Celebrating Solutions Award
Nomination Form

Legal name of organization: Casa Central Social Services Corporation

Year established: 1954

Name of program being nominated (if different): Safe Start

Year established: 2007

Address: 1343 N. California Avenue

City/State/ZIP code: Chicago, IL 60622

Agency phone number: (773) 645-2300

Name and title of contact person: Sarajane Johnson

Phone number for contact person: (773) 645-2447

E-mail address for contact person: sjohnson@casacentral.org

Website address: www.casacentral.org

How did you learn about the Celebrating Solutions Awards? Casa Central learned about the Mary Byron Project through prospect research in 2011.

Brief description of organization: Casa Central was established in 1954 to assist a growing population of Hispanics in adjusting to life in Chicago's inner city. Since then, Casa Central has evolved from an organization with three employees and a $26,000 budget to an acclaimed model agency with more than 550 staff members and a budget of over $17 million.

Casa Central's programs build a strong community, one family at a time across life stages and generations by offering services in three main areas:

- **Inspiring life-long learning among children and youth:** Casa Central offers home-based and center-based Head Start early learning programs, and out-of-school time programming for children and adolescents ages 5-25;
- **Providing safety and fostering self-reliance for individuals and families:** Casa Central offers emergency food and clothing, a violence prevention and intervention program, employment and technology training for low-income individuals, family preservation support, and an interim housing program for homeless families; and
- **Promoting active, healthy lifestyles for seniors:** Casa Central offers an Adult Wellness Center, home-care services for low-income home-bound seniors, and an "Over 55" employment training program.

Geographical area served: Casa Central annually reaches nearly 20,000 low-income individuals from throughout Chicago without restriction or regard for race, religion, gender, ability to pay, or ethnicity. However, its unique bilingual, bicultural approach and facility locations make the agency's
14 comprehensive social service programs most convenient and valuable to the largely Hispanic communities on Chicago’s northwest and southwest sides.

Is the organization tax-exempt under IRS 501 (c) (3) guidelines or a public agency/unit of government? Yes

Please check up to five descriptors that best apply to the program you are nominating:

__ Batterer Intervention
__ Coalition/collaboration
__ Communication
__ Counseling
__ Dating violence
__ Elder abuse
__ Employment/training program
__ Faith-based
__ Health care setting
__ Hotline service
__ Legal aid/assistance
__ Prevention

__ Prison based
__ Public awareness/education
__ School/youth violence
__ Shelter-based
__ Stalking
__ Technology/Internet service
__ Transitional housing
__ Underserved population
__ University setting
__ Victim relocation
__ Workplace Intervention
__ Other children 0-5
Release of Information

As one of the goals of the Mary Byron Project is to disseminate information about cutting edge programs and best practices, we wish to post exemplary Celebrating Solutions Award nominations on our website (www.marybyronproject.org).

Those posted will include the organization's website address, telephone number, and email address. If you have concerns about this request, please address them to kathypaulin@marybyronproject.org, prior to submitting a nomination.

By my signature on this letter, I grant the Mary Byron Project permission to use the contents of my nomination for the Celebrating Solutions Award in the manner and for the purposes set above. I further affirm that I am fully authorized to grant such permission to the Mary Byron Project.

Signature

Date 12-22-15
1. **Describe specifically the work of the nominated program and explain how the mission of the program is accomplished.**

   Casa Central began providing domestic violence counseling and support to victims of intimate partner abuse in 1987. Through these efforts, hundreds of women have received the assistance to lead safer lives. The Safe Start Program, founded in 2007 and housed under the Violence Prevention and Intervention Program, offers clinical therapy services to young children, from birth to age 5, and their caregivers who have been impacted by domestic violence and abuse. Because young children’s brains are still developing, traumatic experiences have especially profound effects on the formation of neural connections in children ages 0-5, which puts them at a greater risk for poor behavioral and medical outcomes as an adult.¹ Safe Start rebuilds young children’s protective mechanisms, ensuring that each child will grow up mentally and emotionally fit to reach their full potential.

   Safe Start has three overarching objectives:
   1. **Provide accessible, culturally sensitive, and developmentally appropriate therapeutic services for young children ages birth to five and families, including caregivers and older siblings, who have been exposed to domestic violence, or who are at high risk of such exposure.**
   2. **Increase awareness about the impact of exposure to violence on young children and of available resources, through the provision of trainings for parents, community members, and professionals.**
   3. **Build and maintain a dynamic coalition comprised of stakeholders in Chicago’s west side neighborhoods for the purpose of collaboration, resource-sharing, and development of a coordinated community response to violence.**

   Every year, Safe Start provides therapeutic and supportive services to an estimated 30-35 families. Children come to Safe Start having witnessed or experienced intimate partner domestic violence and/or abuse, neglect or maltreatment in the home. Families served are typically low-income, single mother households, and largely indicate Spanish as their primary language. Many are also immigrant families, unsure about trusting community resources. This population has difficulty finding direct services that are culturally sensitive, bilingual, and customized to fit their needs.

   The Safe Start program offers several paths to access services. A portion of referrals came from intra-agency sources, largely Casa Central’s La Posada program, which offers interim housing for families experiencing homelessness, and Casa Central’s Intact Family program, which provides family preservation-oriented case management services to families involved with the child welfare system. In addition, referrals come from community partners, such as CAWC (Connections for Abused Women and their Children), the Illinois Department of Children & Family Services, and the Chicago Police Department.

   During the initial intake process, families are asked to fill out the Safe Start Questionnaire and Background Information Form. Safe Start uses clinical instruments to determine strengths and challenges for both child and caregiver. The Ages and Stages Questionnaire (ASQ) and the Ages and

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Stages Questionnaire – Social and Emotional (ASQ-SE) screenings are parent-completed questionnaires, designed to monitor the development of infants and young children whose developmental status is in question or at risk; a Child Behavior Checklist (CBCL) is filled out by each child’s primary caregiver to measure child symptoms and emotional and behavioral problems; and the Parenting Stress Index-Short Form (PSI) assesses the level of stress that caregivers experience in four areas.

Safe Start utilizes Child-Parent Psychotherapy (CPP), a relationship-based treatment model to help break the often intergenerational transmission of trauma and violence. CPP is a highly effective, evidence-based treatment modality that reduces the negative impact of various forms of trauma in children from birth to age five. The model also addresses unresolved traumatic events the primary caregiver may have experienced that interfere with his or her ability to parent effectively. Safe Start additionally draws on the Attachment, Self-Regulation, and Competency (ARC) model for treating families. ARC is a framework for intervention with children and families who have experienced multiple and/or prolonged traumatic stress, such as domestic violence or child abuse and neglect.

Families receive long-term support from the program with the average length of stay being approximately 9 to 12 months, including weekly therapy sessions, case management, and crisis intervention. By providing children and caregivers with therapy for 9-12 months, caregivers form healthy parenting techniques that stay with them throughout the growth of the child, aiding the child even after cases are closed. Safe Start therapy also allows caregivers to address their own trauma and better equips them to manage their child’s stress. Through its Circle of Security parenting support groups, Safe Start helps caregivers focus on parenting in the context of domestic violence, setting limits, utilizing positive discipline, and protecting children from the abuse that so often accompanies the trauma of domestic violence. With this model, Safe Start reaffirms caregiver’s bonds with their children, thereby decreasing the likelihood of recurring child abuse and neglect.

In order to provide high quality services, Safe Start ensures that all staff receive comprehensive trainings. The Program Director has extensive training in childhood exposure to violence and child development, including a credential as an Illinois Certified Domestic Violence Professional; postgraduate certification in Infant Mental Health from the Erikson Institute; formal training in Safe Start’s evidence-based treatment models, Eye Movement Desensitization and Reprocessing Therapy, and Circle of Security Parenting. The Safe Start Therapist also has extensive experience in individual and group counseling, crisis intervention, and case management. She holds a Master’s in Social Work and has completed the ARC Learning Collaborative, as well as Circle of Security Parenting training. Having recently transitioned into the Safe Start Therapist position, she is currently enrolled in Child-Parent Psychotherapy training at the Erikson Institute.

2. Describe the most innovative aspects of the program you are nominating for consideration.
   - While Safe from the Start (SFS) is a national model developed to stop the cycle of violence through early intervention, Casa Central’s Safe Start program is distinct from both the original model and other local Chicago SFS sites. Casa Central chose to create an enhanced program that would take into account the challenges immigrant, Spanish-speaking families face on a cultural level, not just a linguistic level. Limited Spanish-speaking clinicians, a shortage of free or low-cost services, and few trauma-informed clinical services for children
under age six keep this community from effectively responding to domestic and community violence. By tailoring Safe Start to this population, the agency is bringing awareness and knowledge of prevention to a community that regularly fails to access services from mental health specialists.

- In addition to serving an underserved population, Casa Central’s Safe Start program is unique in its effort to focus on violence prevention. Going beyond direct services, Safe Start leverages resources, plans community events, advocates for survivors of domestic violence, and coordinates efforts with 35 partners in the Chicagoland area through the Safe Start Coalition. With a staff of just 3, Safe Start not only engages participants through counseling, but also dedicates significant time and effort to community outreach and professional trainings. In FY2015 Safe Start staff reached 581 community residents and professionals through presentations, trainings, and conferences. These events focus on identifying the warning signs of families experiencing violence and abuse, specifically the effects of children’s exposure to violence. By engaging the community, the Safe Start program ensures the dissemination of knowledge regarding domestic violence and the resources available to victims.

