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, and family support services
- Indirect services include: community education, training for professionals, coalition building, and 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

- 47% Caucasian
- 22% African American
- 15% Hispanic
- 14% Biracial
- 2% Other

Referral Information

- Referred for:
  - Domestic violence
  - Child abuse
  - Community violence
  - Sexual abuse
  - Other
**Referral Information**

- Referred by:
  - Social Service Agency: 56%
  - Self: 12%
  - Teachers/Child care workers: 10%
  - Police: 8%
  - Homeless shelter: 3%
  - Hospitals/Physicians: 0%

**Accumulation of Risk Factors**

- The average child experienced over 7 risk factors.

**Other Risk Factors**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Percent 'yes'</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless</td>
<td>13%</td>
</tr>
<tr>
<td>Single parent</td>
<td>72%</td>
</tr>
<tr>
<td>Unplanned pregnancy</td>
<td>73%</td>
</tr>
<tr>
<td>Substance abuse during pregnancy</td>
<td>35%</td>
</tr>
<tr>
<td>Harsh discipline</td>
<td>38%</td>
</tr>
<tr>
<td>Serious medical problems</td>
<td>41%</td>
</tr>
<tr>
<td>Substance abuse mother</td>
<td>12%</td>
</tr>
<tr>
<td>Mental Illness other</td>
<td>34%</td>
</tr>
<tr>
<td>Mother in jail</td>
<td>16%</td>
</tr>
<tr>
<td>No family support for caretaker</td>
<td>28%</td>
</tr>
<tr>
<td>No community support for caretaker</td>
<td>32%</td>
</tr>
<tr>
<td>No friends</td>
<td>13%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>PSI subscales</th>
<th>Borderline (85th percentile)</th>
<th>Clinical (90th percentile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Distress</td>
<td>38%</td>
<td>28%</td>
</tr>
<tr>
<td>Parent-Child Dys. Interaction</td>
<td>38%</td>
<td>35%</td>
</tr>
<tr>
<td>Difficult Child</td>
<td>45%</td>
<td>35%</td>
</tr>
<tr>
<td>Total PSI scores</td>
<td>48%</td>
<td>40%</td>
</tr>
</tbody>
</table>

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

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.

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.

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**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.

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**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.

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<table>
<thead>
<tr>
<th>CBCL Subscales</th>
<th>Pre (n=266)</th>
<th>Post (n=266)</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotionally Reactive</td>
<td>29%</td>
<td>22%</td>
<td>7%</td>
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<tr>
<td>Anxious/Depressed</td>
<td>23%</td>
<td>18%</td>
<td>5%</td>
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<tr>
<td>Somatic Complaints</td>
<td>18%</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>16%</td>
<td>12%</td>
<td>4%</td>
</tr>
<tr>
<td>Sleep Problems</td>
<td>18%</td>
<td>14%</td>
<td>4%</td>
</tr>
<tr>
<td>Attention Problems</td>
<td>25%</td>
<td>19%</td>
<td>6%</td>
</tr>
<tr>
<td>Aggressive Behavior</td>
<td>31%</td>
<td>23%</td>
<td>8%</td>
</tr>
<tr>
<td>Internalizing Behavior</td>
<td>37%</td>
<td>26%</td>
<td>11%</td>
</tr>
<tr>
<td>Externalizing Behavior</td>
<td>44%</td>
<td>31%</td>
<td>13%</td>
</tr>
<tr>
<td>Total Problem Score</td>
<td>39%</td>
<td>29%</td>
<td>10%</td>
</tr>
</tbody>
</table>
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.
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
- Non-violent discipline
- Parent-Child attachment
- Safety planning
- Cycle of violence
- Domestic Violence
- Sexual Abuse
- 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 Child Interventions

<table>
<thead>
<tr>
<th>Content of Child Interventions</th>
<th>Child PSR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Beta</td>
</tr>
<tr>
<td>Number of child sessions</td>
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<tr>
<td>Number of caregiver sessions</td>
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<td>Parent-child communication</td>
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<td>Anger management</td>
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<td>Symptom reduction</td>
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<td>Self-esteem</td>
<td>.144</td>
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<td>Community violence</td>
<td>.096</td>
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<td>Sexual abuse</td>
<td>-.166</td>
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<tr>
<td>Good-touch/bad-touch</td>
<td>.173</td>
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<tr>
<td>Safety planning</td>
<td>-.024</td>
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<tr>
<td>Grief and loss</td>
<td>.185</td>
</tr>
</tbody>
</table>

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

### Child Intervention Content

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

### 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

### Table

<table>
<thead>
<tr>
<th>Caregivers</th>
<th>Content of Intervention for</th>
<th>Caregiver PSR</th>
<th>Child PSR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td>Number of child sessions</td>
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<tr>
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<td>3.478 **</td>
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<td>Child development</td>
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<td>Appropriate discipline</td>
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<td>.423</td>
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<td>Building a support system</td>
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<td>3.260 **</td>
<td>-.081</td>
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<tr>
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<td>3.148 **</td>
<td>.104</td>
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<td>-.030</td>
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<tr>
<td>Community violence</td>
<td>-.129</td>
<td>-2.842 **</td>
<td>-.037</td>
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</tbody>
</table>
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.

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