The Cuyahoga County Defending Childhood Initiative: An Outcome Evaluation

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Executive Summary: The Cuyahoga County Defending Childhood Initiative: An Outcome Evaluation

Background

- Childhood exposure to violence (CEV), either as a witness or victim, is often associated with long-term physical, psychological, and emotional harm. Children exposed to violence are also at a higher risk of engaging in criminal behavior later in life and committing acts of violence against others.

- In 2010, the Department of Justice (DOJ) launched the Defending Childhood Initiative (DCI) to address CEV and trauma

- Cuyahoga County was awarded both a planning and full implementation grant to improve the county's response to CEV

The Cuyahoga County Model

- The Cuyahoga County Defending Childhood Initiative (CCDCI) is a county-wide, comprehensive program designed to reduce or eliminate CEV and its consequences and serves children between 0 and 17 years of age.

- While the CCDCI approach to CEV and trauma include several unique parts, the three main areas are 1) screening children for CEV and trauma, 2) conducting diagnostic assessments on children who have experienced elevated levels of CEV and trauma, and 3) providing trauma-informed treatment to children in need of such services.

- In July 2012, local child-serving systems (child welfare and juvenile court) as well as several behavioral health agencies began screening children for CEV and trauma using one of two screening tools (one tool for children aged 0 -7, one for children aged 8 and over).

- Based on the screening results, children can be referred into a full diagnostic assessment provided by FrontLine Service.

- Upon completion of a diagnostic assessment, children and families may be referred to one of five evidence-based, trauma-informed treatments with a local service provider.

Screening Data

- Between July 2012 and November 2015, 23,471 children were screened for CEV and trauma. This includes 10,372 children aged 0 – 7 and 13,099 children 8 and older.

- Of the children screened, 53% were male, 63% were African American, and 24% were Caucasian.

- The majority of the children were screened by the Cuyahoga County Division of Children and Family Services (64.6%).

- 28% of children aged 0-7 and 67% of children aged 8 and older were exposed to at least one of seven different types of violence.

- 16% of children aged 0 – 7 and 50% of children aged 8 and older have witnessed someone being attacked

- 38% of children aged 8 and older reported being punched or hit in the last year

Assessment Data

- 2,245 children were referred for a full diagnostic assessment resulting in 1,024 completed assessments.

- 18% of children were referred due to high scores on the screening tools, while 81% were referred due to worker 'overrides'.

- Of the children assessed, nearly 94% reported at least one past-year victimization and 85% reported at least two past-year victimizations.

- Common types of violence exposure reported by children during assessment included: being assaulted by other kids (49%), witnessing an assault without a weapon (48%), being assaulted without a weapon (47%), experiencing emotional abuse from other kids (41%), and experiencing psychological abuse from adults (38%).

- In general, boys, non-whites, and older children experienced more violence.

- Children who reported high levels of violence exposure also reported high levels of trauma symptoms, violent behavior, and problem behavior.

Treatment Data

- 870 children were referred for trauma-informed treatment. As of October 2015, 265 children and their families have completed CCDCI trauma-informed treatment.

- Trauma-focused CBT was the most commonly provided trauma-informed treatment (77%).

- Pre and post testing revealed that CCDCI treatment produced significant improvements in trauma symptoms, violence exposure, and problem behaviors.

The Cuyahoga County Defending Childhood Initiative: An Outcome Evaluation

Defending Childhood

In September 2010, the Office of the United States Attorney General launched Defending Childhood, an initiative to address a national crisis: the exposure of America's children to violence. Children's exposure to violence (CEV), whether as victims or witnesses, is often associated with long-term physical, psychological, and emotional harm. Children exposed to violence are also at a higher risk of engaging in criminal behavior later in life and committing acts of violence against others.

In 2010, the Department of Justice (DOJ) awarded grants to eight cities and tribal communities around the country to develop strategic plans for comprehensive community-based efforts that further demonstrated the goals of this initiative. Each of these sites received additional support in 2011 to help launch, sustain, and expand programs and organizations focused on the development of community-based solutions to address CEV. Four sites, including Cuyahoga County, were selected to receive full implementation funding. In addition to the demonstration program grants, the Department of Justice committed additional funding for research, evaluation, public awareness and training for professional members and affiliates of national organizations through the initiative.

The Cuyahoga County Defending Childhood Initiative Model

The Cuyahoga County Defending Childhood Initiative (CCDCI) is a county-wide, comprehensive program designed to reduce or eliminate childhood exposure to violence and its consequences. The CCDCI serves children between 0 and 17 years of age. While the CCDCI included a public awareness campaign, community outreach, neighborhood prevention programming, and a significant amount of trauma training for our child-serving agencies, the focus of the program consisted of three main areas: screening, assessment, and treatment.

Screening

Prior to the introduction of the CCDCI, there was no universal protocol for screening youth for trauma or violence exposure in the public child-serving systems (child welfare, juvenile court) or community-based behavioral health agencies in the county. Some agencies conducted screenings, some did not – and if agencies did screen, few used the same instrument. Members of the CCDCI Core Management Team (CMT), who were responsible for the direction of the program, agreed that it would be beneficial to develop and promote the use of a consistent trauma and violence exposure screener throughout the county, especially for agencies involved with the CCDCI. Those involved with the CCDCI wanted the screener to cover both trauma and violence exposure, be very brief, apply to children birth through 17, and be free to use. A thorough search of the literature failed to produce a screening instrument that met all identified criteria and thus the team decided to create one.

The CCDCI screening tool was developed by the CCDCI Research Committee, with consultation from the Treatment Services Committee and CMT. Jeff Kretschmar and Dan Flannery of Case Western Reserve University (CWRU), members of both the Research Committee as well as the CCDCI Core Management Team, led the efforts around the creation of the screening instrument. The screening tool

was based on existing trauma and violence exposure instruments. Members of the CCDCI Research Committee, chaired by Mark Singer from CWRU, used previously collected data and years of clinical and research experience to develop the CCDCI screening tools. In the end, two screening tools were developed. One screener was designed to be completed by a caregiver, and was targeted for children birth to 7 years of age. The other screener was self-report and targeted to children 8 through 17 years of age. The screener for the younger children includes items on violence exposure and trauma, while the screener for the older children includes items related to violence exposure, trauma, and violence perpetration (see the Appendix for the screeners).

Threshold scores were developed for both versions of the screener. If a child scores above the threshold on any of the included areas, they can be referred for further assessment. In addition, regardless of the score on the screener, the person administering the screening tool can also refer the child into further assessment if there is a reason to believe the child is in need of additional services. This is referred to as an 'override'. Screening tools are available in paper and pencil as well as electronic format (assessable via computer, tablet, or smartphone). If the person conducting the screening wants to refer the child for further assessment, a referral is made to the CCDCI Central Intake and Assessment (CIA).

Assessment

FrontLine Service, a local behavioral health agency, was selected to operate as the CIA, and provides all the assessments for the CCDCI. When a referral is received by FrontLine Service, several steps are taken to ensure a prompt and appropriate response. First, the referral is examined to determine if a crisis response is requested. If the referred child is in crisis, the referral is routed to FrontLine Service's Mobile Crisis Team to screen the child for suicidal ideation and risk of harming others. Once the Mobile Crisis response is complete, or if no crisis response is needed, the CIA program manager assigns the case to an Assessment Specialist. The Assessment Specialist contacts the family to explain and offer the CCDCI services, and set up a first appointment. During this period of outreach, CIA staff utilize several different methods to attempt to establish contact with a family. They make phone calls, send letters explaining and offering services, and drive to the address provided on the referral in an attempt to engage the family at home. If a family does not respond to the outreach attempts after several weeks, the case is closed. For the families that do accept the CCDCI services, a first appointment is scheduled at a location of the family's choice. In most cases, a family chooses to have the Assessment Specialist come to the home.

The CCDCI offers a thorough trauma-focused diagnostic assessment as well as linkage to trauma focused counseling services. The diagnostic assessment is completed by Master's-level licensed social workers and counselors. It is conducted in an interview format with the client and the child's parent or caregiver. The assessment process usually takes several hours to complete and is conducted over at least two sessions.

As part of the assessment process, the client and parent/guardian complete consent forms and several well-known and validated screening and assessment tools: The Child Behavior Checklist, the Violent Behaviors Questionnaire, the Juvenile Victimization Questionnaire, and the Trauma Symptoms Checklist for Children. During the diagnostic assessment, the Assessment Specialist gathers information about the child's current ability to function socially, academically, and in family relationships. He/she

also collects a history of trauma exposure and current trauma symptoms, medical history, developmental history, juvenile justice history, and any current services the child is receiving. Using the information gathered from the diagnostic assessment and assessment tools, a mental health diagnosis is given, if warranted.

Referral to Treatment

Treatment recommendations are informed by the child's trauma history, symptoms, and the diagnosis. The client is then matched to an agency that provides the recommended treatment (see Table 1 for a summary of available treatments). The program manager at FrontLine sends a weekly email informing partner agencies of the number of clients who are looking for trauma-informed treatment, the type of treatment needed, and the zip codes in which they live. The agencies respond with their availability, and if the agency accepts a case, a linkage appointment is scheduled with the family. The linkage appointment is attended by the client and parent, the CIA Assessment Specialist from FrontLine, and the newly assigned trauma-focused counselor. At this meeting, the new counselor is introduced to the family, and treatment needs are discussed. At this point, the work of CIA is complete, and the new counselor becomes the primary worker for the client. This linkage appointment is important to establish continuity of services by ensuring engagement with the new counselor and providing a smooth transition for the client and family.

Types of Trauma-informed Treatment

The CCDCI identified and funded five trauma-informed treatment models into which children and youth could be referred (see Table 1). Four of the five interventions include parent/caregiver involvement in addition to the child/youth.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): TF-CBT is a treatment designed to help children, adolescents, and their parents to overcome the negative effects of trauma (i.e., sexual or physical abuse, loss of a loved one, exposure to violence, exposure to disasters, etc.). The model blends fundamentals of cognitive-behavioral therapy with traditional child abuse therapies, thereby enabling clients to regain trust and a personal sense of integrity. The model is helpful to boys and girls 3 to 18 years of age, and targets the symptoms, such as intrusive thoughts of the traumatic event, avoidance, emotional numbing, excessive arousal/activity, irritability, and trouble sleeping or concentrating, that are characteristic of Post-Traumatic Stress Disorder (PTSD).

Alternatives for Families: Cognitive Behavioral Therapy (AF-CBT): AF-CBT is an evidence-based treatment designed to assist children and teens with behavioral health problems associated with growing up in families in which parents have a history of resorting to coercive discipline, if not outright physical abuse. Children and families for which the model is intended often are known to experience chronic conflict within their homes. AF-CBT addresses both the key risk factors for and clinical consequences of exposure to family aggression.

Multisystemic Therapy (MST): MST is an intensive family- and community-based treatment that addresses the multiple determinates of anti-social behavior in adolescents. As such, MST treats the factors (e.g., family, school, peer group, community, etc.) that contribute to behavior problems. On a

highly individualized level, treatment goals are developed in collaboration with the family, and family strengths are used as levers for family change.

Parent-Child Interaction Therapy (PCIT): PCIT is an empirically-supported treatment for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. PCIT utilizes a live-coaching model wherein parents are in a therapy room with their child while the therapist is in an observation room watching via one-way mirror and/or live video feed. The parent wears a 'bug-in-the ear' device through which the therapist coaches the parent live on the skills being learned in treatment

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS): SPARCS is a group intervention specifically designed to address the needs of chronically traumatized adolescents who may still be living with ongoing stress and experiencing problems in their adjustment. Goals of the treatment often focus on affect regulation, self-perception, coping and relationship building while also reducing somatization, dissociation, avoidance, and hopelessness. SPARCS draws heavily from cognitive-behavioral and Dialectical Behavior Therapy concepts and techniques.

Table 1. Trauma-informed Treatment Models offered through CCDCI

DESCRIPTION	TF-CBT	AF-CBT	MST	PCIT	SPARCS
Age Range	3-17 years	5-18 years	12-17 years	2½-7 years	12-19 years
Parental Involvement	Yes	Yes	Yes	Yes	No
Relevant Diagnosis	Trauma-related diagnoses	Trauma-related diagnoses	Disruptive behavior disorders	Disruptive behavior disorders	Trauma-related diagnoses
Primary Focus of Treatment	Treatment of trauma	Treatment of trauma when there is parental aggression/coercion, if not physical abuse, or aggressive family interactions	Treatment addresses chronic and severe delinquent, violent and other anti-social behaviors, especially when youth is at risk of out-of-home placement or returning from an out-of-home placement	Treatment of oppositional, defiant, and other externalizing behaviors	Treatment of adolescents exposed to chronic interpersonal traumas and other traumas
Frequency of Services	Approximately 12-16 weekly sessions for children and parents, and several conjoint parent-child sessions, as needed.	Typical course of treatment typically involves as least 12-18 hours of therapy	Therapists work with family members at least weekly, if not daily throughout service provision	Approximately 12-14 sessions	Treatment consists of 16 hour-long sessions
Duration of Services	Treatment occurs over a 3-to-6 month period.	Services occur over a 3-to-6 month period, if not longer	Services typically last about 4 months	Treatment generally lasts 12-20 weeks, and may include booster sessions 1 month, 3 months, 6 months, and 1 year post-discharge	Sessions typically occurs over a period of 6-to-12 months
Location of Services (i.e., home, agency)	Office or home based	Office or home based	Home and community based	Office based or *home based * *Office-based is the preferred service delivery to ensure fidelity to model*	Office and school based

Evaluation of the CCDCI

An important aspect of the CCDCI is a robust outcome evaluation. The Begun Center for Violence Prevention, Research and Education serves as the evaluation partner for the CCDCI project. Evaluation activities include the creation of a violence exposure and trauma screener, analysis of all screening, assessment, and treatment outcome data, participation in the DCI Core Management Team, and the dissemination of outcomes.

The results of the CCDCI screening for trauma and violence exposure are divided into two sections: one section describes the data for children ages 7 and younger while the other section explores the data for children 8 years of age and older. The screener for the younger children is completed by a caregiver, while the screener for the older children is self-report. The screening data contained in this report were collected between July 2012 and November 2015.

Screening Results for Children Aged 0 through 7

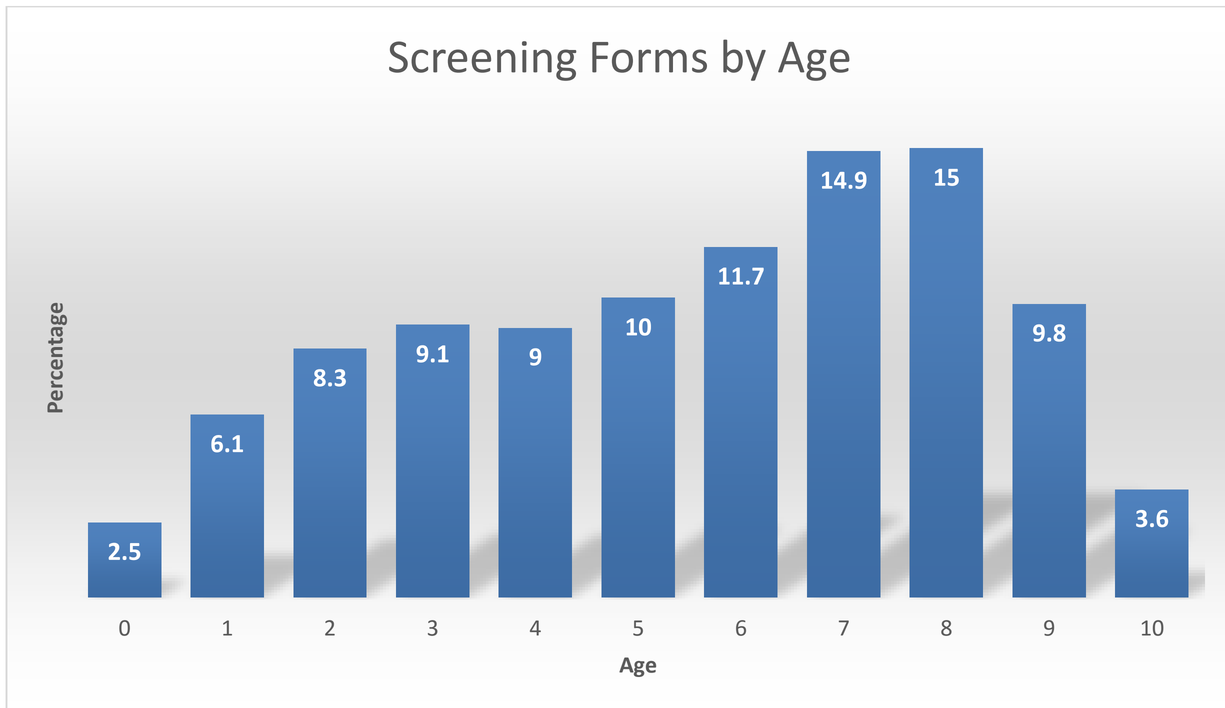
Demographic Data

A total of 10,372 children aged 0-7 were screened for trauma and violence exposure. Slightly more males (53.2%) were screened than females (46.8%) (see Table 2). The majority of the sample was African American (63.0%) or White (23.6%), and the average age of the children was 5.5 years old. While intended for children ages 7 and younger, the tool was used on some 8, 9 and 10 year olds (see Figure 1). The data from the 8, 9, and 10 year olds who were screened using this screening tool were included in all the analysis in this section. The two measures from which the items were adapted are valid for this age group. The Juvenile Victimization Questionnaire is appropriate for children from birth through 17, and the Trauma Symptom Checklist for Young Children can be administered through age 12.

Table 2. Demographic Information

Demographics (Age 0 – 7)	Percentages
Gender	
Male	53.2% (n = 5,484)
Female	46.8% (n = 4,833)
Race	
African American	63.0% (n = 6,469)
White	23.6% (n = 2,423)
Multiracial	8.2% (n = 842)
Asian	0.8% (n = 80)
Other	4.5% (n = 460)
Average Age	5.5 years

Figure 1. Screening Forms by Age



Screening Agencies

Several agencies conducted screening through the CCDCI (see Table 3). The majority of the screenings were conducted by the Cuyahoga County Division of Children and Family Services (CCDCFS) (n = 7,922, 76.4%).

Table 3. CCDCI Screening Agencies

Agency	Age 0 through 7 Screeners
211	17
Applewood Centers Inc.	387
Beech Brook	472
Bellefaire JCB	619
Catholic Charities	11
Cleveland Christian Home	69
Cuyahoga County Division of Children and Family Services (DCFS)	7,922
Domestic Violence and Child Advocacy Center	21
Franklin County DCFS	2
FrontLine Service	448
Murtis Taylor Human Services System	351
Providence House	37
Unknown	16
TOTAL	**10,372**

Childhood Exposure to Violence

Eight items were included to capture information on childhood exposure to violence. These items were borrowed or adapted from the Juvenile Victimization Questionnaire (JVQ) (Finkelhor, Hamby, Ormrod, & Turner, 2005). The full JVQ is a 34-item screening instrument and was developed as a comprehensive assessment of crime, child maltreatment, and other types of childhood victimization experiences. The JVQ covers five general areas: (1) Conventional Crime, (2) Child Maltreatment, (3) Peer and Sibling Victimization, (4) Sexual Victimization, and (5) Witnessing and Indirect Victimization.

The questions can be asked directly to the child (typically appropriate for children age 8 and older) or the caregiver. The screening form presented items that covered exposure to violence in the previous year. The JVQ underwent significant reviews by a team of academicians with knowledge of juvenile victimization. The instrument was also critiqued by focus groups of parents and youth to improve item wording. The main version of the JVQ asks about past year victimizations; however, the instrument can be adapted for a lifetime perspective.

For this CCDCI screener of children birth to age 7, caregivers responded to items about their child and encompassed the child's entire lifetime. Results can be found in Table 4. The item with the highest endorsement was witnessing an attack (16.3%, n = 1,666), followed by witnessing or hearing some type of violence between family members (15.0%, n = 1,544).

Table 4. Childhood Exposure to Violence

Violence Exposure Items (Age 0 – 7)	No	Yes
Sometimes people are attacked with sticks, rocks, guns, knives, or other things that would hurt. At any time in your child's life, did anyone hit or attack your child on purpose with an object or weapon?	95.3% (n = 9,781)	4.7% (n = 477)
At any time in your child's life, did anyone hit or attack your child on purpose without using a weapon?	91.6% (n = 9,400)	8.4% (n = 857)
Not including spanking on your child's bottom, at any time in your child's life did a grown-up (parents, babysitters, adults who live with your child, or others who watch your child) in your child's life hit, beat, kick, or physically hurt your child in any way?	95.2% (n = 9,764)	4.8% (n = 490)
At any time in your child's life, did your child see or hear any family member (including parents, relatives, siblings) get pushed, slapped, hit, punched, beat up, or attacked with a weapon in the home by any other family member?	85.0% (n = 8,716)	15.0% (n =1,544)
At any time in your child's life did your child see or hear any adult get pushed, slapped, hit, punched, beat up, or attacked with a weapon at home by another adult?	88.8% (n = 9,101)	11.2% (n = 1,153)
At any time in your child's life did your child see or hear anyone get attacked on purpose with or without a weapon?	83.7% (n = 8,581)	16.3% (n =1,666)
At any time in your child's life did a grown-up or older child touch your child's private parts when they shouldn't have or make your child touch their private parts? Or did a grown-up or older child force your child to have sex?	96.2% (n = 9,855)	3.8% (n = 393)

Trauma Symptoms

To screen for trauma-related issues, 8 items were included from the Trauma Symptom Checklist for Young Children (TSCYC) (Briere, 2005). The items were asked of the caregiver. The TSCYC is the first fully standardized and normed trauma assessment for young children who have been exposed to traumatic events such as child abuse, peer assault, and community violence. The full version contains 90 items, is caregiver report, and is made up of eight clinical scales (Anxiety, Depression, Anger/Aggression, Posttraumatic Stress - Intrusion, Posttraumatic Stress - Avoidance, Posttraumatic Stress - Arousal, Dissociation, and Sexual Concerns) as well as a summary PTSD scale (PTSD Total).

Table 5 displays the responses to the TSCYC items. For example, caregivers indicated that 15.4% of children had difficulty concentrating or focusing often or almost all the time.

