

# Helping victims of family violence reduces community violence. Why aren't programs that do so better funded?

On Chicago's south side, programs like Safe Start are among the most promising tools for disrupting a vicious cycle. But the money that would allow the program to thrive hasn't materialized.

By [Steve Bogira @stevebogira](#)



Veronica Coney in front of her home; Coney's search for a social service agency that would help her children, who'd been exposed to trauma, led her to Chicago Safe Start.

Veronica Coney and her four children were walking toward the front door of their home in Chicago Lawn when they heard the gunfire. It was a May evening in 2010, and the family was returning from church. Coney rushed the children inside and called 911.

After police arrived, Coney and her kids and other neighbors emerged from their homes. A car in the alley behind Coney's house was in flames; it had crashed into a garage. "We're like, 'Oh my God, the

car's gonna blow up!" Coney says. "So now we're superscared. All the kids and me were just shaking." Coney made the children go inside, but she saw the police pull the body of the driver, a 30-year-old man, out of the car. He'd been shot to death. A drug deal gone bad, Coney later heard.

In the days after the killing, the family mostly stayed inside, fearing a retaliatory shooting. Coney, who was single and 34, couldn't sleep, and her kids, who were then ages 12, nine, six, and three, were clingy. Coney thought she and the children needed counseling. She turned to a pastor at her church; he promised to pray for them. "I was like, 'We need more than prayer.'"

She started calling social service agencies. She found one with a program for children who'd been exposed to trauma, but it had a long waiting list. Eventually her search led her to Chicago Safe Start.

Safe Start provides therapy for families with trauma-exposed children who are younger than six. It has four offices in Chicago, each with a skeleton staff, and one of the offices was at 67th and Western, just a couple blocks from the Coneys. A social worker named Kate Goetz was available to see the family.

Coney had other problems besides the distress that the murder in the alley was causing her and her children. Three years earlier, a week after giving birth to her youngest child, she had "the worst headache of my life," and headed to a hospital. A brain aneurysm—a bulging blood vessel—had ruptured, causing a stroke. When she awoke from surgery, she was paralyzed on her left side and could barely speak. She was still partially paralyzed when she left the hospital two months later—"couldn't talk, couldn't walk, couldn't hardly think straight," she recalls today. She was in a wheelchair and wearing a helmet because she'd had a craniotomy—a bone flap had been removed from her skull to allow the surgeon access to her brain. She wore the helmet for four months before the flap was replaced in another operation.

A sister cared for her and her children while she recuperated. She went through months of speech, occupational, and physical therapy. She's much better now, she says, though not fully recovered. She worked as a geriatric nurse before the stroke; now she's on disability, and receives food stamps and a housing subsidy. The children aren't going hungry, but making ends meet is a challenge. She hopes to be able to work again someday, though it will have to be in a job "where I use my mind instead of my body."

At the time of the murder behind her house, she was still weak, struggling with her balance, and suffering headaches and pain in her rigid left arm. It's possible that her condition compromised her body's ability to defend itself against the physiological harm that can be caused by witnessing violence. [It is well documented](#) that such experiences can overload the nervous system and lead to posttraumatic stress disorder: nightmares and flashbacks in the short run and, not infrequently, impulsivity, aggressiveness, and difficulty focusing in the long term. Children are especially susceptible since [their brains are still developing](#).

The impact is more likely to be damaging when the exposure to violence is frequent, as it is for many residents of Chicago's south and west sides, where shootings on street corners and in alleys and parks are common. But community violence isn't the only culprit. For many residents of poor neighborhoods, the emotional toll of public violence is compounded by violence in their homes—as Coney knows too well.



*A sign posted in a vacant lot near the house Veronica Coney rents*

Coney's family rents a house on the 6800 block of South Claremont. She was president of the block club from 2010 until recently. Most of the homes here are occupied, but a half dozen are boarded up, and there are a few empty lots where homes once stood. Next to one vacant lot, a handwritten sign nailed to a dead tree beseeches passersby, "Please don't dump paper, dog poop, cans, bottles, and any other trash. God is watching you!!"

