

The Illinois Violence Prevention Authority's (IVPA) Safe From the Start (SFS) Evaluation Findings

Direct Services to Children Exposed to Violence and their Caregivers

Intervention Overview

- 8 SFS providers from across Illinois
- Direct services include family, group, and individual counseling, case management, & family support services
- Indirect services include: community education, training for professionals, coalition building, & systems advocacy.
- Provider agencies include domestic violence agencies, child advocacy centers, and social service providers.



Main Findings

- The data presented today reflect information gathered from the caregivers (mostly mothers) of 1422 children who were referred, assessed and offered a range of services, during the first 6 years of the Safe from the Start project.

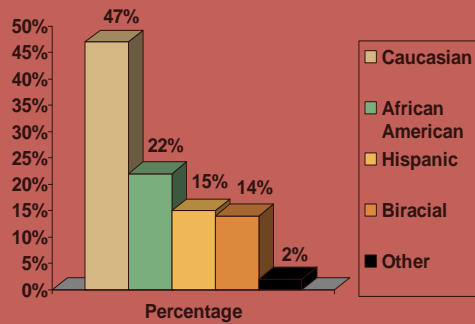
Family Characteristics

- Mothers' age
 - Range = 15 to 49 years, mean = 28.3
- Fathers' age
 - Range = 16 to 63 years, mean = 31.3
- 59% of families had annual household incomes less than \$15,000.
- 85% of children live with one parent.

Child Characteristics

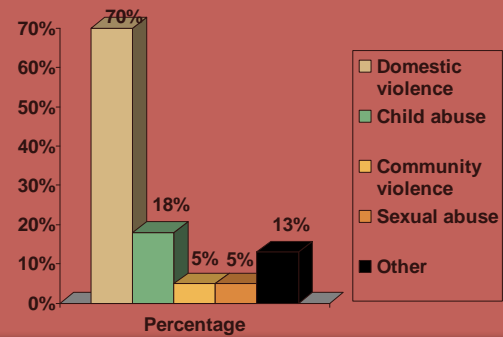
- 55% of children were male; 45% female.
- Children ranged in age from less than one month to 18 years of age.
- The average age of children identified for services was 4.34 years of age.

Characteristics of SFS Children



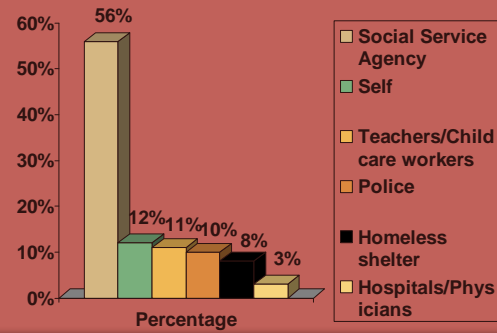
Referral Information

Referred for:



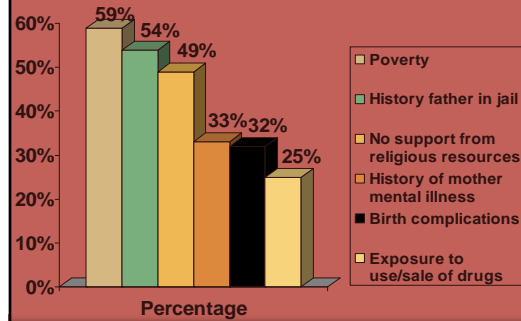
Referral Information

Referred by:



Accumulation of Risk Factors

The average child experienced over 7 risk factors.



Other Risk Factors	Percent 'yes'
Homeless	13%
Single parent	72%
Unplanned pregnancy	73%
Substance abuse during pregnancy	35%
Harsh discipline	38%
Serious medical problems	41%
Substance abuse mother	12%
Mental Illness other	34%
Mother in jail	16%
No family support for caretaker	28%
No community support for caretaker	32%
No friends	13%

Impact of Violence on Children and Caregivers: Intake Form

The symptoms most frequently reported by caregivers include:

- aggression towards siblings (38%),
- aggression towards parents (33%),
- aggression towards peers (27%)
- clinging behavior (37%) and
- sleep difficulties (31%)

Impact of Violence on Children and Caregivers: PSI

Data from the *Parental Stress Inventory (PSI)* indicate that nearly half of all caregivers were experiencing significant amounts of parental stress at intake.

