**Chicago Safe Start**
**Data & Evaluation Report for CSS**

## Training

Chicago Safe Start program staff and certified trainers provide education to populations targeted for systems change, such as police and clinicians, as well as to populations targeted for public awareness, such as parents. There are three types of training activities: **CSS** training sessions are conducted using the CSS-designed training curriculum. **Seminars** provide education on CEV as one of a number of presentations on children's mental health. **Public Awareness** activities are attempts to increase awareness of CSS, CEV, or both. Materials such as posters, brochures and fact sheets may be distributed during these activities, which may occur at target systems or public gatherings. We currently conduct both process and outcome evaluations on CSS and Seminar sessions, and conduct basic process evaluations on Public Awareness activities. In the future, we will also conduct process and outcome evaluations on our Train-the-Trainer sessions.

CSS sessions take one of three forms. **Brief presentations** last 15 minutes or less and provide a general overview of CSS and the issue of CEV. **Education-Only** training sessions last from 30 minutes to 2.5 hours and provide interactive, in-depth training on the issue of CEV. **Action and Education** training sessions last about 3 hours and consist of the Education-Only curriculum and an action-oriented module designed to galvanize participants to take personal action to address CEV. Seminars are mainly lectures, and non-CSS trainings take a variety of forms.

**Process Data**: Data from training participants is collected for each CSS, Seminar and Public Awareness activities. As shown in Table 1, we collect information on number of training events, number of participants, and number of training hours. We also collect information on training venue, audience type, session type, and session length.

**Table 1. CSS, Seminar, and Non-CSS Training Process Evaluation Data**

| Process Metric | 2003 | 2004 | 1st Quarter of 2005 |
|---|---|---|---|
| **Number of training events** | CSS: 22<br>Train-the-Trainer: 0<br>Seminar: 0<br>Public Awareness: 61<br>**Total: 83** | CSS: 19<br>Train-the-Trainer: 1<br>Seminar: 3<br>Public Awareness: 145<br>**Total: 168** | CSS: 9<br>Train-the-Trainer: 0<br>Seminar: 0<br>Public Awareness: 46<br>**Total: 55** |
| **Number of participants** | CSS: 1040<br>Train-the-Trainer: 0<br>Seminar: 0<br>Public Awareness: 3413<br>**TOTAL: 4453** | CSS: 304<br>Train-the-Trainer: 27<br>Seminar: 395<br>Public Awareness: 1529<br>**TOTAL: 2255** | CSS: 91<br>Train-the-Trainer: 0<br>Seminar: 0<br>Public Awareness: 650<br>**TOTAL: 741** |
| **Number of training hours** | CSS: 26<br>Train-the-Trainer: 0<br>Seminar: 0<br>Public Awareness: 178<br>**TOTAL: 204** | CSS: 27<br>Train-the-Trainer: 3<br>Seminar: 5<br>Public Awareness: 343<br>**TOTAL: 378** | CSS: 11<br>Train-the-Trainer: 0<br>Seminar: 0<br>Public Awareness: 84.5<br>**TOTAL: 95.5** |

**Table 2: Organizations Reached by System in 2005 to date**

| System | Organizations |
|---|---|
| Violence prevention | Chicago Youth Programs-CDBG delegate meeting-family violence initiative; |
| Community/ Faith-based | |
| Early education/Child care | Gingerbread; Bunnyland Development Center; Chicago Metro Association for Ed of Young Children; Maria's Garden Head Start in Englewood; |
| First Responders | |
| Higher Education/Academic | UIC School Of Social Work; |
| Mental and Physical Health | GRDHC, HCI, Dolton, IL; |
| Domestic Violence | |
| Family Support | |
| Child welfare | |
| Substance abuse | |
| Grant-making foundations | United Way |

**Training Outcome Data**: For our training outcome evaluations, we collect basic data from seminar events and detailed data from CSS events. We analyze CSS training and seminar data separately, as they are not comparable statistically. We do not collect or analyze data on non-CSS training events, because that data is not comparable with data from CSS or Seminar events. The CSS training and evaluation teams have set the following criteria for evaluating the effectiveness of the training.

