

HOPE LIVES HERE

Impact of the Family Peace Center

Spring 2018

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Supported by Zilber Family Foundation



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INTRODUCTION

The Family Peace Center (FPC) is an innovative model that co-locates multi-sector agencies and serves families impacted by violence in a single facility. Co-located partners include non-profit organizations, justice system representatives, crisis shelter, health care agencies, legal partners, schools, and agencies focusing on healing and wellness. The partnership was adapted from the nationally recognized Family Justice Center (FJC) model and was designed to effectively respond to families who have experienced violence and treat the whole person with a multi-disciplinary, co-location approach.



The overall evaluation strategy at the FPC is designed and executed under the leadership of the Director of Outcomes & Evaluation in collaboration with all FPC partner agencies. Representatives from each partner agency sit on the FPC Outcomes & Evaluation (O&E) Committee (Appendix A). O&E Committee members meet monthly, since August 2015, to guide evaluation at the FPC. Data collected and analyzed by the O&E Committee is used to form data-driven recommendations for the FPC Operations and Steering Committees.



FAMILY PEACE CENTER PARTNERSHIP

Theory of Change, Logic Model, and Key Performance Indicators

An important initial achievement of the O&E Committee was development and consensus around the FPC Theory of Change (see right) and Logic Model (Appendix B). These foundational pieces form the basis for subsequent outcomes and evaluation work by explicitly articulating what we believe the partnership will impact. Further, they begin to establish common language among partners to use when describing inputs, outputs, and outcomes of our shared work.

Following the creation of the FPC Logic Model, the O&E Committee recognized the need to have data from all partner agencies that could be regularly updated and tracked consistently over time. To this end, the Committee created the FPC Key Performance Indicators (KPI) report (Appendix C). This report compiles data from each partner agency quarterly. Notably, we have served 12,575 clients collectively in Quarter 3 and Quarter 4 of 2017 and made 12,508 referrals between FPC agencies during that time. Clients are benefiting from referrals between co-located organizations, accessing services from 3.55 FPC partner agencies on average when they visit the Center.

Theory of Change

We believe that through enhanced collaboration with partners and families, we will provide seamless, cohesive experiences that promote optimal healing and well-being for children and families impacted by violence.

Staff Surveying

Staff wellness is critical to this Center's success and our ability to help people who are hurting. We recognize that we can only provide the best care to clients when our staff are well themselves. Therefore, gaining the perspective of staff who work at the FPC is an essential piece of measuring our partnership's functionality and effectiveness. The O&E Committee conducts three separate annual staff surveys. These surveys assess staff well-being, relationships between partners, and knowledge of partners' services. See Appendices D, E, and F for further detail. To promote staff and partner wellness, the FPC hosts a variety of activities, like an annual Health and Wellness Fair, and offers participation in fitness, educational, and holistic wellness activities weekly.

See Figure 1 showing our staff well-being scores measured using the Professional Quality of Life (ProQOL; Stamm, 2010) survey. This survey measures both positive (Job Satisfaction) and negative (Secondary Trauma and Burnout) aspects of staff well-being. Having high Job Satisfaction but low Secondary Trauma and low Burnout is desirable.

FPC STAFF WELL-BEING

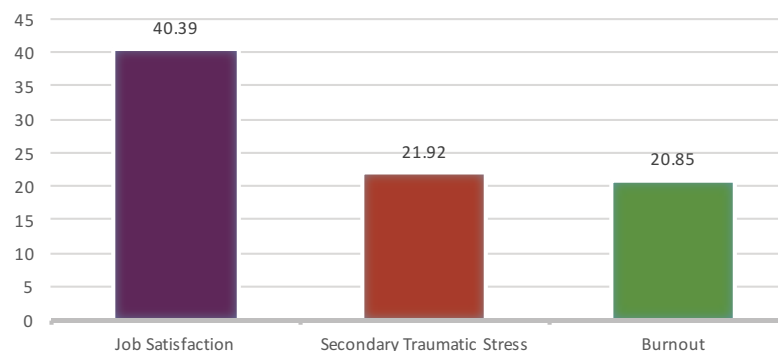


Figure 1: ProQOL Survey Results

WHO WE SERVE

In order to gain an in-depth understanding of client experiences and associated outcomes, we conduct evaluation interviews with clients who voluntarily participate. In these interviews, we assess client satisfaction with FPC services, gather detailed information on clients' history and current situations, and measure client outcomes. We interview clients soon after their initial connection to services for a baseline interview. The client then completes follow-up interviews three months and six months after the baseline interviews, allowing us to examine change in client-level satisfaction and outcomes over time. One year follow-up interviews are also conducted and data from this time point will be included in the next report. See Appendix G for detail on sampling and participation. The client characteristics that follow represent the clients who participated in evaluation interviews, not all FPC clients.

