Welcome and Introductions Opening Remarks

NIJ is at a crossroads regarding its Children Exposed to Violence (CEV) portfolio. This meeting serves as a kickoff for NIJ’s strategic plan to assess what we’ve learned and what’s missing, and NIJ seeks collaboration to do that. NIJ wants to move away from funding in silos toward working more collaboratively and making a large portfolio more inclusive of other disciplines. Today’s discussions will provide context for the larger Department of Justice (DOJ) effort as well as that of federal partners that provide grants to state and local agencies.

Setting the Stage: The Role of Research in CEV

The Defending Childhood Initiative

The Defending Childhood Initiative is a coordinated, multidisciplinary approach incorporating prevention (Protect), intervention and treatment (Heal), and response (Thrive) strategies to provide a continuum of care to children of all ages from the time of exposure to violence (home, school and community) through successful treatment. Goals include increasing knowledge about the Defending Childhood Initiative and its resources (such as the website, which contains profiles of leaders in the field, and a resource library) and highlighting current innovations and practices for addressing CEV.

This comprehensive demonstration project began in FY2010 at eight locations (Boston, Mass.; Cuyahoga County, Ohio; Grand Forks County, N.D.; Shelby County, Tenn.; Portland, Maine; and Multnomah County, Ore.), including two tribal communities (Rosebud Sioux Reservation, S.D., and Chippewa Cree, Rocky Boy Reservation, Mont.). In 2011, implementation began at four sites and two tribal communities. Each site created collaborative networks, such as Safer Tomorrow (Grand Forks). Federal coordination includes the Department of Health and Human Services (HHS) and the Department of Education (ED), and within DOJ, it includes the Office of the Attorney General and the Office of Justice Programs (OJP). Technical assistance partners were Futures Without Violence, Native Streams Institute, National Council of Juvenile and Family Court Judges, and the Prevention Institute. Evaluation activities for the demonstration sites include both a process evaluation and an outcome evaluation.

In 2012, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) funded the International Association of Chiefs of Police and the Yale Child Study Center to develop tools and resources to inform law enforcement policies and procedures on CEV. OJJDP also funded Futures Without Violence, in partnership with the Ad Council and Wunderman Creative Agency, to develop and implement a CEV national public awareness campaign.

The Task Force on CEV conducted four public hearings, listening sessions, and a research review, and received input from experts, advocates, and impacted families and communities nationwide. The Task Force issued its report in December 2012 (http://www.justice.gov/defendingchildhood/task-force.html), which included policy recommendations for CEV prevention and reducing its negative effects for children. The final report addressed
ending the CEV epidemic, identifying CEV, treating and healing children, creating safe and nurturing homes, preventing community violence, and rethinking the juvenile justice system. The Task Force on American Indian and Alaska Native Children Exposed to Violence and the Tribal Law and Policy Institute organized four public hearings and five listening sessions across the country. The five-chapter report that resulted from these sessions can also be obtained from the DOJ Defending Childhood website.

Discussion of DOJ and Partner Efforts Related to CEV

Ms. Case: Within OJP, OVC is responsible for administering crime victims’ funds. They respond to the needs of all victims of all crimes within the context of victimization either here or abroad (for U.S. citizens who are victims overseas). They do not fund research directly but support sister agencies that do. OVC tries to build in evaluation components to new demonstration projects, such as support for young male victims of violence. They want to learn what works and then replicate and share it, and they want to build capacity in the field. A current program that fits between research and practice is Bridging the Gap; Vision 21 is their strategic plan and vision for moving the field forward. They want to find ways to better incorporate research and data and find out what works, then translate and disseminate it to their constituents in a way that makes sense for them.

Ms. Simpson: The Office of Community-Oriented Policing Services (COPS office) is a component of DOJ. It supports the concept of community policing, which involves community members, stakeholders and elected officials working together to prevent crime. They fund many grants; for example, they gave $166M to fund law enforcement officers at the state, local and tribal levels. They also offer technical assistance and training with law enforcement agencies involved in collaborative performance efforts; for example, in Baltimore, COPS is a supporting partner of the civil rights division. They completed a presidential task force in December that included a broad range of people and resulted in a task force report with six “pillars.” COPS pillar 4 is to partner with youth to prevent crime and victimization via programs such as Fred Rogers’ Cops & Kids. They also work on the Defending Childhood Initiative and support school resource officers to offer opportunities for youth to engage positively with law enforcement. Police officers are the only people in authority many children interact with, and COPS wants to minimize negative impressions.

Dr. Huang: The Substance Abuse and Mental Health Services Administration (SAMHSA) focuses on mental health, substance use and related conditions such as HIV. We are pleased to be a partner in the Defending Childhood Initiative as trauma and the impact of violence on behavioral health of children and families is a key priority area of SAMHSA’s. The perspective we bring to this issue is through a public health framework that underscores prevention, early intervention, treatment, and recovery. We focus on both the individual and family clinical level as well as a population health approach. Increasing research is documenting the short and long-term impact of exposure to violence on the mental and emotional well-being of children and their families, and building the association between exposure to violence and mental and substance use disorders. The criminal and juvenile justice systems deal with many young people and adults with mental health and substance abuse issues and high rates of victimization and trauma. SAMHSA is not specifically a research grant-funding agency, however, the policies and programs we develop are built on research and data. In some circumstances we support research to develop interventions. One of SAMHSA’s major investments is funding
the National Child Traumatic Stress Initiative. This initiative develops and implements trauma-focused assessments and treatments for children exposed to a wide range of traumatic events. SAMHSA funds coordinating centers on child traumatic stress, academic practice grants and intervention development, and community service agencies to provide trauma-specific interventions for children. The funding targets specific types of trauma spanning the ages of childhood to young adulthood. SAMHSA recently issued its framework for understanding trauma and implementing trauma-informed approaches across multiple child-serving systems, e.g., mental health, schools, primary care, juvenile justice, etc. This framework, *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*, synthesizes perspectives of research, clinical practice, and people with lived experience. Based on this framework, SAMHSA recently convened a meeting for six cities that have been implementing trauma-informed approaches to build resiliency in communities with high exposure to trauma and violence. In terms of research gaps, we need more research on trauma in schools, and the intersection of violence, trauma, and race and ethnicity. We also need to know how to reach communities that are low in resources yet heavily burdened by trauma with little access to federal resources.

*Dr. Kelley:* The Family Violence Prevention and Services Pact (FVPSA) was passed 31 years ago. It was authorized as part of the Child Abuse Amendments of 1984, which has been amended eight times since then. It expired on September 30, 2015. The approach links human services systems and programs to the network of domestic violence services. Domestic violence programs funded through FVPSA serve more than 1.2 million people annually (288,633 children, 886,996 women, 73,339 men). Domestic violence is the most common violence children experience. We have been very survivor focused, but we need to look at the whole person through increased community connections. The Domestic Violence Evidence Project started in 2012 with a literature review on the effectiveness of domestic violence services for individuals and families. The DVEvidenceProject.org online resource is a companion to the Promising Futures – Futures Without Violence website, with links to evidence based programs for children exposed to domestic violence and their parents. It seeks interventions that address culturally relevant practices and research-informed strategies, e.g., the Healing Practices for Survivors intervention. FVPSA Program resources include national, cultural and special-issue resource centers on domestic violence and a wealth of resources to support the capacity of domestic violence programs. See more information on the FVPSA Domestic Violence Resource Network at [www.acf.hhs.gov/fvpsa](http://www.acf.hhs.gov/fvpsa). Research gaps include: gender analysis and domestic violence; effectiveness of supporting children by supporting parents; parent/child interventions; services research, namely, what is being done and what is effective; culturally relevant interventions; and male victims of intimate partner violence (IPV). Research also is needed on moving from model programs to putting strategies into use. We need to look at programs that reach youth where they are (in schools or on the streets).

*Ms. Reiny*: The Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB) has a mission to improve the health, safety and well-being of children and their mothers. It takes stock of recent research and translates it into prevention and intervention strategies. The MCHB Title V Block Grant program offers approximately $600 million to state and jurisdictional health departments to advance this mission. Strategies supported by MCHB include home visiting programs and intensive support to high-risk families who have several generations of exposure to violence. Since 2001, they have been working on bullying — which is peer abuse, not a rite of passage. MCHB funded the Institute of Medicine (IOM) to synthesize what is known about bullying and its prevention in a workshop last year. IOM was then funded to continue that work to translate the evidence obtained from practical interventions. Other topics include correlates and effects of a child’s death related to CEV, and intimate partner violence, focusing on whether the caregiver was exposed to violence. The Children’s Safety Network aims to reduce injuries to children by 100,000 within three years. Future research will address chronic diseases that result from exposure to violence — for example, the cycle of violence mechanisms are known to impact brain development. We want more research on how to interrupt this domino effect. Is there a powerful and modifiable domino that can interrupt these cycles?
Ms. Burton: The Office of Safe and Healthy Students is not a research-based agency, but it encourages implementation of evidence-based programming in schools. It funds initiatives such as Project Aware and the Homeless and Neglected Youth Program. It works with emergency management programs in schools (e.g., dealing with school shootings); with the elementary school grant program, which is school district based; and with young people and families on mental health- and counseling-related activities such as physical education, nutrition education, and the benefits of physical activity. It funds many interagency initiatives, such as bullying prevention, tracking violence and other aggressive activities, and human trafficking. Research gaps include multitier networks, participation in activities likely to harm another student, interventions in school (are they helping eradicate violence?), and the intersection of school and community. Programs should be mindful of each other, such that interventions in the schools compliment interventions happening within the community, so students do not receive contradictory messages.

Discussion

• There are a lot of interagency relationships. How difficult is it to initiate a project considering that each has its own funding stream?
  Ms. Burton: Initially, there were growing pains with the different organizational cultures at the Office of Safe and Healthy Students, but ultimately it has gone well, and with the bullying initiative, it was exemplary. These relationships help expand innovations and things people are willing to try. The office is now working with DOJ, which funnels funds to it, on the needs of multitier networks.
  Dr. Huang: It’s different with different agencies — different levels of collaboration and different organizational cultures. Much depends on the interpersonal, honest, trusting relationships — these bureaucracies are so massive that you don’t know where to go otherwise. For the bullying initiative, some 15 agencies (e.g., the Department of Agriculture, the largest funder of after-school programs) met regularly for four or five years.
  Ms. Case: Often these become major challenges that can make or break a collaboration. You must be able to identify opportunities for better and more robust outcomes.

Regarding research gaps between research and practice: It’s hard to do that sort of work. The practice side receives few incentives to stay abreast of the research/academic side, and the academic side is not incentivized to do that sort of work either. How do we increase incentives on both sides?
  Ms. Case: We have to acknowledge that the way we’ve been doing things has not worked (i.e., silos between research and practitioners). One OVC example that has worked is the partnership between South Carolina and the Medical University of South Carolina to train practitioners on evidence-based practices.
  Ms. Simpson: The COPS Office has funded 125,000 police officer positions in universities for officers who support community policing. They want to decrease the incidence of alcohol abuse, sexual violence, etc., and to address practical ways to prevent students from making inappropriate decisions. There are many opportunities for funding.
  Dr. Kelley: HHS has limited funded research/evaluation to document the impact of services and interventions. They want research efforts to complement each other. What do we know, and what do we need to know to expand research? We have no significant research center funding dedicated to interpersonal violence. We need to make investments proactively.
  Dr. Huang: There are ways to connect with funding resources, for example, the National Institutes of Health (NIH) or the National Institute on Drug Abuse (NIDA). At NIDA, their partners use NIDA’s grant site to test interventions. They convene expert panels to build networks and to use as consultants.
  Ms. Reiney: The Centers for Disease Control and Prevention (CDC) funds the Injury Control Research Centers, a grant effort that requires applicants to demonstrate successful collaboration between an injury research center and public health practitioners. This requires true partnerships showing connections to practice.
  Dr. Blachman-Demner: NIJ wants to help move the science of translation forward and look at the broad range of research, including the prevention and intervention research it already funds. There is now evidence to support the idea that relationships are one of the most important factors in the translation of research to practice.
NIJ’s Program of Research on Children Exposed to Violence

NIJ is DOJ’s research, development and evaluation arm. It is dedicated to improving knowledge and understanding of crime and justice issues through science. For the purposes of this program, CEV includes children who have been both direct victims of violence and bystanders and observers of various forms of violence in their home, school or community. NIJ excludes exposure to media violence (e.g., movies, TV) in its current definition.

