

An Outcome Evaluation of the Defending Childhood Demonstration Program

BY

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SUBMITTED TO THE U.S. DEPARTMENT OF JUSTICE

OCTOBER 2015

THIS PROJECT WAS SUPPORTED BY GRANT No. 2010-IJ-CX-0015, AWARDED BY THE NATIONAL INSTITUTE OF JUSTICE OF THE U.S. DEPARTMENT OF JUSTICE. THE OPINIONS, FINDINGS, AND CONCLUSIONS OR RECOMMENDATIONS EXPRESSED IN THIS REPORT ARE THOSE OF THE AUTHORS AND DO NOT NECESSARILY REFLECT THOSE OF THE DEPARTMENT OF JUSTICE.

Abstract

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

This report is an outcome evaluation of six of the eight demonstration sites: Boston, MA; Chippewa Cree Tribe, Rocky Boy's Reservation, MT; Cuyahoga County, OH; Grand Forks, ND; Rosebud Sioux Tribe, SD; and Shelby County, TN. The report presents the findings from the following three components of the evaluation:

1. Community Survey: All sites implemented strategies to reduce children's exposure to violence or to reduce its potentially traumatic effects. All sites also implemented community awareness and education campaigns that sought to increase knowledge of children's exposure to violence and available resources and services. To assess the impact that these campaigns had on the community, researchers administered a two-wave, random digit dial telephone survey of adults at five sites. The goal was to document knowledge about children's exposure to violence and local resources, violence-related attitudes and experiences, and exposure to awareness campaign messages and materials.
2. Professional Practices Survey: As part of their local initiatives, some of the sites trained professionals who work with children on the topic of children's exposure to violence. These training sessions sought to improve violence-related knowledge and awareness and to increase the utilization of evidence-based therapeutic practices. To assess the impact of these trainings, pre- and post-surveys were administered to participants at four sites.
3. Indicators of Violence in the Community: The final component of the outcome evaluation involved collecting aggregate data on levels of violence in school, at home, and in the community over the course of the initiative in order to track changes over time.

Results of the community survey point to potential positive impacts, including increased community understanding of what actions are considered violence at the non-tribal sites, and increased community awareness of the Defending Childhood Initiative and available services at the tribal sites. Results of the professional practices survey indicate that after attending a Defending Childhood-sponsored training, professionals' knowledge about children's exposure to violence, evidence-based practices, and vicarious trauma and self-care increased. Additionally, agencies reported incorporating more trauma-informed practices to treat children who have been exposed to violence. There were no changes in indicators for exposure to violence at school, home, and in the community before and after the implementation of the Defending Childhood Initiative.

Acknowledgements

This study was made possible through a grant from the National Institute of Justice (NIJ) and through the support of the Office of Juvenile Justice and Delinquency Prevention (OJJDP). We are grateful to our project officer at NIJ, Dara Blachman-Demner, for her assistance throughout the project.

We are grateful to Julia Kohn, Peter Jaffe, David Wolfe, Marcie Campbell, Elsie Day, Daniel Flannery, Mark Singer, Jeff Kretschmar, B.J. Jones, and Lillian Jones for their assistance in the development of the community and professional practices surveys, and Lenore Lebron for her guidance on interrupted time series methodology. We also thank Greg Berman of the Center for Court Innovation for his review of this report. Additional thanks to Terri Yellowhammer and Ethleen Iron Cloud-Two Dogs at Native Streams; Patricia Vanderwolf and her team at Abt SRBI, and Casey Corcoran, Lonna Davis, Leiana Kinnicutt, Laura Hogan, and Anna Marjavi at Futures Without Violence.

This report would not have been possible without the coordination and assistance of the staff and partners at all of the Defending Childhood Demonstration Program sites. Special thanks to: Malrie Shelton and Dr. Phyllis Betts in Shelby County; Julie Christianson in Grand Forks; Stephanie Doyle in Boston; Trina Wolf Chief, the Box Elder School District, and the Chippewa Cree Law Enforcement on Rocky Boy's Reservation; Jill Smialek, Jakolya Gordon, and Jeff Kretschmar, and Gary O'Rourke in Cuyahoga County; and Vikki Eagle-Bear on the Rosebud.

In Grand Forks, multiple agencies provided us with data for the indicators of violence in the community. These agencies include: the North Dakota Department of Public Instruction, Grand Forks Public Schools, Emerado Public School, Holy Family - St. Mary's Catholic School, Larimore Public School, Manvel Public School, Midway Public School, Northwood Public School, St. Michaels Elementary School, Thompson Public School, Dr. Kara Wettersten (University of North Dakota), Winkelman Consulting, Grand Forks Police Department, Grand Forks County Sheriff's Department, Northwood Police Department, University of North Dakota Police Department, Lutheran Social Services of North Dakota, and Community Violence Intervention Center, including its Domestic Violence/Sexual Assault Coordinated Community Response Project.

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Executive Summary

The United States Department of Justice launched the Defending Childhood Initiative in 2010 in an effort to prevent children's exposure to violence; to mitigate the negative impact of such exposure when it does occur; and to develop knowledge and spread awareness about the problem and effective strategies to ameliorate its attendant harms.

A major component of the Defending Childhood Initiative is the Defending Childhood Demonstration Program. With this program, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Office of Violence Against Women (OVW) provided funding to eight sites to implement prevention programs; case management and treatment/healing interventions for children who had been exposed to violence; community awareness and education campaigns; and professional training designed to improve local practice.

The National Institute of Justice (NIJ) selected the Center for Court Innovation to conduct an evaluation of the demonstration program. This report is an outcome evaluation of six of the eight demonstration program sites. Separate in-depth process evaluations of the same sites have also been completed,¹ along with a cross-site synthesis of findings, lessons learned, promising practices, and recommendations.² The six sites included in this study are: Boston, MA; Chippewa Cree Tribe, Rocky Boy's Reservation, MT; Cuyahoga County, OH; Grand Forks, ND; Rosebud Sioux Tribe, SD; and Shelby County, TN. The Center for Court Innovation was not funded to study implementation or outcomes in the two remaining sites, which are Portland, ME and Multnomah County, OR.

The outcome evaluation included three components:

1. Community Survey: All sites implemented strategies to reduce children's exposure to violence or to reduce its potentially traumatic effects. All sites also implemented community awareness and education campaigns. The subject matter of these campaigns tended to fall into two categories: information about children's exposure to violence and its adverse effects or information about the existence of the local Defending Childhood Initiative and available services and resources. All sites had either a website or Facebook page where they would post information and upcoming events. Some sites hired a local public relations agency to help spread their message. While for some sites (e.g., Cuyahoga County), community awareness and education programming was limited, for others (e.g., Rocky Boy) it was a priority.

To assess the impact of prevention efforts and community awareness campaigns, we administered a two-wave, random digit dial telephone survey of adults at five of the six sites. These waves were two independently redrawn samples (i.e., the second wave was

¹ The six process evaluation reports can be found at <http://www.courtinnovation.org/research/defending-childhood>.

² Swaner R, Hassoun Ayoub L, Jensen E, and Rempel M. (2015) *Protect, Heal, Thrive: Lessons Learned from the Defending Childhood Demonstration Program*. New York, Center for Court Innovation. Available at <http://www.courtinnovation.org/research/defending-childhood>.

not a re-survey of the original sample). The goal was to measure changes in awareness of children's exposure to violence and local resources; violence-related attitudes and experiences; and exposure to awareness campaign messages and materials.³

2. Professional Knowledge and Practices Survey: Some of the sites trained professionals who work with children (e.g., teachers, childcare workers, healthcare staff, social workers, law enforcement officials) on the topic of children's exposure to violence. These training sessions sought to improve knowledge and practices, and to create more trauma-informed environments. Training topics included: the effects of trauma on children, trauma-informed care, resiliency factors for children and parents in domestic violence situations, and evidence-based treatments such as Trauma-Focused Cognitive Behavioral Therapy.

The evaluation sought to measure the impact of professional training activities in four of the six sites.⁴ Baseline and matched follow-up surveys were administered to those who attended a Defending Childhood training. The follow-up survey was administered 6-12 months after the training was received. The survey asked a series of questions about awareness of children's exposure to violence, respondents' professional role in responding to trauma, and relevant individual and agency practices.

3. Indicators of Violence in the Community: The final component of the outcome evaluation involved collecting aggregate data on community-level indicators of violence to track changes in levels of violence over the course of the initiative. The pre-initiative implementation years included data from 2007-2011, while the post-initiative implementation years included data from 2012-2014.

Data availability varied by site, but the outcome evaluation generally examined the following indicators of violence:

- Violence at school: Number of physical fights at school (or, if not available, number of violence-related suspensions and expulsions), number of school incidents where a weapon was involved, number of violent incidents at school where police were called, percentage of students that reported exposure to violence at school.
- Violence at home: Number of child abuse and neglect cases (reported and substantiated), number and percentage of domestic violence incidents where a child was present, percentage of students that reported exposure to violence at home.

³ These sites were: Boston, Cuyahoga County, Grand Forks, Rocky Boy, and Rosebud. The survey was not conducted in Shelby County because its initiative primarily targeted individuals in three apartment complexes; hence a community-wide survey was not appropriate.

⁴ Rocky Boy Children's Exposed to Violence Project and Rosebud Sioux Tribe's Defending Childhood Initiative took a community-based approach to training and did not necessarily cover training topics that were similar to the other sites. For these reasons, the professional survey was not considered an appropriate method for measuring the impact of their trainings.

- Violence in the community: Number of arrests for violent crimes (adults and juveniles) overall, where children were the victim, and where children were the witness; percentage of students that reported exposure to community violence.

Summary of Major Findings

Community Survey

- Understanding of Violence: At the non-tribal sites, community understanding of what actions are considered violence significantly improved. For example, the percentage who responded that sexual harassment was a form of violence increased from 84% to 88%, and the percentage who believed that insulting someone was a form of violence significantly increased from 56% to 61%. At the tribal sites, levels of understanding of what is considered violence remained high over time. For example, the percentage who reported that sexual harassment was a form of violence was 95% at baseline, and 94% at follow-up. The percentage reporting that threatening to hurt someone was a form of violence was 96% at baseline and 95% at follow-up.
- Understanding of the Impact of Violence: There was not a significant change in respondents' understanding of the impact of exposure to violence on children, although the baseline rates of understanding were generally high. At baseline, at least 75% of respondents indicated that they believed that children's exposure to violence led to medical problems, and at least 90% indicated that they believed exposure led to psychological problems.
- Knowledge of the Defending Childhood Initiative: At the tribal sites, community awareness of the Defending Childhood Initiative and available services significantly increased. The percentage of respondents who had heard of the local Defending Childhood Initiative doubled from baseline to follow-up (25% vs. 50%).
- Willingness to Report Violence: At both the tribal and non-tribal sites, there was not a change in willingness to report cases of children's exposure to violence. At baseline, over 90% of respondents stated that they would report a case of child abuse or neglect to the authorities, and over 85% would report a case of domestic violence. There were no significant differences at follow-up.
- Self-Reported Exposure to Violence: Self-reported exposure to violence in the past year remained high. For the non-tribal sites at follow-up, 56% of adults reported having been exposed to violence in the past year. Of those who were parents or caregivers of children under the age of 18, 61% reported that their child had violence exposure in the past year. For the tribal sites at follow-up, 90% of adults reported having been exposed to violence in the past year. Of those who were parents or caregivers of children under the age of 18, 73% reported that their child had violence exposure in the past year.

The rates of exposure to violence in tribal communities, as derived from the survey, must be considered in light of the high level of community understanding of violence; that is,

people who know more about violence will tend to report more of it. These findings should also be placed in the context of tribal history and the legacy of trauma. The impact of historical trauma on the current well-being and lives of Native Americans has been documented in the literature, including the occurrence of suicide, domestic violence, substance abuse, and trauma today and their relationships with the historical and ongoing oppression of Native American peoples through overwhelming physical and psychological violence, segregation and/or displacement, economic deprivation, and cultural dispossession.⁵

Professional Knowledge and Practices Survey

- **Knowledge of Children’s Exposure to Violence:** From baseline to follow-up, professionals significantly increased their knowledge about how exposure to violence can affect children (38% v. 54%), evidence-based practices in the treatment of violence exposure (18% v. 63%), and vicarious trauma and self-care (23% v. 58%).
- **Trauma-Informed Practices:** Based on survey responses, agencies incorporated more trauma-informed practices to treat children who have been exposed to violence. Significantly more respondents indicated that their agency:
 - Has policies that clearly guide staff to respond to children’s exposure to violence (74% at baseline, 89% at follow-up);
 - Has a screening or assessment tool that includes questions about children’s exposure to any type of violence (73% at baseline, 85% at follow-up); and
 - Provides an emotionally and physically safe space for victims of violence (87% at baseline, 94% at follow-up).

Indicators of Violence in the Community

With two exceptions involving child abuse and neglect cases in Boston and domestic violence in Grand Forks, there were no changes in community-level indicators of exposure to violence at school, home, or in the community before and after the implementation of the Defending Childhood Initiative. Some sites did not choose strategies that could be reasonably expected to have an impact on these numbers. For example, Cuyahoga County focused on building county-wide infrastructure and policies rather than on reducing prevalence rates. In addition, the three-year post-implementation tracking period may be too brief for prevention strategies to produce concrete returns.

⁵ Brave Heart M. (2003) “The Historical Trauma Response Among Natives and its Relationship with Substance Abuse: A Lakota Illustration.” *Journal of Psychoactive Drugs*, 35(1):7–13.; Whitbeck L, Adams G, Hoyt D, and Chen X. (2004) “Conceptualizing and Measuring Historical Trauma among American Indian People.” *Journal of Community Psychology*, 33(3/4):119–130.; Brave Heart M and DeBruyn L. (1998) “The American Indian Holocaust: Healing Historical Unresolved Grief.” *American Indian and Alaska Native Mental Health Research*, 8(2):56–78; Abrams M. (1999) “Intergenerational Transmission of Trauma: Recent Contributions from the Literature of Family Systems Approaches to Treatment.” *American Journal of Psychotherapy*, 53(2):225–232.

Study Limitations

Findings from this study must be interpreted cautiously. As an outcome rather than an impact evaluation, a lack of comparison groups (or comparison sites) makes it difficult to attribute any change or non-change to the Defending Childhood Initiative specifically. Some effects may take longer (e.g., 5-10 years) to appear than the study period for this evaluation. The use of a consistent evaluation design across all sites ensured at least somewhat comparable measures and outcomes across sites. However, a more participatory and non-Western approach might have been more appropriate for evaluating the two tribal sites.

Because each site chose different activities and strategies, the chosen outcome measures were not applicable to all of the sites. Some sites concentrated their resources on programming that was not directly evaluated (e.g., treatment and healing programs designed to reduce trauma symptoms in children after exposure to violence takes place). The desired outcome data were not available for some sites, while other data could not be obtained in the desired timeframe, making it challenging to conduct certain analyses. To provide context, the separate process evaluation reports provide robust details on each site's strategies as well as findings, lessons, and recommendations regarding implementation.

Future Research

What follows are ideas for building on the foundation established by this evaluation—and addressing some of the current study's limitations.

1. Wave III Community Survey: Three of the sites (Grand Forks, Rocky Boy, and Rosebud) spent significant portions of their Defending Childhood budget on community awareness and outreach campaigns. These sites also undertook significant prevention work, meaning that there is a real opportunity for these sites to influence the prevalence of exposure to violence. Our evaluation timeframe was likely too brief for these effects to be detected. A third wave of the community survey could provide a more definitive test of program impacts in these areas.
2. Impact on the Adverse Effects of Violence Exposure: The present evaluation was not designed to capture impacts on the identification, assessment, and treatment of children who have already been exposed to violence. However, the Cuyahoga site focused primarily on strategies to mitigate the adverse effects of exposure. Future research might evaluate the effectiveness of Cuyahoga's streamlined screening-assessment-treatment model. A potential study design could involve a quasi-experiment with a comparison group (from a similar population in a nearby county), to examine whether exposed children in Cuyahoga are more likely to be screened, assessed, referred to services where needed; attend treatment; and ultimately experience a reduction in trauma symptoms.
3. Research on Comprehensive Prevention Approaches: The Grand Forks site blanketed the county with primary prevention programming, which may prove to be a highly replicable and promising model. The research team sought to evaluate this model as part of the current evaluation but could not obtain the necessary data and local support. Future

research might attempt to evaluate comprehensive school-based prevention programming in other sites through multi-year surveys that examine experiences with bullying and teen dating violence victimization and perpetration.

4. Participatory Research at Tribal Sites: Western, scientific approaches to evaluation do not always resonate with tribal communities and may not adequately capture the impact of their work. Future research designs involving tribal sites might incorporate a participatory approach, including such elements as oral history interviews that document historical trauma and violence, talking/story circles with advocacy staff, and in-depth methods to grasp the connection between tribal history and culture and selected strategies to address contemporary problems.
5. Learning Communities and Collaboratives as an In-Depth Training Model: The Boston site had a unique focus on professional training, implementing two learning communities and one learning collaborative. Many participants were involved with these learning communities for 18 months. Future research in Boston or other locations that are employing comparable training models might collect in-depth qualitative information about how participants have applied what they learned to their own practice and how their participation has affected the way their organizations interact with children who have been exposed to violence.

Chapter 1

Introduction

About the *Defending Childhood Initiative*

A 2009 national survey found that 60 percent of American children have been exposed to violence, crime, or abuse in their homes, schools, or communities—and that 40 percent were direct victims of two or more violent acts.⁶ The United States Department of Justice (DOJ), under the leadership of former Attorney General Eric Holder, launched the Defending Childhood Initiative in 2010 in an effort to prevent children’s exposure to violence; to mitigate the negative impact of such exposure when it does occur; and to develop knowledge and spread awareness about children’s exposure to violence. The motto of the initiative is “Protect, Heal, Thrive.”

With this program, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Office of Violence Against Women (OVW) provided funding to eight sites as part of the Defending Childhood Demonstration Program. These sites were to implement some combination of prevention programs; case management and treatment/healing interventions for children who had been exposed to violence; community awareness and education campaigns; and professional training designed to improve local practice. Besides the multisite demonstration program, other components of the larger Defending Childhood Initiative, which are outside the scope of the current evaluation, include the Task Force on Children’s Exposure to Violence⁷ and the Task Force on American Indian and Alaskan Native Children Exposed to Violence.⁸

The National Institute of Justice (NIJ) funded the Center for Court Innovation to conduct the evaluation of the demonstration program, and OJJDP funded Futures Without Violence—a national non-profit organization focused on ending violence against women, children and families—to serve as the technical assistance provider. This report is an outcome evaluation of six of the eight demonstration program sites. Separate in-depth process evaluations of the same sites have also been completed,⁹ along with a cross-site synthesis of findings, lessons learned, promising practices, and recommendations for those embarking on analogous efforts elsewhere.¹⁰

⁶ Office of Juvenile Justice and Delinquency Prevention. (2009) Children’s Exposure to Violence: A Comprehensive National Survey. Available at <https://www.ncjrs.gov/pdffiles1/ojjdp/227744.pdf>. Last retrieved 12/1/14.

⁷ The full report of this task force can be found here: <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>.

⁸ The full report of the American Indian and Alaskan Native Task Force can be found here:

<http://www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf>.

⁹ The six process evaluation reports can be found at <http://www.courtinnovation.org/research/defending-childhood>.

¹⁰ Swaner R, Hassoun Ayoub L, Jensen E, and Rempel M. (2015) *Protect, Heal, Thrive: Lessons Learned from the Defending Childhood Demonstration Program*. New York, Center for Court Innovation. Available at <http://www.courtinnovation.org/research/defending-childhood>.

Demonstration Program Sites

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

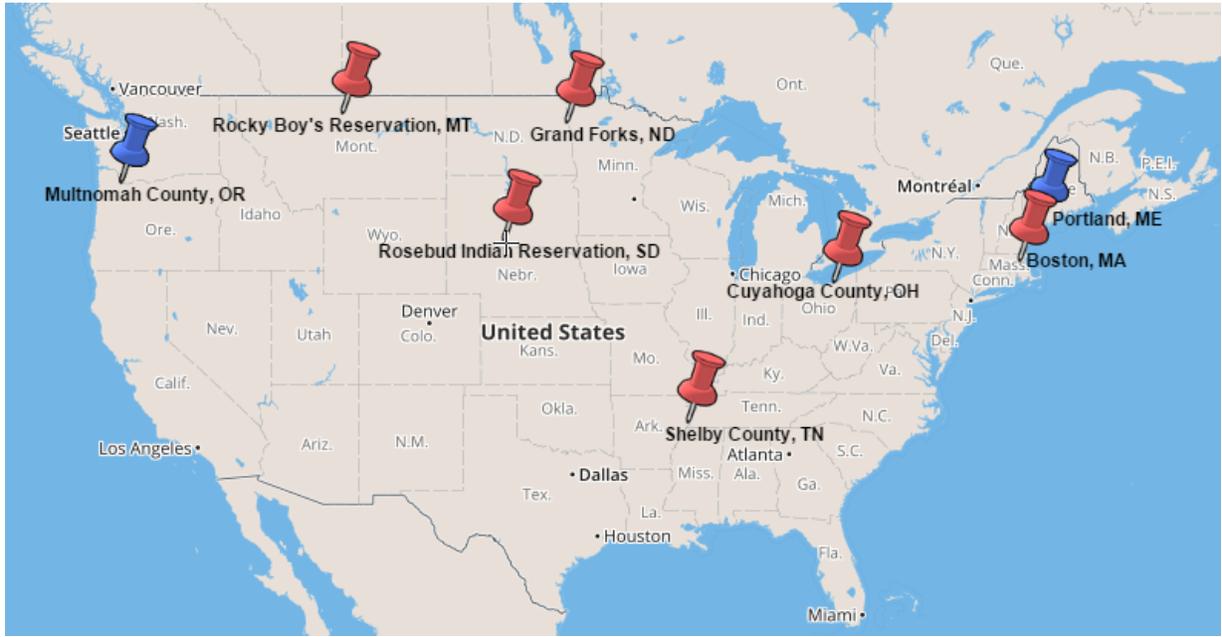


Figure 1. Defending Childhood Initiative Sites (only red markers are part of this evaluation)

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

Table 1.1 Defending Childhood Grant Funding

Grantee	Phase I	Phase II		Phase III	Total
	Oct 2010 – Sep 2011	Oct 2011 – Sep 2013	Oct 2013 – Sep 2014	Oct 2014	
Boston, MA	\$160,000	\$2 million	\$610,000	\$612,260	\$3,382,260
Grand Forks, ND	\$159,967	\$2 million	\$610,000	\$612,260	\$3,382,227
Shelby County, TN	\$159,099	\$2 million	\$610,000	\$612,260	\$3,381,359
Cuyahoga County, OH	\$157,873	\$2 million	\$610,000	\$612,260	\$3,380,133
Portland, ME	\$160,000	\$500,000	\$610,000	\$612,260	\$1,882,260
Multnomah County, OR	\$159,349	\$500,000	\$610,000	\$612,261	\$1,881,610
Rocky Boy’s Reservation, MT	\$153,210	\$1 million	\$360,000	\$300,000	\$1,813,210
Rosebud Sioux Tribe, SD	\$159,534	\$1 million	\$360,000	\$300,000	\$1,819,534

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

Descriptions of Sites' Program Models

The six sites in the evaluation implemented an array of programming to address children's exposure to violence in their communities. The chosen strategies included the following core areas:

- Prevention: Prevention programs involve universal and targeted efforts to prevent initial or subsequent exposure to violence.
- Screening and Assessment: Screening is typically a brief process, designed to determine the need for further assessment and possible services, whereas assessment yields a more comprehensive understanding of trauma symptomology in order to determine which specific services are appropriate.
- Case Management and Advocacy: These activities involve outreach to individuals in potential need with the aim of providing non-therapeutic forms of assistance as well as providing linkages to clinical services where appropriate. Advocacy also involves assistance in supporting individuals in legal proceedings and working to ensure they receive appropriate educational services.
- Treatment and Healing (therapeutic services): Therapeutic programs designed to treat the psychological effects in children who have been exposed to violence are categorized as "treatment and healing."
- Community Awareness and Education: Community awareness and education seeks to increase knowledge of children's exposure to violence and available resources and services. The audiences for these campaigns tended to fall into two categories: the general public and professionals who work with children and youth. Subject matter of the campaigns tended to fall into two categories as well: information about the existence of the local Defending Childhood initiative and the services it could offer, and information about violence exposure and its impact. More details about each site's community awareness and education campaigns can be found in Table 2.1 in Chapter 2 of this report.
- Professional Training: These are training sessions for local professionals who work with children and youth to learn more about topics related to children's exposure to violence and trauma-informed care. More details about each site's professional training activities can be found in Table 3.1 in Chapter 3 of this report.

- System Infrastructure and Capacity Building: When sites took steps to change the way that multiple agencies address children’s exposure to violence in the community, it was meant to build infrastructure and capacity.

Table 1.2 presents the strategies chosen by each site, and whether it was a primary or secondary focus of each site’s initiative.

Table 1.2 Chosen Strategies by Site

	Boston	Cuyahoga County	Grand Forks	Rocky Boy	Rosebud	Shelby County
Case Management & Advocacy				Primary Focus	Primary Focus	Primary Focus
Screening & Assessment		Primary Focus				
Treatment & Healing	Secondary Focus	Primary Focus	Secondary Focus	Secondary Focus	Secondary Focus	Primary Focus
Prevention	Primary Focus	Secondary Focus	Primary Focus	Primary Focus	Secondary Focus	Secondary Focus
Community Awareness/Education	Primary Focus	Secondary Focus	Primary Focus	Primary Focus	Primary Focus	Secondary Focus
Professional Training	Primary Focus	Secondary Focus	Secondary Focus	Secondary Focus		Primary Focus
System Infrastructure/Capacity Building	Secondary Focus	Primary Focus			Primary Focus	Secondary Focus

Key:  Primary Focus  Secondary Focus Blank = Not a focus

Besides the six in-depth process evaluations on each site, a previously issued report provided a cross-site synthesis of implementation strategies, lessons learned, and recommendations.¹¹ The mixed-method process study included three primary data collection methods: multiple site visits involving interviews with key stakeholders and observations of meetings or events at each site; quarterly site implementation reports tracking quantitative program outputs; and document review of important planning documents, program records, and other materials. Based on the identified findings and lessons, the cross-site report provided 58 distinct recommendations, which sub-divide into recommendations for: (1) other jurisdictions, (2) tribal sites, (3) funders, (4) technical assistance providers, and (5) evaluators who may be studying similar initiatives.

Overview of the Outcome Evaluation

Whereas the previous evaluation reports focused on strategies, their implementation, and resulting lessons for the field, this report focuses on *outcomes* related to the effects the programs

¹¹ Swaner R, Hassoun Ayoub L, Jensen E, and Rempel M. (2015) *Protect, Heal, Thrive: Lessons Learned from the Defending Childhood Demonstration Program*. New York, Center for Court Innovation. Available at <http://www.courtinnovation.org/research/defending-childhood>.

have had on their communities.^{12,13} Specifically, the outcome evaluation included three components, each summarized here and described in-depth in subsequent chapters:

1. Community Survey: All sites implemented strategies to reduce children’s exposure to violence or to reduce its potentially traumatic effects. All sites also implemented community awareness and education campaigns. The subject matter of these campaigns tended to fall into two categories: information about children’s exposure to violence and its adverse effects or information about the existence of the local Defending Childhood Initiative and available services and resources. All sites had either a website or Facebook page where they would post information and upcoming events. Some sites hired a local public relations agency to help spread their message. While for some sites (e.g., Cuyahoga County), community awareness and education programming was limited, for others (e.g., Rocky Boy) it was a priority.