- Due to the complexity of the traumas experienced by program participants, Safe Start strives to address the intergenerational cycle of violence and abuse. Many participants experience ongoing levels of crisis and instability due to poverty, domestic violence, and other factors. Safe Start works with caregivers to address any trauma they have experienced previously and offers on-site Domestic Violence Intervention services to those who have experienced intimate partner abuse. Safe Start also offers a parenting group through the Circle of Security model. Circle of Security is designed to help parents develop new insight into the meaning of their children’s behavior, with a focus on helping caregivers provide emotional security for their children and identify new options to manage emotions, stress, and difficult behaviors. Safe Start emphasizes the importance of decreased parental stress (a known risk factor for child abuse), and therefore works to create positive caregiver-child relationships (a known protective factor against abuse/neglect).²

3. Describe your program’s implementation. What barriers did your organization have to overcome? How did you marshal the necessary resources for implementation?

Since 1987, Casa Central’s domestic violence prevention services has been primarily serving eight community areas: Austin, Belmont-Cragin, Hermosa, Humboldt Park, Logan Square, South Lawndale, the Near West Side, and West Town. However, in the early 2000s evidence indicated that children and families in these areas needed a more comprehensive prevention program to address issues of violence in the community. Some of the trends observed included:

- In 2005, nearly 1,000 children ages 0-5 in these communities were in the DCFS system and in 2004, 435 children ages 0-5 were victims of child abuse and neglect.³
- The Mayor’s Office on Domestic Violence reported that individuals in the five primary zip codes for these community areas (60622, 60639, 60644, 60647, and 60651) made nearly 600

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calls to the City of Chicago's Domestic Violence Help Line in 2005; these callers reported having 332 children ages 0-5 in the home.4

Casa Central knew it could use its experience with Chicago's Hispanic immigrant population to usher in a new program that would help children and families suffering from violence and break the intergenerational cycle. With this in mind, the agency sought a grant from the Illinois Violence Prevention Authority and received funding in 2008.

From the beginning, Safe Start received more referrals than it could handle. Since then, the Safe Start program has expanded to reach over 35 families a year, however it continues to have a waiting list. In fact, in FY2012 the Safe Start program was only able to provide therapy services to 26.83% of the eligible families referred for services; the rest were placed on the program's waiting list, and offered referrals to other community partners in the interim. In response to this ever-increasing demand for services, in FY2013, Casa Central moved the part-time Safe Start Therapist position to full-time, thus increasing the Safe Start program’s clinical capacity.

While increasing the Safe Start Therapist to full-time temporarily cleared the waiting list, the demand for services continues to outweigh capacity. The program accepts bilingual Master's level interns every fall to help with the case load, reducing the waiting list to 9-10 families. However, the list grows longer every summer when the internships end. During FY2015, Safe Start received 50 referrals, but was only able to serve 30 families.

4. How do you know the nominated program is successful? Please site two examples.
Safe Start can determine its effectiveness using the CBCL and PSI evaluation measures. Of the families with completed assessments at the end of FY2015:

- 71% of caregivers reported a decrease in their child’s total negative behavior, as measured by the Child Behavior Checklist, after participating in at least 8 sessions with Safe Start.
- 50% of caregivers reported a decrease in the “Total Stress” domain of the Parenting Stress Index after participating in at least 8 therapy sessions with the Safe Start program.
- 100% of professional development training post-test respondents reported having done something new or different as a result of what they learned at a Safe Start Coalition training.

Personal stories from clients also demonstrate the impact of the program. Edith sought services from Safe Start after her 4-year-old son, Camden, disclosed that he had been sexually abused by his uncle. Further assessment revealed numerous other traumatic experiences: Edith herself had been sexually abused by her grandfather for about 10 years when she was a child (and tried to disclose to her mother but was not believed so the abuse continued), experienced domestic violence during her pregnancy with Camden, suffered postpartum depression after Camden's birth, was homeless and spent nearly 6 months sleeping in her car when Camden was 2, and lost the support of her entire extended family when she believed Camden's disclosure and cooperated with the police and DCFS investigations into the sexual abuse, leading to the arrest of Camden's uncle. Edith shared all of this with the Safe Start therapist at their first appointment like it was from a movie she vaguely remembered watching years ago.

She then told the therapist, “I can’t do anything to help him. I just want you to see him and make sure he’s okay.”

The Safe Start therapist wanted to use Child Parent Psychotherapy (CPP) with Camden and Edith because she was confident that the model would be helpful to both of them; however, Edith was really adamant that she should not participate in sessions and that Camden would be able to open up more if she was not there. Finally after about 6 weeks of gradual relationship-building, the therapist decided to use the "Angels in the Nursery" interview with Edith. This guided interview was created by the developers of CPP and is used to help parents access positive memories so that they can then pass those feelings and experiences on to their own children. At first, conducting the interview was really challenging. Edith struggled and could not come up with any positive experiences from her childhood. Later that same evening though, Edith called the therapist. She said, “I remembered something and really wanted to share it with you!” She told the therapist about a specific memory she had of her aunt doing her hair in braids for church at Christmas. Edith and the therapist explored this memory, what it meant to her, and what of that she could use as she parented Camden and supported his healing. Edith said simply, “It’s such a little thing but it really means a lot.” This theme of “little things mean a lot” became central in therapy. The therapist was able to support Edith in realizing that the “little things” she did for Camden were not so little at all! Believing his disclosure of sexual abuse and taking protective action, seeking help, and responding lovingly to Camden’s needs were all ways that Edith was already a huge part of her son’s healing.

Edith has been calmer now and seems so much more confident as a parent. Since the “Angels in the Nursery” session, she has been completely willing to participate in weekly CPP sessions with Camden. Camden loves this and now calls the sessions his “special time with mom.”

5. If funding were not an issue, what (if any) changes or additions would you make to the nominated program in the future? What are the long term goals for your program?

At this time, many families in Safe Start have children ages 6-12 that require services that the program cannot currently provide. Safe Start seeks to expand program offerings with Alma’s Place, a component which would provide therapeutic services for children ages 6-12 who have been exposed to domestic violence. Alma’s Place would focus on helping children develop safety plans and recognize that they are not responsible for causing or stopping the violence, drawing primarily on the Attachment, Self-Regulation, and Competency (ARC) model.

Currently, VPI has many components in place that would support the implementation of Alma’s Place including a strong infrastructure, established working relationships with collaborative partners, and a waiting list of families in need of services. However, in order to advance Alma’s Place, the VPI program needs stable funding to support new staffing. Casa Central’s Resource Development Department consistently looks for new funding sources for Alma’s Place in order to hire a contractual therapist and implement a service model for the program. After identifying initial funding, Casa Central would be committed to sustaining Alma’s Place as part of the greater Violence Prevention and Intervention Program. With this programmatic addition, Alma’s Place would serve as a reliable resource for the community, filling a much needed gap in services in the west side neighborhoods of Chicago.
5. **Who are your key community partners? What are their roles?**

Since its inception, Safe Start has organized the Safe Start Coalition, a network made up of 35 organizations whose shared mission is to develop a community response to violence. Each year the program utilizes Safe From the Start (SFS) training modules to increase knowledge about the impact of violence on young children and assist partners in recognizing and responding to early warning signs of possible trauma exposure. Coalition partners include Mujeres Latinas en Acción, Metropolitan Family Services, and the City of Chicago Department of Family & Support Services. This past fiscal year, Safe Start provided 17 professional development trainings, reaching 491 individuals, and 7 parent/community workshops during the year, reaching 90 individuals.

In addition, Safe Start refers participants to these community partners for services that are beyond the program's scope, including substance abuse counseling, legal counsel, and immigration-related advocacy. For example, Safe Start staff often refer offending parents interested in therapy to the Center for Advancing Domestic Peace, where they must complete the Partner Abuse Intervention Protocol prior to engaging in treatment with Safe Start. Through this collaboration, the Center for Advancing Domestic Peace will recognize the Safe Start program as their Community Partner of the Year at their 2016 Awards Gala.

6. **Could/should your program be replicated in other areas of the country? Why?**

Due to the nature of the Safe Start program, it could and should be replicated in other areas of the country. Although this population is largely overlooked because of their young age, research demonstrates that intervention at this age greatly aids in preventing the symptoms of trauma from further hindering their development. To minimize the need for additional resources, the program could easily be incorporated into current mental treatment centers or domestic violence agencies.

In addition to the developmental effects on an individual’s personal health, children who are exposed to violence also face a greater risk of continuing the cycle of violence themselves. A National Summit on Children Exposed to Violence reported that child abuse and neglect led to a 58% greater likelihood of being arrested as a juvenile and a 38% greater likelihood for being arrested as an adult for a violent crime. By intervening before this cycle persists, Safe Start provides cost-effective services that address the root causes of crime and reduce the societal effects of unmanaged trauma.

In a 2014 report, Professor Jack Shonkoff of the Center on the Developing Child at Harvard University emphasizes early childhood trauma counseling, saying "It is easier and less costly to form strong brain circuits during the early years than it is to intervene or 'fix' them later."

7. **Does your agency have a workplace policy that addresses domestic violence? If so, please include a copy.**

Please see attached policy.

8. **Has the agency and/or nominated program received VAWA funding (yes or no is sufficient)?**

No.