Since 2012, NIJ’s effort has been more unified, with a focus on CEV that is consistent with the Defending Childhood Program launched in 2010. Research has demonstrated the importance of poly-victimization and non-siloed approaches to child victimization. Program goals are to increase understanding of the dynamics of CEV; to support research to inform development and enhancement of programs, practices and policies to prevent CEV; and to incorporate a broad, public health perspective, which allows us to work in partnership with education, public health, social service and other agencies. So far NIJ’s work in CEV has not focused on prevention, but there is an interest in moving in this direction.

Complementary research portfolios include teen dating violence/violence against women, school safety, gang violence, crime prevention, hate crimes and trafficking in persons. In FY2012 and 2013, topic areas were resilience; poly-victimization; the relationship between Internet harassment/electronic aggression, and other forms of violence and victimization; and criminal or juvenile justice system responses. Of 35 to 40 applications per year, three projects were funded the first year and five the second year. In 2014, electronic aggression was removed from the solicitation, and additional partnerships (e.g., OVC Linking Systems of Care) and bullying activities at the IOM were added. In FY2015, NIJ added multisystem-involved youth and a transition to adulthood focusing on resilience to the solicitation, and NIJ released the Defending Childhood Evaluation report. Every year, they build in related activities. NIJ has also funded CEV projects through its signature programs such as the Data Resources Program, research-practitioner partnerships, graduate research fellowships, and DuBois Fellowships. Interagency coordination includes, in addition to DOJ, HHS and ED.

NIJ plans to create a more systematic approach via regular calls for proposals and other intramural and extramural research activities; continued and enhanced coordination with partner research and program offices; and continued input from the field though workshops, Web-based forums, and white papers.

Goals of this meeting are: to hear from partners about current needs of the field, to hear preliminary findings from ongoing NIJ studies, to facilitate cross-talk among grantees and stakeholders, and to inform NIJ’s development of a comprehensive research agenda. NIJ wants to identify major gaps and areas of need with readiness of topics for research and evaluation; to consider how findings from current research can be translated for policy and practice and disseminated to their audiences; and to provide information on emerging challenges and innovations, highlighting key issues of practitioner engagement with research.
Discussion of Research Findings from NIJ’s FY12, FY13, and FY14 Studies

Part 1: Long-Term Impacts of Early Child Abuse

NIJ is funding secondary data analysis of the Lehigh Longitudinal Study, previously funded by the National Institute of Child Health and Human Development (NICHD) and the Office of Behavioral and Social Sciences Research. The study began in 1976 with children ages 18 months to 6 years, and the focus is on the long-term mental and physical health and social behavior consequences of exposure to violence. Multiple data collection methods and sources were used, including parents’ own reports of their abusive disciplining practices. Specific aims were to examine: the effects of child maltreatment and childhood exposure to domestic violence, the influence of cumulative victimization in the household and environmental stresses, resilience, and gender moderation of the relationship between predictors and outcomes. At the last assessment completed in 2010, the subjects’ average age was 36. Originally, children and families were recruited from child welfare offices (official) and Head Start, day care and middle-income nurseries. The sample was 48 percent female, and 79 percent were white.

Findings (published in various papers) have thus far revealed:

- Modest relationships between childhood maltreatment and crime and possible protective/promotive effects of marriage and education. Prevalence of crime was higher for males, but the association of childhood maltreatment and crime was similar for males and females.
- Modest but consistent indirect effects of physical and emotional abuse on later adult crime via childhood externalizing (males). Emotional abuse had a direct effect on adult crime. Physical abuse chronicity increased the risk for adult crime, but not for crime associated with emotional abuse chronicity. Unique effects of physical and emotional abuse on later crime relate to differences in risk patterns.
- Gender similarities and gender differences. Similarities were in effects of abuse on school-age internalizing and externalizing behaviors, and distal predictive effects of childhood behaviors on adult crime. Childhood internalizing had a positive effect on the risk of crime for girls but not for boys; childhood externalizing behaviors predicted later crime for boys.
- Child abuse relates to partner risk-taking, warmth, and peer influences. Partner warmth is a protective factor for males. Sex abuse is more predictive of antisocial behavior in adolescence for boys than for girls, but in adulthood, it is more predictive of antisocial behavior for girls.
- All classes of offending decreased with age. Educational attainment is a protective or mitigating factor and may be one of the biggest mitigating factors.

Long-Term Eyewitness Memory in Children Exposed to Violence

The goal of this research is to provide the legal system with scientifically based interview strategies to obtain accurate eyewitness memories from adults who had been exposed to violence as children. Examples of cases in the news that include psychiatrists, coaches and priests who have abused children were presented. The defense may be, “Memories can be manipulated” or “Details differ in long-term memory.” Because such cases sometimes come to trial years after the event, the goals of this study were to test forensic interview
techniques to aid retrieval of accurate memories, to examine the effects on long-term memory of an early interview in childhood compared with no initial interview, and to investigate individual-difference predictors (e.g., IQ, PTSD) of long-term memory accuracy.

The study is based on a longitudinal sample of more than 700 children, ages 3 to 17 in the 1990s, who were involved in intensive child maltreatment investigations and had been admitted to an in-patient ward in Chicago for five days. Now, 20 years later, the investigators are interviewing these same children, who are currently adults, about the medical screening carried out while they were in this ward, as well as about the maltreatment case that brought them to the ward, in an effort to learn how best to interview adults with trauma histories. The investigators are using the Cognitive Interview (memory retrieval) techniques with mental reinstatement (witness is asked to revisit the event by forming a mental picture), or with mental and physical reinstatement (the witness is additionally shown relevant video clips) compared to more standard forensic interview techniques. Preliminary results indicate that younger children at the time of admittance remembered less. However, even at age 4, the majority remembered their time in the in-patient unit. Data collection has just begun, so findings may differ once all data have been collected.

Discussion

Clarifying questions to presenters

- (Addressed to Dr. Herrenkohl) In gender differences, the crime outcome combines personal crime to other things.
- (Addressed to Dr. Herrenkohl) The effects of child maltreatment and mental health problems and substance abuse tied to crime involvement did not persist in light of some adult factors, such as education.
- (Addressed to Dr. Herrenkohl) There are potential relationships between demographic variables and outcomes; for example, involvement with the criminal justice system reduces the likelihood of graduating from high school. The effects of stigma are also being considered.

Discussion with presenters

- In addition to the policy issues are the practice issues. Knowing numbers, methodologies and data collection offer guidance on how courts should change their practice.
- What helped those kids graduate from high school or get married? The field needs to move beyond indicators or proxies. What helped them develop social skills? What are their mechanisms or processes? What is happening that is different for boys or for girls? Need more information to directly help front line workers.
- Dominoes offer a great analogy, but what are the things we can actually change? We need more longitudinal studies. Dr. Herrenkohl has support from CDC to study intergenerational transmission, including social support relationships, in a context that make a difference for kids. (Often people identify one person as being a pivotal player.) Context plays a major role in what practices unfold in school, and actions may not be financially wise.
- Policymaking relies on basic research of understanding the relationship factors. The focus on policy and prevention is good, but good policy must be grounded in research.
- The number of risk factors in life is critical to outcomes—poverty, discrimination, and domestic and community violence in addition to child abuse. Cumulative and additive risks are another important factor to consider.
- There is a need for more research on policy implications and the costs of interventions. Need to understand the intergenerational effects and better strategies to work between generations.
- Regarding Dr. Goodman’s study, some needed research, such as on resurrecting memories, compromise institutional review board (IRB) concerns. This is an important issue. However, pilot work for the interviews was conducted, and the researchers found that most of the adults were willing to participate because they wanted to affect future generations and improve lives. The participants indicated that it was helpful to talk about their traumatic pasts and welcomed the chance to do so. It
was mainly a few of the youngest children, who didn’t really know why they were at the hospital in Chicago (e.g., didn’t know about the abuse allegations), who had some questions or concerns with later interviews. The investigators refer them to mental health care as needed and do other follow-up. The IRB approved the study. The researchers continue to obtain vital cooperation from the participants, including the ones who were very young.

Part 2: Electronic Harassment

Technology-Based Harassment Victimization: Placement in a Broader Victimization Context

Peer harassment and bullying continue to be relevant problems for youth, and they have a significant negative impact. Anxiety is particularly high around use of technology in harassment and bullying. However, with no empirical backing, technology-based harassment and bullying have been assumed to be more harmful than in-person bullying.

In this study, the investigators addressed the following: How often and in what ways is technology a component of harassment victimization among youth? Do technology-involved harassment incidents have greater negative emotional impact on youth than incidents that do not involve technology? Which incident characteristics have the greatest impact on physical health, school-related problems, and emotional response?

In the Technology Harassment and Victimization Survey (THV), telephone survey data were collected from 791 youth ages 10 to 20 in 2013-2014. The sample was drawn from youth participants in a CEV telephone survey conducted in 2011-2012. The youth telephone surveys were supplemented by parent interviews. Youth were surveyed about their experiences with peer harassment victimization and the emotional impact, school-related impact, and physical health impact of harassment incidents. Incidents were distinguished by whether they were in person only, technology-based only, or involved a mix of both types of harassment (mixed incidents). Of the total, 34 percent\(^1\) (230) reported at least one harassment experience in the past year; 15 percent were tech only; 54 percent of incidents were in person only, and 31 percent involved both in-person and technological harassment. In-person incidents occurred mostly among younger kids; mixed and technology-based incidents were similar for older groups. While in-person aggressors were typically schoolmates or acquaintances, mixed incident aggressors were usually friends or ex-friends.

Many assumptions about technology-based harassment were not supported by the research. For example there was no evidence that technology-based harassment is inherently harder to control or stop. In fact, of those harassed only via technology, 81 percent thought they could stop it or get away from it, compared to 60 percent who were harassed in person. Additionally, data indicated that online-only incidents were actually least upsetting to youth, whereas in-person-only and mixed incidents were more distressing.

The THV survey outcomes suggest that there are a number of characteristics of peer harassment incidents that are much more relevant than the involvement of technology in determining which incidents are highly upsetting and impactful for youth. For example, the duration of the incident, injury, the involvement of multiple perpetrators, the use of sexual harassment, bias or hate language, and aggression by a friend or ex-friend were all predictive of greater emotional distress, negative health impact, or negative school impact.

The investigators conclude that these characteristics may be of more use to parents and schools seeking to distinguish serious peer victimization from less serious incidents. The investigators suggest the use of the term “peer victimization” to encompass a broader range of harmful peer experiences than “bullying.” Several

\(^1\) Weighted percentages are provided.
papers have been published, and planned publications will focus on contexts predicting traumatic stress, bias language used in such incidents, child development, disability, prevention and bystander behavior, suicidal ideation, revictimization patterns and self-concept.

Electronic Harassment: Definition and Measurement

Technology platforms — online games, text messaging, chat rooms — are the second most common place where bullying occurs. Researchers with strong interest in technology were first to study the issue: the prevalence rate was found to vary from 7 percent to 72 percent. However, the lack of a standardized definition of cyber-bullying accounts for some of the variation in stated prevalence. The current study’s goal was to better understand how to define and measure cyber-bullying and to improve prevention and intervention efforts. The first task was to develop an evidence-based definition of electronic-based harassment and a related measurement tool.

The investigators used a five-step concept-mapping approach to develop evaluation or program planning: preparation, brainstorming, sorting and ranking, representation and interpretation. Stakeholders included educators, health care providers, researchers, social workers, attorneys, parents and youth. Of this group of stakeholders, 43 named 228 individual characteristics of cyber-bullying and 26 sorted and ranked the characteristics so they could be diagrammed in a context-systems program. This enabled characterization of perpetrators and targets; many descriptions could apply to either.

Preliminary conclusions indicate that cyber-bullying and in-person bullying concepts are intricately linked. Participants could not describe cyber-bullying without integrating key concepts from bullying, but cyber-bullying has unique characteristics, and the uniform bullying definition may not translate without consideration of different perspectives of terms such as power differential or repeated incidents. The next step for this research is checking the interpretation diagram with key stakeholders.

Contents and Contexts of Cyber-Bullying

A prior epidemiologic study (2006 to 2015), which used survey data, determined trends of the emerging issue of cyber-bullying and school bullying. Among adolescents, as school bullying has decreased, cyber-bullying has increased.

