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RESEARCH

The U.S. Attorney General's Defending Childhood Initiative: Formative Evaluation of the Phase I Demonstration Program

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SUBMITTED TO THE U.S. DEPARTMENT OF JUSTICE

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INTRODUCTION

A recent national survey found that 60 percent of American children have been exposed to violence, crime, or abuse in their homes, schools, or communities – and that 40 percent were direct victims of two or more violent acts.¹

In an effort to address children’s exposure to violence, the United States Department of Justice (DOJ), under the leadership of Attorney General Eric Holder, launched the *Defending Childhood Initiative*. This national initiative aims to: 1) prevent children’s exposure to violence; 2) mitigate the negative impact of such exposure when it does occur, and; 3) develop knowledge and spread awareness about children’s exposure to violence.

Toward these ends, in 2010, DOJ awarded an initial \$1.25 million to eight sites across the nation to address the high incidence of children’s exposure to violence in their homes, schools, and communities. Phase I of the initiative required all eight sites to develop comprehensive strategic plans to prevent and reduce the impact of children’s exposure to violence through a collaborative process. The eight sites are listed in Table 1:

Table 1: *Defending Childhood Initiative* Phase I Awards

Grantee	City, State
City of Boston	Boston, Massachusetts
Chippewa Cree Tribe	Box Elder, Montana
Cuyahoga County Board of Commissioners	Cleveland, Ohio
City of Grand Forks	Grand Forks, North Dakota
Multnomah County Department of Human Services	Portland, Oregon
City of Portland	Portland, Maine
Rosebud Sioux Tribe	Rosebud, South Dakota
Shelby County	Memphis, Tennessee

In addition to the planning grants, DOJ committed additional funding for technical assistance and evaluation. The Center for Court Innovation was contracted to conduct a formative evaluation of Phase I. Formative evaluation is done during the development of an initiative to ensure that its goals are achieved and to disseminate strategies and lessons for the benefit of other jurisdictions that might be interested in replication. Such an evaluation both describes an initiative that is in development and highlights potential barriers to implementation.

The goals of the Phase I formative evaluation were to: 1) implement a participatory research process with all eight sites; 2) describe key strategies, outcomes, and available data; and 3) produce eight evaluability assessments and an evaluation design for Phase II – the implementation phase. An evaluability assessment helps identify whether, if a program were to be implemented, program evaluation would be justified, feasible, and likely to provide useful information. It shows whether a program could be meaningfully evaluated, and whether the findings would help improve the program and contribute to the field. To this end, the Center for Court Innovation’s evaluability assessments evaluated sites on the following domains:

¹ Office of Juvenile Justice & Delinquency Prevention. 2009. Children’s Exposure to Violence: A Comprehensive National Survey. Available at <http://www.ojp.usdoj.gov/ojjdp>.

- *Collaboration* considered the planning structure and the manner in which different systems and professionals came to the table to discuss ideas and strategies.
- *Policy formalization* looked at the extent to which strategic plans were specific, detailed, and formally delineated.
- *Scale* referred to potential sample size for evaluation purposes as well as each project's scope and reach, relative to the size of the site's population.
- *Evidence-Based Practices* considered whether planned strategies were supported by research.
- *Sustainability* focused on the level of commitment and existence of concrete plans to proceed with program implementation with or without continued funding, and after DOJ funding had been exhausted.
- *Data capacity and gaps* focused on existing local data, and, where data did not exist, whether original data collection could be done.
- *Local research capacity* referred to whether a local evaluator was identified and the strength of this local capacity.
- *Process design* outlined the extent to which the sites' strategic plans enabled identifying clear and specific performance indicators and the extent to which the site had proposed a sufficient depth or comprehensiveness of plans, so that a process evaluation could document a thorough model that other jurisdictions might easily understand and replicate.
- *Impact design* looked at the extent to which the chosen strategies could yield a rigorous and informative impact study.
- *Generalizability* referred to the extent to which the site is confronting problems and choosing strategies that are likely to be representative of children's exposure to violence problems and strategies nationwide.

This report seeks to summarize those results of the formative evaluation that transcend the specific features or evaluability of any one site. The report describes the nature and scope of children's exposure to violence in the eight demonstration sites, describing the common and unique strategies the sites chose for addressing the problem, and drawing key lessons so that other jurisdictions seeking to address children's exposure to violence in their own communities can learn from the current evaluation of the *Defending Childhood Initiative*.