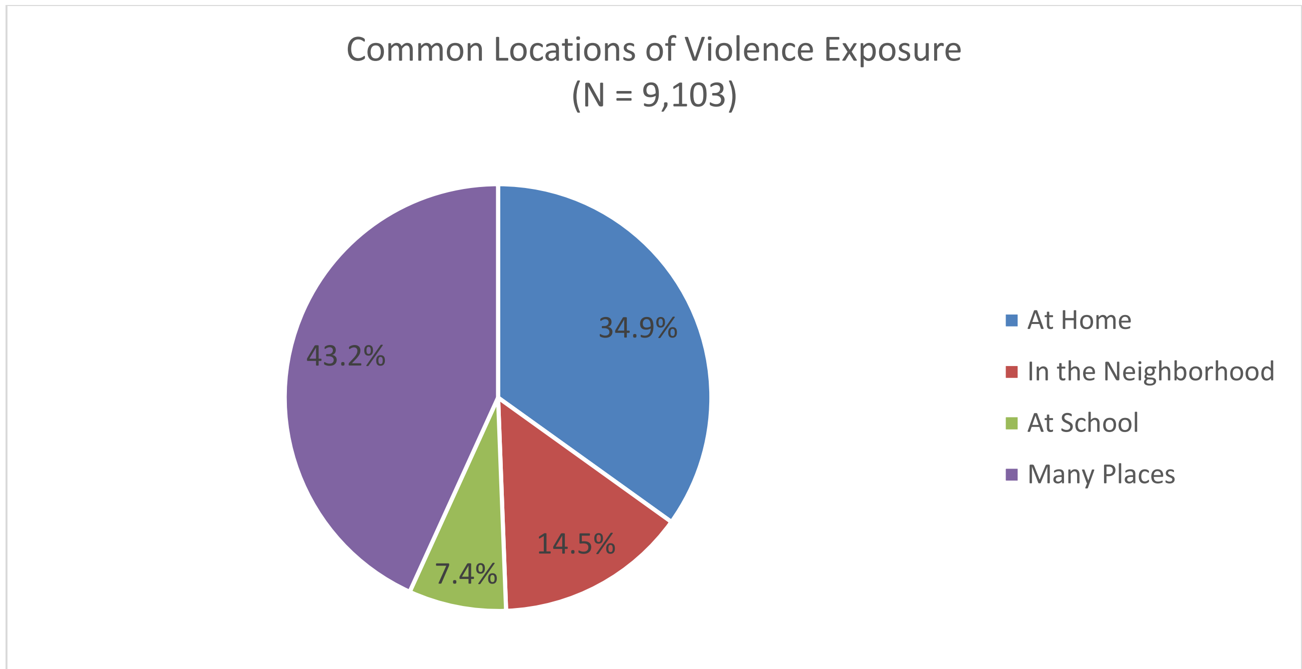
Table 5. Trauma Symptoms

Please tell me how often your child behaved in the following ways in the last month. (Age 0 – 7)	Not at all	Once in a while	Often	Almost all the time
Didn't want to play or be active?	88.1% (n = 9,027)	9.7% (n = 996)	1.5% (n = 155)	0.7% (n = 68)
Had trouble going to sleep?	78.7% (n = 8,070)	13.6% (n =1,398)	4.2% (n = 427)	3.5% (n = 357)
Had difficulty concentrating or focusing?	69.2% (n = 7,094)	15.3% (n = 1,568)	8.0% (n = 823)	7.4% (n = 763)
Got startled or spooked easily?	83.1% (n = 8,513)	11.1% (n = 1,139)	3.5% (n = 356)	2.3% (n = 238)
Was aggressive to people or animals?	82.3% (n = 8,439)	10.8% (n = 1,102)	4.3% (n = 442)	2.6% (n = 265)
Seemed afraid of the dark?	79.8% (n = 8,176)	12.2% (n = 1,248)	3.3% (n = 335)	4.7% (n = 484)
Refused to eat?	90.6% (n = 9,282)	7.2% (n = 739)	1.6% (n = 168)	0.6% (n = 59)
Cried or had a tantrum until s/he was exhausted?	80.1% (n = 8,208)	12.2% (n = 1,246)	4.6% (n = 473)	3.2% (n = 326)

Additional information

Caregivers were asked where the child witnessed or experienced the most violence. The most common response was ‘many places’ (43.2%, n = 3,931). See Figure 2 for complete information.

Figure 2. Location of Violence Exposure



In 46 cases (0.4%), the person administering the screening tool judged the youth to be at imminent risk or a danger to others. When a child was judged to be at imminent risk, the screening agency enacted its protocols and the child/family could receive immediate services. Children at imminent risk did not have to wait to be contacted through the CCDCI to start receiving services.

The person administering the screening tool wanted to refer 8.8% (n = 913) of the children for additional assessment. This does not mean that 913 children were referred to additional assessment. Referral to assessment was voluntary, and for various reasons, not all families agreed to be referred.

Results of the screening indicated that 1.9% (n = 196) of the children ages 0 to 7 scored at or above the threshold on the trauma section and 0.9% (n = 97) scored at or above the threshold on the violence exposure section. Overall, 2.7% of children (n = 282) scored at or above any threshold. This does not mean that the worker wanted to refer all those youths for additional assessment. For example, a child may have scored above a threshold, but at the time of the assessment, may already have been in treatment to address these issues. In addition to meeting the scoring threshold, workers could refer the child to additional assessment based on ‘clinical judgement’. Workers wanted to refer 7.4% (n = 770) of children to additional assessment who did not meet any scoring threshold. This is known as an ‘override’. Due to the voluntary nature of the program, even if a worker wanted to override a score and refer a child for additional assessment, that override may not have resulted in a referral for a full assessment.

Screening Results for Children Aged 8 and Older

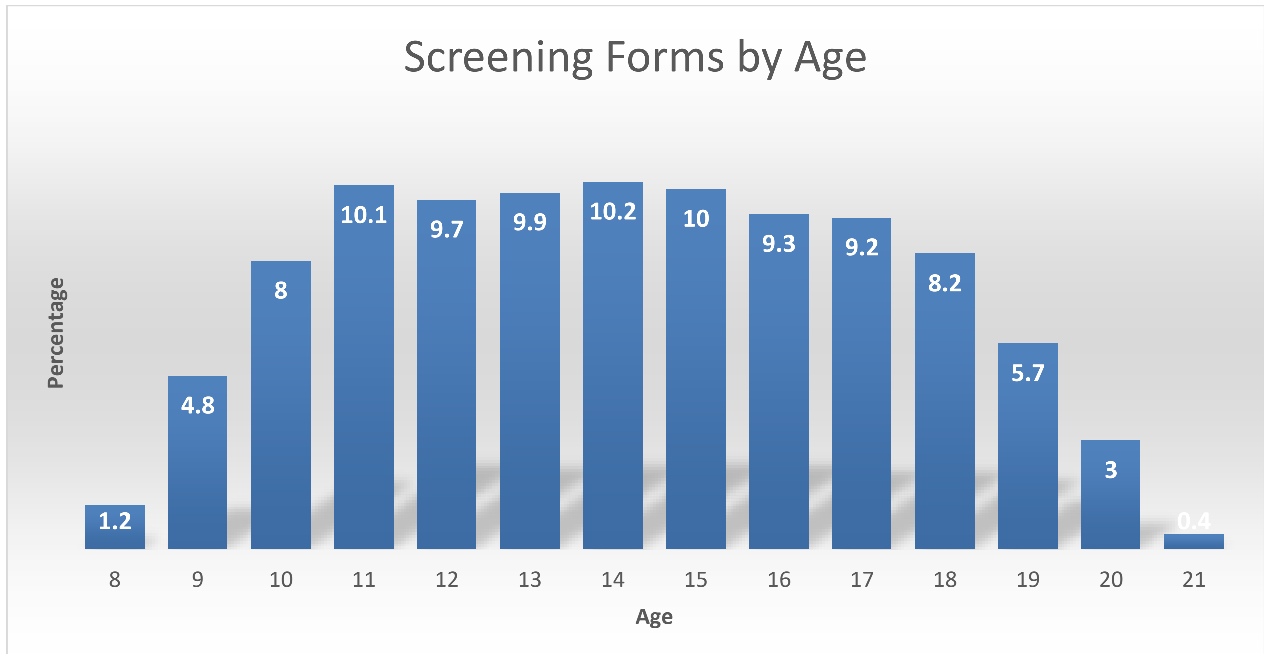
Demographic Data

A total of 13,099 children aged 8 and older were screened for trauma, violence exposure, and violent behaviors. Slightly more males (52.7%) were screened than females (47.1%) (see Table 6). The majority of the sample was African American (62.8%) or White (24.7%), and the average age of the children were 14.2 years old. While intended for children ages 8 and older (through age 17), there were cases of this screening tool being used on individuals over 18 (see Figure 3).

Table 6. Demographic Information

Demographic Information – 8 and older	Percentages
Gender	
Male	52.7% (n = 6,884)
Female	47.1% (n = 6,171)
Race	
African American	62.8% (n = 8,174)
White	24.7% (n = 3,217)
Multiracial	6.3% (n = 819)
Asian	0.6% (n = 83)
Other	5.6% (n = 725)
Average Age	14.2 years

Figure 3. Screening Forms by Age



Screening Agencies

Several agencies conducted screening through the CCDCI (see Table 7). The majority of the screenings were conducted by the Cuyahoga County Division of Children and Family Services (CCDCFS) (n = 7,243, 55.3%).

Table 7. CCDCI Screening Agencies

Agency	8 and older Screeners
211	10
Applewood Centers Inc.	845
Beech Brook	798
Bellefaire JCB	1,745
Catholic Charities	105
Cleveland Christian Home	133
Cuyahoga County Juvenile Court	961
Cuyahoga County Division of Children and Family Services (DCFS)	7,243
Franklin County DCFS	1
FrontLine Service	310
Murtis Taylor Human Services System	939
Unknown	7
West Side Community House	1
Cuyahoga County Witness Victim Service Center	1
TOTAL	**13,099**

Childhood Exposure to Violence

The screener contained 7 self-report items adapted from the Recent Exposure to Violence Scale (REVS) (Singer, Anglin, Song, & Lunghofer, 1995). The items covered both witnessing and experiencing different types of violence in the past year. Results from this section can be found in Table 8. In general, it was more common for children to report witnessing of violence than experiencing it themselves. Half of the sample (49.9%, n = 6,447) reported witnessing someone being slapped, punched, or hit in the past year, while 37.7% (n = 4,762) reported being slapped, punched, or hit themselves. Over five percent of the sample (n = 731) reported at least sometimes being touched in a private place on their body they did not want to be touched.

Table 8. Childhood Exposure to Violence

How often over the past year has any of the following happened to you?	Never	Sometimes	Often	Very Often
You being slapped, punched, or hit?	62.3% (n = 8,048)	31.1% (n = 4,013)	4.9% (n = 629)	1.8% (n = 120)
Seeing someone else being slapped, punched, or hit?	50.1% (n = 6,476)	35.6% (n = 4,606)	9.1% (n = 1,182)	5.1% (n = 659)
You being threatened?	73.7% (n = 9,517)	19.0% (n = 2,451)	4.7% (n = 609)	2.6% (n = 337)
Seeing someone else being threatened?	65.0% (n = 8,394)	24.0% (n = 3,105)	7.0% (n = 910)	3.9% (n = 505)
You being beaten up?	87.4% (n = 11,279)	10.4% (n = 1,336)	1.6% (n = 208)	0.7% (n = 85)
Seeing someone else being beaten up?	61.8% (n = 7,979)	27.3% (n = 3,518)	7.2% (n = 930)	3.7% (n = 480)
You being touched in a private place on your body where you didn’t want to be touched?	94.3% (n = 12,179)	4.4% (n = 564)	0.6% (n = 82)	0.7% (n = 85)

Violent Behaviors

For youth 8 years of age and older, information was collected describing their perpetration of violence. Three items adapted from the Violent Behaviors Questionnaire (VBQ) (Song, Singer, & Anglin, 1998) were included on the screener. Results describing violent behaviors committed by the children are found in Table 9. Over half of the sample (51.4%, n = 6,399) reported punching or hitting someone after they were hit themselves, and over a quarter of the sample (27.0%, n = 9,417) reported hitting someone prior to being hit themselves.

Table 9. Violent Behaviors

How often over the past year have you…	Never	Sometimes	Often	Almost every day
Told others that you would hurt them?	73.1% (n = 9,434)	20.9% (n = 2,696)	4.3% (n = 560)	1.7% (n = 224)
Slapped, punched, or hit someone before they hit you?	73.0% (n = 9,417)	21.3% (n = 2,750)	4.0% (n = 517)	1.7% (n = 224)
Slapped, punched, or hit someone after they hit you?	49.6% (n = 6,399)	34.7% (n = 4,478)	9.8% (n = 1,269)	5.9% (n = 758)

Trauma Symptoms

To screen for trauma symptoms, five items from the Trauma Symptom Checklist for Children (TSCC) (Briere, 1996) were used. The TSCC is a 54-item Likert-type survey composed of six domains: Anger, Anxiety, Depression, Dissociation, Post-traumatic Stress, and Sexual Concerns. For the screening tool, one item representing five of the six domains were included (Sexual Concerns was not represented). The TSCC is completed by the youth.

In addition, two items were included that examined self-harm and suicide ideation. These items were not included in the scoring of the screening form, but were included to provide the screening agency with important information of potential imminent risk. Results from the screening tool related to trauma symptoms are presented in Table 10 and Table 11.

Table 10. Trauma Symptoms

These items describe things that kids sometimes think, feel, or do. Read each item and mark how often it happened to you. How often do you… (Age 8 and Older)	Not at all	Once in a while	Often	Almost all the time
Feel mean?	52.4% (n = 6,766)	33.3% (n = 4,299)	9.7% (n = 1,257)	4.6% (n = 589)
Feel afraid?	64.7% (n = 8,353)	24.4% (n = 3,156)	7.4% (n = 959)	3.4% (n = 442)
Feel like nobody likes you?	64.6% (n = 8,339)	21.2% (n = 2,739)	8.5% (n = 1,098)	5.6% (n = 728)
Feel like things are not real?	75.2% (n = 9,700)	15.9% (n = 2,049)	6.0% (n = 774)	2.9% (n = 375)
Remember things you don't want to remember?	60.5% (n = 7,814)	20.6% (n = 2,665)	10.6% (n = 1,374)	8.2% (n = 1,057)

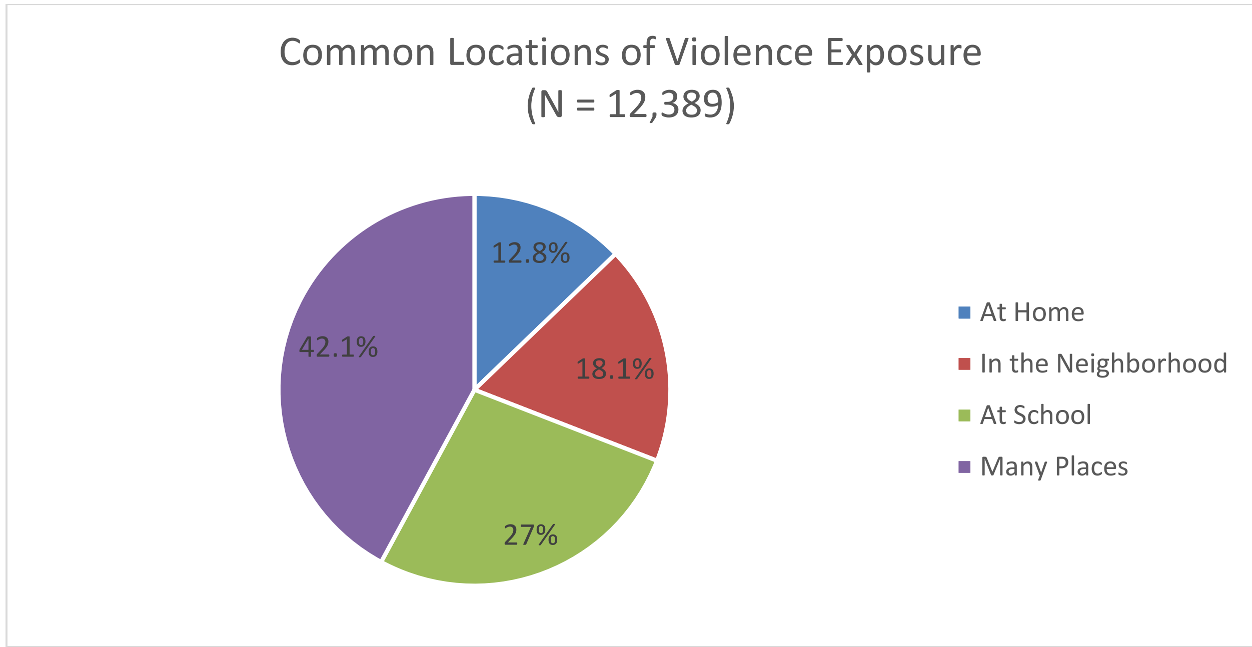
Table 11. Self-harm and Suicide Ideation

These items describe things that kids sometimes thing, feel, or do. Read each item and mark how often it happened to you. How often do you… (Age 8 and Older)	Not at all	Once in a while	Often	Almost all the time
Think about hurting yourself?	84.6% (n = 10,924)	11.4% (n = 1,465)	3.0% (n = 389)	1.0% (n = 129)
Think about killing yourself?	89.6% (n = 11,561)	7.8% (n = 1,007)	1.9% (n = 247)	0.7% (n = 92)

Additional Information

Youths were asked where the child witnesses or experiences the most violence. The most common response was 'many places' (42.1%, n = 5,219). See Figure 4 for complete information.

Figure 4. Location of Violence Exposure



In 183 cases (1.4%), the person administering the screening tool judged the youth to be at imminent risk or a danger to others. When a child was judged to be at imminent risk, the screening agency enacted its protocols and the child could receive immediate services. Children at imminent risk did not have to wait to be contacted through the CCDCI to start receiving services.

The person administering the screening tool wanted to refer 11.8% (n = 1,539) of the children for additional assessment, but this does not mean that 1,539 children were referred. Referral to assessment was voluntary, and for various reasons, not all families agreed to be referred.

Results of the screening indicated that 4.0% (n = 530) of the children scored at or above the threshold on the trauma section, 1.2% (n = 161) scored at or above the threshold on the violence exposure section, and 1.0% (n = 135) scored at or above the threshold on the violence perpetration section. Overall, 5.5% of children (n = 724) scored at or above any threshold. This does not mean that the worker wanted to refer all those youths for additional assessment. For example, a child may have scored above a threshold, but at the time of the assessment, may already have been in treatment to address these issues. In addition to meeting the scoring threshold, workers could refer the child to additional assessment based on 'clinical judgement'. Workers wanted to refer 10.1% (n = 1,244) of children to additional assessment who did not meet any scoring threshold. This is known as an 'override'. Due to the voluntary nature of the program, even if a worker wanted to override a score and refer a child for additional assessment, that override may not have resulted in a referral for a full assessment.

Assessment Data

Youth can be referred to a full assessment in two ways. First, a youth can score at or above the threshold on any of the sections of the screening instrument. Second, if a worker suspects that the child or caregiver is not being forthcoming on the screening tool, or if the worker suspects the child may have issues with trauma or violence exposure even without scoring above the thresholds on the screener, the worker can refer the child for a fuller assessment. All assessments are completed by FrontLine Service.

Demographic Data

A total of 2,245 referrals for assessment were received by FrontLine Service between July 2012 and October 2015 (see Table 12). Of those, 55.4% (1,241) were female and 44.6% (n = 999) were males. African Americans (60.4%, n = 1,356) and Caucasians (28.9%, n = 648) were most often represented. Just over 5 percent (5.3%, n = 112) of the youth were Hispanic. The average age at the time of the assessment was 10.1 years old.

Table 12. Demographic Information

Demographic Information – Assessed Children	Percentage
Gender	
Male	44.6% (n = 999)
Female	55.4% (n = 1,241)
Race	
African American	60.4% (n = 1,356)
White	28.9% (n = 648)
Multiracial	8.7% (n = 196)
Asian	0.2% (n = 4)
Other	0.6% (n = 14)
Average Age	10.1 years

Referrals for Assessment

Many agencies refer children to FrontLine Service for assessment through the CCDCI. Table 13 displays the agency and the number of youth referred to FrontLine. The Cuyahoga County Division of Children and Family Services accounted for 75.9% (n = 1,703) of the referrals for assessment.

Table 13. Referrals to Assessment by Agency

Agency	Number of Children Referred for Assessment
211	52
Applewood Centers Inc.	32
Beech Brook	46
Bellefaire JCB	33
Catholic Charities	37
Cleveland Christian Home	17
Cuyahoga County Division of Children and Family Services (DCFS)	1,703
Cuyahoga County Juvenile Court	79
Domestic Violence and Child Advocacy Center	30
Franklin County DCFS	3
FrontLine Service	102
Garfield Heights Schools	1
Parent	13
Murtis Taylor Human Services System	94
School	1
Tapestry	1
West Side Community House	1
Total	**2,245**

Reasons for Referral to Assessment

The reason for the referrals for additional assessment can be found in Table 14. Of children referred for additional assessment, eighteen percent (18.2%, n = 409) were referred due to scoring at or above one of the screening thresholds. Eighty-one percent (80.9%, n = 1,816) were referred due to some type of worker override. Specifically, nearly twenty percent of the referrals were overrides with endorsement of at least one critical item, while 58.9% (n = 1,323) of the referrals were overrides based on worker discretion.

Table 14. Reasons for Referral to Assessment

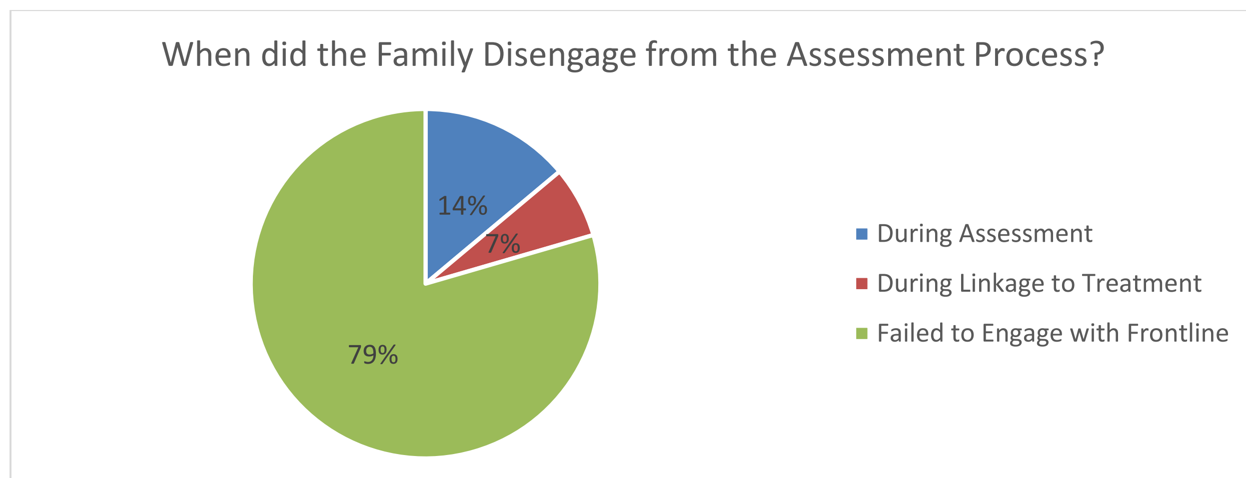
Screener Type	Percentage
Met Threshold	18.2% (n = 409)
Override – Critical Item Endorsed	19.4% (n = 435)
Override- Unspecified	2.6% (n = 58)
Override – Worker Discretion	58.9% (n = 1,323)
Unknown	0.9% (n = 20)
Total	**100% (n = 2,245)**

Completed Assessments

Of the 2,245 youth referred for assessment, 45.6% (n = 1,024) completed an assessment. Over half of the youth (54.4%, n = 1,221) did not receive a completed assessment. The most common reason a child did not receive a completed assessment was the child/family failed to engage in the assessment process despite repeated attempts from FrontLine Service (79.5%, n = 971) (see Figure 5). Of the children with a completed assessment, 870 were referred for trauma-informed treatment. Just over four percent (4.4%, n = 98) of those assessed required an immediate crisis response from FrontLine.

The most common primary behavioral health diagnoses for children assessed included Anxiety Disorder (27.0%, n = 276), PTSD (25.5%, n = 261), Depressive Disorders (15.9%, n = 163), Adjustment Disorder (9.4%, n = 96), and Attention Deficit Hyperactivity Disorder (7.3%, n = 75). The average length of time between a referral for and completion of an assessment was 23.1 days (SD = 16.7).