*Satisfaction:* There are four items on the evaluation forms that assess satisfaction with the training or seminar. Scores on these four items are averaged to create a "participant satisfaction index" for each participant that ranges from 1 – very dissatisfied to 5 – very satisfied. 85% of session participants must have a score of 4 (satisfied) or above on the participant satisfaction index for the training effort to be considered successful.

*Education:* Three items assess learning. Scores on these items are averaged to create an "education index." 85% of session participants must have a score of 4 (satisfied) or above on the education index for the training effort to be considered successful.

*Action:* Two items are administered only after sessions that have an action orientation. Averaging these items yields an "action orientation index" designed to determine how likely participants are to take concrete action on CEV after the leave the session. As behavior outside the training session is strongly influenced by non-training factors, our criteria for success here is that at least 50% of participants will have a score of 4 (likely to act) on the action index. Table 3 shows the results of our outcome evaluation thus far.

**Table 3: Training Outcome Evaluation Overview**

| Outcome Metric | 2003 | 2004 | 1st Quarter of 2005 |
|---|---|---|---|
| **Number of events evaluated** | **23** | **19** | **9** |
| **Satisfaction** (goal = answer "agree" or "strongly agree" to 85% of 4 items measuring participant satisfaction) | **CSS**: 93% | **CSS**: 96%<br><br>**Seminar**: 80%<br><br>**Train-the-Trainer**: 91% | **CSS**: 98%<br><br>**Seminar**: na<br><br>**Train-the-Trainer**: na |
| **Education*** (goal = answer "agree" or "strongly agree" to 85% of 3 items designed to measure learning) | **CSS**:<br>Written eval-86%<br>Oral eval-75% | **CSS**:<br>Written eval-96%<br>Oral eval-91%<br><br>**Seminar**: 92%<br><br>**Train-the-Trainer:**<br>CEV education.-91%<br>Training procedures-50% | **CSS**:<br>Written eval-97%<br>Oral eval-na<br><br>**Seminar**: na<br><br>**Train-the-Trainer**: na |
| **Action** (goal = answer "agree" or "strongly agree" to 50% of 2 items measuring how likely participants are to get involved in CSS advocacy) | **CSS**: 79% | **CSS**: 95% | **CSS**: na |

*Oral evaluations are conducted by an "agree/disagree" show of hands in response to each education item.

## Identification and Referral

Data from the first year of implementation indicates that the identification and referral system adopted by Chicago Safe Start appears to be working. In 2002 the Chicago Police, in partnership with CSS, changed their policies and procedures in Englewood and Pullman whereby police responding to incidents of domestic and community violence where children were present would 1) give the non-offending caregiver written information about CSS and children exposed to violence, 2) give the non-offending caregiver the number of the City of Chicago's Domestic Violence Helpline and offer to call the Helpline for the caregiver, and 3) complete a CSS referral card. Also during 2002, the City of Chicago's Domestic Violence Helpline changed its policies and changed its database to include requests for CSS services for children exposed to violence in Englewood and Pullman.

Since January 2003, the police completed a total of 494 CSS referral cards in the 5$^{th}$ and 7$^{th}$ Districts. 152 of the 494 reported incidents occurred in Pullman, while 342 occurred in Englewood. 98% of the CSS referral cards were completed at domestic violence incidents, while 2% were completed in response to incidents of community violence. Additional information from the CSS referral cards indicate that the average age of the intended victims of violence in Englewood and Pullman where children were present was 27.6 years, and the offenders averaged 28.9 years. The majority of victims were female (92%) and the majority of offenders were male (86%). The number of children present at these incidents ranged from 1 to 9, with an average of 1.8 children (see Table 4). In 2003 the Helpline received an average of 4 calls each month where the caller indicated Chicago Safe Start as the referral source (see Table 5 for a monthly breakdown of the data to date).