METHODOLOGY

To implement the formative evaluation, the research team conducted site visits to each of the eight sites. All sites were visited at least twice during Phase I, with the exception of two sites which were visited once due to scheduling difficulties (Multnomah County and the Chippewa Cree Tribe). The first visit typically included an overview of the existing research on children's exposure to violence presented by experts in the field as well as discussions with collaborative members. The purpose of these discussions was to identify the most common forms of violence to which children are exposed; identify local gaps in services; and brainstorm priorities, goals, strategies, and key outcomes. Researchers then conducted semi-structured interviews with collaborative representatives identified by each site. Overall, the number of individuals interviewed at each site ranged from 13 to 28. Research staff also administered a closed-ended

survey of collaborative members to assess communication among members and to identify local priorities with respect to addressing children's exposure to violence.

Research staff attended at least one full collaborative meeting at all eight sites. Additionally, the researchers participated in meetings with key management team members as well as stakeholders who were knowledgeable about locally available data. The purpose of these meetings, conducted in person and via phone, was to obtain additional information on outcomes of interest and existing data systems, and to assess willingness to develop new data systems if necessary. Finally, researchers conducted document reviews of each site's meeting minutes, needs assessment, strategic plan, and other relevant materials.

TYPES OF VIOLENCE AND COMMON CHALLENGES TO ADDRESSING CHILDREN'S EXPOSURE TO VIOLENCE

Despite variation in location and demographics across the sites, domestic violence was identified as the most prevalent form of violence to which children are exposed. While crime rates have been down in general across the U.S., some of the sites reported increases in domestic violence and domestic violence-related homicides over the last decade. Bullying/school violence was something most sites reported as well. Most of the sites' resources have historically been devoted to intervention programs for children who have witnessed domestic violence or who have been victims of child maltreatment (abuse or neglect). Finally, all sites cited the normalization of, and desensitization to, violence in their communities; stakeholders reported that changing social and cultural norms that accept and perpetuate violence has proven challenging.

Other types of violence to which children were exposed were specific to only a few sites. For example, as a primary resettlement site for Catholic Charities, and as a hub for secondary migrants, the city of Portland, Maine hosts growing immigrant and refugee populations; many have witnessed war and extreme violence. For example, there are large numbers of Somali and Sudanese refugees whose trauma and exposure to violence is recent. Similarly, Grand Forks, ND is also experiencing an influx of refugees from Bhutan, Iraq, Ethiopia, and Somalia, many of whom have been exposed to war. Overcoming cultural barriers to reach children from these communities for intervention services, as well as adapting existing programs to be culturally and linguistically appropriate, has been challenging. Finally, Cuyahoga County and Boston found high levels of violence in the community (as opposed to the home) to be particularly difficult to address given complicating factors such as concentrated poverty, unemployment, and disadvantage (e.g., the city of Cleveland in Cuyahoga County is the second poorest major city in the United States).

All sites faced resource constraints that limited their work around children's exposure to violence. Waiting lists for services are common. Many service providers are unaware of other available resources, creating a "silo effect." Coordination among various social service agencies is also made difficult because of laws (e.g., HIPAA) and privacy concerns that constrain information sharing. Additionally, in the face of shrinking state and local budgets, there is little funding available for violence prevention work, resulting in a severe lack of services and programs available *before* there is a crisis. This challenge is compounded by the difficulty some

sites faced in bringing their local Department of Education on board, limiting their ability to do school-based prevention.

The tribal sites faced additional resource constraints. For example, for the Chippewa Cree Tribe, there is a lack of available services on the Rocky Boy Reservation; victims of violence often must be transported over an hour away in order to receive appropriate services or shelter. The Rosebud Sioux Tribe is facing a law enforcement crisis: there are only eight officers to police the entire 1,442 square miles that make up the reservation, making immediate response to violence extremely challenging, if not impossible.

Given these challenges, the sites have proposed various strategies to prevent children's exposure to violence, reduce the negative effects for children who have been exposed to violence, and to improve knowledge and awareness about the issue.

