Steering Committee comprised of staff from each partner agency provided statewide guidance to the *Kids Exposed* project led by the Michigan Domestic Violence Prevention and Treatment Board (MDVPTB). Key outcomes of the project included:

- The development of a referral protocol for use with local child protective services offices to facilitate abused women’s access to shelter and support services.
- The development of a statewide protocol and best practices guide for domestic violence victim advocates and legal aid attorneys working with the child welfare system within the Team Decision Making (TDM) structure and process. (TDM is based on the premise that families know their children best and can participate in planning to keep them safe.)
- The project also focused on interventions with child and adult victims of domestic violence; systems change; and training for local supervised visitation center staff, affiliated court personnel and other community partners.
- The *Trauma Intervention Program for Children and Adolescents* curriculum was adapted for use in supervised visitations settings. An adaptation of the companion curriculum *Adults and Parents in Trauma* was adapted for use with non-offending parents.

The New York Demonstration Project: *Supervised Visitation: Enhancing Services for Children and Youth Who Are Affected by Domestic Violence*

The New York State Coalition Against Domestic Violence (NYSCADV) was the lead agency for the *Supervised Visitation* project. Key highlights include:

- Among the several collaborative partners in this project was the New York Society for the Prevention of Cruelty to Children (NYSPCC), the first child protective agency in the world, which has been operating a successful supervised visitation program since 1992.
- Through the development of a *Supervised Visitation Protocol*, the project enhanced the capacity of supervised visitation centers to provide safe services and support to children and youth who have witnessed or were exposed to domestic violence.
- Other goals of the *Supervised Visitation Protocol* included increasing the safety of abused women, supporting consistency in service provision statewide, supporting the courts in better utilizing supervised visitation services, and encouraging expansion of supervised visitation services in that state.

Oklahoma Demonstration Project: *Oklahoma Collaborative Children's Services Project*

The Oklahoma Coalition Against Domestic Violence and Sexual Assault (OCADVSA) served as lead agency for the project, with the University of Oklahoma Center on Child Abuse and Neglect (CCAN) serving as a key partner. Project accomplishments include:

- Six of OCADVSA domestic violence programs participated in an evaluation of their use of an adaptation of the SAFETY First psycho-educational intervention model with children.
- The SAFETY First approach was designed to enhance children's services by focusing on treatment of trauma-related symptoms in children who had been exposed to abuser behavior. This approach was found to lessen children's trauma symptomatology when compared to standard children's services.
- The project also revised OCADVSA's children's domestic violence service standards including revising the definition of services from "child activities" to "child services."

The Oregon Demonstration Project: *Open Arms Project*

Womenspace Domestic Violence Services operated as lead organization for the project, which partnered with the Relief Nursery and Looking Glass Counseling Services to create and provide wrap around services for children and their caregivers. As a result of this partnership,

- The Oregon Coalition Against Domestic and Sexual Violence and the Oregon State Department of Human Services supplied technical assistance, training support and disseminated project information and materials.
- A Looking Glass therapist placed at the shelter offered assessments, referrals and ongoing services to women and their children; co-facilitated shelter and community-based support groups for families with children aged 6 to 18, and provided individual, long-term therapy.
- The Relief Nursery focused on support for families with children from birth to age six through the provision of respite care that focused on meeting children's social and emotional needs. An intake worker was available at the shelter to meet with residents to discuss available services; mental health counselors were available at shelter for up to 5 hours per week for adult counseling and children's play therapy.

Pennsylvania Demonstration Project: *A Kid Is So Special (K.I.S.S.)*

The Pennsylvania Coalition Against Domestic Violence (PCADV) served as lead organization for the project, which had as one of its several partners the Boston-based Child Witness to Violence Project (CWVP). As a result of the project,

- CWVP staff offered training, technical assistance and case management supervision related to trauma informed domestic violence services and home- and community-based services.
- Four of PCADV'S member domestic violence programs developed new home-based services for children focusing on strengthening the abused parent-child relationship and addressing the trauma associated with a child's exposure to an abuser.
- New services increased parents' understanding of child development, age-appropriate behavior, children's emotional and behavioral responses to abuser behavior, and appropriate ways to offer their children support.
- Home-based services were centered on *K.I.S.S.* (A Kid Is So Special), a 12-week child-focused curriculum designed to assist abused women in recognizing the impact that domestic violence has on children, as well as understanding and responding appropriately to children's reactions to abuser behavior.

