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Safe From the Start

Year 12 Report: 2001-2013

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Executive Summary

This evaluation report reflects the assessment and service provision activities for 4,350 children predominantly ages 0 to 6 exposed to violence, along with their caregivers, who sought treatment at the 11 Illinois sites participating in the Illinois Violence Prevention Authority's Safe From the Start (SFS) program between July 2001 and June 2013. Treatment services could include individual child and adult therapy, family therapy, family support services, psycho-education, and case management.

The objectives of the evaluation were to:

- Identify the characteristics of children exposed to violence;
- Identify the types of violence that children are exposed to;
- Assess the impact of violence on young children;
- Identify risk factors for children at the individual, family and community level;
- Identify the characteristics and experiences of caregivers of young children exposed to violence;
- Document the identification and referral process of children exposed to violence;
- Document the types of services children and their caregivers receive; and
- Assess the impact of service provision for young children and their caregivers.

Key Findings

Demographic Characteristics of Caretakers

- Mothers' age at time of assessment ranged from 15 to 71 years of age, with a mean age of 29.4 years.
- Fathers' age at time of assessment ranged from 16 to 90 years of age, with a mean age of 32.5 years.
- Most children (58%) came from families with annual household incomes less than \$15,000.

Demographic Characteristics of Children

- Children were primarily Caucasian (39%), African American (25%), Hispanic (22%), multi-racial (12%), Asian American (.5%), and "other" (e.g., Native American; 1%).
- 53% of children referred for SFS services were male, while 47% were female.
- Children ranged in age from less than one month to 18 years of age.
- The average age of children identified for services was 4.6 years of age.
- 43% of children live with only their mother.

Referral Information

- DV Providers, Self-referrals, Intra-agency referrals, and DCFS accounted for 62% of the referrals for Safe From the Start services in Year 12.
- Other sources of referrals included Social Service Providers, teachers and child care, and Victim's Advocacy.
- Children were referred for services due to domestic violence (83%), child abuse (16%), sexual abuse (7%), community violence (6%), and for other reasons (13%).

Accumulation of Risk Factors

Vincent Felitti and colleagues (Felitti et al., 1998) found that persons who had experienced four or more categories of adverse childhood experiences, compared to those who had experienced none, had a 4- to 12-fold increase in health risks for alcoholism, drug abuse, depression, and suicide. In an attempt to assess children's exposure to adverse childhood experiences, caregivers are asked about their children's exposure to 23 potential risk factors.

- Nearly all children experienced multiple risk factors at the level of the individual, family, and community. Some of these risk factors included unplanned pregnancy (71%), caregiver distress (63%), poverty (60%), history of father in jail (56%), history of mother in jail (18%), watches violent TV and/or movies (50%), and no support from religious resources (43%). The average SFS child experienced over 5 risk factors.

Impact of Violence on Children and Caregivers

Exposure to violence can impact children's behavioral functioning and caregiver's levels of stress.

- Problem behaviors frequently reported by caregivers about their children include clinging behavior (51%), sleep difficulties (43%), and aggression towards siblings (48%), parents (42%) and peers (33%).
- At intake, 34% of children were identified as at-risk for developmental delays on the *Ages and Stages Questionnaire*.
- 45% of caregivers identified Social/Emotional concerns regarding their children's behavior on the *Ages and Stages-Social Emotional Questionnaire*.
- Data from the *Child Behavior Checklist* indicate that 41% of children assessed at intake were experiencing significant emotional and behavioral problems. Caregivers reported that the most frequently occurring problems included Externalizing Behavior, Internalizing Behavior, Aggressive Behavior and Emotionally Reactive Behavior.
- Data from the *Parental Stress Inventory* indicate that 45% of caregivers were experiencing significant amounts of parental stress at intake.

Provision of Services

- Across all sites, children attended an average of 9.8 sessions. Between sites, the average number of sessions that children attended ranged from about 6 to 13 sessions.
- Across all sites, caregivers attended an average of 11.13 sessions. Between sites, the average number of sessions ranged from 4 to 15.

- Service providers reported that 60% of children and 55% of caregivers adequately participated in services.
- Child services primarily consisted of teaching children to identify and express their feelings, improving child-parent communication skills, addressing domestic violence, reducing symptoms.
- Caregiver services primarily addressed the effects of CEV on children, addressing domestic violence, child-parent communication skills, the cycle of violence, appropriate discipline, child development, and safety planning.
- Similarly, SFS providers identified improvements in caregiver functioning. Caregiver's knowledge of the impact of traumatic events was rated by service providers as most improved, and caregivers having supportive relationships was rated least improved.
- Child and caregiver outcomes were positively correlated with the number of sessions attended. In other words, the more sessions provided, the better the outcomes for both children and their caregivers.

Impact of Services

- Matched pre and post-intervention assessment data from the *Child Behavior Checklist* show a significant decrease in symptoms post-intervention. Pre-intervention, 43% of SFS children scored in the 'borderline' or 'clinical' range of problem behaviors on the CBCL. Post-intervention, only 29% of children scored in the 'borderline' or 'clinical' range, representing a 33% improvement on CBCL scores.
- Following services, the percentage of caregivers scoring at or above the borderline-clinical range on the total stress subscale of the *Parental Stress Inventory* dropped from 42% to 33%, representing a 21% improvement on PSI scores.
- Following services, SFS providers identified improvements in child functioning. The child's ability to identify feelings, overall symptoms, child's PTSD-Intrusion, and child's stress were rated as most improved, and child's ability to return to school/child care setting was rated least improved.

Conclusions

The data indicate a significant reduction in children's emotional and behavioral symptoms and caregiver stress, and an improvement in child and caregiver functioning after receiving Safe From the Start services. These data provide an important picture of the population being referred for violence exposure, the impact of that exposure to violence, and the impact of SFS services. Through collaborative, community-based efforts designed to help families that present with a wide variety of needs, Safe From the Start programs appear to be making a positive impact on the lives of children exposed to violence.

Chapter 1: Introduction

Background

The goal of Safe From the Start (SFS) is to develop, implement and evaluate comprehensive and coordinated community-based models to identify, assess and provide services to young children ages 0-6, as well as their caregivers, who have been exposed to violence in their home and/or community. Safe From the Start grew out of a national summit, *Safe From the Start: The National Summit on Children Exposed to Violence*, held in June 1999 in Washington, D.C. by the Department of Justice and the Department of Health and Human Services. In response to this national summit, the Attorney General of Illinois held a Safe From the Start Summit in April 2000 to respond to the issue of young children exposed to violence in Illinois. From this summit, a working group emerged and recommended that demonstration sites be selected in Illinois to develop, implement, and evaluate comprehensive community models to help young children affected by violence. The Illinois Violence Prevention Authority (IVPA) assumed leadership for this project and now supports 11 sites. Three sites began a six-month planning phase in January 2001 followed by program implementation in July 2001. The second trio of sites began a one-year planning phase in June, 2002, followed by program implementation in July, 2003. Two Chicago Safe From the Start sites began receiving funding from IVPA in 2005 and began using the SFS evaluation measures in the Fall of 2006. The newest sites began serving clients in the 2008-2009 fiscal years.

This report reflects cumulative SFS evaluation activities from July 2001 through June 2013.

Assessment of Children & Caregivers

Data from the assessment of children and their caregivers were collected by each site and compiled into a comprehensive database. The amount of data available for any particular assessment varies depending upon caregivers' availability to complete all of the assessment measures and upon the amount of missing data from each questionnaire. The instruments used to collect assessment and service provision data include the:

- Background Information Form (BIF);
- Ages and Stages Questionnaire (ASQ);
- Ages and Stages Social-Emotional Questionnaire (ASQ-SE);
- Safe From the Start Questionnaire (SFSQ);
- Child Behavior Checklist 1 ½ - 5 (CBCL);
- Parenting Stress Index – Short Form (PSI);
- Child Completion of Services Form; and
- Caregiver Completion of Services Form.

Data Collection Patterns

Over the 12 years that SFS services have been implemented, there has been a fairly steady increase in the number of children identified and assessed, with the exception of the current year. Table 1 provides a summary of the number of children served at each site for whom intake data is available, by year. Table 2 summarizes all of the data that is available from each site. Table 3 summarizes all of the data that was collected at each site during the latest fiscal year.

Table 1: Number of Children Assessed by BIF* per Site per Year

Site	Yr 1 FY '02	Yr 2 FY '03	Yr 3 FY '04	Yr 4 FY '05	Yr 5 FY '06	Yr 6 FY '07	Yr 7 FY '08	Yr 8 FY '09	Yr 9 FY '10	Yr 10 FY '11	Yr 11 FY '12	Yr 12 FY '13	Total
Site A	55	68	62	51	43	94	53	55	45	48	39	45	658
Site B	24	36	58	50	52	50	135	89	89	33	52	41	709
Site C	6	19	39	28	112	64	25	42	37	50	30	30	482
Site D	-	-	38	29	48	39	54	61	78	34	32	29	442
Site E	-	-	37	65	46	51	60	114	105	63	45	49	635
Site F	-	-	5	15	38	54	59	74	90	36	44	41	461
Site G	-	-	-	-	-	46	27	34	22	39	62	46	276
Site H	-	-	-	-	-	23	32	21	38	53	34	44	245
Site I	-	-	-	-	-	-	-	56	55	71	41	42	265
Site J	-	-	-	-	-	-	-	30	23	31	28	21	133
Site L	-	-	-	-	-	-	-	5	4	18	13	4	44
All Sites	85	123	239	238	339	421	445	581	586	476	420	392	4350

*A BIF is considered complete if the child's gender is reported on the BIF form.

Table 2: Cumulative Data Available per Measure per Site for Years 1 through 12 of the Project

Site	BIF	ASQ		ASQ-SE		SFSQ		PSI		CBCL		Caregiver	Child
		T1	T2	T1	T2	T1	T2	T1	T2 (%) ¹	T1	T2 (%) ¹	CSF	CSF ^{2, 3}
Site A	658	270	34	233	79	245	117	530	274 (52%)	401	190 (47%)	424	574 (87%)
Site B	709	184	41	166	61	150	47	493	191 (39%)	318	106 (33%)	257	470(66%)
Site C	482	108	26	122	41	99	15	300	85 (28%)	127	42 (33%)	263	430 (89%)
Site D	442	196	14	140	30	96	45	344	165 (48%)	272	113 (42%)	218	341(77%)
Site E	635	306	27	217	16	233	106	508	212 (42%)	302	94 (31%)	318	521(82%)
Site F	461	85	11	93	28	90	28	288	84 (29%)	143	44 (31%)	150	350 (76%)
Site G	276	77	10	81	25	112	43	193	87 (45%)	98	29 (30%)	91	153 (55%)
Site H	245	83	14	94	26	67	32	130	67 (52%)	89	39 (44%)	96	209(85%)
Site I	265	66	20	83	20	76	32	173	61 (35%)	118	43 (36%)	127	243(92%)
Site J	133	107	8	108	45	94	40	126	45 (36%)	114	43 (38%)	87	113(85%)
Site L	44	35	3	36	12	18	2	32	11 (34%)	38	16 (42%)	13	25 (57%)
All Sites	4350	1556	221	1416	399	1313	526	3177	1313(41%)	2060	779(38%)	2044	3429(60%)

Note 1: T2 % indicates the % of Time 2 data available relative to Time 1 data for the PSI and CBCL.