PROPOSED STRATEGIES

The eight sites each proposed a varying mix of prevention, intervention, and community awareness strategies. For the purposes of this report, *prevention* efforts include services designed to prevent initial or subsequent exposure to violence. Common examples would include school-based violence-prevention programs or home visiting programs for parents/caregivers. *Intervention* involves services that are designed to treat the psychological effects in children who have been exposed to violence. Intervention could encompass treatments such as Trauma-Focused Cognitive Behavioral Therapy or Child-Parent Psychotherapy, or system response strategies, such as improved identification, assessment, and referral protocols, that seek to increase the numbers of children served. Lastly, *awareness* refers to efforts to increase knowledge of children's exposure to violence and available resources and services, including media campaigns, community outreach, and professional training.

The proposed strategies could also be viewed on a continuum in terms of their target audiences. *Universal* strategies would target all children and youth for education about healthy relationships; *selective* strategies would target children who are "at risk," for instance due to family circumstances or community context; and *indicated* strategies would target children who have specifically been exposed to violence and require treatment.² A brief summary of each site's proposed activities follows.

Boston, MA: Boston has a population of 617,659 residents, making it the largest city in New England. The city's main racial and ethnic groups are white (47%), black (22%), Hispanic (18%), and Asian (9%). Twenty-two percent (22%) of Boston's children live in poverty. Children under age 18 make up 17% of the population (approximately 105,000).

The Boston Defending Childhood Initiative plans to target the entire city of Boston, with some focus on neighborhoods disproportionately affected by violence: Roxbury, Jamaica Plain, Dorchester, and Mattapan. The site's plan includes four main strategies. They are: 1)

² Institution of Medicine. 1994. *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*. P.J. Mrazek and R.J. Haggerty (Eds.), Committee on Prevention of Mental Disorders, Division of Biobehavioral Sciences and Mental Disorders. Washington, DC: National Academy Press.

training/learning collaboratives to build knowledge and trauma-sensitive services across multiple sectors; 2) evidence-based parent nurturing programs implemented through five community-based organizations; 3) social marketing and community mobilization activities in the target neighborhoods; and 4) policy change to promote trauma-informed systems in multiple sectors serving children.

Chippewa Cree Tribe, MT: As Montana's smallest reservation, Rocky Boy's Reservation suffers from high poverty and unemployment. The unemployment rate for the adult population is 70%, and the median household income is \$22,824, compared to \$33,024 for Montana as a whole. The reservation's total population of 3,600 residents includes roughly 900 children under the age of 18.

The Chippewa Cree Tribe's Defending Childhood Initiative plans to target all of the Rocky Boy's Reservation, spanning 125,000 acres (305 square miles) in northern Montana. Proposed prevention strategies include Native American culture-based prevention activities as well as school-based prevention programs. Intervention strategies include: increased assessment for children's exposure to violence among children and adults; increased health care services for children; a school-based cognitive behavioral therapy intervention for trauma; an emergency response plan for responding at the scene of an incident; and hiring a crisis counselor. Strategies to address community awareness include: an educational campaign to reduce the stigma of seeking mental health services; community education on the effects of drugs and alcohol; production of educational materials; quarterly community summits around violence; a men's group; and collaboration with an existing "Peacemakers" elders group.

Cuyahoga County, OH: According to the 2009 American Community Survey, Cuyahoga County has an estimated population of 1,296,287, of which 439,013 (34%) is located in the City of Cleveland. Twenty-four percent of the county's population consists of children under the age of 18. The majority (66%) are white, while 29% are black, and 5% are other or multi-racial. In addition, 4% of the population are Latino, and about one-sixth (16%) live below the poverty line. According to 2009 FBI Uniform Crime Report data, Cleveland also has one of the highest violent crime rates in the country (13.95 cases per 1,000 people).

The Cuyahoga County Defending Childhood Initiative plans to address community and domestic violence with a mix of community awareness, professional training, and infrastructure-building strategies. Strategies include centralized screening, referral, assessment, and data collection procedures across agencies that interact with children exposed to violence; use of a trauma-informed practice checklist to assist in monitoring agency compliance with evidence-based practices; establishment of a county-wide central intake and assessment unit open 24 hours, seven days a week; establishment of a training institute through which targeted training on trauma-informed practices will be administered to professionals; and a community engagement and awareness campaign targeting children, their parents/caregivers, and perpetrators of violence.