Coney grew up on the block, almost directly across the street from where she lives now. Her parents bought a home here in 1979, when she was three. The area was changing racially: the census tract had no black residents in 1970, and ten years later it was 90 percent black. The poverty rate in the tract quadrupled that decade, from 5 percent to 21 percent. (Today, 95 percent of the residents are African-American and 47 percent are poor.) Coney has fond memories of the neighborhood in her early years. "It was safe, it was lovely, the grass was green, we were able to play outside and ride our bikes."

Things were less idyllic inside her home, where she grew up with two brothers and a sister. Their father, a forklift driver, worked steadily, but he came and went, and had numerous children with other women, she says. "He provided for us, the roof over our head, the clothing," Coney says. "But he was a really rough dad. I remember being afraid when he came around, and the nasty things he'd say: 'You just stupid' and 'Y'all not worth two dead flies.'" She is his oldest daughter and he seemed to favor her, so those comments were usually aimed at her mother and her siblings, but she says she felt their sting nonetheless.

Coney and her siblings were whupped "with belts, extension cords, a hanger, a shoe," she says. Her dad "would put your head between his knees with your tail up, and tear your butt up."

She felt loved and cared for by her mother. But when her father was around, her parents "argued night and day," she says. Sometimes he'd throw and break things. He kept guns in the house, and Coney says one New Year's Eve he accidentally dropped a gun to the floor and it went off, "scaring the living crap out of everybody. I remember my mom being so angry, saying 'Boo [her youngest] could have got shot.'"

Her mother had her own gun, and drew it on her father once, Coney says. During heated quarrels between their parents, Coney and a brother would cover their ears and flee upstairs, afraid that one of their parents would grab a gun and shoot the other.

"It was so dysfunctional, and we thought it was normal," Coney says. "But I think in a sense we knew something was wrong."

When Coney was about 13, her father moved in with a girlfriend. That dismayed her, his temperament notwithstanding. Soon after he left, she took an overdose of pills and had her stomach pumped at a hospital. "I didn't really want to kill myself," she says, "I just wanted some attention: 'OK, look at me, I'm hurting myself—could you please come and check on me?'" She spent several months in a psychiatric hospital and was put on an antidepressant, but she didn't feel it helped her. "I came back to the same situation."

Her father's financial support dwindled, so Coney's mother began working, and Coney and her siblings were often left unsupervised. Coney began drinking and smoking pot. One afternoon when she was 14, she got caught in the middle of a shoot-out between several young boys. She dove behind a parked car but was shot in the leg.

She dropped out of high school. Drug dealing was rampant in her neighborhood, and in her teens she sold cocaine, right in front of her house. "Fortunately, I wasn't good at the dope game, and I got caught—I sold to an undercover cop." She was 19. After three weeks in jail, she pleaded guilty and was sentenced to probation.

She got pregnant that year, and she says she stopped selling drugs and drinking and smoking out of concern for her baby. She got her GED and later her nursing degree.

"I'm a product of my environment. That doesn't excuse it, but that's how it was. I got conditioned to the dysfunction in my own family, and took it into my adult life."—Veronica Coney

But she says the circumstances under which she raised her four children have been far from ideal. They have three different fathers. The father of her first child was in and out of jail and was shot to death when the child was four. That boyfriend and Coney had split up two years before his death. He never beat their child, but he beat her up once. The father of her second child struck her in the face one day in a park. Their relationship ended when he went to prison. The father of her third child pulled a gun on her during an argument, held it to her neck, and threatened to kill her. She got away and pressed charges against him, and he spent two years in prison for the crime. "And, of course, when he got out I got back with him," she says with obvious embarrassment.

"I'm a product of my environment," she says. "That doesn't excuse it, but that's how it was. I got conditioned to the dysfunction in my own family, and took it into my adult life."

The stroke was a blessing in one way, she says: she realized that with a difficult recovery in front of her, the last thing she needed was a troubled romantic relationship, and she hasn't had a boyfriend since. "I told myself, 'I just need to heal.'"