Note 2: Percentages reported for Child CSF indicates the % of Completion forms per BIF.

CSF = Completion of Services Form

Table 3: Data Available per Measure per Site for FY 2013 (July 1, 2012 to June 30, 2013)

Site	BIF	AS Q	ASQ-SE		SFSQ		PSI		CBCL		Caregiver CSF	Child CSF ^{2,3}
			T1	T2	T1	T2	T1	T2 (%) ¹	T1	T2 (%) ¹		
Site A	45	27	15	10	17	11	21	17(81%)	25	15 (60%)	39	28 (62%)
Site B	41	24	15	5	18	5	20	4 (20%)	18	11 (61%)	23	64 (156%)
Site C	30	17	8	0	8	0	13	0 (0%)	21	7 (33%)	31	30 (100%)
Site D	29	16	11	5	7	5	14	9 (64%)	23	18 (75%)	19	27 (93%)
Site E	49	29	11	3	14	7	16	11 (69%)	19	8 (42%)	36	40 (82%)
Site F	41	16	7	1	6	1	17	2 (12%)	22	10 (45%)	19	47 (114%)
Site G	46	7	0	0	2	1	2	1 (50%)	10	4 (40%)	6	30 (65%)
Site H	44	18	10	4	12	4	16	7 (44%)	14	4 (29%)	20	55 (119%)
Site I	42	18	10	5	8	2	17	7 (41%)	21	5 (24%)	21	41 (98%)
Site J	21	20	12	1	9	1	13	1 (8%)	23	9 (39%)	15	22 (105%)
Site L	4	3	2	1	1	0	2	1 (50%)	6	3 (50%)	4	8 (200%)
All Sites	392	195	101	35	102	37	151	60 (40%)	202	94 (47%)	233	392 (101%)

Note 1: T2 % indicates the % of Time 2 data available relative to Time 1 data for the PSI and CBCL.

Note 2: Percentages reported for Child CSF indicates the % of Completion forms per BIF.

Note 3: The percentage of children with a BIF that have a Child Completion of Services form filled out can exceed 100% if cases opened in the previous fiscal year were closed in the present fiscal year.

CSF = Completion of Services Form

Chapter 2: Sample Demographics

The average age of children served was 4.6 years (this includes older siblings that were served in addition to children 0-6). Nearly half (41%) of the children served were in the 0-to-3 age range. More boys (53%) than girls (47%) received services. Racial and ethnic identities served included Caucasian (39%), African American (25%), Hispanic American (22%), Multi-Racial (12%), Asian American (< 1%), and Other (1% e.g., Native American).

Table 4: Child Racial-Ethnic Identity by Site

Site	Caucasian	African American	Hispanic American	Asian American	Multi-Racial	Other
Site A	57%	20%	6%	.7%	15%	.8%
Site B	30%	10%	46%	2%	11%	1%
Site C	67%	16%	3%	.2%	12%	2%
Site D	60%	20%	.5%	.5%	17%	2%
Site E	54%	17%	9%	-	17%	2%
Site F	16%	33%	40%	-	10%	.5%
Site G	1%	88%	6%	1%	4%	-
Site H	1%	90%	2%	-	6%	2%
Site I	2%	3%	87%	-	8%	.4%
Site J	60%	17%	7%	1%	13%	3%
Site L	2%	12%	78%	-	7%	-
All Sites	39%	25%	22%	.5%	12%	1%

Background Information Form

The data reported in this section were taken from the Background Information Form (BIF). The BIF was developed by the SFS Advisory Committee to gather demographic and background information for SFS children and their families. The BIF is used to help tailor service provision to the individual needs and circumstances of children and their caregivers.

Figure 1: Child Racial-Ethnic Identity, All Sites

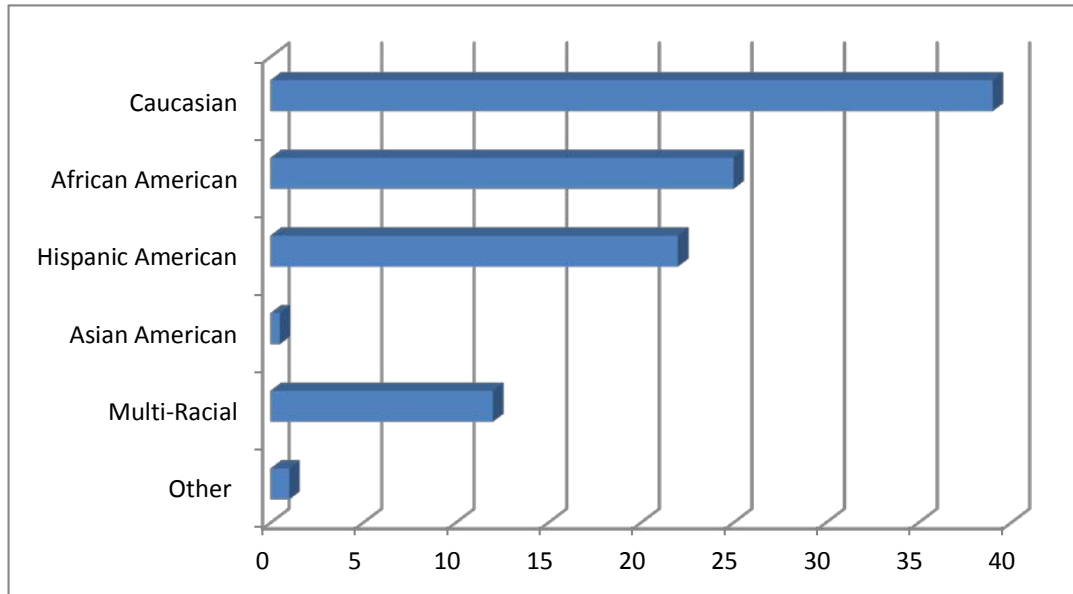


Table 5: Child Age & Gender

Site	Mean Age	% Female
Site A	4.4	39%
Site B	4.6	46%
Site C	4.6	47%
Site D	4.0	47%
Site E	4.3	49%
Site F	5.9	45%
Site G	5.3	46%
Site H	5.5	47%
Site I	4.7	54%
Site J	3.1	41%
Site L	3.6	66%
All Sites	4.7	47%

Table 6: Caregiver Age

	Mean Age	Min	Max
Female Caregiver	29.4	15	71
Male Caregiver	32.5	16	90

Child's Living Situation

The majority of children lived with their mother (43%), their mother and another relative (17%), both parents (13%), or their grandparents (6%). Nearly 8% of children lived with their mother and her significant other or their mother and stepfather.

Most families rent (45%) or own (27%) their home, but 10% lived in a shelter and 1% indicated that they were homeless. The majority of families (58%) had household incomes less than \$15,000.

Figure 2: Child's Current Living Situation

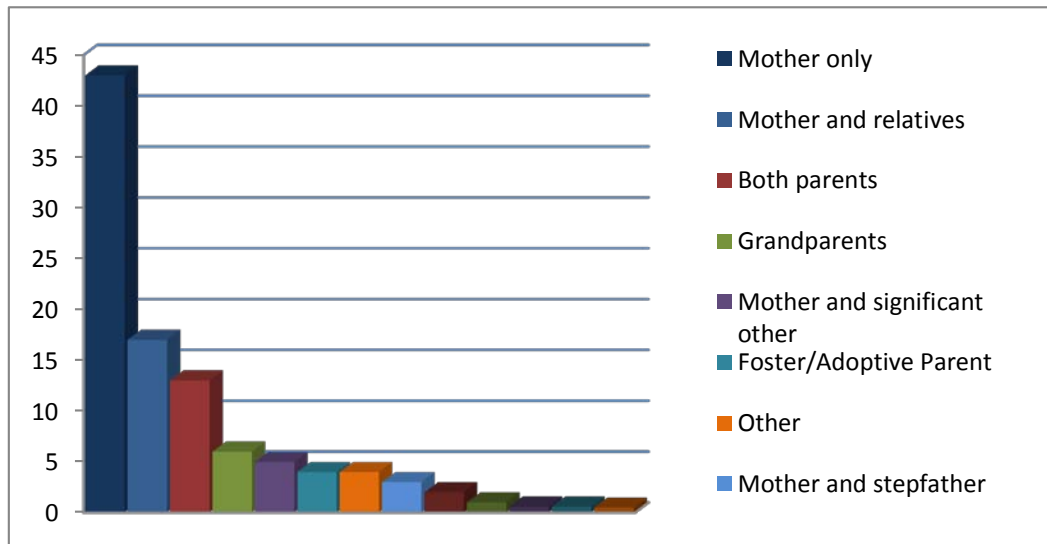


Table 7: Where Do They Live?

Site	Own house	Rent a home or apartment	Public Housing	Shelter	Homeless	With a family member	Other
Site A	35%	38%	5%	10%	1%	9%	2%
Site B	25%	39%	2%	16%	-	13%	6%
Site C	22%	30%	2%	24%	3%	17%	2%
Site D	39%	44%	5%	6%	.3	4%	1%
Site E	27%	36%	9%	12%	1%	13%	2%
Site F	48%	38%	-	4%	.6%	6%	4%
Site G	19%	57%	10%	2%	1%	11%	1%
Site H	10%	75%	6%	.5%	2%	6%	1%
Site I	11%	62%	1%	13%	.5%	11%	2%
Site J	20%	46%	9%	9%	-	14%	3%
Site L	16%	76%	-	-	-	8%	-
All Sites	27%	45%	5%	10%	1%	10%	2%

Table 8: Household Income

Site	0 - \$15k	\$15k-25k	\$25k-40k	\$40k+	Don't know
Site A	49%	19%	12%	16%	4%
Site B	58%	19%	7%	15%	1%
Site C	72%	8%	9%	6%	6%
Site D	60%	19%	12%	8%	-
Site E	54%	23%	13%	9%	1%
Site F	47%	25%	12%	15%	1%
Site G	66%	13%	14%	6%	-
Site H	46%	16%	7%	2%	29%
Site I	76%	14%	9%	1%	-
Site J	69%	13%	14%	4%	1%
Site L	53%	25%	17%	6%	-
All Sites	58%	18%	11%	9%	4%

Chapter 3: Violence Exposure, Presenting Problems & Risk Factors at Intake

Violence Exposure

Data from the Background Information Form (BIF) indicate that, of the children that were reported to have experienced violence, 83% of children witnessed domestic violence, 16% were victims of child abuse, 2% were victims of community violence, 6% were witnesses of community violence, 6% were victims of sexual abuse, and 13% had other types of exposure to violence (see Figure 3 and Table 9).