Adult Client Characteristics

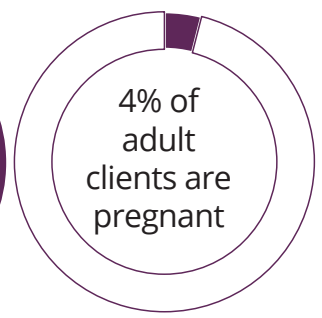
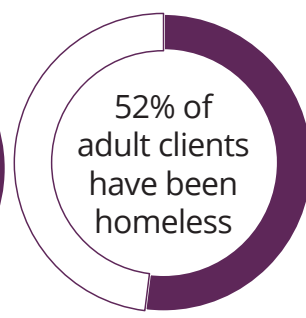
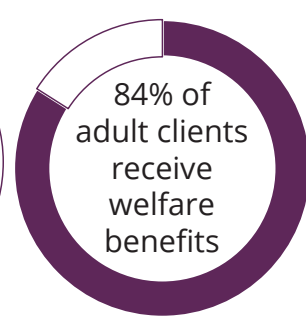
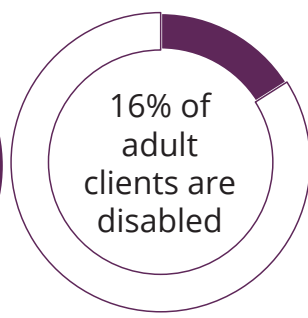
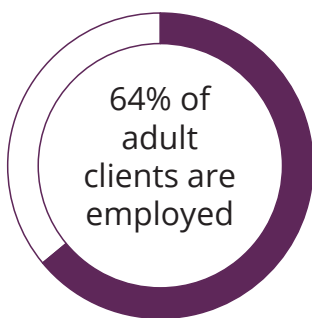
From December 2016 to September 2017, we conducted **47** interviews. The clients who completed the interviews were all **WOMEN** ranging in age from **22** years old to **57** years old. **35.2%** of clients' children have also received FPC services themselves, indicating an important area for **GROWTH** as we work to serve the entire family and work to interrupt the intergenerational transmission of violence.

Race of Adult Clients

44% Black/African American	44% White/Caucasian
4% American Indian	4% Multi-Racial
	0% Asian

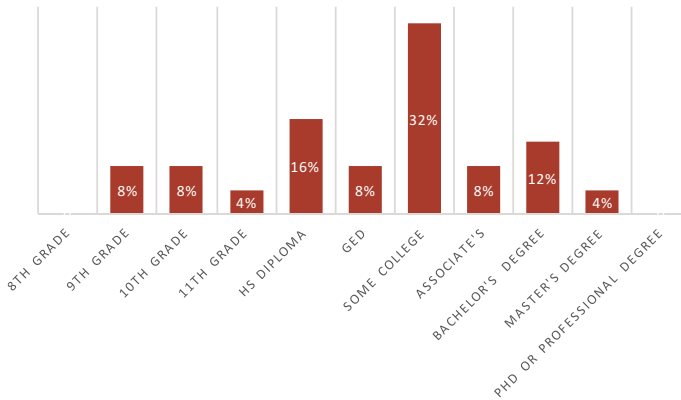
Ethnicity of Adult Clients

16% Hispanic/Latino	84% Non-Hispanic/Latino
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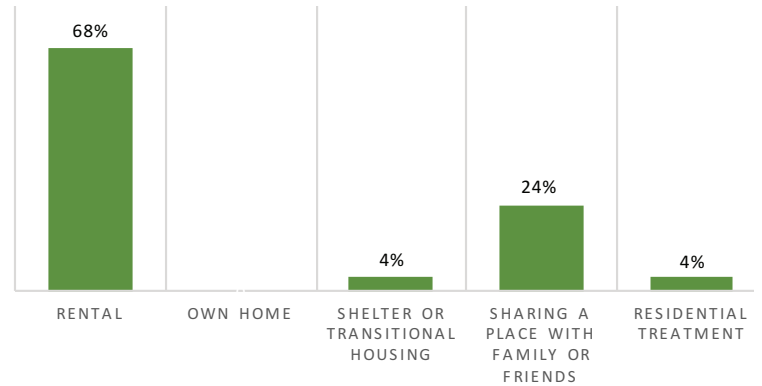