After the murder in the alley, Traci Coney, the sister who helped Veronica recuperate from her stroke, urged her to seek therapy, not only for her own sake but also for that of her kids. "She'd been exposed to violence in the streets and we'd had trauma in our home, and the cycle was repeating," Traci says. "I didn't want my nieces and nephews to see the same things we saw."

In June 1999, 15 years ago this summer, a National Summit on Children Exposed to Violence convened in Washington at the direction of President Bill Clinton. The president had called for the summit after the massacre that April at Columbine High School in Littleton, Colorado, that claimed the lives of 12 students and a teacher.

At the close of the three-day summit, attended by policy makers and experts in child development and juvenile justice, attorney general Janet Reno said that abused and neglected children "come to accept violence as a way of life," and were the most likely to commit crimes. They needed protection from maltreatment, she said, and their parents and caregivers needed counseling.

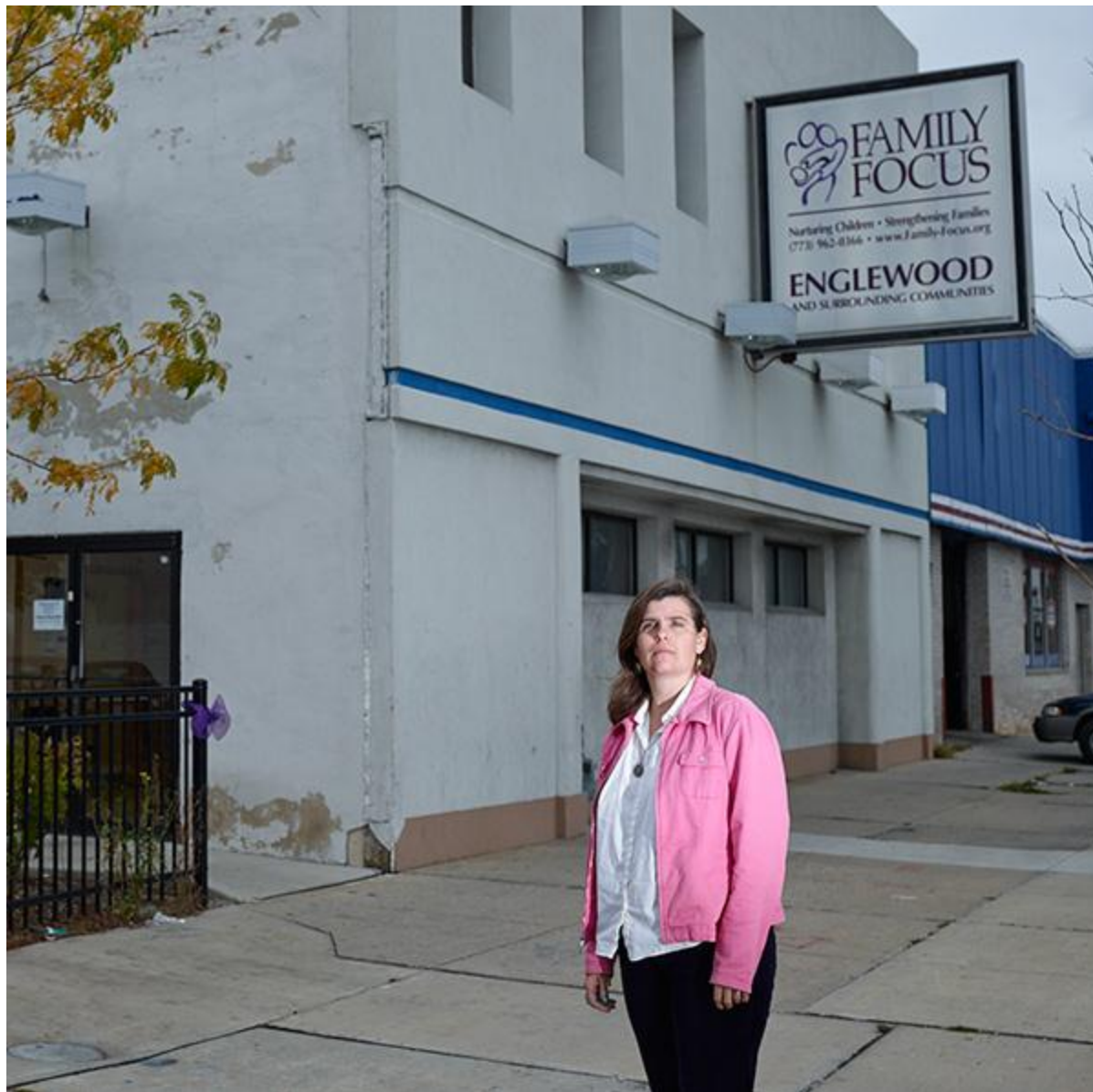
A report on the summit, "Safe From the Start," cited data indicating that being abused or neglected as a child increased the likelihood of arrest as a juvenile by 53 percent and of arrest for a violent crime as an adult by 38 percent. It called for more spending on both prevention and intervention. That would be expensive initially but cost-effective over the long term, the report maintained: it would save the later costs of investigating, prosecuting, and rehabilitating juvenile and adult offenders who were child victims. But the report also noted, "Tragically, the systems that support children and families are too often [the first to be cut when budgets are tight](#)."