Figure 5. Family Disengagement



Previous and Current System Involvement

Over 90 percent of children referred for assessment had some type of previous involvement with a child-serving system, nearly 70 percent were currently system-involved, and 30 percent were already receiving behavioral health treatment at the time of the assessment. (see Table 15).

Table 15. System Involvement

System Involvement Items	% Yes (N = 2,227)
Has the child ever been system-involved (e.g. child welfare, juvenile court).	90.7% (n = 2,020)
Previous Child Welfare Involvement	87.2% (n = 1,942)
Previous Juvenile Court Involvement	6.4% (n = 142)
Is the child currently system involved (e.g. child welfare, juvenile court)?	69.2% (n = 1,542)
Current Child Welfare Involvement	64.7% (n = 1,440)
Current Juvenile Court Involvement	6.0% (n = 134)
Is the child currently receiving treatment for emotional or behavioral problems?	30.3% (n = 675)

Violence Exposure

As part of the full assessment, youth completed a 16-item modified version of the Juvenile Victimization Questionnaire (JVQ) (Finkelhor, Hamby, Ormrod, & Turner, 2005). The JVQ is a dichotomous (yes/no) questionnaire that measures exposure to various types of victimizations in the past year. Each question is designed to obtain information related to different types of victimization (highlighted in bold, see Table 16).

The JVQ was completed by 873 youth. The sample was composed of 55.7% (n = 486) females and 44.3% (n = 387) males. Nonwhite youth (69.0%, n = 602) represented the majority of the sample. The average age at the time of assessment was 10.3 years (SD = 4.17).

Victimization prevalence at assessment is represented by the percentage the sample saying "yes" to each question. Nearly 94 percent of the sample endorsed at least one of the victimization items (see Figure 6). Over 49% (49.1%, n = 412) of youth were assaulted by a peer or sibling and over 48% (48.3%, n = 419) of youth witnessed an assault without a weapon. Forty-seven percent (47.4%, n = 411) of youth were assaulted without a weapon and one in five youth report being physically abused by an adult (20.0%, n = 173). Nearly 16% (15.9%, n = 137) of youth knew someone close to them who was murdered.

Figure 6. Number of Past-Year Victimizations

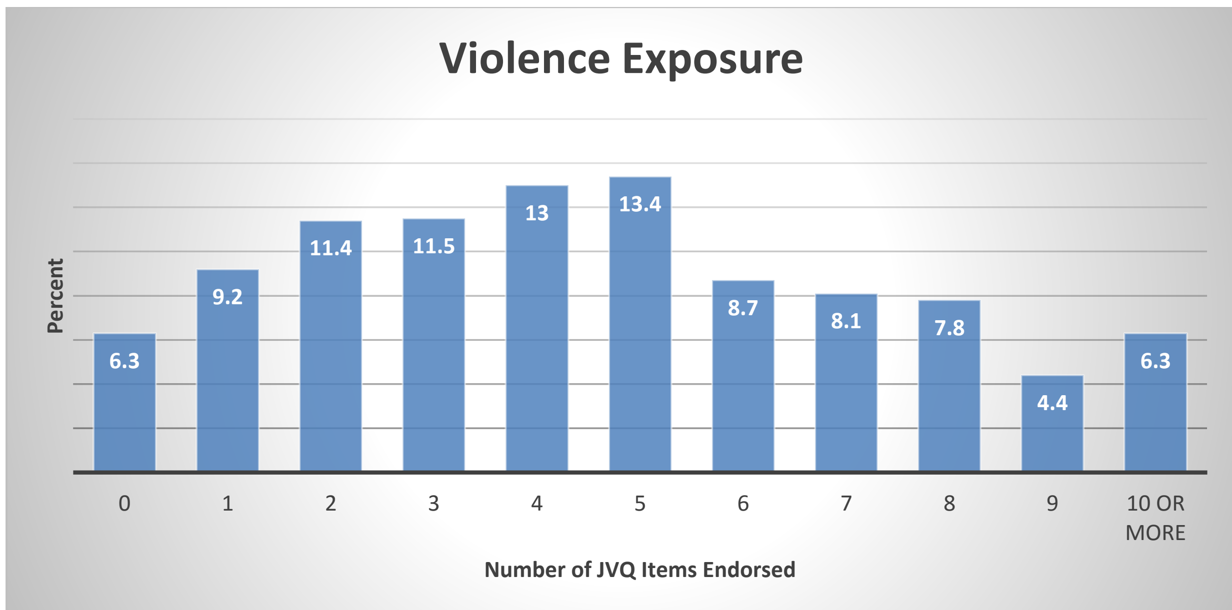


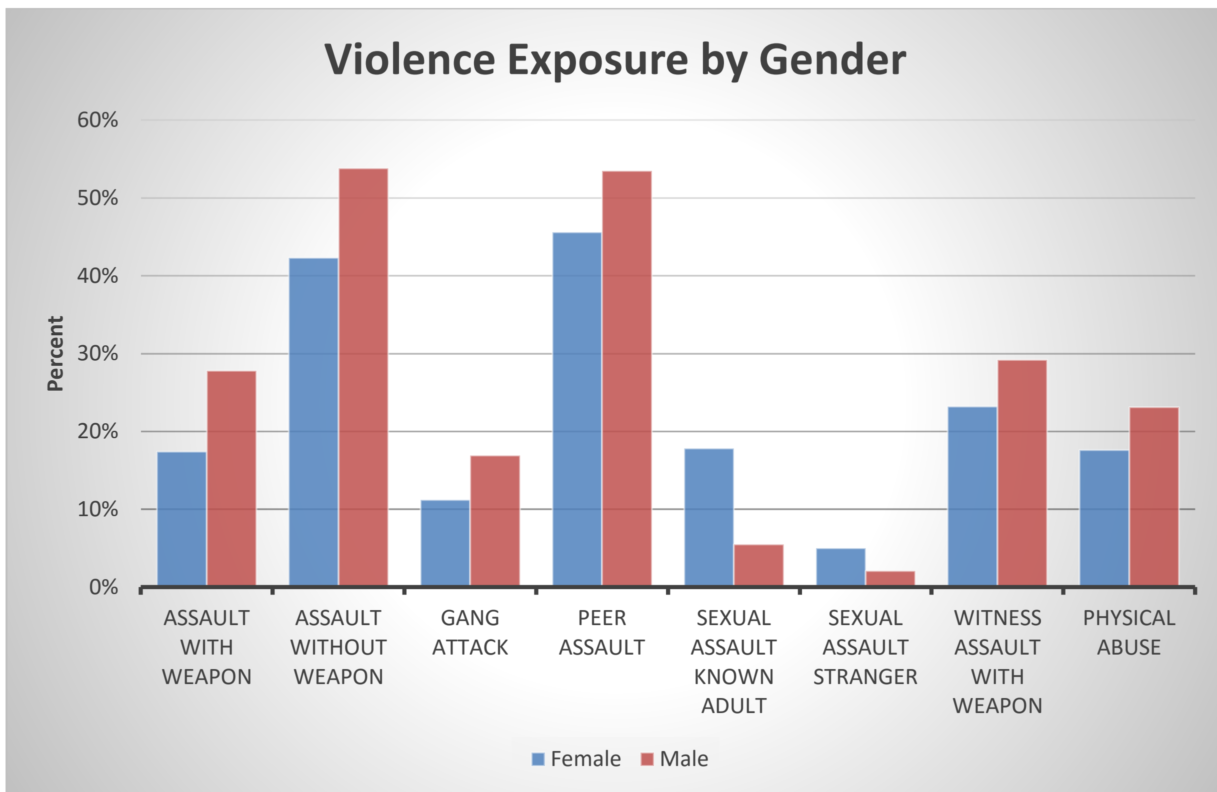
Table 16. Childhood Exposure to Violence

JVQ Question	Percent Yes (n)
1) **Theft** "In the past year, did anyone steal something from (you/your child) and never give it back? Things like a backpack, money, watch, clothing, bike, stereo, or anything else?"	38.9% (339)
2) **Assault with Weapon** "In the past year, did anyone hit or attack (you/your child) on purpose with an object or weapon? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?"	22.0% (191)
3) **Assault without Weapon** "In the past year, did anyone hit or attack (you/your child) without using an object or weapon?"	47.4% (411)
4) **Psychological Abuse** "In the past year, did (you/your child) get scared or feel really bad because grown-ups (parents, babysitters, adults who live with (you/your child), or others who watch (you/your child)) in (your/your child's) life called (you/your child) names, said mean things to (you/your child), or said they didn't want (you/your child)?"	38.3% (332)
5) **Gang Assault** "In the past year, did a group of kids or a gang hit, jump, or attack (you/your child)?"	13.7% (119)
6) **Peer/Sibling Assault** "In the past year, did any kid, even a brother or sister, hit (you/your child)? Somewhere like: at home, at school, out playing, in a store, or anywhere else?"	49.1% (412)
7) **Relational Aggression** "In the past year, did (you/your child) get scared or feel really bad because kids were calling (you/your child) names, saying mean things to (you/your child), or saying they didn't want (you/your child) around?"	41.3% (359)
8) **Sexual Assault Known Adult** "In the past year, did a grown-up (you/your child) know touch (your/your child's) private parts when they shouldn't have or make (you/your child) touch their private parts? Or did a grown-up (you/your child) know force (you/your child) to have sex?"	12.3% (107)
9) **Sexual Assault Stranger** "In the past year, did a grown-up (you/your child) did not know touch (your/your child's) private parts when they shouldn't have, make (you/your child) touch their private parts or force you (you/your child)) to have sex?"	3.7% (32)
10) **Witness Domestic Violence** "In the past year, did (you/your child) SEE a parent get pushed, slapped, hit, punched, or beat up by another parent, or their boyfriend or girlfriend?"	33.8% (293)
11) **Witness Assault with Weapon** "In the past year, in real life, did (you/your child) SEE anyone get attacked on purpose WITH a stick, rock, gun, knife, or other thing that would hurt? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?"	25.9% (224)
12) **Witness Assault No Weapon** "During the past year, in real life, did (you/your child) SEE anyone get attacked or hit on purpose WITHOUT using a stick, rock, gun, knife, or something that would hurt?"	48.3% (419)
13) **Exposure to Shooting, Bombs, Riots** "In the past year, were (you/your child) in any place in real life where (you/your child) could see or hear people being shot, bombs going off, or street riots?"	33.1% (285)
14) **Physical Abuse** "Not including spanking on (your/your child's) bottom, during the past year, did a grown-up in (your/your child's) life hit, beat, kick, or physically hurt (you/your child) in any way?"	20.0% (173)
15) **Physical Intimidation** "During the past year, did any kids, even a brother or sister, pick on (you/your child) by chasing (you/your child) or grabbing (you/your child) or by making (you/your child) do something (you/your child) didn't want to do?"	25.3% (219)
16) **Someone Close Murdered** "During the past year, was anyone close to (you/your child) murdered, like a friend, neighbor or someone in your family?"	15.9% (137)

Violence Exposure and Gender

We examined the results from the JVQ by gender. Several notable differences emerged (see Figure 7). Chi-square analysis revealed a significantly higher percentage of males reported exposure to assaults with and without a weapon, gang attacks, peer assault, witness to assault with a weapon, and physical abuse. A significantly higher percentage of females reported exposure to sexual assault. **The items displayed in Figure 7 represent items that revealed a significant gender difference. If an item is not represented in the figure, there was no difference between groups.**

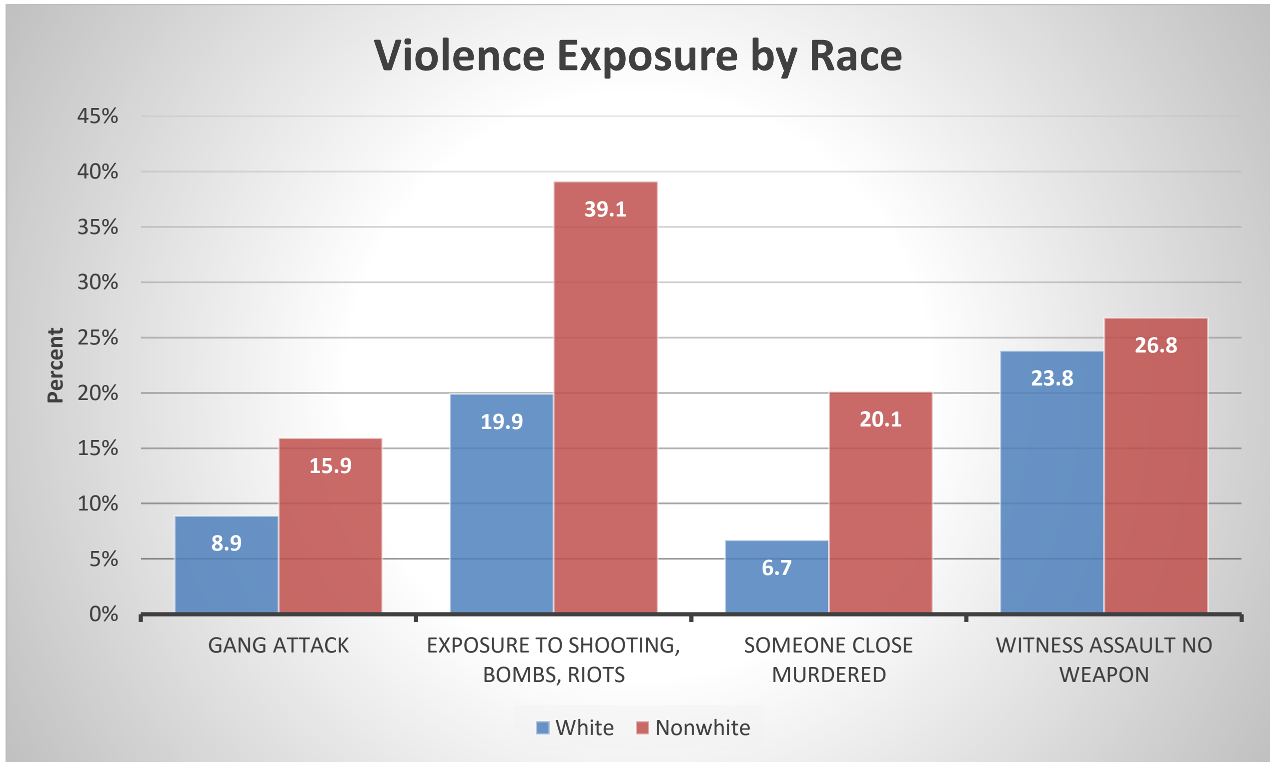
Figure 7. Violence Exposure and Gender



Violence Exposure and Race

We examined the results of the JVQ by race (white and nonwhite). Several significant differences emerged (see Figure 8). Chi-square analysis revealed a significantly higher percentage of nonwhite youth reported exposure to gang attacks, witnessing an assault without a weapon, exposure to shootings/riots, and knowing someone close to them who was murdered. **The items displayed in Figure 8 represent items that revealed a significant racial difference. If an item is not represented in the figure, there was no difference between groups.**

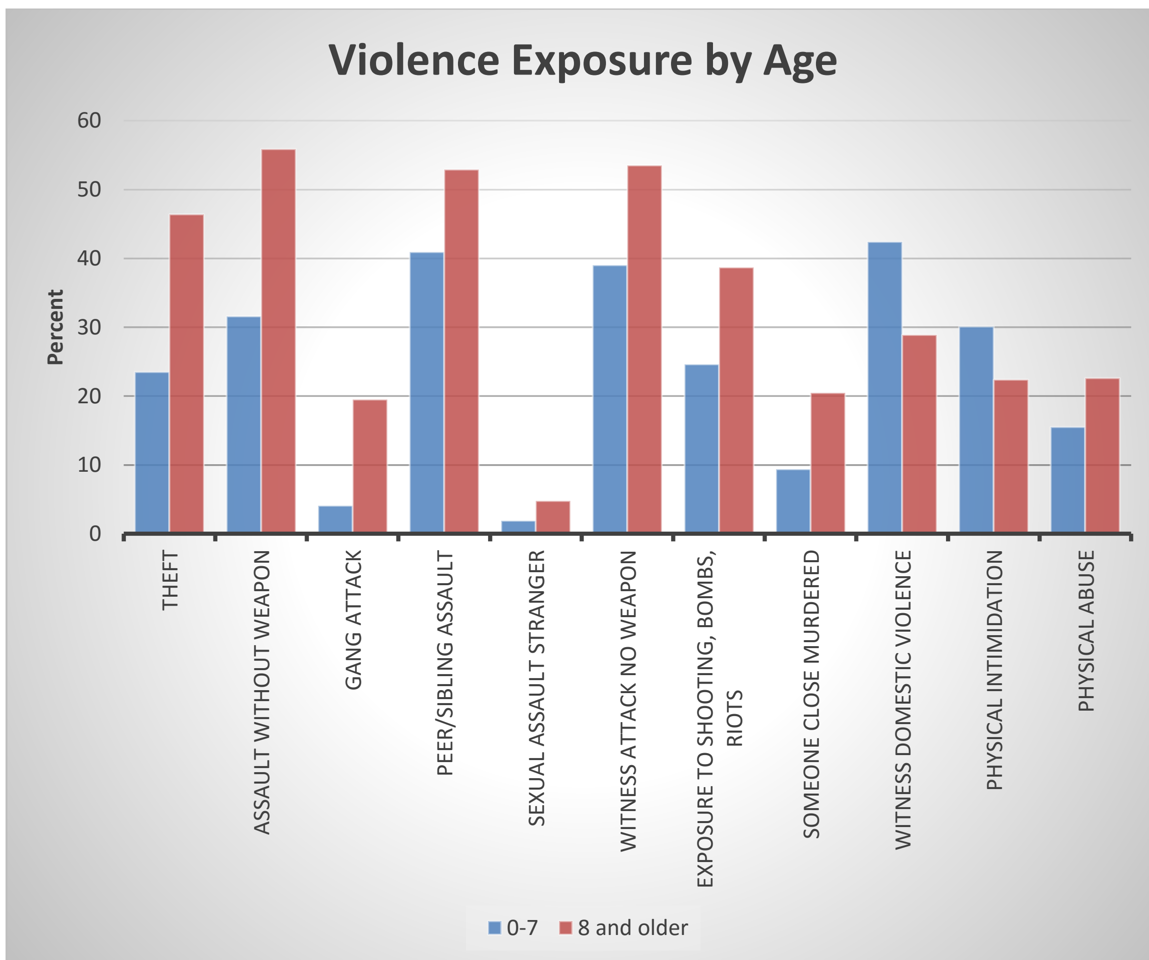
Figure 8. Violence Exposure and Race



Violence Exposure and Age

We examined the results of the JVQ by age. Age was divided into two groups corresponding to the groups on the screener– young (0-7) and old (8 and older). In general, a higher percentage of older children reported greater violence exposure than younger children (see Figure 9). However, for two items, Chi-square analysis revealed a significantly higher percentage of younger children reported exposure (witness to domestic violence and physical intimidation). **The items displayed in Figure 9 represent items that revealed a significant age difference. If an item is not represented in the figure, there was no difference between groups.**

Figure 9. Violence Exposure and Age



Violent Behaviors

The Violent Behavior Questionnaire (VBQ) is a five-item Likert-type questionnaire that measures perpetration of five types of violence in the past year. The VBQ was administered to youth aged 8 and older. While the VBQ has several response options (Never, Sometimes, Often, and Almost every day), for sample size considerations, response options have been combined into either three responses (Never, Sometimes, Often/Almost every day) or two responses (No, Yes). For the dichotomous responses, 'Never' equals 'No', and 'Sometimes', 'Often', or 'Almost every day' equals 'Yes'. Prevalence of violence perpetration reported during the assessment is presented in Table 17.

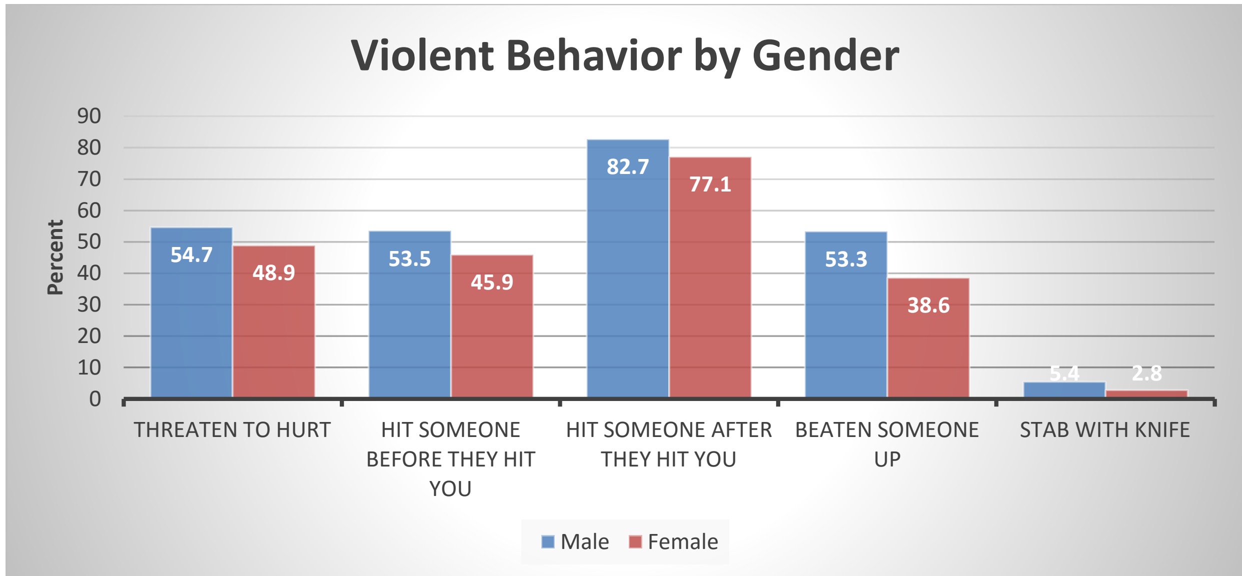
Table 17. Violent Behaviors

	Never	Sometimes	Often/Almost every day
How often over the past year have you told others that you would hurt them?	48.4% (n = 280)	38.1% (n = 220)	13.5% (n = 78)
How often over the past year have you slapped, punched, or hit someone before they hit you?	51.4% (n = 297)	34.4% (n = 199)	14.2% (n = 82)
How often over the past year have you slapped, punched, or hit someone after they hit you?	20.5% (n = 118)	44.6% (n = 257)	34.9% (n = 201)
How often over the past year have you beaten up someone?	55.3% (n = 318)	30.6% (n = 176)	14.1% (n = 81)
How often over the past year have you attacked or stabbed someone with a knife?	96.2% (n = 553)	3.5% (n = 20)	0.3% (n = 2)

Violent Behaviors and Gender

We examined the results of the VBQ for gender differences. For each item, we created dichotomous variables (yes/no) from all response options. A larger percentage of males reported violent behaviors than females; however, only one comparison emerged as significant (see Figure 10). Chi-square analysis revealed a significantly larger percentage of males reported hitting or punching someone after being hit by that person than females.