Research questions for the present are: What are the contents of cyber-bullying? How is cyber-bullying embedded in peer groups? Using an interdisciplinary team and a multimethod approach, the investigators combined text and network analysis. Survey data in a school-based study gave a subsample of electronic data. Aims were to classify contents of cyber-bullying messages and measure the frequency of various content themes in electronic communications. Then the researchers estimated the association between online and offline bullying. Of the 164 students from two middle schools enrolled for the initial survey, almost half (77) also enrolled in the Smartphone sub-study, in which data were collected electronically via Smartphone: for 61 students, the study collected 61,238 text message strings and 36,649 Facebook SMS strings.

Cyber-bullying and bullying are defined using text data, which enables observing real-time behavior via qualitative coding strategy (just begun), computational strategy involving machine-learning classification of key words and contexts, and linguistic inquiry and word count via custom software. One of the greatest challenges has been determining whether cyber-bullying falls into the school’s realm or the police’s realm.
As yet, there is no conclusive evidence of the effectiveness of interventions. We need foundational research to understand language, social contexts, and peer networks to develop interventions. Future work will develop interventions that utilize technology.

Discussion

Clarifying questions to presenters

- (Addressed to Dr. Jones) Data collected on access indicated that in-person bullying mainly occurs among younger kids. They acquire phones around age 13, so cyber-bullying is more common for older adolescents because children use the technology in more active and social ways.
- (Addressed to Dr. Paik & Dr. Ramirez) In terms of the data collection, the first couple of weeks of monitoring kids' text messages are considered a washout. To counter possible self-monitoring, data can be taken from earlier in the year.
- A question was raised (addressed to Dr. Jones) about whether analysis by incident (compared to analysis by participant) would yield skewed data regarding prevalence of bullying types. Analysis by incident means that a small number of youth are overrepresented within the dataset. In these types of studies, determining prevalence of bullying types may not truly represent the prevalence of bullying types across a given population. It was clarified by Dr. Jones that a maximum of only two incidents per youth were included and weighting was used to account for the hierarchical data (incident within youth) for these respondents. The limits on follow-up questions led to some under-representation of in-person-only harassment incidents. However, this only impacted a minority of incidents: only 3.5 percent of youth (n = 22) reported two incidents that involved technology with at least one additional harassment incident that did not involve technology.

Discussion with presenters

- Trend studies found that bias language was most distressing when it involved comments about sexual orientation; we have a real need to better understand this.
- As for the possible decline in-school bullying and increase in cyber-bullying, there is evidence for students interacting more online in all kinds of ways with each other, which could account for the increase in cyber-bullying. The fluidity issue is important, as is the context of those interactions.
- Researchers thought that mixed in-person and cyber-bullying had worse outcomes because of factors related to who was doing this kind of bullying (often friends or ex-friends) and other unmeasured factors such as aggression that are highly personal and relational. The researchers noted that while in-person incidents were very upsetting, online-only incidents were not so upsetting.
- A predisposition to bullying is one of the factors that needs to be analyzed. Many things come into it, including other victimization experiences. High-risk kids experience more bullying — it all clusters.
- The investigators have some data on risk factors, who the perpetrators are, and developmental data. The longitudinal design allows them to make causal statements. They do not have unobserved heterogeneity. One theme is the idea of fluidity between roles, which seems highly salient in the cyber-bullying world, because the same tools available to the perpetrator are available to the victim.
- There is also the challenge of measuring things that don’t happen or are invisible, such as ostracizing or excluding. Their questionnaire asks about the student's best friend, which also addresses who has been excluded, going to these investigators’ interest in understanding where aggression occurs and whether individuals are isolated. Clues can be found in language such as, “Let’s not invite…” Also kids post pictures, and who is not in the photo is the important one.
- The Boys’ and Girls’ Club is relaunching the online clubhouse to determine whether what we learned in the actual clubhouse can be taken online. We need to study elements that create safer, developmentally appropriate factors.
- The National Domestic Violence hotline is a resource, and they have a chat line that can be used to connect kids to resources. It would be useful to know where kids seek help online.
• There is a real need to involve school administrators. How do you distinguish when is the right time to intervene? Many mandated policies lack much research. In schools, they have to decide to intervene when needed, when kids can’t solve the issue themselves, and they are trying to address this through policies. Changes throughout the children’s development means policies must be different for young children, preadolescents and teens.

• Schools don’t know how to identify or report cyber-bullying. The connections between cyber-bullying and bullying are strong, but model policies have not been developed that address cyber-bullying. We need to integrate policies and develop trainings, recognizing that cyber-bullying and bullying are different dimensions of the same characteristic. And for policy to be effective, we need involvement of more than just schools. Bullying happens outside of schools as well.

• Schools are beginning to develop “Internet citizenship” classes to teach kids to be responsible. We need to give schools, parents and kids the tools to facilitate such efforts, while making sure to evaluate these efforts to better understand their impact and effectiveness.

Summary, Overall Discussion and Plan for Day 2

General Discussion

• Studies of traumatic stress address the differences between aggression and dysregulation: Are emotional and verbal abuse really traumatic? How can we distinguish among incidents in person or in cyberspace that threaten life or distinguish that degree of threat severity? How can we refine and get to the genuine threats compared with those that cause serious emotional distress? Language complicates these issues. The term “peer victimization” has been suggested, but all people who are harassed are not victimized. To distinguish what is really serious and to see whether this behavior is linked, we must use fresh behavioral measurements. We still need quick screening tools to get at how much distress was caused.

• The situation can be seen as a collection of overlapping Venn diagrams. Those levels can help us understand the outcome for a particular kid, but what did the kid bring to the situation? Was what he or she brought in related to the particular outcome? We need to get trauma history from these kids, because those most affected may be reacting to a previous trauma. They have individual risk factors, experiences and contexts, but they also have individual protective and resilience factors.

• The self-report measures for children are interesting. They are powerful measures that derive from work with adults and should enable defining the kid’s coping ability.

• Distinctions important from a policy perspective at the college level also apply at the K-12 stage. What prohibits students from getting an education matters.
Welcome Remarks

Trauma creates biological and psychological changes, but there is no evidence that these changes are irreversible. Kids who experience one form of trauma are more likely to experience two forms, and those kids are more likely to experience three forms, and so on. We need to look at the broad spectrum of traumas and how they interrelate. Violence exposure at the community level may be equally as negative for kids as in-home violence exposure. Children of incarcerated parents are more likely to have witnessed or experienced violence in their homes and communities. It is extremely important to gain better understanding of the interaction of all these factors.

NIJ has become increasingly interested in the manner in which the criminal justice system responds to violence, but also in how we can prevent exposure to violence. Activities focus more on primary and early secondary exposure. There are opportunities in the criminal justice system to impact children whose parents are involved in the criminal justice system; for example, when police are called for an incident of domestic violence, how do they treat the children? We should pay more attention to that.

Dr. Spivak thanked everyone for attending and sharing their thoughts and ideas; their input will go into NIJ’s thinking and planning for the next few years. NIJ wants to build its prevention effort and look at how to identify and respond to children.

Part 3: Poly-Victimization Among At-Risk Populations

Familial Pathways to Poly-Victimization for Sexual Minority Youth: Homo-Negative, Dangerous and Adverse Family Typologies

The motivation to conduct the SpeakOut study (www.speakout.berkeley.edu) emerged from the Principal Investigator’s earlier study, which found higher rates of child abuse were associated with higher rates of bullying victimization in school among a sample of sexual minority youth. In comparison to heterosexual youth, previous empirical findings indicate sexual minority youth are 2.9 times more likely to have experienced childhood sexual abuse, 1.3 times more likely to have experienced parental physical abuse, and approximately five times more likely to have experienced bullying victimization on a monthly to daily basis.

SpeakOut is the first comprehensive study to document the full range of victimization experiences among a national sample of sexual minority youth. The study aims to (a) identify lifetime prevalence, past year incidence and correlates of poly-victimization for sexual minority youth, (b) explore and establish a conceptual model of family typologies and mediating factors that lead to poly-victimization for sexual minority youth, and (c) inform the design of future research, policies and practices to prevent poly-victimization.

Researchers developed measurements considering both ambient and direct forms of family-level homo-/trans-negative microaggressions and family-level homo-/trans-positivity. The study’s inclusion criteria included a nonheterosexual sexual orientation (except transgender youth could identify as heterosexual), 14 to 19 years old, currently enrolled in middle or high school, currently residing in the United States and literate in English.
The researchers adopted the abbreviated Juvenile Victimization Questionnaire and the Swearer Bullying Survey for this study. Of the 1,191 enrolled, 370 identified as gay, 285 as lesbian, 221 as bisexual, 129 as pansexual, 105 as other and 81 as questioning. Of the 1,191, 68 percent had been poly-victimized, and the vast majority had considered suicide. The sample was predominately white ($n = 738$) with 155 identifying as multiracial, 116 as Hispanic, 104 as African American, 43 as Asian American and 24 as other.

Next steps are to finalize data cleaning, complete analysis of aims, produce a video to disseminate findings to nonacademic audiences, craft and distribute an executive summary report to community partners, submit conferences abstracts and test the conceptual model using latent profile analyses.

**Poly-Victimization Screening in the Juvenile Justice System**

Kids are involved in the juvenile justice system because the system’s priority is public safety. Yet these youth also need to be protected. They have experienced trauma and its aftereffects that exacerbate and contribute to their behavioral problems and their legal problems. In addition, a large subgroup of children and adolescents (60 to 90 percent) have experienced multiple types of traumatic victimization; for example, rape or assault in which they feared for their lives. In the community, girls are twice as likely as boys to develop PTSD, but in the juvenile justice system, boys have the same risk of developing PTSD. The survival response is the distinguishing factor of PTSD; it is a survival-mode mentality that affects every aspect of the sufferer’s life.

Within the last 25 years in the juvenile justice system, much talk has centered around becoming trauma-informed. But how? Screening for behavioral health problems, such as depression and suicidal ideation, is done via the Massachusetts Youth Screening Instrument (MAYS$I$), but this screen is too long. It also misses many children who suffer from PTSD, which is two to eight times more frequent among youth involved in the juvenile justice system than those who are not. MAYS$I$-2 was adapted to screen for trauma, but it resulted in high false negative rates.

Therefore, the investigators developed a *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5) screen, Structured Trauma-Related Experience and Symptoms Screener (STRESS), modeled on MAYS$I$-2. In June 2015, two Connecticut juvenile detention centers agreed to add STRESS to MAYS$I$-2 at intake for 450 youth. This group of youth will be compared with a group of 450 youth from another court who were tested only with MAYS$I$-2 to determine whether poly-victimization screening makes a difference in a range of outcomes for these youth.

**Factors Promoting Risk or Resilience Among Poly-Victimized Youth in the Juvenile Justice System**

In the United States each year, more than 20,000 youth are held in detention centers, and 60,500 are confined in correctional or residential programs. They are disproportionately minority and involved with the child welfare system. However, they are exposed to high rates of violence when in detention, and for youth with a prior history of trauma experience, there is high potential for traumatization or retriggering trauma. Recidivism rates are high. But the underlying factors of recidivism — trauma exposure, PTSD, maltreatment — have been largely understudied in this context.

Mechanisms linking trauma to recidivism are cognitive, emotional, interpersonal and biological. Prior research has been limited by several factors, including the need to attend to poly-victimization; the need for specificity regarding post-traumatic reactions associated with delinquency; the need for psychophysiological measures of
post-traumatic responding (e.g., electrodermal reactivity [EDR] and respiratory sinus arrhythmia [RSA]), because self-reports are not reliable; and the need for models that can account for complex associations among variables over time.

Post-traumatic numbing is a pathological adaptation to trauma, a survival and coping mechanism linked to delinquency. Primary callousness is manifested by limited prosocial emotions and a lack of empathy and warmth; these people commit the most violent and heinous crimes. Acquired callousness (post-trauma) may look the same, but it is an effortful acquisition of lack of emotions; it doesn’t come naturally. These people attempt to repress, suppress or deny their emotions, and their flight from emotion may result in risk-seeking, self-injury, or substance use.