To assess the impact of prevention efforts and community awareness campaigns, we administered a two-wave, random digit dial telephone survey of adults at five of the six sites. These waves were two independently redrawn samples (i.e., the second wave was not a re-survey of the original sample). The goal was to measure changes in awareness of children’s exposure to violence and local resources; violence-related attitudes and experiences; and exposure to awareness campaign messages and materials.¹⁴ Chapter 2 of this report provides a full description of the community survey, its sampling and data collection methodologies, analysis, and results.

2. Professional Knowledge and Practices Survey: Some of the sites trained professionals who work with children (e.g., teachers, childcare workers, healthcare staff, social workers, law enforcement officials) on the topic of children’s exposure to violence. These training sessions sought to improve knowledge and practices, and to create more trauma-informed environments. Training topics included: the effects of trauma on children, trauma-informed care, resiliency factors for children and parents in domestic violence situations, and evidence-based treatments such as Trauma-Focused Cognitive Behavioral Therapy.

The evaluation sought to measure the impact of professional training activities in four of the six sites.¹⁵ Baseline and matched follow-up surveys were administered to those who

¹² Given the relatively short time-frame of this outcome evaluation, and given the large scale of the initiative and the different strategies across the demonstration sites, a cost effectiveness of the initiative as a whole was not undertaken.

¹³ As shown in Table 1.2, sites varied in the types of activities they focused their funding resources on. The evaluation team was tasked with designing an evaluation that was similar across sites. Because of this, the evaluation focused on evaluating program activities that were implemented in most of the sites—e.g., community awareness and professional training—and not more site-based activities that may have been the primary focus at one site (e.g., prevention programming in Grand Forks) but had very little program reach at other sites (e.g., prevention programming in Cuyahoga County).

¹⁴ These sites were: Boston, Cuyahoga County, Grand Forks, Rocky Boy, and Rosebud. The survey was not conducted in Shelby County because its initiative primarily targeted individuals in three apartment complexes; hence a community-wide survey was not appropriate.

¹⁵ Rocky Boy Children’s Exposed to Violence Project and Rosebud Sioux Tribe’s Defending Childhood Initiative took a community-based approach to training and did not necessarily cover training topics that were similar to the

attended a Defending Childhood training. The follow-up survey was administered 6-12 months after the training was received. The survey asked a series of questions about awareness of children's exposure to violence, respondents' professional role in responding to trauma, and relevant individual and agency practices. Chapter 3 provides a full description of the survey, data collection and analysis methodologies, and findings.

3. Indicators of Violence in the Community: The final component of the outcome evaluation involved collecting aggregate data on community-level indicators of violence to track changes in levels of violence over the course of the initiative. The pre-initiative implementation years included data from 2007-2011, while the post-initiative implementation years included data from 2012-2014.

Data availability varied by site, but the outcome evaluation generally examined the following indicators of violence:

- Violence at school: Number of physical fights at school (or, if not available, number of violence-related suspensions and expulsions), number of school incidents where a weapon was involved, number of violent incidents at school where police were called, percentage of students that reported exposure to violence at school.
- Violence at home: Number of child abuse and neglect cases (reported and substantiated), number and percentage of domestic violence incidents where a child was present, percentage of students that reported exposure to violence at home.
- Violence in the community: Number of arrests for violent crimes (adults and juveniles) overall, where children were the victim, and where children were the witness; percentage of students that reported exposure to community violence.

Chapter 4 describes the data collection and analysis of the core community indicator data, as well as findings and limitations.

Finally, Chapter 5 summarizes the major findings and limitations of the outcome evaluation and outlines opportunities for future research.

other sites. For these reasons, the professional survey was not considered an appropriate method for measuring the impact of their trainings.

Chapter 2

Community Survey

This chapter describes the design, implementation, and results from the community survey. After providing an overview and enumerating relevant hypotheses, the survey methodology is described in detail (pages 9 to 15). Substantive results are presented beginning on page 15.

Overview of the Community Survey

The Defending Childhood Demonstration Program sites implemented strategies to reduce children's exposure to violence or to reduce its potentially traumatic effects; and implemented varied activities with the goal of increasing public knowledge and awareness. These community awareness activities included efforts to raise awareness of the local Defending Childhood Initiative and the services offered by the program or its partners. Examples of some of the activities implemented at the sites are summarized in Table 2.1.¹⁶

In order to determine the impact of community awareness activities at each demonstration site, a community survey was implemented to measure key outcomes before and after the initiative. The community survey also aimed to collect self-reported exposure to violence, for both children and adults. The survey was conducted in five of the six demonstration sites included in this evaluation: Boston, MA; Cuyahoga County, OH; Rocky Boy's Reservation, MT; Rosebud Sioux Reservation, SD; and Grand Forks, ND. Because Shelby County's Defending Childhood Initiative concentrated much of their awareness activities in a small number of apartment complexes in Memphis, a large survey of the county was inappropriate to address the tighter scope of the initiative, and an alternative survey methodology proved to be unfeasible in pilot testing (see additional discussion below); instead, focus groups with residents of the apartment complexes were conducted.

Hypotheses

The community survey was designed to examine the reach and effectiveness of the community awareness activities at select sites. We examined the following four hypotheses:

- Hypothesis 1: The Defending Childhood Demonstration Program sites will *increase* community understanding of the impact of exposure to violence on children.
- Hypothesis 2: The Defending Childhood Demonstration Program sites will *improve* community understanding of what constitutes violence.

¹⁶ For detailed information about each site's implementation of community awareness efforts, refer to the individual site reports or the cross-site report, available at: <http://www.courtinnovation.org/research/defending-childhood>.

- Hypothesis 3: The Defending Childhood Demonstration Program sites will *increase* residents’ willingness to report, respond to, or address children’s exposure to violence.
- Hypothesis 4: The Defending Childhood Demonstration Program sites will *increase* community awareness of the program itself and available services.

Table 2.1 Community Awareness and Education Activities by Site

Site	Examples of Awareness Activities
Boston, MA	<ul style="list-style-type: none"> • Created a web series (“The Halls”) designed to engage young men in a conversation to end violence, particularly gender-based violence against women and girls. The series consisted of professional television-style episodes that told the stories of three young men in Boston and their struggles through relationships, trauma, masculinity, and identity. • Supported youth leaders in developing and leading education and organizing projects to promote healthy teen relationships in their neighborhood. These projects included workshops, public service announcements, and public dialogues.
Cuyahoga County, OH	<ul style="list-style-type: none"> • Held a neighborhood-based “We Have the Power to Stop the Violence!” youth art contest. • Held a broad campaign to let the county know that they could call 211 to get help for children who have been exposed to violence.
Grand Forks County, ND	<ul style="list-style-type: none"> • Created banners and displayed them at local sporting events, as well as banners for sexual assault awareness and child abuse awareness months. • Had a bus wrap about the initiative on a highly visible city bus route. • Distributed window cling decals with the initiative’s name. • Distributed flash drives to local service providers that stored important information about the initiative. • Developed a “Winners Way” campaign as a code of ethics for fans at sporting events, especially at the high school level. • Filmed a public service announcement that was shown at local sporting events and at the movie theater. • Created a website for practitioners that gave them access to information about children’s exposure to violence.
Rocky Boy’s Reservation, MT	<ul style="list-style-type: none"> • Developed and distributed items (e.g., t-shirts, backpacks, bumper stickers, water bottles) with the project’s logo. • Held Family Fun Nights and Cultural Fairs. • Hosted Community Summits for practitioners. • Organized Awareness Walks. • Created and distributed brochures and information cards, varying in topic and design, for distribution at events such as family fun nights. All publications contain information about the project itself, as well as awareness information about the central topic of the document (e.g., violence or bullying).
Rosebud Sioux Tribe, SD	<ul style="list-style-type: none"> • Made presentations about the project in schools and in the different communities on the reservation. • Hosted a weekly radio show to discuss relevant topics.
Shelby County, TN	<ul style="list-style-type: none"> • Created a trifold brochure (including a Spanish translation) to be handed out by first responders when they respond to a domestic violence call. • Hosted community fairs and monthly meetings in targeted apartment complexes. • Developed a password-protected portal for professionals that gave them access to webinars and training materials on topics related to children’s exposure to violence.

While these hypotheses are appropriate for a community survey, they may not be appropriate for all of the sites. During the process evaluation, which consisted of multiple site visits, interviews and focus groups, observations of events, and document review, it became clear that several of the sites did not implement community awareness activities that would be measurable by a community survey. For example, Cuyahoga County focused their efforts on universal screening and assessment, with only a few small-scale community awareness events that had limited reach. Similarly, in Boston, a web series was designed to engage young people in a conversation about violence and was intentionally not branded as a Defending Childhood effort. It would not have generated awareness about the initiative itself.

Methodology

In order to determine the impact of community awareness activities at each demonstration site, it was necessary to measure key outcomes before and after the initiative. Therefore, the community survey was administered at two points in time to a random sample of adult residents (18 years of age or older) in each of the Defending Childhood target communities (with the exception of Shelby County, which was deemed inappropriate for a random digit dial survey given its concentration of activities in a small number of specific apartment complexes). The baseline survey was conducted in November/December of 2011 for the three non-tribal sites, and in May/June 2012 for the two tribal sites. A similar follow-up survey was implemented in June/July 2014.

Survey Instrument

The development of the community survey instrument was a participatory process, involving expert consultants, staff and researchers from the demonstration sites, the Department of Justice, and investigators from the National Survey of Children's Exposure to Violence (NatSCEV).¹⁷ Once the instrument was in a near-final draft stage, the sites were invited to submit two site-specific questions that could be added to the survey. The survey was adapted slightly for the two tribal sites with assistance from project staff at those sites, tribal research consultants, the technical assistance provider and tribal technical assistant consultants. The final instrument for the tribal sites includes slight differences in wording, response options, and some additional questions.

The final baseline survey consists of roughly 80 items and includes basic demographic questions (e.g., age, gender, ethnicity, income, education level, etc.); knowledge and awareness of children's exposure to violence; attitudes toward violence; exposure to violence among respondents; exposure to violence among the children of respondents, where applicable¹⁸; and some additional questions determined by the sites themselves. Wherever possible, existing validated items were utilized or adapted. For example, several items from the Juvenile

¹⁷ The National Survey of Children's Exposure to Violence (NatSCEV) is a comprehensive nationwide survey of the incidence and prevalence of children's exposure to violence. For more information, see Cuevas CA, Finkelhor D, Shattuck A, Turner H, and Hamby S. 2013. National Survey of Children's Exposure to Violence. Juvenile Justice Bulletin. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

¹⁸ Approximately 20 items are only administered to respondents who are parents/caregivers of children under age 18.

Victimization Questionnaire (JVQ)¹⁹ were incorporated verbatim for respondents who were parents or caregivers of children under the age of 18. The survey was designed to take approximately 15 minutes to administer by telephone. The final survey for the non-tribal sites can be found in Appendix B, and the final survey for the tribal sites can be found in Appendix C.

A competitive process was utilized to secure the services of an experienced survey research firm. After a review of proposals, the contract was awarded to Abt SRBI (SRBI) based on the quality of their proposal and their previous experience with similar surveys, including the NatSCEV.

The survey was conducted utilizing computer-assisted telephone interviewing (CATI). CATI provides a number of benefits over traditional telephone interviewing, including a smoother flowing interview when the questionnaire contains interview branching to different questions series depending on the answer to previous questions, because the computer program moves the interviewer to the next appropriate question automatically. In addition, the use of CATI can help to minimize recording error, because the acceptable range of responses can be programmed into the data entry program, which will not permit the interviewer to accidentally enter an out-of-range punch. Since the interviewer actually records each response to survey questions through the online data entry program, the risk of data processing errors arising from key punch errors is eliminated in CATI interviews. The CATI survey was developed by SRBI’s data processing staff. The program was reviewed by SRBI’s project manager for consistency of question wording, response categories, interviewer instructions and skip patterns according to the final survey instrument.

The survey was conducted in English, and the average response time at baseline was 13.3 minutes. The sample sizes at baseline by site are presented in Table 2.2.

Table 2.2 Community Survey Sample Sizes by phone type

Site	Baseline			Follow-Up		
	Landline	Cell Phone	Total (%)	Landline	Cell Phone	Total (%)
Boston, MA	813	188	1001 (26%)	627	375	1002 (26%)
Cuyahoga County, OH	1012	189	1201 (31%)	795	405	1200 (32%)
Grand Forks, ND	681	120	801 (21%)	473	327	800 (21%)
Rocky Boy's Reservation, MT	207	4	211 (5%)	252	2	254 (7%)
Rosebud Reservation, SD	276	414	690 (18%)	268	266	534 (14%)
Total	2989	914	3904	2415	1375	3790

The population of residents at each of the Defending Childhood sites may be useful in providing context for the sample sizes presented in Table 2.2. Cuyahoga County, which includes the city of Cleveland, has the largest population of all of the sites, at 1.2 million. Boston has about half its population, at 645,000 residents. Grand Forks is estimated to have nearly 70,000 residents in the county. While population estimates for the reservations may vary, the Rosebud Reservation is believed to have about 9,000 residents and Rocky Boy’s Reservation is estimated to have about

¹⁹ For more information about the JVQ-R2, see Finkelhor D, Hamby S, Ormrod R, and Turner H. 2005. “The Juvenile Victimization Questionnaire: Reliability, validity, and national norms.” *Child Abuse and Neglect*, 29, 383-412; http://www.unh.edu/ccrc/juvenile_victimization_questionnaire.html.

3,000 residents. Accordingly, target sample sizes in the survey reflected the need for minimally high samples for drawing meaningful conclusions (above 200 in the smallest Rocky Boy site and almost 700 or higher in all other sites), as well as intentional variations based on the size, spread, and diversity of the population in each target site.

Table 2.2 also provides a depiction of many of the challenges associated with a telephone-based survey method. As discussed further under limitations, Rocky Boy’s Reservation was too small a geographic area to efficiently reach by cell phone. A majority of phone numbers, especially cell phone numbers, were inactive at both surveys.

Exclusion of Shelby County

Shelby County’s Defending Childhood Initiative implemented a place-based approach, concentrating much of its resources in a small number of apartment complexes in Memphis. A county-wide community survey involving random digit dial was inappropriate for an evaluation of their community awareness activities. Therefore, we attempted a slightly different method, and a contract was awarded to Westat for survey administration in Memphis.²⁰

Westat developed an address-based sampling methodology whereby residents of targeted apartment complexes received a screener and letter inviting them to participate in the phone survey. We partnered with Agape Child and Family Services—a key partner of the Shelby County Defending Childhood Initiative—to deliver the screeners under the doors of a sample of apartments to pilot test the methodology during February 2012.

Unfortunately, the pilot test did not prove successful. The pilot—which included two deliveries of the screeners/letters to a random sample of 100 apartments—yielded only six returned screeners. A total of five telephone interviews of those who returned the screeners were actually completed by Westat—the sixth person ultimately refused to participate.

Based on the results of the pilot, we decided not to go forward with this methodology and terminated our contract with Westat. It was clear that the extra step of completing the screener and mailing it back in order to be contacted by phone at a later time proved too onerous for residents. The modest incentive—being entered into a drawing to win \$500 off a future utilities bill—was also not enticing enough to garner a sizable response.²¹

In consultation with our National Institute of Justice program manager, we decided that the costs of conducting a different methodology—such as an in-person survey strategy—outweighed the potential benefits. We also decided that a more tailored evaluation activity that specifically assesses the impact of their local outreach strategy would be preferable for this site.²²

Sample Construction

²⁰ A competitive RFP bid process was held to conduct the community survey. Westat was awarded the contract to conduct the Memphis component, which required a different sampling methodology (address-based sampling).

²¹ Although ultimately not used, this incentive was determined prior to NIJ’s prohibition of raffles or lotteries.

²² For results of the tailored evaluation activity (focus groups with residents in the apartment complexes), please see Jensen E and Swaner R. 2015. “Through the NOVA Door: A Process Evaluation of Shelby County’s Defending Childhood Initiative.” New York: Center for Court Innovation. Available at: http://www.courtinnovation.org/sites/default/files/documents/Shelby_County_0.pdf.

The basic element in the sample design was the construction of site-specific community sampling frames consisting of (1) residential telephone numbers and (2) cell phone telephone numbers from which a sample of users could be drawn by random digit dialing (RDD) in each frame. At baseline, this yielded 2,989 household, or landline, interviews and 914 cell phone interviews.

In an effort to ensure that the study included a sizeable proportion of urban residents in Cuyahoga County, SRBI also employed an over-sample of telephone surveys designated as urban by the US Census Bureau. Sample weights were generated post data collection to correct for disproportionate sampling procedures to more accurately reflect total estimates of each community's population.

Both the landline and cell phone samples were obtained through multi-stage survey sampling processes, described in detail in Appendix A. The samples at baseline and follow up are two independently drawn samples; that is, the follow up sample is not a re-survey of the same individuals in the original sample.

Weighting and Analysis

The characteristics of a perfectly drawn sample of a population will vary from true population characteristics only within certain limits of sample variability (i.e., sampling error). Unfortunately, the sampling frames available to survey research are less than perfect. The absence of perfect cooperation from sampled units means that the completed sample will differ from the drawn sample (i.e., non-response bias). In order to correct these known problems of sample bias, the achieved sample is weighted to certain characteristics of the total population. The landline and cell phone survey samples were weighted separately.

The weighting plan for this community survey was a three-step sequence, described in further detail in Appendix A. Ultimately, the weighting corrected for households with multiple phone lines, respondents' probability for selection within a household and non-response bias. In Cuyahoga County, weights were also used to address the oversampling of urban households.

Descriptive statistics are presented for each item on the survey. Bivariate analyses (t-tests and chi-square tests) were performed to determine statistically significant differences between the baseline and follow-up samples. Differential impacts in subgroups of age, income, and others were examined using bivariate analyses as well.

Preliminary Comparisons

All preliminary comparisons are presented in Results below. The analyses were conducted by separating the data into two major categories: tribal sites and non-tribal sites. Even though the surveys were completed utilizing random digit dialing, as described previously, the survey respondents at baseline differed marginally, though significantly, than those at follow-up on several measures.

When examining demographics and other descriptive characteristics, the baseline and follow up survey samples of the non-tribal sites exhibited some significant differences, as shown in Table 2.3. The average reported age at baseline for respondents in non-tribal communities was 46, compared to 43 at follow-up, a statistically significant difference. The difference in average age is primarily due to a greater proportion of individuals 18-25 participating in the follow-up survey compared to the baseline survey. While the majority of respondents at both baseline and follow-up reported their race/ethnicity as white, the follow-up survey respondents were slightly more likely to report being of another race. A statistically significant increase was seen between baseline and follow-up for those who reported being black and those who reported being American Indian/Alaska Native. There were also statistically significant differences between respondents' reported marital status. Respondents were less likely to report being married at follow-up, and more likely to report being single/never married or divorced, compared to the baseline survey respondents.

Results from the tribal sites show that generally, the follow-up and baseline respondents were similar in their background characteristics (Table 2.10), with statistically significant differences on only two measures (race/ethnicity and marital status). The average age of respondents at both time points was 41 and the age distribution had no significant differences between baseline and follow-up. The majority of respondents were members of the site's tribe; that is 78% of respondents at baseline and 86% of respondents reported being a member of the Chippewa Cree Tribe at Rocky Boy's Reservation and the Rosebud Sioux Tribe at the Rosebud Reservation. Another 9%, at both baseline and follow-up, reported being a registered member of another tribe. Similarly, the majority of respondents identified as American Indian when asked about their race/ethnicity. When asked about their marital status, respondents were significantly more likely to report being divorced, widowed, or separated at follow-up when compared to baseline.

Additional analyses were conducted to account for statistically significant differences between the background characteristics of the baseline and follow-up samples. Correlations were measured between background characteristics of interest, including race, marital status, education, employment and number of children with outcomes. In turn, where background characteristics both varied from the baseline to follow-up samples and where those characteristics were also associated with outcomes, comparisons of baseline and follow-up outcomes were re-run after controlling for the potentially confounding characteristics. The results were unaffected by adding background factors as controls; in particular, regarding whether outcomes changed from baseline to follow-up, adding background controls to our models did not affect the results. Therefore, no further weighting or adjustments were made to address demographic or other differences between the baseline and follow-up samples.

Results

The results presented here distinguish the tribal sites (Rocky Boy's Reservation and the Rosebud Sioux Reservation) from the non-tribal sites (Boston, Cuyahoga County, and Grand Forks). This distinction was not made during study design, but rather, once results were obtained, it seemed inappropriate to combine the tribal sites and the non-tribal sites and provide overall statistics. As described later, the tribal sites were distinct in both their approaches to community awareness and in the impact of their efforts. Additionally, baseline administration was at a different time point for the tribal sites. Results are not presented at the site-level; in cases where a site's results were significantly different from the others in its category (tribal or non-tribal), they are discussed separately in the text.

Findings for the Non-Tribal Sites

In total, 3,003 respondents completed the baseline survey at the three non-tribal sites (Boston, Cuyahoga County, and Grand Forks). Another 3,002 respondents completed the follow-up survey at those sites (see Table 2.2 above). All of the results discussed here provide a comparison between baseline and follow-up surveys.

Demographics and Household Characteristics

Full demographics are presented in as bivariate comparisons of the baseline and follow-up samples in Table 2.3. Generally, the sample of respondents from the non-tribal sites at both baseline and follow-up were about half male and half female; had an average age of 44.5; and over 60% identified as white, with another 25.5% identifying as black or African American.

There were also significant differences in baseline and follow-up respondents when comparing their employment, education, and household characteristics, as shown in Table 2.4. For example, follow-up respondents were significantly more likely to report having any children in the household, with 55% reporting that there were no children in the household, compared to 60% of baseline respondents. The average number of adults living in the household at follow-up was 2.1, a statistically significant difference from the 2.3 adults at baseline.

Respondents were also less likely to be employed and had a lower average income at follow-up, both statistically significant differences. They also had generally lower rates in educational attainment. The number of respondents reporting not having graduated high school doubled from baseline to follow-up. There was also an increase in those reporting having completed some college, but a decrease in those who had a bachelor's or graduate degree. These differences in education may also be connected to the lower reported average age and the greater proportion of individuals aged 18-25 in the follow-up sample. The community survey findings that follow should be considered in light of the demographic and household differences between the baseline and follow-up samples discussed above.

Table 2.3 Non-Tribal Site Respondent Characteristics

	Baseline	Follow-Up
N	3,003	3,002
Gender		
Male	48%	48%
Female	53%	52%
Average Age	46	43***
Age Distribution		
18-24	14%	18%***
25-34	15%	19%
35-44	21%	16%
45-54	16%	16%
55-64	15%	13%
65+	16%	15%
Race/Ethnicity		
White	63%	60%
Black or African American	24%	27%***
Hispanic or Latino	5%	6%+
Asian or Pacific Islander	4%	4%
American Indian or Alaska Native	3%	5%***
Other	3%	1%***
Marital Status		***
Married	49%	30%
Living with partner	7%	7%
Separated	2%	3%
Divorced	7%	10%
Widowed	6%	6%
Never married/Single	28%	42%

+ p<.10 *p<.05 **p<.01 ***p<.001

Table 2.4 Non-Tribal Site Respondent Employment, Education & Household Characteristics

	N	Baseline 3,003	Follow-Up 3,002
Household Composition			
# adults living in household		2.3	2.1***
# children living in household		0.76	0.81*
Zero		60%	55%**
One		17%	20%
2-3		20%	21%
4 or more		3%	3%
Average length of local residency ¹		12.6	12.8
Employment			

Employed full-time		47%	42%
Employed part-time		12%	11%
Unemployed & looking for work		6%	9%
Retired		16%	16%
Other		18%	22%
Total household income prior year ²		\$56,198	\$49,580***
Highest level of education completed			

Less than high school degree		5%	11%
High school or GED		23%	25%
Some college or associate's degree		28%	32%
Bachelor's degree		22%	19%
Graduate school		21%	11%

+ p<.10 *p<.05 **p<.01 ***p<.001

¹ Length of residency was recoded from the categorical variable (b1) - less than one year (.5), 1-3 years (2), 4-6 year (5), 7-10 years (8.5), more than 10 years (15).

² Total household income was recoded from the categorical variable (d6) - less than \$10,000 (\$5,000), \$10,001-20,000 (\$15,000), \$20,001-30,000 (\$25,000), \$30,001-40,000 (\$35,000), \$40,001-60,000 (\$50,000), \$60,001-80,000 (\$70,000), \$80,001-100,000 (\$90,000), more than \$100,000 (\$120,000). The baseline survey asks about income in 2010; the follow-up survey asks about income in 2013.

Community Concerns and Perceptions

Respondents were asked a series of questions aimed at understanding what issues were problems in their communities. They were asked to rate different topics as (1) Not a problem, (2) somewhat of a problem, and (3) a big problem. Their scores are provided in Table 2.5. At follow-up, respondents reported significantly lower scores for bullying, violence between teenagers in a dating relationship, and gang violence, indicating that these issues were *less* of a problem than at baseline. The scores remained relatively stable between baseline and follow-up for child abuse/neglect, violence between adults in romantic relationships, and violent crime.

All the results reported here are aggregated across the three non-tribal sites. The sites did differ slightly in their community concerns when their results were examined individually (results not presented). When considered at baseline, the community concerns may provide insight into each site's approach to addressing children's exposure to violence. In Boston, over 50% of respondents at baseline identified both violent crime and gang violence as big problems. In Cuyahoga County, respondents did not overwhelmingly state that any of the issues were big problems; however, over 60% identified child abuse/neglect and violence between people in a romantic relationship as somewhat of a problem; 55% identified violent crime as somewhat of a problem; 49% identified bullying as somewhat of a problem; and 40% identified violence between teenagers in a dating relationship as somewhat of a problem. In Grand Forks, 58% of respondents identified violent crime as a big problem. In both Boston and Grand Forks, 30-40% of respondents identified most of the other issues as somewhat of a problem.

Respondents were asked a series of questions about their perceptions of safety in their community and neighborhood social capital.²³ Respondents were slightly more likely to state that they felt safe in their neighborhood at follow-up, a finding that only approaches statistical significance ($p < .10$). When compared to baseline, they were significantly less likely to report that there were adults in their neighborhood that children could look up to at follow-up (80% vs. 84%) and also significantly less likely to report that their neighborhoods would help if there was a fight in front of their home (70% vs. 75%).

Respondents were also asked about their perceptions about youth violence in their neighborhood. At follow-up, they were significantly more likely to state that youth violence in their neighborhood had decreased compared to last year (15% v. 59%) and less likely to state that it had stayed the same (52% v. 10%). This indicates that most respondents had perceived a positive change in youth violence in their neighborhood in the past year.

Finally, respondents were asked about their involvement with neighborhood religious organizations. More than 85% in both samples stated that there was a religious organization that they could attend in their neighborhood (church/synagogue/mosque). The number of respondents that reported attending a religious service at least once per week decreased significantly from baseline to follow-up (35% v. 28%).

²³ For definition and discussion of neighborhood social capital, see RJ Sampson and C Graif, 2009. "Neighborhood Social Capital as Differential Social Organization: Resident and Leadership Dimensions." *American Behavioral Scientist*, 52(11):1579-1605.

