

The Safe Harbor Program: A School-Based Victim Assistance and Violence Prevention Program

Treatment Description	 Acronym (abbreviation) for intervention: The Safe Harbor Program Average length/number of sessions: Program available to students throughout the school year Aspects of culture or group experiences that are addressed (e.g., faith/spiritual component, or addresses transportation barriers): Leadership, empowerment Trauma type (primary): Multiple trauma types, including exposure to: Community violence, gang violence, domestic violence, teen relationship abuse, homicide, child abuse, bias crimes, terrorism, etc. Trauma type (secondary): Other (see above) Additional descriptors (not included above): Comprehensive program designed to help students, parents, and schools cope with the violence, victimization, and trauma that occurs in their communities. The program utilizes a "safe harbor" room in school as a low stigma, easy access entry point to attract distressed children/youth coping with violence. With a focus on leadership, empowerment, and developing social, emotional, and interpersonal skills, this program offers victim assistance, counseling, and concrete alternatives to violence at both the individual and school level.
Target Population	 Age range: (lower limit) 6 to (upper limit) 21 Gender: Males Females X Both Ethnic/Racial Group (include acculturation level/ immigration/refugee history-e.g., multinational sample of Latinos, recent immigrant Cambodians, multigenerational African Americans): The Safe Harbor Program has been implemented with students from multiple ethnic/racial groups, recent immigrants and refugees, etc. Other cultural characteristics (e.g., SES, religion): The Safe Harbor Program has been implemented with students from multiple religious backgrounds, as well as youth from the LGBT community. Language(s): The Safe Harbor Program has been implemented with students who speak a wide variety of languages (Implementation manual for the Safe Harbor Program is currently available in English.) Region (.e.g., rural, urban): To date, the Safe Harbor Program has been implemented across the country, as well as in the Caribbean Islands. While it has most often been implemented in urban areas, we are confident that it could successfully be implemented in rural areas as well. Other characteristics (not included above): Provided in schools for children and adolescents exposed to trauma and violence who may present with a range of problems and symptoms.
Essential Components	Theoretical basis: The theoretical justification for the Safe Harbor program model stems from the work of Tolan and Guerra (1994) ¹ who

¹ Tolan Ph, Guerra NG. "What works in Reducing Adolescent Violence: An Empirical View of the Field". Boulder, Colorado: Center for the Study and Prevent of Violence, 1994.

describe levels of intervention in the most effective violence prevention programs. The Safe Harbor focuses on three of these levels: The Individual level, which focuses on modifying beliefs. attitudes and norms, helps young people develop positive behaviors that support non-violence. The Interpersonal level, which focuses on enhancing relationships with peers and family, buffers youth from the effects of exposure to violence. The Social Context level, which focuses on changing parts of the environment and climate that contribute to violent behavior, prevents violence.2 This systemic approach helps young people understand their own victimization; recognize the links between family, community and school violence; identify trauma and receive the support they need to break the cycle of violence. Key components: 1.) A trauma education/violence prevention curriculum called PEARLS: "People Empowered About Real Life Situations." Ten lessons address issues related to violence and victimization with modules on specific types of crime. 2.) Individual counseling is provided as needed to support victimized youth, with follow up individually with students in the curriculum classes. These help youth explore the impact of violence in their lives and help students work through specific conflicts. 3.) Parent involvement and staff trainings enhance students' relationships with the adults in their lives. 4.) Structured group activities reinforce the curriculum lessons and strengthen peer relationships. 5.) A school wide antiviolence campaign to build a cohesive culture of nonviolence in the school provides youth with meaningful

Clinical & Anecdotal Evidence

 Are you aware of any suggestion/evidence that this treatment may be harmful? ☐ Yes ☐ No ☐ Uncertain

opportunities for leadership and promotes social responsibility.