The Adolescents Coping with Experiences Study is a conceptual model; investigators are halfway through the first wave of data collection. They are recruiting 240 youth from a detention facility in the mountain west who will be assessed every nine months over three years to: examine post-traumatic emotional numbing as a mediator of the link between poly-victimization and youth outcomes, test the hypothesis that experiential avoidance contributes to post-traumatic numbing in the aftermath of trauma, and investigate the contributions of specific RSA/EDR coordination in predicting recidivism compared with resilience and desistance. Policy and practice implications based on the results of this study include: developing a trauma-informed juvenile justice system, appreciating the importance of trauma-informed understanding of the concept of limited prosocial emotions, and fine-tuning targets for treatment concerning emotional numbing and experiential avoidance.

**Discussion**

**Clarifying questions to presenters**

- (Addressed to Dr. Sterzing) The promotional video was expensive to produce and only one was made. Unfortunately, no African-American youth appeared in the video, but this oversight will be corrected with the next set of actors now that Dr. Sterzing has a broader network.

- (Addressed to Dr. Sterzing) With the snowball sampling technique, new representativeness is always an issue. Researchers had wanted a nationwide sample but did not know about youth who had no access to technology, so they tried to be transparent about whom the study speaks to. They have people from all 50 states, but no information on the homeless.

- (Addressed to Dr. Sterzing) A distress rate of 10 to 15 percent seems extremely low (self-selected), but participants had to be anonymous to get IRB approval, and researchers have no identifying information. Dr. Sterzing plans to continue this work using technology incorporating a click-through link.

- (Addressed to Dr. Sterzing) Avoidance category was a surprise; culture may account for some avoidance and microaggression. To address the qualitative side while maintaining anonymity, researchers held seven focus groups and four youth advisory meetings. At these, people who talked about avoidance were usually first-generation immigrants. Investigators anticipated trauma and tears but also heard stories of positivity and affirmation. The absence of warmth was the most difficult for participants to talk about.

**Discussion with presenters**

- These examples illustrate the challenges of doing research in the real world and trying to come to grips with the rigidity around the rigor of studies. Researchers want to move things along the evidence scale as best they can, and randomized clinical trials don’t always give the right answer. We want to know what will help practitioners most while balancing rigor and advancing understanding.

- We have ethical responsibilities around screening and assessment. Often a probation officer, who is also inflicting stress, is assigned to screening and evaluating. Are these youth parents? Do we address trauma-informed parenting? For MAYS-I-2, STRESS, and U.T.E.S., a computer is doing the screening — youth are very willing to answer questions on a computer, and they are always given the opportunity to pass on any question.
Who gets the information, and how is privacy protected? Will the screening be used against the youth? Will this adversely affect a judge? There have to be protections put in place to prevent misuse or sharing information without assent or consent. Memoranda of Understanding are in place to protect the youth.

If we screen, interventions must be available. There is also the potential for ongoing violence. We train juvenile justice professionals to be aware of services they can access.

There are jurisdictions where youth are subjected to trauma screenings over and over. A fact sheet on screening Drs. Kerig and Ford developed for the National Child Traumatic Stress Network includes questions agencies should consider regarding what services are in place for youth who screen positive for trauma and what those implementing screening will do with the information they obtain. That is an important consideration even if a computer administers the test. If the information is to be used, someone must review it and determine whether a youth showing trauma should receive some type of follow-up.

**Discussion of Research Plans for NIJ’s FY15 Studies**

**Poly-Victimization Resilience Portfolios: Advancing the Science of Resilience Following Children’s Exposure to Violence**

The poly-victimization framework begins with siloed fields of violence — child abuse, dating violence, community violence, bullying, family violence and sexual assault — interconnected in a web. Risk factors include poor self-regulation, low intellectual functioning, insecure attachment, inconsistent parenting, lower socioeconomic status, and unsafe neighborhood. But identifying protective factors as simply the opposite of these risk factors does not add to the scientific understanding of the processes that lead to adaptive outcomes or about what is involved in victimization.

Research on mitigating consequences of such adverse environments calls for a conceptual shift from our long-term focus on dysfunction to one on resilience. Key limitations of existing research on resilience are the lack of identifying adaptive factors, the siloed nature of investigators studying the field, a focus on static characteristics (e.g., demography) and limited measures that assess protective factors. Positive psychology has identified a host of beneficial characteristics traits; for example, Peterson & Seligman’s (2004) Values in Action lists 24 traits categorized as wisdom/knowledge, courage, humanity, justice, temperance or transcendence. The researchers emphasize three domains: interpersonal strengths, regulatory strengths, and spirituality and meaning-making.

This study of resilience is being undertaken in rural Appalachia, a remote and economically disadvantaged area. The researchers’ objectives are to expand and evaluate key factors in children’s resilience portfolios, increase the number of outcomes studied beyond mental and physical health symptoms to include subjective qualities of family and spiritual well-being, develop psychometric characteristics for the Resilience Portfolio Questionnaire and its component modules, and identify protective factors that could be targets for intervention.

The study will focus on a multiphase process, beginning with item development and expert review focus groups, and in-depth cognitive interviews. The second phase will be a large-scale community survey of 500 parent-child pairs recruited from rural and urban Appalachia.
Child Exposure to Intimate Partner Violence and Parent Aggression in Two Generations

This secondary data analysis project will be undertaken to determine whether there is intergenerational transmission of violence exposure; for example, whether fathers’ exposure to IPV during childhood increases their involvement in IPV as adults, and their children’s exposure to IPV. Researchers will use the Three Generational Study of the Oregon Youth Study (OYS). The OYS recruited children (boys) from elementary schools, and their parents. Participants were at risk for delinquency and were from lower socioeconomic backgrounds. At around age 18, the participants were invited to participate in a couples study with a romantic partner or spouse. When the participants became fathers, their first two children were invited to participate in the Three Generational Study. The sample consists of 265 biological children of the OYS men now in their 40s and the children’s mothers. Rates of physical interparent IPV decreased as the children aged, whereas psychological IPV remained similar over time.

Outcomes were considered from a dynamic developmental systems perspective for how IPV behavior develops over time. In the 1980s, IPV was thought to worsen over time, but current studies show that it increases over the teen period, peaks in young adulthood, and then decreases with age. This trend parallels arrest rates; it is similar for men and for women. Women are more likely to perpetrate higher levels of physical IPV, but men, because of their size and strength, are more likely to cause harm. The risks associated with IPV apply to the children of the couple as well as to the couple themselves. Regarding developmental risk factors, parent antisocial behavior is associated with interparent IPV and unskilled parenting, which lead to adolescent antisocial behavior, which leads to young adult IPV perpetration.

Discussion

• (Addressed to Dr. Wu Shortt) The IPV rates over time are more stable with the same partner. When couples re-partner, they establish different interactional patterns, but new patterns can increase or decrease levels of aggression. Rates of child aggression are higher with stepparents.
• (Addressed to Dr. Wu Shortt) This study excludes sibling exposure to violence, but that could be a related factor. Accounting for families with multiple children, whether children receive different levels of parent aggression would tie in. This sample does have siblings, and they could consider deferential parenting in which some children are subjected to more violence than others.
• (Addressed to Dr. Hamby) The concept of resilience is more than the absence of negative outcomes. The Resilience Portfolio is defining protective factors and not basing them on the absence of negative factors. In the previous work for the National Survey of Children’s Exposure to Violence, we could show the impact of poor parenting, but our analyses could not distinguish very good, nurturing parents from those meeting minimum criteria for safety and non-negativity. This is a failure of measurement and conceptualization. Therefore, the investigators spent much time on devising new measurements so they can do a better job of identifying strengths. We need to learn more about how outcome indicators relate to each other. Many patterns can emerge, because resilience is a rich concept, but it is used in many different and not necessarily complementary ways in the literature.
• (Addressed to Dr. Hamby) The developmental perspective of protection indicates that not everyone needs the same resilience portfolio. Investigators are just beginning to explore the difference in protective factors at different ages. There is a huge age difference in many protective factors, although other factors were the same across ages. For example, maternal attachment is good in adolescence, but may be more complex in adulthood. We need to learn more about that.
• (Addressed to Dr. Hamby) Need to keep measures culturally competent and assess generalizability and longevity of protective factors.
Multi-Site Evaluation of the Defending Childhood Demonstration Program

The cross-site evaluation of the Defending Childhood Demonstration Program involved six of the funded sites, including two tribal sites. The evaluation had two major components: a process evaluation and an outcome evaluation. A series of reports for the process evaluation were released in mid-2015. The outcome evaluation report is slated for release on November 2, 2015. The Defending Childhood Initiative goals are to prevent CEV, mitigate negative impacts of exposure that does occur, and develop knowledge and spread awareness about CEV.

The process evaluation consisted of site visits and interviews with key stakeholders, a document review and quarterly quantitative implementation reports. Each Defending Childhood site selected strategies for addressing children’s exposure to violence based on its needs, which fell into the following categories: prevention (either universal or targeted); screening and assessment; case management, treatment and healing (evidence-based); community awareness and education; professional training; and system infrastructure.

Lessons learned include making distinctions between tribal sites and nontribal sites, as well as rural sites (which include both tribal and nontribal) and urban sites; making distinctions between place-based strategies compared with universal strategies; and deconstructing silos without rebuilding them. Universal prevention strategies have to balance multiyear exposure with program fidelity, ensuring that students do not receive conflicting messages, and focusing on both negative (e.g., anti-bullying) and positive (e.g., healthy friendships) messages. There is be a report for each site as well as a cross-site report with about 60 recommendations for sites, researchers, funders and technical assistance providers.

The outcome evaluation consisted of a community survey, a professional practices survey and core community-level indicators. There was no significant change in community level indicators of violence reported at any site, because two to three years may not be enough time for sites’ strategies to show signs of success in these global measures such as child maltreatment rates. There were some significant findings related to improved community awareness and the impact of professional training.

OVC Vision 21: Linking Systems of Care for Children and Youth State Demonstration Project

The National Evaluation was funded in 2014, and it is still in process. The goal of the project is to evaluate an OVC-funded demonstration program intended to improve responses to child victimization by developing a consistent and coordinated approach to identify, assess and provide comprehensive services to young victims and their families. In phase 1 (15 months, from January 2015 to March 2016), researchers will gather information from the sites about their strategies and conduct a baseline study. Phase 2 (April 2016 to March 2021) is a five-year implementation period. The demonstration grantees will have to create a network of partners in order to implement their systems of care framework; currently the focus is on state-level agencies.

Challenges include the small number of unique sites, disparate timelines between sites (e.g., in Virginia, they will begin implementation in spring 2016, but in Montana, they will begin in 2017), that the service delivery framework is still unknown, the combination of local and national research activities, measuring statewide system-level change, and the inherent challenges of collecting data from child victims. The study will collect multiple types of data from project participants, other service providers throughout the state, child/youth
victims and their families, and client services records. The study also evaluates the training and technical assistance provided through the program.

Evaluation of the Supporting Male Survivors of Violence Demonstration Sites

The Vision 21 initiative is the first comprehensive assessment of the victim assistance field in nearly 15 years. The goal is to permanently alter the way we treat victims of crime in the United States. A great need has been identified to expand the base of knowledge about crime victimization and about young men of color among the populations the victim assistance field serves. There is a lack of evidence-based practices from all services and interventions for all victims. Demonstration initiatives offer the opportunity for innovation in promising strategies. OVC, in collaboration with OJJDP, released the Male Survivors of Violence solicitation because they want to create equal access to both system- and community-based service providers to better serve this population. The grant funds 12 demonstration sites which will begin in January, 2016.

The RTI international demonstration evaluation team is multidisciplinary and has a respect for culture that translates into our evaluation approach. Evaluation goals are to design and implement a cross-site evaluation of the initiative and to assess implementation of each demonstration site independently of others, and to determine whether the project’s strategy was implemented with fidelity. Data sources include a baseline site visit, an annual site visit, quarterly Web-based implementation/fidelity surveys, annual Web-based stakeholder surveys, annual survivor surveys, and administrative data. Cross-site evaluation will combine qualitative and quantitative analysis, cross-sectional models using time as a predictor, and pooled individual-level outcome data.

Outcomes are anticipated to have implications for supporting male victims of violence in the demonstration community and for supporting policymakers in other communities by informing recommendations on strategies that hold promise for meeting the needs of male survivors of violence.