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Casa Central Social Services

Subject/Title: Domestic Violence in the Workplace

Policy:
It is the policy of Casa Central to use prevention strategies in order to avoid or minimize the occurrence and effects of domestic violence in the workplace. Casa Central will provide support and assistance to an employee experiencing domestic violence. This support will include, but is not limited to: confidential means for coming forward for help, providing resource and referral information, safety planning and other individualized assistance, as is possible.

Casa Central will not tolerate acts of domestic violence perpetrated by or against any employee while at agency’s work sites, vehicles or while conducting agency business. This includes the display of any violent or threatening behavior by a perpetrator (verbal or physical) that is likely to result in physical or emotional injury, or otherwise places an employee’s safety or productivity at risk.

Casa Central is committed to working with an employee experiencing domestic violence to prevent abuse and harassment from occurring in the workplace. The Agency will take all reasonable measures to foster a safe working environment for all employees. No employee will be disciplined solely for domestic violence-related issues or occurrences.

Purpose:
The purpose of this policy is to set forth procedures and guidelines for all Casa Central employees to address the occurrence of domestic violence and its impact on the workplace, in order to ensure employee/survivor safety.

Definitions:
Domestic violence occurs between people of all racial, economic, educational and religious backgrounds. It occurs in heterosexual, same-sex relationships, between couples living together, separately, married or unmarried. Domestic violence can affect adversely the well being and productivity of an employee who are survivors, as well as, their co-workers. Effects of domestic violence in the workplace include increased absenteeism, turnover and health care costs, and reduced productivity.

- DOMESTIC VIOLENCE: The commission or attempted commission of one or more of the following acts by a family member, household member, or current/former sexual/intimate partner where such conduct constitutes a credible threat to the survivor’s safety, which includes but is not limited to: assault or reckless conduct, criminal threatening, sexual assault, interference with freedom, destruction of property, unauthorized entry and harassment.
• **PERPETRATOR:** An individual who commits an act of domestic violence as defined above.

• **SURVIVOR:** An individual who is subject to an act of domestic violence as defined above.

**Procedures:**

• Casa Central ensures that all supervisors, directors, and employees receive a copy of this policy as part of new hire orientation. Each recently hired employee shall be provided with a copy of this policy and list of resources. The policy and list of resources are also readily accessible on the agency’s intranet.

• Via the Human Resources Department, Casa Central will ensure that all supervisors and directors receive specialized training, annually, in the following areas:
  - The agency’s *Domestic Violence in the Workplace* Policy
  - The Illinois Victims Economic Safety and Security Act (VESSA)
  - Information related to possible warning signs of domestic abuse
  - Information related to safety planning and the handling of domestic violence-related emergencies
  - Effective communication with an employee that appears to be in danger related to domestic violence

• Casa Central shall designate the Human Resources Department Director to address domestic violence issues within the agency, with the assistance of supervisors and directors, as deemed necessary.

• The Human Resources Department shall refer employees who disclose that they are experiencing domestic violence to the Employee Assistance Network 1-800-905-0994 and to the State of Illinois Domestic Violence Help Line at 1-877-863-6338.

• In all responses to domestic violence, Casa Central will respect the confidentiality of employees and their autonomy to direct their own lives, to the fullest extent permitted by law.

• In response to a voluntary request from an employee, the Human Resources Department shall work with an employee to develop and implement individualized work place safety plans. These safety plans may include, when appropriate, advising co-workers of the situation; setting up procedures for alerting building doormen or the police; temporary relocation to a new work site if feasible; assignment of a parking space; addressing telephone, fax, e-mail or mail harassment; and providing a photograph of the perpetrator and a copy of any existing court orders to authorized/appropriate personnel.

• To the extent possible, all information pertaining to an employee’s experience of domestic violence will be kept confidential and will not be incorporated into the employee’s personnel file.

• When an employee needs to take time off for medical assistance, legal assistance, court appearances, counseling stemming from domestic violence, relocation or to
make other necessary arrangements to create a safe situation, Casa Central shall provide reasonable accommodation in full accordance with the Illinois Victim’s Economic Security and Safety Act (VESSA). However, the employee may be required to submit necessary documentation (i.e. court hearings, orders of protection, police reports, medical/physician notes, etc.).

- Casa Central recognizes that the work performance of employees who are experiencing domestic violence may be negatively affected (e.g. chronic absenteeism or inability to concentrate). When needed, the Human Resources Director, and the assigned supervisor/director will work collaboratively with an employee to address the employee’s needs and any performance issues. All performance issues related to domestic violence will be addressed through established personnel policies and in full compliance with VESSA mandates.

**Employees who engage in acts of Domestic Violence:**

Casa Central is committed to providing a workplace in which the perpetration of domestic violence and stalking are neither tolerated nor excused. Any physical assault, threat, or stalking behavior made by an employee while on Casa Central premises, during assigned working hours, or at any Casa Central-sponsored event is a serious violation of Casa Central’s policy.

In accordance with existing statutes and regulations, Casa Central shall hold an employee accountable under this policy who engages in the following confirmed behavior:

- Perpetration of an act of domestic violence at the workplace, or from any other location, during assigned work hours/ official agency business

- Misuse of job-related authority to negatively affect survivors or in perpetrating an act of domestic violence

- Use of agency resources (such as phones, fax machines, email system, mail delivery, or any other means) in perpetrating an act of domestic violence

Any employee who engages in acts of domestic violence (as defined above) during the performance of their job duties will be subject to termination.

**Domestic Violence Information/ Employee Awareness:**

The Human Resources Department ensures that information on domestic violence and available resources are posted in agency program sites and locations of high visibility, where an employee can obtain assistance without having to request it or be seen accessing it.

Areas of high visibility may include employee conference/meeting rooms, cafeteria, staff bulletin boards, as well as the agency’s Intranet. Such information shall include
available resources such as the Employee Assistance Network and local domestic violence service providers, including but not limited to the National Domestic Violence Hotline at 1-800-799-SAFE or 1-800-787-3224 (TTY).

Original Date Written: December 2011
Reviewed Date: March 2015
Revised Date: March 2015
President's Signature: Ann R. Alvarez
Approval Date: March 2015
December 22, 2015

Ms. Kathy Paulin  
Celebrating Solutions Award  
Mary Byron Project, Inc  
10401 Linn Station Road  
Suite 116  
Louisville, KY 40223

Dear Ms. Paulin:

Casa Central is thankful for your support and assistance throughout the Mary Byron Project’s 2015 nomination process. We believe that the Safe Start program closely aligns with the Mary Byron Project’s mission to address the root causes of family and community violence and build safer communities, and hope to be considered a strong candidate in the 2016 award cycle.

The agency respectfully nominates its Safe Start Program for the Celebrating Solutions Award. Since 2007, Safe Start has provided clinical therapy and other support services to children from birth to age five, and their caregivers, who have been exposed to violence. Young children are disproportionately impacted by exposure to domestic violence; because young children spend so much of their time at home, and are so highly dependent on adults to meet their basic needs, they are more likely than older children to be exposed to incidents of domestic violence.

In addition to focusing on early intervention to reduce the cycle of violence, the program also targets communities on Chicago’s west side, which are largely comprised of low-income, Hispanic, monolingual Spanish-speaking families. With a number of barriers to access mental health and domestic violence services, including language and culture, Safe Start offers these families a warm environment suitable to their needs.

Through direct services and prevention programming, including community and professional trainings and presentations, Safe Start accomplishes its objective of strengthening parent-child relationships and effectively increasing awareness about available resources. This dedication and commitment to ending the cycle of violence exemplifies the value of Safe Start’s work within the community. We are honored to submit this nomination for review, and look forward to hearing from you. If you require additional information, please contact Ms. Sarajane Johnson, Director of Development, at (773) 645-2447. Thank you for your time and consideration.

Best Regards,

Nilda La Luz  
Executive Vice President

1343 North California Avenue  Chicago, Illinois 60622  Telephone (773) 645-2300  Fax (773) 645-2475
October 07, 2016

Ms. Marcia Roth
Executive Director
Mary Byron Project
10401 Linn Station Rd
Louisville, KY 40223

Dear Ms. Roth:

Casa Central is honored to have been chosen as a semi-finalist for the Mary Byron Project’s Celebrating Solutions Award for its Safe Start program. Safe Start provides counseling and supportive services to young children, and their caregivers, who have been impacted by violence. Together, with the support of the Mary Byron Project, we can help these families overcome their trauma and live free from further fear and abuse.

Enclosed, please find 5 copies of the supplemental materials requested. Casa Central and Safe Start are grateful to have reached the second round of judging and are thankful to the Mary Byron Project for supporting the strong work done by agencies nationwide, as they provide valuable direct services to some the nation’s most vulnerable communities. Please feel free to contact me at (773) 645-2447 if you have any questions or require additional information. Once again, thank you for considering Safe Start’s nomination.

Best regards,

Signature

Sarafale Johnson
Director of Resource Development
Supplemental Information

Please read the following instructions carefully, as an incomplete submission will result in your program’s disqualification.

1) Submit three letters of support which illustrate why the Safe Start is deserving of the award. Duplicate letters, or those containing substantially the same content, will result in disqualification. All letters should include an address, email address and telephone number for confirmation. One letter each should be submitted by:
   a) A partnering or collaborative organization or agency; and
   b) A victim’s organization.

   A third letter should be submitted by either:
   c) An elected official who represents the city, county, or state where the program operates; or
   d) A funding source.

Please see attached support letters from the National Center on DV, Trauma & Mental Health, Connections for Abuse Women and their Children, and the Robert R. McCormick Foundation.