Table 2.5 Non-Tribal Site Respondent Community Concerns and Neighborhood Perceptions

N	Baseline 3,003	Follow-Up 3,002
Problems in Your Community (scored out of 3) ¹		
Child abuse or neglect	2.67	2.65
Violence between people in a romantic relationship	2.7	2.68
Violent crime (assaults, shootings, sexual assaults)	2.44	2.46
Bullying	2.94	2.76***
Violence between teenagers in a dating relationship	3.21	2.97***
Gang violence	2.55	2.43**
Verbal and physical aggression by fans at sporting events	2.08	2.19
Neighborhood Perceptions		
	% Agree/Strongly Agree	
I feel safe in my neighborhood.	85%	87%+
I can count on adults in my neighborhood to watch out that children are safe and don't get in trouble.	76%	77%
People around here are willing to help their neighbors.	82%	81%
There are adults in this neighborhood that children can look up to.	84%	80%***
If there was a fight in front of your home, how likely is it that your neighbors would try to help. ²	75%	70%***
There are neighborhood or block organizations that deal with local issues or problems in your neighborhood.	44%	40%*
Compared to last year, has youth violence in your neighborhood		

Increased	20%	20%
Remained the same	52%	10%
Decreased	15%	59%
Not Sure	13%	10%
Religious Involvement		
There is a church/synagogue/mosque/other faith organization that you could attend in your neighborhood	87%	86%
I attend services at a religious organization at least once per week	35%	28%***
I never attend religious services	24%	30%

+ p<.10 *p<.05 **p<.01 ***p<.001

¹ These questions were asked on a 3-point scale - Not a problem (1), somewhat of a problem (2), a big problem (3).

² This question was asked on a 4-point scale - Very unlikely (1), unlikely (2), likely (3), very likely (4).

Knowledge and Attitudes Related to Violence

Respondents were asked a series of questions aimed to gauge their opinions and beliefs on violence and children’s exposure to violence, presented in Table 2.6. Over 60% of respondents at both baseline and follow-up reported that “watching violent TV shows, video games, and music videos makes a child more aggressive.” The vast majority also agreed that exposure to violence leads to health problems (over 70% in both samples) and psychological problems (over 90% in both samples). No significant changes were seen between baseline and follow-up; however, the baseline rates are exceptionally high.

There were significant differences between the two samples when they were asked about examples that constitute violent behavior. The follow-up sample were significantly more likely than the baseline sample to respond that all of the listed behaviors were violence, including yelling at someone (56% vs. 60%), insulting someone (56% vs. 61%), and sexual harassment (84% vs. 88%). They generally did not believe that spanking a child constituted violence, since only 35% of baseline respondents responded in the affirmative; however, 41% of follow-up respondents identified spanking a child as violence, a statistically significant increase.

Table 2.6 Non-Tribal Site Respondent Perceptions about Violence

	Baseline	Follow-Up
N	3,003	3,002
Violence Exposure (Yes/No)		
Watching violent TV shows, video games, or music videos makes a child more aggressive	69%	64%
Being exposed to violence in childhood leads to <i>health</i> problems	78%	79%*
Being exposed to violence in childhood leads to <i>psychological</i> problems	92%	92%
Examples of violent behavior (Yes/No)		
Yelling at someone	56%	60%***
Threatening to hurt someone	92%	94%+
Spanking a child	35%	41%***
Insulting someone	56%	61%***
Sexual harassment	84%	88%***
Attitudes about Violence		
	% Agree/Strongly Agree	
A person who walks away from a fight is a coward or “chicken”	7%	6%
It's okay to hit someone who hits you first	42%	44%
It is sometimes OK for a woman to hit her husband or partner	8%	8%
People should not interfere in violence between romantic partners	18%	20%+
It is sometimes OK for a man to hit his wife or partner	1%	2%

+ p<.10 *p<.05 **p<.01 ***p<.001

As shown in Table 2.6, there were no significant changes on another set of questions related to beliefs about violence, some of which had very low baseline rates. For example, only 1% of baseline respondents agreed or strongly agreed that it is sometimes acceptable for a man to hit his wife or partner. At follow-up, only 2% agreed with that statement, but the difference is negligible and not statistically significant. About 8% of respondents at both baseline and follow-up believed it was acceptable for a woman to hit her husband or partner. The largest percentages on beliefs about violence were reported for the question about whether they agreed that it is acceptable to hit someone who hits you first. At baseline and follow-up, over 40% of respondents agreed with the statement.

Respondents were also asked how likely they would be to report a case of child abuse/neglect, or a case of domestic violence to the authorities (results not presented). At baseline, 94% of respondents stated that they would report a case of child abuse/neglect and 87% would report a case of domestic violence. There were no differences at follow-up. When asked where they would report each of the cases, about half of both samples responded that they would report the police or law enforcement and another quarter stated that they would report child abuse/neglect to child protective or social services. Respondents were also asked where they would get help for a child who had witnessed or experienced violence. There were no statistically significant differences between the two samples. About 27% stated that they would get help from the police; about 30% stated that they would get help from child protective or social services.

Awareness of the Local Defending Childhood Initiative

Respondents were asked whether they believed their local jurisdiction (Boston, Cuyahoga County, or Grand Forks) was making an effort to address violence. The vast majority of both samples responded in the affirmative, with virtually no difference between baseline and follow-up ($p < .10$).

When asked about whether they had seen any campaigns or advertisements about children experiencing or witnessing violence, respondents were split at both baseline and follow-up with no statistically significant differences. About half responded that they had seen campaigns or ads and the other half responded that they had not. When asked specifically about whether they had heard of the Defending Childhood Initiative, the vast majority of respondents reported that they had not. There was a slight statistically significant increase between baseline and follow-up of those reporting that they had (12% to 16%).

Table 2.7 Non-Tribal Site Respondent Awareness of Defending Childhood

	N	Baseline	Follow-Up
		3,003	3,002
<i>Site name</i> is making an effort to address violence ¹		75%	74%+
Over last 2 years, have you seen/heard any campaign or advertisements about children experiencing or witnessing violence?			
No		49%	48%
Yes		47%	48%
Not Sure		5%	4%
Have you ever heard of the Defending Childhood Initiative?²			***
No		86%	82%
Yes		12%	16%
Not Sure		2%	2%

+ p<.10 *p<.05 **p<.01 ***p<.001

¹ Site name was dependent on the sample location. The exact terms used were “Boston” “Cuyahoga County” or “Grand Forks.”

² In Grand Forks, the Defending Childhood Initiative is called “Safer Tomorrows” and that term was used in this question.

Exposure to Violence

The community survey also asked respondents about their own exposure to violence (either a direct victim or witness) in the past year. Parents and caregivers of children under 18 who were living in the home were asked additional questions about their child’s violence exposure. As a note of caution, though some of the questions on this survey are similar to those asked on The National Survey of Children's Exposure to Violence (NatSCEV), given very different sampling methodologies and screening criteria, one cannot draw comparisons between the results of these surveys.

All respondents were adults and were thus asked a series of questions about their own exposure to violence. Specifically, they were asked about the following types of violence: being threatened; being slapped, punched, or hit; being beaten up or mugged; and being attacked with a weapon. For each, they were asked whether it happened to them or whether they saw it happen to someone else. It is important to note that parental reporting of children’s exposure to violence has its limitations; parents may underestimate exposure, especially for older children.

Table 2.8. Non-Tribal Adult Exposure to Violence

	Baseline	Follow-Up
N	3,003	3,002
Adult Exposure to Violence, past year		
Any victim to violence,	18%	24%***
Any witness to violence	47%	54%***
Any exposure to violence	49%	56%***

+ p<.10 *p<.05 **p<.01 ***p<.001

There were statistically significant increases between baseline and follow-up on every measure of adult exposure to violence. At baseline, 18% of adults reported being a direct victim of violence; it increased to 24% at follow-up. Similarly, when asked about whether they saw violence happen to another person, 47% of baseline respondents and 56% of follow-up respondents said they had witnessed violence in the past year. In the overall measure of exposure to violence, which combines the previous two, 49% of baseline and 56% of follow-up respondents had been exposed to violence, a statistically significant difference.

About 29% of the baseline sample and 25% of the follow-up sample identified themselves as parents or caregivers as children under the age of 18. These respondents were asked a series of questions about their children's exposure to violence. If they had more than one child, respondents were asked to indicate whether *any* of their children had been exposed to various types of violence.

Specifically, parents were asked whether, in the past year, the child had been hit, picked on, attacked on purpose (with and without a weapon), harassed online, scared or felt bad because of name-calling, or attacked by a group or gang. They were asked whether the child had seen a parent attacked, a parent attack siblings, or anyone attacked with a weapon. They were also asked if the child had seen or heard shots, bombs, or street riots and whether anyone close to the child had been murdered. They were asked additional questions about whether a grownup in the child's life had physically hurt the child or neglected the child in the past year. Finally, they were asked where the violence occurred and whether the child had received any services. The results are presented in Table 2.9.

Table 2.9 Non-Tribal Children’s Exposure to Violence, as reported by caregiver

N	Baseline	Follow-Up
	872	751
Children’s Exposure to Violence, past year		
Child victim of violence	51%	54%
Child witness violence	22%	26%
Child exposure to violence	57%	61%
Where did child’s exposure to violence happen mostly:		
At home	10%	11%
In the neighborhood	10%	10%
At school	18%	16%
In many places	6%	9%
Services related to child’s exposure to violence		
Talked to someone about child’s exposure to violence	23%	26%
Child received medical help	4%	5%
Child received counseling/mental health services	6%	12%

+ p<.10 *p<.05 **p<.01 ***p<.001

A majority of respondents indicated that their child had been exposed to violence in the past year, with most having been a direct victim of violence. At both baseline and follow-up, more than 50% of caregivers reported that any of their children had been a victim of violence. At follow-up, 26% of caregivers reported that their children had witnessed violence, compared to 22% at baseline. Differences trended slightly higher at follow-up for both measures of violence, but the differences were not statistically significant. Overall, 57% of baseline respondents and 61% of follow-up respondents indicated that any of their children had been exposed to violence. These rates fall in line with the Department of Justice’s 2009 estimate that about 60% of children nationwide have been exposed to violence in the past year.²⁴

Appendix D consists of a table that provides adult exposure to violence and children’s exposure to violence by site. Surprisingly, the three non-tribal sites were very similar in reported adult and children’s exposure to violence. All three saw statistically significant increases in reporting of adult exposure to violence, and slight non-statistically significant increases in reporting of children’s exposure to violence. The only major distinction exists in Grand Forks. Children’s exposure to violence as a direct victim is similar to the other two sites (58% at baseline and 59% at follow-up); however, children’s exposure to violence as a witness is about half of the other two non-tribal sites (9% at baseline and 10% at follow-up). Overall, any exposure to violence for children at Grand Forks is similar to the other two non-tribal sites, at nearly 60% for both baseline and follow-up.

²⁴ Finkelhor D, Turner H, Ormrod R, Hamby S, and Kracke K. (2009) “Children’s Exposure to Violence: A Comprehensive National Survey.” *Juvenile Justice Bulletin*. Washington, DC: U.S. Department of Justice.

Findings for the Tribal Sites

The results for the Rocky Boy's Reservation and the Rosebud Sioux's Reservation are presented separately from the other sites for several important reasons. First, the tribal sites are very distinct from the other sites when considering population demographics, household composition and average income. Second, the tribal sites have experienced (and continue to experience) historical community-wide violence and trauma; assuming that the respondents are similar to those at the other sites would be over-simplifying the complexity of their experiences. Third, as discussed previously in the Methods section, the surveys were developed through a collaborative process with input from the sites and some questions on the tribal survey are different or were not asked in non-tribal sites. Finally, since it would be inappropriate to combine the tribal site respondents with those at the non-tribal sites, it would also be inappropriate to compare the findings of the tribal sites with those of the non-tribal sites. No comparisons will be drawn in this analysis.

In total, 901 respondents completed the baseline survey at the two tribal sites, and another 788 completed the follow-up survey. Baseline survey administration at the tribal sites was later than at the non-tribal sites due to additional logistics around conducting research with tribal communities. About 23% of the baseline sample and 32% of the follow-up sample was from Rocky Boy's Reservation; the remainder were from Rosebud.

Demographics and Household Characteristics

Full demographics are presented in Table 2.10 as bivariate comparisons of the baseline and follow-up samples. Generally, the tribal site follow-up and baseline respondents were similar in their background characteristics, with statistically significant differences on only two measures (race/ethnicity and marital status). The average age of respondents at both time points was 41 and the age distribution had no significant differences between baseline and follow-up. The majority of respondents were members of the site's tribe; that is 78% of respondents at baseline and 86% of respondents reported being a member of the Chippewa Cree Tribe at Rocky Boy's Reservation and the Rosebud Sioux Tribe at the Rosebud Reservation. Another 9%, at both baseline and follow-up, reported being a registered member of another tribe. Similarly, the majority of respondents identified as American Indian when asked about their race/ethnicity. When asked about their marital status, respondents were significantly more likely to report being divorced, widowed, or separated at follow-up when compared to baseline.

Comparisons of employment, education, and household characteristics between baseline and follow-up respondents yielded few statistically significant differences (Table 2.11). Generally, respondents reported households with an average of about 2.6 adults and 1.5 children. At follow-up, respondents were significantly less likely to report have no children and the average number of children was slightly higher at 1.7 per household. Follow-up respondents had slightly lower average income and were more likely to report being unemployed, both statistically significant differences.

Table 2.10 Tribal Site Respondent Characteristics

	N	Baseline 901	Follow-Up 788
Gender			
Male		48%	50%
Female		52%	51%
Average Age			
		41	41
Age Distribution			
18-24		18%	20%
25-34		23%	23%
35-44		16%	17%
45-54		18%	15%
55-64		15%	15%
65-74		7%	8%
75+		3%	2%
Tribal Membership			
Enrolled Member of the [site] Tribe ¹		78%	86%
Enrolled Member of any other tribe		9%	9%
Race/Ethnicity			
American Indian		87%	93%***
Alaska Native		1%	2%*
White		16%	10%***
Black or African American		1%	3%**
Hispanic or Latino		2%	5%*
Other		0%	2%
Marital Status			

Married		34%	20%
Living with partner		14%	11%
Separated		2%	5%
Divorced		5%	14%
Widowed		4%	8%
Never married/Single		41%	41%

+ p<.10 *p<.05 **p<.01 ***p<.001

¹ For the survey at Rocky Boy's Reservation, respondents were asked whether they were enrolled members of the Chippewa Cree. At the Rosebud Sioux Reservation, they were asked whether they were enrolled members of the Rosebud Sioux.

Table 2.11 Tribal Site Respondent Employment, Education, and Household Composition

	N	Baseline 901	Follow-Up 788
Household Composition			
# adults living in household		2.6	2.6
# children living in household		1.4	1.7***
Zero		41%	30%***
One		19%	23%
2-3		28%	32%
4 or more		11%	14%
Average years of residency on reservation ¹		13.7	13.7
Employment			

Employed full-time		36%	30%
Employed part-time		11%	9%
Unemployed & looking for work		26%	29%
Retired		8%	7%
Other ²		20%	24%
Total household income prior year ³		\$25,335	\$23,007+
Highest level of education completed			

Less than high school degree		21%	23%
High school or GED		31%	27%
Some college or associate's degree		34%	40%
Bachelor's degree		8%	7%
Graduate school		6%	4%

+ p<.10 *p<.05 **p<.01 ***p<.001

¹Length of residency was recoded from the categorical variable (b1) - less than one year (.5), 1-3 years (2), 4-6 year (5), 7-10 years (8.5), more than 10 years (15).

²Other includes: homemaker, student, disabled/ill, and in the military.

³Total household income was recoded from the categorical variable (d6) - less than \$10,000 (\$5,000), \$10,001-20,000 (\$15,000), \$20,001-30,000 (\$25,000), \$30,001-40,000 (\$35,000), \$40,001-60,000 (\$50,000), \$60,001-80,000 (\$70,000), \$80,001-100,000 (\$90,000), more than \$100,000 (\$120,000). The baseline survey asks about income in 2010; the follow-up survey asks about income in 2013.

Community Concerns and Perceptions

Respondents were asked a series of questions aimed at understanding what issues were problems in their communities. They were asked to rate different topics as (1) Not a problem, (2) somewhat of a problem, and (3) a big problem. Average scores are presented in Table 2.12. At baseline, over 60% of respondents at the tribal sites identified child abuse/neglect, violence between people in a romantic relationship, violent crime, and gang violence as big problems. However, all of the community concerns, listed in Table 2.12, received relatively high scores and were identified as “somewhat of a problem” or “a big problem.” There was little change from baseline to follow-up; however, follow-up respondents were more likely to report bullying as a big problem (49% v. 51%).

Respondents were asked a series of questions about their perceptions of safety in their community and neighborhood social capital. The vast majority responded that they felt safe in their neighborhoods. Follow-up respondents (73%) were significantly less likely than baseline respondents (82%) to agree that there were adults in their neighborhood that children can look up to. A majority of respondents at baseline and follow-up agreed that people in their neighborhood were willing to help their neighbors (over 55% at both baseline and follow-up), and about half agreed that they could count on adults in their neighborhood to watch out that children are safe (50% at baseline; 47% at follow-up).

When asked about their involvement with local religious or faith-based organizations, a majority of respondents at both baseline and follow-up indicated that there was a church, faith-based organization, or traditional healing organization that they could attend in their community (78% and 82% respectively). Only 16% of respondents said that they never attend religious services; most respondents said they attended regularly, with 28% of baseline and 25% of follow-up respondents indicating that they attended religious services at least once per week.

Table 2.12 Tribal Site Respondent Community Concerns and Neighborhood Perceptions

N	Baseline 901	Follow-Up 788
Problems in Your Community (scored out of 3) ¹		
Child abuse or neglect	2.66	2.71
Violence between people in a romantic relationship	2.73	2.68
Violent crime (assaults, shootings, sexual assaults)	2.69	2.62
Bullying	2.71	2.85*
Violence between teenagers in a dating relationship	2.71	2.75
Gang violence	2.56	2.50
Verbal and physical aggression by fans at sporting events	2.22	2.35
Neighborhood Perceptions		
	% Agree/Strongly Agree	
I feel safe in my neighborhood.	73%	71%
I can count on adults in my neighborhood to watch out that children are safe and don't get in trouble.	50%	47%
People around here are willing to help their neighbors.	58%	55%
There are adults in this neighborhood that children can look up to.	82%	73%***
If there was a fight in front of your home, how likely is it that your neighbors would try to help. ²	49%	48%
Religious Involvement		
There is a traditional healing, church or other faith organization that you could attend in your community	78%	82%
I attend services at a religious organization at least once per week	28%	25%
I never attend religious services.	16%	16%

+ p<.10 *p<.05 **p<.01 ***p<.001

¹ These questions were asked on a 3-point scale - Not a problem (1), somewhat of a problem (2), a big problem (3).

² This question was asked on a 4-point scale - Very unlikely (1), unlikely (2), likely (3), very likely (4).

Knowledge and Attitudes Related to Violence

Respondents were asked a series of questions aimed to gauge their opinions and beliefs on violence and children's exposure to violence, presented in Table 2.13. There were no statistically significant differences between baseline and follow-up. When asked whether being exposed to violence led to health problems, 79% of respondents at both baseline and follow-up responded in the affirmative. Over 90% of baseline and follow-up respondents stated that exposure to violence leads to psychological problems. A vast majority (70% at baseline; 67% at follow-up) also believed that watching violent shows, video games, or music videos made children more aggressive.

Respondents also had very high rates in their responses on examples of violent behavior. Over 75% at both baseline and follow-up agreed that yelling at someone constituted violence.

Threatening to hurt someone and sexual harassment were considered violence by over 90% of both samples. About half of each sample believed that spanking a child was also violence.

When asked whether it is okay to hit someone who hits you first, 45% of follow-up respondents agreed, compared to 37% of baseline respondents, a statistically significant difference. No other significant differences emerged on the questions related to attitudes about violence, and responses would not be considered generally pro-violence. Only 8% of baseline and 7% of follow-up respondents believed that it is acceptable for a woman to hit her husband and partner; even less, 1%, believed that it is acceptable for a man to hit his wife or partner. About a quarter believed that people should not interfere in violence between romantic partners.

When asked about the likelihood that they would report a case of child abuse/neglect to the authorities, over 90% of respondents at both time points said that they would (results not presented). Similarly, 86% of baseline and 88% of follow-up respondents stated that they would report a case of domestic violence. Over 50% of both baseline and follow-up respondents indicated that they would report the cases to the police, and about 30% indicated they would report to child protective or social services (results not presented).

Table 2.13 Tribal Site Respondent Perceptions about Violence

	Baseline	Follow-Up
N	901	788
Violence Exposure (Yes/No)		
Watching violent TV shows, video games, or music videos makes a child more aggressive	70%	67%
Being exposed to violence in childhood leads to <i>health</i> problems	79%	79%
Being exposed to violence in childhood leads to <i>psychological</i> problems	90%	92%
Examples of violent behavior (Yes/No)		
Yelling at someone	77%	75%
Threatening to hurt someone	96%	95%
Spanking a child	49%	51%
Insulting someone	86%	82%
Sexual harassment	95%	94%
Attitudes about Violence		
	% Agree/Strongly Agree	
A person who walks away from a fight is a coward or “chicken”	8%	9%
It’s okay to hit someone who hits you first	37%	45%**
It is sometimes OK for a woman to hit her husband or partner	8%	7%
People should not interfere in violence between romantic partners	26%	25%
It is sometimes OK for a man to hit his wife or partner	1%	1%

+ p<.10 *p<.05 **p<.01 ***p<.001

Awareness of the Local Defending Childhood Initiative

Respondents were asked whether they believed the tribe was making an effort to address violence. At baseline, 58% of respondents answered in the affirmative; at follow-up, 53% of respondents agreed, a statistically significant difference. Despite this finding, the proportion of respondents who had seen campaign or advertisements about children’s exposure to violence increased significantly from baseline to follow-up (45% vs. 52%). In addition, the number of respondents who had heard of the local Defending Childhood Initiative doubled from baseline to follow-up (25% vs. 50%), an encouraging finding that highlights the visibility of Defending Childhood on the reservations.

Table 2.14 Tribal Site Awareness of Defending Childhood

	N	Baseline 901	Follow-Up 788
The <i>Tribe</i> is making an effort to address violence ¹		58%	53%*
Over last 2 years, have you seen/heard any campaign or advertisements about children experiencing or witnessing violence?			*
No		53%	46%
Yes		45%	52%
Not Sure		2%	2%
Have you ever heard of the Defending Childhood Initiative?²			***
No		74%	49%
Yes		25%	50%
Not Sure		2%	1%

+ p<.10 *p<.05 **p<.01 ***p<.001

¹ Tribe was dependent on the sample location, specifically, “the Rosebud Sioux Tribe” and “the Chippewa Cree Tribe.”

² At Rocky Boy's Reservation, the Defending Childhood Initiative is called “The Rocky Boy’s Children Exposed to Violence Project” and that term was used in this question.

Exposure to Violence

The community survey also collected information about adult and children’s reported exposure to violence. While not official records, these findings are particularly interesting for the tribal sites, since local practitioners and tribal leaders do not have reliable statistics on exposure to violence in their community, as stated by project directors at both tribal sites.

Respondents, all of whom were adults, were asked about their own exposure to violence. Specifically, they were asked about the following types of violence: being threatened; being slapped, punched, or hit; being beaten up or mugged; and being attacked with a weapon. For each, they were asked whether it happened to them or whether they saw it happen to someone else.

Table 2.15 Tribal Site Adult Exposure to Violence

	Baseline	Follow-Up
N	901	788
Adult Exposure to Violence, past year		
Any victim to violence,	53%	58%*
Any witness to violence	85%	87%
Any exposure to violence	88%	90%

+ p<.10 *p<.05 **p<.01 ***p<.001

There were increases between baseline and follow-up on every measure of adult exposure to violence (Table 2.15). Although not all are statistically significant, there is a clear trend. Regarding direct victimization, 53% of respondents reported being a direct victim of violence at baseline, compared to 58% at follow-up, a statistically significant difference. Similarly, when asked about witnessing violence, 85% of baseline respondents and 87% of follow-up respondents said they had witnessed violence in the past year. In the overall measure of exposure to violence, which combines the previous two, 88% of baseline and 90% of follow-up respondents had been exposed to violence, a statistically significant difference.

Parents and caregivers of children under 18 who were living in the home were asked additional questions. As mentioned earlier, though some of the questions on this survey are similar to those asked on The National Survey of Children’s Exposure to Violence, given very different sampling methodologies and screening criteria, one cannot draw comparisons between the results of these surveys.

About 66% of the baseline sample and 63% of the follow-up sample identified themselves as parents or caregivers as children under the age of 18. These respondents were asked a series of questions about their children’s exposure to violence. If they had more than one child, respondents were asked to indicate whether *any* of their children had been exposed (as either a victim or witness) to various types of violence. It is important to note that parental reporting of children’s exposure to violence has its limitations; parents may underestimate exposure, especially for older children. Specifically, parents were asked whether, in the past year, the child had been hit, picked on, attacked on purpose (with and without a weapon), harassed online, scared or felt bad because of name-calling, or attacked by a group or gang. They were asked whether the child had seen a parent attacked, a parent attack siblings, anyone attacked with a weapon. They were also asked if the child had seen or heard shots, bombs, or street riots and whether anyone close to the child had been murdered. They were asked additional questions about whether a grownup in the child’s life had physically hurt the child or neglected the child in the past year. Finally, they were asked where the violence occurred and whether the child had received any services. The results are presented in Table 2.16.

A majority of respondents indicated that their child had been exposed to violence in the past year. Seventy-seven percent of baseline and 73% of follow-up respondents reported that their children had been exposed to violence. When asked about direct victimization, 72% of baseline respondents indicated that their child had been a direct victim of violence in the past year. A

statistically significant decrease was seen at follow-up, with 66% of respondents indicating that their children had been direct victims of violence. In terms of witnessing violence, the rates remained relatively stable from baseline to follow-up, with 47% of baseline and 48% of follow-up respondents indicating that their children had witnessed violence.

Over a third of respondents indicated that they had talked to someone about their child’s exposure to violence. At baseline, 27% of respondents stated that they had reported the violence to the authorities; similarly, at follow-up 26% said they had done the same. Under 20% of both baseline and follow-up respondents reported that they had obtained medical or psychological assistance for their child’s exposure to violence.

Table 2.16 Tribal Site Children’s Exposure to Violence

	Baseline	Follow-Up
N	595	498
Children’s Exposure to Violence, past year, as reported by caregiver		
Child victim of violence	72%	66%*
Child witness violence	47%	48%
Child exposure to violence	77%	73%
Where did child's exposure to violence happen mostly:		
		*
At home	13%	9%
At school	18%	18%
In the community	16%	16%
At pow-wows or other social events	2%	4%
In many places	24%	17%
Services related to child’s exposure to violence		
Talked to someone about child's exposure to violence	33%	36%
Reported child's experience to the authorities	27%	26%
Received medical help because of exposure to violence	9%	11%
Child received counseling/mental health services because of exposure to violence	16%	17%

+ p<.10 *p<.05 **p<.01 ***p<.001

Appendix D includes tables that provide adult exposure to violence and children’s exposure to violence by site. While rates of adult exposure to violence were virtually identical in the two tribal communities, reports of children’s exposure to violence were slightly higher at Rocky Boy’s Reservation. Given the different histories of these two tribal peoples, and their distinct experiences with oppression and historical trauma, comparisons of rates of violence between them (or between them and the non-tribal sites) would not provide an adequate understanding of the strengths and challenges in their communities and, thus, have been intentionally avoided.

Summary

The community survey was aimed at testing the reach and effectiveness of the Defending Childhood Initiative at select sites. Of the four hypotheses proposed earlier, at least two were confirmed or partially confirmed. Specifically, the community survey results indicate that:

- Hypothesis 2: Community understanding of what actions are considered violence increased significantly (at the non-tribal sites).
- Hypothesis 4: Community awareness of the program and its available services increased significantly (at the tribal sites).