Discussion

- (Addressed to Dr. Hawkins) Part of the evaluation is to expand service to male survivors of violence. Research partners operate at different scales; most partners are not providing services, but they may provide funding, etc. There is still a question of what exactly they will be evaluating. There is a closed network in one section. It’s a hybrid approach.
- (Addressed to Dr. Hawkins) In the proposal, male victims of violence were defined very broadly and included all kinds of violence. It will be whatever the selected grantees decide to focus on, which so far seems to be adolescents and young adults.

- With the public health model, you anticipate challenges around fidelity and scalability. But public health may run counter to what we want. We want to implement evidence-based practices, which require adaptations to make the practice relevant to particular communities. And when a practice is exclusive to a particular population, it may not be generalizable.
- Applied research may identify unique and unproven programs and how they translate programs to their own community and how effective that is. Strategies to translate for one’s own community relate to defining the population and, for most projects, the sites will each define based on their needs. A comprehensive literature review and a pilot program will involve making adjustments before they move forward.
• Evaluation of services needs to be systematic, as to ensure fidelity, make improvements and develop evidenced based programs.
• Measured engagement turned out to be a better predictor of success, so we should expand on fidelity to engagement or other factors.
• One problem of increasing awareness is how to address increasing disclosure. This is difficult to differentiate and harder for the sites. We get more calls as people become more aware. To avoid overtaxing the staff, we need to know the site is ready for the increased volume.
• The goal is not prevention, but what happens afterward. We also need to distinguish between changing rates of victimization compared with better data collection.

Discussion and Analysis of NIJ’s CEV Research Program
Next Steps and Future Research

Dr. Boyce: In addition to those already abusing drugs, NIDA funds those at risk of abusing drugs. For example, NIDA co-funds with the National Human Genome Research Institute integrating genetic and epidemiologic research to understand additions in a new way.

Dr. Oudekerk: The Bureau of Justice Statistics (BJS) doesn’t fund grant research, service or prevention programs. BJS is a statistics agency within DOJ and we collect, analyze, publish and disseminate information on crime, criminal offenders, victims of crime and the operation of justice systems at the local, state and federal levels. I sit within the victimization unit. One area I focus on is youth victimization. BJS collaborates with other agencies on a number of projects focused on youth violence and victimization, including the Indicators of School Crime and Safety (done in conjunction with the Department of Education). (Comment made in response to “what did you take away from this meeting?”): We need to learn more about the processes driving why someone becomes a victim and why certain people demonstrate resilience despite victimization. What is it about getting an education that matters? Youth staying in school are meeting different people, getting better jobs and having a sense of accomplishment (empowerment) — are these things working in combination? We need to look at the more complicated picture — we can say nearly everyone experiences victimization at some point across their lifespan, but when does actual harm result from victimization and crime?

Dr. Meyer: The Office of Planning, Research and Evaluation (OPRE)/Administration for Children and Families (ACF) engages in applied development research (so results reach the intended goal); testing hypotheses; studying self-regulation of childhood and the effects of parenthood, such as attachment; and [studying factors such as] age and environment. They have programs that cross over, such as employment models and career pathways, or measures of complex families and relationships with adolescents. We must think about situational factors and how they interplay, such as predatory violence, pathological violence, and other violence including natural disasters or accidents.

Ms. Kelley: The Office of Juvenile Justice and Delinquency Prevention (OJJDP) is somewhat unique in that we engage and support a variety of projects including research, evaluation, statistics, and training and technical assistance as well as demonstration programs. When we support research efforts such as the collection and analysis of longitudinal research, our emphasis is on translational research, that is, utilizing these findings to advance policy and practice. OJJDP focuses on three primary areas: child protection, delinquency prevention
and juvenile justice improvement. We support many efforts to prevent the victimization of children and youth. A current priority at OJJDP is to advance juvenile justice system reform. We recognize that the vast majority of the youth in the juvenile justice system have experienced previous exposure to violence and/or other trauma, and these youth need trauma informed care. OJJDP advocates for juvenile justice systems to avoid further traumatizing youth in their care, by avoiding whenever possible such practices as out-of-home placements, secure isolation and the use of shackles. We need additional research to more accurately identify those youth most in need of more intensive treatment and to determine which interventions will be most effective for the individual youth.

Dr. Esposito: The Eunice Kennedy Shriver National Institute of Child Health and Human Development has two branches that cover research on children exposed to violence. The Child Development and Behavior Branch supports (among other things) studies of child developmental and family processes in high-risk settings; child maltreatment; the development of aggressive and violent behavior in childhood; the effects of violence on individual development from infancy to adolescence; and long-term psychological sequelae of childhood exposure to various forms of violence. The Pediatric Trauma and Critical Illness Branch supports research on intentional and unintentional injuries and on the diagnosis and treatment of acute forms of child maltreatment—including abusive head trauma, sexual abuse, victimization, physical and psychological abuse, and all forms of child neglect.

Discussion

- The literature on dissemination and translation is a good start. We must find ways to translate and disseminate research findings so they can be involved at the beginning; for example, encouraging researchers to write up their findings in plain English so reports and other documents can be understood across disciplines. Often professional associations are good at this. Public relations is another useful field. At the same time, we must get training and knowledge to the research team.
- The best dissemination occurs when stakeholders think through goals and outcomes and how they will be used; for example, involving a survivor or a judge — someone who will actually use the results. It would be helpful to have funding streams dedicated to this purpose.
- Both the public health and the medical field rely on the “if you build it, they will come” model. Part of facilitating curiosity is using plain language in the resulting reports, but another aspect is having respect for the community you are working with and believing they deserve to be able to use the results. The community, not the university, owns the knowledge derived from the results, and that’s a very different model. A lot of the research we do is changing professional behavior. The more we can do to make people want to see the results, the more easily it will be disseminated.
- We sometimes forget the training and effectiveness component. We need to know how to capture the wisdom and have a shared vision.
- Dissemination must be considered at the outset of research.

Instrumentation so others know what you’re doing

- Would it be useful to have a compendium of CEV measures? CDC pulled together all the instruments that had been funded for IPV. The problem is that any list quickly becomes outdated. If a list is posted online, someone must continually update it, which is a challenge.
- The Genome Institute at NIH funded PhenX and created a toolbox for genotypes and phenotypes. Such measures exist, but we will have to pay to update them over time. The best you can do is share information and make it accessible to an informed user. There is such a big need for accurate measurement. Some people are still using 20-year-old measures, and some use five questions instead of sophisticated modeling. We need free, helpful measures.
- We need measures that are sensitive to change. We need to create a demand for better measurement.
• Everyone submits data to the Inter-university Consortium for Political and Social Research; NIDA and NIJ (also BJS and OJJDP) have a contract to house data there. All this information, including measures used in each study, is available to researchers, but it is not user friendly. More work needs to be done to make databases more searchable.

Community-level effects of violence

• More research is needed on the impact of violence at the community level, not just the individual level, and how historical community exposure to violence is related to individual outcomes and experiences.

• Researchers at the University of California-Los Angeles have been trying to quantify historical trauma and have done some work on community violence. But generally this work hasn’t been connected to the more common exposure-to-violence work that is individually focused, so this is a gap that’s important to think about.

• Especially with the Affordable Care Act, there are opportunities for connecting health to violence; researchers at Harvard have been examining stress longitudinally and informing the community what it means. There are now a lot of ways we can intertwine interventions.

• Work has been done, but it is not always connected. NIJ has a strong policing research portfolio and is interested in these issues. It is part of the general victimization research program; for example, NIJ just funded a large project to look at the impact of school shootings on the communities in which they occur.
NIJ’s Program of Research on Children’s Exposure to Violence
What is NIJ?

- Research, development, and evaluation arm of USDOJ
- Nation’s leader in scientific research on crime and justice
- The National Institute of Justice is dedicated to:
  - Improving knowledge and understanding of crime and justice issues through science.
  - Providing objective and independent knowledge and tools to reduce crime and promote justice, particularly at the state and local levels.
Definition

For the purposes of this program of research, children exposed to violence encompasses a broad area that includes children as both direct victims and as bystanders or observers of various forms of violence in the home, school, or the community, including (but not limited to) peer victimization/bullying/harassment, child maltreatment, domestic violence, and community violence. Typically exposure to media violence (e.g., television, movies, music, and video games) is excluded.
Historical Overview

• Varied projects in other portfolios and open calls such as children exposed to domestic violence, child maltreatment, bullying

• Since 2010, DOJ has had a unified effort focused on CEV under the Defending Childhood Program

• Research demonstrating the importance of poly-victimization and non-silo approach to child victimization

• In FY2012, NIJ launched the CEV program officially
Program Goals

• To support research that will increase our understanding of the complex dynamics of childhood exposure to violence

• To support research that will ultimately inform the development and enhancement of programs, practices and policies designed to prevent violence and/or reduce the impact of violence on children and youth

• Broad, public health perspective
Complementary Research Portfolios

- Teen Dating Violence/ Violence Against Women
- Comprehensive School Safety Initiative
- Gang Violence
- Crime Prevention
- Hate Crimes
- Trafficking in Persons
Program Status

- FY 2012 and FY 2013
  - Resilience
  - Polyvictimization
  - Internet harassment/electronic aggression and other forms of violence and victimization
  - Criminal or juvenile justice system responses
Program Status (cont.)

- FY 2014
  - Removal of electronic aggression focus area
  - Additional partnerships- OVC Linking Systems of Care
  - Bullying activities
- FY 2015
  - Multi-system involved youth
  - Help-seeking and transition to adulthood focus in resilience
  - Defending Childhood Evaluation released
Other Relevant Projects: Samples

- **Data Resources Program**
  - *Family Instability and Exposure to Violence in Childhood and Adolescence*, UT Austin

- **Researcher-Practitioner Partnerships**
  - *Criminal Justice Researcher-Practitioner Fellowship Placement Program* -- Enhancing Judiciary's Role in Child Welfare: Promoting Interagency Collaboration and Best Practices, UMD

- **Graduate Research Fellowships**
  - *The Age-Graded Consequences of Victimization*, ASU

- **DuBois Fellowships**
Interagency Coordination

• DOJ
  - OJJDP, OVC, COPS, BJS, OVW

• HHS
  - ACF, CDC, NIH, MCHB, SAMHSA

• ED
  - OSHS
Future Plans: General

• Creation of a sustainable program through regular calls for proposals and other intramural and extramural research activities

• Continued and enhanced coordination with partner research and program offices

• Continued input from the field through workshops, web-based forums, and white papers
This Meeting: Goals

- To hear from practitioner/policy partners about the current needs in the field of children exposed to violence research
- To hear preliminary findings from ongoing NIJ studies
- To facilitate cross-talk between and among grantees and other stakeholders
- To provide NIJ with input that can inform the development of a comprehensive research agenda
Your Role…Is IMPORTANT!