Send only three letters. Any additional letters will be discarded.

2) Submit proof of 501 (c) (3) status if the program is operated by a non-profit, non-governmental agency.

Please see attached IRS determination letter, dated March 8, 2016.

3) Submit last year’s budget for the program to be served by the award.

Please see the attached budget, which represents the Violence Prevention and Intervention program, which includes the Safe Start component.

4) Respond to the following questions:

   a) What is the approximate number of individuals served annually by the applicant or nominee?

Casa Central’s Safe Start program serves approximately 30-35 families per year. In the most recently completed fiscal year, the program provided clinical therapy services to 34 families. These
families included 56 children and 41 caregivers (both biological and foster parents). Most families (40%) were referred to the program due to experiences of domestic violence. Child abuse/neglect, including child sexual abuse, was the second most common reason for referral (30% of families).

b) How many paid staff and volunteers are used to administer the nominated program?

The Safe Start program is staffed by one full-time Clinical Supervisor, one full-time Safe Start Therapist and one part-time Safe Start Therapist, with support from the full-time Violence Prevention and Intervention Program Director, one part-time Program Assistant, and one part-time Domestic Violence Counselor/Advocate. For safety and privacy reasons, the Safe Start program does not work with volunteers, but does work with one or two Clinical Interns during the school year, which helps ease the backlog of families on the program’s waiting list. The Clinical Interns, under the direct oversight of the Clinical Supervisor, each carry a caseload of eight to ten families.

c) Are there past awards, accolades, and grants furnished upon the applicant or nominee that would further exemplify its success in combating intimate partner violence?

Casa Central’s Safe Start program is sustained by grants from both government agencies and foundations, which require annual reports and renewal applications. The program’s long-term and ongoing support, renewed annually by multiple funders such as the Irving Harris Foundation and the Robert R. McCormick Foundation, demonstrates the effectiveness of the services provided and the continued need for this program within the community. In addition, Safe Start was recently recognized by the Center for Advancing Domestic Peace as their Community Partner of the Year at their 2016 Awards Gala. Through its collaboration with the Center for Advancing Domestic Peace, Safe Start staff is able to refer offending parents interested in therapy to the Center, where they must complete the Partner Abuse Intervention Protocol prior to engaging in treatment with Safe Start.

Additionally, the program has expanded its partnership with the Illinois Department of Children & Family Services’ IB3 (Illinois Birth to Three) Waiver program. This is a five year, Title IV-E Waiver Demonstration project through the Children’s Bureau of the Administration for Children and Families, wherein targeted cases receive Child Parent Psychotherapy (CPP) services to address the developmental effects of maltreatment and trauma and promote young children’s secure attachments with permanent caregivers. The central hypothesis of the Waiver is that children between birth and three will experience reduced trauma symptoms, increased permanency (including stability in foster home placements), reduced re-entry into the foster care system, and overall improved well-being if they are provided with CPP services. Through the Waiver, Casa Central’s Safe Start program continues to respond to the needs of very young children who have been impacted by violence and trauma by proving Child Parent Psychotherapy services with their foster and/or biological parents.
d) In what ways is the composition of your staff and Board of Directors reflective of your client population?

The Casa Central Board of Directors is currently composed of 12 individuals, four women and eight men, six of whom are Hispanic, five of whom are Caucasian, and one of whom is African American. The agency makes sure that the composition of the board is at least 50% Hispanic to reflect the population served. These Hispanic Board Members and staff hail from diverse Latin American backgrounds, which give them a clear understanding of the cultural differences that exist within the Hispanic community and the importance of dealing with those differences respectfully.

In addition, because Casa Central’s unique bilingual and bicultural approach makes the agency’s services most convenient and valuable to the largely Hispanic communities of Chicago, the majority of Casa Central employees are bilingual, bicultural, and reflect Casa Central’s largely Hispanic participant demographic. In Fiscal Year 2016, 95% of staff were Hispanic, 3% African American, and 2% were Caucasian. Casa Central prioritizes recruiting a workforce that represents the community it serves and accordingly, requires that all direct service staff are bilingual in order to serve the language needs of our population.

5) Our selection committee has created a series of questions about each semi-finalist’s specific program so that we can better understand your work. Please see the enclosed separate sheet for your set of questions and answer each thoroughly.

Please see the enclosed separate sheet for answers to the additional program questions.
Casa Central Social Services Corporation
Safe Start Program
1343 N. California Avenue
Chicago, IL 60622

In addition to the questions and requirements listed in your letter, your responses to the questions below will help the final review committee to better understand the value of your program and services. Your answers to these questions should be as brief and focused as you think is needed. Any requested supplemental resources should be attached.

1. How are families selected to participate in the program? What criteria is utilized to determine family eligibility and program acceptance?

Family eligibility for Casa Central’s Safe Start program is based on the following criteria:
- The family has at least one child between the ages of birth and five; and
- Exposure to violence is the primary reason for seeking services.

At this time, the program does not further define eligibility criteria (i.e. presence of particular symptoms or a diagnosable mental health condition). We view ourselves as offering both intervention supports (services provided after the fact, after traumatic experiences have happened and young children and their families are potentially showing signs of the negative impact those experiences have had on their lives) and prevention supports (services that prevent traumatic experiences from occurring in the first place, or prevent negative impact from taking root or getting worse).

We have explored triaging cases, where families with more severe experiences of violence, or more intense symptoms and reactions, might get connected with Safe Start services more quickly. However, because trauma is such a subjective experience, and because prevention and intervention supports are equally important to the program, we have chosen not to triage referrals, and rather open cases on a first-come, first-served basis, as long as families meet the eligibility criteria defined above.

2. The application mentions that due to a high demand for services, families are placed on a waiting list. How long are families generally on the waiting list before receiving Safe Start services?

Unfortunately, the program does maintain a waiting list. The average wait time for a family on the waiting list is approximately four months. While families are on the wait list, program staff maintains contact with the families by phone at least twice per month, in order to check in, offer updates about service availability, continue to assess and respond to families’ needs, and express care and concern for how the families are doing.

When families are referred to the program, or contact the program in search of help or support, they are offered information about the services offered by the program, and told about the program’s waiting list. If they are interested in services, they are then offered an intake appointment with the Program Assistant. At that time, they complete standardized assessment
tools. During this appointment, the Program Assistant also assesses other aspects of family functioning, including needs for additional services (i.e. support with domestic violence safety planning or assistance obtaining an order of protection; assistance with housing, food or other basic needs; etc.); the Program Assistant offers referrals and linkages to other programs and services as indicated, both within the network of services provided at Casa Central, and services provided by external partners.

Whenever possible, in addition to placing families on the Safe Start program's waiting list, we also refer families to other community-based counseling supports. However, many other programs that provide trauma-focused clinical therapy services also maintain waiting lists for services; may not have Spanish-language capacities; may not provide services for very young children (many programs begin offering services for children at the age of 3, while Safe Start services works with the youngest of children, including infants); or may not provide the family-centered services that caregivers are seeking, in order to heal from the experience of trauma and violence as a family, and interrupt the intergenerational cycle of violence.

3. **Must the non-offending parent be out of the abusive relationship in order for children to receive services?**

The short answer to this wonderfully challenging question is no. Clinicians in the program explore this issue on a family-by-family basis, in order to respond to safety needs and provide thoughtful, responsive, ethical treatment. When protective parents are still in abusive relationships, the primary concern for the parent and child is safety.

In these situations, clinicians move slowly and carefully through the initial engagement and assessment phase of the work to explore the presenting needs of the child, protective parent, and the family. The clinician also assesses safety concerns that may arise and addresses safety planning to mediate as many of the concerns as possible. Clinicians also use these caregiver-focused sessions to provide reflective developmental guidance for the protective parent. For example, clinicians might explore with parents why it can pose a safety risk to be attending counseling services if a child needs to keep a secret from the abusive partner, how asking young children to keep secrets is not developmentally appropriate, and how such secret-keeping might place the child and/or protective parent at risk from the abusive partner or in other circumstances (i.e. teaching children to keep secrets can increase vulnerability for sexual abuse).

The program believes that it is important to be honest with children about why they are coming to services. Clinicians and caregivers work collaboratively, before the child begins services, to decide together what to tell the child about his/her participation in therapy. A clinician might say, for example, “Diego, your mom wanted the two of you to come see me because you have seen your mom and dad fight. Your mom knows that when little boys see things like that, they often have big feelings—they might feel sad, scared, mad, or lots of other feelings. I am a person who helps kids and their parents when they have big feelings.”

In some cases, together with the protective parent, the program determines that offering services directly to the child poses too many risk and safety concerns as a result of the abusive partner's role in the family. In these circumstances, caregivers are offered individual counseling and support
services, which can help them explore ways to support and protect their child(ren), even though those children are not directly receiving services through the program. These caregivers are also welcome to participate in group services such as our Circle of Security Parenting support group. Furthermore, caregivers and clinicians work collaboratively to continue to explore and assess the safety and appropriateness of incorporating children into the services if/as circumstances change.

4. Please share additional information on specific therapeutic and supportive services that participants receive. Do children receive any creative arts therapy to assist in healing? Do the children participate in group sessions or activities while the parents are attending the Circle of Security?

