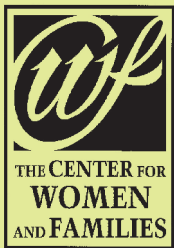


“...to develop lasting system changes to reduce the rate and impact of violence in the home among Bridgeport children ages birth to six.”

# Screening for Domestic Violence Exposure in Low Risk Settings

## BSSI Lessons Learned from work with Early Childcare Settings

# Low Risk



The Center for Women and Families  
Bridgeport Safe Start Initiative  
753 Fairfield Avenue  
Bridgeport, CT 06604  
phone (203) 334-6154  
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Delinquency Prevention  
U.S. Department of Justice



## Past Screening in Low Risk Settings

One of the programs that Bridgeport Safe Start Initiative (BSSI) developed and instituted was designed to increase the capacity of early childhood care providers to identify and work with children who were exhibiting social and/or emotional difficulties. Support was provided to educators to help them identify, assess, refer, and work with children exposed to violence who were in their classrooms. The program sought to build the capacity of early childhood care providers and teaching staff to be better prepared to work with young children exposed to violence (CEV).

There were three groups of classrooms involved in the program totaling 24 classrooms. 448 children were assessed (395 by teachers and 53 by parents) for emotional and/or behavioral concerns using the Devereaux Early Childhood Assessment. A total of 156 children were determined to have social, emotional and/or behavioral concerns based on these assessments. Thirteen of these children with the most serious concerns were further screened for exposure to violence and nine of these were positive. Though this represents a small sub-sample, these results suggest a potentially high rate of violence exposure among children with emotional and/or behavioral difficulties, particularly those children with the most serious difficulties. The provision of support and technical assistance from skilled mental health providers with expertise working with children exposed to violence (CEV) decreased problems within classrooms and increased confidence among educators.

Addressing the mental health needs of CEV in early care and educational settings is especially important since it's known that many CEV have not yet come to the attention of service providers. Having difficulties in group care may be the first public manifestation of their troubled situation and it is important to be able to recognize this before the situation escalates.

## SUSTAINING SCREENING EFFORTS

BSSI's work with early childhood providers was so successful that continued funding was provided in 2005 by United Way's Success by Six Program to ensure its continued availability in the community.

### LESSONS LEARNED FROM BSSI:

- Services need to be sensitive not only to language and culture but to other environmental factors such as domestic violence, homelessness, or substance abuse that may affect families' ability to engage in services.
- Clear protocol and support are required to ensure that all children are screened for exposure to violence and that affected families are appropriately referred.

## SCREENING TOOLS

For the purpose of appropriate identification of children exposed to violence, BSSI, the National Safe Start Program, and BSSI providers have developed and tested three possible screening tools which can be adapted and used in multiple settings to screen for children exposed to violence (CEV).

### School Based Health Center Screening Protocol:

In April of 2006, BSSI staff met representatives of School Based Health Center (SBHC) nurse practitioners to address the issue of how to best screen for CEV and intimate partner violence. BSSI developed a conversation guide and screening questions modeled on the domestic violence recommendations from the American Academy of Pediatrics, which SBHC nurse practitioners tested in all SBHC locations; the guide was used in more than 80 conversations with parents in 2006. BSSI staff received feedback from the SBHC nurse practitioners that when the guide was used in their initial screenings, it only yielded useful information about CEV when a family was in crisis at the time of the conversation. Nevertheless, the guide aided the SBHC in introducing the topics of CEV and intimate partner violence, as well as in establishing the SBHC as a safe place for students or parents to seek help. The SBHC nurse practitioners also concluded that although the piloted conversation guide was too long, there is value in including a question about violence in their standard interview tool.

#### SBHC Screening Protocol – to be used both in routine well child visits or when concerns arise...

....Given what we know about how common violence is for kids and the effect that witnessing it can have on them we are concerned that children in the Bridgeport school system may have witnessed violence that they can't understand. These can include violence in the street or neighborhood, violence in the home, violence on television and in other media. Violence exposure can affect behavior both long term and short term. Given these concerns we have begun talking to all the parents and children we come into contact with about violence and whether or not they may need someone to talk with about it.

- Has your child witnessed many violent events in their neighborhood, on television or in movies?
  - o How does he/she react to those violent scenes? Do they ask questions? Are they able to talk to you or another trusted adult about their concerns?
- Do you feel safe in your neighborhood and at home?
- When there are arguments in your home does anyone get hurt or threaten to hurt one another?
  - o Does your partner threaten to hurt you or your children?
  - o Does your child behave differently after an argument in your home? repeat behaviors they see when people disagree (threatening to hurt siblings, friends)
- Do you ever worry that you or anyone else in your home might get hurt?

*Thanks for allowing me to discuss this important subject with you.*

#### Rochester Safe Start Parent Survey:

This 14 question, provider administered, tool was developed by the Safe Start program in Rochester NY and has been tested nationally. The tool has been used in Bridgeport both to screen children for exposure to violence and for use in program evaluation to track changes in exposure over time.

#### Child FIRST Parent Questionnaire:

The Child FIRST program at Bridgeport Hospital developed a self-administered tool for use in pediatric clinics at the hospital. This tool is filled out by parents and then reviewed by residents. The simple scoring mechanism allows the user to determine the need for referral for additional help, and exposure to violence in the home generates the need for immediate referral. This tool also screens for behavioral concerns and developmental delays. The Child FIRST program offers further testing and services for any of these concerns. "Yes" answers to questions 4,8 ,or 10 determine need for immediate referral. Additional information on scoring and a downloadable form of the tool with a scoring key on the reverse is available at the CWF website [http://www.cwfefc.org/safe\\_start.html](http://www.cwfefc.org/safe_start.html).



