Issue Brief #3

Schools

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Case Scenarios and Analyses

Scenario: Violence in the community

David and Miguel are walking home from middle school when a car drives by them playing loud music. David recognizes a youth in the car who had threatened him in the park earlier. "Let's get out of here!" he shouts. Before David and Miguel can get away, the car stops and three young men surround David and Miguel. Both boys are beaten. In the weeks that follow, David refuses to go to school. When he finally returns to school, he seems on edge and does not participate in class activities. Previously a conscientious student, he begins making excuses for not completing his homework and doing poorly on his exams. Miguel, however, seems to enjoy the notoriety of a broken nose. He is proud of surviving "being jumped." He becomes more aggressive and takes every opportunity to bully his peers and make sarcastic remarks to his teachers, leading the principal to consider Miguel's suspension or expulsion.

Opportunities for intervention. The principal meets with the boys' parents at school. She gives them information about the signs and symptoms of exposure to violence and explains a home-based intervention they can use to support their sons. The principal's efforts to relay information to the boys' parents helps the parents understand the impact of the violent event on their sons. Her efforts also encourage the boys' teachers to use the support available from other staff members to assist them with addressing the boys' reactions to the event.

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An electronic version of this publication can be found on the Web at www.safestartcenter.org.

The Safe Start Center Series on Children Exposed to Violence

Each Issue Brief in the series explains the importance of addressing exposure to violence to ensure the well-being of children from birth to age 18 in all systems that interact with vulnerable children and families. Through the use of literature reviews, case scenarios, and analyses of data, the Issue Briefs translate lessons learned from research and program practices into actions that can effectively prevent or reduce the negative impact of exposure to violence.

Issue Brief #3 translates emerging research and program practice into action steps for school staff to design and implement programs that meet the needs of children and youth who are exposed to violence. The goal is to build the capacity of schools to offer sensitive, timely, and appropriate interventions that ensure students' well-being while supporting academic achievement. (For a complete list of Issue Briefs, see the box on page 12.)

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Los Angeles Unified School District · School Mental Health Services
MHCD Enriching Lives and Minds
UCLA
SAFE START Working Together to Help Children Exposed to Violence
OJJDP Office of Juvenile Justice and Delinquency Prevention

The boys' teachers are encouraged to respond to the children's underlying emotions—rather than solely to their behavior—and they are given specific strategies they can use to help the students manage their symptoms. David's teachers are told to provide him with safe opportunities to explore what he is feeling through role plays and literature as well as a variety of modalities to express himself (e.g., art, music). Miguel's homeroom teacher is told to take time each morning to organize a plan and to practice behaviors with him that he will need throughout the day—especially during transition times. His teachers are given suggestions that will help avoid escalating behaviors, such as asking him to explain his behavior when he appears angry and out of control. The teachers refer the students to the school counselor trained in evidence-based trauma interventions when the boys' symptoms continue or become worse.

The school counselor assesses both students and develops an individualized plan for each based on his circumstances. The counselor works with the principal and teachers to engage the boys' parents and provides other supports that teachers may need. Both boys are referred to a cognitive-behavioral intervention group available in the school.

Scenario: Violence in the home

Third-grader Amanda has difficulty grasping new material, has a poor attendance record, and has started several fights with classmates. After Amanda grabs a book from a classmate's hands—her third aggressive act in 1 week—the teacher sends her to the principal's office with a note stating that Amanda's bad behavior is disrupting the classroom regularly and that Amanda seems unable to concentrate. The principal, Mr. Moore, meets with Amanda briefly, but Amanda is reticent and seems intimated by Mr. Moore's presence and barely looks at him when he speaks to her. Mr. Moore arranges for Amanda to meet with the school counselor, Ms. Sanchez, immediately. Ms. Sanchez begins her meeting with Amanda by asking her about how things are going at home. During the discussion, Amanda reveals that her parents argue a lot and sometimes the arguments get physical.