WHO WE SERVE

EDUCATIONAL ATTAINMENT



WHERE CLIENTS LIVE



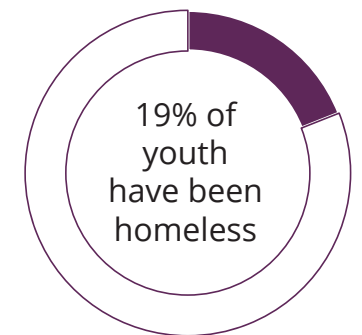
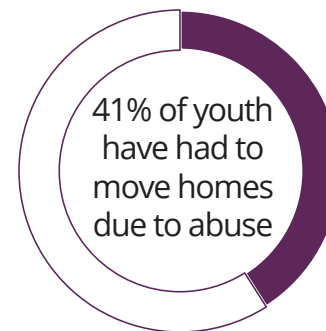
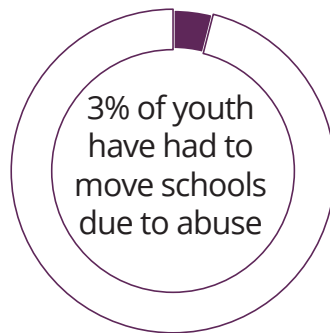
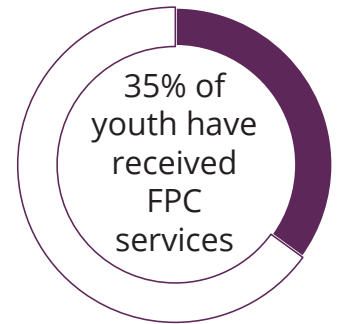
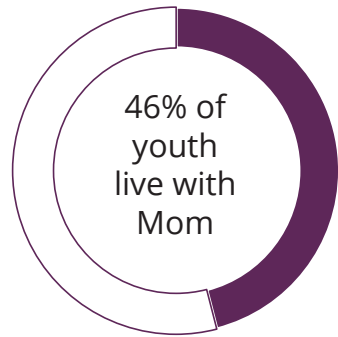
Child Characteristics

**TOTAL #
OF CHILDREN: 53**

**AVERAGE AGE:
10 YEARS OLD**

**AVERAGE # OF
ADDRESSES LIVED
AT IN LIFETIME: 3.5**

**GENDER OF
CHILDREN:
61% Male
39% Female**



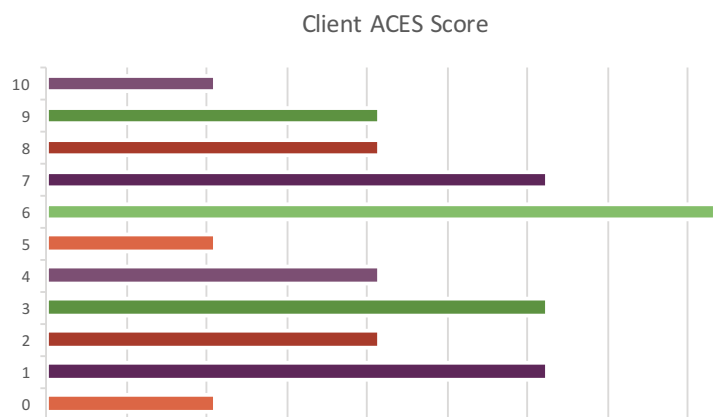
CLIENT EXPERIENCE OF TRAUMA

Clients told us about their experience with trauma and abuse throughout their lives. See the table below for adult clients' experience of abusive actions and injuries. **Of particular note is the alarmingly high percentage of our clients (72%) who have been strangled by a partner.** We have proactively addressed this issue by offering strangulation and danger assessment trainings to staff and partners, as well as utilizing educational materials on the effects of strangulation for affected clients. We've also created a High Risk Team that meets weekly to assess clients at high risk of intimate partner lethality. **Also notable is the high correlation of physical abuse with sexual abuse, with 68% of clients having experienced unwanted sexual contact, as well as the high (76%) percentage of clients who indicated that their children directly witnessed abuse happening.**