Grand Forks, ND: The target for the Grand Forks Defending Childhood Initiative is all of Grand Forks County, which has a population of 66,414. The sole urban area is Grand Forks City with 50,372 residents. Isolation and limited access to services are recurring problems in nearby

rural areas. In 2008, the median household income in the county was \$47,636 and roughly 15% of families were living below the poverty level. In 2010, the large majority (90%) of the county's population was white; in addition, 3% were Hispanic or Latino, 3% were Native American/Alaskan Native, 2% were black, 1% was Asian, and 1% reported two or more races. Children under age 18 make up 20% of the county population.

The Grand Forks Defending Childhood Initiative plans to target all of Grand Forks County (1,438 square miles) with a special emphasis on underserved populations, including rural residents, Native Americans, and recent immigrants. Its plan emphasizes universal prevention, including multiple prevention programs for children ages 0 to 17 through schools, Head Start, childcare, and an expanded home visitation program. Intervention strategies include: expanded restorative justice services for youths who engage in bullying, and new or expanded evidence-based therapeutic services for victims of bullying, dating violence, and sexual assault. Separate community awareness campaigns will target youth and adults. Other strategies include: a best practices/policy review of systems and organizations responding to children's exposure to violence; a training project and speaker's bureau for professionals; an interdisciplinary children's exposure to violence coalition and a coalition to expand services to rural areas; and an interpreter resource list. A new data system will also be established to address other preexisting gaps in data collection.

Multnomah County, OR: According to the 2009 American Community Survey, Multnomah County has an estimated population of 698,599, 21% of whom are under the age of 18. The majority (80%) are white, while 6% are Asian, 6% are black, and 8% are other or multi-racial. In addition, 10% of the population are Latino, and 16% live below the poverty level. Portland, the largest city within the county, has an estimated population of 548,988, or 79% of the county population.

Multnomah County's strategic plan emphasizes professional awareness and training, systems change, and policy review. Targeting the whole county, the site plans to train and educate Head Start, school, afterschool, mental health, and medical professionals, as well as parents and advocates, on identifying and understanding the impact of children's exposure to violence. The site also plans to convene multi-system workgroups to evaluate, develop recommendations, and advocate for appropriate policy/practice changes related to child welfare (e.g., mandatory reporting), school discipline, homeless youth, and dating violence. The site included a specific plan for youth violence councils to design strategies to reduce bullying and peer violence in seven high schools.

Portland, ME: According to the 2009 American Community Survey, the city of Portland has an estimated population of 63,153, 17% of whom are under the age of 18. The majority (86%) are white, while 6% are black, 3% are Asian, and 4% are other or multi-racial. In addition, 3% of the population are Latino, and over one-sixth (18%) live below the poverty level.

Portland's Defending Childhood Initiative plans to implement a comprehensive array of citywide strategies spanning prevention, intervention, and public and professional awareness. The initiative will work with multiple agencies to implement or expand: a district-wide school-based program that incorporates violence prevention and healthy relationships curricula; after-school

programming; a home visiting service for those at risk of exposure; Trauma-Focused Cognitive Behavioral Therapy and Child-Parent Psychotherapy for children exposed to violence; a multi-pronged social media campaign to raise awareness of children's exposure to violence; and training for providers and community members. There is also a plan to adapt some of the evidence-based treatment and assessment to be culturally appropriate for refugee/immigrant children.

The Rosebud Sioux Tribe, SD: The Rosebud Sioux Tribe's enrollment statistics from 2009 show 28,375 members. The most recent Bureau of Indian Affairs American Indian Population and Labor Force Report found that in 2005 the unemployment rate was roughly 83%, with an average per-capita income of \$7,500. Conflicting population estimates mean that it is difficult to estimate how many Rosebud Sioux children currently live on and off the reservation.

The Rosebud Sioux's Defending Childhood Initiative plans to target all of the Rosebud Indian Reservation, made up of 20 different communities and spanning 922,759 acres (1,442 square miles) in South Central South Dakota. Proposed strategies include: tribal legislation and policy that is more responsive to children's exposure to violence; a child fatality review team; expanded victim advocacy services; a streamlined data system to manage sensitive and confidential information about children's exposure to violence; enhanced interagency cooperation; and training for providers to identify and respond to children's exposure to violence. Strategies to increase community awareness include: a list of available resources and services for children and youth; a list of "safe spaces" for youth; trainings and forums on mental health and trauma, variously targeting families, juvenile justice personnel, and health care providers; and a research study of children's exposure to violence on the Rosebud Reservation.