Furthermore, many of the children referred for SFS services are exposed to multiple types of violence. Figure 4 shows that 19% of SFS children were exposed to multiple forms of violence.

Figure 3: Types of Violence Exposure at Intake

□

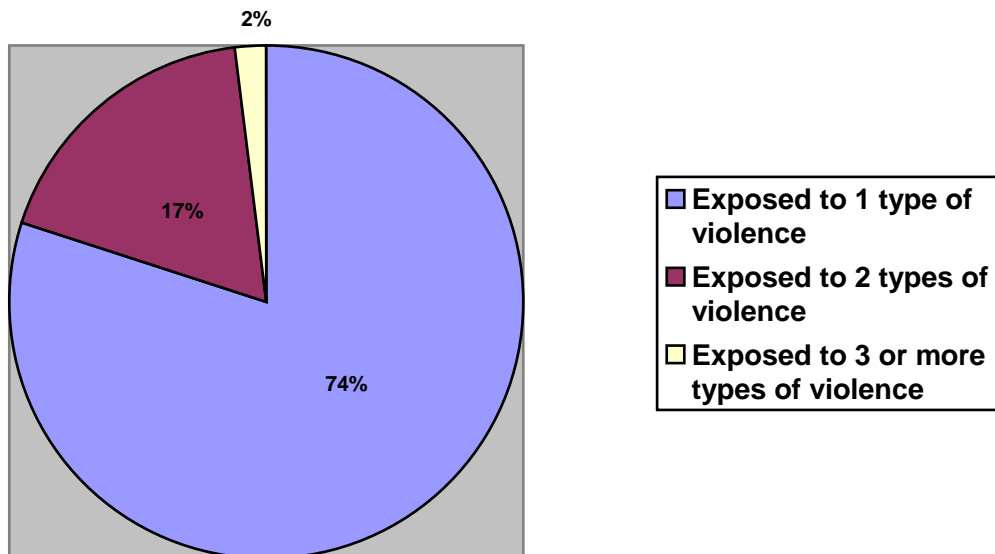


Table 9: Types of Violence Exposure at Intake by Site (Year 12)

Site	Witnessing domestic violence	Victim of child abuse	Victim of community violence	Witnessing community violence	Sexual abuse	Other reason*
Site A	87%	26%	2%	5%	3%	11%
Site B	79%	12%	.3%	3%	9%	17%
Site C	89%	37%	3%	10%	7%	9%
Site D	84%	16%	2%	4%	6%	13%
Site E	79%	11%	0%	1%	8%	15%
Site F	98%	12%	.3%	2%	.6%	3%
Site G	74%	11%	8%	12%	7%	13%
Site H	65%	9%	5%	19%	11%	27%
Site I	84%	12%	5%	6%	10%	11%
Site J	94%	8%	.8%	3%	3%	9%
Site L	83%	5%	0%	0%	5%	24%
All Sites	83%	16%	2%	6%	6%	13%

* Other reasons include neglect, witness to suicide, sexual abuse of sibling, witness of child abuse, victim of kidnapping, suspected sexual abuse, at risk for abuse, police raid of home, emotional abuse, and family drug abuse, etc.

Figure 4: Percent of Children Exposed to 1, 2, and 3+ Types of Violence



Child Issues at Intake (BIF)

Across all types of violence exposure, clinging behavior, aggression, and sleep difficulties occurred most frequently (see Table 10).

Table 10: Presenting Problems from the Caregiver’s Perspective

Presenting Problems	Site A (n=321)	Site B (n=338)	Site C (n=265)	Site D (n=278)	Site E (n=316)	Site F (n=315)	Site G (n=210)	Site H (n=162)	Site I (n=190)	Site J (n=116)	Site L (n=37)	Total n=2605
Clinging behavior	66%	38%	62%	48%	52%	54%	56%	32%	44%	61%	41%	51%
Aggression towards siblings	50%	47%	59%	50%	46%	55%	42%	30%	42%	51%	43%	48%
Sleep difficulties, night terrors	54%	43%	55%	42%	45%	39%	27%	28%	38%	60%	43%	43%
Aggression towards parents	58%	44%	54%	36%	44%	42%	18%	15%	42%	53%	41%	42%
Fearfulness/phobias	49%	35%	42%	31%	34%	42%	19%	17%	25%	31%	43%	34%
Anxiety	43%	36%	43%	33%	31%	42%	16%	28%	33%	41%	19%	35%
Aggression towards peers	42%	25%	45%	33%	34%	32%	28%	20%	20%	41%	38%	33%
Parent/child relation problems	32%	30%	42%	22%	31%	33%	16%	28%	37%	39%	24%	31%
Adjustment difficulties	37%	19%	53%	27%	29%	26%	24%	26%	25%	34%	19%	30%
Destructive to property	40%	21%	45%	31%	25%	27%	23%	15%	16%	34%	14%	28%
Regressive behavior	35%	18%	42%	24%	23%	20%	22%	12%	21%	25%	22%	24%
Withdrawn behavior	29%	19%	25%	22%	22%	22%	18%	20%	27%	21%	8%	22%
School behavior problems	28%	16%	28%	20%	24%	18%	24%	22%	12%	20%	16%	21%
Depression	27%	12%	28%	15%	22%	26%	14%	14%	18%	12%	14%	21%
Repetitive talk or play about event	23%	10%	23%	27%	17%	22%	15%	12%	19%	19%	14%	19%
Somatic complaints	33%	17%	32%	17%	12%	22%	10%	10%	16%	20%	22%	20%
Self-abusive	25%	10%	24%	18%	13%	10%	8%	6%	13%	20%	3%	15%
Hopelessness	10%	6%	21%	6%	12%	12%	6%	6%	9%	4%	5%	10%
Intrusive thoughts	3%	3%	8%	6%	7%	10%	4%	4%	7%	3%	3%	6%
Sexualized behavior	4%	2%	14%	6%	2%	2%	6%	5%	3%	3%	0%	5%
Visible injuries	8%	1%	9%	3%	5%	4%	1%	4%	2%	3%	3%	4%

Child Issues at Intake (BIF)

Table 11 shows that victims of child abuse are more likely to present with anxiety, aggression towards siblings, parent-child relationship problems, and visible injuries than children with other types of violence exposure. Victims of sexual abuse have higher rates of aggression towards parents, fearfulness, withdrawn behavior, sleep difficulties and night terrors, self-abusive behavior, being destructive to property, somatic complaints and are more likely to engage in sexualized behavior, compared with children exposed to other types of violence. Victims of community violence are more likely to present with school behavior problems, adjustment difficulties, regressive behavior, clinging behavior, hopelessness, and repetitive talk or play about the event compared to children exposed to other types of violence.

Table 11: Presenting Problems by Type of Violence Exposure

Presenting problems from the Caregiver's perspective	Victim of child abuse	Witnessing DV	Sexual abuse	Victim of community violence	Witnessing community violence
Anxiety	43%	36%	41%	34%	40%
Depression	28%	22%	29%	17%	26%
Aggression towards peers	38%	34%	38%	42%	43%
Aggression towards siblings	55%	50%	50%	49%	47%
Aggression towards parents	48%	44%	51%	36%	42%
School behavior problems	24%	21%	24%	36%	31%
Adjustment difficulties	38%	30%	34%	51%	33%
Fearfulness/phobias	40%	35%	45%	38%	42%
Withdrawn behavior	26%	22%	31%	15%	22%
Regressive behavior	33%	25%	38%	40%	26%
Clinging behavior	54%	52%	57%	58%	55%
Hopelessness	15%	10%	14%	19%	18%
Parent/child relation problems	39%	32%	35%	34%	34%
Sleep difficulties, night terrors	48%	44%	58%	38%	46%
Self-abusive	19%	15%	25%	19%	16%
Destructive to property	37%	28%	39%	36%	35%
Sexualized behavior	9%	4%	26%	9%	6%
Repetitive talk or play about event	25%	19%	27%	30%	27%
Somatic complaints	26%	20%	28%	21%	26%
Intrusive thoughts	9%	6%	10%	9%	11%
Visible injuries	13%	4%	5%	9%	3%

Risk Factors

SFS caregivers indicated whether or not their children had been exposed to 23 risk factors. Table 12 shows that caregiver distress (63%), poverty (60%), and father in jail (56%) are among the most commonly reported risk factors. According to Table 12, clients at each site face a unique set of risk factors. Across all sites, the average

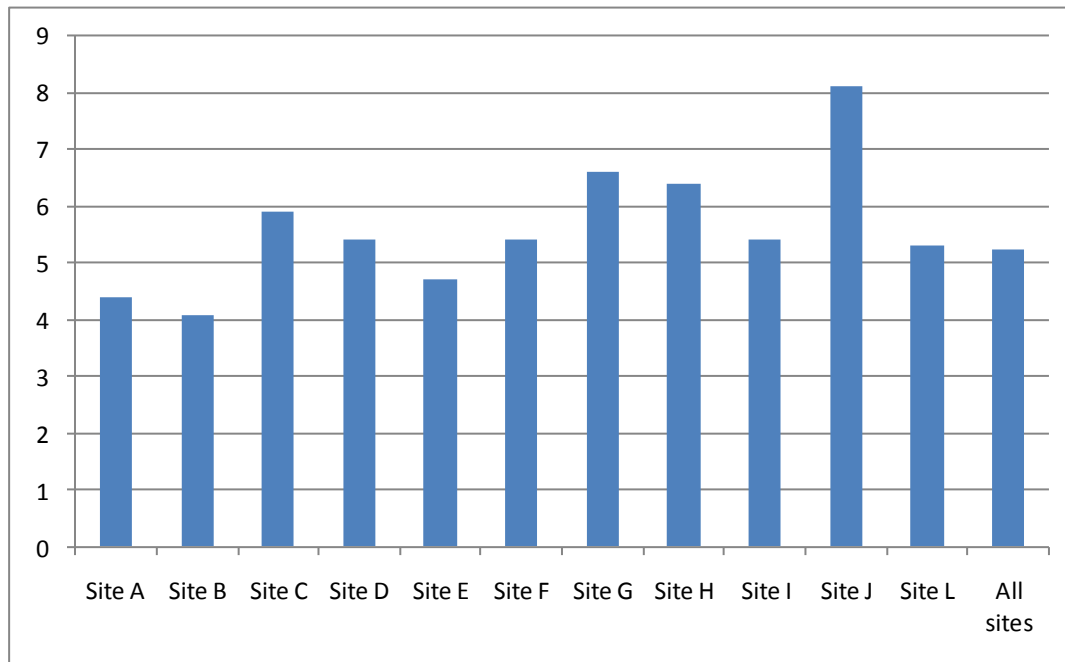
child was exposed to 5.2 risk factors (see Figure 5). Vincent Felitti and colleagues (Felitti et al., 1998) found that persons who had experienced four or more categories of adverse childhood experiences, compared to those who had experienced none, had a 4- to 12-fold increase in health risks for alcoholism, drug abuse, depression, and suicide.