Opportunities for intervention. After her meeting with Amanda, Ms. Sanchez informs Mr. Moore that she will follow up with Amanda's family. Ms. Sanchez calls Amanda's mother and arranges for Amanda's mother to come to the school to talk about Amanda's progress. Ms. Sanchez starts the meeting by sharing the teacher's concerns about Amanda's behavior in the classroom—from the perspective of the child's educational progress and adjustment in school. She later describes Amanda's disclosure about the argument at home. At first it is difficult for Amanda's mother to hear that her daughter has talked about home issues—

Mental Health in Schools

Schools have a long history of providing convenient access to mental health and support services for many children who are exposed to violence. The most common ways for schools to address exposure to violence through mental health services include:

- **School-financed support services.** Most school districts employ professionals such as school psychologists, counselors, school nurses, and social workers to perform services related to students' mental health and psychosocial problems.
- **School district mental health units.** A few districts operate specific mental health units that encompass clinic facilities and provide services and consultation to schools. Others finance school-based health centers with mental health services as a major component.
- **Formal connections to community mental health services.** Some schools have developed initiatives to expand connections with community agencies to develop systems of care (e.g., wrap-around services for those in special education).
- **Classroom-based curriculum and special classroom interventions.** Many schools include in their curriculum efforts to enhance social and emotional learning and to prevent mental health problems.
- **Comprehensive, multifaceted, and integrated approaches.** A few school districts are restructuring their student support services and are weaving them together with community resources. This integrated approach promotes healthy social and emotional development.

Adapted from Center for Mental Health in Schools, 2004.

she is especially worried about what may result because of the disclosure; she is concerned about her own and her daughter's safety. However, she expresses her desire to protect Amanda. Ms. Sanchez ensures Amanda's mother that her daughter is not trying to be disloyal or to create trouble. Ms. Sanchez gives her phone numbers of local domestic abuse organizations and information on safety measures to take during a domestic dispute. She offers Amanda's mother the opportunity to call one of the organizations in privacy at the school. In addition, Ms. Sanchez ensures Amanda's mother that she will not discuss issues related to violence with Amanda's father.

Ms. Sanchez also explains to Amanda's mother that it is important for Amanda to feel safe in school by having a consistent, predictable routine. Amanda's teacher is informed of several classroom interventions to use with Amanda, including developing a daily schedule and sticking to it, designing lessons for Amanda that follow the same sequence of steps, repeating directions often, and seating Amanda close to the teacher's desk. The school counselor meets again with Amanda to determine whether she needs a referral for mental health services.

Impact of Exposure to Violence on School Settings

As evidenced in the findings of the National Survey of Children's Exposure to Violence (Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009), children's exposure to violence, crime, and abuse is pervasive. More than 60 percent of the children surveyed were exposed to crime, abuse, and violence within the past year, either directly or indirectly. Almost half were assaulted at least once in the past year, and more than 1 in 10 were injured as a result. One in ten respondents were victims of child maltreatment (including physical and emotional abuse, neglect, or family abduction), and 1 in 16 were victimized sexually. (For additional findings and statistics on the full scope of children's exposure to violence, crime, and abuse, visit www.safestartcenter.org.)

A growing body of literature supports the connections between children's exposure to violence and their mental wellness, ability to reach full academic potential, and academic outcomes (Holt, Buckley, & Whelan, 2008). Exposure to violence has been linked to decreased IQ, lower grade-point average, decreased school attendance, increased expulsions and suspensions, lower graduation rates, and poor reading ability (Delaney-Black et al., 2002; Grogger, 1997; Hurt, Malmud, Brodsky, & Giannetta, 2001). Neurobiological studies have expanded the knowledge base of the impact of exposure to violence on children's brain development. Toxic or overwhelming experiences can result in problems with language, attention, emotional and behavioral regulation, memory, and/or relationships (National Scientific Council on the Developing Child, 2005). Exposure to violence may lead to jumpiness, intrusive thoughts, sleep problems, anger and moodiness, or social withdrawal, any of which can interfere with children's abilities to focus, organize, and process information. These impacts can play out at school in problems with learning, behavior, forming attachments with adults, and getting along with other children.

When a child encounters a perceived threat to safety, his or her brain activates a natural instinct to prepare to fight, freeze, or flee from the unsafe event; this is called the stress response. Under normal circumstances, the stress response is constructive and helps keep the child safe. However, when the child operates in overwhelming states of stress or fear, survival responses that may be fully appropriate in dangerous situations (e.g., surveying the room for danger, expecting to fight or run away at a moment's notice) can become a regular mode of functioning. Unable to regulate heightened levels of arousal and emotional response, the child cannot turn off the survival strategies that his or her brain has been conditioned to use (Perry, 2006).