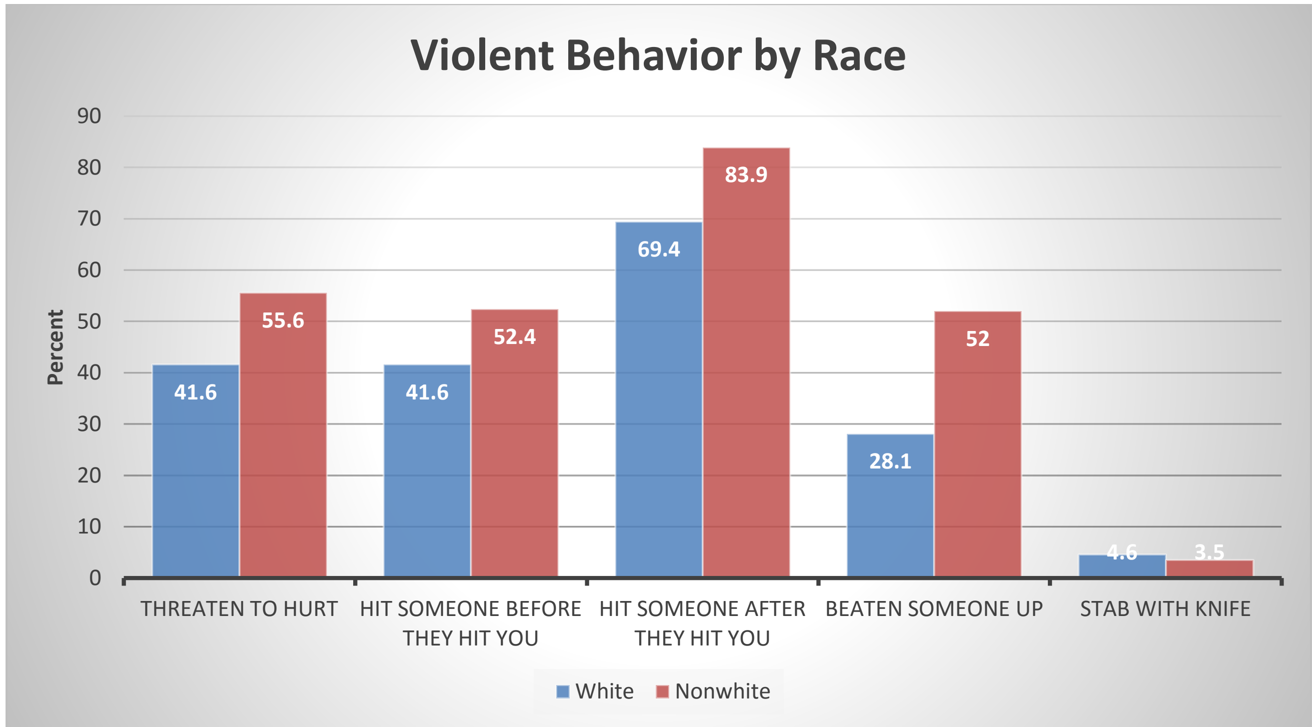
Figure 10. Violent Behavior and Gender



Violent Behaviors and Race

We examined the results of the VBQ for race differences. For each item, we created dichotomous variables (yes/no) from all response options. Chi-square analysis revealed a significantly higher percentage of nonwhite youth reported threatening to hurt others, hitting others both before and after being hit, and beating someone up than white youth (see Figure 11).

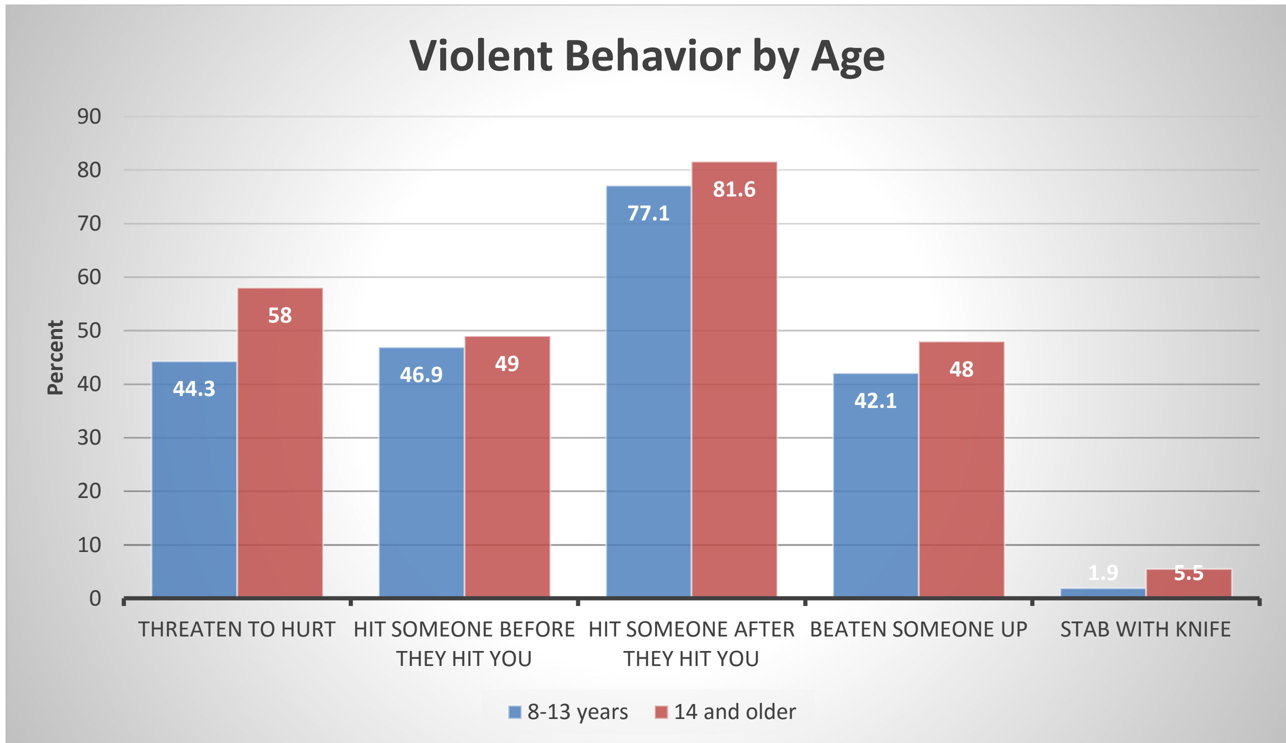
Figure 11. Violent Behavior and Race



Violent Behaviors and Age

We examined the results of the VBQ for age differences. For each item, we created dichotomous variables (yes/no) from all response options. Since the VBQ was only given to youth aged 8 and older, we divided the sample into the following groups: 8-13 years old and 14 and older. In general, a higher percentage of older youth reported violent behaviors than younger youth (see Figure 12). Chi-square analysis revealed a significantly higher percentage of older youth reported threatening to hurt someone and stabbing someone than younger children.

Figure 12. Violent Behavior and Age



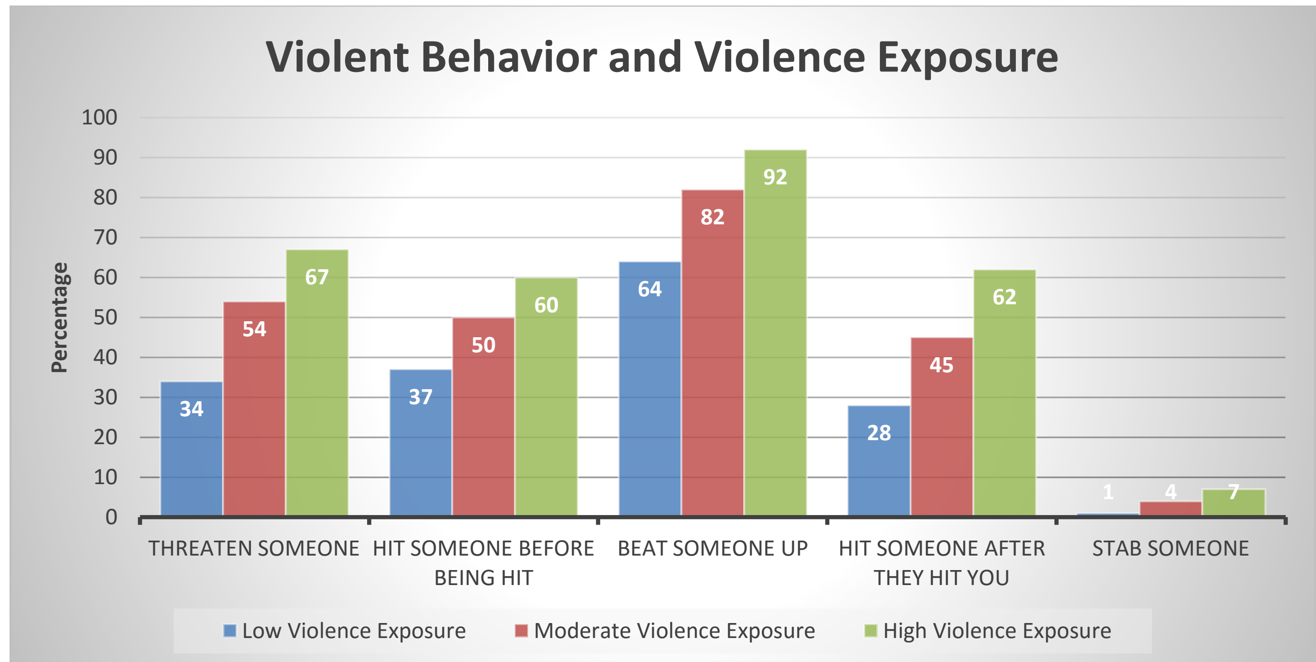
Violent Behaviors and Violence Exposure

We examined the endorsement of VBQ items based on violence exposure as measured by the JVQ. Three violence exposure groups were created based on scores on the JVQ: low (0-3), moderate (4-6), and high (7 and over). Results indicated that for each VBQ item, endorsement increased as violence exposure increased (see Table 18 and Figure 13). For example, 34% of youth who reported low violence exposure admitted to threatening others over the past year. In contrast, 67% of youth who reported high violence exposure admitted to threatening others over the past year.

Table 18. Violent Behavior and Violence Exposure

	Violence Exposure Groups		
How often over the past year have you…	Low Violence Exposure (n = 179)	Moderate Violence Exposure (n = 210)	High Violence Exposure (n = 173)
Told others that you would hurt them?	34%	54%	67%
Slapped, punched, or hit someone before they hit you?	37%	50%	60%
Slapped, punched, or hit someone after they hit you?	64%	82%	92%
Beaten up someone?	28%	45%	62%
Attacked or stabbed someone with a knife?	1%	4%	7%

Figure 13. Violent Behavior and Violence Exposure



Trauma Symptoms

Trauma Symptom Checklist for Young Children

During the assessment process and based on age, one of two trauma measures was completed. Caregivers of younger children completed the Trauma Symptom Checklist for Young Children (TSCYC) while older children completed the Trauma Symptom Checklist for Children (TSCC). The Trauma Symptom Checklist for Young Children (TSCYC) is composed of 90 Likert-type items that capture seven domains: atypical response, anxiety, depression anger/aggression, posttraumatic stress (PTS), dissociation, and sexual concerns (Briere, 2005). Within the PTS domain, there are 3 subscales: intrusion, avoidance, and arousal. Higher scores are indicative of more trauma symptoms.

The TSCYC has two sets of norms associated with it: by age and by gender. Table 19 shows the results of the CCDCI sample compared to the national averages based on age and Table 20 shows the results of the CCDCI sample compared to national averages based on gender. Overall, children in the CCDCI sample scored higher on the TSCYC compared to the normative sample. For example, the national average on the Anger/Aggression scale for children 3-4 years of age is 13.0, while the CCDCI children aged 3-4 reported an average score of 21.1.

Table 19. National and CCDCI Average Scores for Trauma Symptoms by Age

	National Average for Children Aged 3-4	CCDCI Average for Children Aged 3-4	National Average for Children Aged 5-9	CCDCI Average for Children Aged 5-9
Anxiety	11.6 (SD = 2.5)	16.9 (SD = 5.8)	12.1 (SD = 3.0)	16.1 (SD = 6.0)
Depression	10.5 (SD = 1.8)	14.1 (SD = 4.8)	11.5 (SD = 2.8)	14.3 (SD = 7.0)
Anger/Aggression	13.0 (SD = 4.0)	21.1 (SD = 7.2)	12.4 (SD = 4.0)	17.8 (SD = 4.1)
PTS - Intrusion	10.0 (SD = 1.5)	14.6 (SD = 5.9)	10.5 (SD = 2.1)	14.0 (SD = 4.1)
PTS - Avoidance	9.8 (SD = 1.7)	14.3 (SD = 5.6)	10.2 (SD = 2.1)	15.2 (SD = 3.6)
PTS - Arousal	11.9 (SD = 3.1)	17.4 (SD = 5.2)	12.5 (SD = 3.4)	18.0 (SD = 4.0)
PTS (Total)	31.7 (SD = 5.3)	46.3 (SD = 13.9)	33.1 (SD = 6.5)	47.3 (SD = 11.7)
Dissociation	10.9 (SD = 2.8)	14.2 (SD = 6.0)	11.6 (SD = 3.8)	15.1 (SD = 2.7)
Sexual Concerns	9.2 (SD = 0.8)	11.3 (SD = 3.8)	9.5 (SD = 1.5)	11.2 (SD = 1.2)

In addition to differences based on age, the CCDCI children also reported higher trauma symptoms based on gender than the normative sample. Overall, males and females in the CCDCI sample scored higher on the TSCYC compared to the normative sample. For example, the national average on the Anger/Aggression scale for females is 11.6, while the CCDCI females reported an average score of 17.1.

Table 20. National and CCDCI Average Scores for Trauma Symptoms by Gender

	National Average for Males	CCDCI Average for Males	National Average for Females	CCDCI Average for Females
Anxiety	12.1 (SD = 3.2)	15.8 (SD = 5.6)	11.6 (SD = 3.0)	16.8 (SD = 5.6)
Depression	11.8 (SD = 3.3)	14.2 (SD = 5.1)	11.2 (SD = 2.7)	14.1 (SD = 4.5)
Anger/Aggression	13.4 (SD = 4.8)	17.1 (SD = 7.3)	11.6 (SD = 3.1)	17.1 (SD = 6.3)
PTS - Intrusion	10.6 (SD = 2.6)	14.6 (SD = 5.9)	10.4 (SD = 2.5)	14.6 (SD = 5.8)
PTS - Avoidance	10.6 (SD = 3.1)	14.7 (SD = 5.7)	10.0 (SD = 2.2)	14.7 (SD = 5.2)
PTS - Arousal	13.2 (SD = 4.0)	17.0 (SD = 5.2)	11.7 (SD = 3.1)	17.0 (SD = 5.4)
PTS (Total)	34.4 (SD = 8.6)	46.3 (SD = 14.4)	32.1 (SD = 6.9)	46.3 (SD = 13.2)
Dissociation	12.3 (SD = 4.7)	14.9 (SD = 5.9)	11.1 (SD = 3.0)	14.5 (SD = 5.9)
Sexual Concerns	9.7 (SD = 1.9)	11.2 (SD = 3.8)	9.4 (SD = 1.6)	11.2 (SD = 3.8)

Violence Exposure and Trauma Symptoms

We examined trauma symptoms based on violence exposure groups. For sake of clarity, we did not separate the data by gender and age. **Results indicated that as exposure to violence increased, trauma symptoms increased (see Table 21 and Figure 14, Figure 15, and Figure 16).** For example, the average Anger/Aggression subscale score for youth in the Low Violence Exposure group was 16.8 while the average Anger/Aggression subscale score for youth in the High Violence Exposure group was 21.3.

Table 21. Trauma Symptoms and Violence Exposure

	Low Violence Exposure (0-2 on JVQ) (n = 82)	Moderate Violence Exposure (3-5) (n = 78)	High Violence Exposure (6 and over) (n = 56)
Anxiety	14.1	17.3	18.8
Depression	13.1	14.8	15.0
Anger/Aggression	16.8	19.9	21.3
PTS - Intrusion	12.4	14.3	16.6
PTS - Avoidance	13.5	15.4	15.9
PTS - Arousal	15.7	18.2	19.9
PTS (Total)	41.5	47.9	52.3
Dissociation	13.6	15.4	15.0
Sexual Concerns	10.8	11.7	11.3

Figure 14. Trauma Symptoms and Violence Exposure: Anxiety, Depression and Anger (0-7)

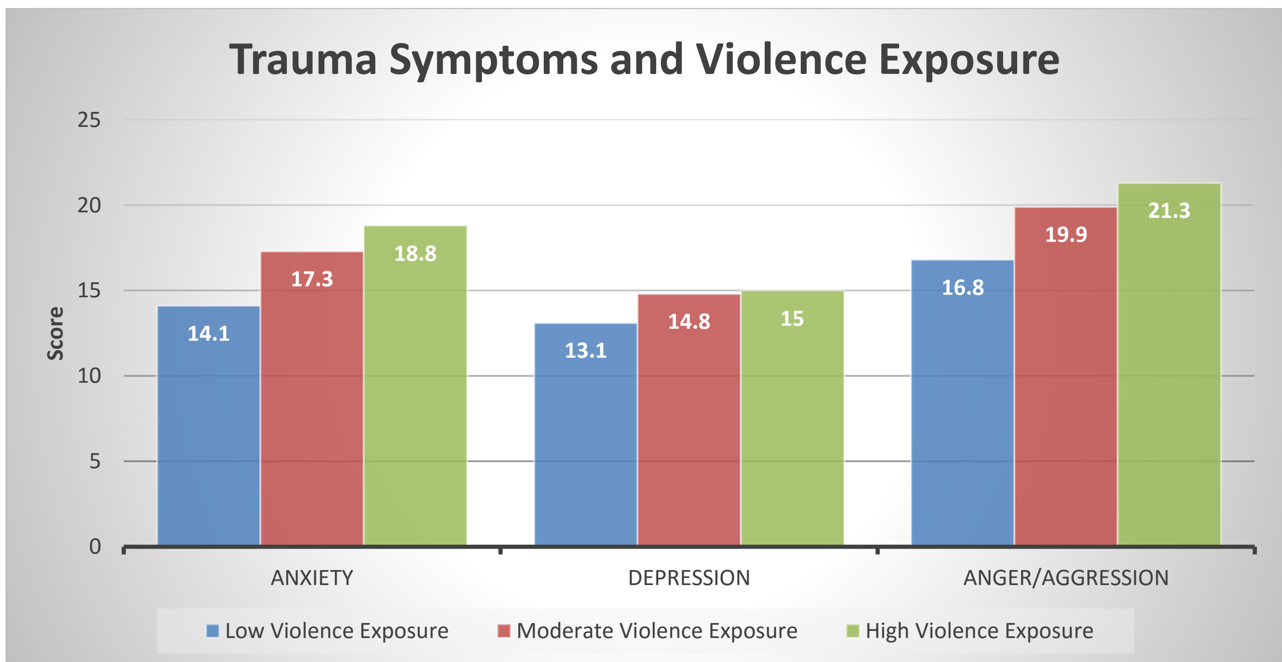


Figure 15. Trauma Symptoms and Violence Exposure: PTSD Domains (0-7)

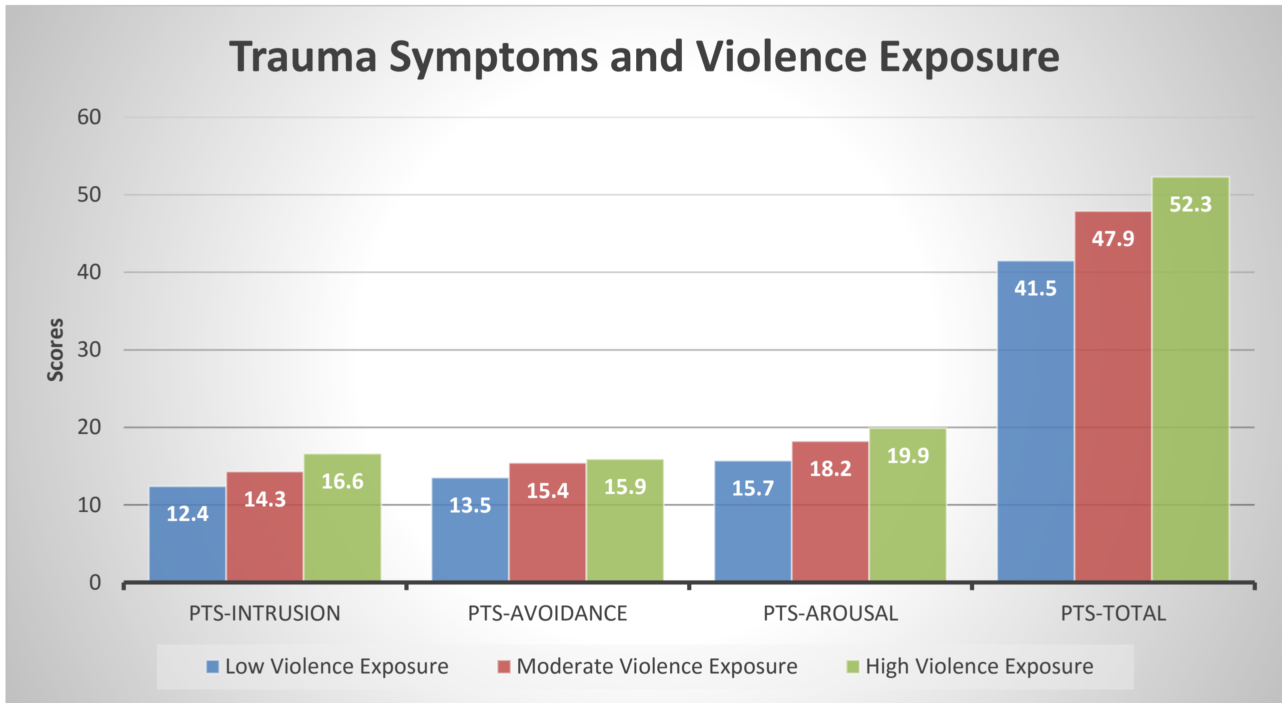
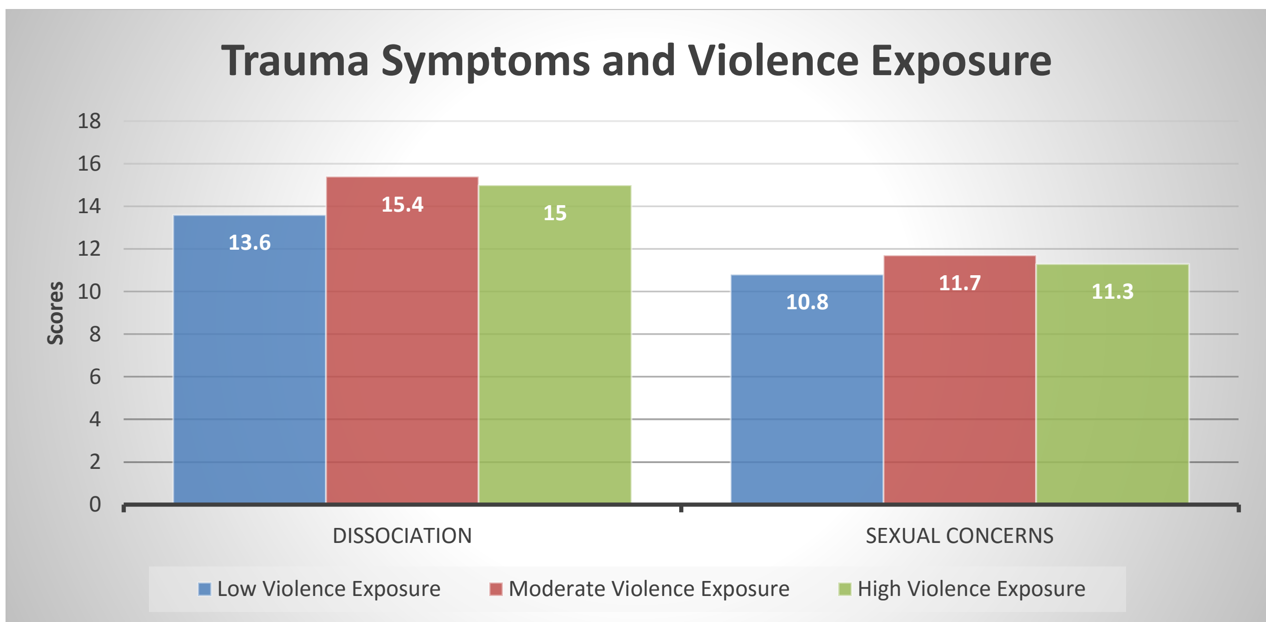


Figure 16 Trauma Symptoms and Violence Exposure: Dissociation and Sexual Concerns (0-7)



Trauma Symptom Checklist for Children

The Trauma Symptom Checklist for Children (TSCC) is a 54-item Likert-type questionnaire containing six subscales designed to measure anxiety, anger, depression, posttraumatic stress, dissociation, and sexual concerns (Briere, 1996). The TSCC has different norms based on age and gender. Table 22 displays the average trauma symptom scores for males in both the national sample and the local CCDCI group and Table 23 displays the scores for females.