- Identify major gaps and areas of need from the field along with readiness of topics for research and evaluation

- Consider how findings from ongoing and completed projects can be translated for policy and practice and disseminated to appropriate audiences

- Provide information on emerging challenges and innovation regarding research methods

- Highlight key issues practitioner engagement with research in this field
Outline for the Meeting

• Background and context
  – Defending Childhood presentation
  – Panel of Federal agencies

• Brief presentation of funded research projects
  – Group discussion based on topical areas
  – Focus of discussion should include relevance for practice and policy audiences

• Wrap up and next steps for research
  – NIJ along with input from partner research agencies
TECHNOLOGY BASED HARASSMENT VICTIMIZATION: PLACEMENT IN A BROADER VICTIMIZATION CONTEXT
Background

- Peer harassment and bullying continue to be prevalent problems for youth with significant negative impact.
- Particularly high anxiety around use of technology in harassment and bullying.
- Concern that technology-based harassment and bullying is more harmful than in-person bullying.
Specific Aims

- How often and in what ways is technology a component of harassment victimization among youth?
- Do technology-involved harassment incidents have a greater negative emotional impact on youth than incidents that do not involve technology?
- Which incident characteristics have the greatest impact on physical health, school-related problems, and emotional response?
Methodology

- Follow-up study of a subset of households that completed the Second National Survey of Children’s Exposure to Violence (NatSCEV II) (conducted in 2011-2012)
- Technology and Harassment Victimization (THV) Survey Data collected December, 2013 - March, 2014
- National telephone survey of 791 youth, ages 8 - 17 at baseline
- Short parent interviews & 50 minute youth interviews
- Care taken to preserve privacy and confidentiality
- Youth participants received $25 checks for their participation
- Approved by the UNH IRB and complied with confidentiality guidelines set forth by the U.S. Department of Justice.
## Sample Characteristics (N=791)

<table>
<thead>
<tr>
<th>Age</th>
<th>% (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-12 years olds</td>
<td>30 (158)</td>
</tr>
<tr>
<td>13-15 years old</td>
<td>25 (220)</td>
</tr>
<tr>
<td>16-17 year olds</td>
<td>24 (209)</td>
</tr>
<tr>
<td>18-20 years old</td>
<td>22 (204)</td>
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</table>

<table>
<thead>
<tr>
<th>Gender</th>
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</thead>
<tbody>
<tr>
<td>Male</td>
<td>49 (397)</td>
</tr>
<tr>
<td>Female</td>
<td>51 (394)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Race</th>
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</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td>59 (594)</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>13 (88)</td>
</tr>
<tr>
<td>Other race, non-Hispanic</td>
<td>8 (46)</td>
</tr>
<tr>
<td>Hispanic or Latino, any Race</td>
<td>21 (63)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family structure</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Two biological or adoptive parents</td>
<td>53 (544)</td>
</tr>
<tr>
<td>Parent and step-parent /partner</td>
<td>9 (64)</td>
</tr>
<tr>
<td>Single parent</td>
<td>34 (148)</td>
</tr>
<tr>
<td>Other adult caregiver</td>
<td>4 (35)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Socioeconomic status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Low SES</td>
<td>23 (127)</td>
</tr>
<tr>
<td>Middle SES</td>
<td>61 (485)</td>
</tr>
<tr>
<td>High SES</td>
<td>16 (179)</td>
</tr>
</tbody>
</table>

Note. Unweighted n’s and weighted percentages.
Harassment Measurement

• Past year peer harassment by non-family members
• Youth could report on a maximum of 2 unique incidents
• Incidents involving technology were prioritized
• Technology defined as involving internet or cell phones through applications such as text messages, email, pictures, videos, or social networking sites
Other Incident Features Measured

- Duration
- Multiple perpetrators
- Relationship of perpetrator to victim
- Power advantage: whether primary perp was stronger, taller, more popular, smarter, richer, or knew embarrassing things
- Harassment included:
  - Injury
  - Bias: mean comments or teasing about religion, race/ethnicity or sexual orientation
  - Sexual content
- Presence of bystanders
- Bystander behavior
- Disclosure behavior
Impact of Incident on Youth

• **Emotional impact:** upset, afraid, embarrassed, worried, angry, sad, unable to trust, or feeling unsafe

• **School-related impact:** got worse grades, got behind on school work, missed school, skipped school activities, dropped out

• **Physical health problems:** headache, upset stomach, trouble sleeping, got tired easily, changes in eating/drinking
Survey also asked about:

- Youth disability, emotional and physical disorders (parent report)
- Prior victimization: Juvenile Victimization Questionnaire (JVQ) screeners
- Delinquency behaviors/substance use
- Suicidal ideation
- Trauma symptoms
- Technology use
- Own bystander behavior in past year
230 youth reported at least 1 peer harassment incident in previous year (34%, weighted)

These youth reported details about a total of 311 harassment incidents
Differences across harassment types by age

- **In-person only**
  - 10-12 y.o.: 61%
  - 13-15 y.o.: 17%
  - 16-17 y.o.: 27%
  - 18-20 y.o.: 2%

- **Mixed**
  - 10-12 y.o.: 29%
  - 13-15 y.o.: 30%
  - 16-17 y.o.: 29%
  - 18-20 y.o.: 14%

- **Tech only**
  - 10-12 y.o.: 22%
  - 13-15 y.o.: 25%
  - 16-17 y.o.: 20%
  - 18-20 y.o.: 32%

p < .001
Differences across harassment types by gender

- **In-person only**: 77% (Boys) vs. 23% (Girls), p < .001
- **Mixed**: 62% (Boys) vs. 38% (Girls)
- **Tech only**: 53% (Boys) vs. 47% (Girls)
Differences across harassment types by perpetrator relationship with victim

Relationship with harasser:
- Friend or dating partner (or -ex)
- Schoolmate or acquaintance
- Stranger or someone met online

p<.001
Differences across harassment type by feeling that victim could stop it

Did you feel you could:
- Stop what was happening
- Get away/remove self quickly

In-person only: Stop what was happening (41%), Get away/remove self quickly (60%)
Mixed: Stop what was happening (60%), Get away/remove self quickly (49%)
Tech only: Stop what was happening (69%), Get away/remove self quickly (81%)

p < .05
Differences across harassment type by emotional impact

Youth felt very/extremely:
- Upset
- Afraid
- Sad
- Angry

In-person only
- Upset: 28%
- Afraid: 23%
- Sad: 39%
- Angry: 37%

Mixed
- Upset: 21%
- Afraid: 43%
- Sad: 38%
- Angry: 61%

Tech only
- Upset: 13%
- Afraid: 4%
- Sad: 15%
- Angry: 40%

p<.05
## Regression of Incident Characteristics on Emotional Impact Score

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Coefficient (Unstandardized)</th>
<th>(S. E.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technology involved</td>
<td>0.25†</td>
<td>(0.13)</td>
</tr>
<tr>
<td>Weapon used</td>
<td>-0.11</td>
<td>(0.23)</td>
</tr>
<tr>
<td>Youth was injured</td>
<td>0.62***</td>
<td>(0.16)</td>
</tr>
<tr>
<td>Duration:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than 1 day, less than month</td>
<td>-0.01</td>
<td>(0.11)</td>
</tr>
<tr>
<td>1 month or longer</td>
<td>0.19</td>
<td>(0.20)</td>
</tr>
<tr>
<td>Multiple perpetrators</td>
<td>0.25*</td>
<td>(0.13)</td>
</tr>
<tr>
<td>Perpetrator relationship:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acquaintance, neighbor, or schoolmate</td>
<td>0.05</td>
<td>(0.13)</td>
</tr>
<tr>
<td>Stranger or other</td>
<td>0.05</td>
<td>(0.18)</td>
</tr>
<tr>
<td>Perpetrator had physical advantage</td>
<td>0.49***</td>
<td>(0.13)</td>
</tr>
<tr>
<td>Perpetrator had social advantage</td>
<td>0.25†</td>
<td>(0.13)</td>
</tr>
<tr>
<td>Any bias involved</td>
<td>0.02</td>
<td>(0.15)</td>
</tr>
<tr>
<td>Incident was sexual in any way</td>
<td>0.14</td>
<td>(0.19)</td>
</tr>
</tbody>
</table>

\[ R^2 = .43 \]

Controlling for gender, age, socioeconomic status, race/ethnicity, and family structure and adjusting for non-independence of incidents experienced by the same child.

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

N = 311 incidents
# Logistic Regression of Incident Characteristics on Physical Impact Score

Youth experienced any physical health problems

<table>
<thead>
<tr>
<th></th>
<th>Odds ratio</th>
<th>[95% CI]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technology involved</td>
<td>1.43</td>
<td>[0.66 - 3.09]</td>
</tr>
<tr>
<td>Weapon used</td>
<td>0.93</td>
<td>[0.16 - 5.35]</td>
</tr>
<tr>
<td>Youth was injured</td>
<td>1.72</td>
<td>[0.60 - 4.93]</td>
</tr>
<tr>
<td>Duration:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than 1 day, less than month</td>
<td>2.21†</td>
<td>[0.90 - 5.45]</td>
</tr>
<tr>
<td>1 month or longer</td>
<td>6.35**</td>
<td>[2.23 - 18.10]</td>
</tr>
<tr>
<td>Multiple perpetrators</td>
<td>3.37**</td>
<td>[1.50 - 7.57]</td>
</tr>
<tr>
<td>Perpetrator relationship:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acquaintance, neighbor, or schoolmate</td>
<td>0.75</td>
<td>[0.28 - 2.01]</td>
</tr>
<tr>
<td>Stranger or other</td>
<td>1.14</td>
<td>[0.29 - 4.44]</td>
</tr>
<tr>
<td>Perpetrator had physical advantage</td>
<td>1.59</td>
<td>[0.75 - 3.38]</td>
</tr>
<tr>
<td>Perpetrator had social advantage</td>
<td>9.34**</td>
<td>[3.32 - 26.25]</td>
</tr>
<tr>
<td>Any bias involved</td>
<td>0.54</td>
<td>[0.17 - 1.69]</td>
</tr>
<tr>
<td>Incident was sexual in any way</td>
<td>7.07**</td>
<td>[1.91 - 26.15]</td>
</tr>
</tbody>
</table>

Controlling for gender, age, socioeconomic status, race/ethnicity, and family structure and adjusting for non-independence of incidents experienced by the same child.

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

N = 311 incidents
## Logistic Regression of Incident Characteristics on School Related Impact

Youth experienced any school impact

<table>
<thead>
<tr>
<th></th>
<th>Odds ratio</th>
<th>[95% CI]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technology involved</td>
<td>1.21</td>
<td>[0.44 - 3.29]</td>
</tr>
<tr>
<td>Weapon used</td>
<td>0.30</td>
<td>[0.02 - 5.11]</td>
</tr>
<tr>
<td><strong>Youth was injured</strong></td>
<td>2.82*</td>
<td>[1.04 - 7.64]</td>
</tr>
<tr>
<td>Duration:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than 1 day, less than month</td>
<td>3.26**</td>
<td>[0.88 - 12.02]</td>
</tr>
<tr>
<td>1 month or longer</td>
<td>9.14**</td>
<td>[2.81 - 29.73]</td>
</tr>
<tr>
<td>Multiple perpetrators</td>
<td>1.34</td>
<td>[0.51 - 3.53]</td>
</tr>
<tr>
<td>Perpetrator relationship:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acquaintance, neighbor, or schoolmate</td>
<td>0.39*</td>
<td>[0.16 - 1.00]</td>
</tr>
<tr>
<td>Stranger or other</td>
<td>0.63</td>
<td>[0.19 - 2.13]</td>
</tr>
<tr>
<td>Perpetrator had physical advantage</td>
<td>1.18</td>
<td>[0.52 - 2.68]</td>
</tr>
<tr>
<td>Perpetrator had social advantage</td>
<td>2.81</td>
<td>[0.95 - 8.33]</td>
</tr>
<tr>
<td><strong>Any bias involved</strong></td>
<td>2.94*</td>
<td>[1.01 - 8.56]</td>
</tr>
<tr>
<td>Incident was sexual in any way</td>
<td>0.58</td>
<td>[0.12 - 2.71]</td>
</tr>
</tbody>
</table>

Controlling for gender, age, socioeconomic status, race/ethnicity, and family structure and adjusting for non-independence of incidents experienced by the same child.

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

N = 311 incidents
Assumptions about cyberbullying are not supported by our research:
- Not harder to control or stop
- Not more upsetting
- Anonymity not a concern

The distinction between cyberbullying and in-person bullying appears to be an over-simplification. The most distressing kind of peer harassment occurred both through technology and in-person.

These mixed incidents seemed to be marked by other factors that made them upsetting—friends or ex-friends were more likely to be perpetrators, marked by relational harassment, involved more bystanders.
Harmful peer victimization is broader than just cyberbullying and bullying.

- Long Duration
- Power Imbalance
- Injury
- Sexual Content
- Multiple Perpetrators
- Hate/bias language
- Mixed In-person and Online Harassment

Upsetting harassment characteristics

Many negative online interactions not harmful peer victimization
The Multi Site Evaluation of the Defending Childhood Demonstration Program
Defending Childhood Sites
Goals of Defending Childhood

► Prevent children’s exposure to violence;
► Mitigate the negative impact of such exposure when it does occur; and
► Develop knowledge and spread awareness about children’s exposure to violence.
Evaluation Activities

Process Evaluation
1. Site visits and interviews
2. Document review
3. Quarterly Implementation Reports

Outcome Evaluation
1. Community Survey
2. Professional Practices Survey
3. Core Community-Level Indicators
PROCESS EVALUATION
Chosen Strategies

► **Prevention:** Programs that have the goal of preventing children’s exposure to violence, including *universal prevention* (usually school-based) or *targeted prevention* for at-risk populations or neighborhoods.

► **Screening and Assessment:** Tools used to identify children exposed to violence and determine what services are appropriate.

► **Case Management:** Assisting children and adults with service linkages.

► **Treatment/Healing:** Services that treat or heal exposed children.