Children exposed to violence often fail to develop a framework for learning that helps them organize their thoughts and plan for their future (Pynoos, Steinberg, & Aronson, 1997). Chronic violence exposure can result in changes in the brain that affect attention, memory, and abilities to solve problems. Psychological research has shown that exposure to family and community violence can diminish concentration and organizational and language abilities that children need to function well in school (Cole et al., 2005).

In addition, some children exposed to violence develop symptoms of posttraumatic stress disorder (PTSD). These symptoms include (American Psychiatric Association, 1994):

- *Preoccupation/re-experiencing.* Students may think about a traumatic experience over and over again. They cannot get the experience out of their minds, making the completion of classroom and homework tasks difficult.
- *Numbing/avoidance.* To avoid feeling upset, students may stay away from situations, people, or places that remind them of the traumatic event. They may forget parts of what happened or use drugs and alcohol to avoid feelings. If the exposure to violence occurred at school, the school must work hard to overcome the experience. However, if the exposure to violence occurred at home, the school may be a place where children feel safe.
- *Hyperarousal.* Students may always be "on guard." This includes being irritable and easily startled in situations that do not seem to warrant strong reactions.

However, not all children exposed to violence are equally affected. Reactions to exposure are influenced by developmental level, ethnicity/cultural factors, temperament, history, available resources, and preexisting conditions in the child and/or the family. Not all short-term responses are problematic, and some behavior changes may reflect adaptive attempts to cope with a difficult or challenging experience (Task Force on Community Preventive Services, 2008).

Most important, many reactions displayed by children and adolescents who have been exposed to violence are similar to behaviors that may be the result of other family and/or community stressors. After thorough and specialized assessments, school counselors and other mental health professionals can determine the cause of the behavior changes.

Promising Practices for Addressing Exposure to Violence in School Settings

Schools play a critical role in helping prevent and reduce the impact of exposure to violence on children. Teachers, counselors, and administrators can help by increasing their understanding of exposure to violence and its impact on children, identifying children who need further assessment, accommodating and responding to students who have been exposed to violence, and providing treatment to or referring (internally and to outside services) children who need more intensive services and interventions (Wethington, Hahn, & Fuqua-Whitley, 2008).

Suggestions for teachers

Identify children who have been exposed to violence. Identifying children who may have been exposed to violence is the first step in the intervention process and a major responsibility for schools. Although the screening and assessment of exposure to violence should be done primarily by the school social worker or counselor, teachers are often the first to notice signs of trouble and need to report their concerns to the social worker.

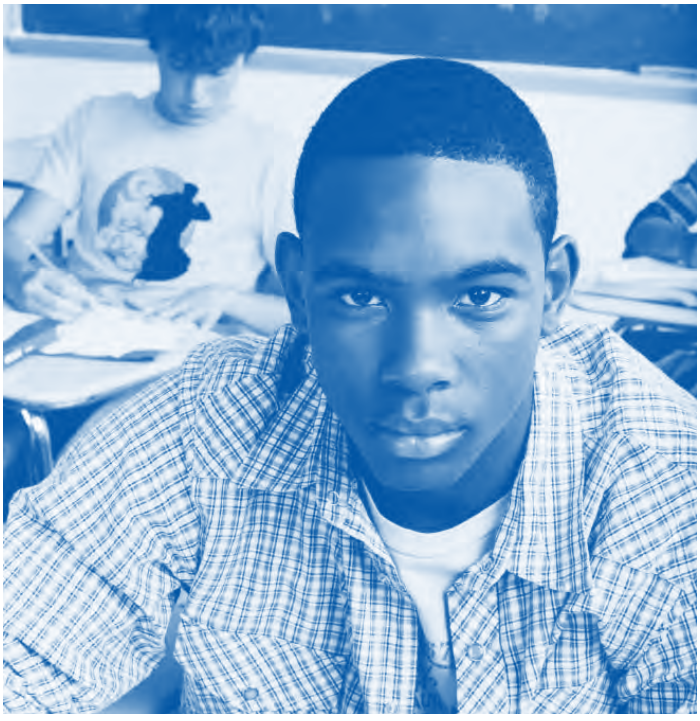
Observing changes in behavior or signs that may indicate exposure to violence and hearing disclosures from the children (or sometimes parents) are the two most common ways that teachers become aware of exposure to violence.