Although therapy services are individualized, the program primarily utilizes the Child Parent Psychotherapy (CPP) framework. CPP is a dyadic, relationship-based treatment model. It has been shown to reduce the negative impact of various forms of trauma in children from birth to age five. The model also addresses unresolved traumatic events the primary caregiver may have experienced that interfere with his or her ability to parent effectively, helping to raise future generations of children violence-free. This intervention has been shown in randomized clinical trials to improve the mental health of both primary caregivers and their children, and to decrease levels of depression and anxiety in women who have experienced violence and abuse. Further research demonstrates that CPP is a highly effective way to strengthen the child-parent relationship, address child trauma and improve child outcomes.

As an intervention modality, Child-Parent Psychotherapy is based in attachment theory, but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories. CPP focuses on safety, affect regulation, improving the child-caregiver relationship, normalizing trauma related responses, and jointly constructing a trauma narrative, with the goal of returning the child to a normal developmental trajectory. This type of early intervention interrupts the intergenerational transmission of trauma and abuse by strengthening attachment relationships, helping to ensure child safety, and alleviating trauma-related symptoms early on so that they do not cause ongoing or lifelong challenges.

Interventions within the CPP framework are not manualized, but rather are individualized and tailored to be responsive to each family's unique strengths, needs and preferences. Play and creative arts expression are used in CPP sessions as vehicles for facilitating communication between children and caregivers and exploring some of the difficult "big feelings" and worries that children and parents have after experiences with violence and abuse. Additional targets of the intervention include caregivers' and children's maladaptive beliefs about themselves and each other that often arise following experiences of violence and abuse, as well as interactions and behaviors that interfere with the child's mental health and well-being. Over the course of counseling services, caregivers and children are supported in creating a joint narrative of the traumatic events and in identifying and addressing traumatic triggers that generate dysregulated behaviors and emotions. When parents have a history of trauma that interferes with their responses to the child, the therapist helps the parent understand how this history can affect perceptions of and interactions with the child, and helps the parent interact with the child in new, developmentally appropriate ways.
When feasible, the program offers supportive services or childcare for children while parents are attending Circle of Security. During the most recently completed Circle of Security group, 10 children, ranging in age from 18 months to 8 years, participated in childcare while their parents were in the group. Because of the range of age in children, and their varying developmental needs, no group sessions were offered. Instead, two certified early childhood teachers from another of Casa Central's programs offered a safe, stable and fun play environment, where the children could be safely and happily engaged while their parents/caregivers were in group.

5. Without violating confidentiality, please relate the personal story of a child who received Safe Start services due to his/her exposure to intimate partner violence.

"Emily and Esther"

While the program's primary service model includes longer-term counseling, it is also important to us to provide emergency and crisis support services to young children and families experiencing domestic violence, which is how we met this family.

Back in the spring of 2014, four-year-old Emily and her mother, Esther, came to Casa Central in a unique way. A client of the Violence Prevention & Intervention program, India, was riding the #52 bus to her family therapy session with her two young sons, Ishmael and Jacobi, and noticed Emily and Esther, seated across from her. Emily was having a big temper tantrum – crying, kicking her feet, and even hitting her mother. At first, India remembers thinking, "Kids will be kids! I've been there myself with my boys!" but as she heard Emily's tantrum continue to escalate, she realized there might be something more going on. Emily was saying, "I wish my daddy would hit you more! I wish my daddy had killed you!" to her mother. Ishmael and Jacobi, wide-eyed, told their mother, "That little girl is sad and mad."

India, who was coming to Casa Central with her children for therapy services after experiencing severe domestic violence herself, took a risk and reached out to Esther. She said, "I don't know what's going on, but maybe I have been where you've been, and now my boys and I are getting help." She told Esther about where she was headed; Jacobi added, "They have lots of toys there." India told Esther she and Emily should stop by the program that very day.

Esther, at the end of her rope, feeling scared, frustrated, desperate and alone, agreed, and she and Emily accompanied India, Ishmael and Jacobi to the program's office. The VPI team mobilized, offering Emily a chance to play in a safe, supervised space, while Esther met one-on-one with a counselor. As the family's story gradually unfolded, Esther revealed a terrifying story of violence and abuse. She and Emily had fled the family's home, in Wisconsin, just two days prior, after Esther's husband held a gun on her and threatened her life. Esther further shared that Emily had witnessed this incident, as well as countless others, and shared, "I believe him when he says he'll kill me. I can't have my daughter living like that anymore." Emily and Esther had come to Chicago, to stay with Esther's sister; however, Esther said that she and Emily would soon have nowhere to go, as her sister, afraid for her own safety, had told Esther she couldn't stay more than three days.
VPI staff supported Esther and Emily in connecting with one of the City of Chicago's Community Service Centers for shelter and housing support, reviewed options with Esther, and gave Esther an emergency cell phone and bus passes. The family stayed at VPI's offices for several hours, so staff could ensure that the mother and daughter were able to eat something, rest a little, and feel as confident as possible about their next steps.

For the next few weeks, while residing in an emergency shelter, Esther was in touch with VPI staff almost every day. Esther wasn't ready to participate in her own counseling, or in therapy sessions with Emily, but frequently dropped by the office to inquire about additional resources, further explore her options, and as Esther described, "just soak up a little bit of how positive this place is." She often stayed an hour or two each time she visited, and staff made time to check in with her and play with Emily. While in shelter, Esther reconnected with a cousin who lived in Michigan, who offered Esther and Emily a place to stay with her, indefinitely. Esther told staff she was planning to move with Emily to Michigan, and VPI didn't hear from her again for a year and a half.

In June 2016, out of the blue, the Program Director received an email message from Esther, which included a beautiful picture of Esther and Emily, together at Emily's preschool graduation. Esther wrote, "I wanted to tell you that we're doing better now. We're still in Michigan. Emily is now five-and-a-half, and as you can see, she's grown a lot and is doing great. I wanted to thank you all for helping us. I bet you thought we forgot about you all but we didn't! I asked Emily if she wanted to say anything, and she says she remembers going to your offices. Well, she calls it your house. She says, 'I really liked to play with you. You were like my best friends.' I just wanted to say we often think about you and all your help and dedication you had to our family. We miss you and your support."

"Dominick and Renee"

3-year-old "Dominick” and his grandmother were referred to the Safe Start program at Casa Central by a childcare Center Director. In the preceding six months, Dominick had already been kicked out of two childcare centers because of aggressive behaviors, and was now on the verge of being kicked out of a third. His grandmother, "Renee”, describes pleading with the Center Director, finally asking for the Director to "just give me a (bleeping) break", because Dominick had "been through a lot." She started crying, and began explaining what she knew about Dominick's history. The Center Director said, "Oh, you should have told me that sooner!" and facilitated a referral to Casa Central.

The Center Director had learned about Casa Central's Safe Start program at a community training a few months prior and recognized that Dominick's challenging, aggressive behaviors were likely responses to something going on in his life. As we learned more about Dominick and Renee, we discovered that, for the first two years of his life, Dominick had lived with his mother, who, although she loved him very much, was not able to provide him with consistent, safe, stable care due to her own substance abuse, as well as violence she was experiencing in her relationship with Dominick's father. Dominick was with his parents during a particularly violent episode, where his mother was badly injured, including several broken bones in her face. When police arrived at the scene, they found drug paraphernalia, and both of Dominick's parents were arrested.
Dominick went to live with Renee. His previous exposures to violence and trauma, coupled with the sudden loss of his primary attachment relationship with his mother, certainly contributed to his struggles to be successful in childcare settings.

Initial Safe Start therapy sessions with Dominick and Renee were challenging, and for the first few weeks of therapy, his aggressive behaviors at school continued to escalate. Dominick also had frequent aggressive and angry outbursts during therapy sessions that scared and overwhelmed his grandmother, who felt guilty about everything he had experienced but also felt powerless to help him recover and stabilize.

In one therapy session, Dominick climbed into a garbage can in the therapy office and yelled, "LEAVE ME HERE! LEAVE ME IN HERE! I'M A BAD BOY!" for over 20 minutes. The Safe Start therapist was able to support Renee in allowing Dominick to express his big, confusing feelings, while also guiding Renee so that she could effectively help him feel better. With the therapist's support, Renee was able to say, "I see your big feelings. I bet you feel sad and mad and confused about so many things. I want to help you; I will not leave you in that garbage can. I will help you."

Eventually, Dominick let his grandmother lift him up out of the garbage can and hold him in her arms, rocking him gently back and forth like a baby. As they left the building after that session, Renee told the therapist, "Oh, Lord, I'm tired." Dominick looked up at his grandmother and said, "Yeah, me, too. Oh, Lord." The therapist, Renee and Dominick were able to laugh together at this precocious – but completely honest and accurate – exchange.

Dominick and Renee still have a long way to go but they are on a wonderful path toward helping Dominick heal from some incredibly painful and challenging early circumstances. Since the initial referral, staff from the childcare center have remained collaborative and supportive, providing feedback about Dominick's progress and reaching out for suggestions from the Safe Start therapist about how to more effectively help Dominick manage his aggressive behaviors in the classroom.

6. Please provide additional information on Safe from the Start training modules used to train community and coalition partners on recognizing and responding to early warning signs of trauma exposure.

The program's outreach and training efforts are based on a curriculum called Bringing the Kids Back Into Focus, which was developed by the Chicago Department of Public Health in 2006. In order to ensure that information is based on current research and best practices, the program uses this curriculum as a base but adapts, updates and modifies the curriculum modules.

