all age groups in its youth programs, and 2,500 more adolescents through domestic violence prevention programs in area middle schools and high schools. Loontjens says domestic violence cuts across all social classes, but that most of the families New Beginnings serves in its emergency shelter and transitional housing are very poor and disproportionately of Hispanic or African-American ethnicity.

**Staff:** New Beginnings has 40 paid staff members, most of them full-time.

**Cost:** The program operates on an annual budget of $2.5 million. According to Loontjens, the majority of New Beginnings’ funding comes from government sources, including the City of Seattle, City of Shoreline, King County, City of Seattle Human Services Department Domestic Violence and Sexual Assault Prevention program, and the U.S. Department of Justice’s Office of Victims of Crime. It also receives contributions from the United Way of King County and individual donors.

**Results:** Loontjens declined to provide information about the evaluations that have been carried out.

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**Healing the Smallest Victims**

Child Witness to Violence Project
Boston Medical Center
Boston
(617) 414-4244
www.childwitnessstoviolence.org

**The Strategy:** Help small children cope with the effects of witnessing or being victims of violence by using individualized therapy for victims and providing training for after-school providers, police forces and other community partners.

**Getting Started:** The Child Witness to Violence Project (CWVP) started more than 17 years ago at the instigation of Director Betsy Groves and a Boston Medical Center pediatrcian who were alarmed by the level of violence young children in Boston were experiencing. A survey of parents of patients showed that one in 10 of the Medical Center’s child patients had witnessed a knitting or shooting in the past year, and many more had witnessed moderate violence. The average age of children in the sampling was 2.7 years. Most lived in areas of Boston wracked by gang and drug-related violence.

“We discovered this was a public health issue,” Groves says. “We were concerned about what this exposure did to early childhood development.” Many of the pediatrics’ patients were experiencing nightmares, anxiety and deep concerns about safety. The Medical Center’s Department of Pediatrics initiated CWVP with the help of a small grant from the Deborah Munroe Noonan Memorial Research Fund.

**Not a pretty picture:** Trauma counselors use art projects and other tactics to help young children cope with violence that they either witnessed or directly experienced.

**How It Works:** The core of CWVP’s work is providing direct trauma counseling to children and their families, usually counseling the child and parent or parents together.

“Our approach to counseling addresses the development needs of young children,” Groves says. “Small children develop in the context of a safe and secure parent relationship.” An experience of violence can damage that feeling of security, so the counseling is geared toward establishing a safe environment for the child to talk, as well as helping both the child and parent address immediate concerns of sleep troubles, aggressive behavior, irrational fear, and anxiety. Children participate in counseling programs for two months to two years, depending on the severity of the issue being addressed.

A unique initiative by CWVP offers training nationwide to after-school programs, police officers, judges, elementary school staff and pediatricians on how they can recognize a child who has experienced or witnessed a violent episode, and also how to approach and assist the young person. For example, CWVP trains after-school staff on how to create safe, structured and predictable environments for children as well as how to “check in” with youngsters. “If kids can have a haven where there is a predictable environment, it helps hugely,” Groves says.

CWVP also helps community partners, such as after-school providers, address such children’s disclosures as “officer: ‘It was best friend got shot,’” teaching staff how not to push these exclamations under the rug, but to ask questions and know when to direct the child to additional resources for help.

**Youth Served:** CWVP provides direct counseling services to about 150 children a year, as well as telephone triage to about 200 others. They serve children up to age 8, most of whom live in low-income neighborhoods regularly affected by violence. Thirty-five percent of the children served are Latino, 28 percent are African-American, and 18 percent are Caucasian. CWVP offers training services in 38 states, as well as in other countries.

**Staff:** The project has a staff of seven, all with degrees in mental health.

**Cost:** CWVP’s annual budget is just under $500,000. Funding comes from the National Child Traumatic Stress Network, the U.S. Department of Justice’s Office for Victims of Crime through the Massachusetts Department of Children and Families, Avon Foundation, United Way of Massachusetts Bay and Merrimack Valley, Weil Foundation (of Boston), and individual donors.

**Results:** While CWVP does not conduct any longitudinal studies, the project measures each child’s progress through counseling. Groves says CWVP evaluates every training session it provides to community partners, but feedback is limited. During a telephone survey of police officers in Boston who had attended 18 hours of training in what to say to children who have seen a crime, what to do in a domestic violence incident and how to avoid separating young children from their parents, one officer told Groves, “I see children everywhere now, and I remember to look in fridges to make sure kids have food.”

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**Resources**

For more information on services for children and families affected by violence, visit the National Child Traumatic Stress Network online at www.nctsn.org. NCTSN recently released a free resource for youth workers and therapists called The Courage to Remember: Childhood Traumatic Grief Curriculum Guide with CD-ROM, which is available through http://learn.nctsn.org.