**Table 4: Characteristics of Incidents Referred by the Police to Date**

| Police Incident Characteristics | Average | Minimum | Maximum |
|---|---|---|---|
| Victim age | 27.6 years | 6 | 77 |
| Victim gender | 92% female | | |
| Offender age | 28.9 year | 13 | 73 |
| Offender gender | 86% male | | |
| Number of children present: | 1.8 children | 1 | 9 |

**Table 5: Identification and Referral Summary by Month**

| Month | Police Responses to DV or CV with Children (0-6) Present | | Calls to the Helpline where Safe Start was mentioned as the referral source | | | Referrals received by Service Providers | | | Screenings by Service Providers (0-6) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Englewood | Pullman | Englewood | Pullman | Other | Metro | FF | CMHC | Metro | FF | CMHC |
| Jan. 2003 | 20 | 14 | 1 | 5 | 1 | 6 | 4 | 0 | 5 | 4 | 0 |
| Feb | 26 | 8 | 1 | 8 | 1 | 2 | 1 | 1 | 1 | 1 | 1 |
| March | 19 | 8 | 0 | 1 | 1 | 4 | 0 | 0 | 3 | 0 | 0 |
| April | 25 | 22 | 4 | 9 | 1 | 8 | 2 | 0 | 8 | 2 | 0 |
| May | 27 | 20 | 0 | 1 | 1 | 0 | 0 | 2 | 0 | 0 | 2 |
| June | 21 | 9 | 1 | 2 | 0 | 3 | 0 | 2 | 3 | 0 | 2 |
| July | 8 | 10 | 0 | 2 | 1 | 12 | 0 | 0 | 12 | 0 | 0 |
| August | 8 | 3 | 0 | 1 | 1 | 0 | 1 | 4 | 0 | 1 | 0 |
| September | 10 | 11 | 0 | 3 | 1 | 0 | 6 | 2 | 0 | 6 | 1 |
| October | 6 | 7 | 1 | 0 | 0 | 17 | 8 | 10 | 0 | 8 | 8 |
| November | 15 | 5 | 1 | 2 | 0 | 2 | 20 | 6 | 0 | 3 | 6 |
| December | 15 | 1 | 0 | 0 | 0 | 18 | 8 | 2 | 2 | 3 | 1 |
| Jan. 2004 | 7 | 5 | 0 | 0 | 0 | 11 | 1 | 3 | 11 | 1 | 1 |
| Feb | 16 | 6 | 0 | 0 | 0 | 22 | 1 | 2 | 20 | 1 | 1 |
| March | 10 | 2 | 0 | 0 | 0 | 31 | 0 | 4 | 18 | 0 | 4 |
| April | 8 | 0 | 0 | 1 | 1 | 50 | 2 | 0 | 38 | 2 | 0 |
| May | 15 | 5 | 1 | 3 | 0 | 30 | 1 | 0 | 19 | 1 | 0 |
| June | 19 | 4 | 0 | 1 | 0 | 102 | 25 | 0 | 9 | 2 | 0 |
| July | 14 | 1 | 0 | 0 | 0 | 48 | 1 | 3 | 13 | 1 | 0 |
| August | 22 | 1 | 1 | 0 | 0 | 31 | 1 | 1 | 15 | 1 | 1 |
| September | 13 | 7 | 0 | 0 | 0 | 12 | 7 | 1 | 10 | 5 | 1 |
| October | 21 | 4 | 1 | 5 | 0 | 30 | 9 | 0 | 10 | 2 | 0 |
| November | 17 | 5 | 0 | 4 | 0 | 17 | 0 | 0 | 9 | 0 | 0 |
| December | 22 | 7 | 0 | 0 | 0 | 40 | 4 | 0 | 14 | 0 | 0 |
| Jan. 2005 | 25 | 8 | 0 | 7 | 0 | 15 | 8 | 0 | 10 | 8 | 0 |
| February | 23 | 12 | 0 | 2 | 0 | 15 | 9 | 1 | 10 | 3 | 2 |
| March | | | | | | 62 | 12 | 1 | 31 | 8 | 4 |
| Sub-total | 429 | 184 | 12 | 57 | 9 | 588 | 119 | 45 | 271 | 63 | 35 |
| Total | 613 | | 78 | | | 752 | | | 369 | | |