Table 12: Risk Factors: Percent “Yes”

Risk Factors	Site A	Site B	Site C	Site D	Site E	Site F	Site G	Site H	Site I	Site J	Site L	Total
Homeless	11%	16%	27%	7%	13%	5%	3%	2%	13%	9%	0%	11%
Single parent	77%	75%	83%	67%	80%	67%	78%	77%	77%	81%	74%	76%
Birth complications	31%	22%	26%	28%	24%	27%	24%	19%	15%	22%	27%	24%
Unplanned pregnancy	77%	65%	79%	74%	74%	68%	63%	78%	64%	71%	70%	71%
Substance abuse during pregnancy	37%	13%	54%	42%	42%	11%	21%	26%	8%	41%	11%	29%
Poverty	51%	58%	76%	60%	55%	47%	66%	64%	76%	69%	53%	60%
Harsh discipline	54%	33%	59%	24%	19%	37%	32%	38%	30%	49%	35%	36%
Guns in home	23%	12%	29%	17%	12%	21%	31%	27%	16%	13%	13%	20%
Unsatisfied with living situation	31%	54%	45%	24%	29%	37%	44%	43%	28%	26%	32%	37%
Watches violent TV and/or movies	58%	50%	40%	45%	48%	56%	50%	38%	55%	58%	62%	50%
Exposed to use/sale of illegal drugs	34%	20%	36%	27%	22%	19%	21%	30%	19%	29%	32%	26%
Serious medical problems	28%	18%	29%	29%	27%	33%	34%	26%	20%	47%	21%	27%
Substance abuse mother	10%	3%	12%	17%	8%	2%	8%	11%	3%	10%	0%	8%
Mental illness mother	29%	19%	34%	26%	28%	26%	14%	22%	18%	48%	9%	26%
Mental illness other	33%	21%	35%	28%	33%	21%	16%	22%	16%	44%	17%	27%
Mother in jail	30%	6%	33%	26%	20%	8%	16%	20%	8%	23%	11%	18%
Father in jail	66%	54%	67%	48%	65%	54%	51%	44%	41%	69%	46%	56%
No family support for caretaker	22%	51%	31%	25%	21%	41%	32%	29%	41%	26%	24%	32%
No community support for caretaker	16%	49%	38%	27%	13%	42%	30%	44%	55%	20%	29%	33%

Caregiver Distress	61%	76%	69%	67%	44%	56%	54%	65%	78%	74%	50%	63%
No friends	8%	15%	17%	13%	8%	17%	16%	13%	14%	11%	8%	13%
No pos. community experiences	7%	16%	11%	7%	4%	16%	37%	23%	17%	14%	5%	14%
No support from religious resources	45%	52%	49%	39%	41%	33%	35%	34%	48%	55%	36%	43%

Figure 5: Mean Number of Risk Factors per Child per Site



Caregiver Distress

Both caregivers and service providers were asked to rate caregiver distress on a 1 to 10 scale, with 10 being the most distressed. Table 13 shows that, on average, caregivers and therapists indicated that caregivers were experiencing significant levels of distress.

Table 13: Caregiver Distress

	Site A	Site B	Site C	Site D	Site E	Site F	Site G	Site H	Site I	Site J	Site L	Total
Service Provider Rating	6.78	7.48	6.69	7.37	5.82	6.63	6.81	6.87	7.36	7.32	6.56	6.84
Caregiver Rating	6.37	6.89	7.32	6.77	6.14	5.78	6.37	5.68	6.65	6.55	5.84	6.44

Referral Sources

DV providers, Self-referrals, Intra-agency, and DCFS accounted for 62% of the referrals for services. Tables 14 and 15 show that all sites have developed referral relationships from multiple sources. Information from Year 11 and Year 12 are included to show the effect of efforts to increase referrals from alternate sources.

Table 14: Referral Sources for Project Year 11

Referral Source	Site A (n=39)	Site B (n=43)	Site C (n=28)	Site D (n=31)	Site E (n=38)	Site F (n=43)	Site G (n=55)	Site H (n=34)	Site I (n=30)	Site J (n=26)	Site L (n=12)	Total
Self-Referral	8%	7%	7%	3%	24%	44%	26%	0%	10%	8%	25%	16%
Police Dept.	8%	5%	0%	10%	0%	0%	0%	0%	0%	0%	0%	2%
Hospital / Physician	10%	2%	7%	0%	0%	0%	0%	15%	0%	0%	0%	3%
Intra Agency	21%	0%	11%	0%	0%	5%	0%	44%	43%	0%	0%	11%
Homeless shelter	0%	0%	0%	0%	5%	0%	0%	0%	7%	0%	0%	1%
Teacher/Child Care	8%	30%	7%	0%	3%	0%	4%	0%	0%	12%	31%	7%
Other Providers	3%	0%	18%	10%	3%	9%	24%	0%	17%	12%	17%	10%
Social Service	18%	33%	7%	3%	11%	12%	38%	0%	3%	12%	17%	16%
Mental Health	0%	2%	0%	3%	8%	0%	0%	0%	0%	0%	0%	1%
DV Agency / Shelter	0%	9%	14%	19%	26%	26%	4%	9%	7%	54%	8%	15%
Victim's Advocate	18%	0%	0%	0%	0%	5%	0%	0%	0%	4%	0%	3%
DCFS	3%	12%	29%	48%	21%	0%	6%	32%	10%	0%	0%	14%
Other Child Welfare	5%	0%	0%	3%	0%	0%	0%	0%	3%	0%	0%	1%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table 15: Referral Sources for Project Year 12

Referral Source	Site A (n=45)	Site B (n=33)	Site C (n=30)	Site D (n=25)	Site E (n=48)	Site F (n=41)	Site G (n=40)	Site H (n=36)	Site I (n=37)	Site J (n=21)	Site L (n=2)	Total
Self-Referral	18%	3%	0%	4%	29%	0%	43%	39%	8%	5%	0%	17%
Police Dept.	4%	12%	0%	24%	0%	0%	0%	0%	0%	0%	0%	3%
Hospital / Physician	2%	0%	3%	0%	2%	0%	0%	3%	0%	0%	0%	1%
Intra Agency	31%	0%	10%	4%	2%	0%	35%	6%	38%	0%	0%	14%
Homeless shelter	0%	0%	0%	0%	%	0%	0%	0%	3%	0%	0%	.3%
Teacher/Child Care	7%	21%	33%	0%	4%	0%	8%	6%	5%	14%	0%	9%
Other Providers	4%	0%	3%	0%	6%	0%	3%	8%	16%	5%	0%	5%
Social Service	13%	33%	23%	4%	8%	0%	8%	14%	0%	10%	0%	11%
Mental Health	4%	0%	3%	0%	0%	0%	0%	0%	3%	0%	0%	1%
DV Agency / Shelter	0%	12%	13%	4%	17%	100%	0%	0%	14%	29%	0%	19%
Victim's Advocate	11%	6%	0%	4%	4%	0%	0%	17%	0%	33%	0%	6%
DCFS	2%	12%	10%	52%	27%	0%	5%	8%	3%	0%	50%	12%
Other Child Welfare	2%	0%	0%	4%	0%	0%	0%	0%	11%	5%	50%	2%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Chapter 4: ASQ & ASQ-SE

ASQ: Baseline Results

Of the 1,063 SFS children with pre-intervention data on the ASQ in Year 12, the percentage of children identified at intake as at-risk for developmental delays was 34%.

Of the 34% of the children with concerns identified, 53% demonstrated a concern in only one area. One-third (33%) of these

children were identified as having concerns in 2 to 3 different developmental domains. Fourteen percent of these children were identified with developmental delays in 4 or 5 domains. Communication skills and fine motor ability were the developmental domains identified as a concern most often (see Table 16).

Ages & Stages Questionnaire

The Ages & Stages Questionnaire (ASQ; Squires, Potter, & Bricker, 1999) provides early and accurate identification of infants and young children who are at risk for developmental delays or disorders and therefore may be in need of early intervention services.

30 items about child behaviors address 5 key developmental areas: communication, gross motor, fine motor, problem solving, and personal-social skills. Caregivers are asked to complete the age-appropriate version of the ASQ, with questionnaires designed for children 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, and 60 months old.

In a 'normal' population, it has been found that the ASQ will identify developmental concerns in approximately 2.3% of children assessed.

Table 16: Percent of Children with Developmental Concerns Identified by ASQ at Each Site (n=1,063), Years 1-12

Developmental Concerns Identified	Communication	Gross Motor	Fine Motor	Problem Solving	Personal-Social
Site A	13.7%	12.4%	24.2%	13.7%	9.5%
Site B	27.8%	8.7%	15.3%	20.0%	9.7%
Site C	12.3%	6.3%	25.9%	12.3%	13.6%
Site D	19.3%	9.5%	13.0%	16.7%	8.3%
Site E	14.6%	5.0%	15.2%	11.6%	6.7%
Site F	17.1%	11.3%	13.0%	15.7%	10.0%
Site G	8.7%	2.4%	15.2%	8.7%	8.7%
Site H	17.5%	10.8%	17.7%	13.9%	7.6%
Site I	17.5%	9.4%	15.0%	17.9%	12.5%
Site J	11.6%	3.4%	8.7%	5.8%	7.2%
Site L	12.1%	8.0%	9.7%	15.2%	15.2%
All Sites	16.9%	8.9%	17.4%	14.6%	9.8%

ASQ: Impact of Services

The 101 caregivers that completed both a pre and post-intervention indicated a decrease in all five types of ASQ-identified developmental concerns (see Table 17).

Table 17a: Percent of Children with Developmental Concerns Identified by ASQ Pre-Intervention

Developmental Concerns	Pre
Communication	17% (n=1012)
Gross Motor	8% (n=1010)
Fine Motor	18% (n=1010)
Physical Problem Solving	15% (n=1009)
Personal-Social	10% (n=1008)

Table 17b: Percent of Children with Developmental Concerns Identified by ASQ Pre and Post-Intervention (Matched data)

Developmental Concerns	Pre (n=105)	Post (n=105)
Communication	28%	23%
Gross Motor	17%	17%
Fine Motor	21%	22%
Physical Problem Solving	17%	16%
Personal-Social	21%	19%

Ages & Stages Social-Emotional Questionnaire

The Ages & Stages Questionnaire-Social-Emotional (ASQ-SE; Squires, Bricker, & Twombly, 2003) questionnaire provides early and accurate identification of infants and young children who are at risk of having emotional and social disorders.