The survey found no impact on community understanding of the impact of exposure to violence on children (Hypothesis 1), but the baseline rates of understanding were generally high, with at least 70% of respondents indicating that they believed that children's exposure to violence led to medical problems and at least 90% indicating that they believed it led to psychological problems. While ideally every single adult would understand the impact of violence on children, it would be quite challenging to increase those high rates further from a programmatic perspective. Several important limitations exist, discussed in further detail below. Similarly, the survey found no impact on residents' willingness to report or respond to children's exposure to violence (Hypothesis 3), which may also be related to relatively high baseline rates of willingness to report.

In general, the tribal sites had relatively high rates of community understanding of what actions are considered violence (over 95% on some measures), a promising finding. Simultaneously, adult and child reported exposure to violence was relatively high, with 90% of adults and 73% of children having been exposed to violence in the past year at follow-up (similar numbers were reported at baseline), either as a direct victim or a witness. The rates of exposure to violence in tribal communities, as derived from the survey, must be partly considered in light of the high level of community understanding of violence; that is, people who know more about what is "violence" will tend to report more of it. However, these findings should also be placed in the context of tribal history and individual experiences. The impact of historical trauma on the current well-being and lives of Native Americans has been documented in the literature, including the occurrence of suicide, domestic violence, substance abuse, and trauma today and their relationships with the historical and ongoing oppression of Native American peoples through overwhelming physical and psychological violence, segregation and/or displacement, economic deprivation, and cultural dispossession.²⁵

Despite these challenges, the *Defending Childhood* tribal sites made important strides in

²⁵ Brave Heart M. (2003) "The Historical Trauma Response Among Natives and its Relationship with Substance Abuse: A Lakota Illustration." *Journal of Psychoactive Drugs*, 35(1):7-13.; Whitbeck L, Adams G, Hoyt D, and Chen X. (2004) "Conceptualizing and Measuring Historical Trauma among American Indian People." *Journal of Community Psychology*, 33(3/4):119-130.; Brave Heart M and DeBruyn L. (1998) "The American Indian Holocaust: Healing Historical Unresolved Grief." *American Indian and Alaska Native Mental Health Research*, 8(2):56-78; Abrams M. (1999) "Intergenerational Transmission of Trauma: Recent Contributions from the Literature of Family Systems Approaches to Treatment." *American Journal of Psychotherapy*, 53(2):225-232.

community awareness. They doubled community awareness of their respective programs and significantly increased the number of individuals who had seen or heard advertising or information on children's exposure to violence. The impact of increased awareness can only be truly measured through a longer-term study in partnership with the tribes, and utilizing methods that are appropriate with tribal communities.

Limitations

The findings of the community survey must be interpreted with caution due to important limitations. First, many of the Defending Childhood sites did not implement programming or community awareness campaigns that would be captured in the community survey. Some community awareness campaigns were small and did not reach the entire community; others were large-scale, but still may not have reached an entire county, reservation, or city due to the challenges associated with community awareness campaigns. For example, rural areas can be particularly challenging for raising community awareness, since residents are often dispersed and travel extensively. Since the sites implemented their community awareness events and programming at different times across multiple years, the timeframe of the implementation may also impact the findings. If community awareness events had occurred immediately prior to the follow-up survey, respondents may have been more aware of it. Similarly, if events occurred many weeks, month, or a year before the follow-up survey, it would not have been captured in survey responses.

Second, several limitations exist when utilizing a telephone-based survey method. While the survey was conducted utilizing both landlines and cellphones, the majority of surveys were conducted on landlines at every site, with the exception of the Rosebud Reservation. Households with landlines may have important differences than those with cellphones. For example, some research indicates that cellphone only users are more likely to be younger and have a lower household income, whereas landline users are more likely to own their home.²⁶

For the tribal sites, over 60% of all phones (landline and cell) were disconnected, non-residential, or not working. Other than the non-working numbers, contact was established and screening for eligibility was completed among only 39% of working landline and 24% of working cell phone numbers. This poses a challenge to the external validity of the tribal site survey—although, in general, these response rates actually exceed current norms in the field for phone survey research, where response rates have been declining for years.²⁷

The community survey design involved independent rather than paired samples. Collection of responses occurred with a random-digit dial at each time point: baseline (2011/2012) and follow-up (2014). The use of independent samples to conduct a pre/post analysis is reasonably common

²⁶ See: Link MW, Battaglia MP, Frankel MR, Osborn L, and Mokdad AH. (2007) "Reaching the U.S. Cell Phone Generation: Comparison of Cell Phone Survey Results with Ongoing Landline Telephone Survey." *Public Opinion Quarterly*, 71(5):814-839; Grove RM. (1990) "Theories and Methods of Telephone Surveys." *Annual Review of Sociology*, 16:221-240; and Strauts E. (2010) "Prediction of Cell Phone versus Landline Use in the General Social Survey." *Res Publica - Journal of Undergraduate Research*, 15:19-30.

²⁷ Zukin D. (2015) "What's the Matter with Polling?" *New York Times*, Sunday Review (June 21, 2015): 1 & 9. New York, NY.

in survey research of this nature but nonetheless has its limitations. As described previously, the two samples differed on numerous demographic and household measures, which may indicate that any significant findings may be due to the sample differences and not to the Defending Childhood Initiative. Weighting techniques were used and may control for some background differences but are not always adequate. It is important to note, however, that use of a matched sample may also not have been without limitations; for example, ensuring an adequate response rate two years later might have been challenging and there may have been a significant number of dropouts, resulting in a lower sample size.

Finally, the lack of data on comparison sites and cities does not account for national trends or other unforeseen circumstances that may impact responses. The community survey would have been strengthened if comparison sites were identified and surveyed using the same methods.

Chapter 3

Professional Knowledge and Practices Survey

This chapter describes the design, implementation, and results from the survey of professionals and practitioners who work with children and youth and who attended a Defending Childhood-sponsored training on children's exposure to violence. After providing a brief overview of topics addressed in professional trainings at the various sites, research hypotheses are introduced. The survey methodology is then described in detail (pages 36 to 40), with substantive results presented beginning on page 40, followed by a brief discussion of study limitations at the end of the chapter.

Overview of Professional Knowledge and Practices Survey

All Defending Childhood Demonstration Program sites offered training to local professionals and practitioners who work with children and youth on issues related to children's exposure to violence. The audience for these trainings was varied, and included social and human service agencies, social workers, childcare workers, educators, youth workers, healthcare staff, attorneys, court personnel, faith and traditional leaders, and law enforcement officials.

The trainings covered a range of topics, including, but not limited to:

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

Table 3.1 provides examples of the professional trainings for each site. It is not comprehensive and further information about the professional trainings can be found in previously published process evaluation reports.²⁸

The trainings also varied in time commitment. For example, the learning communities in Boston involved a training process lasting 12-18 months, whereas the Safer Tomorrows prevention and education specialist provided a one-hour training on children's exposure to violence to human service professionals in Grand Forks. While trainings may have varied in topic and length, all had the common objectives of increasing the knowledge, awareness, and skillset of local professionals, thereby increasing their capacity to address children's exposure to violence.

²⁸ The six site-specific process evaluation reports, as well as one cross-site report, can be found at <http://www.courtinnovation.org/research/defending-childhood>.

Table 3.1 Examples of Professional Trainings by Site

Site	Training Examples
Boston, MA	<ul style="list-style-type: none"> • Long-term learning communities on Child-Parent Psychotherapy, Trauma-Focused Cognitive Behavioral Therapy and the Attachment, Self-Regulation and Competency model for treating trauma in children and adolescents. • Youth worker training on youth development, resiliency, self-awareness of beliefs, strengths, and biases.
Cuyahoga County, OH	<ul style="list-style-type: none"> • Training for partner agencies on the screening instruments used in the pilot project. • Monthly TA calls for mental health care providers trained in Parent Child Interaction Therapy techniques to strengthen learning modules of applied practice. • Training on resiliency, coping strategies and self-care for mental health providers working with victims of crime and abuse
Grand Forks, ND	<ul style="list-style-type: none"> • Training on the Olweus Bullying Prevention Program (OBPP) for teachers and staff. • Training for Lutheran pastors on childhood exposure to violence and how faith-based organizations can be protective factors in children/youths' lives. • A discussion for human service providers, therapists, advocates, and counselors on the impact of trauma and violence on the spirit of those from a Lakota cultural perspective and how Lakota cultural beliefs and practices can lessen the risk of a long lasting impact when done appropriately and sensitively, and a lesson on how to build strong working relationships with Native American communities.
Chippewa Cree Tribe, Rocky Boy's Reservation, MT	<ul style="list-style-type: none"> • Training for local law enforcement officers on responding to domestic violence, working with LGBTQ victims, and importance of report writing and documentation. • Community summits with opportunities to receive training on domestic violence, victim advocacy, recognizing trauma in children, and related topics.
Rosebud Sioux Tribe, SD	<ul style="list-style-type: none"> • Training for DCI staff, mental health workers, and Head Start employees on how to respond to trauma using a mental health first aid approach from a Lakota cultural perspective. • Training on providing trauma-informed care for service providers.
Shelby County, TN	<ul style="list-style-type: none"> • Training for law enforcement officers on how to use their authority to help children at risk, and to identify partners in the community to support officers' successful interaction with children and their families. • Training for local providers to increase knowledge about the signs of child sexual abuse, and prevention and intervention strategies. • Training for local providers on strengths based supervision, systems networking, staff development planning, and relationship based supervision v. clinically focused skills competency supervision.

Hypotheses

The professional knowledge and practices survey aimed to measure the impact of professional training activities across four of the six sites (Boston, MA; Cuyahoga County, OH; Grand Forks, ND; and Shelby County, TN).²⁹ The survey tested the following hypotheses:

- Hypothesis 1: Professionals' knowledge about children's exposure to violence will *increase* after the training.
- Hypothesis 2: Professionals' understanding of their own roles in responding to children's exposure to violence will *increase*.
- Hypothesis 3: Professionals will use *more trauma-informed practices* after the training when treating children who have been exposed to violence.
- Hypothesis 4: Agencies and organizations will incorporate *more trauma-informed practices* after the training to treat children who have been exposed to violence.

Methodology

Data Collection

The professional practices survey, which was approved by the Center for Court Innovation's Institutional Review Board, was designed to measure the impact of the Defending Childhood-sponsored practitioner trainings by collecting data from training attendees at two time points: (1) at baseline—that is, prior to receiving any training through Defending Childhood; and (2) at follow-up—about six months to one year post-training completion.

The survey was administered online and required an average of ten minutes to complete. The survey included basic demographic questions as well as questions about the respondents' professional background, education level, and prior training on children's exposure to violence and related topics. The survey also included a series of questions about respondents' knowledge and level of awareness about children's exposure violence, their professional role in responding to trauma, and individual and agency practices related to addressing children's exposure to violence (see Appendix E for the baseline survey instrument).

The follow-up survey was generally similar to the baseline survey; however, demographic questions were removed and questions about Defending Childhood trainings were included, such as the number of trainings attended and whether they were informative.

²⁹ Rocky Boy Children's Exposed to Violence Project and Rosebud Sioux Tribe's Defending Childhood Initiative took a community-based approach to training and did not necessarily cover training topics that were similar to the other sites. For these reasons, the professional practices survey was not considered an appropriate method for measuring the impact of their trainings. For example, at Rocky Boy, participants were not required to register for trainings in advance and "walk-ins" were welcome, making any collection of baseline data challenging.

The Defending Childhood sites varied in their implementation of professional trainings; hence, the dates of baseline data collection differed by site. When professionals registered for a training, they received an email with a link to the survey. They were asked to complete the survey before attending the training. Since some professionals may have attended multiple Defending Childhood trainings, they were only asked to participate once, when they registered for their first training.

Not all registered professionals completed the survey prior to their arrival at the training, and some participants may have not received the email prior to the training. To account for this, paper copies were made available at training events. The hard copy surveys were distributed by site staff along with an envelope (see Appendix F for the instructions given to site staff). Those who had not completed the survey online were asked to complete it on paper before the training began and to seal their completed surveys in the supplied envelope to ensure confidentiality. These envelopes were later mailed to the Center for Court Innovation evaluation team by the program site staff.

Survey Retention from Baseline to Follow-Up

Follow-up survey data were collected six months to one year after the completion of the baseline survey. An email with information and a link to the follow-up survey was sent to all respondents who had taken the baseline survey between six months and one year after their completion of the baseline survey. The follow-up survey assessed the extent to which knowledge and practices may have changed. Each respondent had an individual baseline time point based on the date of their first training and a follow-up time point.

To improve the retention rate, respondents were sent a reminder about the follow-up survey every two weeks over the course of three months. A final reminder was sent out to all training participants who provided an email address and had not completed a follow-up survey at the end of this evaluation. Although respondents received notification of the follow-up survey six months to one year after training, they may not have completed the survey until much later. The average time in between the baseline and follow-up surveys was 11 months, with a minimum of two months and maximum of 30 months.

After data collection, respondents who participated in the baseline survey were matched to their responses in the follow-up survey. Any instances that could not be matched were removed. Some respondents may have taken the survey more than once at baseline, in which case only one instance was counted. After deleting duplicates, there were 467 surveys at baseline, and 119 at follow-up, which was a 25% retention rate for the purposes of the survey.³⁰

To determine the extent of attrition bias, if any, respondent demographic and professional background data were compared between respondents who did not take the follow-up survey

³⁰ The difficulty of retaining participants while utilizing web-based surveys and email recruitment have been noted in the literature. Email response rates of 20% or lower are common. Some studies have achieved rates exceeding 70%, but those have been attributed to respondent cohesiveness (e.g., existing workgroups or organizational requirements). See Andrews D, Nonnecke B, Preece J. (2003) "Electronic survey methodology: A case study in reaching hard to involve Internet Users." *International Journal of Human-Computer Interaction* 16(2): 185-210.

(i.e., attrited sample) and those who did (i.e., retained sample). Cross-tabulations with a chi-square statistic were used to determine if the differences between the baseline samples were significant.

Table 3.2 presents the results from the comparison of the attrited and retained baseline samples. (The same results are presented in two different ways: percentages are used in the main text, and mean scores can be seen in Appendix G.) There were a number of significant differences. Specifically, the attrited sample was significantly more likely to be male (22% v. 13%) than the retained sample, although both samples were still predominantly female. The attrited sample was also significantly more likely to include professionals who work directly with children (75% v. 60% reported that they “always” or “often” worked with children). A significantly lower percentage of respondents from the attrited sample had a graduate degree or higher (39% v. 60%).

Otherwise, the two baseline samples were comparable. Specifically, respondents reported an average age of 39. Regarding length of time at current organization, nearly half (46% attrited and 49% retained) of all respondents at baseline reporting being at their current agency for less than three years. However, the greatest proportion of respondents in both samples stated that they had been in their professional roles for over 15 years (23% attrited and 21% retained). Nearly all (95%) reported that they were mandatory reporters of child abuse.

Analytic Plan

The remainder of the analyses focused on changes from baseline to follow-up among those who were retained at both measurement periods. The analyses generally consisted of paired samples t-tests, which were used to compare mean responses before and after the training to assess whether the training had a significant impact on respondents’ knowledge about and practices regarding children’s exposure to violence.

Table 3.2 Baseline Demographics and Professional Role of Attrited and Retained Samples

	Attrited Baseline	Retained Baseline
N	348	119
Demographics		
Gender: % Male	22%	13%*
Average Age	39	39
Highest Level of Education		
High School/GED	1%	1%
Some College	16%	6%
College Degree	43%	34%
Graduate Degree or Higher	39%	60%**
Length of Time Working for Current Agency		
Less than one year	22%	14%
1-3 years	24%	25%
4-6 years	12%	16%
7-10 years	16%	16%
11-15 years	12%	9%
Over 15 years	14%	20%
Length of Time in Professional Role		
Less than one year	11%	9%
1-3 years	19%	19%
4-6 years	18%	20%
7-10 years	15%	15%
11-15 years	14%	15%
Over 15 years	23%	21%
Frequency of Work with Children or Youth		
Never	5%	8%
Sometimes	20%	32%
Often	22%	22%
Always	53%	38%**
Mandatory Reporter of Child Abuse	95%	95%
Currently Work for an Agency or Organization	100%	100%

+p<.10, *p<.05, ** p<.01, ***p<.001.

Findings

Background Credentials, Knowledge, and Characteristics of Training Participants

As shown in Figure 3.1, survey respondents most often (26%) worked in mental health or substance abuse organizations. They were also frequently affiliated with non-governmental social service agencies other than the ones listed (15%), courts (9%), and child protective services (9%). Respondents were least likely (2%) to work in childcare or early childhood organizations.³¹

Respondents were also asked about their title or professional role. As shown in Table 3.3, respondents were most likely to be mental health providers (34%). In addition, respondents frequently reported that their professional role was in other direct services, such as a case manager, teacher, or youth worker (26%). A large proportion of respondents (23%) also selected “other” and wrote in their professional role. Examples of these roles included a spiritual leader, prosecutor, and probation officer. Respondents were least likely to be researchers (1%) and healthcare workers (1%, including medical providers and other healthcare workers).

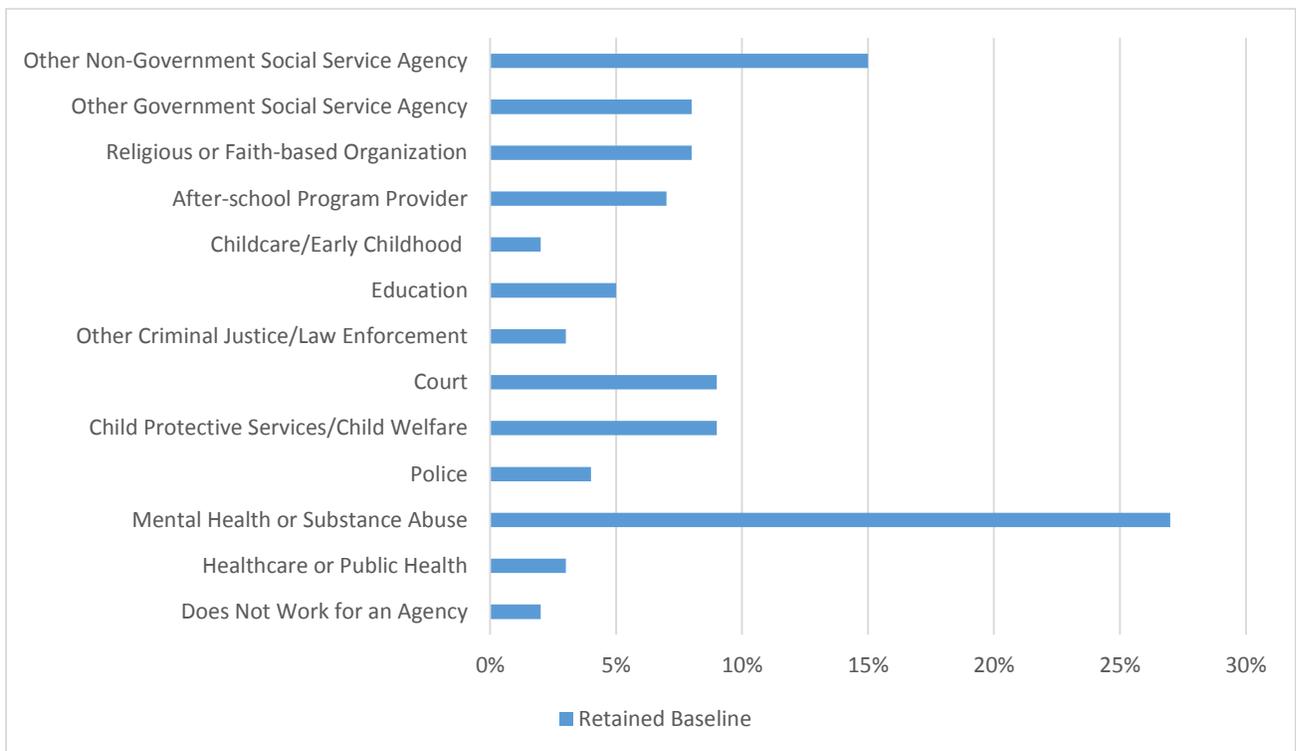


Figure 3.1 Agency Affiliations

Note: The total percentage adds up to more than 100%, because respondents were asked to check all that apply

³¹ The question was framed so that respondents could select all responses that were applicable, since it was expected that some respondents might work for multiple agencies or organizations.

Awareness of and Involvement with the Defending Childhood Initiative

Respondents were asked if they had heard of the Defending Childhood Initiative and if they were members of the collaborative body (results not displayed). The collaborative body was a group of local stakeholders from relevant organizations (e.g., public health, law enforcement, social service, education) at each Defending Childhood site that typically met on a quarterly basis to discuss the programming of the initiative.

At baseline, 75% of respondents reported having heard of the Defending Childhood Initiative and 36% responded that they were members of the collaborative body. In the follow-up survey, the percentage of respondents who had heard of the Defending Childhood Initiative and became members of the Defending Childhood Collaborative Bodies in their respective sites significantly increased to 97% and 58%, respectively.

Table 3.3 Professional Role

What best describes your professional role?	Baseline
N	119
Mental health provider (e.g. psychologist, social worker, counselor)	34%
Other direct service (e.g., case manager, teacher, youth worker)	26%
Administrative	12%
Law enforcement	6%
Research/evaluation	1%
Other healthcare worker (e.g. medical assistant, EMT)	1%
Medical provider (e.g., doctor, nurse, PA)	0%
Other	23%

Participation in Trainings

The follow-up survey asked respondents the number of Defending Childhood Initiative trainings they attended and if they thought the trainings were informative (results not displayed). On average, respondents attended two trainings hosted by the Defending Childhood Initiative sites. They mostly felt that the trainings were “very informative” (67%). Thirty-three percent responded that they were “somewhat informative,” and no one believed that the trainings were “not at all informative.”

A table presenting respondents' prior hours of training by topic at baseline is in Appendix H. In the past two years, over a majority of respondents reported that they had no training in sibling violence, violence in the media, and stalking (73%, 51%, and 55%, respectively). The highest percentages of respondents reporting they had any training were one to two hours of school violence, bullying, and teen dating violence (31%, 30%, and 30%, respectively). With the exception of domestic violence, not more than 15% of respondents reported six hours or more of training in any of the other topics. A chi-square test was used to determine if respondents with fewer hours of prior training were significantly more likely to feel that the current training was more informative. No significant relationships were found across any of the training topics.

Impact of Training on Knowledge, Skills, and Practices

Respondents were asked where they fell on a continuum of awareness and practice related to children's exposure to violence. Respondents could choose three levels: Level One—"I am starting to learn about the impact exposure to violence has on children"; Level Two—"I am aware of some of the critical concerns related to children's exposure to violence, and I am enhancing their skills and knowledge in this area on a regular basis"; and Level Three—"I am working actively in the area of children's exposure to violence and play a leadership role in my agency and/or community to share this knowledge and clinical/intervention skills with others." As presented in Table 3.4, the majority of professionals (65%) believed that they were at Level Two at baseline. Although there was a notable drop in the absolute percentages of those who reported they were at Level Two and an increase reporting they were at Level Three, these changes were not significant.

Respondents were also asked to rate their current knowledge about children's exposure to violence as "minimal," "basic," "average," or "comprehensive." Table 3.4 also reports the percentages of respondents who believed their knowledge was comprehensive. The most significant changes in reported knowledge after training occurred in the areas of evidence-based or best practices in the treatment of children's exposure to violence (18% v. 63% reporting comprehensive knowledge) and vicarious trauma and self-care for professionals (23% v. 58% reporting comprehensive knowledge). Respondents' knowledge regarding how exposure to violence can affect children also significantly increased after training (38% v. 54%), as did knowledge about how trauma can impact the brain (32% v. 37%). However, respondents felt that they were significantly less familiar with the process of reporting a case to child protective services after the training (65% v. 36%).

Respondents were also asked a series of questions aimed at collecting additional information about their role in relation to children's exposure to violence and their feelings about their role (Table 3.4). Responses were based on a four-point Likert Scale, ranging from "strongly disagree" to "strongly agree." The percentage of respondents who "agreed" or "strongly agreed" with the following statements significantly increased after the training: "I am confident that I will appropriately respond to disclosures of violence exposure" (93% v. 96%) and "I understand my role in supporting families and children impacted by violence" (91% v. 97%). Although the percentage of respondents who agreed or strongly agreed with the other statements increased from baseline to follow-up, none of changes reached statistical significance, which could be explained by the fact that most of the respondents were already in agreement at baseline.

Respondents were asked about how often they use trauma-based practices in their professional role. Their responses were based on a four-point Likert scale, ranging from “never” to “always.” Table 3.5 displays the percentages of respondents who answered that they “often” or “always” practiced the listed trauma-based care. Across all statements about individual practices related to trauma-based care, there were only two significant increases in the percentage of respondents from baseline to follow-up in the matched sample: “I refer and inform victims and parents about voluntary and community-based services” (65% v. 72%) and “I refer children to counseling treatment services to address the consequences of violence exposure” (63% v. 65%).

Respondents were asked whether the agency they currently work for uses trauma-based practices as well (see Table 3.5). Significantly more respondents said in the follow-up survey that their agency “has policies that clearly guide staff to respond to children’s exposure to violence” (74% v. 89%); “has a screening or assessment tool that includes questions about children’s exposure to any type of violence” (73% v. 85%); and “provides an emotionally and physically safe space for victims of violence” (87% v. 94%). There was also a marginally significant decrease in respondents who reported their agency “implements individualized interventions to address trauma” (88% v. 82%).

Table 3.4 Professional Role and Knowledge About Children’s Exposure to Violence

	Baseline	Follow-up
Level of Awareness and Practice (N=54)		
Level 1: I am just starting to learn about the impact exposure to violence has on children.	6%	8%
Level 2: I am aware of some of the critical concerns related to children’s exposure to violence, and I am enhancing my skills and knowledge in this area on a regular basis.	65%	50%
Level 3: I am working actively in the area of children’s exposure to violence and play a leadership role in my agency and/or community to share this knowledge and clinical/intervention skills with others.	30%	42%
I have comprehensive knowledge of... (N=102)		
How exposure to violence can affect children	38%	54%**
How trauma can impact the brain	32%	37% ⁺
Evidence-based or best practices in the treatment of children’s exposure to violence	18%	63%***
Vicarious trauma and self-care for professionals	23%	58%***
The process of reporting a case to child protective services	65%	36%**
Where to refer a child who has been exposed to violence for services in your community	46%	28%
The protective factors that may lessen the impact of childhood exposure to violence	33%	25%
In my professional role... (N=86)		
I can describe the potential impact of exposure to violence on children	98%	99%
I feel confident in recognizing when a child is attempting to disclose violence	90%	92%
I feel that I have created a safe environment for children or others to disclose violence	96%	96%
I am confident that I will appropriately respond to disclosures of violence exposure	93%	96%*
I understand my role in supporting families and children impacted by violence	91%	97% ⁺
I would be comfortable reporting suspected child abuse or neglect	95%	95%
I am confident in screening children for exposure to violence	76%	82%

⁺p<.10, *p<.05, **p<.01, ***p<.001.

Note: The full sample for the analysis includes 119 respondents; however, the sample size (N) varies for each question because not all respondents from the full sample answered every question.