**Direct Services**

Chicago Safe Start delegate agencies have worked to expand and enhance their intervention and treatment systems to prevent and reduce the impacts of exposure to violence for children 0-6 and their families. CSS delegate agencies provide family support and mental health services to children and their families in the 5th and 7th Police Districts. Agency staff use home visiting, individual-, family-, and group- based treatment approaches to support children and families dealing with the effects of exposure to violence.

**Referral and Screening Process Data**: Data from Monthly Service Reports submitted by the Chicago Safe Start direct service providers at Metro, Family Focus, and CMHC indicate that 314 children have been screened for exposure to violence. In addition to receiving referrals for services from the Helpline, CSS provider agencies receive direct referrals from the police and from within their own agencies, as well as from DV agencies, social service agencies, schools, and other sources (See Table 6). Table 7 provides an overall summary of the referral, screening, service, and data collection process.

**Table 6: Referral Sources**

| Referral Source | 2003 | | | 2004 | | | Totals |
|---|---|---|---|---|---|---|---|
| | Metro | FF | CMHC | Metro | FF | CMHC | |
| Child Care | 0 | 0 | 0 | 6 | 0 | 0 | 6 |
| Consumer (direct) | 3 | 0 | 0 | 33 | 2 | 0 | 38 |
| DV shelter/tx | 0 | 0 | 0 | 16 | 0 | 0 | 16 |
| Head Start/Pre-K | 0 | 2 | 0 | 3 | 2 | 0 | 7 |
| Help Line | 1 | 0 | 0 | 2 | 0 | 0 | 3 |
| Police (direct) | 34 | 22 | 0 | 171 | 62 | 2 | 291 |
| Schools | 0 | 13 | 0 | 1 | 15 | 0 | 29 |
| Social Service | 2 | 12 | 27 | 21 | 18 | 38 | 118 |
| Substance Tx | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Intra-Agency | 12 | 1 | 0 | 213 | 2 | 0 | 227 |
| Total | 52 | 50 | 27 | 466 | 101 | 40 | 736 |