The item content on the questionnaires address 7 behavioral areas: self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people. The ASQ-SE is completed by caregivers. Questionnaire intervals include 6, 12, 18, 24, 30, 36, 48, and 60 months of age. The questionnaires vary in length (from 19 to 33 items) depending on the age of the child.

The questionnaire is 78% accurate in identifying children with social-emotional difficulties and 95% accurate identifying those without social-emotional delays.

ASQ-SE: Baseline Results

Pre-intervention data from the ASQ-SE is available for 1,416 SFS children (see Table 18). Concerns about social-emotional delays were identified for 637 of these children (45%).

ASQ-SE: Impact of Services

As can be seen in Table 18, children at most sites experienced a decrease in social-emotional concerns.

Table 18: Social-Emotional Concerns Identified Pre-Intervention for All Children by Site

Site	Time 1 (n=1416)
Site A	52% (n=233)
Site B	50% (n=166)
Site C	58% (n=122)
Site D	41% (n=140)
Site E	31% (n=217)
Site F	53% (n=93)
Site G	56% (n=81)
Site H	34% (n=94)
Site I	25% (n=83)
Site J	46% (n=108)
Site L	51% (n=43)
All Sites Combined	45% (n=1416)

ASQ-SE: Impact of Services

Of the 399 children for whom we have both a pre- and post-intervention ASQ-SE score, 31% demonstrated a significant reduction in problems and concerns (see Table 19).

Table 19: Percent of Children with Developmental Concerns Identified by ASQ-SE Pre and Post-Intervention (n=399)

Concerns Identified	Time 1	Time 2	% Diff	% Change
Yes	55%	38%	17%	31%

**Percent Difference refers to the difference in number of children with developmental concerns at Time 1 vs. Time 2. Percent change refers the percentage of children who had developmental concerns at time 1 that no longer have developmental concerns at time 2.*

Chapter 5: CBCL

CBCL

The Child Behavior Checklist (CBCL) was designed to measure the severity of emotional and behavior problems in children. The CBCL was administered at intake (Time 1) and between sessions 5-8 for Time 2. Caregivers completed a CBCL form for each of their children for whom they were seeking services. Table 20 shows that between 6% and 17% of children scored in the borderline range, and between 7% and 31% scored in the clinical range for behavior problems on the CBCL at intake. Overall, 41% of children had Total Problem

Scores falling in the borderline or clinical range at intake.

Table 21 shows that across all sites (N=2,061), the percent of children's Total Scores falling within borderline or clinical limits ranged from 31% (Site E) to 55% (Site C), indicating that parents at some sites report higher rates of problem behaviors than parents at other sites. Although not represented in a table, scores falling within normal limits ranged between 45% (Site C) to 69% (Site E) suggesting that some sites are seeing children that may demonstrate higher levels of resilience than others.

Child Behavior Checklist

The Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2000) is a valid and reliable measure of emotional and behavioral problems for young children.

The CBCL version for children ages 1½ to 5 obtains parents' ratings of 99 problem items plus descriptions of problems, disabilities, what concerns parents most about their child, and the best things about the child. Scales include: Emotionally Reactive, Anxious/Depressed, Somatic Complaints, Withdrawn, Attention Problems, Aggressive Behavior, and Sleep Problems, in addition to Internalizing, Externalizing, and Total Problems scales.

Also included is a profile of DSM (Diagnostic and Statistical Manual)-oriented scales. Scales are based on ratings of 1,728 children and were normed on a new national sample of 700 children. Scores falling between the 93rd and 98th percentile of the normative sample are considered to be the 'borderline' range, and indicate the possibility of impaired functioning. Scores falling above the 98th percentile suggest problems that require 'clinical' intervention.

Table 20: Percent Scoring in Normal, Borderline, and Clinical Ranges at Intake (n =2,060)

CBCL Syndrome Scales	Normal	Borderline	Clinical
Emotionally Reactive	71%	17%	12%
Anxious/Depressed	77%	11%	12%
Somatic Complaints	84%	9%	7%
Withdrawn	80%	6%	13%
Sleep Problems	81%	5%	14%
Attention Problems	77%	9%	14%
Aggressive Behavior	71%	11%	18%
CBCL Subscales	Normal	Borderline	Clinical
Internalizing Behavior	60%	12%	28%
Externalizing Behavior	58%	11%	31%
Total Problem Score	58%	9%	32%

**Note: Percentages may not add up to 100 due to rounding*

Table 21: Percent Scoring in Borderline and Clinical Ranges of CBCL at Intake by Site (n=2,061)

Site	Emot. Reactive	Anxious / depressed	Somatic Compl.	With- drawn	Sleep probs.	Attn. probs.	Aggres. beh.	Int. beh.	Ext. Beh.	CBCL Total
Site A	39%	31%	19%	23%	24%	29%	36%	50%	52%	50%
Site B	23%	17%	15%	21%	17%	21%	25%	38%	39%	38%
Site C	43%	34%	23%	23%	28%	28%	44%	51%	53%	55%
Site D	27%	20%	14%	17%	20%	22%	29%	38%	39%	43%
Site E	22%	17%	12%	14%	15%	18%	23%	31%	34%	31%
Site F	27%	20%	19%	22%	18%	15%	23%	37%	38%	35%
Site G	28%	26%	12%	21%	18%	38%	28%	29%	41%	38%
Site H	18%	14%	8%	13%	11%	16%	20%	24%	28%	29%
Site I	21%	26%	15%	21%	12%	13%	25%	36%	33%	34%
Site J	37%	27%	18%	18%	22%	31%	33%	44%	49%	50%
Site L	40%	29%	26%	26%	34%	16%	37%	58%	45%	47%
Total	29%	23%	16%	20%	19%	23%	29%	40%	42%	42%

CBCL: Impact of Services

Figure 6 shows that the percent of children with CBCL scores falling in the ‘normal’ range increased from pre to post-intervention, indicating that caregivers observed a decrease in problem behaviors among their children post-intervention. Data indicate that the number of children with Total CBCL

scores in the ‘borderline’ or ‘clinical’ range decreased from 42% to 29% following intervention (see Table 22). Somatic Complaints, Aggressive Behavior, Anxiety/Depression, Sleep Problems and Externalizing Behavior decreased the most following intervention.

At intake 58% of children had CBCL Total Problem scores in the 'normal' range, 9% in the 'borderline' range, and 32% in the 'clinical' range (see Figure 6). Following services, 71% of children had CBCL scores falling in the normal range, 9% in the borderline range, and 20% fell in the clinical range. In other words, more children fell within the normal range (and less in the clinical range) at Time 2 than at Time 1.

For the 280 children who had CBCL Total scores through Time 3 (see Figure 7), mean

scores demonstrated improvement from Time 1 to Time 2 and from Time 2 to Time 3. Mean CBCL Total scores were 59 at Time 1, 57 at Time 2, and 50 at Time 3, suggesting that children that stay in therapy continue to demonstrate behavioral and emotional benefits. A mean CBCL Total score of 50 is considered average. Thus, children treated for exposure to violence demonstrated CBCL Total scores similar to average same-aged peers at Time 3.

Figure 6: Percent with CBCL Total Problem Scores in the Normal, Borderline, and Clinical Ranges at Time 1, 2 and 3

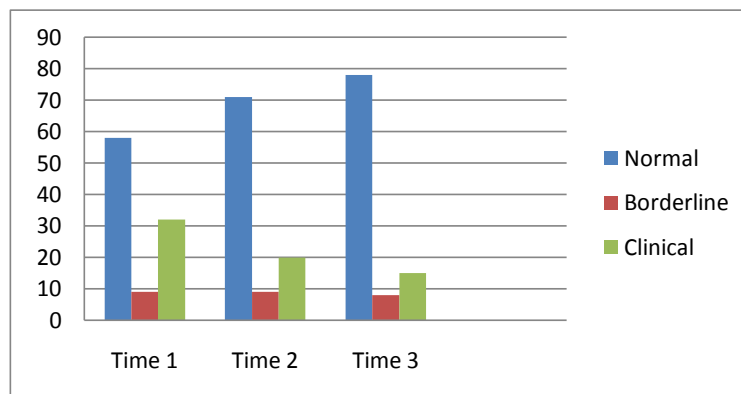
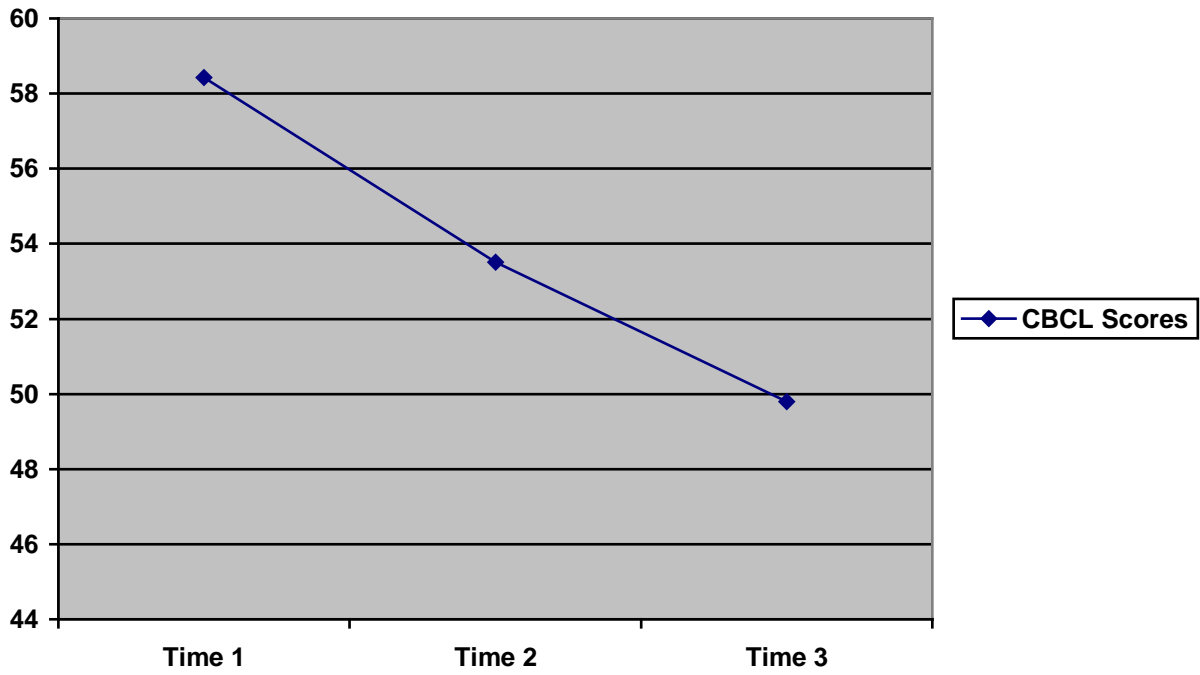


Table 22: Percent Scoring in Borderline or Clinical Range of the CBCL Pre and Post-Intervention

CBCL Subscales	Pre (n=779)	Post (n=779)	Difference	% Change (improvement)
Emotionally Reactive	33%	23%	10%	30%
Anxious/Depressed	26%	17%	9%	35%
Somatic Complaints	18%	10%	8%	44%
Withdrawn	20%	14%	6%	30%
Sleep Problems	20%	13%	7%	35%
Attention Problems	21%	16%	5%	24%
Aggressive Behavior	30%	18%	12%	40%
Internalizing Behavior	44%	29%	15%	34%
Externalizing Behavior	43%	28%	15%	35%
Total Problem Score	43%	29%	14%	33%

Figure 7: Improvement in CBCL Total Problem Scores Over Time (n=279)



Chapter 6: SFSQ

Through June 2013, complete pre-intervention Safe From the Start Questionnaire (SFSQ) data has been entered into the database for 1,313 children, and post-intervention data has been entered for 526 children (see Table 23a). Statistical analysis of the matched pre-post data (n = 526) indicates significant improvement in overall scores on the SFSQ (see Table 23b).