The outreach and training focuses on building the protective factors that help keep children safe and disrupt the intergenerational cycle of violence and abuse. These protective factors include relationships with caring adults, support for protective parents to parent in safety and stability, and support for children's healthy development. The outreach and training also aims to increase awareness about the impact of violence on very young children, so that professionals who work closely with young children and families (early childhood educators and childcare providers, members of the faith community, medical personnel, etc.) are equipped to recognize warning signs
of possible violence exposure, speak respectfully to parents/caregivers about their concerns, and connect children and families with appropriate resources.

A PowerPoint slide set is included in our supplemental materials to support the reviewers’ understanding of what these modules look like. The slides are from a webinar presented on 12/18/2012, for staff at Head Start sites across the City of Chicago, who sought guidance about helping the children and families they worked with following the shootings at Sandy Hook Elementary School in Newton, CT. While that was not an incident of domestic violence, it was devastating for our community, especially for children and families who were experiencing additional adversities, such as domestic violence and other traumas.

7. Because all participants have been exposed to violence or are at high risk of exposure, how are the safety needs of the individuals in the Safe Start program assessed and addressed?

Addressing safety concerns is an important and ongoing component of Safe Start programming. Some participants may be referred internally to a Domestic Violence Counselor/Advocate, who provides additional supports to help ensure family safety. The Counselor/Advocate offers both ongoing counseling and advocacy services, and walk-in crisis response. Participants can receive support with immediate safety planning, information and referral, and case management and advocacy support, including accessing legal options such as an Order of Protection. Safety plans may be completed with the Domestic Violence Counselor/Advocate but are also regularly discussed as circumstances change. Plans are family-centered, including the needs of both adults and children, and contextual—focusing on safety during transitions to and from visits, or with a person who has perpetrated violence still living in the home, or whatever the family circumstances require.

Furthermore, the program primarily utilizes the Child Parent Psychotherapy model for provision of services to young children and their families. This is an evidence-based, trauma-informed model, focused on provision of services to very young children (ages birth to five) and their caregivers. In order to ensure fidelity to this model, clinical staff meet regularly for individual supervision (weekly) and CPP-specific consultation (at least monthly) and complete Fidelity Assessment Measures, related to their adherence to the key components of the model on a monthly basis. Thus, for each family, key safety-related domains of CPP are discussed for each case, between therapist and supervisor. These domains include:

- The child and family’s physical safety, including:
  - Serious risks to physical safety;
  - Safety planning needs;
  - Assessing for and filing appropriate reports of child abuse/neglect.

- Stabilization, including:
  - The family’s capacity to provide for/maintain basic needs;
  - Offering case management to help the family obtain basic needs;
  - Making linkages and referrals to other needed services;
  - Helping empower the caregiver to obtain services and meet family needs
- Safety and consistency in therapy, including:
  o Acknowledging safety risks to participating in therapy (such as the therapist’s status as a mandated reporter);
  o Encouraging consistent, on-time participation in therapy;
  o Creating a consistent and safe environment for trauma-focused treatment.

- Safety in the caregiver/child relationship, including:
  o Acknowledging and exploring past history of risks to both the safety of the caregiver and of the child;
  o Highlighting the need for safe, appropriate behavior while still legitimizing feelings (for example, even though the child is angry, he/she cannot hit others);
  o Fostering the caregiver’s use of appropriate limits;
  o Supporting the caregiver’s development of routines to enhance felt and actual safety; and
  o Helping to establish (or re-establish) the caregiver as a protective, benevolent, legitimate authority figure.

8. Please feel free to briefly share any additional information about your program that may be helpful for our reviewers to know.

Our program works closely with collaborative partners to advance best practices and end the intergenerational cycle of violence and abuse. For the past three years, we have partnered with the Domestic Violence & Mental Health Policy Initiative (DVMHPI)/National Center on Domestic Violence, Trauma & Mental Health to provide trainings for Chicago-area domestic violence program staff and supervisors on integrating family-centered, developmentally attuned, trauma-informed approaches into their work with children and families impacted by domestic violence.

Additionally, our program supports the Chicago Metropolitan Battered Women’s Network Domestic Violence Outcome Measures Project, which is a unique research and evaluation project exploring the needs of survivors of domestic violence and their children. The research collects data from survivors of domestic violence 6 months after their initial contact with a domestic violence service provider, including legal advocacy services, counseling services, and shelter services. The research explores how well the services helped resolve immediate safety needs and addressed other survivor-identified concerns. This research also gives survivors a chance to share information about what services and supports they need to sustain safety. Initial research findings show that services are working, and are supporting survivors and their children in meeting their emergency/immediate safety needs. The data also points to the importance of long-term, ongoing support services, including the type of longer-term, family-centered therapeutic counseling services provided by Casa Central’s Safe Start program.

9. Please provide copies of any evaluation forms, screening tools or assessments used to determine client eligibility.
As was previously described, client eligibility is not dependent on the presence of any particular symptoms or experiences. During the initial intake process, Safe Start families complete standardized clinical instruments to determine strengths and challenges for both child(ren) and caregiver.

A Child Behavior Checklist (CBCL) is filled out by each child's primary caregiver to measure child symptoms and emotional and behavioral problems. The Child Behavior Checklist was chosen to measure child symptoms and emotional and behavioral problems because it is a valid and reliable measure of behavioral problems for young children that is commonly used nationwide. For children aged 1½ to 5, the Child Behavior Checklist 1½-5 obtains parents' ratings of 99 problem items plus descriptions of problems, disabilities, what concerns parents most about their child, and the best things about the child. Scales include: Emotionally Reactive, Anxious/Depressed, Somatic Complaints, Withdrawn, Attention Problems, Aggressive Behavior, and Sleep Problems, in addition to Internalizing, Externalizing, and Total Problems scales. This new form also includes a profile of DSM (Diagnostic and Statistical Manual)-oriented scales. The DSM-oriented scales are: Affective Problems, Anxiety Problems, Pervasive Developmental Problems, Attention Deficit/Hyperactivity Problems, & Oppositional Defiant Problems.

The program also uses Parenting Stress Inventory-Short Form. The Parenting Stress Inventory (PSI) assesses the level of stress that caregivers experience in four areas – Parental Distress, Parent-Child Dysfunctional Interaction, Difficult Child, and Total Stress. Scores above the 90th percentile are considered to be in the clinical range. Furthermore, in addition to the caregivers that were in the clinical range, scores in the borderline clinical range (approximately the 85th percentile) are also indicative of significant stress, and therefore included in this analysis. The PSI was chosen as a measure because it is a valid and reliable assessment of parental stress.

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

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

Difficult Child. This subscale focuses on behavioral characteristics that make children difficult to manage, including the temperament of the child, learned patterns of defiance, noncompliance, and demanding behavior. High scores by parents with children below 18 months of age suggest the child may have significant problems in self-regulatory processes. High scores for parents with children above two years of age are related to measures of child behavioral adjustment and to behavioral-symptoms checklists. Parents usually need professional assistance. Moreover, when both the subscales of the Parent Child Dysfunctional Interaction and the Difficult Child scores are in the clinical range, intensive therapeutic interventions are usually warranted.
**Total Stress.** The Total Stress score provides a measure of the overall level of stress related to parenting that a person is experiencing. The Total Stress score reflects the stresses reported in the areas of personal parental distress, stresses from the parent’s interaction with the child, and stresses resulting from the child’s behavioral characteristics.

Once families begin therapy services, additional assessment tools or evaluation measures may be completed, to help guide the assessment and treatment planning processes. For example, staff often finds it helpful to understand both the parent/caregiver’s history of trauma, as well as the child’s lifetime exposure to traumatic events. Caregiver trauma history is assessed using the Life Stressor Checklist-Revised version (LSC-R), while child trauma history is assessed using the Traumatic Events Screening Inventory (TESI). Further, the program uses the Angels in the Nursery Interview, a semi-structured interview that helps elicit positive memories the caregiver may have from his or her childhood. This helps the caregiver and therapist access positive memories the caregiver has of being parented in their own family of origin, in order to be able to draw on those positive memories in parenting their own children, which helps the therapist facilitate a sense of hopefulness in the caregiver.

10. **Please include copies of any tools or forms used for safety planning with clients and determining lethality risk and/or danger.**

The program utilizes the Danger Assessment (Jacquelyn Campbell) to support assessing lethality risk and danger with participants. Furthermore, the program engages in ongoing safety planning with families throughout the course of their involvement with the program, given that risk is fluid and family circumstances often change over time. Safety planning focuses on physical safety (i.e. planning as a family where children can go and what they can do if a violent incident happens; exploring safe escape options; etc.) as well as emotional safety (i.e. with whom children and caregivers can talk to if they are feeling sad, scared, etc.). Safety planning additionally focuses on managing contact with an abusive partner, whether that is because the relationship has not ended, or because co-parenting requires contact that may lead to ongoing abuse and harassment.
Casa Central Social Services Corporation
Operating Budget - Violence Prevention & Intervention Program
For the Year Ending June 30, 2016

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**Net Revenue over Expenses:** $0
Ms. Marcia Roth  
Executive Director  
Mary Byron Project, Inc.  
Fostering Innovations & Strategies to End Domestic Violence  
10401 Linn Station Road, Suite 116  
October 4, 2016  

Dear Ms. Roth,  

Connections for Abused Women and their Children (CAWC) respectfully submits this letter in support of Casa Central’s Violence Prevention and Intervention (VPI) program’s nomination for the Mary Byron Project’s Celebrating Solutions Award. As a victim’s service agency with forty years of experience, CAWC understands firsthand the struggles and trauma women and children face when experiencing domestic violence.  