Know and watch for signs of possible exposure. Teacher are in a good position to watch for physical signs such as bruises, unexplained changes in behavior, and emotional signs such as depression, mood swings, and fearful or anxious behavior. Teachers can also watch for signals, depending on the age of the child. For example, very young children who have seen or been hurt by violence may cry more than usual, be difficult to calm, startle easily, or scream and panic during sleep. School-age children may become more aggressive and fight a lot, return to old fears or develop new ones, become apprehensive about going home, express a wish that the teacher were his or her parent, or become very active. Teenagers may use violence to get what they want, rebel in school, stop being concerned about how they look, or refuse to follow rules. It is important to remember, however, that aside from direct disclosure, no single behavior proves that a child has been exposed to violence.

Respond to children's disclosures. A child can talk about exposure to violence all at once or in bits and pieces as the child tests the teacher's responses. The teacher's first responsibility is to follow school policies and procedures and refer the child to specialized professionals such as the school social worker or psychologist. A teacher's willingness to listen to a child's story can provide the foundation on which to build resilience and personal strength. The most meaningful assistance teachers can offer children exposed to violence is a safe and comfortable environment where children can talk. Some of the things to say include:

- *I am not judging you, but I am worried about you.*
- *You are not alone; this happens to a lot of kids.*
- *It's not your fault. No one can make another person use violence.*
- *No one deserves to be hurt.*
- *This is not something to be ashamed of or embarrassed about.*
- *There are people who can help, and they will protect your privacy.*
- *Let's figure out how you can be safer at school and while you're out with friends.*

A teacher may not be the first person teenagers turn to when they are upset. They are more likely to talk with their peers. They may also fear that a teacher may discount or underestimate the significance of their feelings. The best a teacher can do is listen, remain open and available, and let them know he or she is there for them.



Begin to plan for safety. It is helpful for children who live in violent homes to have a plan to keep themselves safe. The planning should be based on a child's age, developmental stage, and comfort level and the family dynamics. Simple planning steps may help children overcome feelings of helplessness that may result from exposure to violence. The following questions can be used to start the planning process:

- *Can you go to a neighbor's house to call 911 or to get away? What is that neighbor's name?*
- *Why is it important to call 911?*
- *Where can you go in your house to be safe during a fight?*
- *What rooms should you stay out of when there is a fight?*
- *Do you think it is a good idea to get involved in your parents' fights?*
- *Whom can you talk to about what is happening in your house?*

Support the healing process. To nurture children's resilience, it is important that children have an opportunity to talk about what they saw and how they feel with a trusted adult who will listen and understand. Experts agree that a child's relationship with the nonabusive adult is critical for developing resilience and the healing process.

An important priority for teachers is to create an emotionally safe place for all children to learn. This enables children who have been exposed to violence to become competent learners.

Refer the child. Children exposed to violence may need specialized assessment and interventions that teachers cannot provide. In these situations, teachers should refer the children to other professionals available within the school system. Psychologists, social workers, or school counselors can help children and their families by looking at ways to stop the violence and to keep current problems from getting worse. In addition, they can offer suggestions of how to support the child in the classroom.

Suggestions for school mental health service providers (school psychologists, counselors, school social workers)

Provide advocacy and screening. School mental health service providers can advocate for students who are exposed to violence by using strategies for early identification and comprehensive screening and assessment. Systematic screening can assist in identifying children traumatized by exposure to violence, and schools are in a unique position to screen students. However, it is important to ensure that, once a student is identified as having been exposed to violence, services are available to help the student.

Assess. Children are usually referred for assessment when they are not progressing at school. Assessments are done either through regular education or as part of a special education evaluation. When a child has been exposed to violence, it is important to refer to a professional who has expertise on the impact of violence on learning. The goal is to obtain specific recommendations that will help the school and the family respond to the child's needs.

Participate in continuing education about violence and trauma. School mental health service providers should seek opportunities for professional growth and continuing education about violence and trauma to maintain high standards of care and strengthen their ability to respond to teachers' requests for information and assistance. Student outcomes improve when evidence-based interventions address the impact of violence and changes in students' behavior, development, and relationships; teach students coping and social skills for solving problems; and promote positive and stable relationships. School mental health service providers should understand students' cultural, ethnic, and developmental issues and adapt strategies to meet these needs.