Inspection of the subscales reveals that scores on caregivers' knowledge of CEV changed the least, and that scores improved most in the areas of self-care and ability to help their child following exposure to violence. Inspection of the means reveals that caregivers rated themselves well on all of the subscales even before services began.

Table 23a: Pre and Post-intervention SFSQ Scores

SFSQ Subscales	Pre (n=1313)	Post (n=526)
Knowledge of CEV	4.33	4.35*
Self-care following exposure to violence	4.05	4.25*
Caregivers' ability to help their children	4.12	4.36*
Total SFS score	4.21	4.35*

*Note: * indicates statistically significant improvements in SFS scores over time.*

Table 23b: Pre and Post-intervention Matched SFSQ Scores

SFSQ Subscales	Pre (n=526)	Post (n=526)
Knowledge of CEV	4.31	4.37*
Self-care following exposure to violence	4.07	4.26*
Caregivers' ability to help their children	4.12	4.37*
Total SFS score	4.21	4.35*

Safe From the Start Questionnaire

The Safe From the Start Questionnaire (SFSQ) was originally developed for the Chicago Safe Start project and was designed to measure caregivers' knowledge of the effects of exposure to violence and caregivers' perceptions of their ability to care for their children and themselves following exposure to violence. This scale is scored on a 1 to 5 scale where higher scores reflect greater knowledge about the impact of violence on children and greater ability to care for one's self and one's child following exposure to violence.

Chapter 7: PSI

PSI: Baseline Results

Table 24 shows that, at baseline, almost half (45%) of caregivers assessed had total parental stress index (PSI) scores at or above the 85th percentile, and 37% had total stress index scores above the 90th percentile. In other words, roughly half of the parents of children receiving Safe from

the Start Services are experiencing significant levels of parental stress. Between 37% and 54% of caregivers receiving SFS services scored at or above the Borderline level on one or more of the PSI subscales (See Table 25).

Table 24: Percent Scoring in Borderline and Clinical Ranges of PSI at Intake (n=3177)

PSI subscales	Borderline (85th percentile)	Clinical (90th percentile)
Parental Distress	36%	26%
Parent-Child Dysfunctional Interaction	35%	32%
Difficult Child	44%	34%
Total PSI scores	45%	37%

Table 25: Percent Scoring at or Above Borderline Range of PSI at Intake by Site

Site	Sample size	Parental Distress	Parent-Child Dysfunctional Interaction	Difficult Child	Total PSI Score
Site A	532	29%	32%	45%	41%
Site B	510	42%	42%	47%	51%
Site C	304	53%	56%	59%	65%
Site D	357	24%	28%	40%	39%
Site E	512	28%	25%	33%	31%
Site F	297	44%	42%	47%	52%
Site G	205	25%	30%	38%	39%
Site H	136	35%	26%	37%	39%
Site I	178	39%	35%	42%	46%
Site J	128	44%	31%	54%	53%
Site L	35	51%	29%	53%	50%
All Sites	3241	36%	35%	44%	45%

Parental Stress Inventory

The Parental Stress Inventory (PSI; Richard Abidin, 1995) is a valid and reliable measure of the level of stress that caregivers experience in three areas – Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child – as well as overall Total Stress. Raw scores on each subscale can range from 12 to 60. Total raw scores can range from 36 to 180. Scores above the 90th percentile are considered to be in the “clinical” range. Furthermore, scores in the borderline clinical range (at or above the 85th percentile) are also indicative of significant stress, and therefore included in this analysis.

Parental Distress: This subscale reflects the distress a parent or caregiver experiences in their role as a parent. The stresses associated with this subscale are related to: restrictions placed on other life roles because of parenting, impaired sense of parenting competence, conflict with the Child’s other parent, lack of social support, and depression.

Parent-Child Dysfunctional Interaction: This subscale reflects the caregiver’s perception that their child does not meet their expectations, that their interactions with their child are not reinforcing to them as a parent, and that they experience their child as a negative factor in their life. The caregivers typically see themselves as abused or rejected by the child, feel disappointed in the child, and feel alienated from the child. High scores suggest the parent-child relationship is threatened or has never been adequately established and indicates the need for rapid intervention. Scores above the 95th percentile suggest the potential for child abuse in the form of neglect, rejection, and physical maltreatment.

Difficult Child: This subscale focuses on behavioral characteristics that make children difficult to manage, including the temperament of the child, learned patterns of defiance, noncompliance, and demanding behavior. High scores by parents with children below 18 months of age suggest the child may have significant problems in self-regulatory processes. High scores for parents with children above two years of age are related to measures of child behavioral adjustment and to behavior-symptom checklists. Parents usually need professional assistance. Moreover, when both the subscales of the Parent Child Dysfunctional Interaction and the Difficult Child scores are in the clinical range, intensive therapeutic interventions are usually warranted.

Total Stress: The Total Stress score provides a measure of the overall level of stress related to parenting that a person is experiencing. The Total Stress score reflects the stresses reported in the areas of parental distress, stresses from the parent’s interaction with the child, and stresses resulting from the Child’s behavioral characteristics.

PSI: Impact of Services

Table 26 shows the percentage of caregivers falling at or above the Borderline range for each subscale and Total Score by site. Although most sites demonstrate improvement, it is not uncommon for some

caregivers to report increased stress if their family is in crisis or they are making changes to established family patterns and working to change behavior.

Table 26: Percent of All Parents Scoring at or Above Borderline Range Pre and Post-Intervention by Site

Site	Parental Distress		Parent-Child Dysfunctional Interaction		Difficult Child		PSI Total		PSI Total	
	T1	T2	T1	T2	T1	T2	T1	T2	% Diff	% Change
Site A	29%	15%	32%	24%	45%	32%	41%	28%	13%	32%
Site B	42%	29%	42%	37%	47%	38%	51%	41%	10%	20%
Site C	53%	40%	56%	55%	59%	61%	65%	60%	5%	8%
Site D	24%	19%	27%	24%	39%	27%	39%	28%	11%	28%
Site E	28%	11%	25%	15%	33%	21%	31%	18%	13%	42%
Site F	44%	27%	42%	32%	47%	36%	52%	40%	12%	23%
Site G	25%	30%	30%	30%	38%	36%	39%	34%	5%	13%
Site H	35%	46%	26%	32%	37%	37%	38%	48%	-10%	-26%
Site I	39%	10%	35%	16%	42%	23%	46%	18%	28%	61%
Site J	44%	21%	31%	20%	54%	39%	53%	36%	17%	32%
Site L	51%	33%	29%	17%	53%	55%	50%	36%	14%	28%
All sites	36%	23%	35%	28%	44%	33%	45%	33%	12%	27%

PSI: Impact of Services

For the 1,280 caregivers for whom Time 1 and 2 PSI data is available, 42% had PSI Total scores in the Borderline range at Time 1, while only 33% had PSI Total scores in the borderline range at Time 2 (see Table 27). Statistically significant improvements were

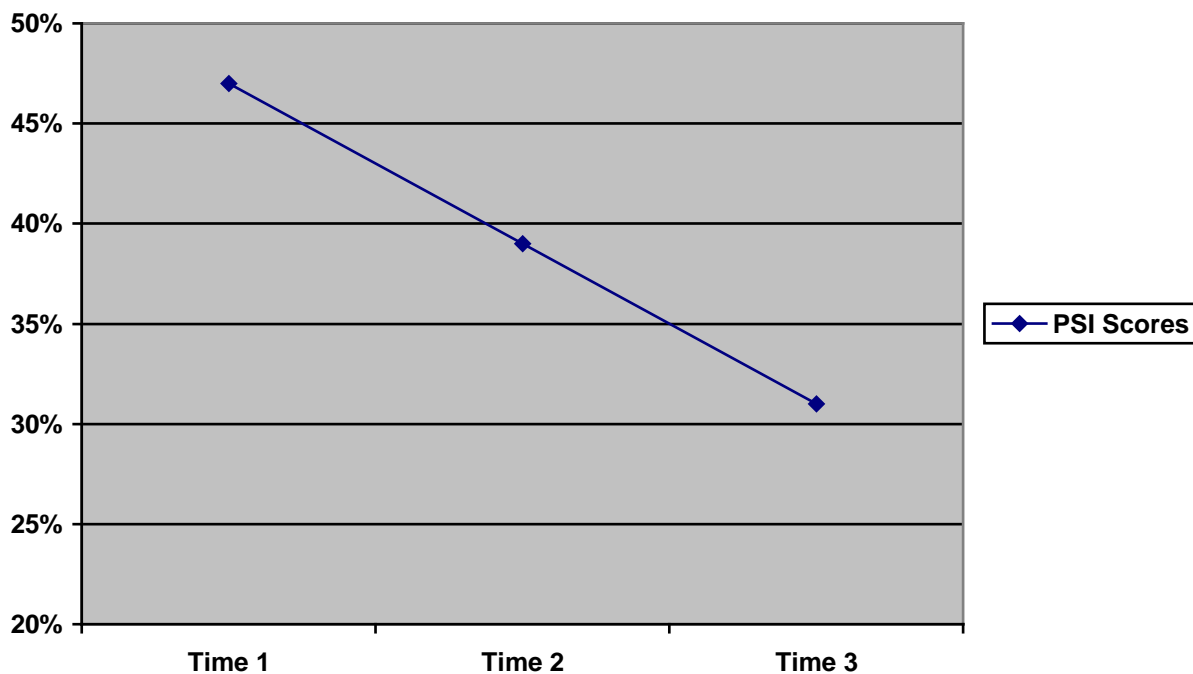
indicated on all 3 of the subscales assessed by the PSI. Overall, 21% fewer families fell in the Borderline or Clinical range following SFS services. This data suggests that services are effective at relieving parental stress. However, even at Time 2, 33% of the families continue to have PSI Total scores at or above the Borderline range

Table 27: Percent of Parents with a Time 1 and Time 2 PSI Scoring at or Above Borderline Range Pre and Post-Intervention, All Sites

PSI Subscales	Pre (n=1280)	Post (n=1280)	Difference	% Change (improvement)
Parental Distress	32%	23%	9%	28%
Parent-Child Dysfunctional Interaction	34%	28%	6%	18%
Difficult Child	43%	33%	10%	23%
Total PSI scores	42%	33%	9%	21%

Examining data for just the 500 caregivers who had PSI Total scores through Time 3, mean PSI Total scores demonstrated improvement from Time 1 to Time 2 and from Time 2 to Time 3. The number of PSI Total scores above the Borderline Range decreased from 47% at Time 1, 39% at Time 2, and 31% at Time 3, suggesting that caregivers that stay longer in services continue to report decreased stress.