Places in Bridgeport to refer children and families who screen positive for violence exposure or who are in need of additional follow up:

The Center for Women and Families Hotline – for DV and Sexual Assault Support Services. 753 Fairfield Avenue. 24 hour hotline: (230) 384-9559.

Child FIRST – for further assessment and mental health services related to developmental delays and behavioral concerns. 267 Grant Street. (203) 384-4555.

FSW (formerly Family Services Woodfield) – for walk-in mental health services for children, youth, and adults. 475 Clinton Avenue. (203) 368-4291.

The PARK Project – for school-based assistance for children and adolescents with behavioral and mental health challenges. 75 Washington Ave. (203) 337-4403.

Bridgeport Child Guidance – for outpatient mental health and substance abuse counseling services and in-home support services for children and youth and their families. 180 Fairfield Avenue. (203) 394-6529.

## CHILD FIRST PARENT QUESTIONNAIRE

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Child's Birth Date: \_\_\_\_\_ Sex: Boy / Girl  
 Caregiver's Name: \_\_\_\_\_ Relationship to Child: Mother / Father / Grandparent /  
 Foster parent / Other \_\_\_\_\_  
 Caregiver's Birth Date: \_\_\_\_\_ Preferred Language: English / Spanish / Other \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone: \_\_\_\_\_ Best Time to Call \_\_\_\_\_

- |     |  |     |    |
|-----|--|-----|----|
| 1.  | I am worried about my child's development<br>He/she is not learning as fast as I expected  | YES | NO |
|     |  | YES | NO |
| 2.  | I am worried about my child's behavior<br>I am worried that my child is not happy  | YES | NO |
|     |  | YES | NO |
| 3.  | I am employed or in an education/training program<br>My child's other parent is employed or in an education/training program<br>I have completed high school or have a GED | YES | NO |
|     |  | YES | NO |
|     |  | YES | NO |
| 4.  | I feel very worried, stressed, or sad a lot of the time<br>Sometimes I feel that life is just too hard to continue   | YES | NO |
|     |  | YES | NO |
| 5.  | There have been times when my family has had no place to live<br>My family has slept at a shelter<br>We have had to move more than three times this year                   | YES | NO |
|     |  | YES | NO |
|     |  | YES | NO |
| 6.  | I am a single parent<br>I am not yet 19 years old  | YES | NO |
|     |  | YES | NO |
| 7.  | I have someone that I can turn to if I need help right away,<br>like if I need money, a place to stay, or am very scared or worried  | YES | NO |
|     |  | YES | NO |
| 8.  | People in my home have hurt each other – like punched, hit, or kicked<br>My child has gotten hurt when there has been fighting<br>I sometimes feel unsafe in my own home   | YES | NO |
|     |  | YES | NO |
|     |  | YES | NO |
| 9.  | I have medical problems that take a lot of time and energy   | YES | NO |
| 10. | I have used alcohol to get drunk often<br>I have used drugs at some time in my life<br>My child's other parent uses drugs or alcohol                                       | YES | NO |
|     |  | YES | NO |
|     |  | YES | NO |
| 11. | I have spent time in prison<br>My child's other parent has spent time in prison  | YES | NO |
|     |  | YES | NO |
| 12. | My family has been involved with DCF at some time  | YES | NO |

Client Name (last, first): \_\_\_\_\_  
 Agency Client ID#: \_\_\_\_\_  
 Date RSS Instrument Completed (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Timeframe: 1.  Intake 5.  15 months  
 2.  6 months 6.  18 months  
 3.  9 months 7.  21 months  
 4.  12 months 8.  24 months

## Rochester Safe Start: Early Childhood Education Program

### Survey of Parents

As you know, children may be exposed to violence in a number of different environments. On a scale of one to four, where one is no exposure at all and four is a high level of exposure, please tell me about your child's exposure to violence...

- |    |                                    |                   |     |     |                     |
|----|------------------------------------|-------------------|-----|-----|---------------------|
| 1. | ...on television or in movies..... | O 1 (no exposure) | O 2 | O 3 | O 4 (high exposure) |
| 2. | ...in video games .....            | O 1 (no exposure) | O 2 | O 3 | O 4 (high exposure) |
| 3. | ...in the neighborhood .....       | O 1 (no exposure) | O 2 | O 3 | O 4 (high exposure) |
| 4. | ...in the family .....             | O 1 (no exposure) | O 2 | O 3 | O 4 (high exposure) |
| 5. | ...from other children .....       | O 1 (no exposure) | O 2 | O 3 | O 4 (high exposure) |

Could you please tell me how often during the past month your child had any of the following – never, rarely, sometimes, or always?

- |     |                                      |         |          |             |          |
|-----|--------------------------------------|---------|----------|-------------|----------|
| 6.  | Difficulty sleeping.....             | O Never | O Rarely | O Sometimes | O Always |
| 7.  | Stomachaches.....                    | O Never | O Rarely | O Sometimes | O Always |
| 8.  | Headaches .....                      | O Never | O Rarely | O Sometimes | O Always |
| 9.  | Nightmares.....                      | O Never | O Rarely | O Sometimes | O Always |
| 10. | Fear .....                           | O Never | O Rarely | O Sometimes | O Always |
| 11. | Moodiness .....                      | O Never | O Rarely | O Sometimes | O Always |
| 12. | Worry about safety of loved ones ... | O Never | O Rarely | O Sometimes | O Always |
| 13. | Trouble making friends.....          | O Never | O Rarely | O Sometimes | O Always |
| 14. | Difficulty behaving .....            | O Never | O Rarely | O Sometimes | O Always |