Rate of Adult Client Experience with Physical Abuse

Slapped	76%	Spanked	40%	Sprain	36%	Head Injury	40%
Kicked	56%	Strangled/ Choked	72%	Broken Bone	20%	Neck Injury	36%
Scratched	80%	Hit with an Object	60%	Stab Wound	4%	Stitches	20%
Pushed Around	92%	Had Unwanted Sexual Contact	68%	Gunshot Wound	0%	Burned	4%
Pushed Down	92%	Threatened with Violence	92%	Black Eye(s)	72%	Children Witnessed Abuse	76%
Punched	88%	Threatened with a Gun or Knife	32%	Bruise(s)	96%	Abused During Pregnancy	44%
Bit	20%	Had Property Damaged	88%	Teeth Knocked Out/ Loosened	20%	Stalked or Harrassed	68%
Cut	12%	Had an Animal Abused or Neglected	20%	Swelling	80%	Other	24%
Stabbed	4%			Back Injury	36%		

Clients also told us about trauma they experienced in childhood. The Adverse Childhood Experience (ACE) survey measures experience with a total of ten traumatic events in childhood (see Appendix H). The average ACE score of clients was 4.92 of 10. Compared both to national averages (M = 1.61; Ford et al., 2014) and data from other high-risk samples being served at other Family Justice Centers in the country (M = 3.30; Hellman et al., 2017), our clients have experienced a particularly high number of adverse childhood experiences. **These data strikingly illustrate the intergenerational transmission of chaos and violence that we know characterizes many clients' experiences in Milwaukee.** People who experienced trauma as children grow up as adult clients who continue to experience trauma and violence in adulthood.



CLIENT SATISFACTION

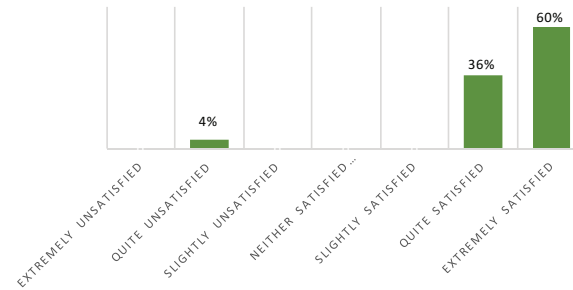
We asked adult FPC clients to rate their overall satisfaction with services they have received from one (extremely unsatisfied) to seven (extremely satisfied). Clients' average overall satisfaction rating was 6.44 of 7.

To understand more about their experience, we also conducted qualitative interviews with clients around their experience and satisfaction with services. The following section describes emergent themes in participants' responses.

96%

Extremely or Quite Satisfied

CLIENT OVERALL SATISFACTION



1 Clients' Overall Experience

When asked about their overall experience at the FPC, clients overwhelmingly felt that their experiences have been positive ones. Clients expressed that staff were helpful and welcoming. Clients felt safe at the FPC and expressed deep gratitude for the services they received. One client reported:

“I feel like everyone in the building looks at me like, ‘I’m gonna help her as if this were me.’ People don’t look at me like, ‘Oh, this is another person I have to deal with.’ And that’s awesome. It really is. To know that a person who doesn’t know you is willing to open their door and help you. That’s very empowering.” Another client, in reflecting on the growth she has experienced while being engaged with the FPC told us, “It’s been a year since my last abusive episode. I can’t believe how much I’ve gained in just one year. You can tell I’m genuinely happy again. I just can’t rave enough about this place.”

2 Aspects of Services that Clients Found Most Helpful

When asked which services have been the most helpful to them in their journey, clients responded that their work with advocates was particularly beneficial as this resource provided a “home base” and someone who was in their corner, fighting for them. One client described her advocate’s support saying:

“My advocate actually went to court with me and told me what she thought my options might be. Honestly, her being at court with me made me cry because it was just someone on my side. Someone who understands. She told me that she has seen it before where the abuser comes in with all these allegations and the judge just listens to them.”



CLIENT SATISFACTION

Clients recognized the importance of the transformative model of care we offer at the FPC with the co-location of many agencies. One woman exclaimed:

“It was amazing. My advocate explained the services that I didn’t even realize were available that I might need for healing. That blew me away. I had no idea besides the typical support group. I felt excited and hopeful to move on. I left the Center that day feeling like I was finally at a point in my journey where I could move on.”