Figure 8: Decrease in PSI Total Problem Scores Over Time



Chapter 8: Completion of Services Forms

Professional Summary Report

After services to a family were completed, staff at each site rated children’s improvement in 15 areas of functioning on the *Professional Summary Report* (PSR). Staff rated children’s improvement in each area on a scale of 1 to 4; where 1 indicates that the area of functioning declined over the course of services; 2 indicates no change; 3 indicates

improvement; and 4 indicates that the child “greatly improved” in that area of functioning. Table 28 shows that “Child’s ability to identify feelings,” “Overall symptoms,” “PTSD-Intrusion,” and “Child’s stress” were rated by service providers as most improved, and “Child’s ability to return to a school/childcare setting” was rated least improved.

Table 28: Child Outcomes from the Perspective of the Service Provider (PSR)

Child Outcomes	Min	Max	Mean
Child’s ability to identify feelings	2	4	3.03
Child’s overall symptoms	1	4	2.93
Child’s PTSD-Intrusion	1	4	2.90
Child’s stress	1	4	2.86
Child’s anxiety	1	4	2.83
Child’s PTSD-Avoidance	1	4	2.85
Child’s functioning at home	1	4	2.80
Child’s anger/aggression	1	4	2.79
Child’s PTSD-Arousal	1	4	2.83
Child’s pro-social skills	1	4	2.79
Child’s functioning at agency	1	4	2.80
Child’s depression	1	4	2.75
Child’s impulse control	1	4	2.70
Child’s functioning at school	1	4	2.68
Child’s ability to return to a school/childcare setting	1	4	2.60

Note: Averages in bold are referenced in the text above.

Child & Caregiver Completion of Services Forms

The Child and Caregiver Completion of Services Forms were developed in collaboration with service providers from all of the SFS sites in 2004. This form is completed by service providers after a family terminates from services. The forms are used to describe the services that were provided to families, and the outcomes of those services, from the perspective of the service provider.

Table 29: Caregiver Outcomes from the Perspective of Service Provider (PSR)

Caregiver Outcomes	Min	Max	Mean
Caregiver's ability to talk to child about violence/abuse	1	4	2.83
Caregiver's ability to listen to child talk about violence/abuse	1	4	2.83
Caregiver's ability to nurture	1	4	2.67
Caregiver's knowledge of the impact of traumatic events	1	4	3.06
Caregiver's ability to take care of their own psychological and emotional needs	1	4	2.68
Caregiver's parenting skills	1	4	2.72
Caregiver's understanding of child's developmentally appropriate behavior	1	4	2.81
Caregiver's situation stabilized	1	4	2.70
Caregiver's having supportive relationships	1	4	2.53
Overall family functioning	1	4	2.79

Note: Averages in bold referenced in the text above.

PSR & Number of Sessions

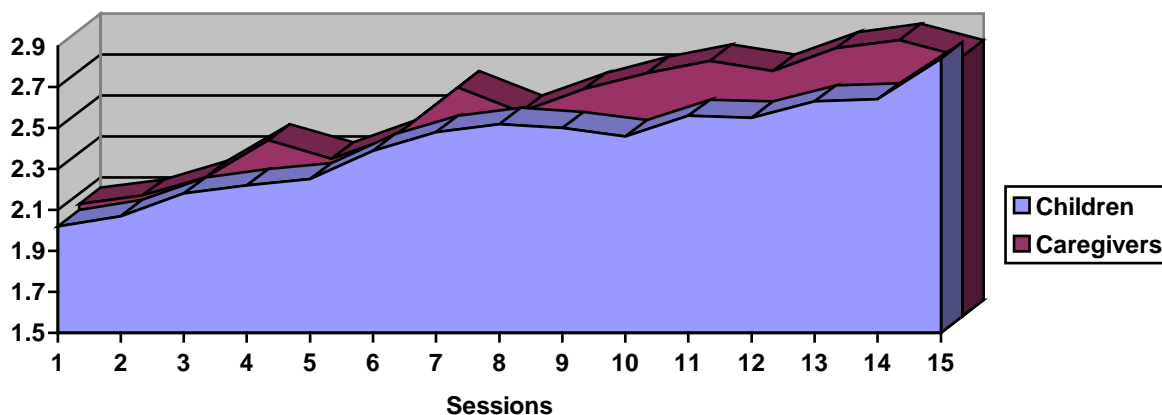
After services to a family were completed, staff at each site rated caregivers' improvement in 10 areas of functioning (see Table 29). Staff rated caregiver improvement in each area on a scale of 1 to 4; where 1 indicates that the area of functioning declined over the course of services; 2 indicates no change; 3 indicates improvement; and 4 indicates that the caregiver "greatly improved" in that area of functioning. As can be seen in the table above, "Caregiver's knowledge of the impact of traumatic events" was rated by service providers as most improved, and "Caregiver's having supportive relationships" was rated least improved.

Simple correlations between the number of sessions and outcomes as measured by the PSR reveals that the more sessions children attended, the more children improved

following services ($r = .529$). Similarly, the more sessions caregivers attended, the more caregivers improved ($r = .484$).

Figure 9 shows that children who terminated services after just 0, 1, or 2 sessions averaged little or no change in outcomes (average PSR scores = ~ 2.0). After 3 sessions, PSR scores generally improved with more sessions. Caregiver results showed a similar pattern of improvement in PSR scores, with outcomes improving as the number of sessions increased.

Figure 9: Mean Child & Caregiver PSR Scores by Number of Sessions



Additional Exposure to Violence

Following services, staff indicated whether or not families were exposed to additional violence after services began. On average,

22% of children were exposed to additional violence after services began (see Table 30).

Table 30: Was There Additional Exposure to Violence Since Services Began?

Site	Child Percent “yes”	Caregiver Percent “yes”
Site A	9%	4%
Site B	40%	27%
Site C	19%	25%
Site D	11%	15%
Site E	14%	10%
Site F	30%	21%
Site G	4%	12%
Site H	46%	32%
Site I	35%	32%
Site J	12%	19%
Site L	63%	55%
All Sites	22%	18%

Number of Sessions

Caregivers attended an average of 11.63 sessions (see Table 31a). Across the 11 sites, the average number of sessions that caregivers attended ranged from about 5 sessions at Site L to 17 sessions at Site B. Across all sites, children attended an average of 9.3 sessions. Across the 11 sites, the average number of sessions that children attended ranged from about 6 sessions at Site E to 13 sessions at Site B. Across the last three years, the number of sessions attended by children and their caregivers has been growing (see Table 31b).

Table 31a: Cumulative Mean Number of Caregiver and Child Sessions

Site	Caregivers				Children			
	N	Mean number of sessions*	Min	Max	N	Mean number of sessions*	Min	Max
Site A	424	7.34	0	35	574	6.15	0	31
Site B	257	17.00	1	251	470	13.00	0	146
Site C	263	10.55	1	186	430	10.51	0	196
Site D	218	12.83	1	126	341	11.71	0	54
Site E	318	9.77	1	49	521	6.00	0	48
Site F	150	15.54	1	81	350	8.31	0	52
Site G	91	8.32	1	116	153	10.21	0	136
Site H	96	16.33	1	68	209	9.81	0	54
Site I	127	10.96	1	61	243	9.31	0	61
Site J	87	13.39	1	53	113	10.00	0	43
Site L	13	4.69	1	10	25	8.24	2	32
All Sites	2044	11.63	1	251	3429	9.30	0	196

Table 31b: Mean Number of Caregiver and Child Sessions for Fiscal Years '10, '11, '12

Site	Caregivers			Children		
	Yr 10 FY '11	Yr 11 FY '12	Yr12 FY '13	Yr 10 FY '11	Yr 11 FY '12	Yr12 FY '13
Site A	10.6	9.9	10.1	8.1	7.3	8.1
Site B	11.3	18.4	22.6	9.7	14.8	18.5
Site C	14.1	9.5	17.8	13.8	13.4	17.8
Site D	6.5	12.2	11.3	4.3	23.0	9.0
Site E	10.4	12.4	11.9	4.3	9.0	9.7
Site F	13.2	12.0	28.6	8.3	6.0	16.5
Site G	11.6	17.4	3.2	10.4	15.7	1.5
Site H	15	7.3	18.2	9.3	6.2	10.4
Site I	8.7	10.3	13.8	7.2	8.2	13.5
Site J	13.3	12.9	17.9	9.7	9.7	14.4
Site L	3.7	4.0	5.5	9.0	3.2	9.7
All Sites	11.2	13.1	15.5	8.1	12.6	12.7

Adequate Participation

Staff also indicated whether or not families were able to adequately participate in Safe From the Start services (see Table 32). On

average, according to the therapists, 65% of children and 60% of caregivers were able to adequately participate in services.

Table 32: Were the Child and Caregiver Able to Adequately Participation Safe From the Start Services?

Site	Child Percent "Yes"	Caregiver Percent "Yes"
Site A	83%	69%
Site B	58%	61%
Site C	49%	45%
Site D	89%	73%
Site E	69%	72%
Site F	64%	61%
Site G	46%	47%
Site H	44%	41%
Site I	58%	53%
Site J	44%	43%
Site L	33%	33%
All Sites	64%	61%

Note: Families with zero sessions were removed from this analysis.