Provide treatment/interventions. Some children who are exposed to violence need mental health interventions and lack the resources to access these services. Schools can be a setting for mental health interventions such as psychotherapy, increasing accessibility and service utilization. Some mental health services implemented in schools are evidence based. With the proper training, school mental health providers can provide clinical services or become consultants to teachers, administrators, and families.

Work with parents and other caregivers. School mental health service providers can assist parents and other caregivers by raising awareness of the potential impact of violence on children and by providing parents with practical tools that they can use to support their children.

Suggestions for administrators and other school personnel

Provide professional development. A critical step to ensuring the school environment has strategies to address the problems of children exposed to violence and help them achieve success in school is to build the capacity of all school staff members. Staff members have different levels of experience and responsibility. Each school must assess the level of information needed so that training can respond to each staff member's needs. The training process can be incorporated into existing school structures, which minimizes additional investment of resources.

Coordinate services. Although it is always a priority to protect and respect a child's privacy, whenever possible it may be helpful to work with all school staff members who have contact with a child who has been exposed to violence to ensure that the child gets the support and understanding needed. Administrators, social workers, nurses, teachers, and school mental health providers should inform one another and the family about concerns regarding a specific student. School districts or States may have specific policies or laws about dealing with emotional issues with children. All school

personnel should work within the school's guidelines to share information about a student's concerns.

Support families. Parents and other caregivers are fundamental to creating healthy learning environments for children exposed to violence. Strengthening relationships between school staff and families begins by building a relationship of trust. All staff members should be reliable, friendly, consistently caring, and predictable in their actions; they should keep their word and never betray the family's trust. A designated school or district liaison can coordinate the relationships among the teacher, principal, guidance counselor, other appropriate school personnel, the family, and the child.

Make appropriate referrals. School personnel can help steer families toward appropriate mental health resources. If possible, appropriate school staff (i.e., administrator, mental health professional, social worker) should lay the groundwork for the referral by making the initial contact with the outside provider. Ideally, after mental health services begin, the provider will give feedback to the school about the child's need. (To gain access to information from a child's therapist, the educator is legally required to secure a parent's written permission.)

Suggestions for State policymakers

In Massachusetts, a collaborative effort among policymakers, school systems, and advocates led to the Safe and Supportive Learning law. Through this legislation, school districts have received instructions on trauma-sensitive, evidence-based, and promising practices to address exposure to violence in the school system. With recommendations from the Massachusetts Advocates for Children's Trauma and Learning Policy Initiative (Cole et al., 2005), leaders developed an agenda to enable schools to become supportive environments where traumatized children can focus and develop appropriate behaviors that encourage learning.

In Minneapolis, Ambit—an agency of the University of Minnesota—partnered with the Minneapolis Public Schools to provide a year-long trauma training series for the districts' school social workers. The goals and objectives of the training were to help educators understand the importance of using a school-based trauma-informed lens when interacting with students and families as well as define and recognize the signs of traumatic stress and the effects of trauma on students and families at different developmental stages.

Evidence-Based School Mental Health Interventions

**Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)*. CBITS, a 10-session, school-based, group treatment program, has been implemented in elementary and middle schools across the country, with bilingual (Spanish, Russian, Armenian, and Korean) and multicultural urban and rural populations as well as Native American groups. CBITS is appropriate for fifth to eighth graders who have experienced a wide range of violence, such as home and community violence, trauma from accidents and disasters, and trauma involving significant loss. This program has been studied extensively and has been shown to reduce symptoms of PTSD and depression in a randomized control trial (Jaycox et al., 2002). Intensive 2-day trainings and consultation are available through the Los Angeles Unified School District, Trauma Services Adaptation Center for Schools and Communities. For more information, visit www.hsrcenter.ucla.edu/research/cbits.shtml.

UCLA Trauma/Grief Curriculum. For 12- to 18-year-old youth, the program consists of 8–10 sessions suitable for either individual or group applications in clinical or school settings. The manual provides detailed descriptions of the sessions, focusing on trauma, psychoeducation activities to enhance emotional awareness, identification of personal trauma/grief symptoms and trauma/loss reminders, development of a personal set of coping skills, and access to different types of support. This comprehensive four-module program covers intensive interventions for moderately and severely distressed students. For more information, visit www.nctsnet.org/nccts/nav.do?pid=ctr_aud_schl_resources.