To increase public awareness of the impact of violence on children, and to help maltreated kids and counsel their caregivers, "Safe From the Start" demonstration projects were launched in 11 locales in 2000. One was Chicago, where pilot projects began in 2001 in the Roseland-Pullman community and in Englewood—two poor, African-American areas with high rates of community and domestic violence. In keeping with the initiative's name and its tenet that greater advances could be made by targeting the very young, the focus was on reducing exposure to violence for children ages five and younger.

The two south-side programs are still around. They received federal seed money initially and have been funded by the state since 2005. The program Coney found, known as the Englewood office, is partnered with the Family Focus social service agency and is actually in Chicago Lawn, just outside West Englewood, but it serves families throughout the mid-south side. Two more Safe Start programs opened in Chicago in 2008, serving the west side and north side, and there are seven other such programs elsewhere in Illinois.

The programs are evaluated regularly by researchers at the University of Illinois at Chicago. The most recent evaluation, in 2013, found "a significant reduction in children's emotional and behavioral symptoms and caregiver stress, and an improvement in child and caregiver functioning" [for the](#)

[children and families Safe Start has served](#). Such findings, however, have not led to generous funding by the state. The programs operate on shoestring budgets—the Chicago centers have each been granted only about \$76,000 annually the last three years.



*Kate Goetz, the Chicago Safe Start therapist who counseled Coney and her children*

Most families served by Safe Start "have had multiple experiences of violence exposure," says Kate Goetz, the therapist who counseled Coney and her children. "In just about every family we work with, there's been some type of family violence, and a lot of the kids have been exposed to violence in the community as well."

Goetz uses "child-parent psychotherapy," an intervention method designed for young children. When CPP therapists learn that a child's caregiver also has been traumatized, they treat her as well. (The caregiver is usually the mother, sometimes the grandmother, and rarely the father.) The method "acknowledges that many parents may have been traumatized themselves by the event that traumatized

their child," Goetz says. "And beyond that, that parents may have experienced trauma themselves as children, never got any treatment for it, and may still be struggling with symptoms related to it. We're not just telling them what to do in terms of parenting. If you've got a parent who is struggling with posttraumatic symptoms, just saying 'You should do this instead of that' does not translate very well into actual behavior change, so it doesn't benefit the kids."

Although many of the caregivers she works with were maltreated as children, they often had someone in their early lives who "gave them a sense of being valued, of being nurtured or protected," Goetz says. "Usually we can help parents identify that, and say 'I want to be like that one person who made me feel like that—that's how I want my kids to see me.'"