Table 22. National and CCDCI Average Scores for Trauma Symptoms for Males

	National Average for Males 8-12	CCDCI Average for Males 8-12	National Average for Males 13 and Older	CCDCI Average for Males 13 and Older
Anxiety	6.1 (SD = 3.8)	7.0 (SD = 4.8)	4.5 (SD = 3.9)	4.7 (SD = 4.9)
Anger	8.8 (SD = 5.1)	8.4 (SD = 5.5)	8.3 (SD = 6.1)	9.5 (SD = 6.2)
Depression	7.0 (SD = 4.0)	6.7 (SD = 4.1)	4.5 (SD = 4.0)	5.1 (SD = 4.5)
Dissociation	7.2 (SD = 4.9)	7.6 (SD = 4.8)	6.2 (SD = 4.9)	7.7 (SD = 5.3)
Posttraumatic Stress	8.6 (SD = 5.3)	9.7 (SD = 4.9)	6.7 (SD = 5.1)	8.0 (SD = 5.8)
Sexual Concerns	2.8 (SD = 3.6)	2.3 (SD = 3.3)	3.8 (SD = 3.3)	4.1 (SD = 3.6)

Table 23. National and CCDCI Average Scores for Trauma Symptoms for Females

	National Average for Females 8-12	CCDCI Average for Females 8-12	National Average for Females 13 and Older	CCDCI Average for Females 13 and Older
Anxiety	7.4 (SD = 4.1)	8.5 (SD = 5.9)	7.0 (SD = 4.7)	7.5 (SD = 5.2)
Anger	8.3 (SD = 5.3)	8.6 (SD = 5.8)	9.3 (SD = 6.3)	10.5 (SD = 6.2)
Depression	7.8 (SD = 4.2)	7.5 (SD = 4.7)	7.9 (SD = 5.5)	9.6 (SD = 5.9)
Dissociation	7.4 (SD = 5.1)	7.9 (SD = 5.4)	7.9 (SD = 5.5)	10.2 (SD = 5.9)
Posttraumatic Stress	9.5 (SD = 5.5)	10.4 (SD = 6.4)	9.9 (SD = 6.4)	11.8 (SD = 6.2)
Sexual Concerns	1.7 (SD = 1.9)	2.8 (SD = 4.3)	3.0 (SD = 2.2)	4.5 (SD = 3.9)

Trauma Symptoms and Violence Exposure

We examined trauma symptoms based on violence exposure groups. For sake of clarity, we did not separate the data by gender and age. **Results indicated that as exposure to violence increased, trauma symptoms increased (see Table 24 and Figure 17 and Figure 18).** For example, the average Anger subscale score for youth in the Low Violence Exposure group was 6.8 while the average Anger subscale score for youth in the High Violence Exposure group was 11.8.

Table 24. Trauma Symptoms and Violence Exposure

	Low Violence Exposure (0-3 on JVQ) (n = 194)	Moderate Violence Exposure (4-6) (n = 198)	High Violence Exposure (7 and over) (n = 158)
Anxiety	6.11	7.58	8.46
Anger	6.80	9.50	11.77
Depression	6.06	7.97	8.88
Dissociation	6.93	8.76	9.98
Posttraumatic Stress	8.50	10.55	12.03
Sexual Concerns	1.98	3.77	4.58

Figure 17. Trauma Symptoms and Violence Exposure: Anger, Anxiety and Depression (8 and older)

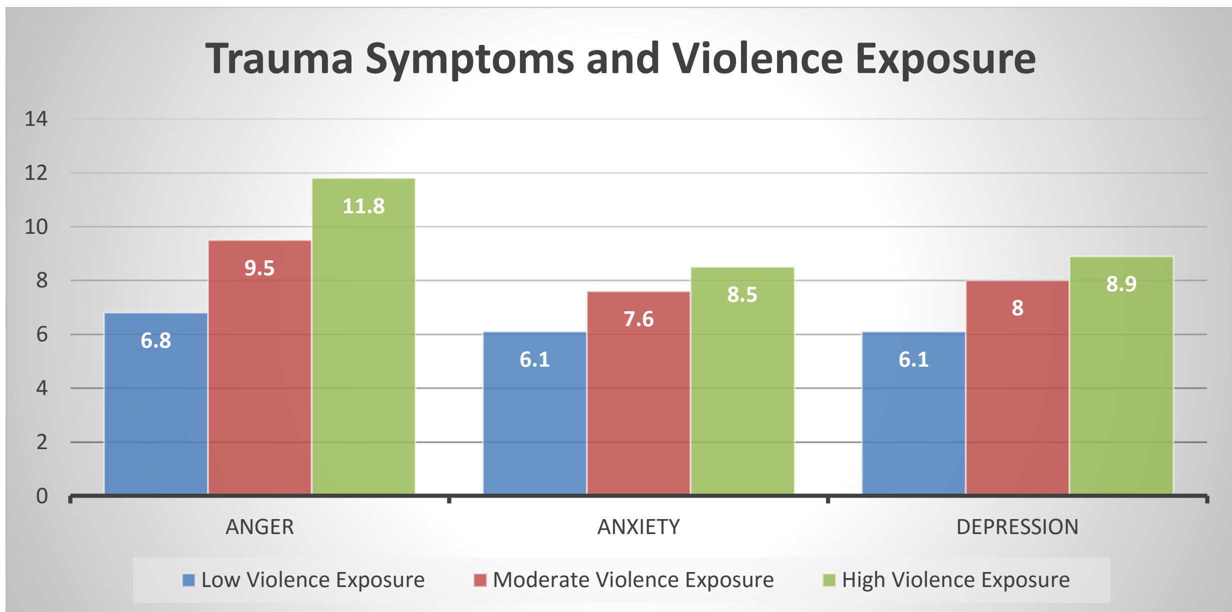
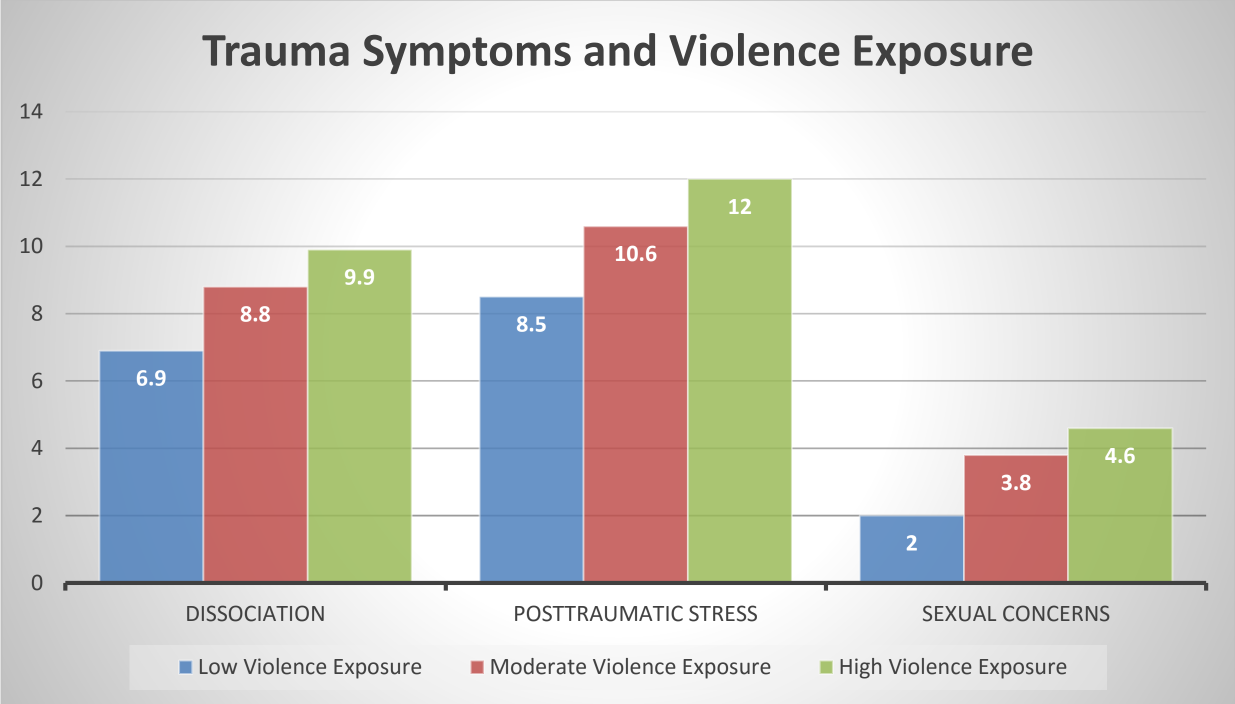


Figure 18. Trauma Symptoms and Violence Exposure: Dissociation, Posttraumatic Stress, Sexual Concerns (8 and older)



Problem Behaviors

Child Behavior Checklist (CBCL) Preschool

The Child Behavior Checklist (CBCL) Preschool (for ages 1-5 years) is a 99-item Likert-type survey composed of eight domains: emotionally reactive, anxious/depressed, somatic complaints, withdrawn, sleep problems, attention problems, aggressive behavior, and other problems. The CBCL Preschool is completed by the caregiver. One hundred seventy-four CBCL Preschool forms were completed during assessment.

Table 25 compares national norms to those from the CCDCI sample. Higher scores indicate greater problems. For each domain, the CCDCI average is higher than the national average. For example, the national average for Aggressive Behavior is 10.4, while the CCDCI sample had an average score of 17.99.

Table 25. Child Behavior Checklist Preschool Averages

	National Averages	CCDCI Averages (N = 174)
Emotionally Reactive	2.4 (SD = 2.2)	5.33 (SD = 3.8)
Anxious/Depressed	2.9 (SD = 2.3)	5.76 (SD = 3.3)
Somatic Complaints	1.8 (SD = 1.9)	2.12 (SD = 2.4)
Withdrawn	1.5 (SD = 1.7)	3.28 (SD = 2.7)
Sleep Problems	2.8 (SD = 2.4)	4.80 (SD = 3.6)
Attention Problems	2.5 (SD = 1.9)	4.52 (SD = 2.7)
Aggressive Behavior	10.4 (SD = 6.4)	17.99 (SD = 10.2)

Problem Behaviors and Violence Exposure

We examined problem behaviors as measured by the CBCL Preschool based on violence exposure groups. Generally, as violence exposure increased, domain scores on the CBCL also increased (see Figure 19 and Figure 20). For example, the average score for the Emotionally Reactive domain for children in the low violence exposure group was 3.8, while the average score for children in the high violence exposure group was 6.7.

Figure 19. Problem Behaviors and Violence Exposure: Internalizing Symptoms (1-5)

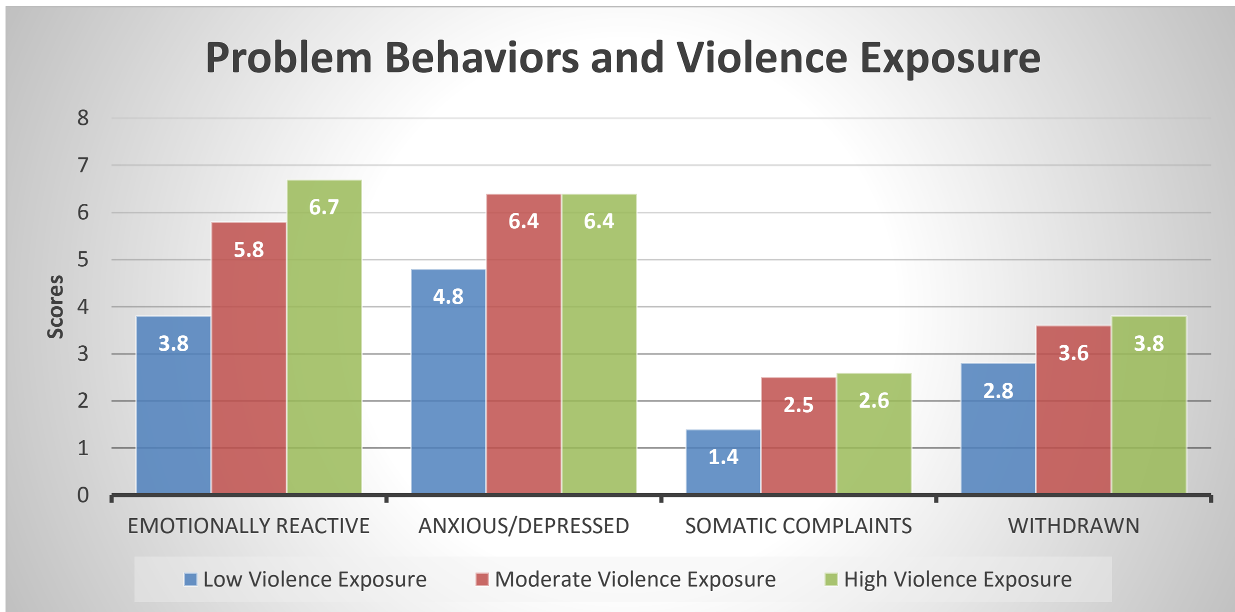


Figure 20. Problem Behaviors and Violence Exposure: Sleep, Attention Problems and Aggressive Behavior (1-5)

Child Behavior Checklist for Ages 6-18

Similar to the CBCL Preschool, the Child Behavior Checklist (CBCL) for Ages 6-18 measures problem behaviors in a 112-item Likert-type survey composed of nine domains: anxious/depressed, withdrawn/depressed, somatic complaints, social problems, thought problems, attention problems, rule-breaking behavior, aggressive behavior, and other problems. This version of the CBCL is also completed by the caregiver. In order to have a domain score, every item in that domain must be completed. At assessment, there was a total of 721 complete CBCL questionnaires.

Table 26 and Table 27 displays the means for the normative sample compared to the means for the CCDCI. The CBCL reports different means for ages (6-11, 12-18) and gender. Results indicated the CCDCI sample reported consistently higher means on each of the domains than the national averages. For example, the national average on the Aggressive Behavior domain for boys 12-18 is 4.7, while the boys aged 12-18 in the CCDCI sample averaged 12.3.

Table 26. Child Behavior Checklist Data for Males

	National Averages Males 6-11	CCDCI Averages Males 6-11	National Averages Males 12-18	CCDCI Averages Males 12-18
Anxious/Depressed	2.8 (SD = 2.7)	5.4 (SD = 4.3)	2.6 (SD = 2.7)	5.4 (SD = 4.7)
Withdrawn/Depressed	1.1 (SD = 1.6)	3.0 (SD = 2.9)	1.9 (SD = 2.2)	4.5 (SD = 3.6)
Somatic Complaints	1.1 (SD = 1.7)	1.8 (SD = 1.9)	1.1 (SD = 1.8)	2.4 (SD = 2.7)
Social Problems	2.4 (SD = 2.6)	4.8 (SD = 4.0)	1.8 (SD = 2.3)	4.6 (SD = 3.7)
Thought Problems	1.8 (SD = 2.0)	4.2 (SD = 4.0)	1.8 (SD = 2.3)	4.4 (SD = 4.3)
Attention Problems	3.8 (SD = 3.4)	7.5 (SD = 4.9)	4.0 (SD = 3.7)	8.6 (SD = 4.9)
Rule-breaking Behavior	1.9 (SD = 2.1)	4.9 (SD = 4.6)	2.8 (SD = 3.4)	8.1 (SD = 6.1)
Aggressive Behavior	4.7 (SD = 4.3)	11.2 (SD = 8.6)	4.7 (SD = 4.8)	12.3 (SD = 8.3)

Table 27. Child Behavior Checklist Data for Females

	National Averages Females 6-11	CCDCI Averages Females 6-11	National Averages Females 12-18	CCDCI Averages Females 12-18
Anxious/Depressed	3.2 (SD = 2.9)	6.0 (SD = 4.9)	3.2 (SD = 3.1)	7.0 (SD = 5.1)
Withdrawn/Depressed	1.4 (SD = 1.7)	3.2 (SD = 3.0)	1.9 (SD = 2.1)	5.2 (SD = 3.5)
Somatic Complaints	1.3 (SD = 1.7)	2.5 (SD = 2.9)	1.4 (SD = 1.9)	3.2 (SD = 3.3)
Social Problems	2.6 (SD = 2.6)	5.2 (SD = 3.9)	1.8 (SD = 2.3)	5.0 (SD = 3.8)
Thought Problems	1.7 (SD = 1.8)	4.1 (SD = 3.9)	1.4 (SD = 1.7)	4.3 (SD = 3.5)
Attention Problems	3.2 (SD = 3.1)	6.6 (SD = 5.0)	2.7 (SD = 3.1)	7.6 (SD = 4.9)
Rule-breaking Behavior	1.6 (SD = 1.8)	4.5 (SD = 4.1)	2.2 (SD = 3.0)	7.5 (SD = 6.3)
Aggressive Behavior	4.5 (SD = 4.3)	11.1 (SD = 8.7)	4.4 (SD = 4.7)	12.3 (SD = 8.8)

Problem Behaviors and Violence Exposure

We examined problem behaviors as measured by the CBCL 6-18 based on violence exposure groups (see Figure 21 and Figure 22). For sake of clarity, we did not separate the data by age and gender. Results indicated that as violence exposure increased, domain scores on the CBCL also increased. For example, the average Anxious/Depressed score for children in the Low Violence Exposure group was 4.1 while the average score for children in the High Violence Exposure group was 7.2.

Figure 21. CBCL Domain Scores and Violence Exposure: Anxious/Depressed, Withdrawn/Depressed, Somatic Complaints and Social Problems (6-18)

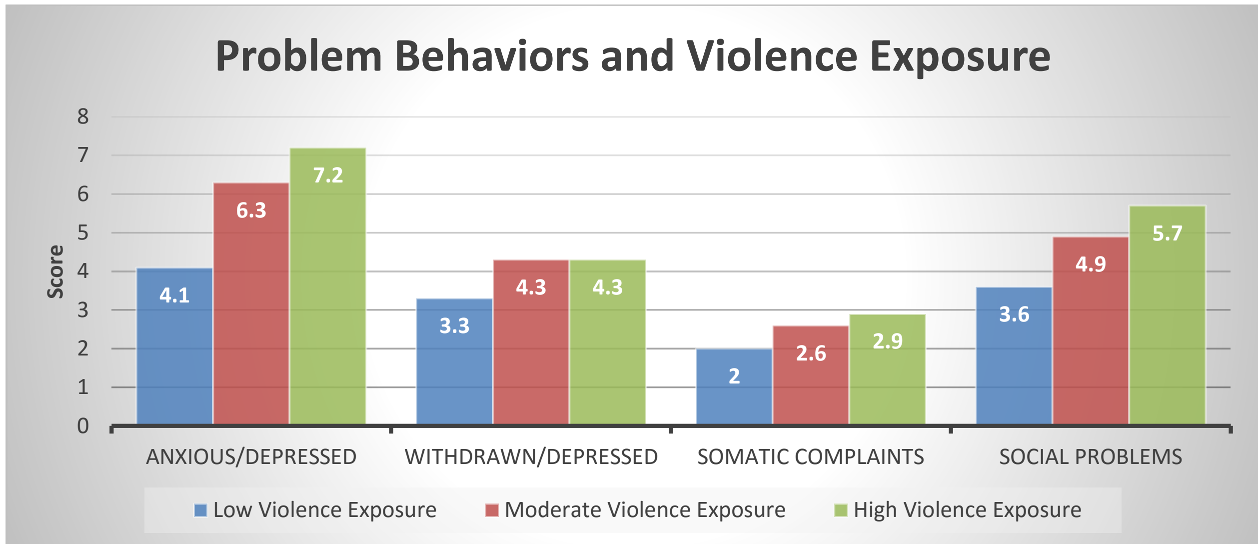
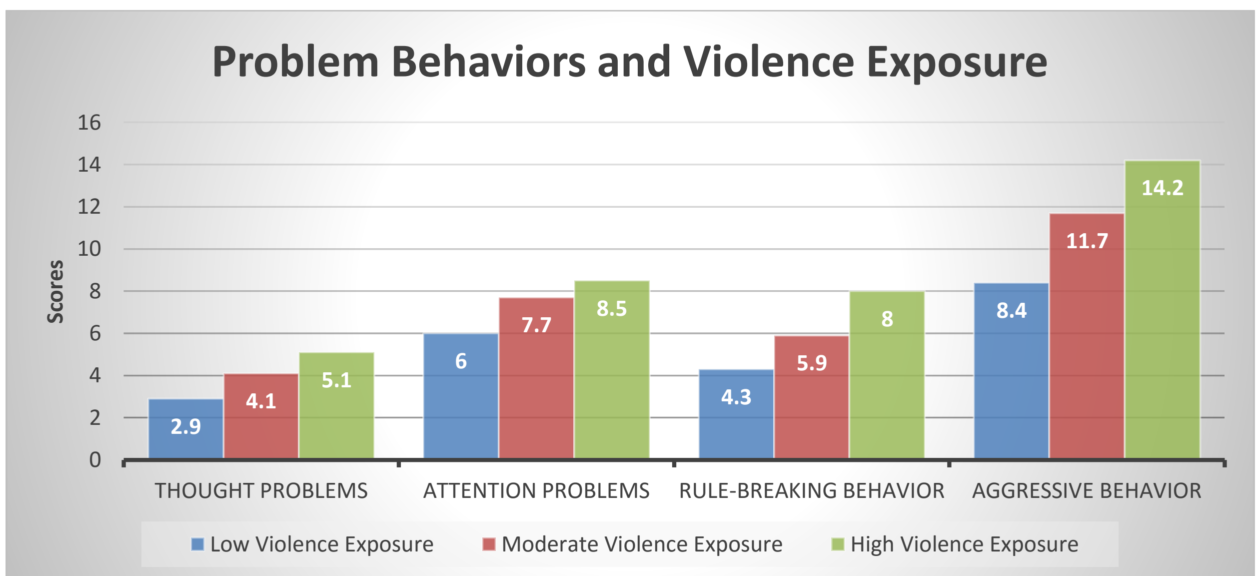


Figure 22. CBCL Domain Scores and Violence Exposure: Thought Problems, Attention Problems, Rule-Breaking Behavior and Aggressive Behavior (6-18)



Treatment Outcomes

Children and families who were referred to and participated in trauma-informed treatment completed surveys upon completion of services. These instruments were identical to those used during the assessment process and were used to determine the effectiveness of treatment services. These data were collected by the treatment agency and transferred to the evaluators at the Begun Center.