PSI subscales	Borderline (85 th percentile)	Clinical (90 th percentile)
Parental Distress	38%	28%
Parent-Child Dys. Interaction	38%	35%
Difficult Child	45%	35%
Total PSI scores	48%	40%

Impact of Violence on Children and Caregivers: CBCL

At intake, 39% of all children were experiencing significant emotional and behavioral problems.

Most frequent problems included:

- Aggressive Behavior
- Emotionally Reactive Behavior
- Anxiety/Depression
- Attention Problems

Impact of Violence on Children and Caregivers: Ages & Stages

13% of children were identified as at-risk for developmental delays

42% of caregiver ratings identified Social/Emotional concerns regarding their children's behavior on the ASQ: Social Emotional Questionnaire.

Provision of Services

Children Sessions:

- Mean = 7.12 sessions
- Range = 1 to 100 sessions.

Caregivers Sessions:

- Mean = 8.4 sessions
- Range = 1 to 101 sessions.

Service providers reported that 48% of their SFS families adequately participated in services.

Provision of Services - Content

- Child services
 - teach children to identify & express their feelings
 - improve child-parent communication skills
 - address domestic violence
 - improve anger management skills
- Caregiver services
 - effects of exposure to violence
 - domestic violence,
 - appropriate discipline,
 - child-parent communication skills,
 - child development
 - how to access local resources.

Impact of Services: CBCL

- Pre-intervention, 61% of SFS children scored in the 'normal' range of problem behaviors on the CBCL.
- Post-intervention, 71% of children scored in the normal range.

CBCL Subscales	Pre (n=266)	Post (n=266)	Percent Change
Emotionally Reactive	29%	22%	7%
Anxious/Depressed	23%	18%	5%
Somatic Complaints	18%	10%	8%
Withdrawn	16%	12%	4%
Sleep Problems	18%	14%	4%
Attention Problems	25%	19%	6%
Aggressive Behavior	31%	23%	8%
Internalizing Behavior	37%	26%	11%
Externalizing Behavior	44%	31%	13%
Total Problem Score	39%	29%	10%

Impact of Services: PSI

- Pre-intervention, 42% of SFS caregivers scored at or above the borderline-clinical range on the *Parental Stress Inventory*.
- Post-intervention, 31% of SFS caregivers scored at or above the borderline-clinical range.

Site	Parental Distress		Parent-Child Dysfunctional Interaction		Difficult Child		PSI Total	
	Time 1	Time 2	Time 1	Time 2	Time 1	Time 2	Time 1	Time 2
Peoria	25%	16%	27%	22%	42%	30%	39%	25%
NW Cook	39%	25%	47%	33%	53%	30%	47%	34%
Tri-Cities	64%	58%	69%	69%	78%	75%	78%	75%
Decatur	23%	7%	13%	10%	37%	10%	47%	13%
Quad Cities	21%	13%	19%	19%	21%	21%	22%	25%
SSFS	47%	27%	13%	27%	33%	27%	33%	27%
Metro	9%	27%	27%	45%	27%	27%	27%	27%
Family Focus	33%	33%	33%	22%	22%	0%	33%	33%
All sites combined (n=356)	32%	*22%	33%	29%	42%	*30%	42%	*31%

Impact of Services: Child Professional Summary Report

Following services, SFS providers identified improvements in child functioning.

- Most improved
 - Overall functioning
 - Ability to identify feelings
- Least improved
 - PTSD symptoms

Impact of Services: Caregiver Professional Summary Report

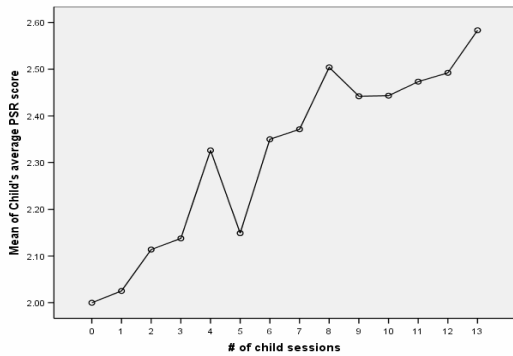
Similarly, SFS providers identified improvements in caregiver functioning.

- Most improved:
 - Caregiver's knowledge of the impact of trauma
 - Caregiver's ability to talk to child
 - Caregiver's ability to listen
- Least improved:
 - Caregiver's having supportive relationships

Impact of Services

- Child and caregiver outcomes on all measures were positively correlated with the number of sessions that children and caregivers attended.
- Therapist ratings of child outcomes were positively and significantly correlated with CBCL scores.