She usually meets with the family in their home. She observes the children as they play, and advises parents on how to talk with their children "in simple, age-appropriate ways, about the traumatic events they've experienced or seen." She also notices how caregivers interact with their children. "Sometimes a child will do something that isn't even obvious misbehavior, and it will clearly be really upsetting to the parent. And I might say, 'Tell me what bothers you so much about that.' They might say, 'When he did that, he had this look on his face just like his dad used to look right before he was going to haul off and punch me.' The parent is being triggered by the child—being reminded of something traumatic from their own background."

Coney says she found Goetz to be "smart, witty, gifted. She opened up new avenues in my mind. We came up with goals, we built strategies to figure out the best parenting skills for children recovering from trauma and dysfunction. We made plans and we wrote stuff down. When the children were having problems, she would do a one-on-one with them. (Counselors work with older siblings of the child under six as well.)"

"Just to have somebody listen to you and not judge you—that's golden, that's sacred," Coney says.

"We now know that there are biological, hormonal things that happen in our bodies and brains when we experience an overwhelmingly threatening or frightening event, and that cause symptoms that can linger. And that it happens to everybody."—Kate Goetz, a social worker with Chicago Safe Start

Goetz tells the caregivers she counsels, in straightforward terms, "about the neurobiology of trauma—that we now know that there are biological, hormonal things that happen in our bodies and brains when we experience an overwhelmingly threatening or frightening event, and that cause symptoms that can linger. And that it happens to everybody. That lets parents know there's nothing wrong with them—'You're having a normal response to something that happened to you that was not your fault.'"

Goetz, who's 40, is white, and nearly all of her clients are black. She says she often will "name that elephant in the room" early on in her meetings with caregivers. "I say, 'I do believe that racism is still alive and well in the U.S. and in Chicago, and I think that's really unfortunate and I try not to participate in it. And I realize I'll never know 100 percent what it's like to be on the receiving end of it, but I do understand how it may be part of your experience, and when that's relevant, I hope that we can talk about it.'"

Coney worried at first about having a white therapist. She was concerned that they wouldn't communicate well and that Goetz would prejudge her "because there's so many stereotypes that have been put on single mothers—that we're on drugs, we're this or that. We tend to put a blanket over

ourselves, to protect ourselves against that hurt that might come and damage us even more. So I was skeptical, but I wanted help so bad I was like, 'We need to get this stuff resolved.' And from the day I met her, I felt we really connected, and that she understood me."

Goetz says many of the caregivers she sees raise the subject of corporal punishment before she does. "I've had parents say, 'Well, you know how black folks are—everybody thinks you have to whup your kids.' For some of them, it's 'and I think so, too,' and for others it's, 'I'm not so sure, and I'm trying to do something different, but it's not always easy in my family and my community.'"

When caregivers bring up the subject, Goetz typically says that corporal punishment has its advocates and critics. But she'll go on to say that her experience with kids and families, and a wealth of research, has shown that kids who have been traumatized often respond poorly to physical punishment—that if the punishment is painful and frightening, it may trigger memories of the trauma. "Instead of saying that corporal punishment is bad for all kids, I talk about the specific needs of their kids based on what they've been through," she says.

There are some caregivers "with whom I choose not to push too hard on that issue," she says, "because of the risk of losing the relationship with them and not being able to work with their kids."

Coney, however, wanted to talk about corporal punishment, and was open to trying other methods of discipline.

"In certain stressful situations I would lash out at the children," she says. She and Goetz "worked on this spanking thing. We spent so much time on that, because I grew up with the concept of physical punishment—you know, if you want to get the children to listen to you, you gotta whup them. I would grab a belt and I would whup them, and if I didn't whup them, I would threaten them. It was like, 'If you don't do this, I'm gonna do this.' We worked our way away from that. Now I know those whuppings are from anger, frustrations, the stresses of life. You come home and you see some stuff out of order—who do you think is the first one who's gonna get it? The children. They gonna get it because you had a bad day. We had to revamp that whole thing."

Families typically are in the Safe Start program for a year and a half to two years. Goetz worked with the Coney family for two years and three months, until the family "aged out" in June 2013 when the youngest child turned six.