The Virginia Demonstration Project: *The Advisory Council*

The Virginia Sexual and Domestic Violence Action Alliance (the Action Alliance) served as lead organization for this project, which was designed to enhance statewide services to children exposed to domestic violence and to build the capacity of professionals providing critical services to survivors and their children. As a result of this project,

- Virginia domestic violence programs provided new and enhanced services to approximately 1,141 individuals: 1,012 children and 129 non-abusing parents, exceeding the project goals by more than 100%.
- 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.
- New approaches were developed for reaching underserved Latina populations, including pregnant and parenting teens exposed to domestic violence. Participants in the teen support and educational groups reported that their knowledge of the dynamics of domestic violence had improved by 95 percent, and their understanding of healthy versus unhealthy relationships had improved by 90 percent.
- A *Basic Child and Youth Advocacy Training Curriculum* was developed for domestic violence victim advocates, with 150 advocates receiving training.
- Service guidelines and basic requirements were developed for Virginia's Domestic Violence Program Accreditation Criteria to define and enhance comprehensive services to children and youth impacted by domestic violence or sexual assault.
- Virginia's statewide data collection system was enhanced to capture data on the number of children and youth who are impacted by domestic and sexual violence.



NEW

Tools Developed by the Demonstration Projects

NOTE: “All content for the materials, tools, resources, and services developed by each of the demonstration projects, as listed below, are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services.”

Michigan – Kids Exposed Team Decision Making Best Practices Guide

In Michigan, the Department of Human Services (DHS) is responsible for investigating reports of suspected child abuse and neglect and it does so through the Children’s Protective Services program. The Child Protection Law requires DHS to use structured decision making (SDM) tools to determine safety of the child, risk of future harm to a child, and the needs of the family. A statewide protocol and best practices guide was developed for domestic violence victim advocates and legal aid attorneys working with the child welfare system within the Team Decision Making (TDM) structure and process.

New York – Supervised Visitation: Enhancing Services for Children and Youth Who Are Affected by Domestic Violence

Supervised Visitation & Domestic Violence A Protocol for Services

This protocol is based on the premise that supervised visitation cases that involve

domestic violence are only appropriate for center-based services, and the recommendations presume that model.

Pennsylvania – A Kid Is So Special (K.I.S.S.)

A 12-week child-focused curriculum developed to assist adult survivors in recognizing the impact that domestic violence has on children, as well as understanding and responding appropriately to children’s reactions to abuser behavior. K.I.S.S. offers strategies for helping children build resilience in the face of adversity. The Curriculum includes a guide for advocates and five mother-child workbooks.

Virginia – The Advisory Council Enhancing Services to Children and Youth in Virginia Exposed to Violence: A Report on a Demonstration Project Funded by the US Department of Health and Human Services, Family Violence Prevention and Services Program, 2006-2008, including:

² Grasley, C., Richardson, J. & Harris, R. (2000). Knowing what we do best: Evaluating shelter services from the perspective of abused women. A report prepared on behalf of the Southwestern Ontario Shelter Association; Henderson, A., Ericksen, J., & Ogden, S. (1997). Parenting support for women who have experienced abuse: Facilitator’s manual. Vancouver BC: FREDA Centre; Struthers, M. (2002). Designing together: A conversation about the service model for children who witness woman abuse in rural communities in Southwestern Ontario. Toronto: Marilyn Struthers & Co. Ltd.