**Figure 1: Pie-Chart of Referral Sources**

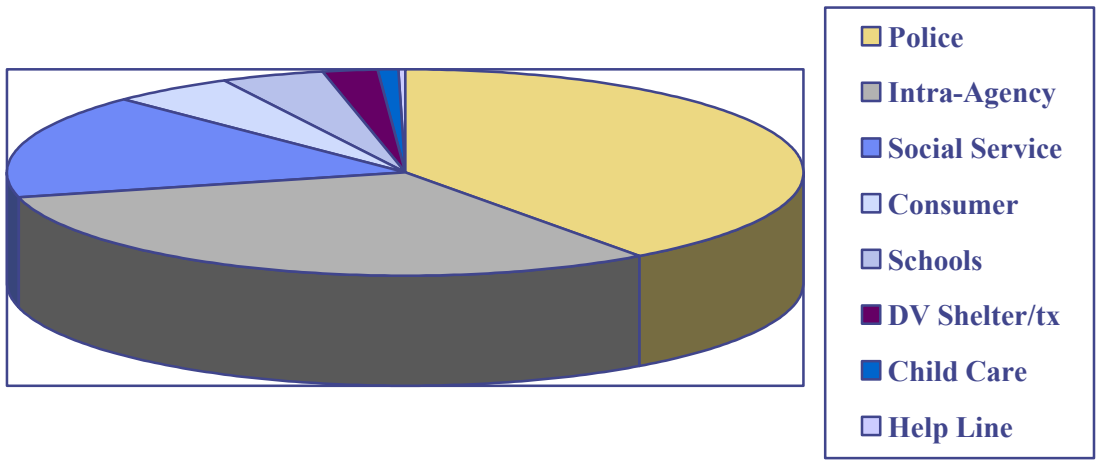


**Table 7: Referral Process Project to Date**

| | Pullman | Englewood | | Totals |
|---|---|---|---|---|
| | Metro | FF | CMHC | |
| Police Responses | 342 | 152 | | 494 |
| Helpline Calls | 12 | 57 | | 78* |
| Referrals to Service Providers | 511 | 119 | 43 | 675 |
| Screenings | 230 | 55 | 29 | 314 |
| Active Clients (Year-to-Date) | 71 | 44 | 15 | 130 |
| Client Data Collected | 105 | 49 | 9 | 163 |

Note: 9 calls to the Helpline were from outside of Englewood or Pullman

**Summary of CSS Screening Information:** To date, pre-intervention screening information has been entered into the CSS direct services database from 182 children. Information from the Chicago Safe Start Screening forms indicate that the average age of children being served is 33 months old and 50% are female. 62% percent of the children have witnessed domestic violence and 46% have witnessed community violence. 76% percent of the children have witnessed violence more than once. Child symptoms noted most often by caregivers are *Very protective of family members* (39%), *Highly aggressive, anxious, or distractible* (39%), and *Expresses fear often* (32%). For older children (between 37 and 72 months old), *Very protective of family members* (56%), *Highly aggressive, anxious, or distractible* (53%), and *Cries often, very emotional, mood swings* (44%) were noted most frequently. Of note, caregiver reports indicate fewer symptoms for younger children (under 36 months) than for older children. Symptoms for younger children noted most often included: *Cries often, very emotional, mood swings* (35%), *Increased anxiety about separation from caregivers, increased clinginess* (32%), and *Expresses fear often* (30%; See Table 8).

**Table 8: Symptoms of Childhood Exposure to Violence**

| Behaviors Observed by Caregivers | All Children 0-6 | Zero To Three | Three to Six |
|---|---|---|---|
| *Very protective of family members* | 41% | 25% | 61% |
| *Highly aggressive, anxious, or distractible* | 38% | 25% | 53% |
| *Cries often, very emotional, mood swings* | 38% | 35% | 44% |
| *Expresses fear often* | 32% | 30% | 38% |
| *Sleep disturbances* | 28% | 22% | 36% |
| *Increased separation anxiety* | 29% | 32% | 19% |
| *Tries to act like adult or caregiver* | 26% | 13% | 41% |
| *Repetitive talk or play about the event* | 23% | 12% | 38% |
| *Recurrent thoughts/memories about the event, nightmares* | 22% | 19% | 26% |

**Summary of the Trauma Symptom Checklist for Young Children:** The Trauma Symptom Checklist for Young Children (TSCYC) used in this project is a revised version of John Briere's scale that is used to measure the effects of exposure to violence on young children. The scale was shortened somewhat from the original by removing scales that assessed 'sexual concerns' and 'atypical responses (to violence exposure).' Caregivers complete this form before, during, and after their child participates in Safe Start services. The TSCYC is composed of seven subscales that measure Post-traumatic Stress (PTSD) Intrusion, PTSD-Avoidance, PTSD-Arousal, Sexual Concerns, Anxiety, Depression, and Anger/Aggression. Data from the TSCYC is coded on a 1 to 4 scale, where a '1' indicates that the child is not experiencing that particular symptom or displaying that particular behavior and '4' indicates that the child has experienced that symptom or behavior 'very often.' Data collected by John Briere from a group of children who witnessed domestic violence (n=56) and who did not witness domestic violence (n=59) are provided in Table 9 as a comparison group.