Table 3.5 Impact of Training on Professional Practices

	Baseline	Follow-up
N	57	57
Individual Trauma-based Practices (Often or Always)		
I assess for child safety and risk.	72%	69%
I assess the possible physical and mental health effects on children who are exposed to violence.	69%	65%
I refer and inform victims and parents about voluntary and community-based services.	65%	72% ⁺
I refer children to counseling and treatment services to address the consequences of violence exposure.	63%	65%*
I support the children or parents I serve in identifying their needs and setting their own goals.	76%	78%
I currently use an assessment tool that identifies a child’s emotional and behavioral strengths and skills, in addition to their risks and deficits.	57%	67%
I currently use an assessment tool(s) that identifies a child’s existing social supports in the family and the community.	57%	60%
My Agency...		
Is represented on the Defending Childhood Collaborative.	90%	94%
Implements individualized interventions to address trauma.	88%	82% ⁺
Has a screening or assessment tool that includes questions about children’s exposure to any type of violence.	73%	85%*
Has policies that clearly guide staff to respond to children’s exposure to violence.	74%	89%**
Provides an emotionally and physically safe space for victims of violence.	87%	94% ⁺

+p<.10, *p<.05, **p<.01, ***p<.001.

Note: The full sample for the analysis includes 119 respondents; however, the sample size (N) varies for each question because not all respondents from the full sample answered every question.

Respondents were asked about their experiences with children exposed to violence in the past year (see Table 3.6). Nearly all respondents had asked a parent if their child had been exposed to violence at baseline and follow-up (90% v. 92%, respectively). A large majority had also asked a child directly if he or she had been exposed to violence at baseline and follow-up (87% v. 86%). Less common, but still a majority, were respondents who had referred a child for services related to their exposure to violence (74% v. 77%). There were no significant differences between baseline and follow-up for any of the aforementioned categories.

Table 3.6 Experience with Children Exposed to Violence

	Baseline	Follow-up
N	71	71
In the past year, have you...		
Asked Parent if Child was Exposed to Violence	90%	92%
Asked Child if Child was Exposed to Violence	87%	86%
Referred a Child For Services Related to Their Exposure to Violence	74%	77%

Summary

The Defending Childhood trainings for professionals and practitioners had the goal of increasing awareness about and understanding of the professional role in responding to children’s exposure to violence, as well as creating individual- and agency-level policies to provide trauma-based care. Two of the hypotheses (Hypotheses 1 and 4) were completely confirmed, while the other two (Hypotheses 2 and 3) received minimal support. Specifically, the professional practices survey results indicate that:

- Hypothesis 1: Professionals’ knowledge about children’s exposure to violence increased after the training.
- Hypothesis 2: Professionals’ understanding of their roles in responding to children’s exposure to violence increased.
- Hypothesis 3: Professionals reported using more trauma-informed care after the training when treating children who have been exposed to violence.
- Hypothesis 4: Agencies and organizations incorporated more trauma-informed practices after the training to treat children who have been exposed to violence.

Hypotheses with Substantial Support

Regarding Hypothesis 1, respondents were much more likely to report having comprehensive knowledge of the impact of children’s exposure to violence. Respondents were 3.5 times more likely to report that they had comprehensive knowledge of evidence-based practices in the

treatment of children's exposure to violence. The percentage of respondents who reported comprehensive knowledge of vicarious trauma and self-care for professionals doubled.

Hypothesis 4 was also particularly well supported: there was a significantly greater use of many trauma-based practices at the agency level. For example, the percentage reporting that their agency has a screening or assessment tool that includes questions about children's exposure to any type of violence increased from 73% to 85%, the percentage reporting that their agency has policies that clearly guide staff to respond to children's exposure to violence increased from 74% to 89%.

Hypotheses with Minimal Support

There was more minimal support for Hypotheses 2 and 3. Only several significant changes were observed in respondents' perception of their professional role in response to children's exposure to violence and use of trauma-based care in individual practice. Namely, respondents felt confident that they would respond to disclosures of violence exposure and understood their role in supporting families and children impacted by violence. They were also more likely to report that they often or always refer children to counseling and treatment services to address the consequences of violence exposure, as well as refer and inform victims and parents about voluntary and community-based services.

Overall, the professional trainings seemed to have achieved the overall goals of improving professionals' understanding of children's exposure to violence and of changing some of the practices of professionals and of the agencies in which they work.

Limitations

The professional practices survey had several important limitations. First, the response rate for the follow-up survey was much lower than for the baseline survey. As noted previously, the difficulty of retaining participants while utilizing web-based surveys and email recruitment is amply discussed in the literature. However, analyses comparing respondents who attrited to those who were retained in the follow-up survey found few significant differences; exceptions included that respondents who were retained at follow up were significantly more likely than those who were not retained to have a higher degree in education; to be male; and to work with children. Moreover, we cannot rule out that the different samples may have introduced a bias in the responses that may not otherwise have occurred if there was greater retention in the follow-up survey.

Second, the survey was designed to capture information from a diverse group of professionals attending many different kinds of trainings. The questions did not (and could not) address all topics that may have been covered in the trainings. For example, some trainings focused solely on a specific type of therapeutic treatment; yet, the survey questions utilized did not effectively capture all that professionals were learning at such trainings. Last, this study component is a one-group design, where there is no comparison group to control for threats to validity such as selection bias, attrition bias, and outside effects. This makes it difficult to render a definitive attribution of changes in professional capacity and knowledge to the Defending Childhood Initiative trainings.

Chapter 4

Indicators of Violence in the Community

This chapter describes the data collection and analysis of the core community indicator data used to determine the community-wide impact of prevention programming on violence at school, home, and communities across the Defending Childhood Demonstration Program sites. After a brief overview, this chapter presents the methodology (pages 48 to 50), followed by substantive findings beginning on page 51 and study limitations at the end of the chapter.

Overview of Core Community Indicators

The aim of this component of the outcome evaluation was to measure the impact of Defending Childhood Initiative programs by examining core community-level indicators of violence (“core community indicators”). These indicators include the measureable indicators of three primary outcomes: exposure to violence in (1) schools, (2) homes, and (3) communities. As discussed below, the indicators were collected through official records at each site and include violent incidents in the schools, reports of child abuse and neglect, and arrests for violent crimes.

The study hypotheses are that all three primary violence outcomes would decline in the long-term (i.e., in five to ten years). However, for several reasons, we did not necessarily anticipate that these hypotheses would be confirmed. As discussed below under study limitations, the most important considerations were twofold. First, the programming at the sites was not necessarily designed to affect the chosen indicators. For example, Cuyahoga and Shelby Counties did not focus on reducing the *incidence* of violence but, instead, focused on other strategies to mitigate the harms of exposure to violence. Second, to the extent that some of the sites may in fact be destined to succeed in reducing exposure to violence, such an outcome may take many years to become apparent, whereas the evaluation timeline necessitated completion of the study after a limited follow-up period.

Methodology

Data Collection

Researchers worked closely with the demonstration sites to determine the best available data sources in each jurisdiction. Project directors at each site collected data from the relevant sources themselves (e.g., police departments) because of their existing, collaborative relationships with these agencies; or project directors referred researchers from the Center for Court Innovation to local researchers with experience in local data collection. For example, researchers from Case Western Reserve University in Cuyahoga County and the Center for Community Building and Neighborhood Action in Shelby County were instrumental in accessing data for those sites. When data could not be directly provided by a local source, data were gathered from publicly available sources, such as the FBI Uniform Crime Reports and the CDC Youth Risk Behavior Survey. De-identified data were received from five of the six sites. The Rosebud Sioux

Defending Childhood Initiative is not included in this component of the evaluation because no data were obtained³².

While the same indicators were requested from each site, the data provided varied since not all sites tracked similar information. The research team requested data for five years prior to the start of implementation (2006-2011) and three years post-implementation (2012-2014), and most sites provided data over these timeframes. Data for every two years were provided by Boston and Shelby County for indicators of exposure to violence at school. Yearly data were collected from Boston, Grand Forks County, Rocky Boy Reservation, and Cuyahoga County for indicators of exposure to violence at school, home, and in the community. Quarterly data were provided by Boston for the indicator of exposure to violence at home. Monthly data were received from Grand Forks, Cuyahoga, and Shelby Counties for indicators or exposure to violence at home and in the community. Although we had sought monthly data, which is ideally suited for interrupted time series methods, the aforementioned review makes clear that data at this increment simply could not be obtained for the majority of measures.

Table 4.1 provides a summary of the data sources and the years for which the data were collected. A comprehensive list of the data can be found in Appendix I.

Indicators of Violence

The three primary outcomes examined in this analysis are violence at school, violence at home, and violence in the community. Each of these outcomes had a separate set of relevant indicators. Specifically, exposure to violence in schools was measured using violent incidents in the school (e.g., physical fights), school incidents where a weapon was involved, and school incidents where the police were called. Exposure to violence in the home was measured using child welfare data, such as reports of child abuse and neglect. Exposure to violence in the community was measured with violent arrests (homicide, aggravated assault, rape, and robbery) and violent incidents where a child was a witness.

Analytic Plan

The original analytic plan was to compare the indicators at two points in time: baseline or pre-implementation (years 2007-2011, before the start of Defending Childhood programming) and follow-up (years 2012-2014, during Defending Childhood programming). Averages of each indicator would be calculated at baseline and follow-up, and independent samples t-tests would test for significance between the two groups. However, t-tests are limited in that they cannot assess trends within the pre- or post-implementation periods. Therefore, if a significant difference was found between the two periods, or if there was an observed difference of sufficient magnitude to suggest the possibility of a real trend, thus providing justification for further exploration, then interrupted time series (ITS) analysis was used to assess trends in the data over smaller increments of time. Interrupted time series analysis involves first running Ordinary Least Squares (OLS) regressions on the pre-implementation data to reveal any statistically significant trends at baseline. If a statistically significant trend is identified, an

³² Data were not collected for the Rosebud Sioux Defending Childhood Initiative, because they were either not available for public use or officially documented.

equation can then be used to calculate predicted rates for the follow-up time period. Next, the predicted rates are compared to the actual rates using t-tests to determine if there is a significant difference from before program implementation to after the program ended.

In the current analytic plan, independent samples t-tests were used to compare indicator means at baseline and follow-up, but almost no significant differences were found. As suggested above, it is also possible that an intervention may not have a direct impact shortly after implementation, but there may be long-term trends. Therefore, where the raw data reveal the possibility of a trend, a further examination of the data was to run OLS regressions only in the follow-up period.

Table 4.1 Data Sources Summary, by Outcome

Outcome	Data Source	Time Frame
Exposure to Violence at School	• CDC Youth Risk Behavior Survey – Boston Public Schools ³³	2005-2013, every 2 years
	• North Dakota Department of Public Instruction Suspension, Expulsion, and Truancy Report	2006-2014 by school year
	• Box Elder, MT School District	2007-2014 by year
	• CDC Youth Risk Behavior Survey – Memphis Public Schools	2005-2013, every 2 years
Exposure to Violence at Home	• Massachusetts Department of Children and Families Quarterly Reports ³⁴	2006-2014, quarterly
	• Cuyahoga County Department of Children and Family Services	2004-2014 by month
	• Kids Count Data Center ³⁵	2007-2013 by year
	• Grand Forks Police, Grand Forks County Sheriff, University of North Dakota Police, Northwood Police	2007-2014 by month
	• Chippewa Cree Law Enforcement	2007-2013 by year
	• Tennessee Council of Juvenile and Family Court Judges Summary Report ³⁶	2007-2013 by year
	• Tennessee Incident Based Reporting System ³⁷	2008-2013 by month
Exposure to Violence in the Community	• FBI Uniform Crime Reports ³⁸ –Boston Police Department	2006-2012 by year
	• FBI Uniform Crime Reports—Cleveland Police Department	2006-2012 by year
	• Cleveland Police Department	2006-2015 by year
	• Grand Forks Police, Grand Forks County Sheriff, University of North Dakota Police, Northwood Police	2007-2014 by month
	• Tennessee Incident Based Reporting System – Memphis Police Department	2006-2014 by month

³³ See <http://www.cdc.gov/healthyouth/data/yrbs/index.htm> for more information on the Youth Risk Behavior Survey.

³⁴ To access the Quarterly Reports, see <http://www.mass.gov/eohhs/researcher/family-services/dcf/dcf-quarterly-reports.html>.

³⁵ For more information on the Kids Count Data Center, see <http://datacenter.kidscount.org/>.

³⁶ To access the Tennessee Council of Juvenile and Family Court Judges Summary Report, see <https://www.tncourts.gov/courts/juvenile-family-courts/statistics>.

³⁷ For more information on the Tennessee Incident Based Reporting System, see http://www.tbi.tn.gov/tn_crime_stats/tibrs.shtml.

³⁸ For more information on the Uniform Crime Reports, see <http://www.ucrdatatool.gov/>.

Findings

Exposure to Violence at School

As shown in Table 4.2, there were not any significant differences between the baseline and post-implementation years for any of the indicators of violence in school at any of the sites. Despite the lack of differences reaching statistical significance, there was a drop in the raw number of violence related suspensions and expulsions in Grand Forks, potentially indicating that there were fewer violent incidents at school. It is possible that programming created by the Grand Forks Defending Childhood team contributed to this decline. Specifically, they introduced prevention programming to all children and youth in Grand Forks County that was aimed to address multiple types of violence, including bullying. They also implemented a school-based Restorative Justice program, which can be used as an alternative way of holding offenders accountable while repairing the relationship between victims and offenders, thus reducing the use of suspension and expulsion.

Table 4.2 Exposure to Violence at School

Indicators	Baseline			Follow-Up
	2007	2009	2011	2013
<i>Boston</i>				
Percent of Students Who Carried a Weapon at School	7%	7%	6%	5%
Percent of Students Who Were Threatened with a Weapon on School Property	6%	8%	8%	6%
Percent of Students Who Were in a Fight at School	10%	12%	9%	7%
Percent Students Who Felt Unsafe on Their Way or Going to School	8%	6%	8%	7%
<i>Grand Forks</i>				
Number of Physical Fights at School	18	46	37	28
Number of Violence Related Suspensions and Expulsions	38	79	109	53
Number of School Incidents Where a Weapon was Involved	2	6	3	6
<i>Rocky Boy Reservation¹</i>				
Number of Physical Fights at School	18	12	8	24
Number of School Incidents Where a Weapon was Involved	3	1	22	8
Number of Violent Incidents Where Police Were Called	4	10	0	3
<i>Shelby County²</i>				
Percent of Students Who Carried a Weapon at School	6%	3%	2%	4%
Percent of Students Who Were Threatened with a Weapon on School Property	9%	8%	8%	10%
Percent of Students Who Were in a Fight at School	18%	17%	14%	16%
Percent of Students Who Felt Unsafe on Their Way or Going to School	9%	9%	7%	11%

+p<.10, * p<.05, ** p<.01, ***p<.001.

Note: The table presents data for every other year, because the data for Boston and Shelby County comes from the Youth Risk Behavior Survey, which is administered every two years. Yearly data for Grand Forks and the Rocky Boy Reservation did not differ significantly, and no significant findings exist from baseline years to follow-up.

¹The data represents Box Elder Schools and not schools on the Rocky Boy Reservation.

²The data represents Memphis Public Schools and not all of Shelby County.

Exposure to Violence at Home

The indicators for exposure to violence at home are presented in Table 4.3. Boston was the only site to show a significant difference between the baseline and post-implementation periods in exposure to violence at home. In Boston, the percentage of child abuse and neglect referrals that were screened in for investigation and assessment decreased from 66% in the baseline to 60% in the follow-up period. The decrease may, in part, be explained by programming introduced by the Boston Defending Childhood Initiative that had the goal of preventing violence in the homes through the use of family nurturing programs. These programs promoted nurturing relationships among all family members, while building community connections to support positive parenting.

In Grand Forks, the percentage of substantiated child abuse and neglect cases (those who are in need of services) increased in the follow-up period, though not by a statistically significant margin; despite the lack of statistical significance, this finding could potentially indicate that more cases are being reported as awareness of children's exposure to violence increases during the post-implementation stage—due to trainings hosted by the Defending Childhood team. Also in Grand Forks, although the baseline v. follow-up comparison did not show significant differences between the percentage of domestic violence incidents where a child was present, upon further examination, ITS analysis found significant changes across the two time periods with the percentage decreasing one year after the start of programming—i.e., a significant effect became detectable after taking into account the reality of gradual implementation within the post-implementation period.³⁹ This significant finding may also be explained by the increased awareness among the community and professionals that contributed to more reporting of children's exposure to violence.

³⁹ Monthly data were provided for this indicator, providing more data points for the examination of trends.

Table 4.3 Exposure to Violence at Home

Indicators	Baseline					Follow-Up		
	2007	2008	2009	2010	2011	2012	2013	2014
<i>Boston</i>								
Percent of Child Abuse and Neglect Referrals that were Screened In	63%	67%	74%	66%	62%	58%	58%	64%**
<i>Cuyahoga County</i>								
Percent of Child Abuse and Neglect Referrals that were Screened In	89%	89%	86%	87%	89%	88%	87%	86%
<i>Grand Forks</i>								
Percent of Suspected Victims of Child Abuse and Neglect	6%	6%	6%	5%	6%	5%	5%	N/A
Percent of Child Abuse and Neglect Cases - Substantiated (services required)	23%	25%	22%	26%	22%	29%	30%	N/A
Percent of Domestic Violence Incidents Where a Child was Present	19%	17%	24%	28%	27%	28%	21%	23%
<i>Rocky Boy Reservation</i>								
Number of Domestic Violence Incidents	52	44	43	66	75	40	16	N/A
Number of Child Abuse Incidents	48	63	32	42	100	56	32	N/A
Number of Sexual Assault Incidents	4	3	5	13	8	14	6	N/A
<i>Shelby County</i>								
Percent of Suspected Victims of Child Abuse and Neglect	3%	3%	2%	2%	3%	3%	4%	N/A
Rate of Child Abuse and Neglect Cases - Substantiated (services required) (per 1,000 children)	11.0	10.6	8.9	5.3	4.1	4.4	3.8	N/A
Number of Child Abuse and Neglect Cases Processed in Juvenile Court	1,681	2,028	2,386	2,084	1,939	2,001	1,829	N/A

+p<.10, *p<.05, **p<.01, ***p<.001. N/A = not available

Exposure to Violence in the Community

Table 4.4 displays indicators of exposure to violence in the community. Arrest data from the FBI's Uniform Crime Reports and Tennessee's Incident Based Reporting System showed that violent crime rates did not significantly change across the implementation of the initiative. According to data provided from the Cleveland Police Department, there were no significant changes in number of incidents where juveniles were victims or a witness of violent crime in Cleveland. In Grand Forks County, there was also no significant difference in the number of arrests for violent crimes where children were the victims.

Table 4.4 Exposure to Violence in the Community

Indicators	Baseline					Follow-Up		
	2007	2008	2009	2010	2011	2012	2013	2014
<i>Boston</i> Violent Crime Rate (per 100,000 inhabitants)	1,155.2	1,104.4	992	942.2	845.2	835	N/A	N/A
<i>Cuyahoga County¹</i> Violent Crime Rate (per 100,000 inhabitants)	1,468.6	1,419.8	1,396.4	1,393.3	1,366.4	1,383.8	N/A	N/A
Number of Incidents Where Juveniles are Victims of Violent Crime	3,080	2,924	2,998	2,997	2,778	2,752	2,986	2,888
Number of Incidents Where Juveniles are Witnesses of Violent Crime	731	681	680	770	649	587	732	863
<i>Grand Forks</i> Violent Crime Rate (per 100,000 inhabitants)	239.7	278.5	277.4	225.4	247.5	271.2	N/A	N/A
Number of Arrests for Violent Crimes Where Children Were the Victim	4	10	10	14	5	8	17	4
<i>Shelby County</i> Violent Crime Rate (per 1,000 inhabitants)	3.07	3.25	3.26	3.03	3.06	3.11	2.94	2.60

+p<.10, *p<.05, **p<.01, ***p<.001. N/A = not available

¹Data represents Cleveland, OH and not all of Cuyahoga County

Summary

As expected, indicators for exposure to violence at school, home, and in the community did not change. With the exception of two indicators (child abuse and neglect referrals screened in for investigation and assessment in Boston and children present during a domestic violence incident in Grand Forks), there was no significant change before and during the implementation of the Defending Childhood Initiative.

Limitations

Results from the core community indicator analysis should be interpreted with caution. First and foremost, the follow-up timeframe post implementation was brief, including no more than three years and significantly less time than that in some sites and for some indicators. Specifically, the Defending Childhood Demonstration Program sites officially launched in September 2011, but the majority of programming did not begin until mid-to-late-2012. All of the sites spent much of the first year planning their implementation strategies, hiring staff, and developing curricula, trainings, and other necessary products. Moreover, much of the community indicator data gathered for analysis was not available past December 2013, and none was available past December 2014, leaving at most slightly more than two years, and in many cases less time to assess change. Given the short timeframe and the time spent in preparation for implementation, it is likely an unreasonable expectation that significant changes would be seen on core community indicators. In fact, one could counter-hypothesize that indicators of violence would increase in the short-term as community awareness grows and more violence is officially reported.

Second, in some cases, the indicators do not align with programming introduced by the Defending Childhood sites. As described in Chapter 1, different Defending Childhood sites took different approaches to address children's exposure to violence. Specifically, in some sites, reducing the *incidence* of violence was not a major focus. As perhaps the most notable example, Cuyahoga County focused on creating a streamlined screening, assessment, and service system, implemented county-wide for children ages 0-18 who have already been exposed to violence and are experiencing trauma symptoms. This approach was meant to provide trauma-based care for children who have been exposed to violence, but did not address the incidence or prevalence of violence in the first place. In addition, the Shelby County model focused heavily on a limited number of apartment complexes, for which residents received a wide range of case management and intervention services that were designed to meet client needs and, as in Cuyahoga, to provide service linkages after violence occurs, but not first and foremost to reduce violent incidents. Finally, to the extent that violence was directly addressed, only the Grand Forks site engaged in extensive school-based prevention work.

Third, the geographical scope of the data may have also been too wide for the area of focus of the Initiative. For example, Shelby County was targeting three apartment complexes in Memphis, TN; however, the arrest data covered all of Memphis and the child abuse and neglect cases were for Shelby County. Also, the school data for Rocky Boy, MT is from Box Elder schools and not from Rocky Boy Junior High School, where the Rocky Boy Children's Exposure to Violence Project did most of its programming. Some youth from Rocky Boy's Reservation attend Box Elder Schools, but they are not in close proximity to Rocky Boy Junior High and the

Box Elder schools were never fully engaged in the prevention programming; only 1-2 prevention events occurred at Box Elder schools. It would be doubtful that the Rocky Boy Children's Exposure to Violence Project programming had any influence on the violence in the Box Elder schools.

Fourth, the data were not easily accessible, and were sometimes incomplete. For example, the data were limited by the unit of analysis, which was often yearly, despite efforts of the research team to seek monthly data, which is the most desirable unit for an interrupted time series analysis. The small number of data points made it difficult to detect trends. Further, some types of indicators were limited in some sites. For example, a site might have been able to provide count data of physical fights in schools, but not a count of total incidents; so the percentage of violent incidents was unable to be calculated.

Fifth, the design of the current study was limited to single-site before and after intervention comparisons. The lack of comparison groups (e.g. cities and counties of similar size and demographics that were not part of Defending Childhood Initiative) introduced threats to the validity of the study, thereby limiting the ability to link trends in the data to Defending Childhood programming. For example, a secular, or long-term, national trend could be the reason for the decline in the violent crime rates at each of the sites. If that was the case, a decline in violent crime would have also been seen in a comparison group.

Last, several of the sites had overlapping initiatives, such as the National Forum on Youth Violence Prevention,⁴⁰ which was also started by former U.S. Attorney General Eric Holder to increase awareness of and build local capacity to address gun violence. The tribal sites also had federal and state-level grants with strategies that were similar to those of the Defending Childhood Initiative. With parallel goals (e.g., raise awareness and reduce violence) and high levels of collaboration across organizations, boundaries were often blurred, making it difficult to determine if community-wide change was a result of Defending Childhood programming or other concurrent initiative.

⁴⁰ See <http://ojp.gov/newsroom/youthviolenceforum.htm> for more information about the National Forum on Youth Violence Prevention.

Chapter 5 Conclusion

The previous three chapters of this report focused on outcomes related to the effects the Defending Childhood Demonstration Program sites might have had on their communities. This chapter summarizes the major findings, reiterates some of the limitations discussed in the previous chapters, and concludes with suggestions for future research.

Summary of Major Findings

Community Survey

The five-site community phone survey was designed to measure the impact of Defending Childhood program sites' local community awareness and education activities. Results indicate the following potential positive impacts:

- Understanding of Violence: At the non-tribal sites, community understanding of what actions are considered violence significantly improved. For example, the percentage who responded that sexual harassment was a form of violence significantly increased from 84% to 88%, and the percentage who believed that insulting someone was a form of violence significantly increased from 56% to 61%.
- Knowledge of the Defending Childhood Initiative: At the tribal sites, community awareness of the Defending Childhood Initiative and available services significantly increased. The percentage of respondents who had heard of the local Defending Childhood Initiative doubled from baseline to follow-up (25% vs. 50%), an encouraging finding that highlights the visibility of the Defending Childhood Initiative on the reservations.

The survey found no impact on:

- Willingness to Report Violence: At both the tribal and non-tribal sites, there was not a change in willingness to report cases of children's exposure to violence. At baseline, over 90% of respondents stated that they would report a case of child abuse or neglect to the authorities, and over 85% would report a case of domestic violence. There were no significant differences at follow-up, though baseline rates were generally high.
- Understanding of the Impact of Violence: There was not a significant change in respondents' understanding of the impact of exposure to violence on children, although the baseline rates of understanding were generally high. At baseline, at least 75% of respondents indicated that they believed that children's exposure to violence led to medical problems, and at least 90% indicated that they believed exposure led to psychological problems.

The survey was also designed to capture self-reported exposure to violence. For the non-tribal sites at follow-up, 56% of adults reported having had been exposed to violence in the past year. Of those who were parents or caregivers of children under the age of 18, 61% reported that their child had violence exposure in the past year. For the tribal sites at follow-up, 90% of adults reported having been exposed to violence in the past year. Of those who were parents or caregivers of children under the age of 18, 73% reported that their child had violence exposure in the past year.

The rates of exposure to violence in tribal communities, as derived from the survey, must be considered in light of the high level of community understanding of violence; that is, people who know more about violence will tend to report more of it. These findings should also be placed in the context of tribal history and the legacy of trauma. The impact of historical trauma on the current well-being and lives of Native Americans has been documented in the literature, including the occurrence of suicide, domestic violence, substance abuse, and trauma today and their relationships with the historical and ongoing oppression of Native American peoples through overwhelming physical and psychological violence, segregation and/or displacement, economic deprivation, and cultural dispossession.⁴¹

Professional Knowledge and Practices Survey

The Defending Childhood trainings for professionals and practitioners had the goal of increasing awareness about and understanding the professional role in responding to children's exposure to violence, as well as creating individual- and agency-level policies to provide trauma-based care. The professional practices survey results indicate that after attending a Defending Childhood-sponsored training:

- **Knowledge of Children's Exposure to Violence:** From baseline to follow-up, professionals significantly increased their knowledge about how exposure to violence can affect children (38% v. 54%), evidence-based practices in the treatment of violence exposure (18% v. 63%), and vicarious trauma and self-care (23% v. 58%).
- **Trauma-Informed Practices:** Based on survey responses, agencies incorporated more trauma-informed practices to treat children who have been exposed to violence. Significantly more respondents indicated that their agency:
 - Has policies that clearly guide staff to respond to children's exposure to violence (74% at baseline, 89% at follow-up);
 - Has a screening or assessment tool that includes questions about children's exposure to any type of violence (73% at baseline, 85% at follow-up); and

⁴¹ Brave Heart M. (2003) "The Historical Trauma Response Among Natives and its Relationship with Substance Abuse: A Lakota Illustration." *Journal of Psychoactive Drugs*, 35(1):7-13.; Whitbeck L, Adams G, Hoyt D, and Chen X. (2004) "Conceptualizing and Measuring Historical Trauma among American Indian People." *Journal of Community Psychology*, 33(3/4):119-130.; Brave Heart M and DeBruyn L. (1998) "The American Indian Holocaust: Healing Historical Unresolved Grief." *American Indian and Alaska Native Mental Health Research*, 8(2):56-78; Abrams M. (1999) "Intergenerational Transmission of Trauma: Recent Contributions from the Literature of Family Systems Approaches to Treatment." *American Journal of Psychotherapy*, 53(2):225-232.