- Statistical data on the **Impact of Domestic Violence on Children** in Virginia
- Details on the **Needs Assessment** completed by all of the domestic violence programs in Virginia to assess the capacity of local programs to offer comprehensive services to children, youth and their non-abusing parents whose lives have been impacted by domestic violence
- Information on **Training for Domestic Violence Program Advocates** and the **Improvement of Statewide Data Collection System to Include Services to Children and Youth**
- Outlines of the **Guidelines for Enhancing Services to Children and Youth Statewide**
- Materials for **Service Enhancement Strategies Developed, Implemented, and Evaluated by the Partnering Domestic Violence Programs**
- Samples and resource materials for **Sustaining a Community of Practice**, including site specific worksheets, handouts, advocacy tools, participant applications, brochures, certificates, etc.
- **Basic Child and Youth Advocacy Training Curriculum** developed to offer consistent training for all new domestic and sexual violence program advocates (those working in a program for less than one year)
- **Domestic Violence Program Accreditation Criteria** for Enhancing Services to Children and Youth Statewide

Additional Resources Used by the Demonstration Projects

The following tools were used for training, technical assistance, and capacity building reasons.

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California – New Beginnings Second Step Curriculum: Social- Emotional Skills for Early Learning

<http://www.cfchildren.org/programs/ssp/overview/>

This recently revamped, research-based program builds critical social and school-readiness skills of young children. The revised Second Step early learning program is designed specifically for multiple-age early learning classrooms. The program is taught through 28 weekly themes, consisting of short activities to be done throughout the week. The activities build on each other to develop children’s self-regulation skills and social-emotional competence.

Colorado – The Alliance Short Form Parenting Stress Index (PSI)

http://www.tjta.com/products/TST_031.htm

For parents of children age 1 month to 12 years, the PSI is a parent self-report

questionnaire, designed to identify potentially dysfunctional parent-child systems and predict children’s future psychosocial adjustment and then focus intervention in high stress areas. The PSI is designed to identify stressful areas in parent-child interactions, and has been recently updated with new forms which are easier to score and easier to profile.

Trauma Symptom Checklist for Young Children (TSCYC), ages 3–12

<http://www4.parinc.com>

The TSCYC is a 90-item caretaker-report instrument with separate norms for males and females in three age groups: 3-4 years, 5-9 years, and 10-12 years. Caretakers rate each symptom on a 4-point scale according to how often the symptom has occurred in the previous month.

Trauma Symptom Check List for Children (TSCC), ages 8–16

<http://www4.parinc.com>

The TSCC is a self-report measure of posttraumatic stress and related psychological symptomatology in children ages 8–16 years who have experienced traumatic events (e.g., physical or sexual abuse, major loss, natural disaster, witnessing violence). The TSCC is suitable for individual or group administration.

Child Behavioral Check List (CBCL), ages 1.5 to 5

<http://shop1.mailordercentral.com/aseba/>

The CBCL for ages 1.5 to 5 obtains parents' ratings of 100 problem items; as well as descriptions of problems, disabilities, what concerns parents most about their child, and the best things about the child. The CBCL obtains parents' reports of children's expressive vocabularies and word combinations, and risk factors for language delays.

Child Behavioral Check List (CBCL), ages 6–18

<http://shop1.mailordercentral.com/aseba/>

The CBCL for ages 6–18 obtains parents ratings of 120 problem items; as well as descriptions of problems, disabilities, what concerns parents most about their child, and the best things about the child.

Michigan – Kids Exposed Trauma Intervention Program for Children and Adolescents (TIPCA)

<http://www.starrtraining.org/children-and-trauma>

The TIPCA is a comprehensive, research-based program that provides 8-sessions of structured, sensory interventions for children and adolescents and a component for parents of traumatized children. Researched in school & agency settings, this program has been shown to significantly reduce trauma reactions. Included in the curriculum are 2 manuals; 2 workbooks; the TLC booklets, *You Are Not Alone, A Trauma is Like No Other Experience, What Parents Need to Know*; assessment tools; and other supportive materials.

Adults and Parents in Trauma: Learning to Survive: Trauma Intervention Program

<http://www.starrtraining.org/children-and-trauma>

This resource contains assessment tools, checklists, cognitive reframing statements, healing benchmarks, secondary victimization, survivor plan, worry activities, survivor activities and After the Violence video.