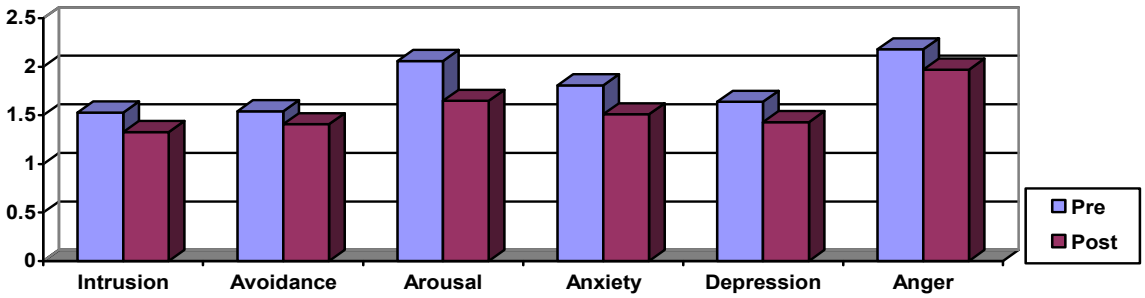
To date, complete pre-intervention Trauma Symptom Checklist for Young Children data has been entered into the CSS database for 111 children, and post-intervention data has been received from 43 children. As can be seen in Table 9 and Figure 2, Anger/Aggression (i.e., fighting, temper tantrums) and PTSD-Arousal (i.e., hyper-vigilance, exaggerated startle response) are the two greatest reported symptoms pre-intervention. Inspection of the 37 matched pre-post means reveals that caregivers report observing fewer trauma symptoms among their children post-intervention than they did pre-intervention. Paired samples *t*-tests indicate that these observed differences are statistically significant at the $p<.05$ level for PTSD-Avoidance, PTSD-Arousal, PTSD-Total, and Anxiety (see Table 9).

**Table 9: TSCYC Scores**

| TSCYC Subscales | Pre Data, All Ages (n=111) | Matched Data, All Ages (n=37) | | Matched Data, Ages 3-6 (n=17) | | Comparison group, Ages 3-12[1] Witness DV? | |
|---|---|---|---|---|---|---|---|
| | Pre | Pre | Post | Pre | Post | Yes (n=56) | No (n=59) |
| PTSD-Intrusion | 1.46 | 1.34 | 1.22 | 1.53 | 1.33 | 1.44 | 1.25* |
| PTSD-Avoidance | 1.44 | 1.36 | 1.22* | 1.54 | 1.41 | 1.50 | 1.33 |
| PTSD-Arousal | 1.83 | 1.79 | 1.49* | 2.06 | 1.65* | 1.75 | 1.55 |
| PTSD-Total | 1.54 | 1.46 | 1.30* | 1.68 | 1.44 | 1.56 | 1.38 |
| Anxiety | 1.63 | 1.61 | 1.38* | 1.81 | 1.51* | 1.63 | 1.34* |
| Depression | 1.55 | 1.43 | 1.32 | 1.64 | 1.43* | 1.59 | 1.48 |
| Anger/Aggression | 1.79 | 1.69 | 1.65 | 2.18 | 1.97 | 1.88 | 1.62 |
| TSCYC total | 1.58 | 1.50 | 1.36* | 1.75 | 1.52* | 1.63 | 1.43* |