CAWC is committed to ending domestic violence. Using a self-help, empowerment approach, we provide shelter for women and children, and offer counseling, advocacy, and a 24-hour hotline for people impacted by domestic violence. We work for social change through education, service collaboration, and institutional advocacy.  

Casa Central’s VPI program services are in high demand within Chicago, as they offer specialized therapy and case management to families of young children who are experiencing domestic violence and who require bilingual (English/Spanish) support services. The program utilizes Child Parent Psychotherapy, a highly effective, evidence-based modality proven to reduce the negative impact of domestic violence in both children and their primary caregivers, and to strengthen parent-child attachment relationships.  

As a peer agency, CAWC has worked with VPI for many years to the benefit of clients from both our programs and the greater community. Our recent efforts have included mutual referrals, specialized training and services for children exposed to violence, public awareness activities, 40-hour domestic violence training and other training opportunities. VPI also regularly participates in our outreach efforts including the annual “Silent Too Long, Silent No More” community march and rally.  

We consider Casa Central an asset in preventing and responding to domestic violence in our community, and value them as a partner in ending the intergenerational cycle of violence. We hope that the Mary Byron Project will look favorably on their nomination and honor them with the Celebrating Solutions Award.  

Sincerely,  
Stephanie Love-Patterson  
Executive Director  
Connections for Abused Women and their Children  
773-489-9081x11
Ms. Marcia Roth  
Executive Director  
Mary Byron Project, Inc.  
Fostering Innovations & Strategies to End Domestic Violence  
10401 Linn Station Road, Suite 116

Dear Ms. Roth,

The Robert R. McCormick Foundation was established in 1955 under the Last Will and Testament of Col. Robert R. McCormick, long-time publisher and editor of the Chicago Tribune. The McCormick Foundation is dedicated to fostering communities of educated, informed and engaged citizens. To that end, our Child Abuse Prevention & Treatment issue area supports parenting and treatment programs that reduce the risk of child abuse and improve the social and emotional functioning of children and youth impacted by abuse and family violence. With the help of partners such as the Chicago Tribune, we are able to help families protect themselves and their young children from the devastating effects of domestic and community violence.

The Safe Start component of Casa Central’s Violence Prevention and Intervention program has been funded through the McCormick Foundation’s Chicago Tribune Charities – Holiday Campaign fund since 2010. Throughout this time, McCormick Foundation representatives have witnessed the program make great strides in increasing a child’s protective factors against abuse and neglect and strengthening the child-parent bond, an essential component in preventing future exposure to violence and breaking the intergenerational cycle of violence and abuse. We fund programs that serve populations in need, and VPI’s reach toward predominately Spanish-speaking families and very young children continues to meet a high demand.

The McCormick Foundation commends VPI for its highly committed and knowledgeable staff, and for the transparency with which both the program and agency operate. The Foundation supports VPI’s candidacy for the Mary Byron Project’s Celebrating Solutions Award, and we hope to see them officially recognized for their continuous efforts to break the intergenerational cycle of partner violence and build safer, healthier communities. Please feel free to contact me at mbaltman@mccormickfoundation.org or 312-445-5022 if you have additional questions or require further information. Thank you for your consideration of VPI’s nomination.

Respectfully,

Molly Baltman  
Assistant Director of Grantmaking  
Communities Program

October 3, 2016
Ms. Marcia Roth
Executive Director
Mary Byron Project, Inc.
Fostering Innovations & Strategies to End Domestic Violence
10401 Linn Station Road, Suite 116

Dear Ms. Roth,

Casa Central’s Violence Prevention & Intervention Program is a valued community partner of the Chicago Metropolitan Battered Women’s Network and we are pleased to write this letter of support on behalf of their application for the Celebrating Solutions Award with the Mary Byron Project.

The Network is a collaborative membership organization, and Casa Central has been a member for more than 15 years. Since 1980, when The Network was established, we have been dedicated to improving the lives of those impacted by domestic violence through education, public policy and advocacy, and the connection of community members to direct service providers via our Statewide Domestic Violence Hotline.

Beginning in 2013, The Network also rolled out our groundbreaking, first-of-its-kind Domestic Violence Outcome Measures Project. Through the strategic leadership and vision of The Network, our member programs, including Casa Central, were partnered with expert researchers to assess the long term impact of our services to survivors across Chicagoland. The Final Report provides clear and compelling evidence that our core services, including the counseling and support services provided by Casa Central, are working and worth the investment. Six months after initial contact with domestic violence service providers, emergency safety needs (i.e., emergency shelter and getting an order of protection) were no longer the most prominent issues of concern for participants. However, at the six-month mark, respondents identified needs for help with those things that enable one to sustain a stable and independent household, which is essential to maintaining safety over time and ending the intergenerational cycle of violence; one critical need that more than a third of Latina survey respondents identified was for ongoing family therapy/counseling services—like the services provided by Casa Central.
In reply refer to: 0248267585
Mar. 17, 2016 LTR 4168C 0
36-2728618 000000 00
00017488
BODC: TE

CINCINNATI OH 45999-0038

CASA CENTRAL SOCIAL SERVICES
CORPORATION
1343 N CALIFORNIA AVE
CHICAGO IL 60622

Employer ID Number: 36-2728618
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Mar. 08, 2016, regarding your tax-exempt status.

We issued you a determination letter in May 1972, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).
Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage, choking
5. Use of weapon; wounds from weapon

(If any of the descriptions for the higher number apply, use the higher number.)

Mark Yes or No for each of the following.
("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Has the physical violence increased in severity or frequency over the past year?</td>
</tr>
<tr>
<td></td>
<td>2. Does he own a gun?</td>
</tr>
<tr>
<td></td>
<td>3. Have you left him after living together during the past year?</td>
</tr>
<tr>
<td></td>
<td>3a. (If have never lived with him, check here)</td>
</tr>
<tr>
<td></td>
<td>4. Is he unemployed?</td>
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<tr>
<td></td>
<td>5. Has he ever used a weapon against you or threatened you with a lethal weapon?</td>
</tr>
<tr>
<td></td>
<td>5a. (If yes, was the weapon a gun?)</td>
</tr>
<tr>
<td></td>
<td>6. Does he threaten to kill you?</td>
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<tr>
<td></td>
<td>7. Has he avoided being arrested for domestic violence?</td>
</tr>
<tr>
<td></td>
<td>8. Do you have a child that is not his?</td>
</tr>
<tr>
<td></td>
<td>9. Has he ever forced you to have sex when you did not wish to do so?</td>
</tr>
<tr>
<td></td>
<td>10. Does he ever try to choke you?</td>
</tr>
<tr>
<td></td>
<td>11. Does he use illegal drugs? By drugs, I mean &quot;uppers&quot; or amphetamines, Meth, speed, angel dust, cocaine, &quot;crack&quot;, street drugs or mixtures.</td>
</tr>
<tr>
<td></td>
<td>12. Is he an alcoholic or problem drinker?</td>
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<tr>
<td></td>
<td>13. Does he control most or all of your daily activities? (For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car?)</td>
</tr>
<tr>
<td></td>
<td>(If he tries, but you do not let him, check here: )</td>
</tr>
<tr>
<td></td>
<td>14. Is he violently and constantly jealous of you?</td>
</tr>
<tr>
<td></td>
<td>(For instance, does he say &quot;If I can't have you, no one can.&quot;)</td>
</tr>
<tr>
<td></td>
<td>15. Have you ever been beaten by him while you were pregnant?</td>
</tr>
<tr>
<td></td>
<td>(If you have never been pregnant by him, check here: )</td>
</tr>
<tr>
<td></td>
<td>16. Has he ever threatened or tried to commit suicide?</td>
</tr>
<tr>
<td></td>
<td>17. Does he threaten to harm your children?</td>
</tr>
<tr>
<td></td>
<td>18. Do you believe he is capable of killing you?</td>
</tr>
<tr>
<td></td>
<td>19. Does he follow or spy on you, leave threatening notes or messages on answering machine, destroy your property, or call you when you don't want him to?</td>
</tr>
<tr>
<td></td>
<td>20. Have you ever threatened or tried to commit suicide?</td>
</tr>
</tbody>
</table>

Total "Yes" Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.
My Very Own Safety Plan

When I feel scared, I can think about these things to help me feel better:


I can go to:


I can talk to:


The safe exits from my house are:


On the back of this page, draw a diagram of your house, and mark the safe places and safe exits.

In an emergency I can:


Important Numbers:

My phone number:

The police:

Safe friend(s)/family member(s) who can help me:


Other Important Safety Information:
OUR FAMILY SAFETY PLAN

This is a family safety plan which may be adapted by Safe Start. It includes some basic elements of joint safety planning for people experiencing domestic violence. This version may be too long for some children, but it also omits other important elements that Safe Start may want to include. Some examples are planning for safety at school, child care or visitation exchanges, and safety procedures in case of fire or in the presence of weapons. Safe Start staff may adapt this form as needed to be responsive to the needs of the children and families served.

Our names:
Parent(s)/Caregiver(s):________________________________________________________

Child(ren):________________________________________________________________

Safe people kids in our family can talk to or call when there is trouble:

Name:_________________________Number:_________________________

Name:_________________________Number:_________________________

Name:_________________________Number:_________________________

Name:_________________________Number:_________________________

Our family uses a signal when there is trouble. Our family signal is:

When we see or hear the signal, the children will:

Where can kids go when we don't feel safe at home?
- A safe place has more than one exit.
- A safe place does not have things that can be used as weapons.