School Intervention Project (SIP) of the Southwest Michigan Children's Trauma Assessment Center. SIP is an inclusive classroom model that aims to establish and maintain safety, improve relational engagement, and build self-regulation skills, while providing opportunities for understanding students' experiences and enhancing teachers' knowledge, skills, and confidence. Used in the classroom, it addresses the unique needs of traumatized children as well as children without known histories of trauma. It is being implemented across a continuum of ages, including students in Head

*A National Institute of Mental Health Task Force evaluated several interventions commonly used with children and youth exposed to trauma and found this intervention, among others, to be effective (Science Update, 2008).

Start programs and elementary and middle schools. Head Start and school personnel, as well as families, receive training and followup support that encourages responses to student behavior based on an understanding of trauma. For more information, visit www.wmich.edu/traumacenter.

Trauma Center Community Services Program. This group- and classroom-structured program is appropriate for children and youth from ages 8 to 15. It uses expressive art, music, and movement techniques to build safety and trust among group members. Extensive psychoeducation on threat and trauma is offered with a broad range of coping skills in a playful and engaging manner. This program has been widely implemented in the United States and abroad and has demonstrated effectiveness in reducing PTSD and improving functioning at school and in interpersonal relationships. The program requires approximately 10 sessions. For more information, visit www.nctsnet.org/nccts/nav.do?pid=ctr_aud_schl_resources.

Special Considerations That May Arise in Implementing Evidence-Based and Promising Practices

- *Pressure to meet testing standards*. As educators deal with increased pressure to meet testing standards, they have less time and resources to attend to the socio-emotional needs of their students.
- *Barriers to implementation*. School policymakers have been somewhat reluctant to assist teachers in addressing problems that interfere with schooling. The tendency is to perceive exposure to violence as a home problem, rather than a school problem, thus placing blame on students or parents. Given limited resources and emphasis on academic performance, administrators and teachers may be reluctant to support mental health interventions. Providers may also face logistical challenges (e.g., space, removing students from class) or may have competing responsibilities. Anticipating challenges and addressing them in advance can diminish their impact on program implementation. Close collaboration with staff and administration is especially important.
- *Scarcity of mental health services in the community*. Helping children and youth who have been exposed to violence cannot be done by schools alone; it requires a network of support services such as afterschool programs, community mental health interventions, and other social services agencies that are available to families during emergencies. Schools should have the necessary protocols in place for enhancing relationships with community resources.
- *Mandated reporting*. School staff members and providers need to know their State's legal mandates on child abuse reporting and limits to confidentiality. Concerns about child neglect and abuse can often emerge during crises, screenings, and interventions. It is critical for school staff to understand and closely follow established school and State protocols regarding mandated reporting and to work collaboratively with child protective services to safeguard the students' well-being (see Mandated Reporting box).

Mandated Reporting

Many children experiencing crises or violence are also at risk for child abuse and neglect. All States have child welfare systems that receive and respond to reports of child abuse and neglect, offer services to families, provide foster homes for children who must be removed from their parents' care, and work to find permanent placements for children who cannot safely return home.

Domestic violence does not equal child abuse and neglect, and therefore not all cases of domestic violence must be reported to child protective services. When responding to families affected by domestic violence, it is critically important for practitioners to consider simultaneously the safety of the child and the safety of any adult victim.

State-by-State information on reporting requirements can be found at www.childwelfare.gov/systemwide/laws_policies/state.

- *Limited support for prevention and early intervention*. No secure, ongoing funding supports developmentally appropriate interventions for children exposed to violence. To provide services, schools must piece together funding often from unsustainable sources.
- *Inadequate workforce supply and quality*. Most school personnel do not have the expertise, knowledge, and certification to provide the services of specialized professionals who are knowledgeable in evidence-based practices.
- *Staff burnout*. Often when students are exposed to violence, teachers and other staff members are also exposed, either directly or indirectly. They have their own reactions of anger, anxiety, and sadness to handle in addition to trying to support students. School staff members may require support to prevent burnout and to help them heal from the violent event. Training staff members in self-care techniques may be helpful in supporting their recovery. Tips on self-care for educators are available from the National Child Traumatic Stress Network (NCTSN) at www.nctsnet.org/nctsn_assets/pdfs/CTTE_SelfCare.pdf.