- Extent to which cultural issues have been described in writings about this intervention (scale of 1-5 where 1=not at all to 5=all the time). 2

- Are there any general writings which describe the components of the

² Ibid.

	 intervention or how to administer it? Yes No If YES, please include citation: The Safe Harbor Implementation Manual, as well as the accompanying "PEARLS Curriculum" and the "Facilitator's Guide to the PEARLS Curriculum" Has the intervention been replicated anywhere? X Yes No Other countries? (please list) 10 States and the Virgin Islands Other clinical and/or anecdotal evidence (not included above): In current use across New York, all five boroughs, other parts of the continental U.S. 1999 pilot Safe Harbor Replication sites included Meyzeek Middle School in Louisville, KY, and Long Beach Preparatory in Long Beach, CA. Students developed greater self-confidence in their ability to control anger and resolve conflicts nonviolently. There was a decrease in students' fighting, anger, and bullying behaviors. Students reported an increase in productive activities and said the program helped them solve problems, attenuated the presence of gangs in school, provided a safe place to discuss important issues, decreased the number of fights in school, and made the school safer. 					
Doograh			Number of	Sample Breakdown	Citation	
Research Evidence	Published	Yes	Participants N =	By gender:		
LVIGETICE	Case Studies	□No	14	By ethnicity:		
				By other cultural		
				factors:		
	Pilot Trials/	□Yes	N =	By gender:		
	Feasibility	□No		By ethnicity:		
	Trials (w/o control			Py other cultural		
	groups)			By other cultural factors:		
	Clinical Trials	Yes	N =	By gender:		
	(w/ control	∏No		By ethnicity:		
	groups)					
				By other cultural		
				factors:		
	Randomized	Yes	N =	By gender:		
	Control Trials	□No		By ethnicity:		
				By other cultural		
				factors:		
	Studies	Yes	N =	By gender:		
	describing	□No		By ethnicity:		
	modifications					
				By other cultural		
	Othor	∏Yes	N =	factors:		
	Other research	⊟res ⊟No	IN —	By gender: By ethnicity:		
	evidence			by cumulity.		
				By other cultural		
				factors:		
	What asses	What assessments or measures are used as part of the intervention or for				

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Outcomes	 research purposes, if any? If research studies have been conducted, what were the outcomes? 1995-1998 evaluation of Safe Harbor conducted by New York University School of Social Work (funded by Center for Disease Control). Findings show that students increased using conflict-resolution strategies, showed increase in positive social control, and were more strongly opposed to gang violence. It proved most effective when youth participated in several components of the program. The evaluation supported the use of a victim-assistance model as a way to effectively prevent violence among young people.
Implementation Requirements and Readiness	 Space, materials or equipment requirements? Designated space/room in the school is needed for implementation. Supervision requirements (e.g., review of taped sessions)? Regularly scheduled clinical and administrative supervision. In order for successful implementation, support should be obtained from: Ideally, support should be obtained from the school leadership, as well as from the teaching and guidance staff.
Training Materials & Requirements	 List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained. The Safe Harbor Implementation Manual, as well as the accompanying "PEARLS Curriculum" and the "Facilitator's Guide to the PEARLS Curriculum" have been completed. How/where is training obtained? Contact Safe Horizon What is the cost of training? TBD Are intervention materials (handouts) available in other languages? Yes No If YES, what languages? Other training materials &/or requirement (not included above): Training requires anywhere from six hours to three days depending on experience level and sophistication of clinician-in-training.
Pros & Cons/ Qualitative Impressions	 What are the pros of this intervention over others for this specific group (e.g., addresses stigma re. treatment, addresses transportation barriers)? Through the wide range of Safe Harbor activities (i.e. school-wide peace campaigns, as well as group curriculum and individual counseling), the program is available to all students: It "casts a wide net," so to speak, and reaches students who may or may not have self-identified as being affected by trauma. What are the cons of this intervention over others for this specific group (e.g., length of treatment, difficult to get reimbursement)?: Other qualitative impressions:
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