- Provides an emotionally and physically safe space for victims of violence (87% at baseline, 94% at follow-up).

Indicators of Violence in the Community

With two exceptions involving child abuse and neglect cases in Boston and domestic violence in Grand Forks, there were no changes in community-level indicators of exposure to violence at school, home, or in the community before and after the implementation of the Defending Childhood Initiative (even after making statistical adjustments for the possibility of gradual implementation). Moreover, some sites did not necessarily choose strategies that could reasonably be expected to have an impact on these numbers. For example, Cuyahoga County focused on building county-wide infrastructure and policies rather than on reducing prevalence rates. In addition, the three-year post-implementation tracking period may be too brief to for prevention strategies produce concrete returns.

Study Limitations

Findings from this study must be interpreted cautiously due to limitations in design, measures, data availability, time frame, and approach.

First, resource constraints meant that there were limitations to the evaluation design: comparison groups could not be constructed for each of the outcome evaluation components. For instance, fielding a baseline and follow-up community survey in five comparison sites would have added significant cost. In general, as an outcome rather than an impact evaluation, a lack of a comparison group made it difficult to control for certain threats to validity, making it difficult to attribute any change or non-change to the Defending Childhood Initiative. A true comparison group or site could have helped control for attrition bias for the professional practices survey, selection bias for the community and professional practices surveys, and outside effects (e.g., national trends, other similar initiatives) for those surveys as well as the levels of violence in the community. For example, while levels of violence in the community did not significantly change, we cannot necessarily conclude that that indicates no findings; a comparison site might have seen significant increases during the same time period, indicating that programming helped to stave off what might have been an increase if there had been no Defending Childhood Initiative. The same is true for some of the non-findings on the two surveys.

Second, as discussed in previous chapters, there were limitations in measures; specifically, because each site chose different activities and strategies, all of the chosen measures were not applicable to all of the sites. For example, the professional practices survey asked questions about knowledge and practice related to children's exposure to violence, but some of the trainings that were offered were related to confidentiality and data sharing across systems. For those who went to a training event on that topic and took the survey, we would not necessarily expect to see change.

Third, some sites concentrated their resources on programming that was not directly evaluated. For example, there was no component of the evaluation that was designed to assess Cuyahoga County's development and implementation of a county-wide streamlined service system to

screen, assess, and treat children’s exposure to violence. Additionally, some of the sites spent significant resources on treatment and healing programs designed to reduce trauma symptoms in children; there was no evaluation component to determine if that goal was achieved. To provide context, the separately released process evaluation reports (cited in footnotes 1 and 2) provide robust details on each site’s chosen strategies as well as findings, lessons, and recommendations regarding implementation.

Data availability proved to be another limitation. The desired outcome data were not available for some sites, while other data could not be obtained in the desired timeframe (e.g., we sought but could not obtain all community violence indicators in monthly increments), making it challenging or impossible to conduct certain analyses. Additionally, with such a large-scale initiative, some effects may take longer (e.g., 5-10 years) to appear, and an evaluation that is completed before then may not reveal true impact. Finally, a general limitation involved the use of a consistent evaluation design across all sites. A more participatory and non-Western approach might have been more appropriate for evaluating the two tribal sites.

Future Research

Given the findings and limitations discussed above, there is significant room for future research. When the original outcome evaluation plan for the Defending Childhood Demonstration Program was designed, the Center for Court Innovation evaluation team was asked to focus on design elements that could be similarly implemented across sites. As time went on, and particularly in light of our coinciding work on the process evaluation of each site, we realized that many of the sites were doing unique work that could not be captured in a “one-size fits all” evaluation plan. Though this outcome evaluation illuminates interesting findings for the field, as well as findings related to changes—or lack thereof—in levels and awareness of violence at various levels (e.g., community-wide, among individual community members, and among professionals), the limitations discussed above point to important future research needs, including longer-term research efforts at the Defending Childhood sites or research that could be conducted either in those sites or other locations where analogous initiatives are planned or underway. Therefore, we outline below five potential plans for future research that could produce more detailed knowledge on the effectiveness of site-specific strategies. The projects are summarized below.

Wave III Community Survey

Three of the sites (Grand Forks, Rocky Boy, and Rosebud) spent significant portions of their Defending Childhood budget on community awareness and outreach campaigns. These sites also undertook significant prevention work, meaning that there is a real opportunity for these sites to influence the prevalence of exposure. Our initial evaluation timeframe was likely too brief for these effects to be detected. Moreover, as part of our original evaluation design, we fielded a baseline and follow-up survey that captured community levels of awareness about the Defending Childhood Initiative, attitudes towards various types of violence, and adult and child violence exposure. The follow-up survey showed some promising gains on key indicators. For instance, as reported in Chapter 2, from baseline to follow-up survey administration at the two tribal sites, the percentage of the community having heard of the Defending Childhood Initiative went from 25%

to 50%. These three sites are continuing their campaigns and their prevention work, and a third round of surveying at these sites could provide a more definitive test of the impact of their chosen strategies. This research would build productively on the two prior waves of surveying and may serve to complete and provide better information on the final impacts of work in these three sites.

Impact on the Adverse Effects of Violence Exposure

The present evaluation was not designed to capture impacts on the identification, assessment, and treatment of children who have already been exposed to violence. However, the Cuyahoga site focused primarily on strategies to mitigate the adverse effects of exposure. Future research might evaluate the effectiveness of Cuyahoga's streamlined screening-assessment-treatment model. A potential study design could involve a quasi-experiment with a comparison group (from a similar population in a nearby county), to examine whether exposed children in Cuyahoga are more likely to be screened and assessed (i.e., more often identified for violence exposure); referred to services (i.e., more likely to be connected with needed services); attend treatment; have a larger net dosage of treatment; and ultimately experience a reduction in trauma symptoms. The strong evaluation design would reduce threats to validity, helping to attribute any change to the Defending Childhood Initiative.

Research on Comprehensive Prevention Approaches

The Grand Forks site blanketed the county with primary prevention programming, which may prove to be a highly replicable and promising model for numerous comparable jurisdictions across the country that are able to garner the support of their local school districts; face relatively minimal or modest levels of community violence; yet still have problems with bullying in schools, dating violence, and child neglect and abuse. The research team sought to evaluate this model as part of the current evaluation but could not obtain the necessary data and local support. Future research might attempt to evaluate comprehensive school-based prevention programming in other sites through multi-year surveys that examine violence indicators such as past-year experiences with bullying and teen dating violence victimization and perpetration.

Participatory Research at Tribal Sites

One of the major lessons learned from our years working on the Rocky Boy and Rosebud reservations is that Western, scientific approaches to evaluation do not always resonate with tribal communities and may not adequately capture the impact of their work. It is therefore important to include tribal community-validated approaches to research and to involve tribal members in decision-making around research and evaluation. Therefore, we recommend that future research designs involving tribal sites incorporate a participatory approach, including such elements as oral history interviews that document historical trauma and violence, talking/story circles with advocacy staff, and in-depth methods to grasp the connection between tribal history and culture and selected strategies to address contemporary problems. All publications and dissemination of research findings should be done in partnership with the tribes.

Learning Communities and Collaboratives as an In-Depth Training Model

The Boston site had a unique focus on professional training, implementing two learning communities and one learning collaborative that addressed the topics of Attachment, Self-Regulation, and Competency (ARC); Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); and Child Parent Psychotherapy (CPP), respectively. Many participants were involved with these communities for 18 months. Future research in Boston or other locations that are employing comparable training models might collect in-depth qualitative information about how participants have applied what they learned to their own practice and how their participation has affected the way their organization interacts with children who have been exposed to violence.

Conclusion

The work of the Defending Childhood Demonstration Program sites around treatment and healing, prevention, professional training, and community awareness and education is impressive. While this report documents some positive outcomes potentially related to their efforts, continued research could potentially show greater and more sustained impacts, and generate lessons learned for the field as to what works and what does not work in large-scale initiatives to address children's exposure to violence.

Appendix A

Community Survey Methods

Landline Sample Construction

The sample for the landline phone survey was obtained through a multi-stage survey sampling process. In the first stage, a sample of household landline phone numbers within each community was created with sample allocation proportionate to population distribution. In the second stage, a sample of assigned telephone banks is randomly selected from an enumeration of the Working Residential Hundred Blocks within the active telephone exchanges within each targeted community. The Working Hundreds Blocks are defined as each block of 100 potential telephone numbers within an exchange that includes one or more residential listings.

A two-digit number is randomly generated by computer for each Working Residential Hundreds Block selected in the second stage sample. This sampling technique is known as third stage RDD. Every telephone number within the Hundreds Block has an equal probability of selection, regardless of whether it is listed or unlisted. The landline sample construction process yielded site-specific population-based, RDD samples of telephone numbers. The systematic dialing of those numbers to obtain a residential contact yielded a random sample of telephone households within each community. Telephone numbers that yielded non-residential contacts such as businesses, churches, and college dormitories, were not included as eligible phone numbers. Only households were eligible for inclusion in the sample.

The final stage in the sampling process for RDD samples required the enumeration of eligible individuals in sampled households and the selection of one eligible individual per household for the interview. Since the survey was restricted to the population age 18 and older, the first step was to obtain the total number of persons 18 and older in the household. If there were no age-eligible adults in the household, the interview was terminated at this point and the contact was counted as a screen-out. Once the interviewer reached an adult, the adult was asked to provide the total number of adults and parents living in the household. Within each household containing two or more eligible adults, a random selection procedure was used to select one eligible respondent from the household. For households with multiple eligible participants, a commonly used phone survey method was adopted: the “most recent/next birthday method,” which involves asking to speak with the adult with the most recent/next birthday. The birthday selection method represents a quasi-random selection, because in a survey conducted in a specific month during the year, some adults with birthdays prior to the survey month have a zero probability of selection.⁴²

Cell Phone Sample Construction

As the percentage of cell phone-only households (households with no landline but accessible by cell phone) continues to grow, the validity of the basic RDD landline sampling model has come into question. The continually increasing percentage of households that are abandoning their

⁴² Gaziano C. (2005) “Comparative analysis of within-household respondent selection techniques.” *Public Opinion Quarterly*, 69: 125-157.

landline telephones for cell phones has significantly eroded the population coverage provided by landline-based surveys. About 41% of U.S. households had only cell phones in the second half of 2013, according to the CDC's National Center for Health Statistics.⁴³ In 2013, an estimated 39% of adults and 47% of children lived in cell phone-only households. These individuals are not covered by current RDD landline sampling procedures and some of the groups with landlines are increasingly under-represented in current RDD landline telephone surveys due to differential non-response. For these reasons, an additional cell phone sample was collected.

A survey sampling process was also used to select the cell phone sample. Unlike the landline sample, the only geographic information available for each record in the cell phone sample corresponds to the county of the billing office for the cell phone, not the county or zip code where the respondent resides. Moreover, the exchange assigned to the cell phone represents where the cell phone was purchased, not the current residence of the cell phone user. SRBI sampling staff drew a county sample of cellular telephone numbers in each of the study sites. However, due to number portability, some cell phone respondents may live outside of their area code. As a result, all cell phone respondents were asked their county of residence in order to account for this. For the Boston sample, Suffolk County was used to draw the sample and allowed respondents to continue with the survey if they resided in any of these "Boston-Metro" counties: Suffolk, Norfolk Middlesex, Essex, and Plymouth.

The phone call began by determining whether the cell phone respondent was an adult, aged 18 years or older. If the respondent was not an adult, the interview was terminated at this point and the contact was counted as a screen-out. In cell phone households, research suggests that the selection of a respondent in the household other than the initial respondent rarely yields a completed interview.⁴⁴ A cell phone, as opposed to a landline telephone, is a personal device that is typically linked to an individual, not to a residence. Hence, a household respondent selection procedure was not utilized for the cell phone sample. Instead, respondents were asked a series of questions to determine whether they were in a safe place to conduct the interview, and then screened for eligibility in the survey. For the follow-up community survey, conducted in 2014, the cell phone sample was purposefully increased in an attempt to ensure a greater variety of participants (although weighting strategies were also utilized to maintain comparability of the baseline and follow-up samples, as further discussed below). At baseline, cell phones consisted of about 23% of the full sample of completed surveys. At follow-up, cell phones consisted of 36% of the full sample, representing about a 36% increase from baseline.

Sample Weighting

The sampling frames available for survey research provide imperfect coverage of U.S. households with children. Moreover, to the extent that the covered households we were unable to contact and the contacted households that refused to participate differ from the surveyed households on demographic factors that are likely to affect the response distribution of

⁴³ Blumberg SJ and Luke JV. (2014) "Wireless Substitution: Early Release of Estimates from the National Health Interview Survey, July-December 2013." National Health Interview Survey. Washington, DC: National Center for Health Statistics, Centers for Disease Control, U.S. Department of Health and Human Services.

⁴⁴ *Ibid.*

important, substantive variables, there is the potential for the noncoverage bias to be exacerbated by nonresponse bias.

Post-stratification weighting is the standard procedure used to compensate for bias created by unit nonresponse (i.e., demographic differences between survey participants and nonparticipants that are likely to impact the distribution of key survey variables and inference from the sample estimates to the population values) in surveys where a comprehensive nonresponse study that includes a physical attempt to contact and interview at least a sample of non-respondents is not feasible within budget. In essence, this process involves the identification of expected population values using census or other existing data, and the computation of various weighting adjustments designed to match the survey sample demographics to the expected population distribution. The post-stratification weights for the survey data of the two tribal sites were developed using the 2010 U.S. Census and the American Community Survey 5-year estimates tables for the census tracts associated with each reservation. For the three non-tribal sites, data was obtained from the 5-year 2008-2012 American Community Survey (ACS) Summary Files data.

The analysis weights included the following components:

1. W1: Inverse baseline probability of selection of the phone number
2. W2: Correction for the within-HH probability of selection
3. W3: Non-response adjustment
4. W4: Raking for the control totals
5. W5: Trimming the raked weights

In the first weighting step, we created a baseline weight ($W1*W2$) to adjust for the probability of selection. This baseline weight includes a weight for the probability of selection of the phone number, which takes into account the crossover of landline and cell phones numbers for a single household. It also includes a weight to correct for the within-household probability of selection of a respondent when there are multiple adults in the household. This within-household weight was capped at four to avoid excessive variance of the weights.

The second step in the weighting process was to correct the study design for non-response bias by dividing the expected population distribution, based on Census projections, by the baseline-weighted sample distribution for age, marital status, number of children in the household and education. Weighting of all of these factors simultaneously, or raking, was performed within each of the sites separately. Specifically, the joint calibration accounting for W3, W4 and W5 included the following raking margins:

Variables:	Categories:	Source:
Gender by five age groups	18-29, 30-39, 40-49, 50-64, 65+	2010 Census Summary File Table B01001
Marital status	Single, married, other	2006-2010 ACS 5-Year Estimates Table B12002
Number of children in hhd	0, 1, 2, 3, 4+	2010 Census Summary File 1 Table PCT16

Education	Less than high school, high school or GED, some college or associate, college degree and above	2006-2010 ACS 5-Year Estimates Table B15001
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As a final step, the weights were trimmed and scaled to sum up to the sample size within each site subsample. The final analysis weight was used for analysis of means, proportions and tabulations, and totals were computed using both the analysis weight and the population size multiplier.

Additionally, for Boston, MA and Cuyahoga county, OH, the household phone use variable (3 categories: landline only, cell phone only, dual use) was used as a calibration variable, with targets obtained from NHIS data.⁴⁵ Because they are small population areas, there are no reliable phone use targets for the community of Grand Forks, ND and both reservations. Missing values of calibration variables were imputed in the all-contacts file using a single instance of iterated chained equations, with 10 iterations within that instance. Iterative proportional fitting (raking) was used to calibrate the weights. Convergence was successfully achieved in all sites, with target proportions matched to at least 10⁻⁶ relative accuracy.

One set of weights was created for each of the sites and was used as a probability weight in all analyses. To analyze the change from wave 1 to wave 2 of the community survey, combined weights were produced to be on comparable scales in the two waves. All analyses comparing waves 1 and 2 used the combined weight variable.

⁴⁵ Wireless Substitution: State-level Estimates From the National Health Interview Survey, 2012. National Health Statistics Report No. 70, NCHS, Hyattsville, MD, December 2013

Appendix B

Baseline Community Survey for Non-Tribal Sites

5430 Defending Childhood Community Survey

Last Updated: November 10, 2011

[A. INTRODUCTION]

INTRO A. Hello, my name is _____ and I'm calling from Abt SRBI, a national survey research organization. We are conducting an important survey on issues about community safety and exposure to violence in (Boston /Cuyahoga County/Grand Forks County).

[IF NEEDED: "May I speak to an adult age 18 or older?" Re-read introduction if a new person comes to the phone]

[ASK IF PHONE = CELL]

A1. Are you in a safe place to talk right now?

- | | | |
|---|--------------------|--|
| 1 | Yes | |
| 2 | No, call me later | SCHEDULE CALLBACK |
| 3 | No, CB on landline | RECORD NUMBER, schedule call back |
| 9 | (Vol) Refused | THANK AND END – Soft Refusal |

[ASK IF PHONE = CELL]

A2. Are you currently driving?

- | | | |
|---|---------------|-------------------------------------|
| 1 | Yes | THANK & END, CALLBACK |
| 2 | No | |
| 9 | (Vol) Refused | THANK AND END – Soft Refusal |

[ASK IF PHONE = CELL]

A3. Do you currently reside in (Boston/Cuyahoga County/Grand Forks County)?

- | | | |
|---|---------------|-------------------------------------|
| 1 | Yes | |
| 2 | No | SCREEN OUT [THANK AND END] |
| 9 | (Vol) Refused | THANK AND END – Soft Refusal |

[IF PHONE = CELL, SKIP TO A5]

A4. Can I confirm that I have reached a household (not a business, school, etc.) located in (Boston/Cuyahoga County/Grand Forks County)?

- | | | |
|---|---------------------------------|-----------------------------------|
| 1 | Yes | |
| 2 | No, not a household | SCREEN OUT [THANK AND END] |
| 3 | No, household in another county | SCREEN OUT [THANK AND END] |

A5. Can you please tell me your zip code? _____ [enter as spoken]
99999 (Vol) Refused

A6. Including you, how many adults, aged 18 and older, live in this [IF CELL, “your”] household?

____ Number of adults
0 None

[SCREEN OUT]

[IF A6 >=2]

A7. How many of those adults are parents or caregivers of children 17 or younger?

____ Number of parents/caregivers of children 17 or younger
99 None

[IF A6=1 AND A7 =1, GO TO INTRO C]

[IF A6>=2 AND A7=1, GO TO A7a]

[IF A6>=2 AND (A7=0 OR A7>=2), GO TO A8]

A7a May I please speak with that person?

- | | | |
|----------|---|----------------------------|
| 1 | Yes, speaking | [GO TO INTRO C] |
| 2 | Yes, new person comes to the phone | [GO TO INTRO B] |
| 3 | Not here | [SCHEDULE CALLBACK] |
| 4 | Refused | [THANK AND END] |

A8. In order to select just one parent or caregiver (or adult if A6=0) to interview, may I speak to the one who will have the next birthday/most recent birthday?

- | | | |
|----------|---|----------------------------|
| 5 | Yes, speaking | [GO TO INTRO C] |
| 6 | Yes, new person comes to the phone | [GO TO INTRO B] |
| 7 | Not here | [SCHEDULE CALLBACK] |
| 8 | Refused | [THANK AND END] |

INTRO_B. Hello, this is _____ from Abt SRBI, the national survey research organization. We are conducting a study on issues about community safety and exposure to violence in (Boston /Cuyahoga County/Grand Forks County). [Continue with Intro C]

INTRO_C. Your household was selected as part of a random sample of households in (Boston/Cuyahoga County/Grand Forks County). We would like to interview you about your opinions and attitudes about community safety.

The interview only takes ten to fifteen minutes. If there are any questions that you prefer not to answer, that’s OK. All of the information you provide will be kept strictly confidential. The survey is completely voluntary, but it is very important for us to represent your opinions in this

study. If any of the questions are very upsetting and you feel you need to speak with someone further, I can give you a number for a counseling service.

[IF ASKED ABOUT CONFIDENTIALITY]: We will not collect any personally identifying information except for your telephone number. The telephone numbers will be destroyed after the survey is finished. The interviewers have all been trained on maintaining confidentiality, and each has signed a confidentiality pledge. Survey results are reported as percentages and averages, not individually.

If you have any questions about the authenticity of this interview, I can give you our toll free number to call (1-800-XXX-XXXX).

A9. If you don't have any questions, let's begin the survey.

- 1 Yes, continue
- 2 No, but call back later **[SCHEDULE CALLBACK]**
- 3 (Vol) Refused **[THANK AND END]**

[B. FOR ALL RESPONDENTS]

B1. How long have you been a resident of (Boston/Cuyahoga County/Grand Forks County)?

- 1 Less than one year
- 2 1 to 3 years
- 3 4 to 6 years
- 4 7 to 10 years
- 5 More than 10 years
- 8 (Vol) Don't Know
- 9 (Vol) Refused

Now I'm going to ask you to indicate how much of a problem you think that certain issues are in your community.

B2. How much of a problem do you think that child abuse or neglect is in (Boston/Cuyahoga County/Grand Forks County)? Is it:

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A big problem
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B3. How about violence between people in a romantic relationship in (Boston/Cuyahoga County/Grand Forks County)? Is it:

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A big problem
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B4. What about violent crime, such as assaults, shootings or sexual assaults, in (Boston/Cuyahoga County/Grand Forks County)? Is it:

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A big problem
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B5. What about bullying in (Boston/Cuyahoga County/Grand Forks County)? Is it:

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A big problem
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B6. What about violence between teenagers in a dating relationship in (Boston/Cuyahoga County/Grand Forks County)? Is it:

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A big problem
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B7. What about gang violence in (Boston/Cuyahoga County/Grand Forks County)? Is it:

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A big problem
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B8. **GRAND FORKS ONLY:** What about verbal and physical aggression by fans at sporting events? Is it:

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A big problem
- 8 (Vol) Don't Know
- 9 (Vol) Refused

Next I am going to read you a list of statements. For each one, please tell me whether you: Strongly Disagree; Disagree; Agree; or Strongly Agree.

B9. I feel safe in my neighborhood. Do you...

- 1 Strongly Disagree
- 2 Disagree

- 3 Agree
- 4 Strongly Agree
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B10. I can count on adults in my neighborhood to watch out that children are safe and don't get in trouble. Do you...

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B11. People around here are willing to help their neighbors. Do you...

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B12. There are adults in this neighborhood that children can look up to. Do you...

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B13. If there was a fight in front of your home, how likely is it that your neighbors would try to help?

- 1 Very Unlikely
- 2 Unlikely
- 3 Likely
- 4 Very Likely
- 8 (Vol) Don't Know
- 9 (Vol) Refused

For the next few questions, please indicate whether the best answer is: Yes or No.

B14. Are there neighborhood or block organizations that deal with local issues or problems in your neighborhood?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know

4 (Vol) Refused

B15. Is there a church, synagogue, mosque, or other faith organization that you could attend in your neighborhood?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

B16. How often do you attend services at a religious organization?

- 1 Once a week or more
- 2 2 or 3 times a month
- 3 Once a month
- 4 A few times a year
- 5 Never
- 8 (Vol) Don't Know
- 9 (Vol) Refused

For the next few questions, please indicate whether the best answer is: Yes, No, or whether you are Unsure.

B17. Can watching violent television shows, video games, or music videos make a child more aggressive?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

B18. Can being exposed to violence in childhood lead to *health* problems?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

B19. Can being exposed to violence in childhood lead to *psychological* problems?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

B20. Is yelling at someone an example of violent behavior?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

B21. Is threatening to hurt someone an example of violent behavior?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

B22. Is spanking a child an example of violent behavior?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

B23. Is insulting someone an example of violent behavior?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

B24. Is sexual harassment an example of violent behavior?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

For the next statements, please tell me whether you: Strongly Disagree; Disagree; Agree; or Strongly Agree.

B25. A person who walks away from a fight is a coward or "chicken."

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B26. It's okay to hit someone who hits you first.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B27. It is sometimes OK for a woman to hit her husband or partner.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B28. People should not interfere in violence between romantic partners.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B29. It is sometimes OK for a man to hit his wife or partner.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B30. How likely would you be to report a case of child abuse or neglect to authorities?

- 1 Very Unlikely
- 2 Unlikely
- 3 Likely
- 4 Very Likely
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B31. If you wanted to report a case of child abuse or neglect, who or where would you call to report it?

(Interviewer: Code as given by respondent from list or select Other and enter as spoken.)

- 1 Police
- 2 911
- 3 Child Protective/Social Services
- 4 School
- 5 Clergy/Church
- 6 Hotline
- 7 Other [Enter response]
- 8 (Vol) Don't Know
- 9 (Vol) Refused

[IF B31=7]

B31a. _____ [Enter as spoken]

B32. How likely would you be to report a case of domestic violence to authorities?

- 1 Very Unlikely
- 2 Unlikely
- 3 Likely
- 4 Very Likely
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B33. If you wanted to get help for a child that had experienced or witnessed violence, who or where would you call?

(Interviewer: Code as given by respondent from list or select Other and enter as spoken.)

- 1 Police
- 2 911
- 3 Child Protective/Social Services
- 4 School
- 5 Clergy/Church
- 6 Hotline
- 7 Other
- 8 (Vol) Don't Know
- 9 (Vol) Refused

[IF B33=7]

B33a. _____ [Enter as spoken]

Please tell me whether you agree or disagree with the following statement:

B34. (Boston/Cuyahoga County/Grand Forks County) is making an effort to address violence. Do you...

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B35. Over the last two years, have you seen or heard any campaigns or advertisements about children experiencing or witnessing violence?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

B36. Have you ever heard of the (Defending Childhood/ [If **GRAND FORKS** Safer Tomorrows] Initiative)?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

[IF CUYAHOGA COUNTY]

B37. Compared to last year, has youth violence in your neighborhood ...

- 1 Increased
- 2 Decreased
- 3 Remained the same
- 8 (Vol) Don't Know
- 9 (Vol) Refused

[IF CUYAHOGA COUNTY]

B38. Which of the following sources would you trust for information on local resources or services? You may select more than one. [**READ LIST--MULTIPLE RECORD**]

- 1 Television
- 2 Radio
- 3 Billboards
- 4 Ads on public transportation
- 5 Newspaper
- 6 Social media (such as Facebook or blogs)
- 7 Mailing to your home
- 8 None of the above
- 88 (Vol) Don't Know
- 9 (Vol) Refused

[IF **GRAND FORKS** COUNTY]

B39. Which of the following sources would you trust for information on local resources or services (such as local hotlines and community programs)? You may select more than one.