Safe places in our home:
If we have to leave home quickly, here are the things we’d like to take with us:

Here are some other things our family does to stay safe:
Instructions

This questionnaire contains 36 statements. Read each statement carefully. For each statement, please focus on the child you are most concerned about, and circle the response that best represents your opinion.

Circle the SA if you strongly agree with the statement.
Circle the A if you agree with the statement.
Circle the NS if you are not sure.
Circle the D if you disagree with the statement.
Circle the SD if you strongly disagree with the statement.

For example, if you sometimes enjoy going to the movies, you would circle A in response to the following statement:

I enjoy going to the movies. SA A NS D SD

While you may not find a response that exactly states your feelings, please circle the response that comes closest to describing how you feel. YOUR FIRST REACTION TO EACH QUESTION SHOULD BE YOUR ANSWER.

Circle only one response for each statement, and respond to all statements. DO NOT ERASE! If you need to change an answer, make an "X" through the incorrect answer and circle the correct response. For example:

I enjoy going to the movies. SA A NS D SD

Before responding to the statements, write your name, gender, date of birth, ethnic group, marital status, child's name, child's gender, child's date of birth, and today's date in the spaces at the top of the questionnaire.
CHILD BEHAVIOR CHECKLIST FOR AGES 1 1/2 - 5

Please fill out this form to reflect your view of the child's behavior even if other people might not agree. Feel free to write additional comments beside each item and in the space provided on page 2. Be sure to answer all items.

Below is a list of items that describe children. For each item that describes the child now or within the past 2 months, please circle the 2 if the item is very true or often true of the child. Circle the 1 if the item is somewhat or sometimes true of the child. If the item is not true of the child, circle the 0. Please answer all items as well as you can, even if some do not seem to apply to the child.

0 = Not True (as far as you know)  1 = Somewhat or Sometimes True  2 = Very True or Often True

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2</td>
<td>Aches or pains (without medical cause; do not include stomach or headaches)</td>
<td>30. Easily-eaten</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Acts too young for age</td>
<td>31. Eats or drinks things that are not food—don't include sweets (describe):</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Afraid to try new things</td>
<td>32. Sleeps certain animals, situations, or places (describe):</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Avoids looking others in the eye</td>
<td>33. Feelings are easily hurt</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Can't concentrate; can't pay attention for long</td>
<td>34. Gets a hurt a lot, accident-prone</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Can't sit still, restless, or hyperactive</td>
<td>35. Gets in many fights</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Can't stand having things out of place</td>
<td>36. Gets into everything</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Can't stand waiting; wants everything now</td>
<td>37. Gets too upset when separated from parents</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Chews on things that aren't edible</td>
<td>38. Has trouble getting to sleep</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Clings to adults or too dependent</td>
<td>39. Headaches (without medical cause)</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Constantly seeks help</td>
<td>40. Hits others</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Constipated, doesn't move bowels (when not sick)</td>
<td>41. Holds his/her breath</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Cries a lot</td>
<td>42. Hurts animals or people without meaning to</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Cruel to animals</td>
<td>43. Looks unhappy without good reason</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Defiant</td>
<td>44. Angry moods</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Demands must be met immediately</td>
<td>45. Nausea, feels sick (without medical cause)</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Destroys his/her own things</td>
<td>46. Nervous movements or twitching (describe):</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Destroys things belonging to his/her family or other children</td>
<td>47. Nervous, highstrung, or tense</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Diarrhea or loose bowels (when not sick)</td>
<td>48. Nightmares</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Disobedient</td>
<td>49. Overeating</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Disturbed by any change in routine</td>
<td>50. Overtired</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Doesn't want to sleep alone</td>
<td>51. Shows panic for no good reason</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Doesn't answer when people talk to him/her</td>
<td>52. Painful bowel movements (without medical cause)</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Doesn't eat well (describe):</td>
<td>53. Physically attacks people</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Doesn't get along with other children</td>
<td>54. Picks nose, skin, or other parts of body (describe):</td>
</tr>
<tr>
<td>0 1 2</td>
<td>Doesn't know how to have fun; acts like a little adult</td>
<td></td>
</tr>
<tr>
<td>0 1 2</td>
<td>Doesn't seem to feel guilty after misbehaving</td>
<td></td>
</tr>
<tr>
<td>0 1 2</td>
<td>Doesn't want to go out of home</td>
<td></td>
</tr>
<tr>
<td>0 1 2</td>
<td>Easily frustrated</td>
<td></td>
</tr>
</tbody>
</table>

Be sure you answered all items. Then see other side.
The Language Development Survey assesses children's word combinations and vocabulary. By carefully completing the Language Development Survey, you can help us obtain an accurate picture of the child's developing language. Please print your answers. Be sure to answer all items.

I. Was the child born earlier than the usual 9 months after conception?
   □ No       □ Yes—how many weeks early? _______ weeks early.

II. How much did the child weigh at birth? _______ pounds _______ ounces; or _______ grams.

III. How many ear infections did the child have before age 24 months?
   □ 0-2      □ 3-5      □ 6-8      □ 9 or more

IV. Is any language beside English spoken in the child's home?
   □ No       □ Yes—please list the languages: __________________________  __________________________

V. Has anyone in the child's family been slow in learning to talk?
   □ No       □ Yes—please list their relationships to the child; for example, brother, father: __________________________

VI. Are you worried about the child's language development?
   □ No       □ Yes—why: __________________________

VII. Does the child spontaneously say words in any language? (not just imitates or understands words)?
    □ No       □ Yes—if yes, please complete item VIII and page 4.

VIII. Does the child combine 2 or more words into phrases? For example: "more cookie," "car bye-bye."
    □ No       □ Yes—please print 5 of the child's longest and best phrases or sentences. For each phrase that is not in English, print the name of the language.
    1. __________________________
    2. __________________________
    3. __________________________
    4. __________________________
    5. __________________________

Be sure you answered all items. Then see other side.
Understanding & Responding to Children Exposed to Violence (CEV)

Mary Reynolds, LCSW, ICDVP
Casa Central

Marlita L. White, LCSW
Chicago Department of Public Health

Objectives

- Define exposure to violence and trauma
- Become aware of short-term and long-term implications of exposure to violence on children
- Learn what actions to take (and resources) to help children exposed to violence
Trauma

- Trauma is an exceptional experience (highly unusual occurrence) in which powerful and dangerous events overwhelm a person's capacity to cope.

- Acute or chronic

What is a traumatic event?

- Domestic violence
- Community violence
- Terrorism, war
- Child abuse
- Natural disasters
- Life-threatening medical conditions
Risk & Protective Factors

- Culture
- Community
- Family

Predicting Responses to Exposure

Individual factors that affect children's responses to exposure to violence include:

- Age
- Gender
- Familiarity
- Frequency
- Severity
- Proximity
Emotional Effects

- Feel guilty for the abuse and for not stopping it
- Confusion and conflicting feelings toward parents
- Fear of abandonment, expressing emotion, the unknown, and/or personal injury
- Angry about violence and chaos in their lives
- Depressed, helpless or powerless
- Re-experiencing the violence or traumatic event

Social Effects

- Isolate themselves from friends
- Have difficulty in relationships and attachment
- Have poor anger management or problem-solving skills
- May bully peers
- Impaired school performance
- Inappropriate social interaction
- Fewer interests or activities
Family-Interpersonal Relationships

- Separation anxiety
- Relationship with parents/caregiver may suffer
- Mistrust and/or anger
- Role reversal; parentification of a child
- Enforced family secrets
- Inappropriate attempts to mediate conflict

Building Resiliency

- Resilience: An ability to recover from or adjust to misfortune or change (Merriam-Webster’s Dictionary, 2005)
Ways you can help...
Children Exposed to Violence

- Listen well
- Show belief
- Dispel fault
- Explore fears
- Walk through the process
- Explore resources

Ways you can help...
Children Exposed to Violence

- Address a child at eye-level
- Use simple, direct, age-appropriate language
- Help the child understand the role you play with or in the child’s life
- Address confidentiality and its limits
- Respect the child’s right not to talk
ACEs are Risk Factors

Alcoholism and alcohol abuse
Chronic obstructive pulmonary disease (COPD)
Depression
Fetal death
Health-related quality of life
Illicit drug use
Ischemic heart disease (IHD)
Liver disease
Risk for intimate partner violence
Multiple sexual partners
Sexually transmitted diseases (STDs)
Smoking
Suicide attempts
Unintended pregnancies
Early initiation of smoking
Early initiation of sexual activity
Adolescent pregnancy

Local Resources

"Bringing the kids back into focus: Building a community response to CEV" curriculum

Website: chicagosafestart.net
More Resources

- SAMSHA Disaster Distress Line
  - Call 1-800-985-5990 or text "TalkWithUs" or "Hablanos" to 66746. 24 hr/7 days. Multilingual.

- LaRabida Child Trauma Center
  - (773) 374-3748, ext. 2231

- Urban Youth Trauma Center/UIC
  - (312) 413-1371

- National Safe Start Center (safestartcenter.org)

- National Child Traumatic Stress Network (NTCSN.org)

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Chicago Safe Start

- Initially funded by DOJ in 2000 – began implementation in 2002-03
- Goals:
  - Build public awareness around CEV;
  - Convene a board of stakeholders to advise the project;
  - Demonstrate the effectiveness of clinical support for CEV victims (0-5 yrs)
  - Seek opportunities to change systems