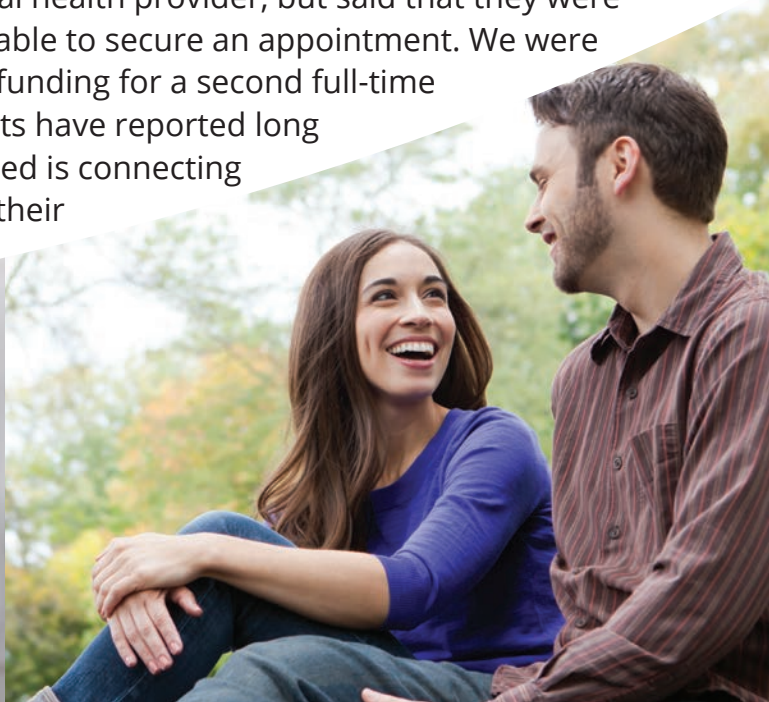
Another client explained, *“On my very first day, I met with both my advocate and someone to help with my job and schooling. So it was a longer day, but really awesome that I was going to receive services so promptly. Everyone was very engaged, wanting to welcome me in and get me going. And I used the childcare here that day, so that was huge.”*

Clients also reported that having support from others who have had similar experiences was tremendously beneficial. One client reported, *“The support groups have been really helpful. You see that everyone is going through the same struggles. We all have unique things, but we’re still the same.”* Another client remembered that, *“The women in group were really supportive and inspiring. It was empowering to hear their stories and hear that you can get out of the situation because many others have.”*

Lastly, the provision of material and logistical assistance for clients was also noted as particularly beneficial. Among these forms of assistance, clients felt that offering childcare during their FPC appointments and providing transportation assistance when needed were critical to their ability to engage in services.

3 Opportunities for Improvement

Initially in our interviews, clients expressed frustration about the long wait time to obtain an appointment with our adult mental health provider, but said that they were benefiting from the service once they were able to secure an appointment. We were able to utilize what clients shared with us to secure funding for a second full-time mental health practitioner. Since her hiring, no clients have reported long wait times. Another opportunity clients have identified is connecting their children to services (see Clients’ perception of their children’s needs below).



CLIENT SATISFACTION

4

Client-Defined Goals

In understanding the centrality of client choice in the services we provide, we asked clients to describe their own goals for themselves. Self-sufficiency without depending on the abuser emerged as the primary theme for clients, focusing on continued education, job security, and stable housing. A client described success for herself as the following, *"Being self-sufficient. Not being so dependent on him and on the system. Being able to provide for myself and take care of me and my family. To be able to give back to your family and community. That is the ultimate success for me."* Clients also indicated that taking care of their children was a primary priority. For instance, one client described:

““

A successful life for myself would be going back to school, getting my education, getting my children back, and working on being a better parent." Another client explained, "I just want to keep taking care of my kids and working to provide for them the best I can. That's the best I can do to make myself successful."

Other emergent themes included finding peace by avoiding future abusive relationships and finding a way to give back to the domestic violence community. One client noted, *"I see myself going places freely, where I don't have to watch my back. Noticing emotional and physical abuse in a relationship instead of me thinking they love me and I'm the reason why they are acting out like that."*

5

Clients' Perception of their Children's Needs

For those with children, we asked clients to describe their children's needs and how the FPC might best support their children. Clients told us about their deep desire to help children heal from the trauma they have witnessed, specifically mentioning a need for therapy and mental health support. One mother described how the violence has affected her son, saying:

““

I wish I would have come here sooner when it first happened because he went through a lot of regression since he was witness to what happened with my abuser. I had to potty train him again. I had to pull him out of school because he was having horrible behavioral issues. He's still skittish around men eight months later."