"I learned how to be more patient and calm and think things through," Coney says. Now when her children misbehave, "we try to talk it out." That approach seems obvious to her these days, but it wasn't obvious before because of the way she was raised, she says. "The only form of communication from my dad was command: 'You do this, shut up, and sit down.'"

Listening to her oldest child has been especially important, Coney says. He entered a challenging selective enrollment middle school program while the family was in therapy, and struggled with the workload. If not for what she learned from Goetz, "The method would have been, 'You do this work or you're getting your butt whupped. You do what the heck I say, ain't no alternatives, you don't have a voice.'" Instead, "It became, 'Let's talk about what's going on. Let's talk about why you don't want to get up in the morning, why you're not doing your homework. You say I was nagging, I'm on your case too much—OK, let me back off and let you do what you got to do, but let's hold ourselves accountable for our actions.'"



He soon was doing better at school. If she'd tried to address the problem the way she used to, she thinks her son might have rebelled like she did as a teen. He could have ended up out there selling drugs, she says, "because he wouldn't have had no voice."

"I can't say I got it 100 percent" she says. "I can't say that it don't ever slip out—I'm gonna get your butt if you don't do this.' We're still trying to figure this thing out."

Safe Start's influence will be even more pronounced with her younger children, she thinks, "because they're getting the fullness of love and warmth and understanding and compassion from an early age."

Goetz says that parents like Coney can get caught in a harmful spiral. Their unresolved childhood issues can make them less able to meet the developmental needs of their own children, which can lead to behavior problems in their kids, putting yet more stress on the parent. "The good news is that we can reduce and repair that impact by starting early," she says. "If you provide support for the parent, and help the parent provide support for the child, you can get the spiral going in the other direction."

Goetz, who's been with Safe Start for four years, had thought she wanted to be a teacher, but after a year of teaching she realized she preferred working with kids individually. In her graduate studies for her social work degree she learned "that if you want to help kids you have to work with their parents.

"All babies are born wired to fall in love with their parents, and most parents still have that wiring intact enough to fall in love with their babies," she says. "But a lot can go wrong between feeling love and living it out, and trauma and violence can interfere with the human neurobiology of love. I get to help parents and children learn to love each other more fully and comfortably, and that is an incredible honor and privilege."

She thinks Safe Start is helping to "break the intergenerational transmission of violence." But if it's doing so, it's doing it in minuscule increments, because of funding that barely suffices to keep the programs going. The therapy team in the Englewood office consists of Goetz and the two graduate school clinical social work interns she supervises. Goetz is paid to work only 30 hours a week. The office usually is assisting just 20 families. It's located in the midst of pervasive poverty, and Goetz believes there are a multitude of families who could benefit from its services.

She sometimes attributes the paucity of funding for programs such as Safe Start to "a lack of awareness about the importance of early childhood and the existence of effective intervention." Other times, "I have more depressing and infuriating thoughts, about how resources get directed—about who makes decisions, and who they think matters."

"Maybe we're making things better for this child, but we haven't made it any more likely that there will be jobs available for him when he grows up. We have to be working at both levels." —Brad Stolbach, a clinical psychologist at University of Chicago Medicine

When I first spoke with Goetz, in mid-September, she said that although she wished Safe Start could expand, she felt "pretty lucky," given the state's recent tightfisted budgets, that the program hadn't suffered cuts. She may have spoken too soon. A week later, Safe Start was notified by its funding agency, the Illinois Criminal Justice Information Authority, that because of major cuts by the state to violence prevention programs, funding for Safe Start was only assured through the end of the year. The agency informed Safe Start programs that it would try to find money to keep them running through

next June, but even that couldn't be guaranteed. A spokesperson for ICJIA declined to discuss the looming cuts with me, but offered a written statement that said the agency was "working with the Governor's Office and General Assembly to solidify funding" for Safe Start through June.