Preventing and Addressing School Violence

A safe environment is a prerequisite for effective learning. The No Child Left Behind legislation requires school systems to have programs in place to reduce levels of violence as part of their larger plan to improve academic performance. Helpful information is provided in the U.S. Department of Education's *No Child Left Behind: A Desktop Reference* (www.ed.gov/admins/lead/account/nclbreference/reference.pdf).

Unsafe environments can also have direct effects on the health of students. Students in dangerous school environments are more likely to get into fights, be injured, and experience emotional stress (Flannery, Wester, & Singer, 2004).

School systems employ numerous safety and security measures to prevent school violence (Marin & Brown, 2008). Common strategies to reduce violence in schools include student training (e.g., peer conflict resolution, violence prevention curriculum), disciplinary policies (e.g., suspension, expulsion), security measures (e.g., metal detectors, security officers on school premises), and family involvement (e.g., to support school discipline, to offer training to address problem behaviors at home) (Task Force on Community Preventive Services, 2007).

In the past decade, a movement to develop a concept similar to physical first aid for coping with stressful and traumatic events in life has been growing. This strategy is referred to as psychological first aid (PFA). Essentially, PFA provides individuals with skills to respond to the psychological consequences of violent events and disasters in their own lives, as well as in the lives of their family, friends, and neighbors.

The pamphlet *Listen, Protect, Connect—Model & Teach: Psychological First Aid (PFA) for Students and Teachers* is available at www.ready.gov/kids/_downloads/PFA_SchoolCrisis.pdf. This pamphlet describes steps to take after a disaster, school crisis, or emergency. The steps help students bounce back quickly; assist them in their return to school; and help them stay in school, continue to learn, and return to their usual school-based activities after such an event. The steps include:

- *Awareness*. Raise trauma awareness and train teachers and other staff members on classroom strategies and school mental health referral processes.
- *Prevention*. Implement violence prevention and school safety programs.
- *Preparedness*. Train school staff before an incident occurs on crisis plans, PFA, and signs and symptoms of stress that may indicate exposure to violence.
- *Response*. Implement a crisis plan and PFA for teachers, parents, and school staff.
- *Intervention*. Establish prompt and effective interventions for individual crisis situations.
- *Recovery*.
  - Train staff in promising or evidence-based school interventions for trauma.
  - Make adaptations necessary for the local community.
  - Address implementation challenges by collaborating closely with administrators, teachers, and other school staff members.
  - Support self-care for teachers and other staff members.

Additional Information/Resources

Reaching and teaching children who hurt (Craig, 2008) is a strategy-filled book that shows educators how to reach and teach students exposed to trauma.

The U.S. Department of Education runs the Readiness and Emergency Management for Schools (REMS) Technical Assistance Center (formerly the Emergency Response Crisis Management). Visit rems.ed.gov.

The RAND Corporation has developed *How Schools Can Help Students Recover from Traumatic Experiences: A Tool Kit for Supporting Long-Term Recovery* (Jaycox, Morse, Tanelian, & Stein, 2006). Visit www.rand.org/pubs/technical_reports/2006/RAND_TR413.pdf.

The NCTSN Child Trauma Toolkit for Educators offers information to educators and parents. Visit www.nctsnet.org/nccts/nav.do?pid=ctr_rsch_prod.

Additional helpful tips from NCTSN are at nctsn.org.

Several resources are available at the Los Angeles Unified School District, Trauma Services Adaptation Center for Schools Web site. Visit www.tsaforschools.org.

The Centre for Children and Families in the Justice System, the Family Violence Prevention Fund, and the National Education Association developed *Children Exposed to Domestic Violence: A Teacher's Handbook to Increase Understanding and Improve Community Responses*. Visit www.lfcc.on.ca/teacher-us.PDF.

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Moving From Evidence to Action
The Safe Start Center Series on Children Exposed to Violence

Core Concepts

Definition of exposure to violence. The Issue Briefs in this series use the definition of exposure to violence of the Safe Start initiative: "direct and indirect exposure to violence in [the] home, school, and community."