[**READ LIST--MULTIPLE RECORD**]

- 1 Television
- 2 Radio
- 3 Billboards
- 4 Newspaper
- 5 Social media (such as Facebook or blogs)
- 6 Mailing to your home
- 7 None of the above
- 8 (Vol) Don't Know
- 9 (Vol) Refused

Please tell me how often the following things happened to you in the past year.

B40. In the past year, how often were you threatened with physical harm?

- 1 Never
- 2 Once
- 3 A few times
- 4 Often
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B41. In the past year, how often did you see someone else being threatened with physical harm?

- 1 Never
- 2 Once
- 3 A few times
- 4 Often
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B42. In the past year, how often were you slapped, punched, or hit?

- 1 Never
- 2 Once
- 3 A few times
- 4 Often
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B43. In the past year, how often did you see someone else being slapped, punched, or hit?

- 1 Never
- 2 Once
- 3 A few times
- 4 Often
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B44. In the past year, how often were you beaten up or mugged?

- 1 Never
- 2 Once
- 3 A few times
- 4 Often
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B4. In the past year, how often did you see someone else being beaten up or mugged?

- 1 Never
- 2 Once

- 3 A few times
- 4 Often
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B46. In the past year, how often were you attacked with a weapon?

- 1 Never
- 2 Once
- 3 A few times
- 4 Often
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B47. In the past year, how often did you see someone else being attacked with a weapon?

- 1 Never
- 2 Once
- 3 A few times
- 4 Often
- 8 (Vol) Don't Know
- 9 (Vol) Refused

[IF RESPONDENT ANSWERED 'NEVER TO ALL QUESTIONS IN B40-B47, SKIP TO INSTRUCTIONS BEFORE C1; ELSE, CONTINUE.]

B48. When you think about the violence you experienced or saw, did it happen MOSTLY:

- 1 At home
- 2 At work
- 3 In the neighborhood
- 4 At school
- 5 In many places
- 8 (Vol) Don't Know
- 9 (Vol) Refused

[IF A7=0, SKIP TO BEFORE D1; ELSE CONTINUE]

[C. QUESTIONS ONLY FOR PARENTS OF CHILDREN UNDER 18]

Now I am going to ask you about some things that may or may not have happened in your child's life in the last year. If you have more than one child, please answer about any of the children under the age of 18 living in your house. Before we begin, I want to remind you that your answers will be kept totally private. If there is a particular question that you don't want to answer, that's O.K. But it is important that you be as honest as you can, so that we can get a better idea of the kinds of things that kids face.

[INTERVIEWER NOTE:]

(If respondent states during the intro to section C that he or she is not a parent or a caregiver, skip to section D.)

C1 Confirm parent/caregiver

- 1 Continue
- 2 Respondent is not a parent/caregiver [SKIP TO BEFORE D1]

C2. Sometimes people are attacked with sticks, rocks, guns, knives, or other things that would hurt. In the last year, did anyone hit or attack your child on purpose with an object or weapon? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C3. In the last year, did anyone hit or attack your child without using an object or weapon?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C4. In the last year, has anyone ever used the Internet to bother or harass your child or to spread mean words or pictures about your child?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C5. In the last year, did your child get scared or feel really bad because kids were calling your child names, saying mean things to your child, or saying they didn't want your child around?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C6. Sometimes groups of kids or gangs attack people. In the last year, did a group of kids or a gang hit, jump, or attack your child?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C7. In the last year, did any kid, even a brother or sister, hit your child? Somewhere like: at home, at school, out playing, in a store, or anywhere else?

- 1 Yes

- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C8. In the last year, did any kids, even a brother or sister, pick on your child by chasing him/her or grabbing his or her hair or clothes or by making him/her do something he/she didn't want to do?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C9. In the last year, did your child SEE a parent get pushed, slapped, hit, punched, or beat up by another parent, or their boyfriend or girlfriend?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C10. In the last year, did your child SEE a parent hit, beat, kick, or physically hurt this child's brothers or sisters, not including a spanking on the bottom?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C11. In the last year, in real life, did your child SEE anyone get attacked on purpose WITH a stick, rock, gun, knife, or other thing that would hurt? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C12. In the last year, was your child in any place in real life where they could see or hear people being shot, bombs going off, or street riots?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C13. In the last year, was anyone close to your child murdered, like a friend, neighbor or someone in your family?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know

4 (Vol) Refused

Next, we would like to talk about grown-ups who take care of your child. This means parents, babysitters, adults who live with you or others who watch your child.

C14. Not including a spanking on the child's bottom, in the last year, did a grown-up in your child's life hit, beat, kick, or physically hurt your child in any way?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C15. When someone is neglected, it means that the grown-ups in their life didn't take care of them the way they should. They might not get them enough food, take them to the doctor when they are sick, or make sure they have a safe place to stay. In the last year, was your child neglected by any of the grown-ups in your child's life?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

[IF RESPONDENT ANSWERED NO TO ALL OF C2-C15, SKIP TO (C20 [BOSTON ONLY] / D1 [CUYAHOGA OR GRAND FORKS]). ELSE, CONTINUE.

C16. When you think about your child's experiences with any of the things I've just mentioned, did it happen MOSTLY:

- 1 At home
- 2 At work
- 3 In the neighborhood
- 4 At school
- 5 In many places
- 9 (Vol) Refused

C17. In the last year, have you talked to someone such as a family member, friend, clergy, or a professional about your child's experiences with any of the things I've just mentioned?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C18. In the last year, did your child receive any medical help because of their experiences with violence?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C19. In the last year, did your child receive any counseling or mental health services because of their experiences with violence?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

[IF BOSTON]

C20. In the past year, has your child's health care provider (such as a doctor or nurse) asked whether your child has experienced or witnessed violence?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

[IF BOSTON]

C21. If your child were to experience or witness violence, how comfortable would you be talking to his or her health care provider (such as a doctor or nurse) about it?

- 1 Very comfortable
- 2 Somewhat comfortable
- 3 Neutral
- 4 Somewhat uncomfortable
- 5 Very uncomfortable
- 8 (Vol) Don't Know
- 9 (Vol) Refused

[D. DEMOGRAPHICS]

Now I have just a few questions about you so that we can describe the types of people that took this survey.

D1. [If unclear, ask:] What is your gender?

- 1 Male
- 2 Female
- 9 (Vol) Refused

D2. How old are you?

_____ [enter as spoken;]

[Range= 0-96]

- 97 97 and older
- 98 (Vol) Don't Know
- 99 (Vol) Refused]

D3. Which of the following categories describes you? You may select more than one. [**READ LIST--MULTIPLE RECORD**] *NOTE: IF RESPONDENT SAYS "MIXED" PROBE FOR SPECIFIC RACES AND RECORD.*

- 1 White
- 2 Black or African American
- 3 Hispanic or Latino
- 4 Asian or Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other
- 8 (Vol) Don't Know
- 9 (Vol) Refused

D3a. [If D3=6]

[Open-ended response for Other]

D4. What is your current marital status? Are you...

- 1 Married
- 2 Unmarried but living with a partner
- 3 Separated
- 4 Divorced
- 5 Widowed
- 6 Single (Never married)
- 9 (Vol) Refused

D5. Are you currently employed full-time, employed part-time, in the military, unemployed and looking for work, retired, student, homemaker or something else?

- 1 Employed full-time
- 2 Employed part-time
- 3 In the military
- 4 Unemployed and looking for work
- 5 Retired
- 6 Student
- 7 Homemaker
- 8 Disabled or too ill to work¹
- 9 Other
- 10 (Vol) Refused

D6. What was your total household income (including all wages, public assistance, and child support) for 2010, before taxes? Counting all members in your household, was it...?

- 1 Less than \$10,000
- 2 \$10,001 to \$20,000
- 3 \$20,001 to \$30,000
- 4 \$30,001 to \$40,000
- 5 \$40,001 to \$60,000
- 6 \$60,001 to \$80,000
- 7 \$80,001 to \$100,000
- 8 More than \$100,000

- 9 (Vol) Don't Know
- 10 (Vol) Refused

D7. What is the highest level of education that you have completed?

- 1 Less than a high school degree
- 2 High school or GED
- 3 Some college or Associate's degree
- 4 Bachelor's degree
- 5 Graduate school (Master's, doctorate, or other professional degree)
- 9 (Vol) Refused

D8. How many children 17 or younger are living in your household?

_____ [enter as spoken]

[Range=1-6]

- 7 7+
- 8 (Vol) Don't Know
- 9 (Vol) Refused

[END OF INTERVIEW—OFFER HELP/ASSISTANCE NUMBER]

Thank you for your time. If you would like to get advice or assistance on any of the things we talked about today, you can call:

IF BOSTON: SafeLink at 877-785-2020

IF CUYAHOGA COUNTY: First Call for Help at 211

IF GRAND FORKS COUNTY: Community Violence Intervention Center at 701-746-0405

Thank you for your assistance. That completes our interview.

Appendix C

Baseline Community Survey for Tribal Sites

Defending Childhood Community Survey—Adapted for the Rosebud and Rocky Boy’s
Last Updated: May 1, 2012

[A. INTRODUCTION]

INTRO A. Hello, my name is _____ and I’m calling from Abt SRBI, a national survey research organization. We are conducting an important confidential survey on issues about community safety and exposure to violence on the (Rosebud/Rocky Boy’s) reservation. The purpose of the survey is to find out how much violence is an issue in your community and to help the Tribe to plan programs and services for children and families, and also to demonstrate some of the strengths and assets of the community. It will only take about 10 minutes and we would like to offer you \$10 for your participation.

[IF NEEDED: “May I speak to an adult age 18 or older?” Re-read introduction if a new person comes to the phone]

[ASK IF PHONE = CELL]

A1. Are you in a safe place to talk right now?

- | | | |
|---|--------------------|--|
| 1 | Yes | |
| 2 | No, call me later | SCHEDULE CALLBACK |
| 3 | No, CB on landline | RECORD NUMBER, schedule call back |
| 9 | (Vol) Refused | THANK AND END – Soft Refusal |

[ASK IF PHONE = CELL]

A2. Are you currently driving?

- | | | |
|---|---------------|-------------------------------------|
| 1 | Yes | THANK & END, CALLBACK |
| 2 | No | |
| 9 | (Vol) Refused | THANK AND END – Soft Refusal |

[ASK IF PHONE = CELL]

A3. Do you currently reside on the (Rosebud/Rocky Boy’s) reservation?

- | | | |
|---|---------------|-------------------------------------|
| 1 | Yes | |
| 2 | No | SCREEN OUT [THANK AND END] |
| 9 | (Vol) Refused | THANK AND END – Soft Refusal |

[IF PHONE = CELL, SKIP TO A5]

A4. Can I confirm that I have reached a household (not a business, school, etc.) located on the (Rosebud/Rocky Boy’s) reservation?

- | | | |
|---|-------------------------------|-----------------------------------|
| 1 | Yes | |
| 2 | No, not a household | SCREEN OUT [THANK AND END] |
| 3 | No, household off reservation | SCREEN OUT [THANK AND END] |

A5. Can you please tell me your zip code? _____ [enter as spoken]
99999 (Vol) Refused

A6. Including you, how many adults, aged 18 and older, live in this [IF CELL, “your”] household?

____ Number of adults
0 None

[SCREEN OUT]

[IF A6 >=2]

A7. How many of those adults are parents or caregivers of children 17 or younger?

____ Number of parents/caregivers of children 17 or younger
100None

[IF A6=1 AND A7 =1, GO TO INTRO C]

[IF A6>=2 AND A7=1, GO TO A7a]

[IF A6>=2 AND (A7=0 OR A7>=2), GO TO A8]

A7a May I please speak with that person?

9	Yes, speaking	[GO TO INTRO C]
10	Yes, new person comes to the phone	[GO TO INTRO B]
11	Not here	[SCHEDULE CALLBACK]
12	Refused	[THANK AND END]

A8. In order to select just one parent or caregiver (or adult if A6=0) to interview, may I speak to the one who will have the next birthday/most recent birthday?

13	Yes, speaking	[GO TO INTRO C]
14	Yes, new person comes to the phone	[GO TO INTRO B]
15	Not here	[SCHEDULE CALLBACK]
16	Refused	[THANK AND END]

INTRO_B. Hello, my name is _____ and I’m calling from Abt SRBI, a national survey research organization. We are conducting an important confidential survey on issues about community safety and exposure to violence on the (Rosebud/Rocky Boy’s) reservation. The purpose of the survey is to find out how much violence is an issue in your community and to help the Tribe to plan programs and services for children and families, and also to demonstrate some of the strengths and assets of the community. It will only take about 10 minutes and we would like to offer you \$10 for your participation. [Continue with Intro C]

INTRO_C. Your household was selected as part of a random sample of households on the (Rosebud/Rocky Boy’s) reservation. We would like to interview you about your opinions and attitudes about safety in your community.

If there are any questions that you prefer not to answer, that's OK. All of the information you provide will be kept strictly confidential. While the (Chippewa Cree/Rosebud Sioux) Tribal Council is aware of this survey and will see the *overall* results, neither the Tribal Council nor any other agency will be able to see your individual responses in connection with your name or telephone number. The overall results will also be shared back with the whole community.

To thank you for your participation, we will mail you \$10 if you agree to complete the survey.

The survey is completely voluntary, but it is very important for us to represent your opinions in this survey. If any of the questions are upsetting and you feel you need to speak with someone further, I can give you a telephone number for a confidential resource.

[IF ASKED ABOUT CONFIDENTIALITY]: We will only be collecting your contact information in order to mail you the \$10. The telephone numbers and addresses will be destroyed after the survey is finished. The interviewers have all been trained on maintaining confidentiality, and each has signed a confidentiality pledge. Survey results are reported as percentages and averages, not individually. No other party or agency will be able to see your individual responses in connection with your name, address, or telephone number.

If you have any questions about the authenticity of this interview, I can give you our toll free number to call (1-800-XXX-XXXX).

A9. If you don't have any questions, let's begin the survey.

- 4 Yes, continue
- 5 No, but call back later **[SCHEDULE CALLBACK]**
- 6 (Vol) Refused **[THANK AND END]**

[B. FOR ALL RESPONDENTS]

B1. How long have you lived on the (Rosebud/Rocky Boy's) reservation?

- 1 Less than one year
- 2 1 to 3 years
- 3 4 to 6 years
- 4 7 to 10 years
- 5 More than 10 years
- 8 (Vol) Don't Know
- 9 (Vol) Refused

Now I'm going to ask you to indicate how much of a problem you think that certain issues are on the reservation.

B2. How much of a problem do you think that child abuse or neglect is on the reservation? Is it:

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A big problem
- 8 (Vol) Don't Know

9 (Vol) Refused

B3. How about violence between people in a romantic relationship on the reservation? Is it:

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A big problem
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B4. What about violent crime, such as assaults, shootings or sexual assaults, on the reservation?

Is it:

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A big problem
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B5. What about bullying in or around schools? Is it:

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A big problem
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B6. What about violence between teenagers in a dating relationship? Is it:

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A big problem
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B7. What about gang violence on the reservation? Is it:

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A big problem
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B8. What about verbal and physical aggression by fans at sporting events? Is it:

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A big problem
- 8 (Vol) Don't Know
- 9 (Vol) Refused

Next I am going to read you a list of statements. For each one, please tell me whether you: Strongly Disagree; Disagree; Agree; or Strongly Agree.

B9. I feel safe in my community. Do you...

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B10. I can count on adults in my community to watch out that children are safe and don't get in trouble. Do you...

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B11. People around here are willing to help their neighbors. Do you...

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B12. There are adults in this community that children can look up to. Do you...

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B13. If there was a fight in front of your home, how likely is it that your neighbors would try to help?

- 1 Very Unlikely
- 2 Unlikely
- 3 Likely
- 4 Very Likely
- 8 (Vol) Don't Know
- 9 (Vol) Refused

For the next few questions, please indicate whether the best answer is: Yes or No.

B14. Are there community or tribal organizations that deal with local issues or problems in your community?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

B15. Is there a church, traditional healer, or other faith-based organization that you could go to in your community?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

B16. How often do you participate in faith-based activities?

- 6 Once a week or more
- 7 2 or 3 times a month
- 8 Once a month
- 9 A few times a year
- 10 Never
- 8 (Vol) Don't Know
- 9 (Vol) Refused

For the next few questions, please indicate whether the best answer is: Yes, No, or whether you are Unsure.

B17. Can watching violent television shows, video games, or music videos make a child more aggressive?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

B18. Can being exposed to violence in childhood lead to *health* problems?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

B19. Can being exposed to violence in childhood lead to *psychological* problems?

- 1 Yes
- 2 No

- 3 (Vol) Don't Know
4 (Vol) Refused
B20. Is yelling at someone an example of violent behavior?
1 Yes
2 No
3 (Vol) Don't Know
4 (Vol) Refused

- B21. Is threatening to hurt someone an example of violent behavior?
1 Yes
2 No
3 (Vol) Don't Know
4 (Vol) Refused

- B22. Is spanking a child an example of violent behavior?
1 Yes
2 No
3 (Vol) Don't Know
4 (Vol) Refused

- B23. Is insulting someone an example of violent behavior?
1 Yes
2 No
3 (Vol) Don't Know
4 (Vol) Refused

- B24. Is sexual harassment an example of violent behavior?
1 Yes
2 No
3 (Vol) Don't Know
4 (Vol) Refused

For the next statements, please tell me whether you: Strongly Disagree; Disagree; Agree; or Strongly Agree.

- B25. A person who walks away from a fight is a coward or "chicken."
1 Strongly Disagree
2 Disagree
3 Agree
4 Strongly Agree
8 (Vol) Don't Know
9 (Vol) Refused

- B26. It's okay to hit someone who hits you first.
1 Strongly Disagree
2 Disagree

- 3 Agree
- 4 Strongly Agree
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B27. It is sometimes OK for a woman to hit her husband or partner.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B28. People should not interfere in violence between romantic partners.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B29. It is sometimes OK for a man to hit his wife or partner.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B30. How likely would you be to report a case of child abuse or neglect to authorities?

- 1 Very Unlikely
- 2 Unlikely
- 3 Likely
- 4 Very Likely
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B31. If you wanted to report a case of child abuse or neglect, who or where would you call to report it? (*Interviewer: Code as given by respondent from list or select Other and enter as spoken.*)

- 1 Police/Law Enforcement
- 2 911
- 3 Child Protective/Social Services
- 4 School
- 5 Clergy/Church/Spiritual Leader
- 6 Tribal Council or Elder

- 7 Hotline
- 8 Other
- 88 (Vol) Don't Know
- 9 (Vol) Refused

[IF B31=8]

B31a. _____ [Enter as spoken]

B32. How likely would you be to report a case of domestic violence to authorities?

- 1 Very Unlikely
- 2 Unlikely
- 3 Likely
- 4 Very Likely
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B33. If you wanted to get help for a child that had experienced or witnessed violence, who or where would you call? (*Interviewer: Code as given by respondent from list or select Other and enter as spoken.*)

- 1 Police/Law Enforcement
- 2 911
- 3 Child Protective/Social Services
- 4 School
- 5 Clergy/Church/Spiritual Leader
- 6 Tribal Council or Elder
- 7 Hotline
- 8 Other
- 88 (Vol) Don't Know
- 9 (Vol) Refused

[IF B33=8]

B33a. _____ [Enter as spoken]

Please tell me whether you agree or disagree with the following statement:

B34. The (Rosebud Sioux/Chippewa Cree) Tribe is making an effort to address violence. Do you...

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B35. Over the last two years, have you seen or heard any campaigns or advertisements about children experiencing or witnessing violence?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

B36. Have you ever heard of the Defending Childhood Initiative? [If **ROCKY BOY'S** Rocky Boy's Children Exposed to Violence Project?]

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

B37. Which of the following sources would you trust for information on local resources or services? You may select more than one. [**READ LIST--MULTIPLE RECORD**]

- 9 Television
- 10 Radio
- 11 Billboards
- 12 Newspaper
- 13 Social media (such as Facebook or blogs)
- 14 Mailing to your home
- 15 None of the above
- 88 (Vol) Don't Know
- 9 (Vol) Refused

Please tell me how often the following things happened to you in the past year.

B38. In the past year, how often were you threatened with physical harm?

- 1 Never
- 2 Once
- 3 A few times
- 4 Often
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B39. In the past year, how often did you see someone else being threatened with physical harm?

- 1 Never
- 2 Once
- 3 A few times
- 4 Often
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B40. In the past year, how often were you slapped, punched, or hit?

- 1 Never
- 2 Once
- 3 A few times
- 4 Often
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B41. In the past year, how often did you see someone else being slapped, punched, or hit?

- 1 Never
- 2 Once
- 3 A few times
- 4 Often
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B42. In the past year, how often were you beaten up or mugged?

- 1 Never
- 2 Once
- 3 A few times
- 4 Often
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B43. In the past year, how often did you see someone else being beaten up or mugged?

- 1 Never
- 2 Once
- 3 A few times
- 4 Often
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B44. In the past year, how often were you attacked with a weapon?

- 1 Never
- 2 Once
- 3 A few times
- 4 Often
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B45. In the past year, how often did you see someone else being attacked with a weapon?

- 1 Never
- 2 Once
- 3 A few times
- 4 Often
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B46. In the past year, how often were you threatened or harmed because of your race or where you grew up?

- 1 Never
- 2 Once
- 3 A few times
- 4 Often
- 8 (Vol) Don't Know
- 9 (Vol) Refused

[IF RESPONDENT ANSWERED 'NEVER TO ALL QUESTIONS IN B38-B46, SKIP TO INSTRUCTIONS BEFORE C1; ELSE, CONTINUE.]

B47. When you think about the violence you experienced or saw, did it happen MOSTLY:

- 1 At home
- 2 At work
- 3 In the community
- 4 At school
- 5 At pow-wows or other social events
- 6 In many places
- 8 (Vol) Don't Know
- 9 (Vol) Refused

B48. When you think about the violence you experienced or saw, did you report any of it to the authorities, such as law enforcement or child protective services?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

[IF A7=0, SKIP TO BEFORE D1; ELSE CONTINUE]

[C. QUESTIONS ONLY FOR PARENTS OF CHILDREN UNDER 18]

Now I am going to ask you about some things that may or may not have happened in your child's life in the last year. If you have more than one child, please answer about any of the children under the age of 18 living in your house. Before we begin, I want to remind you that your answers will be kept totally private. If there is a particular question that you don't want to answer, that's O.K. But it is important that you be as honest as you can, so that we can get a better idea of the kinds of things that kids face.

[INTERVIEWER NOTE:]

(If respondent states during the intro to section C that he or she is not a parent or a caregiver, skip to section D.)

C1 Confirm parent/caregiver

- 3 Continue

4 *Respondent is not a parent/caregiver* *[SKIP TO BEFORE D1]*

C2. Sometimes people are attacked with sticks, rocks, guns, knives, or other things that would hurt. In the last year, did anyone hit or attack your child on purpose with an object or weapon? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C3. In the last year, did anyone hit or attack your child without using an object or weapon?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C4. In the last year, has anyone ever used the Internet to bother or harass your child or to spread mean words or pictures about your child?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C5. In the last year, did your child get scared or feel really bad because kids were calling your child names, saying mean things to your child, or saying they didn't want your child around?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C6. Sometimes groups of kids or gangs attack people. In the last year, did a group of kids or a gang hit, jump, or attack your child?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C7. In the last year, did any kid, even a brother or sister, hit your child? Somewhere like: at home, at school, out playing, in a store, or anywhere else?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C8. In the last year, did any kids, even a brother or sister, pick on your child by chasing him/her or grabbing his or her hair or clothes or by making him/her do something he/she didn't want to do?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C9. In the last year, did anyone pick on or tease your child because of the length of his/her hair or the clothes that he/she wears?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C10. In the last year, did your child SEE a parent get pushed, slapped, hit, punched, or beat up by another parent, or their boyfriend or girlfriend?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C11. In the last year, did your child SEE a parent hit, beat, kick, or physically hurt this child's brothers or sisters, not including a spanking on the bottom?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C12. In the last year, in real life, did your child SEE anyone get attacked on purpose WITH a stick, rock, gun, knife, or other thing that would hurt? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C13. In the last year, was your child in any place in real life where they could see or hear people being shot, bombs going off, or street riots?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C14. In the last year, was anyone close to your child murdered, like a friend, neighbor or someone in your family?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

Next, we would like to talk about adults who take care of your child. This means parents, grandparents, adults who live with you, babysitters, or others who watch your child.

C15. Not including a spanking on the child's bottom, in the last year, did an adult in your child's life hit, beat, kick, or physically hurt your child in any way?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C16. When someone is neglected, it means that the adults in their life didn't take care of them the way they should. They might not get them enough food, take them to the doctor when they are sick, or make sure they have a safe place to stay. In the last year, was your child neglected by any of the adults in your child's life?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

[IF RESPONDENT ANSWERED NO TO ALL OF C2-C16, SKIP TO D1. ELSE, CONTINUE.]

C17. When you think about your child's experiences with any of the things I've just mentioned, did it happen MOSTLY:

- 1 At home
- 2 At school
- 3 In the community
- 4 At pow-wows or other social events
- 5 In many places
- 9 (Vol) Refused

C18. In the last year, have you talked to someone such as a family member, friend, spiritual leader, or a professional about your child's experiences with any of the things I've just mentioned?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C19. In the last year, did you report any of your child's experiences with violence to the authorities, such as law enforcement or child protective services?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C20. In the last year, did your child receive any medical help because of their experiences with violence?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

C21. In the last year, did your child receive any counseling or mental health services because of their experiences with violence?

- 1 Yes
- 2 No
- 3 (Vol) Don't Know
- 4 (Vol) Refused

[D. DEMOGRAPHICS]

Now I have just a few questions about you so that we can describe the types of people that took this survey.

D1. [If unclear, ask:] What is your gender?

- 1 Male
- 2 Female
- 9 (Vol) Refused

These first questions have to do with what kinds of phones you use so that we can get a better idea of cell phone and landline usage in your community.

SC5 [ASK IF SAMPLE=CELL]

Not counting this cell phone, do you also have a regular land-line phone at home?

- 1 Yes, has a regular phone at home **SKIP TO SA1**
- 2 No, cell is only phone **SKIP TO SA2A**
- 8 Don't know (VOL) **SKIP TO SA1**
- 9 Refused (VOL) **SKIP TO SA1**

SL3 [ASK IF SAMPLE=LANDLINE]

Do you have a cell phone in addition to the line on which we're speaking right now?

- 1 Yes, also have cell phone

- | | | |
|---|------------------------|-------------------|
| 2 | No, this is only phone | SKIP TO D2 |
| 8 | (VOL) Don't know | SKIP TO D2 |
| 9 | Refused | SKIP TO D2 |

SA1 [ASK BOTH SAMPLES]

Of all of the phone calls that you or your household receives, are...(Read List)

- | | | |
|---|--|------------|
| 1 | all or almost all calls received on cell phones, | |
| 2 | some received on cell phones and some received on land lines, or | |
| 3 | very few or none on cell phones. | |
| 8 | (VOL) Don't know | SKIP TO D2 |
| 9 | (VOL) Refused | SKIP TO D2 |

[ASK IF SAMPLE=CELL OR SL3=1]

SA2a What type of service plan does this cell phone have? Is it an unlimited calling plan, a limited calling plan, a plan in which you pay as you go, or do you have a disposable cell phone?

- | | | |
|---|--|--|
| 1 | Unlimited calling plan | |
| 2 | Limited calling plan (with free evenings and weekends) | |
| 3 | Pay as you go plan/pre-paid phone | |
| 4 | Disposable cell phone | |
| 8 | (VOL) Don't know/not sure | |
| 9 | (VOL) Refused | |

Now I'm going to ask a few questions about you and your household for statistical purposes only.

D2. How old are you?