Another mother noticed her son imitating concerning, violent behavior, and remarked, *"I think he's probably going to need counseling for what he's seen to let him know that fighting is not the answer to everything. After all the violence, he started to go to school fighting. So, I don't want him to think that's okay."* Yet another mother reflected, *"It hurts me that she's seen that. I saw it growing up and I wanted to break that cycle."*

CLIENT OUTCOMES

While an understanding of clients' life experiences with trauma and abuse is essential to our understanding of clients and their needs, so too is our understanding of clients' whole selves and resilience despite their experiences. To this end, we intentionally measure outcomes related to clients' resiliency including Hope and Empowerment. We also understand that our adult clients are part of a larger family system and these family systems provide support, motivation, and fulfillment in clients' lives. To this end, we also measure outcomes for children.

1

Hope

Clients' hope was measured using the Dispositional Hope Scale (Snyder et al., 1991; Appendix I).

Clients' hope scores increased over time as they were receiving FPC services (see Figure 2). In interpreting these scores, it is important to note that even at intake, clients' hope scores may be elevated because they

have just entered a facility in which they are surrounded with welcoming staff and services that promise to meet all of their family violence related needs. If we had some way to measure clients' hope prior to coming to the FPC, we may see initial scores far lower than 5.5 and therefore an even more dramatic increase to 6.2 at the six-month follow-up. In the future, we plan to partner with others to collect this type of comparison data.

Change in Client Hope Score

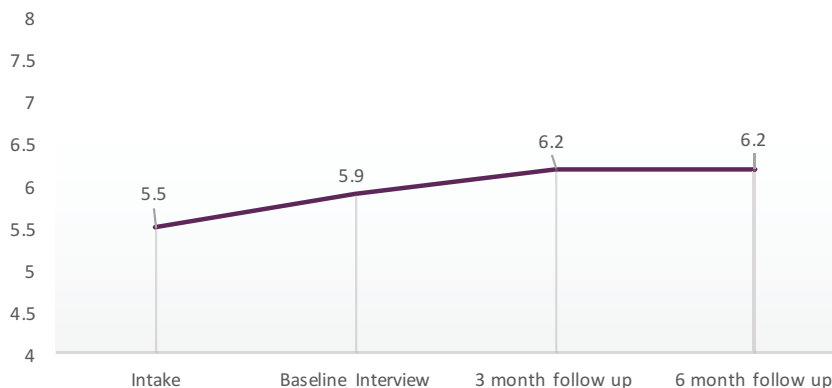


Figure 2

“ One client noted, “As soon as you walk in here, it’s really calming. You feel safe.” Another said, “I actually feel really safe in this building and so happy. It is a safe and comforting environment.”



CLIENT OUTCOMES

2

Empowerment

Clients' feelings of empowerment in relation to safety was measured using the Measure of Victim Empowerment Related to Safety (MOVERS; Goodman, 2014; Appendix J). This survey was designed specifically for domestic violence programs to measure how much clients feel like they have the internal tools necessary to achieve their safety related goals, their expectations of support from friends, family, and the community, and their belief that achieving safety involves tradeoffs (e.g., creating more problems for themselves). A higher overall score represents a more desirable outcome. **We see a steady increase in our clients from 52.1 at baseline to 56.9 at the six-month follow-up, indicating that over time as they are engaging in FPC services, clients feel more empowered to achieve their safety related goals.**

Change in Client's Empowerment Score

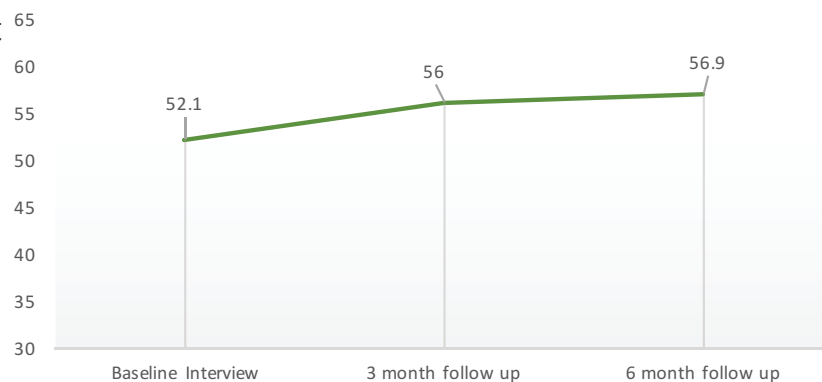


Figure 3

3

Child Behavior

Mothers reported on their children's (ages 2 - 17, n=33) behavior on the Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001; Appendix K). This survey yields five different behavior scores: Prosocial behavior, hyperactivity, peer problems, conduct problems, and emotional symptoms. A high prosocial behavior score and a low score on the four other behaviors are the desired outcomes.