Impact of exposure to violence. Children react to exposure to violence in different ways, and many children demonstrate remarkable resilience. However, children's exposure to violence has been associated with difficulties with attachment, regressive behavior, anxiety and depression, aggression and conduct problems, dating violence, delinquency, and involvement with child welfare and juvenile justice systems. There is a strong likelihood that exposure to violence will affect children's capacity for partnering and parenting later in life, continuing the cycle of violence into the next generation.

Risk and protective factors. The impact of children's exposure to violence is influenced both by risk factors that increase the likelihood of a disruption in the developmental trajectories and by protective factors in the environment. These risk and protective factors depend on a child's age and developmental level and the type and intensity of challenges present in the environment. The presence of supportive adults and/or nurturing environments provide a powerful buffer to children from the more intense stress or anxiety that may occur when children are exposed to violence.

Effective interventions. Research has documented the effectiveness of the following strategies to address the needs of vulnerable children and families—including children exposed to violence:

- Participation in *high-quality early care and education programs* can enhance physical, cognitive, and social development and promote readiness and capacity to succeed in school.
- *Early identification of and intervention with high-risk children* by early education programs and schools, pediatric and mental health programs, child welfare systems, and court and law enforcement agencies can prevent threats to healthy development by detecting and addressing emerging problems.
- For children and families already exposed to violence, *intensive intervention programs* delivered in the home and in the community can improve outcomes for children well into their adult years and can generate benefits to society that far exceed program costs.
- Outcomes improve when highly skilled practitioners provide *intensive, trauma-focused psychotherapeutic interventions* to stop the negative chain reaction following exposure to traumatic stressors (e.g., child abuse and neglect, homelessness, severe maternal depression, domestic violence). Treatment is an essential component of successful adjustments to exposure to violence, especially for children who have frequent exposures and who have complicated courses of recovery.

Guiding Principles to Support Best Practices

- ***Safety*** of the non-offending parent and of the children ***must be paramount and addressed concurrently*** in cases involving domestic violence.
- Children ***must be understood in the context*** of their individual traits, families, and communities (***a socio-ecological approach***).
- Responsibility for a child's well-being must be owned by parents, community agencies, and public systems together—***addressing children's exposure to violence is everyone's responsiblity***.
- Agencies must ***work together in an coordinated manner*** to expand and enhance service delivery.
- Policies, programs, and services must be ***developmentally appropriate and culturally responsive*** and offered in the family's preferred language.
- Programs and services need to be ***evaluated rigorously*** for effectiveness—efficacy is key. We must commit to ***learning about what works***.

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The goal of the series is to build the capacity of practitioners in a variety of different fields to offer sensitive, timely, and appropriate interventions that enhance children's safety, promote their resilience, and ensure their well-being.

Issue Brief #1:	***Understanding Children's Exposure to Violence***
Issue Brief #2:	***Pediatric Care Settings***
Issue Brief #3:	***Schools***
Issue Brief #4:	***Child Welfare Systems***
Issue Brief #5:	***Domestic Violence Agencies and Shelters***
Issue Brief #6:	***Homeless Shelters, Permanent/Supportive Housing, and Transitional Housing***
Issue Brief #7:	***Fatherhood Programs***

Safe Start Initiative

The Safe Start initiative is funded by the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention. The goal of the initiative is to increase the knowledge of and promote community investment in evidence-based strategies for preventing and reducing the impact of children's exposure to violence. Eleven demonstration sites were funded from 2000 to 2006 to create a comprehensive service delivery system to improve the accessibility, delivery, and quality of services for children exposed to violence at any point of entry. A national evaluation broadened understanding of how communities can successfully implement a comprehensive system of care with policy and practice interventions to minimize the negative consequences of exposure to violence.

Fifteen Promising Approaches pilot sites, funded in 2005, are focusing on implementing and measuring developmentally appropriate services for children exposed to violence within the context of the systems that serve them. A national evaluation of these sites will analyze the impact of specific intervention strategies on outcomes for children and families.

The Safe Start Center is a resource center designed to support the Safe Start initiative on a national level and to broaden the scope of knowledge and resources for responding to the needs of children who are exposed to violence and their families. For more information on the Safe Start initiative and Safe Start Center, visit www.safestartcenter.org.

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