According to data provided by FrontLine Service, 870 were referred for trauma-informed treatment between July 2012 and October 2015. Of the youth who have completed treatment, 265 termination forms were completed by the treatment agencies. More females (56.2%, n = 149) received treatment services than males (43.8%, n = 116). The average age of youth who completed services was 11.0 years old (SD = 4.1). The termination form contains information related to number of treatment sessions and hours provided, whether the youth completed treatment successfully, and the length of services. Based on 265 termination forms, 4,976 treatment sessions (an average of 18.8 per youth) were delivered by contracted treatment agencies as part of CCDCI. This translated to 6,897 hours of treatment (an average of 26.0 per youth).

Nearly 50 percent (48.3%, n = 128) of youth completed treatment successfully. Sixteen percent (16.1%, n = 43) were withdrawn from treatment services. Over 27 percent (27.5%, n = 73) terminated for 'other reasons' – the majority of those youth disengaged from treatment service. The average length of services was 161.8 (SD = 97.9) days. Table 28 displays the treatment agencies that provided services through CCDCI based on closed cases. Table 29 reports the frequency of treatment types for closed cases delivered through CCDCI.

Table 28. Agencies Providing CCDCI Treatment Services – Closed Cases

Treatment Agency	Frequency
Applewood	21.1% (n = 56)
Beech Brook	14.3 % (n = 38)
Bellefaire	4.2% (n = 11)
Catholic Charity	28.7% (n = 76)
Cleveland Christian Home	4.2% (n = 11)
DCFS	4.9% (n = 13)
FrontLine Service	22.3% (n = 59)

Table 29. CCDCI Treatment Models – Closed Cases

CCDCI Treatment Model	Frequency
Alternatives for Families: Cognitive Behavioral Therapy (AF-CBT)	6.0% (n = 16)
Multisystemic Therapy (MST)	8.7% (n = 23)
Parent Child Interaction Therapy (PCIT)	6.0% (n = 16)
Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)	1.1% (n = 3)
Trauma-focused Cognitive Behavioral Therapy (TF-CBT)	77.0% (n = 204)

Violence Exposure

The Juvenile Victimization Questionnaire (JVQ) was used at both assessment and the end of treatment to examine exposure to violence. At assessment, the JVQ asked about 'past year' exposure. At termination, the JVQ asked about violence exposure 'since your assessment'. The JVQ is completed by the caregiver for children 7 years old and younger. Children aged 8 and older complete the JVQ as a self-report. Table 30 displays the percentage of youth who reported violence exposure at assessment and at termination from treatment. In order to be included in the pre/post analyses, a completed JVQ must be present at both assessment and termination from services.

Among youth who had a completed JVQ at both assessment and termination, McNemar's Test for paired samples was conducted to determine whether there is a statistically significant difference between proportions at assessment and termination (see Table 30). Prevalence at assessment and termination are presented, along with total number of youth in each test. For ten of the items, statistical testing could not be conducted due to small sample sizes. Statistically significant results are represented graphically in Figure 23.

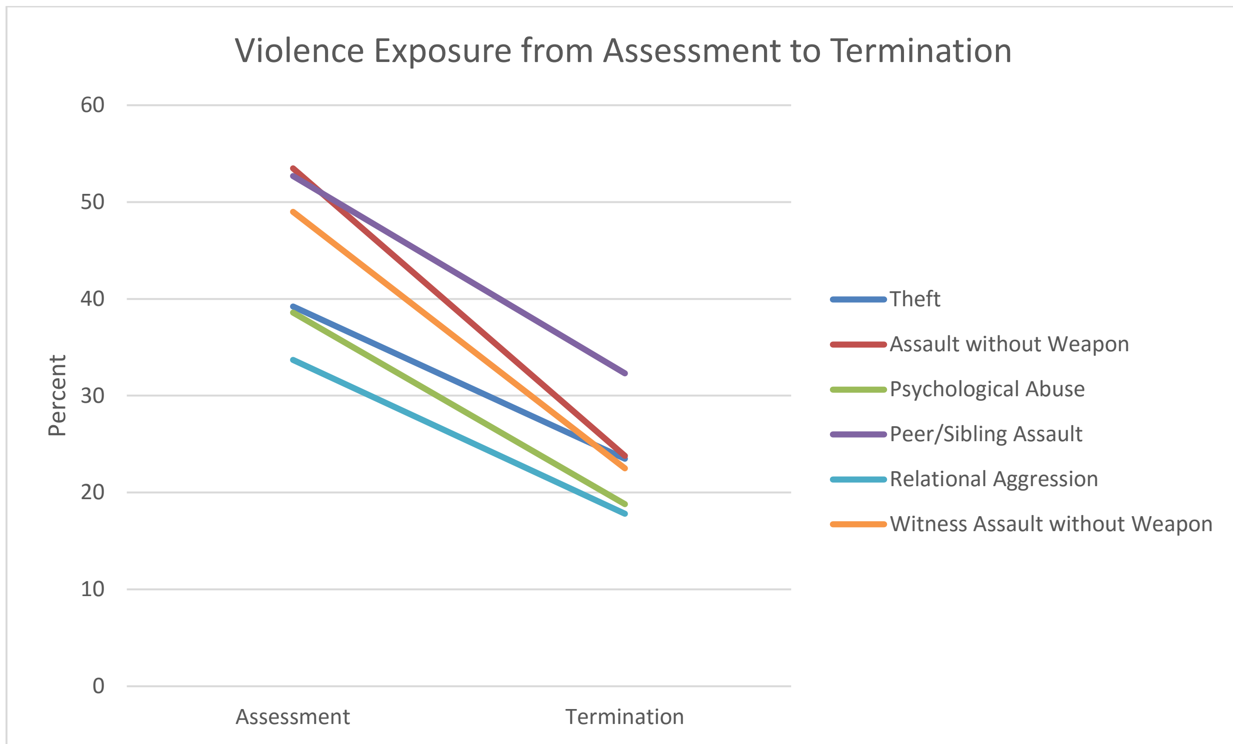
Youth reported a statistically lower prevalence of six victimization types from assessment to termination: experiencing theft decreased from 39.2% to 23.5%, being assaulted without a weapon decreased from 53.5% to 23.8%, being psychologically abused decreased from 38.6% to 18.8%, being assaulted by a peer/sibling decreased from 52.7% to 32.3%, experiencing relational aggression decreased from 33.7% to 17.8%, and witnessing an assault without weapon decreased from 49.0% to 22.5%.

Table 30. Exposure to Violence at Assessment and Termination

	Assessment (% Yes)	Termination (% Yes)	Total N
Theft	39.2%	23.5%	102*
Assault with Weapon	24.5%	5.9%	102[a]
Assault without Weapon	53.5%	23.8%	101***
Psychological Abuse	38.6%	18.8%	101**
Gang Attack	17.6%	7.8%	102[a]
Peer/Sibling Assault	52.7%	32.3%	93**
Relational Aggression	33.7%	17.8%	101**
Sexual Assault Known Adult	14.7%	1.0%	102[a]
Sexual Assault Stranger	5.9%	1.0%	101[a]
Witness Domestic Violence	36.3%	8.8%	102[a]
Witness Assault with Weapon	25.5%	7.8%	102[a]
Witness Assault without Weapon	49.0%	22.5%	102***
Exposure to Shooting, Bombs, Riots	34.0%	12.0%	100[a]
Physical Abuse	20.4%	8.2%	98[a]
Physical Intimidation	27.7%	12.9%	101[a]
Someone Close Murdered	18.0%	10.0%	100[a]

*< .05, **< .01, ***< .001, [a]Statistical testing not available due to small cell sizes

Figure 23. Changes in Exposure to Violence over Time



Trauma Symptoms

Trauma Symptom Checklist for Young Children

Depending on the age of the child, one of two trauma surveys was used. Caregivers of younger children completed the Trauma Symptom Checklist for Young Children (TSCYC) while older youth completed the Trauma Symptom Checklist for Children. The following results are specific to the TSCYC.

Mean domain scores at assessment and termination can be found in Table 31. In order to have a domain score, every item in that domain must be completed. At assessment, there was a total of 232 complete TSCYC questionnaires. At termination, there was a total of 43 complete TSCYC questionnaires.

Paired samples t-tests were conducted to demonstrate whether TSCYC domain scores differed significantly from assessment to termination. In order to be included in the statistical tests, children had to have a completed TSCYC at both assessment and termination. Sixteen youth had both assessment and termination TSCYC questionnaires. Figure 24 and Figure 25 display the domain scores from assessment to termination for this sample.

Results from the paired samples t-tests indicated that there was a significant reduction in symptoms on every domain except for Dissociation and Sexual Concerns (see Table 32). Statistically significant improvements were found on the Anxiety domain; $t(16) = 3.92$, $p < .001$, Depression domain; $t(16) = 3.49$, $p < .01$, Anger/Aggression domain; $t(16) = 3.62$, $p < .01$, PTS intrusion subscale; $t(16) = 3.07$,

p < .01, PTS avoidance subscale; $t(16) = 3.41$, $p < .01$, PTS arousal subscale; $t(16) = 3.59$, $p < .01$, and PTS domain; $t(16) = 3.65$, $p < .01$.

Table 31. Trauma Symptoms at Assessment and Termination

	Assessment			Termination		
	M	SD	n	M	SD	n
Anxiety	16.06	5.32	236	13.28	3.83	43
Depression	13.77	4.21	235	12.81	4.17	43
Anger/Aggression	18.94	7.09	236	14.40	4.68	43
PTS - Intrusion	13.41	4.68	233	12.28	3.28	43
PTS - Avoidance	14.18	4.74	234	13.02	4.21	43
PTS - Arousal	17.67	5.40	236	15.16	5.46	43
PTS (Total)	45.19	12.17	232	40.47	11.20	43
Dissociation	14.47	5.57	236	12.67	4.10	43
Sexual Concerns	10.86	3.18	236	10.02	2.01	43

Table 32. Paired Samples T-tests of Trauma Symptoms over Time

	Assessment	Termination	*t*	d
Anxiety	19.94 (SD = 6.08, n = 16)	15.19 (SD = 4.39, n = 16)	3.92^{***}	15
Depression	14.88 (SD = 3.42, n = 16	12.56 (SD = 3.12, n = 16)	3.49^{**}	15
Anger/Aggression	19.44 (SD = 7.67, n = 16)	15.00 (SD = 5.02, n = 16)	3.62^{**}	15
PTS - Intrusion	16.56 (SD = 3.86, n = 16)	13.38 (SD = 3.26, n = 16)	3.07^{**}	15
PTS - Avoidance	17.38 (SD = 5.48, n = 16)	13.25 (SD = 4.10, n = 16)	3.41^{**}	15
PTS - Arousal	20.19 (SD = 5.44, n = 16)	15.75 (SD = 5.53, n = 16)	3.59^{**}	15
PTS (Total)	54.13 (SD = 13.19, n = 16)	42.38 (SD = 11.27, n = 16)	3.65^{**}	15
Dissociation	15.50 (SD = 4.16, n = 16)	13.00 (SD = 3.86, n = 16)	1.92	15
Sexual Concerns	12.06 (SD = 3.47, n = 16)	10.06 (SD = 1.84, n = 16)	2.00	15

$^{**}P < .01$, $^{***}P < .001$

Figure 24. Trauma Symptoms over Time

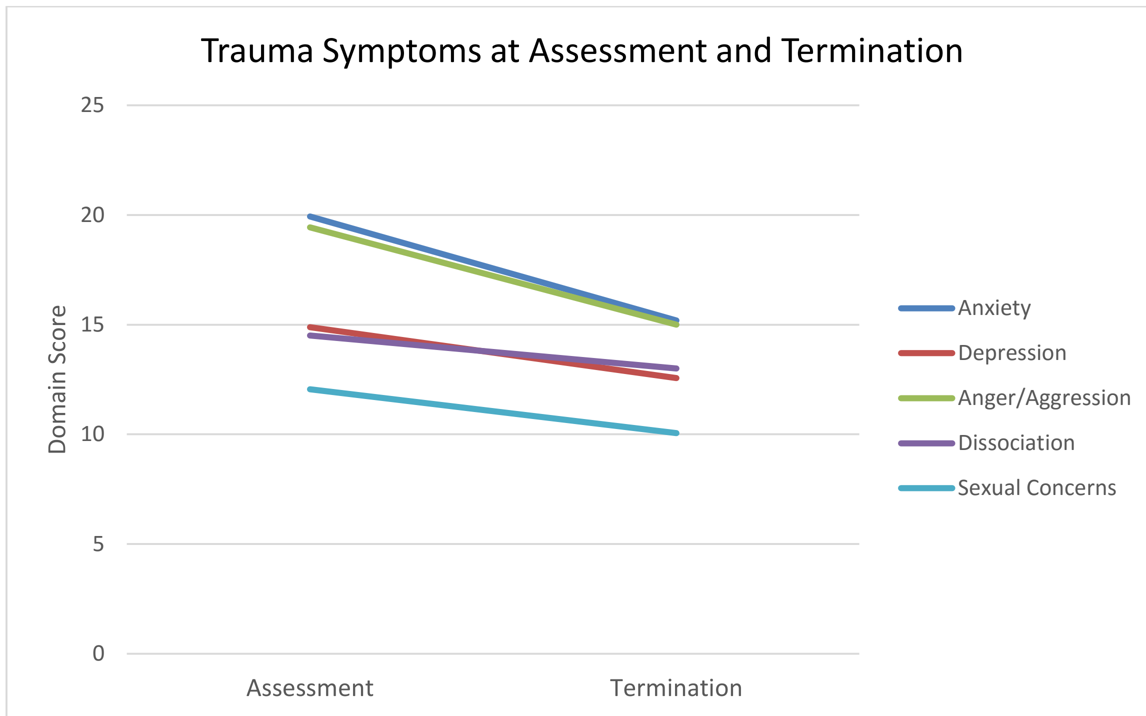
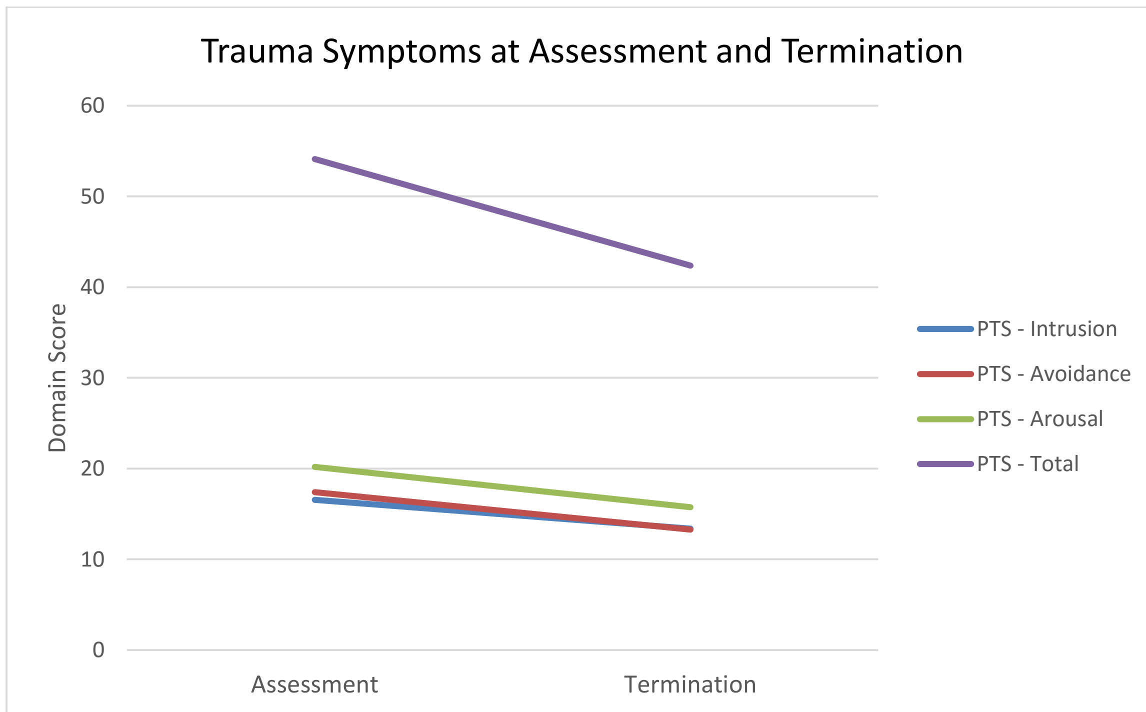


Figure 25. Trauma Symptoms over Time



Trauma Symptom Checklist for Children (TSCC)

Mean domain scores for the TSCC at assessment and termination are reported below. Table 33 presents all data collected at assessment and at termination. Table 34 presents data for those youth who had both a completed assessment TSCC and a completed termination TSCC. Paired-samples t-tests were conducted to show whether means at assessment and termination on each TSCC subscale differed significantly. Data related to paired samples t-tests are presented for youth who had completed the TSCC at both assessment and termination.

For all youth, **results from paired samples t-tests indicated that there were significant symptom reductions on all subscales except Sexual Concerns from assessment to termination** (see Table 34 and Figure 26). Statistically significant improvements were found on the Anxiety domain; $t(55) = 4.95$, $p < .001$, the Depression domain; $t(55) = 3.59$, $p < .01$, Anger domain; $t(55) = 2.51$, $p < .05$, PTSD domain; $t(55) = 5.63$, $p < .001$, and the Dissociation domain $t(55) = 4.47$, $p < .001$.

Table 33. Trauma Symptoms at Assessment and Termination

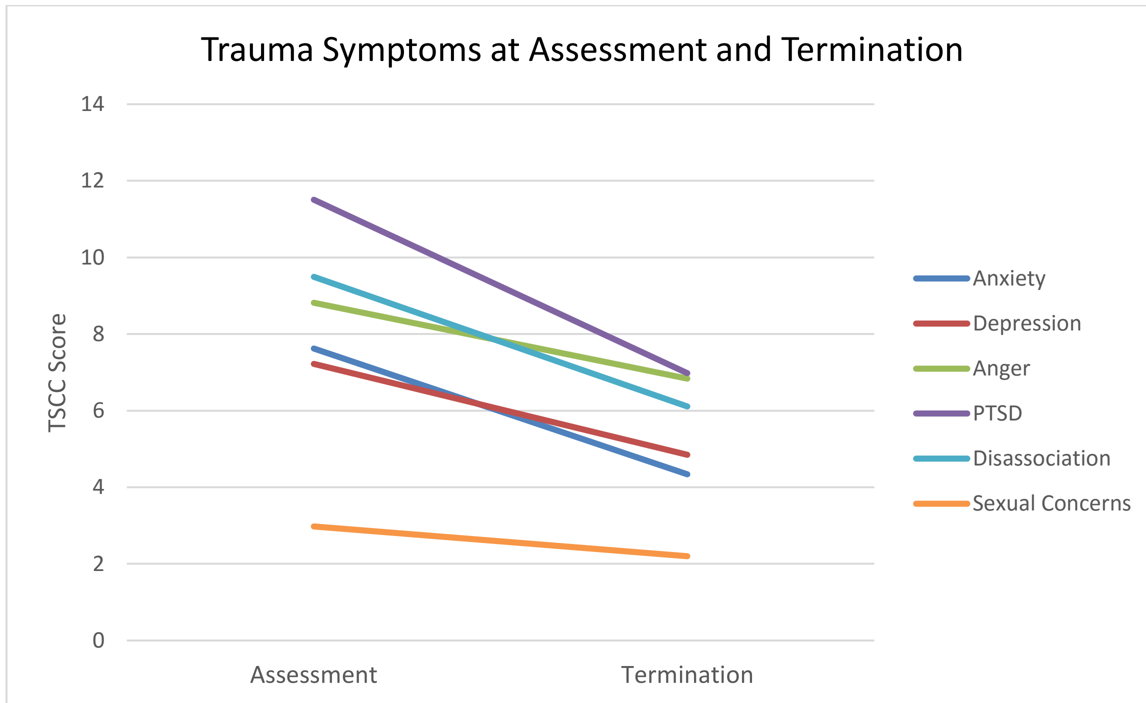
	Assessment			Termination		
	M	SD	n	M	SD	n
Anxiety	7.48	4.78	482	4.76	3.57	98
Depression	7.96	5.02	482	5.26	3.87	98
Anger	9.81	5.83	482	6.73	4.76	98
PTSD	10.68	5.69	482	7.53	5.05	98
Disassociation	8.67	5.27	482	6.33	4.39	98
Sexual Concerns	3.46	3.82	480	2.93	3.78	91

Table 34. Paired Samples T-tests of Trauma Symptoms over Time

	Assessment	Termination	t	d
Anxiety	7.62 (SD = 4.49, n = 55)	4.34 (SD = 3.17, n = 55)	4.95^{***}	54
Depression	7.22 (SD = 3.05, n = 55)	4.85 (SD = 3.62, n = 55)	3.59^{**}	54
Anger	8.82 (SD = 5.34, n = 55)	6.84 (SD =5.48, n = 55)	2.51^{*}	54
PTSD	11.51 (SD = 5.05, n = 55)	6.98 (SD = 4.49, n = 55)	5.63^{***}	54
Disassociation	9.49 (SD = 5.10, n = 55)	6.11 (SD = 4.11, n = 55)	4.47^{***}	54
Sexual Concerns	2.98 (SD = 4.35, n = 55)	2.20 (SD = 2.36, n = 55)	1.31	54

$^{*}P < .05$, $^{**}P < .01$, $^{***}P < .001$

Figure 26. Trauma Symptoms over Time



Behavior Problems

Child Behavior Checklist Preschool

Table 35 shows the mean domain scores on the CBCL Preschool at assessment and termination. At assessment, there were a total of 174 complete CBCL Preschool questionnaires. At termination, there was a total of 12 complete CBCL Preschool questionnaires.

Paired samples t-tests were conducted to show whether CBCL Preschool domain scores differed significantly from assessment to termination (see Table 36). In order to be included in the statistical tests, youth had to complete the CBCL Preschool at both assessment and termination. This resulted in a sample size of 12 children. Figure 27 and Figure 28 display the domain scores from assessment to termination for this sample.

Results from the paired samples t-tests indicated that there was a significant reduction in CBCL Preschool problem behaviors on all domains from assessment to termination with the exception of somatic complaints (Table). Statistically significant improvements were found on the Emotionally Reactive domain; $t(11) = 3.84$, $p < .01$, the Anxious/Depressed domain; $t(11) = 3.98$, $p < .01$, the Withdrawn domain; $t(11) = 3.00$, $p < .05$; the Sleep Problems domain; $t(11) = 2.39$, $p < .05$, the Attention Problems domain; $t(11) = 2.96$, $p < .05$, the Aggressive Problems domain; $t(11) = 3.79$, $p < .01$, and the Other Problems domain; $t(11) = 6.36$, $p < .001$.