► **Community Awareness and Education:** Raising awareness in the community about violence exposure and available resources.

► **Professional Training:** Training professionals about the effects of children’s exposure and how to provide trauma-informed care.

► **System Infrastructure:** Changing the ways in which multiple agencies (e.g., law enforcement, social services, public health) respond.
## Chosen Strategies by Site

<table>
<thead>
<tr>
<th>Case Management &amp; Advocacy</th>
<th>Boston</th>
<th>Cuyahoga County</th>
<th>Grand Forks</th>
<th>Rocky Boy</th>
<th>Rosebud</th>
<th>Shelby County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening &amp; Assessment</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Treatment &amp; Healing</td>
<td></td>
<td></td>
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<td></td>
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<tr>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Community Awareness/Education</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Professional Training</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>System Infrastructure/Capacity Building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Key:**
- **Primary Focus**
- **Secondary Focus**
- **Blank = Not a focus**
Prevention Programs

► **Universal Prevention**: Not targeted to a high-risk area or subgroup
  ▶ Rosebud and Rocky Boy: reconnecting youth to tribal culture
  ▶ Grand Forks: provided to all youth across all schools.
  ▶ Lessons include:
    ▶ Balancing multi-year exposure with program fidelity;
    ▶ Ensuring that students do not receive conflicting messages; and
    ▶ Focusing on both negative (e.g., anti-bullying) and positive (e.g., healthy friendships) messages.

► **Targeted Prevention**: Administered to young people considered “at-risk” due to living in neighborhoods with high levels of violence:
  ▶ Boston and Cuyahoga implemented evidence-based or promising programs for families to build nurturing and positive parenting skills.
  ▶ The numbers served by these programs were limited.
Screening & Assessment

► **General**: Sites that provided direct treatment had screening and assessment tools

► **Cuyahoga County**: County-wide universal screening and assessment model:
  - Developed a universal screening tool (< 5 minutes long and 16 question-items)
  - Two primary county agencies: 16,000 children screened in 2 years
  - Countywide central intake and assessment
  - Assessment-driven treatment planning
Case Management & Advocacy

► Rocky Boy’s Domestic Violence/Sexual Assault and Child Advocacy
  ► DV/SA advocates and child advocates provided safety planning, intake and referrals, short-term and emergency assistance
  ► Also provided advocacy in court proceedings or medical services

► Rosebud Care Advocacy
  ► Individualized action plans, civil legal advocacy, court accompaniment
  ► School system advocacy

► Shelby County Place-Based Case Management
  ► Family service providers work in housing complexes
  ► Provide clients with safe space and social service referrals
  ► Highly accessible due to onsite presence
Treatment & Healing

- **Evidence-Based Interventions**: Most sites used evidence-based interventions for treatment and healing.
  - Most common: Trauma-focused Cognitive Behavioral Therapy (TF-CBT)
- **Tribal sites**: Used sweat lodges and spiritual practices
- **Challenges**:
  - Dropout rate is high – need for brief treatment options
  - Direct service staff turnover is high
  - Need for continuous training (e.g. for new staff, or training on new treatments)
Community Awareness & Education

► **General:** All sites implemented a variety of community awareness efforts:
  - County-wide or reservation-wide scale
  - Frequent use of multi-media strategies (Twitter, Facebook, public transportation ads, etc.)
Community Awareness & Education

- **Boston: “The Halls”**
  - Youth wrote, produced, acted in, and marketed web series
  - About three young men struggling with issues around violence, masculinity, fatherhood
  - Developed a discussion guide and facilitated viewings with local youth at partner organizations
  - Available online and has been viewed nationally

[www.thehallsboston.com]
Professional Training

► All sites offered some training to local professionals
► Topics varied by site, but included:
  ► Effects of trauma on children
  ► Wraparound services
  ► Resiliency factors
  ► Confidentiality and sharing information across data systems
  ► Trauma-informed care
► Boston utilized long-term training models:
  ► The NCTSN’s learning communities for professional training on TF-CBT, ARC, and CPP
  ► Breakthrough Series Learned Collaborative to create trauma-informed organizations
System Infrastructure and Capacity Building

► Cuyahoga County’s universal screening, assessment, and central intake process was the largest effort.

► Training as Capacity Building: For example, Boston focused on long-term professional training and creating trauma-informed organizations.
THEMES AND LESSONS LEARNED
Site Differences and Similarities

- **Tribal and Non-Tribal Sites**
  - Some similarities exist: sites with minority communities and tribal sites have common distrust of government, law enforcement, researchers, and some services.

- **Urban and Rural Sites**
  - Rural sites have unique challenges.
  - Rural sites are left out of national dialogue.
    - National/State CEV discussions focus on urban areas.
    - National Forum on Violence also has urban focus.
  - More intensive TA needed in rural sites.
Place-Based vs. Universal Strategies

► Cuyahoga County and Grand Forks focused on their entire county/city
► Rosebud and Rocky Boy targeted their entire reservations
► Boston and Shelby County targeted high-risk/high-need areas

► Challenges and advantages to each approach:
  ► Universal strategies require engagement of large systems: Entire school system or changes to infrastructure
  ► Targeting focuses on those most affected by CEV but may ultimately have limited scope and impact
Use of Evidence-Based and Promising Practices

- TF-CBT most widely used or trained EBP
- Nearly every site used additional non-evidence based practices
- Challenges of using EBPs
  - Difficult to engage CEV for long time periods
  - Lack of “evidence” on specific communities
- Federal funders can:
  - Promote promising practices
  - Provide assistance for research and evaluation of novel approaches, including indigenous research of tribal practices
Silos: Deconstructing or Rebuilding?

- *Defending Childhood* focus on all types of violence is unique: An attempt to cut across silos of domestic violence, child abuse, community violence, etc.
- Collaborative bodies reflected the silo deconstruction
- OVW funding required sites to spend a portion of grant on direct services related to DV
  - Rebuilt silos by focusing on one type of violence
  - Collaborative body members felt alienated
    - Did not understand why some of the funding became earmarked for DV instead of other (sometimes higher priority for that community) types of violence
OUTCOME EVALUATION
1. The Community Survey

► **About the Survey:** Random digit dial telephone survey of adults to assess violence-related attitudes, experiences, and awareness of local resources for children exposed to violence

► **Baseline:**
  ► Non-Tribal Sites: November-December 2011
  ► Tribal Sites: May-June 2012

► **Follow-up:** June-July 2014

► **Analysis** separated by tribal sites (Rocky Boy and Rosebud) and non-tribal sites (Boston, Cuyahoga County, Grand Forks)
Community Survey: Major Findings

► Non-Tribal Sites
  ► Community understanding of what constitutes violence improved significantly at non-tribal sites
  ► Significant increases in non-tribal site adult reported exposure to violence

► Tribal Sites
  ► Understanding was already very high at tribal sites; no significant changes
  ► Significant increases in tribal site awareness of initiative
  ► Significant decrease in reported children’s direct victimization; increase in adult direct victimization
## Non-Tribal Community Survey

<table>
<thead>
<tr>
<th>Opinions on examples of violent behavior</th>
<th>% yes at baseline</th>
<th>% yes at follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yelling at someone</td>
<td>56%</td>
<td>60%***</td>
</tr>
<tr>
<td>Insulting someone</td>
<td>56%</td>
<td>61%***</td>
</tr>
<tr>
<td>Sexual harassment</td>
<td>84%</td>
<td>88%***</td>
</tr>
<tr>
<td>Threatening to hurt someone</td>
<td>92%</td>
<td>94%+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Past year for adults...</th>
<th>Baseline</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witness to violence</td>
<td>47%</td>
<td>54%***</td>
</tr>
<tr>
<td>Direct victim of violence</td>
<td>18%</td>
<td>24%***</td>
</tr>
<tr>
<td>Any exposure to violence</td>
<td>49%</td>
<td>56%***</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Past year for children...</th>
<th>Baseline</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witness to violence</td>
<td>51%</td>
<td>54%</td>
</tr>
<tr>
<td>Direct victim of violence</td>
<td>22%</td>
<td>26%</td>
</tr>
<tr>
<td>Any exposure to violence</td>
<td>57%</td>
<td>61%</td>
</tr>
<tr>
<td></td>
<td>Baseline</td>
<td>Follow-up</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------</td>
<td>-----------</td>
</tr>
<tr>
<td>Ever heard of DCI</td>
<td>25%</td>
<td>50%***</td>
</tr>
<tr>
<td>% having seen any campaign or ads about children experiencing or witnessing violence in the last 2 years</td>
<td>45%</td>
<td>52%*</td>
</tr>
</tbody>
</table>

**Past year for adults...**

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witness to violence</td>
<td>85%</td>
<td>87%</td>
</tr>
<tr>
<td>Direct victim of violence</td>
<td>53%</td>
<td>58%*</td>
</tr>
<tr>
<td>Any exposure to violence</td>
<td>88%</td>
<td>90%</td>
</tr>
</tbody>
</table>

**Past year for children...**

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witness to violence</td>
<td>47%</td>
<td>48%</td>
</tr>
<tr>
<td>Direct victim of violence</td>
<td>72%</td>
<td>66%*</td>
</tr>
<tr>
<td>Any exposure to violence</td>
<td>77%</td>
<td>73%</td>
</tr>
</tbody>
</table>
2. Professional Knowledge and Practices Survey

- Baseline and matched follow-up surveys were administered to those who attended a Defending Childhood training.
- Follow-up: 6-12 months after the training was received.
- Survey asked questions about:
  - awareness of children’s exposure to violence,
  - respondents’ professional role in responding to trauma,
  - relevant individual and agency practices.
Professionals significantly increased their knowledge on:
- how exposure to violence can affect children
- evidence-based practices in the treatment of violence exposure
- vicarious trauma and self-care

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
- Has a screening or assessment tool that includes questions about children’s exposure to any type of violence
- Provides an emotionally and physically safe space for victims of violence
3. Indicators of Violence in the Community

► We examined exposure to violence in 3 places: home, school, and community
► No significant changes on any indicators at any sites
► Challenges:
  ► Some site strategies could not be reasonably expected to have an impact on these numbers
  ► 2 or 3 year tracking period is not enough time to produce measureable returns at the county/city/reservation level
For more information

- [www.courtinnovation.org/research/defending-childhood](http://www.courtinnovation.org/research/defending-childhood)

- **Cross-Site Process Evaluation Report**
  - *Protect, Heal, Thrive: Lessons Learned from the Defending Childhood Demonstration Program*

- **Cuyahoga County Process Evaluation Report**
  - “*We Have the Power to Stop the Violence*”: A Process Evaluation of Cuyahoga County’s Defending Childhood Initiative

- **Tribal Site reports:**
  - *Love One Another and Take Care of Each Other: A Process Evaluation of the Rocky Boy’s Children Exposed to Violence Project*

- **Outcome Evaluation** – to be released in November 2015 (available at same website)
Evaluation of the Supporting Male Survivors of Violence Demonstration Initiative
The Vision 21 initiative is the first comprehensive assessment of the victim assistance field in nearly 15 years.

The goal for Vision 21: Transforming Victim Services (Vision 21) is to permanently alter the way we treat victims of crime in America.

Identified a great need to expand the base of knowledge about crime victimization and identified young men of color among the populations the field has struggled—and must now work—to serve.

Acknowledged there simply is not a comprehensive body of EBPs that practitioners can draw from for all services and interventions for all victims.
Demonstration Initiatives offer the opportunity for innovation in implementing strategies that hold promise for addressing a critical need.