Content of Services

Staff at each site described the content of their services by rating each content area on a scale of 0 to 3; where 0 indicates that they did not address that content area and a 3 indicates that the content area was a primary focus of the intervention. As can be seen below, the Effects of CEV on Children, Domestic Violence, and Parent-Child Communication Skills were the

topics most addressed by service providers working with caregivers, and Gang Involvement and Substance Abuse Education were the topics least addressed. For children, Identifying/Expressing Feelings and Parent-Child Communication Skills were the topics most addressed, and Media Violence, Community Violence, and Sexual Abuse were the topics least addressed.

Table 33: Caregiver Content of Services

Caregiver Content of Services	Site A n=302	B n=238	C n=217	D n=195	E n=280	F n=141	G n=83	H n=80	I n=108	J n=86	L n=13	Total n=1,756
Effects of CEV on children	1.68	1.79	2.03	2.64	2.36	1.39	2.73	1.94	1.83	1.70	2.62	2.01
Parent-child comm. skills	1.23	1.62	1.55	1.72	1.09	1.28	2.38	1.74	2.12	1.71	2.62	1.54
Child Development	1.23	1.46	1.26	1.39	.62	.94	1.96	1.35	1.60	1.11	2.69	1.24
Appropriate discipline	1.13	1.51	1.25	1.64	.58	1.28	1.77	1.08	1.36	1.52	2.17	1.26
Parent-Child attachment	.80	1.35	1.14	.89	.62	.84	2.04	1.48	1.86	1.74	2.69	1.13
Safety planning	.65	1.28	1.21	1.26	1.48	1.47	1.51	.90	1.31	.53	1.42	1.17
Cycle of violence	.65	1.40	1.66	1.79	1.28	1.72	1.62	.55	1.13	.51	2.25	1.27
Domestic Violence	.97	1.60	1.81	2.11	1.42	1.97	1.74	1.15	1.60	.73	2.25	1.53
Sexual Abuse	.25	.73	.24	.32	.40	.60	.68	.75	.49	.07	.92	.43
Building a support system	.80	1.26	1.16	1.01	1.11	1.23	2.07	.99	1.36	.80	2.31	1.14
How to access resources	.98	1.23	1.18	.93	.82	1.14	1.62	1.08	1.09	1.00	1.58	1.07
Anger management skills	.35	.85	.63	.65	.30	.75	1.20	1.09	.69	.18	1.25	.62
Conflict resolution skills	.42	.94	.81	.62	.24	1.09	1.34	.99	.99	.15	1.50	.69
Grief and loss	.66	.66	.29	.17	.15	.72	.67	.91	.65	.09	1.25	.49
Substance abuse education	.09	.34	.24	.34	.05	.49	.38	.21	.25	.01	.25	.22
Community violence	.12	.38	.10	.15	.09	.42	1.07	.87	.35	.09	1.08	.29
Gang involvement	.01	.18	.03	.00	.01	.23	.45	.20	.12	.00	.33	.10
Media violence	.15	.59	.10	.08	.02	.34	1.01	.44	.19	.53	.77	.28

Table 34: Child Content of Services

Child Content of Services	Site A n=326	B n=314	C n=297	D n=216	E n=304	F n=170	G n=88	H n=81	I n=165	J n=88	L n=17	Total n=1,973
Identifying/expressing feelings	2.20	1.65	1.78	2.16	2.20	2.19	2.13	1.82	2.28	1.35	2.76	2.12
Parent-child communication skills	1.48	1.42	1.06	.57	.82	1.62	2.24	1.47	1.72	1.42	2.47	1.37
Relaxation skills	.69	.91	.81	.27	.47	.80	1.22	.97	1.35	.38	2.29	.82
Problem solving skills	1.11	1.07	.76	.44	.46	1.29	1.78	.77	1.27	.44	1.06	.95
Conflict resolution skills	.85	1.16	.75	.57	.36	1.42	1.67	.81	1.37	.49	1.40	.94
Anger management skills	1.32	1.12	.91	.62	.49	1.36	1.27	.87	1.28	.69	1.13	1.06
Decision making skills	.65	.79	.66	.48	.32	.99	1.54	.42	.94	.44	.60	.71
Social skills	.96	1.24	.60	.63	.40	1.11	1.70	.73	1.46	.91	2.31	.98
Symptom reduction	1.26	1.30	1.04	.87	1.08	1.10	1.66	1.18	1.82	1.39	1.94	1.29
Dealing with separation	1.04	.91	.60	.55	.33	.69	1.07	.58	1.06	.41	2.50	.79
Identifying/using supports	.31	.83	.25	.11	.25	.62	1.36	.34	1.02	.11	1.33	.49
Self-concept/Self-esteem	1.06	1.12	.83	.84	.50	1.41	2.02	.59	1.30	.76	2.00	1.05
Community violence	.16	.32	.09	.19	.10	.48	1.33	.58	.29	.02	.47	.28
Media violence	.12	.42	.14	.06	.02	.50	1.07	.08	.25	.16	.75	.24
Domestic violence	1.58	1.05	1.12	.53	1.09	2.00	1.81	.75	1.85	.10	1.94	1.29
Safety planning	1.02	.80	.59	.06	1.46	1.39	1.39	.55	1.41	.05	.80	.95
Sexual abuse	.17	.48	.18	.10	.28	.29	.67	.32	.34	.01	.20	.28
Good touch/Bad touch	.64	.55	.45	.37	.30	.49	1.08	.41	.36	.00	.47	.48
Bullying	.47	.51	.22	.10	.13	.56	.70	.54	.44	.01	.73	.37
Grief and loss	1.11	.44	.58	.32	.20	.58	.57	.53	.64	.05	.67	.59
Attitudes towards violence	1.06	.75	.62	.20	.93	1.18	1.80	.56	.93	.02	.87	.84
Responsibility for parents' violence	1.39	.81	.63	.29	.91	.93	1.76	.53	1.06	.01	1.81	.91

Note: Families with zero sessions were removed for this analysis.

Referrals for Additional Services

Safe From the Start service providers, in addition to directly serving children exposed to violence and their families, also provided the following referrals to families for additional special services. Over 500 (N = 588) families received an average of 2.5 referrals for additional services. Clients

were most often referred for counseling, domestic violence services, child care, legal advocacy services, food/clothing, transportation, and educational advocacy services. 184 families were referred for “other” services.

Table 35: Referrals for Additional Services

Referrals Provided	N	Other (Specify)	N
Counseling	181	Crisis Nursery/Respite Services	31
DV services	116	Christmas Adopt-a-Family	16
Child care	113	Parenting Group	12
Legal Advocacy	93	Appliances/Utilities/Furniture/Gift Cards	7
Food/Clothing	95	Psychiatric Services/Evaluations	10
Transportation	83	summer camp	9
Educational Advocacy	85	Big Brothers, Big Sisters /Mentoring Services	8
Housing	57	Mental Health Services	7
Services for children over age 6	49	Extra-curricular activities	2
Rent or Utilities Assistance	47	Grandparent support group	3
Developmental Assessment	45	Car seats	3
Sexual Assault services	37	Toys for Tots	2
Medical advocacy	39	Doula Services	2
Financial services	34	DCFS	2
Employment services	24	School Supplies	5
Temporary Shelter	23	Support Group	8
Bilingual services	12	Parenting Class	3
Offender services	13	Recycling for Families	2
911	10	Al Anon	2
Substance abuse services	5	Holiday Party	6
Disability services	6	Christmas Assistance	4
Immigration services	5	Family Visit Center	3
Other referrals (specify)	184	Alternative Placement for Child	2
		Additional referrals (i.e., children's room, crisis numbers, self-defense class, yoga, establishing paternity, youth leadership conference on trauma)	30
Total	1356	Total	184

Chapter 9: Conclusions

Summary

These findings reflect information gathered from 4,350 children and their caregivers who were assessed and received a range of services. Services for children were generally provided via individual child therapy, family therapy and case management, and primarily addressed identifying/expressing feelings, parent-child communication skills, reducing symptoms, and domestic violence issues. For caregivers, services primarily consisted of case management, case collaboration, psycho-education, individual adult therapy, and family support services. Services for caregivers primarily addressed the effects of violence exposure on children, domestic violence, parent-child communication skills, the cycle of violence, child development, appropriate discipline, and safety planning.

Challenges

Retention of clients creates a challenge both for the implementation and assessment of SFS services. On the Completion of Services form, service providers indicated that 61% of their caregivers “adequately” participated in SFS services. Furthermore, the number of caregivers that complete Time 2 PSI and CBCL assessment measures is 41% and 38% respectively. The good news is that Time 2 completion rates continue to improve, and the average number of sessions that children and caregivers have attended has steadily increased over the last three years. Importantly, comparing families with Time 2

data to families that only completed Time 1 data suggests that caregivers who are experiencing greater stress at intake are less likely to complete the Time 2 assessment measures. Given the number of stressors and risk factors that these families face, having 61% of our families “adequately” participate in treatment might be the best that we can expect. However, the topic of client retention should continue to be a priority for on-going discussions between ICJIA, the evaluation team, and SFS grantees.

Timely and complete entry of the data in the Safe From the Start database has also been an ongoing challenge at many sites. Data collection challenges have come at every step of the process, including gathering complete data from clients (especially from families with many children), and difficulties with children whose primary caregivers change over the course of services. Several steps have been taken in an attempt to improve the completeness of the data available for analysis, including revising the assessment protocol, shortening the number of required assessment measures, reformatting some of the questionnaires, improving the SFS database, providing training and technical assistance to each of the sites, providing immediate feedback to sites regarding the amount of data they enter into the online database, and creating a database utility menu that allows sites to create case summaries of completed measures. The new online database that was created to consolidate the previous site-specific databases has been a tremendous success.

The advantages of the online database are that the data are available to the evaluation team in real time (i.e., no need for sites to transfer data); evaluators can identify and correct data entry errors made at sites; any additional changes or modifications to the database will not require re-installation at each site; and finally the online database is safer from hard-drive crashes, network problems, and software incompatibility at each site.

Successes

The data to date indicate that families that participate in Safe From the Start Services experience a significant reduction in child symptoms and caregiver stress, and an

improvement in child and caregiver functioning. These data provide an important picture of the population being referred for violence exposure, the impact of that exposure to violence, and the impact of SFS services. Importantly, examination of key outcome indicators (the PSI, CBCL, and PSR) over the last several years of the project suggests that sites are having an increasingly positive impact on families that they serve. This improvement is likely the result of increased staff experience, continuing education efforts, increased attention to outcomes and evaluation, and on-going program development. As program development continues, the Safe From the Start program will likely serve as a model program nationally for efforts to address issues related to young children's exposure to violence.

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About the ICRV

The Interdisciplinary Center for Research on Violence (ICRV) at the University of Illinois at Chicago is a hub for interdisciplinary research collaborations and community intervention partnerships addressing the problems that violence creates for individuals, families, and communities. The ICRV explores violence from an ecological perspective, focusing on systems responses and community factors relevant to the maintenance and prevention of violence.

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Changing Systems to Prevent
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