Safe Start is noteworthy for targeting families with very young children, but it's not alone in its emphasis on treating childhood trauma victims. There are now a fair number of such programs, locally and nationally. Like Safe Start, they typically struggle for funding.

"I spend a lot of time chasing money," Brad Stolbach says. A clinical psychologist at University of Chicago Medicine, Stolbach is a local and national leader in the field of child trauma. He cofounded the Chicago Child Trauma Center at La Rabida Hospital on the south side, and now is clinical director of Healing Hurt People—Chicago, a hospital-based violence-intervention program for youth. He's also played key roles with the National Child Traumatic Stress Network.

"There are very few resources available to the families that most need them," Stolbach says. "Much of the funding is short-term, year to year. You're constantly writing grant proposals, writing reports on those grants while they're funding, and then trying to get them renewed. Everybody who's trying to serve those most in need is doing it with inadequate resources, and competing with each other."

Governor Pat Quinn's Neighborhood Recovery Initiative, launched in 2010, was an antiviolence program. It's been much maligned since a state audit in February found pervasive accounting deficiencies and other dubious financial practices. A portion of the \$55 million went to school-based "early intervention and trauma-informed" counseling services, but most NRI money was spent on reentry programs for youth and young adults, jobs and mentoring for youth, and "leadership training" for parents. [No NRI funds went to Safe Start.](#)

Stolbach thinks more isn't spent on services for traumatized children and their families because such programs "are viewed in terms of their short-term costs instead of the long-term savings." But also, he says, "there's not money for this for the same reason that there's not money for other things that people in poverty need—health care, food, jobs, daycare, you name it."

Helping traumatized kids "can feel like Band-Aids—like we're just addressing symptoms," Stolbach says. "Maybe we're making things better for this child, but we haven't made it any more likely that there will be jobs available for him when he grows up. We have to be working at both levels. We can't use the fact of the structural problems to not treat the injured, and we can't use the fact that we're treating the injured as an excuse not to bother with the structural problems."

Coney has wondered if the stroke she suffered was caused by the stress that had accumulated in her life. Aneurysms are often genetic, but Coney says there's no history of them in her family. They rupture more often in women and African-Americans. Aneurysms are inflammatory disorders, and several studies have implicated psychological stress in such disorders. A study at Chicago's Rush University Medical Center, published in 2013 in the journal *Cytokine*, found significantly higher levels of an inflammatory marker in women who'd experienced interpersonal violence and developed PTSD. "These findings suggest that the recurrent and intrusive reliving of trauma . . . may be a potential mechanism by which traumatic stress translates into chronic inflammation," [the study's authors wrote.](#)

The stroke was preceded by a particularly draining few days for Coney. She suffered it a week after the birth of her fourth child. Her baby had respiratory distress and so remained in the hospital for six days

after the birth. In the evening of the day she brought the newborn home, Coney put her in a baby bed and asked the child's father to watch her so she could take a bath. When she got out of the bath, she discovered that the father had taken her car and left. He called her later and informed her that her car had gotten shot up. "I was so *pissed*," she says. It was the following morning that she felt the roaring headache that sent her to the hospital. "I don't know if I blew a head gasket or what."

Coney plans to relieve some of the stress in her family's life soon, by moving. She'd expected to move to Beverly this month as part of a Chicago Housing Authority voucher program, but that fell through because the owner of the home she was going to rent had mortgage problems. She's continuing to look in Beverly, which is far safer than Chicago Lawn. "I want to get my children away from all that," she says. "I feel like my son's life is in jeopardy, that all of our lives are in jeopardy. It's sad, but, yes, I'm running."

In the last eight years, [there have been 100 homicides within a mile of Coney's block](#).

Programs like Safe Start "can stop crime before it's ever committed," she says. "Instead of spending more on extra police, let's put an emphasis on building a stronger foundation for the family. What's stopping us from doing that?"

*Francesca Gattuso and Megan Thielking helped research this story.*

<http://www.chicagoreader.com/chicago/safe-start-therapy-violence-social-worker-children-trauma-ptsd-south-side/Content?oid=15390389>