Shelby County, TN: According to the 2009 American Community Survey, Shelby County has an estimated population of 918,186, 27% of whom are under the age of 18. The majority (51%) are black, while 43% are white, and 6% are other or multi-racial. In addition, 5% of the population are Latino, and nearly one-fifth (19%) live below the poverty line.

The Shelby County Defending Childhood Initiative plans to concentrate resources in two geographic areas: the Old Allen precinct (in Frayser, Raleigh, and North Memphis) and the Mt. Moriah and Ridgeway precincts (in Southeast Memphis). Specifically, the initiative will focus on nine apartment complexes comprised of approximately 3,000 residents, as well as the 40,000 children who attend Memphis City Schools in these areas. The focus will be on community awareness; classes for parents and families; and training of childcare workers, youth service providers, law enforcement officials, and gang outreach workers on identifying and referring children exposed to violence. The trainings for social service agency leaders and frontline staff will cover evidence-based treatment practices.

Common Themes and Unique Approaches

Many of the sites proposed similar strategies. Perhaps in thinking about sustainability and maintaining best practices past the length of the three-year Phase II grant period, all but one site proposed intensive professional training for direct service providers. Some uniquely chose to formalize this training through the creation of a training institute, such as in Boston and

Cuyahoga County. Additionally, nearly all of the sites proposed some form of infrastructure building and data streamlining to more efficiently and systematically refer and track intervention services. One innovative proposed strategy is the use of a trauma-informed practice checklist to assess whether agencies intervening with children exposed to violence are using evidence-based practices, and if not, to assist them in becoming “trauma-informed” environments.

Involving schools in the initiative has been a challenge to many of the sites. Portland, Maine and Grand Forks, however, have been able to bring key school district players on board and are moving forward with offering prevention programming in schools. These two sites have also identified domestic violence as the most common form of violence to which children are exposed, and will implement existing evidence-based curricula related to dating violence prevention and healthy relationships. Grand Forks proposed a rather unique strategic plan to reach nearly the entire county with primary prevention programming for children ages 0-17 through schools, daycare, and other existing programs. For parents of children 0-3, Grand Forks will use the Healthy Families curriculum; for children 3-5, it will use a healthy relationships curriculum such as Al’s Pals; for children 5-17, it will use multiple curricula including Olweus Bullying Prevention Program, Positive Friendship Curriculum, The Fourth R, Project Northland, NetSmartz Workshop, and Digital Citizenship.

Some sites have chosen not to focus on prevention programming, which may be due to the type of violence that is most prevalent in those communities; it is more difficult to address community violence and its poverty and concentrated disadvantage than a targeted problem like domestic violence. For the Rosebud Sioux Tribe, the scarcity of existing resources and the lack of basic knowledge about the extent of children’s exposure to violence on the reservation, complicate prevention efforts.

While most sites have chosen to target their whole jurisdiction, Shelby County has taken a place-based approach, proposing to concentrate resources in nine apartment complexes, leveraging pre-existing programming. This will make evaluation of this site unique, as nearby neighborhoods could be identified for comparing change in relevant indicators over time. Boston also developed a unique approach, targeting the entire city with some programmatic activities, professional training in particular, while also implementing prevention and community mobilization strategies in four neighborhoods with a disproportionately high incidence of violence.

COLLABORATIVES

The eight sites also varied in terms of how they approached the development of a multi-sector collaborative to address children’s exposure to violence in their communities. All sites agreed that resources and agencies were available to address this issue, but they were not necessarily coordinated or working together. All of the sites wanted to address this lack of collaboration. While some sites had a long history of collaboration, others were coming together for the first time to address this issue. And while many of the key stakeholders were the same across sites (community-based organizations, police, schools, health care organizations, etc.), how each site chose to structure their collaborative and develop a strategic plan varied. A brief summary of each site’s collaborative structure and process follows.