OVCC in collaboration with OJJDP released the *Male Survivors of Violence Solicitation.*

An objective of this solicitation was to fund innovative programs that seek to create equal access to both system and community based service providers for male survivors of violence, particularly boys and young men of color, to catalyze a national commitment to better serve this population.
12 funded Demonstration Sites

- California (2 funded sites)
- District of Columbia
- Maryland
- Massachusetts
- New Jersey

- Michigan
- Missouri
- New York (2 funded sites)
- Pennsylvania
- South Dakota
Multidisciplinary team that

- Brings our experience conducting implementation studies and multisite evaluations
- Views ourselves as expert collaborators with the Federal agencies, organizations, staff, and stakeholders who are involved with us in the development of the evaluation and in all or most phases of its implementations.
- Respects culture and does not view cultural competency as a skillset that has to be achieved; rather, the individual members of our team have a sensibility and respect that translates into our approach to data collection and how we interpret and disseminate evaluation findings.
The evaluation of Demonstration Initiatives offer a mix of opportunities and challenges

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Anticipated Challenges</th>
<th>Potential Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compare the delivery and effectiveness of implemented initiatives</td>
<td>Broad variation across sites, making it difficult to compare initiatives</td>
<td>Focus on the core components of selected strategies among the demonstration sites and create a list of characteristics against which different sites can be mapped for analysis</td>
</tr>
<tr>
<td>Leverage ability to examine grantees’ past performance and trends in providing victim services</td>
<td>All demonstration sites may not document performance measures in the same way or may have incomplete data</td>
<td>Conduct key informant interviews with grantees to clarify past performance data and develop data collection protocol for documenting ongoing service provision</td>
</tr>
<tr>
<td>Collect feedback from service recipients and clients on services they receive and the site’s overall approach to client services</td>
<td>Difficulties accessing clients and getting low response rate to surveys</td>
<td>Develop a collaborative relationship between evaluators and service providers and employ multiple modes of data collection, including surveys, focus groups, and individual interviews</td>
</tr>
</tbody>
</table>
Evaluation Design

- Mixed methodology Pre-post design
  - site level implementation evaluation to describe the strategies that each demonstration site has implemented
  - Cross-site evaluation to determine if improvements in the response to male survivors of violence—particularly boys and young men of color and their families—were achieved

- Appreciation that culture impacts all phases of an evaluation
Multiple sources of data

- Baseline site visit
- Annual site visits
- Quarterly Web-based implementation/fidelity surveys
- Annual Web-based stakeholder surveys
- Annual survivor surveys
- Administrative data
Data Analysis

- Site level evaluation
  - Qualitative comparative analysis to examine the conditions under which the support for male survivors of violence is enhanced/increased at each site
  - Social network analysis to gain an in-depth understanding collaborative infrastructure at each site as it relates to supporting male survivors of violence
  - Descriptive analysis
Data Analysis

- **Cross site evaluation**
  - use a combination of qualitative and quantitative analyses to examine how constructs change post baseline at the individual, site, and initiative level
  - Where feasible (e.g., for the stakeholder) we will conduct cross-sectional models using time (pre to post) as the primary predictor in regression models while controlling for background characteristics at the site level such as SES and number of violence incidents.
  - Where possible, we will pool individual level outcome data from site-specific evidence-based programs for inclusion in a cross-site model of outcome change across time.
A key question in any demonstration evaluation is what the implications are for both the Supporting Male Victims of Violence Demonstration initiative communities and for policymakers interested in achieving similar results in other communities.

- The RTI evaluation will take several steps to carefully document not only the process and outcomes, but also how those outcomes were achieved.

The evaluation findings will ultimately inform recommendations on strategies that hold promise for meeting the needs of male survivors of violence.
Appendix A: NIJ Research and Evaluation on Children Exposed to Violence

Overview

NIJ is seeking multidisciplinary research and evaluation proposals related to childhood exposure to violence. In particular, NIJ seeks applications that address polyvictimization, Internet harassment/electronic aggression (e.g., bullying through Facebook, harassing e-mails), resilience, or justice system responses to children identified as being exposed to violence. For the purposes of this solicitation, “Children Exposed to Violence (CEV)” encompasses a broad area that includes children as both direct victims and as bystanders or observers of various forms of violence in the home, school, or community (including, but not limited to, peer victimization/bullying/harassment, child maltreatment, domestic violence, and community violence). This solicitation may be used to address other types of violence to which children are exposed, with the exception of media violence (e.g., television and movie violence, music advocating aggression, and violent video games).

Program-Specific Information

Research indicates that early exposure to violence has a significant impact on a child’s behavior and ability to learn and develop coping strategies. It is associated with increased delinquency as well as later academic failure, aggression, substance abuse, adult criminality, depression, and other mental health issues. Research also shows that positive outcomes are associated with the disruption of violence, and that intervention to improve parent-child functioning can interrupt negative impacts and improve a child’s development.

A national study supported by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) under the Safe Start Initiative, “Children’s Exposure to Violence: A Comprehensive National Survey (NatSCEV)” revealed that the majority of the children and youth (60.6 percent) in the nationally representative sample had directly experienced or witnessed at least one victimization in the past year. Almost 50 percent had experienced a physical assault, 25 percent had witnessed family or community violence, 10 percent had experienced some form of maltreatment, and between 13 and 20 percent had been bullied. Notably, almost 40 percent had experienced more than one type of direct victimization during the previous year. The study suggests that practitioners and researchers should inquire about a larger spectrum of victimization types to identify multiple-victimized children and tailor prevention and interventions to the full range of threats children face.

The OJJDP Safe Start Initiative is a multisite program to reduce the impact of family and community violence on children through the development and implementation of comprehensive service delivery systems. Its first phase shows that working along a continuum of care to prevent, intervene, treat, and respond to children exposed to violence can reduce not only CEV
but also can reduce children’s trauma-related symptoms and parental stress and improve child and parent functioning. An example of a specific program includes bringing police officers and mental health professionals together to provide training and constructive intervention for children exposed to domestic violence.2

Building off of and expanding this promising work throughout the Department of Justice (DOJ), the Attorney General’s Initiative, “Defending Childhood,” launched in September 2010, unifies efforts such as Safe Start with other DOJ initiatives to provide a comprehensive strategy to address the problem of children exposed to violence. Defending Childhood aims to prevent children’s exposure to violence, mitigate the negative impact of childhood exposure to violence, and develop knowledge and spread awareness about this issue. The Initiative’s initial phase included providing support and technical assistance to eight communities (two of which are tribal) to develop comprehensive community-based strategic planning to prevent and reduce the impact of children’s exposure to violence in their homes, schools, and communities. Additional support was provided in 2011 (see www.justice.gov/ag/defendingchildhood for more information).

Despite the existence of several model programs and the promising findings emerging from ongoing initiatives to reduce the impact of family and community violence, more information is needed to assess the effectiveness of specific intervention strategies. Thus, to increase evidence-based knowledge that will ultimately inform the development and enhancement of strategies designed to reduce the impact of violence on children and youth, NIJ seeks multidisciplinary research in the following areas:

1) Research has identified a number of factors that may exacerbate or ameliorate the impact of children’s exposure to violence on outcomes such as juvenile justice involvement, school drop-out, gang involvement, antisocial behavior, and substance use and abuse.

NIJ is seeking research to better understand factors that impact a child’s ability to cope with exposure to violence. Examples of research areas include but are not limited to: individual attributions and coping styles; developmental stage, gender, socioeconomic and cultural factors; and relationship to the perpetrator or victim.

NIJ is particularly interested in examining factors that may actively promote resilience and focus on promoting civic engagement. A number of innovative programs have focused on engaging at-risk youth in community service (such as service learning and youth courts) to increase community engagement and decrease juvenile justice and gang involvement. Emerging evidence suggests that youth from disadvantaged circumstances are less likely to participate in volunteer activities, less likely to demonstrate positive attitudes toward their ability to make a difference, and tend to exhibit lower levels of trust. Yet when these youth are engaged in volunteer activities, they demonstrate the same level of commitment as other youth and higher levels of civic engagement than youth from disadvantaged circumstances who do not volunteer — suggesting that volunteer opportunities may provide an entry point to civic participation.
and positive youth development. Given the negative association between neighborhood collective efficacy and trust in social organizations with rates of violence, these are promising findings. NIJ is interested in supporting research to explore this link between civic engagement among youth exposed to violence and its potential impact on promoting adaptive outcomes.

2) There is recent evidence from the NatSCEV that exposure to more than one type of violence is the rule rather than the exception, and that children’s trauma symptoms may relate more to the variety and number of exposures than to specific types of victimization. Preliminary analysis of NatSCEV data identifies seven or more kinds of victimization in a single year as the threshold criterion for polyvictimization, a figure that designates 8 percent of the sample as polyvictims. In addition, several conceptual pathways to polyvictimization have been identified. But polyvictimization is not well understood, and NIJ is seeking applications to explore its identification, characteristics, correlates, and consequences. Examples of research areas include, but are not limited to:

- Theory-driven research on the identification, definition, and measurement of polyvictimization.
- Validation of different pathways to polyvictimization and common risk and protective factors across victimization types.
- The role of context (e.g., family, cultural, community) in understanding the varying impacts of polyvictimization.
- Understanding the mechanisms by which polyvictimization leads to a range of behavioral and justice-related outcomes for youth.

3) Internet harassment/victimization or electronic aggression has received much attention as an emerging juvenile/criminal justice and public health issue, with policies and legislation both proposed and implemented to address the problem. However, research in this area is limited, so many policies and practices are not evidence-based and have not been subject to rigorous evaluation. Although definitions vary, such victimization is generally defined as any type of aggressive behavior that occurs through the use of electronic media (e.g., e-mail, text, chat rooms, Web sites, IMs) with the intent to harass, harm, embarrass, threaten, or otherwise bother the victim. This would therefore exclude
more general exposure to such things as violent television shows, movies, or video games that are not directed at a specific individual.

Although a number of studies citing rates of Internet harassment/electronic aggression and associated victim outcomes have been completed, standard definitions and measurements have not been used, limiting the ability to interpret and use research findings or to conduct meta-analysis. NIJ is interested in supporting research that seeks to understand the relationship between Internet harassment/electronic victimization and other forms of violence and victimization, with respect to associated risk factors and effects on functioning. Research and evaluation that assesses the reliability and validity of definition(s) and measurement tools is also of interest. Specifically, NIJ is seeking research in the following areas:

- The relationship of Internet harassment/electronic aggression to other forms of “offline” violence, such as sexual harassment, bullying, and physical violence.
- The relationship between Internet harassment/electronic aggression and exposure to violence in home, school, and neighborhood environments.
- How known risk and protective factors for other types of victimization are (or are not) associated with the risk of Internet harassment/electronic aggression.
- Factors that may affect the impact of Internet harassment/electronic aggression such as type, severity, mechanism, number of peers involved, relationship between victim and perpetrator, and other factors.
- Development and validation of standardized (i.e., normed) measures for Internet harassment/electronic aggression victimization.

4) As discussed above, many innovative and promising programs have been developed to address the needs of children exposed to violence in the legal and criminal justice system. Yet most of these programs have focused on child maltreatment or domestic violence. Although these are clearly high-priority groups, youth are exposed to the courts and the justice system for other reasons as well. Thus, NIJ is seeking research on criminal or juvenile justice system responses to children identified as witnesses to or victims of violence and trauma across a broad range of violence exposure. Examples of research areas include, but are not limited to:

- The impact of existing tools and strategies currently available to assist first responders, judges, or other court personnel in identifying and providing appropriate referrals and services to children exposed to violence. Research is particularly needed to understand whether and how such programs lead to increased service retention and improved long-term outcomes for victimized youth.
• Examination of how various court processing and prosecution strategies and policies (e.g., the use of guardian ad litems) impact youth outcomes.
• Evaluation of how individual experiences and beliefs (particularly about violence) among first responders and court personnel impact responses and final outcomes for children.
• How youth beliefs about their treatment by the court (e.g., fairness, swiftness, and reasonableness of sanctions) affect their outcomes.
• Incidence, prevalence and outcome of children’s exposure to violence within the justice system, and how the system addresses this issue.

NIJ is particularly interested in understanding these factors among populations of youth that experience disproportionately high rates of exposure to violence. In addition, NIJ will prioritize applications that include a strong theoretical basis and fall under the above-identified topical areas.
"This document was developed from the public domain document: Research and Evaluation on Children Exposed to Violence, 2013 (CFDA No. 16.560) - U.S Department of Justice, Office of Justice Programs, National Institute of Justice (OMB No. 1121-0329)."

"This document was developed from the public domain document: Children Exposed to Violence Meeting, 2015 - U.S Department of Justice, Office of Justice Programs, National Institute of Justice (NCJ 249899)."

"This document was developed from the public domain document: Technology Based Harassment Victimization: Placement in a Broader Victimization Context - Crimes Against Children Research Center, NIJ Children Exposed to Violence: Program Status Meeting, 2015."

"This document was developed from the public domain document: The Multi-Site Evaluation of the Defending Childhood Demonstration Program - Center for Court Innovation, 2015."

"This document was developed from the public domain document: Evaluation of the Supporting Male Survivors of Violence Demonstration Initiative - Research Triangle Institute."