2011 TLC Resource Guide: With New and Revised Resources

<http://assets1.mytrainsite.com/500051/tools2011.pdf>

An 8-page listing of Tools Leading to Change as developed and offered by the

National Institute for Trauma and Loss in Children.

Oklahoma – Oklahoma’s Collaborative Children’s Services Project

How to Implement Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

http://www.nctsn.org/nctsn_assets/pdfs/TF-CBT_Implementation_Manual.pdf

Developed by the SAMHSA-funded National Child Traumatic Stress Network’s (NCTSN) Sexual Abuse Task Force, this model was initially developed to address trauma associated with child sexual abuse and has more recently been adapted for use with children who have experienced a wide array of traumatic experiences, including multiple traumas. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a components-based psychosocial treatment model that incorporates elements of cognitive-behavioral, attachment, humanistic, empowerment, and family therapy models. TF-CBT is recognized as being one of the most effective interventions for children who have significant psychological symptoms related to trauma exposures. This TF-CBT Implementation Manual is for therapists, clinical supervisors, program administrators, and other stakeholders who are considering the use of TF-CBT for traumatized children in their communities.

Oregon – Open Arms Project

Looking Glass

<http://www.lookingglass.us/>

At Looking Glass, all efforts are focused on the singular mission to build a better future for youth and families by helping them navigate the challenges of childhood, adolescence, and young adulthood.

Looking Glass Youth and Family Services offers a range of programs and services that may be creatively combined to serve teenagers and their families. Highly qualified mental health professionals evaluate each young person’s needs and recommend programs and resources to help the teen and the whole family. Services are coordinated, re-evaluated and adjusted as each young person moves toward health and wellbeing. Programs include counseling, adolescent recovery program (for substance abusing youth), crisis response, runaway and homeless services (including emergency shelter, transitional and independent living services for homeless youth, and support services for assistance with food, clothing, etc.), alternative education options and residential services.

The Relief Nursery

<http://www.reliefnursery.org/>

At the core of the Relief Nursery is the belief in focusing on, and building upon, the strength of each individual family. A wide array of support services, with research-based principles embedded throughout, are provided; always with a respect for the diversity of the families

served and while recognizing the changing needs of families. From crisis response, to therapeutic classrooms, to alcohol and drug recovery support, staff work to keep children in the community safe from abuse and neglect. Through its state, national and international replication efforts Relief Nursery is a leader in child abuse prevention. Additional program details are listed below.

■ **Therapeutic Early Childhood Program: Helping Children Reach Their Potential**

The Relief Nursery Therapeutic Early Childhood Program provides a unique combination of individualized classroom and home-based developmental experiences for children 0-6 years of age. All aspects of the program focus on the specific issues of children from multi-stressed families who have experienced trauma, abuse, stress, or are at-risk for such experiences.

■ **Accessing Success: Drug and Alcohol Recovery Support**

Accessing Success is a recovery support program, integrated with all other Relief Nursery programs, for families with substance abuse issues.

Accessing Success provides drug and alcohol intake services, counseling, anger management classes, parenting classes, peer support, childcare, transportation, and social skill activities to help parents achieve and maintain recovery.

■ **Counseling Services: Helping Families Through Therapy**

The mental health counseling services provided at the Relief Nursery assist young children and their families in working with behaviors that could result in more serious problems before the child reaches elementary school. Qualified Mental Health Professionals provide comprehensive mental health services through family therapy and child therapy, as well as networking with other mental health agencies in the area.

More detailed information about these programs, the tools they developed, and other resources may be found at the companion special collection on VAWnet.org, The National Online Resource Center on Violence Against Women at <http://www.vawnet.org/special-collections/ChildrenExposed.php>.

About This Publication

This publication is funded through Grant Award No. 90EVO374/ from the Family and Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health & Human Services (including, without limitation, its content, policies, and any services or tools provided).

The NRCDV provides a wide range of free, comprehensive, and individualized technical assistance, training, and specialized resource materials and projects designed to enhance current intervention and prevention strategies. For ongoing technical assistance and other resources, please contact the NRCDV Technical Assistance Team at www.nrcdv.org/TArequest.php.



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