Boston, MA: Led by the Boston Public Health Commission (BPHC), the Boston Defending Childhood Initiative is a collaborative effort of roughly 45 organizations. During Phase I, the collaborative was staffed by a full-time project manager and the Director of the Division of Violence Prevention at the BPHC. In addition, the founding director of the Child Witness to Violence Project at Boston Medical Center served as the chairperson for the collaborative. These three individuals comprised the core management team, which met weekly during Phase I. In addition, a leadership team of 15 members from the collaborative met monthly to oversee the development and implementation of the strategic plan. There were no subcommittees or working groups during Phase I, which led the planning process to be relatively centralized as compared with several of the other sites. The larger collaborative body – a group of roughly 45 organizations – met two times during Phase I to provide input and feedback on the strategic plan.

Chippewa Cree Tribe: The lead agency for the Chippewa Cree Tribe Defending Childhood Initiative is the Tribe’s Human Services Department. During Phase I, the initiative was staffed by a full-time project coordinator and a project assistant who oversaw the initiative’s day-to-day activities. These staff along, with the Director of Social Services, formed the core management team, which met on a weekly basis. The full collaborative body met monthly and was comprised of 11 organizations representing a range of service providers and tribal departments. This built off of an existing collaborative effort to reduce crime on the reservation; meetings for both efforts were held on the same day. There were no subcommittees or working groups during Phase I.

Cuyahoga County, OH: Led by the Cuyahoga County Department of Justice Affairs, Cuyahoga County’s Defending Childhood Initiative is a collaborative effort of at least 60 organizations. During Phase I, the core management team consisted of seven members who were responsible for research, community mapping and assessment, organizing the planning process, and monitoring performance measures. This team provided technical assistance and support to the governing board, a collaborative body including the U.S. Attorney General for the Northern District of Ohio, who served as the chair, and the Cleveland Chief of Police, who was one of six vice chairs. Board members were responsible for approving the final strategic plan. They also engaged their professional networks to support the local Defending Childhood Initiative and contribute organizational resources as appropriate. The vice-chairs of the governing board participated in one of six subcommittees (e.g., Funding and Sustainability, Community Engagement & Awareness), which were comprised of collaborative members. The subcommittees were responsible for developing detailed goals, strategies, and budgets for the strategic plan, which they presented back to the larger collaborative for approval.

Grand Forks, ND: Led by the City of Grand Forks in partnership with the Community Violence Intervention Center (CVIC) and Lutheran Social Services of North Dakota (LSSND), the Defending Childhood Initiative/Safer Tomorrows is a collaborative effort of 32 organizations. During Phase I, the Initiative was staffed by three key individuals: a project coordinator, a needs and resources assessment specialist, and a half-time project supervisor. The collaborative developed numerous subgroups and committees. Shared project leadership came from the governance team and the executive committee. The governance team included leaders from the lead applicant agency, the City of Grand Forks, as well as the two co-applicant agencies, CVIC and LSSND. The governance team met monthly to oversee operational and administrative

aspects of the project. The executive committee was comprised of chairs of each of the four working committees; this team met two to four times a month to coordinate committee activities. In addition, a key convener was utilized to mobilize partners at collaborative meetings and events. The full collaborative body met monthly and was comprised of roughly 50 professionals representing 32 agencies and programs. The collaborative included a wide range of professionals and agencies that have a stake in addressing children's exposure to violence, ranging from local health care and other service providers to the police department and public schools. Four working committees (e.g., Prevention, Needs & Resources Assessment) met weekly during Phase I.

Multnomah County, OR: Led by Multnomah's Department of County Human Services (DCHS), the Multnomah County Defending Childhood Initiative is a collaborative effort of nearly 50 organizations. During Phase I, a project coordinator facilitated the meetings and convened the collaborative planning body, which met monthly. The core management team consisted of the project coordinator, as well as a researcher, a representative from the Domestic Violence Coordinator's Office, and a number of dedicated staff who helped with logistics. This team made the ultimate decisions, but all choices were made with input from collaborative members, of whom there were over 40 representatives from public and private agencies. Additionally, there were three subcommittees – Early Childhood, School-Aged Children, and Adolescence – that originally were assigned to meet monthly to examine violence exposure, risk and protective factors, referral/identification pathways, available services, data, and evidence-based practices. However, because of time constraints, these subcommittees were collapsed into the collaborative planning body. They will resume meeting as the team moves forward with implementation.