_____ [enter as spoken;]

[Range= 0-96]

- | | |
|----|------------------|
| 97 | 97 and older |
| 98 | (Vol) Don't Know |
| 99 | (Vol) Refused] |

D3. Are you an enrolled member of the (Rosebud Sioux/Chippewa Cree) Tribe?

- | | |
|---|------------------|
| 1 | Yes |
| 2 | No |
| 3 | (Vol) Don't Know |
| 4 | (Vol) Refused |

D4. Are you an enrolled member of any other tribe(s)?

- | | |
|---|------------------|
| 1 | Yes |
| 2 | No |
| 3 | (Vol) Don't Know |
| 4 | (Vol) Refused |

D5. Which of the following categories describes you? You may select more than one. [**READ LIST--MULTIPLE RECORD**] *NOTE: IF RESPONDENT SAYS "MIXED" PROBE FOR SPECIFIC RACES AND RECORD.*

- 1 American Indian
- 2 Alaska Native
- 3 White
- 4 Black or African American
- 5 Hispanic or Latino
- 6 Asian or Pacific Islander
- 7 Other
- 8 (Vol) Don't Know
- 9 (Vol) Refused

D5a. [If D5=7]

[Open-ended response for Other]

D6. What is your current marital status? Are you...

- 1 Married
- 2 Unmarried but living with a partner
- 3 Separated
- 4 Divorced
- 5 Widowed
- 6 Single (Never married)
- 9 (Vol) Refused

D7. Are you currently employed full-time, employed part-time, in the military, unemployed and looking for work, retired, student, homemaker or something else?

- 1 Employed full-time
- 2 Employed part-time
- 3 In the military
- 4 Unemployed and looking for work
- 5 Retired
- 6 Student
- 7 Homemaker
- 8 Disabled or too ill to work¹
- 9 Other
- 10 (Vol) Refused

D8. What was your total household income (including all wages, public assistance, and child support) for 2011, before taxes? Counting all members in your household, was it...?

- 1 Less than \$10,000
- 2 \$10,001 to \$20,000
- 3 \$20,001 to \$30,000
- 4 \$30,001 to \$40,000
- 5 \$40,001 to \$60,000
- 6 \$60,001 to \$80,000

- 7 \$80,001 to \$100,000
- 8 More than \$100,000
- 9 (Vol) Don't Know
- 10 (Vol) Refused

D9. What is the highest level of education that you have completed?

- 1 Less than a high school degree
- 2 High school or GED
- 3 Some college or Associate's degree
- 4 Bachelor's degree
- 5 Graduate school (Master's, doctorate, or other professional degree)
- 9 (Vol) Refused

D10. How many children 17 or younger are living in your household?

_____ [enter as spoken]

[Range=1-6]

- 7 7+
- 8 (Vol) Don't Know
- 9 (Vol) Refused

D11. OK. Now I just need to get your name and address to send you the \$10 check. This information will be kept confidential and will only be used to send you this check.

What is the first and last name we should write on the check?

What is the address?

City?

State?

Zip?

[END OF INTERVIEW—OFFER HELP/ASSISTANCE NUMBER]

Thank you. You should receive your check within the next 4-6 weeks. If you do not receive it, you can call us at 1-800-xxx-xxxx and ask for Jennifer.

Again, thank you for your assistance. Once we finish surveying others in your community, we will share the results with the community. If you would like to get advice or assistance on any of the things we talked about today, you can call:

IF ROSEBUD: The Defending Childhood Initiative at (605) 747-2900.

IF ROCKY BOY'S: The Family Resource Center/Rocky Boy's Children Exposed to Violence Project at (406) 395-4542 or the Chippewa Cree Human Services Division at (406) 395-4176.

That completes our interview. Good-bye.

Appendix D
Adult and Children's Exposure to Violence, by site

Exposure to Violence, by non-tribal site

	Boston		Cuyahoga County		Grand Forks	
	Baseline	Follow-Up	Baseline	Follow-Up	Baseline	Follow-Up
N	901	788	901	788	901	788
Adult Exposure to Violence, past year						
Any victim to violence	17%	27%***	20%	23%	16%	21%**
Any witness to violence	51%	58%***	50%	55%*	38%	47%***
Any exposure to violence	53%	60%***	52%	58%**	41%	50%***
Children's Exposure to Violence, past year, as reported by caregiver						
Child victim of violence	44%	47%	53%	55%	58%	59%
Child witness violence	26%	29%**	27%	36%*	9%	10%
Child exposure to violence	52%	58%*	60%	64%	59%	60%

+ p<.10 *p<.05 **p<.01 ***p<.001

Exposure to Violence, by tribal site

	Rocky Boy		Rosebud	
	Baseline	Follow-Up	Baseline	Follow-Up
N	901	788	901	788
Adult Exposure to Violence, past year				
Any victim to violence	53%	58%*	54%	58%
Any witness to violence	85%	87%	86%	89%
Any exposure to violence	88%	90%	88%	90%
Children's Exposure to Violence, past year, as reported by caregiver				
Child victim of violence	49%	56%	68%	68%
Child witness violence	83%	84%	51%	55%
Child exposure to violence	87%	89%	74%	77%

+ p<.10 *p<.05 **p<.01 ***p<.001

Appendix E Baseline Professional Knowledge and Practices Survey

As part of a community-wide initiative to improve outcomes for children, we are trying to get a better understanding of the knowledge and awareness that professionals have related to children’s exposure to violence. We are also interested in learning about professionals’ practices and comfort levels to address children’s exposure to violence. When we say “children” we are referring to anyone from 0 through 17 years of age.

You have been selected, along with approximately 350 other professionals, to take the survey because you work in a field related to children’s exposure to violence. Your participation in this survey is voluntary and should only take about 10 minutes. All responses will be kept confidential, and will only be reported in the aggregate with all the other surveys collected. Your name/email address will never be reported with the results. We are asking for your email address so that we may do a follow-up survey in 6 to 12 months to see how your knowledge of children’s exposure to violence and your professional practices may have changed over time. The purpose of the survey is to understand the knowledge and awareness of the professionals as a group, not to evaluate your individual professional performance. Thank you in advance for taking the time to complete this survey, which is being conducted by the Center for Court Innovation and funded by the National Institute of Justice.

1. I agree to participate in the survey. I do not agree to participate in the survey.

2. Please enter the best email address to reach you for a follow-up survey:

Date _____

Please tell us a little bit about yourself.

3. What is your gender? Male Female Transgender Other

4. What is your age? _____

5. Which category best describes the type of agency you work for most often? (check all that apply)

I do not currently work for any specific agency.

Healthcare or Public Health

Mental Health or Substance Abuse

Police

Child Protective Services/Child Welfare

Court

Other Criminal Justice/Law Enforcement

Education

- ↑ Childcare/Early Childhood
- ↑ After-school Program Provider
- ↑ Religious or Faith-based Organization
- ↑ Other Government Social Service Agency
- ↑ Other Non-Government Social Service Agency
- ↑ Other (please describe here) _____

6. What best describes your professional role? (check only one)

- ↑ Medical provider (e.g., doctor, nurse, PA)
- ↑ Other healthcare worker (e.g., medical assistant, EMT)
- ↑ Mental health provider (e.g., psychologist, social worker, counselor)
- ↑ Law enforcement
- ↑ Other direct service (e.g., case manager, teacher, youth worker)
- ↑ Administrative
- ↑ Research/Evaluation
- ↑ Other (specify) _____

7. How long have you worked for your current agency?

- ↑ I do not currently work for a specific agency.
- ↑ Less than one year
- ↑ 1-3 years
- ↑ 4-6 years
- ↑ 7-10 years
- ↑ 11-15 years
- ↑ Over 15 years

8. How long have you worked in your current professional role (including current and past agencies)?

- ↑ Less than one year
- ↑ 1-3 years
- ↑ 4-6 years
- ↑ 7-10 years
- ↑ 11-15 years
- ↑ More than 15 years

9. What is the highest level of education you have completed?

- ↑ Some high school
- ↑ High school/GED

- ↑ Some college
- ↑ College Degree
- ↑ Graduate degree or higher

10. In your current profession, how often do you work directly with children or youth?

- ↑ Never
- ↑ Sometimes
- ↑ Often
- ↑ Always

11. In your current position, are you legally mandated to report child abuse?

- ↑ Yes
- ↑ No
- ↑ Unsure

12. Have you ever heard of the Defending Childhood [Grand Forks Safer Tomorrows] Initiative?

- ↑ Yes
- ↑ No
- ↑ Unsure

13. Are you a member of the Defending Childhood [Grand Forks Safer Tomorrows] collaborative?

- ↑ Yes
- ↑ No
- ↑ Unsure

14. Exposure to violence includes being the direct victim of (either in person or through the use of technology), witnessing, or hearing violence. In the past two years, approximately how many hours of training have you received related to *children's (0 – 17 years old)* exposure to the following types of violence (either during a specific training event or during your professional education)?

	None	1-2 hours	3 – 5 hours	6 – 10 hours	11 – 15 hours	More than 15 hours
Domestic violence	↑	↑	↑	↑	↑	↑
Community violence (e.g., gang shootings, street muggings)	↑	↑	↑	↑	↑	↑
School violence	↑	↑	↑	↑	↑	↑
Bullying	↑	↑	↑	↑	↑	↑
Child abuse/neglect	↑	↑	↑	↑	↑	↑

Child sexual abuse	↑	↑	↑	↑	↑	↑
Sexual assault	↑	↑	↑	↑	↑	↑
Teen dating violence	↑	↑	↑	↑	↑	↑
Sibling violence	↑	↑	↑	↑	↑	↑
Violence in the media	↑	↑	↑	↑	↑	↑
Stalking	↑	↑	↑	↑	↑	↑

15. Professionals of all kinds are at different levels of awareness and practice related to children’s exposure to violence. The following descriptions represent one way to summarize these levels:

- Level 1 – I am just starting to learn about the impact exposure to violence has on children.
- Level 2 – I am aware of some of the critical concerns related to children’s exposure to violence, and I am enhancing my skills and knowledge in this area on a regular basis.
- Level 3 – I am working actively in the area of children’s exposure to violence and play a leadership role in my agency and/or community to share this knowledge and clinical/intervention skills with others.

Where do you see yourself along this continuum? Circle only one number from 1 to 7.

Level 1	Level 2				Level 3	
<hr/>						
1	2	3	4	5	6	7

16. How would you rate your current knowledge in the following areas? Please check one box for each row.

	Minimal	Basic	Average	Comprehensive
a. How exposure to violence can affect children.	↑	↑	↑	↑
b. How trauma (e.g., physical, emotional or sexual abuse; neglect; domestic/ community violence; combat) can impact the brain.	↑	↑	↑	↑
c. Evidence-based or best practices in the treatment of children’s exposure to violence.	↑	↑	↑	↑
d. Vicarious trauma and self-care for professionals.	↑	↑	↑	↑
e. The process of reporting a case to child protective services.	↑	↑	↑	↑

f. Where to refer a child who has been exposed to violence for services in your community.	↑	↑	↑	↑
g. The protective factors that may lessen the impact of childhood exposure to violence.	↑	↑	↑	↑

17. Please check the box that best describes how much you agree or disagree with each of the following statements. If the statement is not relevant to your job, you can check Not Applicable.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
I can describe the potential impact of exposure to violence on children.	↑	↑	↑	↑	↑
I feel confident in recognizing when a child is attempting to disclose violence.	↑	↑	↑	↑	↑
I feel that I have created a safe environment for children or others to disclose violence.	↑	↑	↑	↑	↑
I am confident that I will appropriately respond to disclosures of violence exposure.	↑	↑	↑	↑	↑
I understand my role in supporting families and children impacted by violence.	↑	↑	↑	↑	↑
I would be comfortable reporting suspected child abuse or neglect.	↑	↑	↑	↑	↑
I am confident in screening children for exposure to violence.	↑	↑	↑	↑	↑

18. Please indicate how often you do each of the following things in your practice. If the statement is not relevant to your job, you can check Not Applicable.

	Never	Sometimes	Often	Always	Not Applicable
I assess for child safety and risk.	↑	↑	↑	↑	↑
I assess the possible physical and mental health effects on children who are exposed to violence.	↑	↑	↑	↑	↑
I refer and inform victims and parents about voluntary and community-based services (e.g., substance abuse treatment, mental health counseling, victim services).	↑	↑	↑	↑	↑
I refer children to counseling and treatment services to address the consequences of violence exposure.	↑	↑	↑	↑	↑

I support the children or parents I serve in identifying their needs and setting their own goals.	↑	↑	↑	↑	↑
I currently use an assessment tool that identifies a child's emotional and behavioral strengths and skills, in addition to their risks and deficits.	↑	↑	↑	↑	↑
I currently use an assessment tool(s) that identifies a child's existing social supports in the family and the community.	↑	↑	↑	↑	↑

19. Please list two places in your community where you could refer a child who had been exposed to violence for services:

1) _____

2) _____

↑ I do not know of any place to refer.

20. In the **past year**, have you asked a parent whether their child had been exposed to violence?

↑ Yes

↑ No

↑ Not Applicable/I have not been in a situation like this in the past year

21. In the **past year**, have you asked a child directly whether they had been exposed to violence?

↑ Yes

↑ No

↑ Not Applicable/I have not been in a situation like this in the past year

22. In the **past year**, have you referred a child for services related to their exposure to violence?

↑ Yes

↑ No

↑ Not Applicable/I have not been in a situation like this in the past year

23. The following questions are only applicable if you work for an agency or organization. If you are self-employed or not affiliated with any agency, you have completed the survey.

My agency...	Yes	No	Unsure	Not Applicable
Is represented on the Defending Childhood [Grand Forks Safer Tomorrows] Collaborative.	↑	↑	↑	↑

Implements individualized interventions to address trauma.	↑	↑	↑	↑
Has a screening or assessment tool that includes questions about children’s exposure to any type of violence.	↑	↑	↑	↑
Has policies that clearly guide staff to respond to children’s exposure to violence.	↑	↑	↑	↑
Provides an emotionally and physically safe space for victims of violence.	↑	↑	↑	↑

Thank you for completing this survey!

Appendix F
Instructions Given to Site Staff for
Professional Knowledge and Practices Survey Administration



Instructions for Professional Trainings Evaluation Survey Administration

As part of the Defending Childhood Initiative, the demonstration sites will be offering training sessions to professionals who work with children on topics related to children’s exposure to violence (CEV). These trainings seek to improve CEV-related knowledge, awareness, and practices among professionals; and to create more trauma-informed environments. Given these common objectives, the national evaluation aims to measure the impact of these professional training activities across all six sites.

In order to do so, it is necessary to measure key outcomes before and after implementation. The Center for Court Innovation (CCI) has created a survey to be administered at two points in time to all trainees who register for a Defending Childhood professionals training event. We need the sites’ help in administering the baseline survey *only*. Below are detailed instructions for training coordinators to assist in this part of the evaluation. *Note: This survey is only to be administered for training events for groups of professionals (e.g., nurses, teachers, social workers, police), not for general community members or parents. Please do not distribute the survey link or paper survey for non-professional trainings.*

One week before scheduled training event:

The baseline survey will be administered primarily online through Survey Monkey. When professionals register for a training event, please ask for them to provide their email address. One week before a scheduled training event, the training coordinator should send an email to all registrants that includes a link to the survey. Their addresses should be put in the blind copy box so they cannot see each other’s email addresses. The email should ask registrants to complete the survey *before* attending the training. Given that we suspect that individuals will register for multiple trainings, and to avoid multiple responses from any one individual, when feasible, only send the link to participants when they register for their first Defending Childhood training. If people register after the email is sent out, please send them the email at the time of their registration. The unique web address for the Cuyahoga County Defending Childhood Initiative baseline training survey is: <http://www.surveymonkey.com/s/62CK5JW>.

Here is a sample email that you can adapt and send out to registrants:

Thank you for registering for a training session on [INSERT DATE]. As part of our Cuyahoga County Defending Childhood Initiative, we are offering free trainings to professionals who work with children so that we can provide them with information related to identifying and addressing children's exposure to violence. We are also participating in a national evaluation of this initiative, which seeks to gain a better understanding of the knowledge and awareness that professionals have related to children's exposure to violence. As part of that effort we are asking that you fill out a brief survey prior to attending the training. It should take less than 10 minutes to complete. Please go to <http://www.surveymonkey.com/s/62CK5JW> to fill out this survey. Completing this survey is voluntary and if you choose not to participate, we still look forward to having you at the training. Thank you in advance and we will see you on [INSERT DATE].

At the training event:

We anticipate that there may be people who show up at the training who have not pre-registered and thus have not been able to complete a survey online ahead of time. Additionally, there may be people who received the survey link but did not have time to complete the survey before coming to the training. Because of this, CCI will also provide you with paper copies of the survey to have available at the training events for those participants who have not already completed it online. We will also provide you with envelopes addressed to the Center for Court Innovation so that the surveys can be mailed back to us without cost to your site.

Before the training begins, as people are sitting down and settling in, the person who is leading the training should distribute paper copies of the survey to all participants with an envelope. They should then ask anyone who has not already completed the survey to do so at that time (before the training starts) and to place and seal their completed surveys in the supplied envelope so that no one but CCI staff will see the survey responses. Participants should be told that their completion of the survey is not mandatory and they can choose not to complete it and still attend the training. Participants who already completed the survey online or who refuse to participate should be instructed to leave the survey blank and the envelope unsealed. A staff member should collect all sealed envelopes to be mailed to CCI after the training. CCI will then data enter the surveys and add them to the database of those who took the survey online. The unused surveys and envelopes (from those who had previously completed the survey online and those who chose not to participate) should be collected and saved to be used for future training events. *It is very important that the survey be distributed and completed before the training begins.*

Here's a sample announcement for the facilitator to use at the start of the training:

Before we get started, most of you should have received a link to complete a pre-training survey online. For those of you who did not receive the survey link, or who did not have a chance to complete the survey online, we'd like to ask you to complete a paper survey now. Your completion of the survey is not mandatory and you can choose not to complete it and still attend the training. Your responses will be helpful to inform future professional trainings. The survey asks for your email address so that our national evaluators can follow-up with you at a later time. I am distributing a survey and envelope to everyone here. If you have already completed the survey online or choose not to participate, please

leave the survey blank and the envelope unsealed. Otherwise, please take a few minutes to complete the survey now. When you are finished, please seal it in the envelope; this way, only the national evaluators will see your responses. Thank you.

Follow-up Survey

CCI will be completely responsible for facilitating the follow-up survey. A similar survey to the one participants complete prior to their first training will be administered six months to one year (TBD) following the baseline. This means that participants will essentially have their own individual baselines (the time at which they register for their first training) and follow-ups (six months to one year following their first training). The purpose of the follow-up will be to determine the extent to which their knowledge and practices may have changed since the time of the first survey. We will also assess the number of trainings they have attended to assess dose-response effects. The aggregate survey results will be shared with the sites when the follow-up surveys are complete.

If you have any questions about the survey or the above instructions, please contact Rachel Swaner at rswaner@courts.state.ny.us.

Appendix G
Mean Scores on Professional Knowledge and Practices Survey

	Retained Baseline	Retained Follow-up
N	102	102
Level of Awareness and Practice Related to Children's Exposure to Violence¹	2.32	2.29
Current Knowledge About Children's Exposure to Violence²		
How exposure to violence can affect children	3.23	3.44**
How trauma can impact the brain	3.05	3.20 ⁺
Evidence-based or best practices in the treatment of children's exposure to violence	2.74	3.51***
Vicarious trauma and self-care for professionals	2.66	3.45***
The process of reporting a case to child protective services	3.43	3.16**
Where to refer a child who has been exposed to violence for services in your community	3.13	3.02
The protective factors that may lessen the impact of childhood exposure to violence	2.95	2.92
In My Professional Role...		
N	86	86
I can describe the potential impact of exposure to violence on children	3.34	3.42
I feel confident in recognizing when a child is attempting to disclose violence	3.17	3.27
I feel that I have created a safe environment for children or others to disclose violence	3.30	3.42
I am confident that I will appropriately respond to disclosures of violence exposure	3.39	3.54*
I understand my role in supporting families and children impacted by violence	3.41	3.52 ⁺
I would be comfortable reporting suspected child abuse or neglect	3.65	3.65
I am confident in screening children for exposure to violence	3.10	3.16
N	57	57
I assess for child safety and risk.	3.24	3.29

I assess the possible physical and mental health effects on children who are exposed to violence.	3.06	3.11
I refer and inform victims and parents about voluntary and community-based services.	3.0	3.18 ⁺
I refer children to counseling and treatment services to address the consequences of violence exposure.	2.95	3.15*
I support the children or parents I serve in identifying their needs and setting their own goals.	3.32	3.36
I currently use an assessment tool that identifies a child's emotional and behavioral strengths and skills, in addition to their risks and deficits.	2.81	3.07
I currently use an assessment tool(s) that identifies a child's existing social supports in the family and the community.	2.73	2.95
My Agency...		
N	62	62
Is represented on the Defending Childhood Collaborative.	90%	94%
Implements individualized interventions to address trauma.	88%	82% ⁺
Has a screening or assessment tool that includes questions about children's exposure to any type of violence.	73%	85%*
Has policies that clearly guide staff to respond to children's exposure to violence.	74%	89%**
Provides an emotionally and physically safe space for victims of violence.	87%	0.94% ⁺
In the past year, have you...		
N	71	71
Asked Parent if Child Exposed to Violence	90%	92%
Asked Child if Exposed to Violence	87%	86%
Referred a Child For Services Related to Their Exposure to Violence	74%	77%

⁺p<.10, * p<.05, ** p<.01, ***p<.001.

¹Mean is based on a three-point scale.

²Mean is based on a four-point scale.

Appendix H
Professional Knowledge and Practices Survey Respondents’
Prior Hours of Training by Topic at Baseline

Prior Training in the Past Two Years for the Retained Sample

Training Topic	None	1-2 hours	3-5 hours	6-10 hours	11-15 hours	More than 15 hours
Domestic violence	22%	18%	26%	14%	4%	16%
Community violence (e.g., gang shootings, street muggings)	40%	21%	15%	14%	4%	6%
School violence	34%	31%	15%	8%	5%	7%
Bullying	26%	30%	19%	11%	4%	12%
Child abuse/neglect	15%	26%	27%	12%	7%	15%
Child sexual abuse	26%	22%	26%	13%	2%	11%
Sexual assault	33%	25%	22%	6%	3%	12%
Teen dating violence	37%	30%	15%	7%	5%	6%
Sibling violence	73%	9%	10%	4%	1%	4%
Violence in the media	51%	22%	14%	7%	3%	3%
Stalking	55%	24%	11%	4%	1%	5%

Appendix I
Levels of Violence in the Community
Data and Sources by Outcome and Site

	Site	Indicator	Time Frame	Data Source
Exposure to Violence at School	Boston, MA	<ul style="list-style-type: none"> • Number and Percent of Physical Fights at School • Number and Percent of Students Who Carried a Weapon at School • Number and Percent of Students Bullied on School Property 	2005-2013, every other year	Youth Risk Behavior Survey – Boston Public Schools ⁴⁶
	Grand Forks, ND	<ul style="list-style-type: none"> • Number of Physical Fights at School • Number of Violence Related Suspensions and Expulsions • Number of School Incidents Where a Weapon was Involved 	2006-2014 by school year	North Dakota Department of Public Instruction Suspension, Expulsion, and Truancy Report
	Rocky Boy Reservation, MT	<ul style="list-style-type: none"> • Number of Physical Fights at School • Number of School Incidents Where a Weapon was Involved • Number of Violent Incidents Where Police Were Called 	2007-2014 by year	Box Elder, MT School District
	Shelby County, TN	<ul style="list-style-type: none"> • Number and Percent of Physical Fights at School • Number and Percent of Students Who Carried a Weapon at School • Number and Percent of Students Bullied on School Property 	2005-2013, every other year	Youth Risk Behavior Survey – Memphis Public Schools

⁴⁶ See <http://www.cdc.gov/healthyyouth/data/yrbs/index.htm> for more information on the Youth Risk Behavior Survey.

Exposure to Violence at Home	Boston, MA	<ul style="list-style-type: none"> • Number of Screened In Child Abuse and Neglect Referrals • Number of All Referrals 	2006-2014, quarterly	Massachusetts Department of Children and Families Quarterly Reports ⁴⁷
	Cuyahoga County, OH	<ul style="list-style-type: none"> • Number of Screened In Child Abuse and Neglect Referrals • Number of All Referrals 	2004-2014 by month	Cuyahoga County Department of Children and Family Services
	Grand Forks, ND	<ul style="list-style-type: none"> • Number and Percent of Suspected Victims of Child Abuse and Neglect • Number and Percent of Child Abuse and Neglect Cases - Substantiated (services required) • Number of Domestic Violence Law Enforcement Incident Reports Where a Child was Present 	2007-2013 by year	Kids Count Data Center ⁴⁸
	Rocky Boy Reservation, MT	<ul style="list-style-type: none"> • Number of Domestic Violence Incidents • Number of Child Abuse Incidents • Number of Sexual Assaults 	2007-2013 by year	Grand Forks Police, Grand Forks County Sheriff, University of North Dakota Police, Northwood Police Chippewa Cree Law Enforcement
	Shelby County, TN	<ul style="list-style-type: none"> • Number and Percent of Suspected Victims of Child Abuse and Neglect • Rate of Child Abuse and Neglect Cases - Substantiated (services required) 	2007-2013 by year	Kids Count Data Center

⁴⁷ To access the Quarterly Reports, see <http://www.mass.gov/eohhs/researcher/family-services/dcf/dcf-quarterly-reports.html>.

⁴⁸ For more information on the Kids Count Data Center, see <http://datacenter.kidscount.org/>.

		<ul style="list-style-type: none"> • Number of Child Abuse and Neglect Cases Processed in Juvenile Court • Number of DV offenses 	<p>2007-2013 by year</p> <p>2008-2013 by month</p>	<p>Tennessee Council of Juvenile and Family Court Judges Summary Report⁴⁹</p> <p>Tennessee Incident Based Reporting System⁵⁰</p>
Exposure to Violence in the Community	Boston, MA	<ul style="list-style-type: none"> • Number of Violent Arrests • Violent Crime Arrest Rate 	2006-2012 by year	Uniform Crime Reports ⁵¹ –Boston Police Department
	Cuyahoga County, OH	<ul style="list-style-type: none"> • Number of Violent Arrests • Violent Crime Arrest Rate • Number of Incidents where juveniles are victims of violent crime • Number of Incidents where juveniles are witnesses of violent crime 	<p>2006-2012 by year</p> <p>2006-2015 by year</p>	<p>Uniform Crime Reports— Cleveland Police Department</p> <p>Cleveland Police Department</p>
	Grand Forks, ND	<ul style="list-style-type: none"> • Number of Arrests for Violent Crimes • Violent Crime Arrest Rate • Number of Arrests for Violent Crimes Where Children Were the Victim 	2007-2014 by month	Grand Forks Police, Grand Forks County Sheriff, University of North Dakota Police, Northwood Police
	Shelby County, TN	<ul style="list-style-type: none"> • Number of Arrests for Violent Crimes • Violent Crime Arrest Rate 	2006-2014 by month	Tennessee Incident Based Reporting System – Memphis Police Department

⁴⁹ To access the Tennessee Council of Juvenile and Family Court Judges Summary Report, see <https://www.tncourts.gov/courts/juvenile-family-courts/statistics>.

⁵⁰For more information on the Tennessee Incident Based Reporting System, see http://www.tbi.tn.gov/tn_crime_stats/tibrs.shtml.

⁵¹ For more information on the Uniform Crime Reports, see <http://www.ucrdatatool.gov/>.