Table 35. Child Behavior Checklist Preschool Domain Scores at Assessment and Termination

	Assessment			Termination		
	M	SD	n	M	SD	n
Emotionally Reactive	5.33	3.82	174	3.5	2.24	12
Anxious/Depressed	5.76	3.33	174	4.25	2.63	12
Somatic Complaints	2.12	2.43	174	2.08	2.57	12
Withdrawn	3.28	2.73	174	2.17	1.75	12
Sleep Problems	4.80	3.56	174	3.83	2.76	12
Attention Problems	4.52	2.72	174	2.83	2.41	12
Aggressive Behavior	17.99	10.24	174	12.33	6.61	12
Other Problems	14.33	9.18	174	9.25	5.64	12

Table 36. Paired Samples T-Tests for Child Behavior Checklist Preschool Domain Scores

	Assessment	Termination	t	d
Emotionally Reactive	6.67 (SD = 3.67, n = 12)	3.5 (SD = 2.24, n = 12)	3.84**	11
Anxious/Depressed	7.50 (SD = 2.19, n = 12)	4.25 (SD = 2.63, n = 12)	3.98**	11
Somatic Complaints	3.33 (SD = 3.11, n = 12)	2.08 (SD = 2.57, n = 12)	1.11	11
Withdrawn/Depressed	3.67 (SD = 2.42, n = 12)	2.17 (SD = 1.75, n = 12)	3.00*	11
Sleep Problems	5.67 (SD = 3.26, n = 12)	3.83 (SD = 2.76, n = 12)	2.39*	11
Attention Problems	4.58 (SD = 2.54, n = 12)	2.83 (SD = 2.41, n = 12)	2.96*	11
Aggressive Behavior	20.5 (SD = 8.84, n = 12)	12.3 (SD = 6.61, n = 12)	3.79**	11
Other Problems	16.41 (SD = 5.23, n = 12)	9.25 (SD = 5.64, n = 12)	6.36***	11

*< .05, **< .01, ***< .001

Figure 27. Child Behavior Checklist Domain Scores over Time

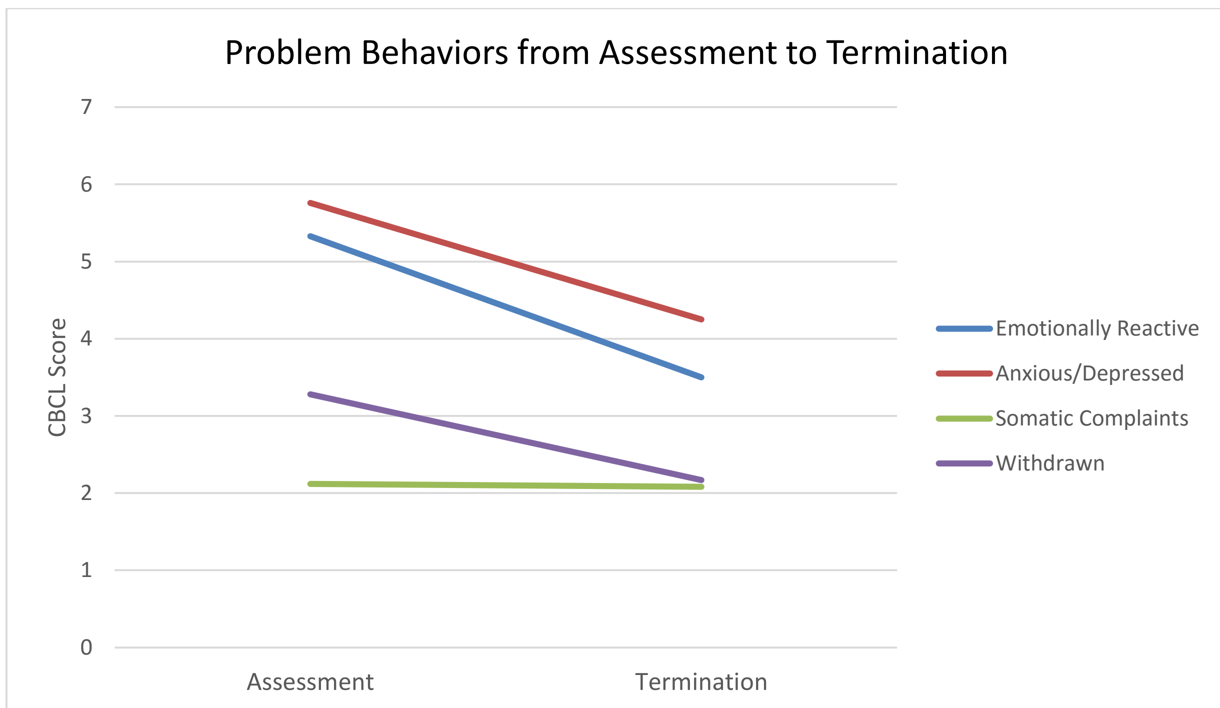
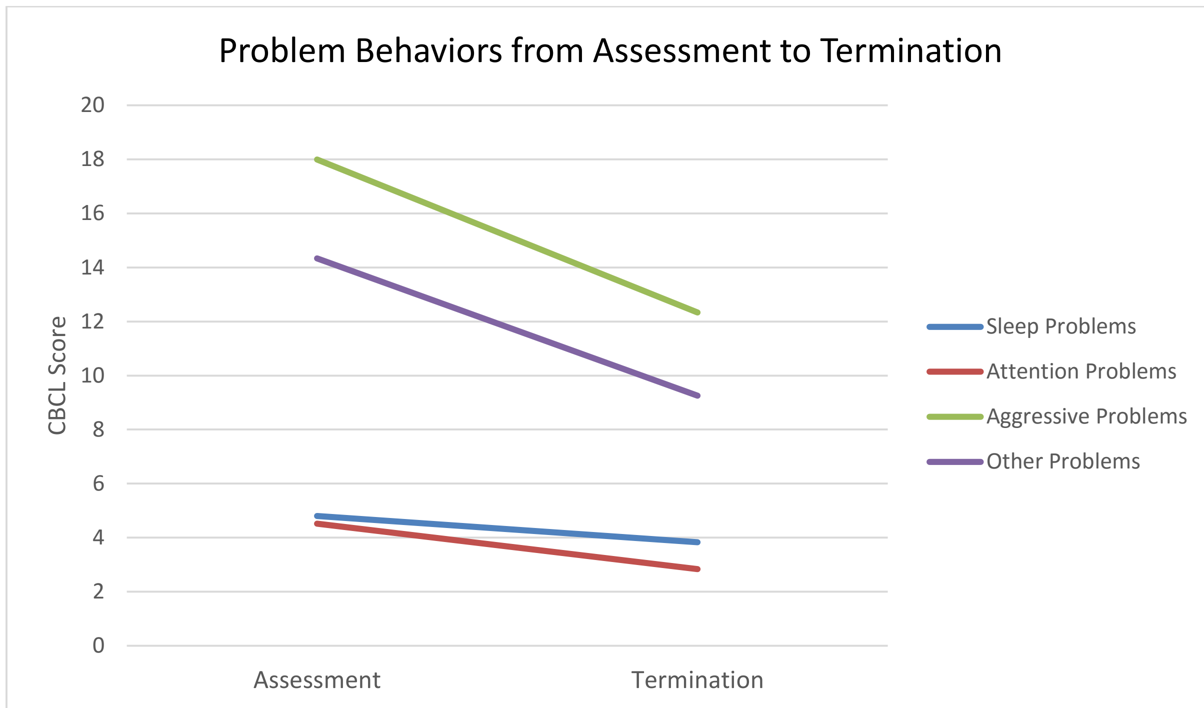


Figure 28. Child Behavior Checklist Domain Scores over Time



Child Behavior Checklist for Ages 6-18

Similar to the CBCL Preschool, the Child Behavior Checklist (CBCL) for Ages 6-18 measures problem behaviors in a 112-item Likert-type survey composed of nine domains: Anxious/Depressed, Withdrawn/Depressed, Somatic Complaints, Social Problems, Thought Problems, Attention Problems, Rule-breaking Behavior, Aggressive Behavior, and Other Problems. The CBCL was administered at assessment and termination from CCDCI.

Mean domain scores at assessment and termination can be found in Table 37. In order to have a domain score, every item in that domain must be completed. At assessment, there was a total of 721 complete CBCL questionnaires. At termination, there was a total of 110 complete CBCL questionnaires.

Paired samples t-tests were conducted to show whether CBCL domain scores differed significantly from assessment to termination (see Table 38). In order to be included in the statistical tests, youth had to complete the CBCL at both assessment and termination. Eighty-three youth had both assessment and termination CBCL domain scores. Figure 29 and Figure 30 display the domain scores from assessment to termination for this sample.

Results from the paired samples t-tests indicated that there was a significant reduction in CBCL problem behaviors for Ages 6-18 on all domains from assessment to termination (see Table 38). Statistically significant improvements were found on the Anxious/Depressed domain; $t(82) = 5.81$, $p < .001$, Withdrawn/Depressed domain; $t(82) = 5.17$, $p < .001$, Somatic Complaints; $t(82) = 3.54$, $p < .01$,

Social Problems; $t(82) = 5.03$, $p < .001$, Thought Problems; $t(82) = 5.53$, $P < .01$, Attention Problems; $t(82) = 3.80$, $p < .01$, Rule-breaking Behavior; $t(82) = 3.53$, $p < .01$, Aggressive Behavior; $t(82) = 5.22$, $p < .001$, and Other Problems; $t(82) = 4.94$, $p < .01$.

Table 37. Child Behavior Checklist 6-18 Domain Scores at Assessment and Termination

	Assessment			Termination		
	M	SD	n	M	SD	n
Anxious/Depressed	6.11	4.93	721	3.62	3.86	110
Withdrawn/Depressed	4.07	3.44	721	2.66	2.94	110
Somatic Complaints	2.56	2.89	721	1.76	2.11	110
Social Problems	4.95	3.91	721	2.99	3.05	110
Thought Problems	4.22	3.92	721	2.09	2.25	110
Attention Problems	7.58	4.95	721	5.84	4.33	110
Rule-Breaking Behavior	6.35	5.71	721	4.04	4.74	110
Aggressive Behavior	11.97	8.66	721	7.47	7.03	110
Other Problems	5.20	3.60	721	3.49	3.34	110

Table 38. Paired Samples T-Tests for Child Behavior Checklist 6-18 Domain Scores

	Assessment	Termination	*t*	d
Anxious/Depressed	5.75 (SD = 4.48, n = 83)	3.00 (SD = 3.55, n = 83)	5.81***	82
Withdrawn/Depressed	4.13 (SD = 3.81, n = 83)	2.36 (SD = 2.94, n = 83)	5.17***	82
Somatic Complaints	2.67 (SD = 2.82, n = 83)	1.65 (SD = 1.95, n = 83)	3.54**	82
Social Problems	4.01 (SD = 3.63, n = 83)	2.45 (SD = 2.57, n = 83)	5.03***	82
Thought Problems	3.83 (SD = 3.51, n = 83)	1.89 (SD = 2.23, n = 83)	5.53**	82
Attention Problems	6.92 (SD = 4.38, n = 83)	5.46 (SD = 4.25, n = 83)	3.80**	82
Rule-Breaking Behavior	5.58 (SD = 5.78, n = 83)	3.92 (SD = 5.02, n = 83)	3.53**	82
Aggressive Behavior	10.48 (SD = 7.95, n = 83)	6.97 (SD = 7.09, n = 83)	5.22***	82
Other Problems	4.95 (SD = 3.65, n = 83)	3.29 (SD = 3.15, n = 83)	4.94**	82

*< .05, **< .01, ***< .001

Figure 29. CBCL 6-18 Domain Scores over Time

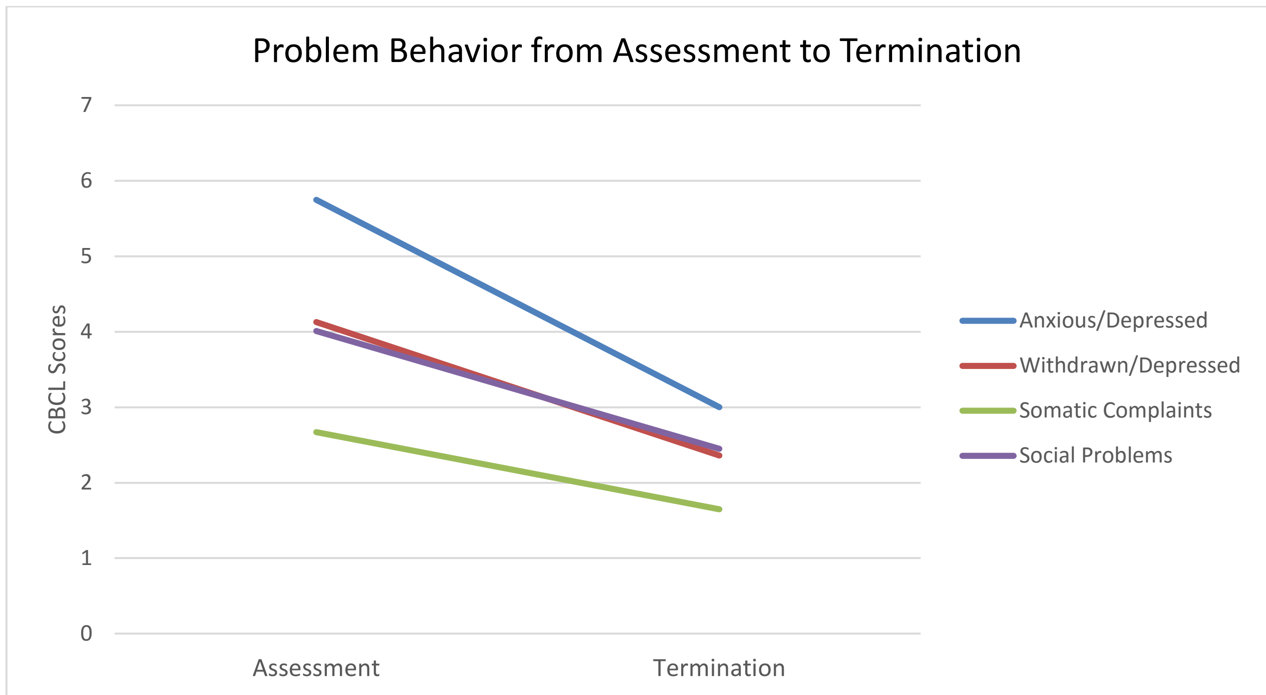
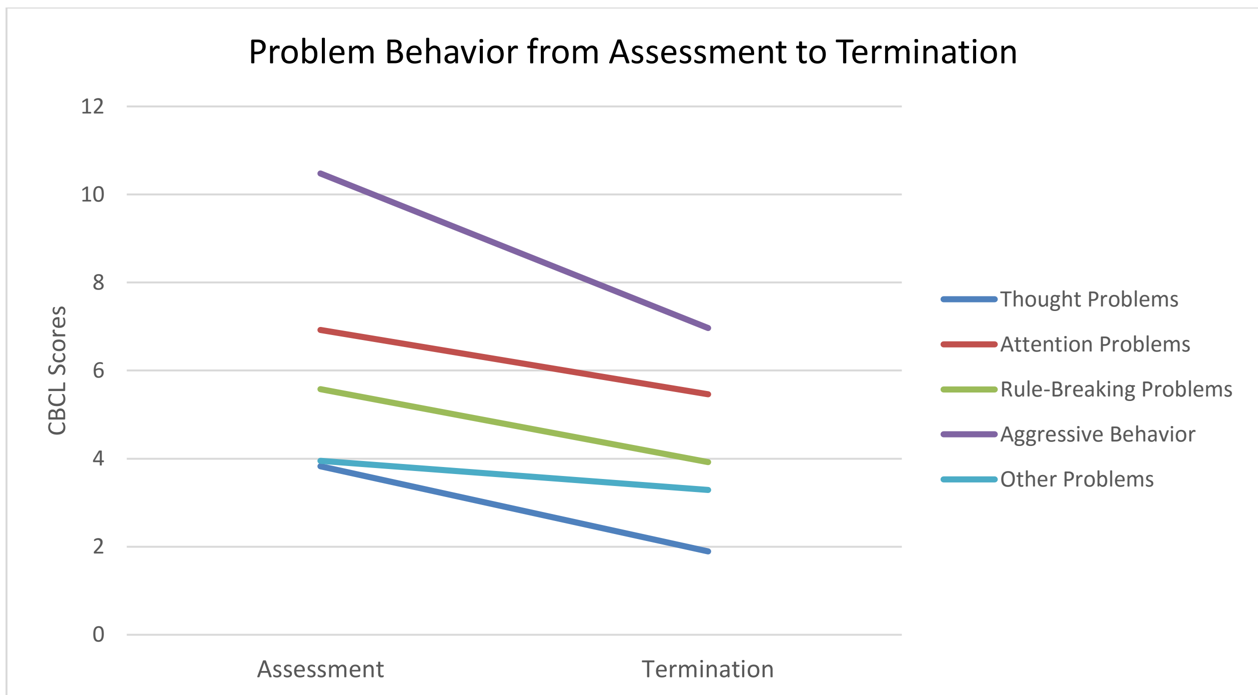


Figure 30. CBCL 6-18 Domain Scores over Time



Child Behavior Checklist 6-18 Scores and Gender

We examined the impact of trauma-informed treatment on behavior problems for males and females (see Table 39 and Table 40) . Thirty-five males and 46 females completed both an assessment and termination CBCL. Males showed significant improvement on nearly all domains, including the Anxious/Depressed domain; $t(35) = 3.98$, $p < .001$, Withdrawn/Depressed domain; $t(35) = 3.80$, $p < .01$, Social Problem domain; $t(35) = 3.86$, $p < .001$, Thought Problems domain; $t(35) = 2.95$, $p < .01$, Rule-breaking Behavior domain; $t(35) = 2.04$, $p < .05$, Aggressive Behavior domain; $t(35) = 3.65$, $p < .01$, and the Other Problems domain; $t(35) = 2.23$, $p < .05$ (see Table 41 and Figure 31 and Figure 32).

Females demonstrated a significant decrease in problem behaviors from assessment to termination on all domains: Anxious/Depressed domain; $t(45) = 4.46$, $p < .001$, Withdrawn/Depressed domain; $t(45) = 3.32$, $p < .01$, Somatic Complaints domain; $t(45) = 2.59$, $p < .05$, Social Problems domain; $t(45) = 3.34$, $p < .01$, Thought Problems domain; $t(45) = 4.73$, $p < .001$, Attention Problems domain; $t(45) = 3.40$, $p < .01$, Rule-breaking Behavior domain; $t(45) = 2.82$, $p < .01$, Aggressive Behavior domain; $t(45) = 3.54$, $p < .01$, and Other Problems domain; $t(45) = 4.36$, $p < .001$ (see Table 42 and Figure 33 and Figure 34).

Table 39. CBCL 6-18 Domain Scores over Time for Males

	Assessment			Termination		
	M	SD	n	M	SD	n
Anxious/Depressed	5.41	4.56	307	3.51	3.62	45
Withdrawn/Depressed	3.70	3.37	307	2.98	3.37	45
Somatic Complaints	2.06	2.32	307	1.44	1.76	45
Social Problems	4.70	3.87	307	2.56	2.53	45
Thought Problems	4.17	4.10	307	2.04	2.19	45
Attention Problems	7.96	4.93	307	6.22	4.37	45
Rule-Breaking Behavior	6.32	5.59	307	3.78	4.68	45
Aggressive Behavior	11.91	8.62	307	7.53	7.36	45
Other Problems	4.98	3.58	307	3.53	3.32	45

Table 40. CBCL 6-18 Domain Scores over Time for Females

	Assessment			Termination		
	M	SD	n	M	SD	n
Anxious/Depressed	6.52	5.06	392	3.19	3.52	56
Withdrawn/Depressed	4.32	3.48	392	2.43	2.76	56
Somatic Complaints	2.90	3.17	392	1.91	2.31	56
Social Problems	5.07	3.90	392	3.12	3.26	56
Thought Problems	4.17	3.70	392	1.80	2.11	56
Attention Problems	7.23	5.02	392	5.05	4.31	56
Rule-Breaking Behavior	6.27	5.67	392	3.66	4.49	56
Aggressive Behavior	11.82	8.76	392	7.16	7.10	56
Other Problems	5.27	3.54	392	3.21	3.33	56

Table 41. Paired Samples T-Tests for Child Behavior Checklist 6-18 Domain Scores - Males

	Assessment	Termination	*t*	d
Anxious/Depressed	5.83 (SD = 4.69, n = 35)	2.77 (SD = 3.18, n = 35)	3.98***	34
Withdrawn/Depressed	4.51 (SD = 3.71, n = 35)	2.51 (SD = 3.22, n = 35)	3.80**	34
Somatic Complaints	2.17 (SD = 1.49, n = 35)	1.49 (SD = 1.93, n = 35)	1.89	34
Social Problems	3.83 (SD = 2.11, n = 35)	2.11 (SD = 2.00, n = 35)	3.86***	34
Thought Problems	3.91 (SD = 3.87, n = 35)	2.06 (SD = 2.25, n = 35)	2.95**	34
Attention Problems	7.06 (SD = 4.06, n = 35)	5.94 (SD = 4.47, n = 35)	1.91	34
Rule-Breaking Behavior	5.29 (SD = 5.28, n = 35)	3.63 (SD = 4.90, n = 35)	2.04*	34
Aggressive Behavior	10.49 (SD = 8.10, n = 35)	6.8 (SD = 7.16, n = 35)	3.65**	34
Other Problems	4.63 (SD = 3.47, n = 35)	3.37 (SD = 3.11, n = 35)	2.23*	34

*< .05, **< .01, ***< .001

Table 42. Paired Samples T-Tests for Child Behavior Checklist 6-18 Domain Scores - Females

	Assessment	Termination	*t*	d
Anxious/Depressed	5.35 (SD = 4.02, n = 46)	2.7 (SD = 3.13, n = 46)	4.46***	45
Withdrawn/Depressed	3.83 (SD = 3.83, n = 46)	2.26 (SD = 2.77, n = 46)	3.32**	45
Somatic Complaints	2.78 (SD = 3.07, n = 46)	1.72 (SD = 1.99, n = 46)	2.59*	45
Social Problems	3.8 (SD = 3.40, n = 46)	2.52 (SD = 2.71, n = 46)	3.34**	45
Thought Problems	3.41 (SD = 2.83, n = 46)	1.57 (SD = 1.96, n = 46)	4.73***	45
Attention Problems	6.63 (SD = 4.66, n = 46)	4.84 (SD = 3.94, n = 46)	3.40**	45
Rule-Breaking Behavior	5.16 (SD = 4.99, n = 46)	3.74 (SD = 4.87, n = 46)	2.82**	45
Aggressive Behavior	9.93 (SD = 7.60, n = 46)	6.82 (SD = 7.05, n = 46)	3.54**	45
Other Problems	4.74 (SD = 3.15, n = 46)	2.93 (SD = 2.91, n = 46)	4.36***	45