Note: * indicates that the mean pre-post difference is statistically significant

**Figure 2: Pre-Post Trauma Symptoms for Children Aged 3-6 (n=17).**

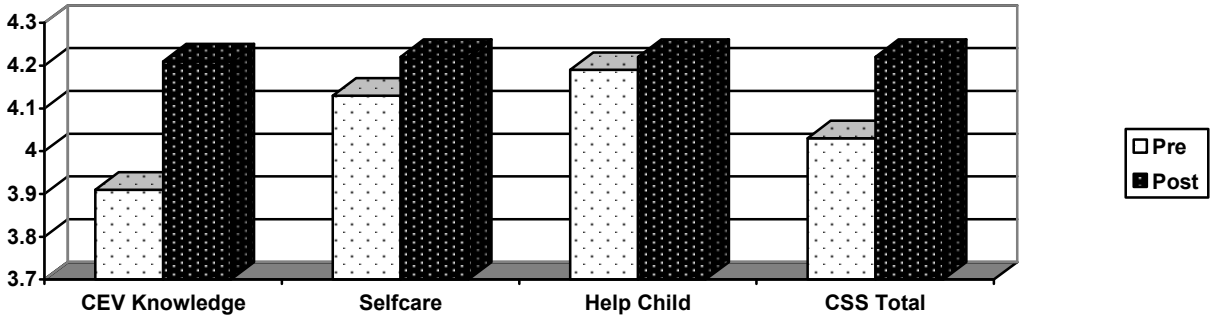



[1] Comparison data are from a paper presented by John Briere at the San Diego Conference on Responding to Child Maltreatment, January 1999.

**Summary of the CSS Questionnaire:** The Chicago Safe Start Questionnaire (CSS Questionnaire) was developed specifically for this 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.

To date, complete pre-intervention Chicago Safe Start questionnaire data has been entered into the CSS database for 157 children, and post-intervention data has been entered for 45 children. Statistical analysis of the CSS Questionnaire indicates that caregivers significantly improve their scores on this measure following intervention ($t(44)=1.99$, $p<.05$). 45 caregivers scored an average of 4.03 on this measure pre-intervention, and increased their total scores to 4.22 after receiving services. Inspection of the subscale scores reveals that increased knowledge of the impact of exposure to violence on young children is the area most impacted by intervention. Inspection of the means reveals that caregivers rate themselves well on 'self-care' and how to help their child even before services begin.

**Figure 3: Caregivers Pre-Post Scores on the CSS Questionnaire**



**Summary of the "Completion of Services" Data:** Data from the "Completion of Services" forms from 72 families indicate that caregivers attended an average of 4.5 sessions (range 1 to 14, median = 3, mode =1)), while children attended an average of 3 sessions (range 0 to 12). For caregivers, services primarily consisted of family support services, followed by support groups and crisis intervention. For children, services primarily consisted of family support services, followed by group therapy, support groups, crisis intervention, multiple family groups, and psychiatric services. For caregivers, services primarily addressed the effects of CEV on children, community and domestic violence, and child development. For children, services primarily addressed symptom reduction, parent-child communication skills, media violence, and identifying/expressing feelings. Therapists' note that 54% of children had no significant additional exposure to violence since treatment began, 22% did have additional significant exposure to violence, and that additional exposure to violence was unknown for 24% of the children (generally because they prematurely terminated from treatment).

Therapist ratings indicate significant improvement in caregivers' functioning as a result of treatment (average rating = 2.57 where 2.0 indicates no change and 3.0 indicates improvement; $t(55)=8.96$, $p<.01$). Therapists rated caregivers as most improved in the areas of knowledge of CEV, caregiver's ability to take care of their own psychological and emotional needs following exposure to violence, and their ability to nurture their child. Therapists rated "caregiver's situation stabilized" as least improved. As far as child outcomes are concerned, therapists overall indicated no significant change in child outcomes (average score = 2.09 where 2.0 indicates no change). Inspection of individual items reveals that children's ability to identify feelings, pro-social skills, functioning at home, and overall symptoms were rated as most improved, while PTSD symptoms, impulse control, and child stress were rated as least improved.

Additional analyses reveal that the number of sessions the caregiver attended was significantly and positively correlated with both caregiver outcomes and child outcomes ($r$'s = .58 and .50 respectively, $p<.01$). The number of sessions the child attended was significantly correlated with child outcomes ($r$ = .37, $p < .01$), but was not significantly related to caregiver outcomes ($r$ = .27, $p > .01$). These results indicate that child outcomes are influenced by interventions for the caregiver, but as could be predicted, caregiver outcomes are not influenced by children's involvement in treatment.