Change in Child Behavior Over Time

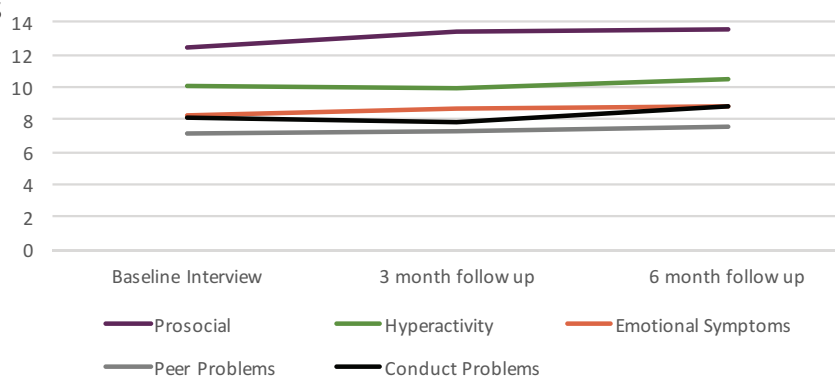


Figure 4

See Figure 4 for child behavior data. We see child behavior remaining largely consistent over time. These data, in conjunction with the data described above indicating that only 35.2% of children have engaged in FPC services, point to an area of opportunity for us moving forward. **We, as a partnership, can work towards more consistently asking adult clients about their children's needs and engaging those children in services, particularly with the number of child-serving partner agencies we have onsite.** You will see in subsequent pages that there are promising programs being offered to children that do show evidence of improving child outcomes. Therefore, our challenge is connecting children of our adult clients more universally to the services we offer so that every child may demonstrate improved outcomes.

CLIENT OUTCOMES

4

Child Witness to Domestic Violence Group

The spring 2017 session of Child Witness to Domestic Violence (CWDV) served 14 mothers and their 25 children who have experienced domestic violence in their families. Families met weekly for 12 weeks. Group facilitators presented material and facilitated conversation on a variety of topics related to healthy relationships with the goals of providing social support to families, increasing participants' hope in their future, providing information to attendees on the negative effects of physical and emotional abuse, the warning signs signaling abusive behavior in a relationship, and positive, healthy relationship skills.

After participating in CWDV, children demonstrate greater hope scores (Figure 5). Impressively, we also see children's behavior improving over the course of the group (Figure 6).

In particular, we see children's prosocial behavior, a positive behavior, increasing over time. At the same time, we see children's hyperactivity, emotional symptoms, peer problems, and conduct problems, all negative behaviors, decreasing over time. These data stand in contrast to the average overall consistency of child behavior over time we saw for all children of adult clients. This indicates that we are indeed offering programming that improves children's behavior. In the next year, we intend to focus on engaging more children of our adult clients in CWDV and exploring other effective programming for children at the FPC.