*< .05, **< .01, ***< .001

Figure 31. CBCL 6-18 Domain Scores over Time for Males

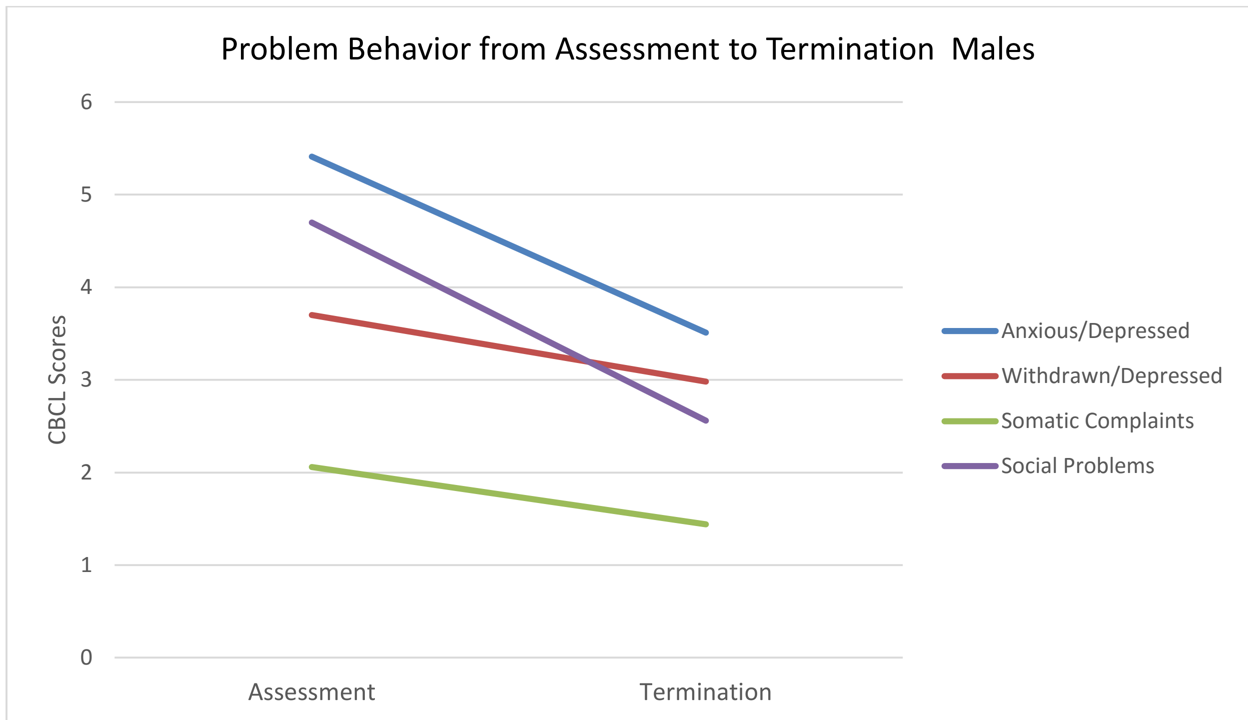


Figure 32. CBCL 6-18 Domain Scores over Time for Males

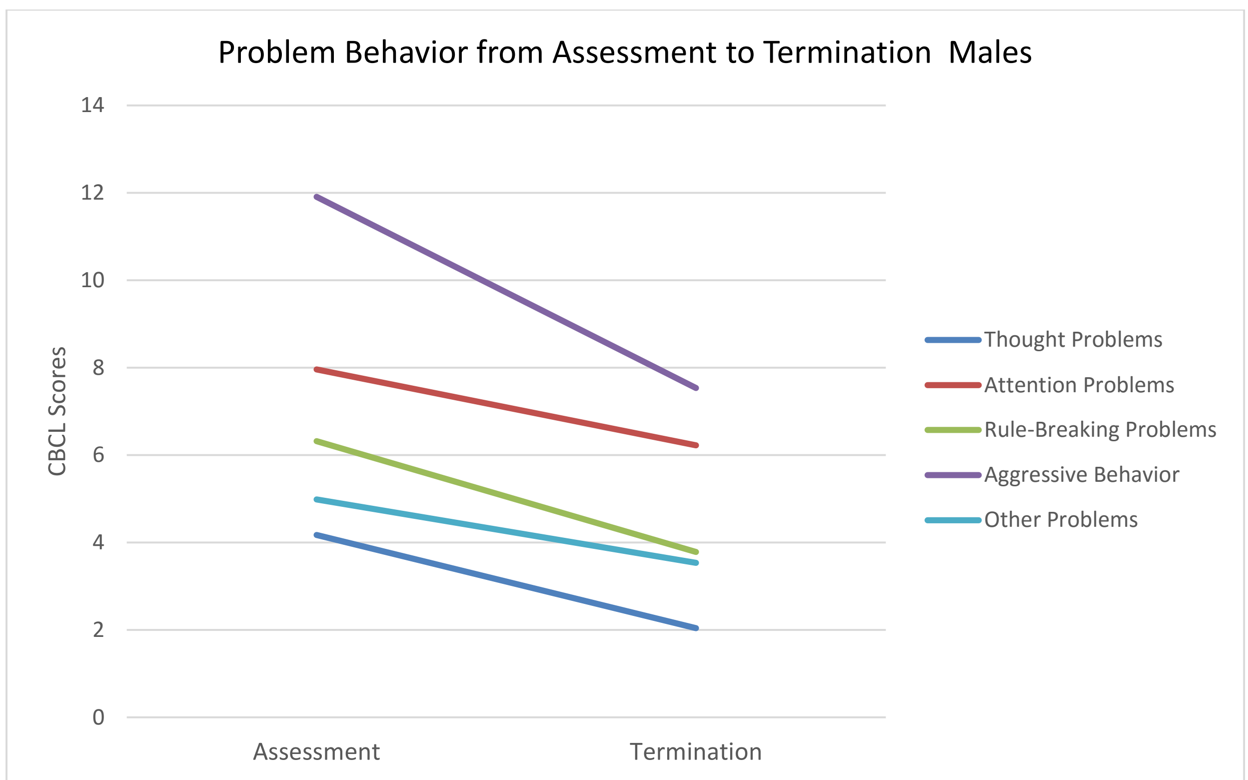


Figure 33. CBCL 6-18 Domain Scores over Time for Females

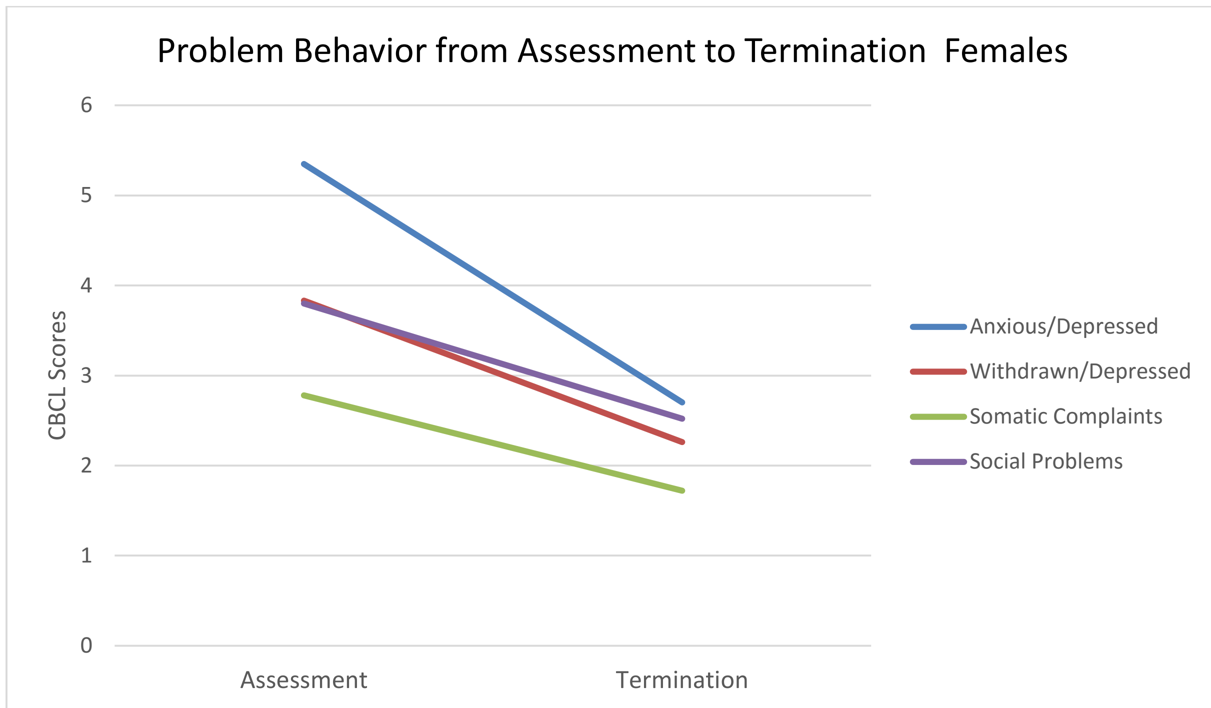
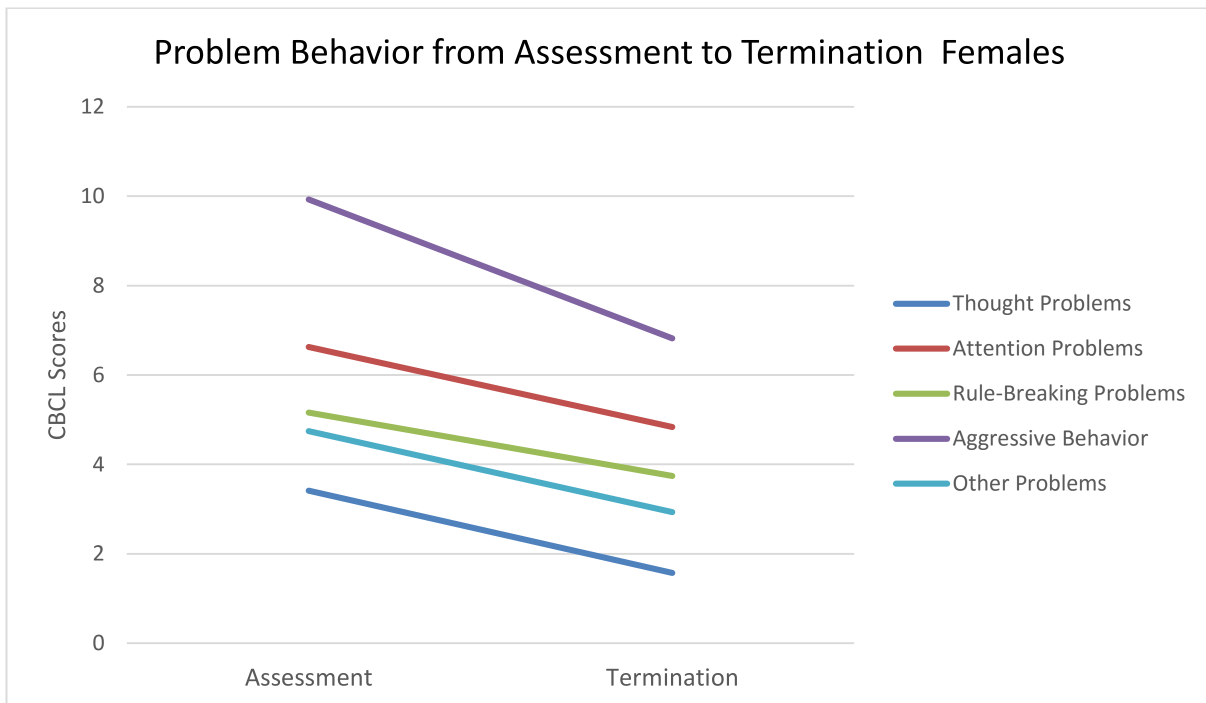


Figure 34. CBCL 6-18 Domain Scores over Time for Females



Violent Behavior Questionnaire (VBQ)

While the VBQ has several response options (Never, Sometimes, Often, and Almost every day), but for sample size considerations, response options were combined into either three (Never, Sometimes, Often/Almost every day) or two responses (No, Yes). For the dichotomous responses, Never equals No, and Sometimes, Often, or Almost every day equals Yes. At assessment, the VBQ asked about 'past year' violent behavior. At termination, the VBQ asked about violent behavior 'since your assessment'.

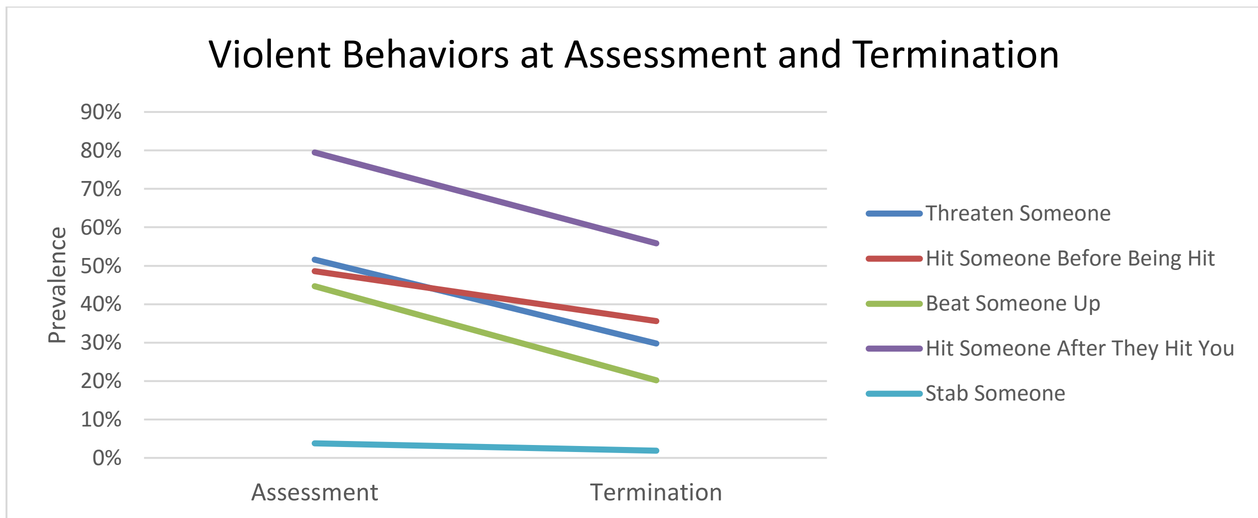
Prevalence of violence perpetration at assessment and termination is presented in Table 43. Due to small cell sizes pre-post matched statistical testing is not available at this time. Figure 35 shows the prevalence of violence perpetration at assessment and termination. For each item, prevalence of violence perpetration decreases from assessment to termination.

Table 43. Violent Behaviors over Time

	Assessment	Termination
How often over the past year have you told others that you would hurt them?	51.6% (n = 298)	29.8% (n = 31)
How often over the past year have you slapped, punched, or hit someone before they hit you?	48.6% (n = 281)	35.6% (n = 37)
How often over the past year have you slapped, punched, or hit someone after they hit you?	79.5% (n = 458)	55.8% (n = 58)
How often over the past year have you beaten up someone?	44.7% (n = 257)	20.2% (n = 21)
How often over the past year have you attacked or stabbed someone with a knife?	3.8% (n = 22)	1.9% (n = 2)

[a]Percent represented by those who responded with at least "sometimes"

Figure 35. Violent Behaviors over Time



Summary and Conclusions

Between July 2012 and November 2015, the Cuyahoga County Defending Childhood Initiative (CCDCI) screened over 23,000 children for trauma and violence exposure – resulting in 2,245 referrals to FrontLine Service for full diagnostic assessments. Over 1,000 completed assessments have been conducted to date, resulting in 870 children being referred to trauma-informed treatment through CCDCI.

Results from the screening and assessment of children through CCDCI indicate that childhood exposure to violence and trauma symptoms are a significant issue for the population. For example, 94% of children who were assessed through FrontLine Service indicated at least one type of violence exposure in the past year, and 85% indicated at least two types of exposures. Data collected from a national sample of children found that 58% reported at least one past year victimization and 48% reported at least two. While the CCDCI sample was composed of at-risk children and we would expect the CCDCI data to show higher rates of violence exposure, the actual percentages of children exposed to violence was extraordinarily high. High rates of violence exposure were also associated with elevated trauma symptomatology, problem behaviors, and self-reported violent behaviors.

Children who were referred to and received trauma-informed care through CCDCI reported significant improvements in trauma symptoms and problem behaviors as well as reductions in violence exposure and violence perpetration. Comparisons of the Trauma Symptom Checklist for Children (TSCC), Trauma Symptom Checklist for Young Children (TSCYC), Child Behavior Checklist (CBCL) Preschool, Child Behavior Checklist (CBCL) 6-18, Juvenile Victimization Questionnaire (JVQ), and the Violent Behaviors Questionnaire (VBQ) from assessment and termination from treatment indicated improvements on all the outcome measurements.

The CCDCI has demonstrated its ability to effectively respond to childhood exposure to violence and the trauma associated with such victimization. Participating child-serving systems in Cuyahoga County have embraced the CCDCI model, and see it as a way to provide screening, assessment, and treatment services to children most in need. Through both federal and local funding, the CCDCI has transformed the way our child-serving systems understand, identify, and respond to childhood exposure to violence. These results are consistent with the original mission of Attorney General Holder's vision of Defending Childhood and what it could accomplish.

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Appendix

DEFENDING CHILDHOOD SCREENING INSTRUMENT: 7 & YOUNGER

SECTION ONE: TO BE COMPLETED BY AGENCY WORKER. PLEASE PRINT!	
Child's Name	
Child's Gender	Male Female
Child's Race (Circle One)	Asian Black Multi-Racial White Other: ___________
Child's DOB	
Caregiver Name	
Caregiver Phone #	
Caregiver Second Phone #	
Caregiver Address (Including City, State, Zip)	
Agency Submitting Form	
Agency Worker Name	
Agency Worker Phone Number	
Is Child Involved w/Other Agencies?	Yes No List:
Questions answered with assistance from (circle):	Child Caregiver Other:_______

SECTION TWO: TO BE COMPLETED IN INTERVIEW WITH CAREGIVER		
Now we will ask you about some things that might have happened in your child's life. Please answer YES or NO.	YES	NO
1. Sometimes people are attacked WITH sticks, rocks, knives, or other things that would hurt. At any time in your child's life, did anyone hit or attack your child on purpose WITH an object or weapon? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?	1	0
2. At any time in your child's life, did anyone hit or attack your child WITHOUT using an object or weapon?	1	0
3. Not including spanking on your child's bottom, at any time in your child's life, did a grown-up (parents, babysitters, adults who live with your child, or others who watch your child) in your child's life hit, beat, kick, or physically hurt your child in any way?	1	0
4. At any time in your child's life, did your child SEE or HEAR any family member (including parents, relatives, siblings) get pushed, slapped, hit, punched, beat up, or attacked with a weapon in the home by any other family member?	1	0
5. At any time in your child's life, did your child SEE or HEAR any adult get pushed, slapped, hit, punched, beat up, or attacked with a weapon at home by another adult?	1	0
6. At any time in your child's life, in real life, did your child SEE or HEAR anyone get attacked on purpose with or without a weapon? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?	1	0

SECTION TWO CONTINUED: TO BE COMPLETED IN INTERVIEW WITH CAREGIVER		
	YES	NO
7. At any time in your child's life, did a GROWN-UP OR OLDER CHILD touch your child's private parts when they shouldn't have, or make your child touch their private parts? Or did a GROWN-UP or OLDER CHILD force your child to have sex?	1	0

Question 7 has been identified as a CRITICAL ITEM. See Scoring Key for additional information
Add all Yes responses in Section 2 and place the total here _________.
According to the scoring key, this child scored (Circle) :
Low Moderate High

SECTION THREE: TO BE COMPELTED IN INTERVIEW WITH CAREGIVER

When you think about the violence your child has experienced, has it happened MOSTLY (check one):
___At Home ___In the Neighborhood ___At School ___In many places

This item is not scored.

SECTION FOUR: TO BE COMPLETED IN INTERVIEW WITH CAREGIVER				
Please tell me how often your child behaved in the following ways in the last month	Never	Sometimes	Often	Almost Always
1. Didn't want to play or be active?	0	1	2	3
2. Had trouble going to sleep?	0	1	2	3
3, Had difficulty concentrating or focusing?	0	1	2	3
4. Got startled or spooked easily?	0	1	2	3
5. Was aggressive to people or animals?	0	1	2	3
6. Seemed afraid of the dark?	0	1	2	3
7. Refused to eat?	0	1	2	3
8. Cried or had a tantrum until he or she was exhausted?	0	1	2	3

Add the item scores in Section 4 and record the total here _________.
According to the scoring key, this child scored (Circle) :
Low Moderate High

SECTION FIVE: TO BE COMPLETED BY AGENCY WORKER. PLEASE PRINT!		
If a child has been identified as HIGH on either scales, they should be referred to Central Intake & Assessment unless caregiver refuses assessment/services. Are you referring this child to Central Intake & Assessment?	YES	NO
Is this child at imminent risk or a danger to others?	YES	NO
Reason for current referral to Defending Childhood:		

FAX ALL REFERRALS TO MHS, INC. 216.861.7671
FOR QUESTIONS, CALL MHS, INC at 216.361.8640

Additional Information: (Attach pages if needed)

DEFENDING CHILDHOOD SCREENING INSTRUMENT: 8 & OLDER

SECTION ONE: TO BE COMPLETED BY AGENCY WORKER. PLEASE PRINT!

Child's Name	
Child's Gender	Male Female
Child's Race (Circle One)	Asian Black Multi-Racial White Other: ________
Child's DOB	
Caregiver Name	
Caregiver Phone #	
Caregiver Second Phone #	
Caregiver Address (Including City, State, Zip)	
Agency Submitting Form	
Agency Worker Name	
Agency Worker Phone Number	
Is Child Involved w/Other Agencies?	Yes No List:
Questions answered with assistance from (circle):	Child Caregiver Other:______

SECTION TWO: TO BE COMPLETED IN INTERVIEW WITH YOUTH

How often has any of the following happened to you over the past year?	Never	Sometimes	Often	Very Often
1. You being slapped, punched or hit?	0	1	2	3
2. Seeing someone else being slapped, punched, or hit?	0	1	2	3
3. You being threatened?	0	1	2	3
4. Seeing someone else being threatened?	0	1	2	3
5. You being beaten up?	0	1	2	3
6. Seeing someone else being beaten up?	0	1	2	3
7. You being touched in a private place on your body where you didn't want to be touched?	0	1	2	3

Item #7 has been identified as a critical item. See scoring key for additional information.

Add the item scores for Section 2 and record the total here __________.

According to the scoring key, this child scored (Circle) :

Low Moderate High

SECTION THREE: TO BE COMPLETED IN INTERVIEW WITH YOUTH

How often in the past year have you:	Never	Sometimes	Often	Very Often
8. Told others that you would hurt them?	0	1	2	3
9. Slapped, punched, or hit someone before they hit you?	0	1	2	3

SECTION THREE CONTINUED: TO BE COMPLETED IN INTERVIEW WITH YOUTH

	Never	Sometimes	Often	Very Often
10. Slapped, punched, or hit someone after they hit you?	0	1	2	3

Add the item scores for Section 3 and record the total here __________.

According to the scoring key, this child scored (Circle) :

Low Moderate High

SECTION FOUR: TO BE COMPELTED IN INTERVIEW WITH YOUTH

When you think about the violence you have experienced, has it happened MOSTLY (check one):

___At Home ___In the Neighborhood ___At School ___In many places

This item is not scored.

SECTION FIVE: TO BE COMPLETED IN INTERVIEW WITH YOUTH

These items describe things that kids sometimes think, feel, or do. Listen to each item and say how often you currently...	Not at all	Once in a while	Often	Almost all the time
11. Feel mean?	0	1	2	3
12. Feel afraid?	0	1	2	3
13. Feel like nobody likes you?	0	1	2	3
14. Feel like things are not real?	0	1	2	3
15. Remember things you don't want to remember?	0	1	2	3

Add the item scores for Section 5 and record the total here __________.

According to the scoring key, this child scored (Circle) :

Low Moderate High

SECTION SIX: TO BE COMPLETED IN INTERVIEW WITH YOUTH

These items describe things that kids sometimes think, feel, or do. Listen to each item and say how often you currently...	Not at all	Once in a while	Often	Almost all the time
16. Think about hurting yourself?	0	1	2	3
17. Think about killing yourself?	0	1	2	3

These items are not scored, but are CRITICAL ITEMS. See scoring key for information.

SECTION SEVEN: TO BE COMPLETED BY AGENCY WORKER. PLEASE PRINT!

If a child has been identified as HIGH on any of the three scales, they should be referred to Central Intake & Assessment unless caregiver refuses assessment/services. Are you referring this child to Central Intake & Assessment?	YES	NO
Is this child at imminent risk or a danger to others?	YES	NO
Reason for current referral to Defending Childhood:		

FAX ALL REFERRALS TO MHS, INC. 216.861.7671
FOR QUESTIONS, CALL MHS, INC at 216.361.8640

Additional Information: (Attach pages if needed)