Portland, ME: Led by the Public Health Division of the Health and Human Services Department, City of Portland and the Community Counseling Center, the Portland (ME) Defending Childhood Initiative is a collaborative effort of about 35 organizations. During Phase I, the project coordinator was located at the Community Counseling Center, and the executive committee consisted of this coordinator, the director of public health for the City of Portland, the project director for the Violence Intervention Partnership, the director of the Children's Initiative, and two representatives from the Research and Data division of Portland's Public Health Division. The City of Portland Public Health took the lead in developing and implementing the needs assessment, while the Community Counseling Center was responsible for guiding the development of the strategic plan and overseeing the subcommittees. The agencies involved on the collaborative body ranged from local hospitals and service providers to the police department and faith-based organizations. The collaborative body met monthly, with the executive committee and subcommittees meeting more often. Most of the members participated in one of four subcommittees: Intervention, Prevention, Treatment, and Data Collection/Information Sharing/Referral System. The chairs of these subcommittees were part of the executive committee.

Rosebud Sioux Tribe: Led by the Rosebud Sioux Tribe Attorney General's Office, the Rosebud Sioux Tribe Defending Childhood Initiative is a collaborative effort of roughly 25 organizations. This was the first time that many of these agencies had come together, so they had to build a collaborative "from scratch." To enhance communication during Phase I, the project coordinator

developed a project-specific website to share meeting minutes and agendas, draft documents, and other resources. The management team reported difficulty getting some stakeholders “to the table.” While attendance and participation were inconsistent, collaborative members were generally high-level representatives of their agencies.

Shelby County, TN: Led by the Shelby County Office of Early Childhood and Youth, Shelby County’s Defending Childhood Initiative is a collaborative effort of over 80 participants from 30 organizations. The administrator of the Shelby County Office of Early Childhood and Youth serves as the project director, providing strategic oversight and ensuring alignment with Shelby County children’s collaboratives. During Phase I, the project coordinator was responsible for day-to-day project management and was involved in all of the design teams and groups. Notably, she has longstanding relationships with the majority of the people on the collaborative. Members participated in one of five subcommittees which they referred to as “design teams”: 1) Transforming Cultural Norms; 2) Building Child and Family Resiliency; 3) Screening and Referral for Children Suspected of Having Been Exposed to Violence; 4) Identification, Linkage, and Referral for Children Who Have Been Direct Victims of Violence; 5) Identification, Linkage, and Referral for Children Who Have Been Exposed to Violence.

LESSONS LEARNED AND CONCLUSIONS

Collaboratives and Community Engagement

Phase I of the *Defending Childhood Initiative* demonstrated that it is indeed possible to bring together a wide range of stakeholders to address children’s exposure to violence. Politicians, law enforcement agencies, social service organizations, researchers, and funders – all of whom are represented on the collaboratives – recognize the need and to do a better job of working together to address children’s exposure to violence. Some of the sites had existing coalitions (e.g., public safety, early childhood) that brought the same players together. In order to reduce “collaboration fatigue,” some sites tried to fold *Defending Childhood* into established collaborative frameworks. Additionally, several sites, such as Cuyahoga County, Portland, Grand Forks, and Shelby County, had subcommittees based on expertise that drove the identification of goals and strategies. Some sites’ use of consensus and transparency in decision-making also helped maintain high levels of active involvement among collaborative members. Research expertise was particularly strong in Cuyahoga and Shelby counties – they had researchers involved from the project’s inception.

Across sites, collaborative members were generally senior representatives who were able to make decisions on behalf of their agencies. The notable exception, however, were collaborative members from schools. To fully cover the schools within their jurisdiction, most sites would need to have representatives from numerous public and private schools, which proved unfeasible. When there was a school representative, it was often someone who could not make a commitment on behalf of their district. In a time of severe budget cuts and increased calls for accountability, getting the schools to agree to take on even more responsibility is challenging, even more so in cases where there have been recent organizational changes, such as the administrative turnover in the Cleveland Metropolitan School District or the potential school merger between the Memphis City Schools and the Shelby County Schools. Despite the fact that

schools are overburdened, they are important players in children's lives, and obtaining buy-in from them early on is essential. Grand Forks and Portland were particularly successful in securing a commitment from schools to administer or adapt prevention programming as discussed above.