Number of sessions and child outcomes



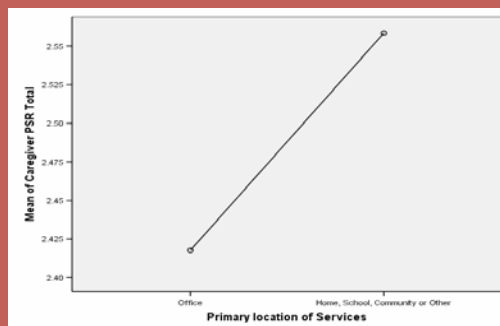
Summary of Intervention Outcomes

- Significant reduction in child symptoms and caregiver stress
- Improvement in child and caregiver functioning
- SFS collaborative, community-based approaches appear to be making positive impact on lives of children exposed to violence

Promising Practices

- The rest of the presentation will explore the relationship between treatment characteristics and outcomes for children and their caregivers.

Caregivers improved more when services were delivered in the home (trend).



Predicting Positive Outcomes

Continued Exposure to Violence

- Children with no additional exposure to violence improve significantly more than children who continue to be exposed to violence.

Caregiver Intervention Content

Child Development	Anger management
Non-violent discipline	Conflict resolution skills
Parent-Child attachment	Grief and loss
Safety planning	Substance abuse education
Cycle of violence	Community violence
Domestic Violence	Gang involvement
Sexual Abuse	Media violence
Effects of CEV on children	
Building a support system	
Parent-child communication	
How to access local resources	

Predicting Outcomes: Caregiver services & caregiver outcomes

Caregivers improved most when caregiver services focused on:

- parent-child communication
- building a support system
- grief & loss
- child development

Caregivers improved least when caregiver services focused on:

- community violence
- substance abuse

Predicting Outcomes: Caregiver services & *child* outcomes

Children improved most when *services for caregivers* focused on:

- appropriate discipline
- parent-child communication

Content of Intervention for	Caregiver PSR		Child PSR	
	Beta	t	Beta	t
Caregivers				
Number of child sessions	-	-	.316	3.834 **
Number of caregiver sessions	.286	6.291 **	-.113	-1.394
Parent-child communication	-.204	3.478 **	.153	2.434 *
Child development	.124	2.227 *	-.046	-.585
Appropriate discipline	.023	.423	.238	3.286 **
Building a support system	.168	3.260 **	-.081	-1.113
Grief and loss	.141	3.148 **	.104	1.556
Substance abuse	-.073	-1.683	-.030	-.438
Community violence	-.129	-2.842 **	-.037	-.497

Note: * indicates p < .05, ** indicates p < .01

Child Intervention Content

<ul style="list-style-type: none"> Identifying/expressing feelings Parent-child communication Relaxation skills Problem solving skills Conflict resolution skills Anger management skills Decision making skills Social skills Symptom reduction Dealing with separation Identifying/using social supports Responsibility for parents/violence 	<ul style="list-style-type: none"> Self-concept/Self-esteem Community violence Media violence Domestic violence Safety planning Sexual abuse Good touch/Bad touch Bullying Grief and loss Attitudes toward violence
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Predicting Outcomes: Child services & child outcomes

- ☑ Children improved most when child services focused on:
 - ☑ anger management
 - ☑ symptom reduction
 - ☑ grief & loss
 - ☑ self-esteem
 - ☑ good-touch/bad-touch
- ☑ Children improved least when child services focused on:
 - ☑ sexual abuse

Content of Child Interventions	Child PSR	
	Beta	t
Number of child sessions	.112	1.583
Number of caregiver sessions	.007	.106
Parent-child communication	.052	.960
Anger management	.259	4.946 **
Symptom reduction	.184	3.458 **
Self-esteem	.144	2.792 **
Community violence	.006	.098
Sexual abuse	-.166	-2.219 *
Good-touch/bad-touch	.173	2.524 *
Safety planning	-.024	-.443
Grief and loss	.185	3.766 **

Note: * indicates p < .05, ** indicates p < .01

Implications for Practice

- Individualized direct services appear beneficial in improving family functioning and reducing child behavioral problems.
- Caregivers and children need multiple sessions to realize the benefits of direct services.
- Families might benefit more from services provided at their homes.

Implications for Practice

When appropriate, *Caregiver* services should address

- appropriate discipline
- parent-child communication
- building a support system
- grief & loss
- child development

When appropriate, *Child* services should address

- anger management
- symptom reduction
- grief & loss
- self-esteem
- good-touch/bad-touch

For more information or a copy of this presentation, contact Paul Schewe at schewepa@uic.edu.