Finally, one unique strategy for engaging community members (parents and youth) was the use of community cafés. Based on the "world café" model, this method for engagement brings community members into a hospitable space (e.g., a café-like setting) where small groups of people sit around numerous tables for multiple, 20-minute rounds of conversation. Each round is prefaced with a question related to children's exposure to violence, such as "What does exposure to violence mean to you?" and "What is your vision for a neighborhood where children are not exposed?" At the end of each round, before each member moves to a different new table, individuals are invited to share insights or other results from their conversation with the rest of the large group, and these reflections are recorded at the front of the room. Shelby County utilized this method and got roughly 175 community members to attend; it not only worked as a good means of getting input from target populations, but also as a way to get community buy-in for the *Defending Childhood Initiative*.

Data and Evaluation

Based on Phase I of the *Defending Childhood Initiative*, it is clear that data sharing and access will be challenging. Lack of common data collection tools for children's exposure to violence screening, identification, and referral results in an inability to assess the efficacy of interventions – or even just to generate accurate information regarding the number and types of cases. Because of this, as early as possible, sites should consider creating a Memorandum of Understanding among the players (e.g., social service agencies) that are serving children who have been exposed to violence.

Another, related problem is the issue of jurisdictional boundaries. For example, a site may have access to law enforcement data at the county level, but abuse and neglect data may be at the city or state level, thereby requiring imputation or extrapolation to attain numbers for the jurisdiction the initiative is serving. In terms of evaluation, cross-site differences in macro-level data (e.g., police data on witnesses) make it difficult to tell a complete story. Beginning a conversation about data as early as possible, and engaging local researchers and data experts, is essential to ensure the evaluability of any intervention.

Timeframe

The seven-month timeframe allotted for the needs assessment and strategic planning phase (October 2010 to April 2011) was too short. It was difficult for sites to complete initial hiring, establish roles and responsibilities, and recruit collaborative members until several months had passed. Once up and running, collaboratives had to move quickly through the "forming," "storming," and "norming" phases of group development in order to produce their deliverables on-time. In some cases, this resulted in a less collaborative process than would have been desired. Similarly, this compressed timeframe meant that the researchers were unable to have the kind of back-and-forth initially proposed to refine outcomes and indicators in collaboration with

the sites. At the time of the initial site visits by the researchers, for example, few sites had identified specific strategies or outcomes. In fact, many of the sites understandably did not do so until the final weeks of the planning period.

Phase II of the initiative – during which the sites will implement their strategic plans – runs from October 2011 to September 2014, and the evaluation will occur over the same timeframe. The three-year timeframe presents a challenge for a research plan that intends to determine whether the initiative has moved macro-level indicators (e.g., reduced children’s exposure to violence). It may even be reasonable to expect that some indicators will first move in a negative direction (possibly indicating enhanced awareness and reporting), which should not be taken as an indication that the initiative was not successful. For example, an awareness campaign might let the public know of resources available to children who have been exposed to violence, so the number accessing those services may actually increase. Creating realistic expectations will be an important factor going forward.

Problem Definition and Framing

Throughout the Phase I research process, the theme of wanting to avoid negative portrayals of sites (i.e., “look how bad our community is”) was heard numerous times, especially from the larger cities. Inner-city residents may feel that services are pathologizing, which builds resentment and lack of desire to participate in programs or research. Initiatives such as *Defending Childhood* provide an opportunity to define or frame the problem in ways that reflect the realities of the target communities while still providing a positive vision (e.g., “Safer Tomorrows”). Some sites have acknowledged this and are making efforts to involve community members in planning community awareness campaigns. Inviting media to *Defending Childhood* events, and even inviting media representatives to join the collaborative, is one potential way to challenge the way this issue is typically framed by the media.

Generalizability: A Note of Caution

Finally, many of the lessons discussed in this report are directed at helping other communities better understand collaborative efforts to address children’s exposure to violence. There are many places around the country that are similar to some of the *Defending Childhood* sites in terms of geography, demography, and levels of violence. However, it is necessary to include a cautionary note on generalizability: some of the sites started *Defending Childhood* with strong preexisting infrastructure and local research capacity that allowed them to move forward successfully despite a compressed timeframe. This may not be found in other jurisdictions. While the potential impact of pre-existing resources cannot be denied, findings from this formative evaluation suggest that collaborative planning efforts around children’s exposure to violence are possible in multiple types of communities with very different existing infrastructures and resources.