CWDV Group Child Hope Score

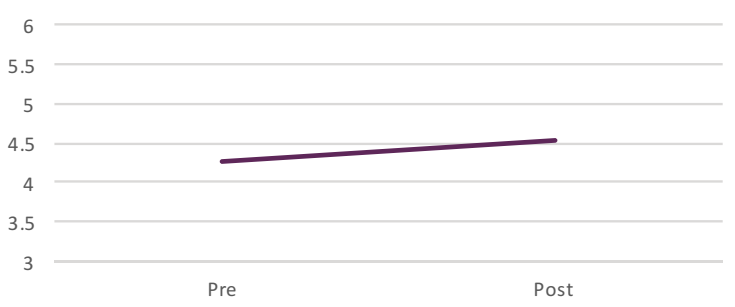


Figure 5

CWDV Group Child Behavior

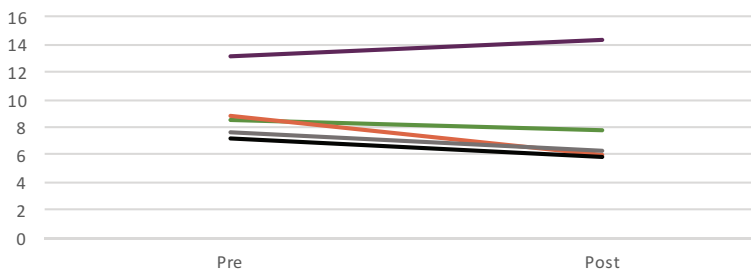


Figure 6



CONCLUSIONS & FUTURE DIRECTIONS

Our robust evaluation at the Family Peace Center summarized in this report demonstrates the success of the partnership in positively impacting clients' lives as well as our relationship with one another. Data in this report draws our attention to three focus areas in the upcoming year: focusing on the needs of children, understanding workforce development challenges to address the stark poverty that many clients face and consequently expand current life skills programming, and continuing to explore the housing needs of clients.

Data from a number of sources described in this report highlight an opportunity for us to connect children of adult clients to services and thereby interrupt the intergenerational transmission of violence. While 76% of clients told us that their children have witnessed abuse, only 35.2% of children are connected to services. **Mothers expressed a deep desire to help their children heal from the abuse that they have experienced**, specifically mentioning the need for social support and mental health services, both of which are available from multiple agencies at the FPC. Lastly, while overall clients' children's behavior remains constant over time, we see improvements in children's behavior for those children enrolled in the Child Witness to Domestic Violence group. Therefore, our challenge is to connect more children of clients to this program and others we offer at the FPC which can improve child outcomes.

We continue to collect information from clients each month as new clients enter services. We will continue to follow up with clients, adding a 12-month follow-up time point in the next iteration of this report. Additionally, this increased sample size will allow us to meaningfully examine patterns and correlations between specific services that a client has received and associated satisfaction and outcomes.

Lastly, we intend to work with colleagues in other communities nationally to collect data from a comparison group of families who, because such a model is not available in their home community, have experienced family violence but have not had access to services from a co-located service model like the Family Peace Center. In this way, we will be able to further examine the effectiveness of our transformative model of care for families impacted by violence.

Contact Information



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APPENDICES

Appendix A - Outcomes & Evaluation Committee

O&E Committee Representative	Partner Agency
Erin Schubert*	Sojourner
Hillary Petska*	Medical College of Wisconsin; Children's Hospital of Wisconsin - Milwaukee Child Advocacy Center
Lynn Sheets*	Medical College of Wisconsin; Children's Hospital of Wisconsin - Milwaukee Child Advocacy Center
Angela Petrie	Aurora Healing and Response Services
Anne David	Jewish Family Services
Barbara Wesson	CORE / El Centro
Bree Spencer	Safe & Sound
Carmen Pitre	Sojourner
Casey Brown	Medical College of Wisconsin; Children's Hospital of Wisconsin - Milwaukee Child Advocacy Center
Connie Klick	Children's Hospital of Wisconsin - Milwaukee Child Advocacy Center
Dena Radtke	Milwaukee Public Schools
Erica Stuckert	Children's Hospital of Wisconsin - Milwaukee Child Advocacy Center
Jessica Strand	Milwaukee County District Attorney's Office
Kristin Haglund	Marquette University - School of Nursing
Laura Kollatz	Aurora Healing and Response Services
Liz Marquardt	Sojourner
Lynn Wolf	Children's Hospital of Wisconsin - Behavioral Health Clinic
Madeline Schmidt	Marquette University - School of Nursing
Mallory O'Brien**	Medical College of Wisconsin; Milwaukee Homicide Review Commission
Mark Thomas	Sojourner
Marlene Melzer-Lange	Medical College of Wisconsin; Children's Hospital of Wisconsin - Project Ujima
Michael Levas	Medical College of Wisconsin; Children's Hospital of Wisconsin - Project Ujima
Michelle Stephens	Milwaukee Police Department - Sensitive Crimes Unit
Mika Makarovich	Division of Milwaukee Child Protective Services
Pnina Goldfarb	Wraparound Milwaukee
Roberta Rieck	Legal Action of Wisconsin, Milwaukee
Rosann Lewis	Goodwill Industries
Sara Haberlein	Children's Hospital of Wisconsin - Milwaukee Child Advocacy Center
Stephen Gilbertson	Wraparound Milwaukee

*Outcomes & Evaluation Committee Co-Chair

**Former Outcomes & Evaluation Committee Co-Chair

APPENDICES

Appendix B - Logic Model

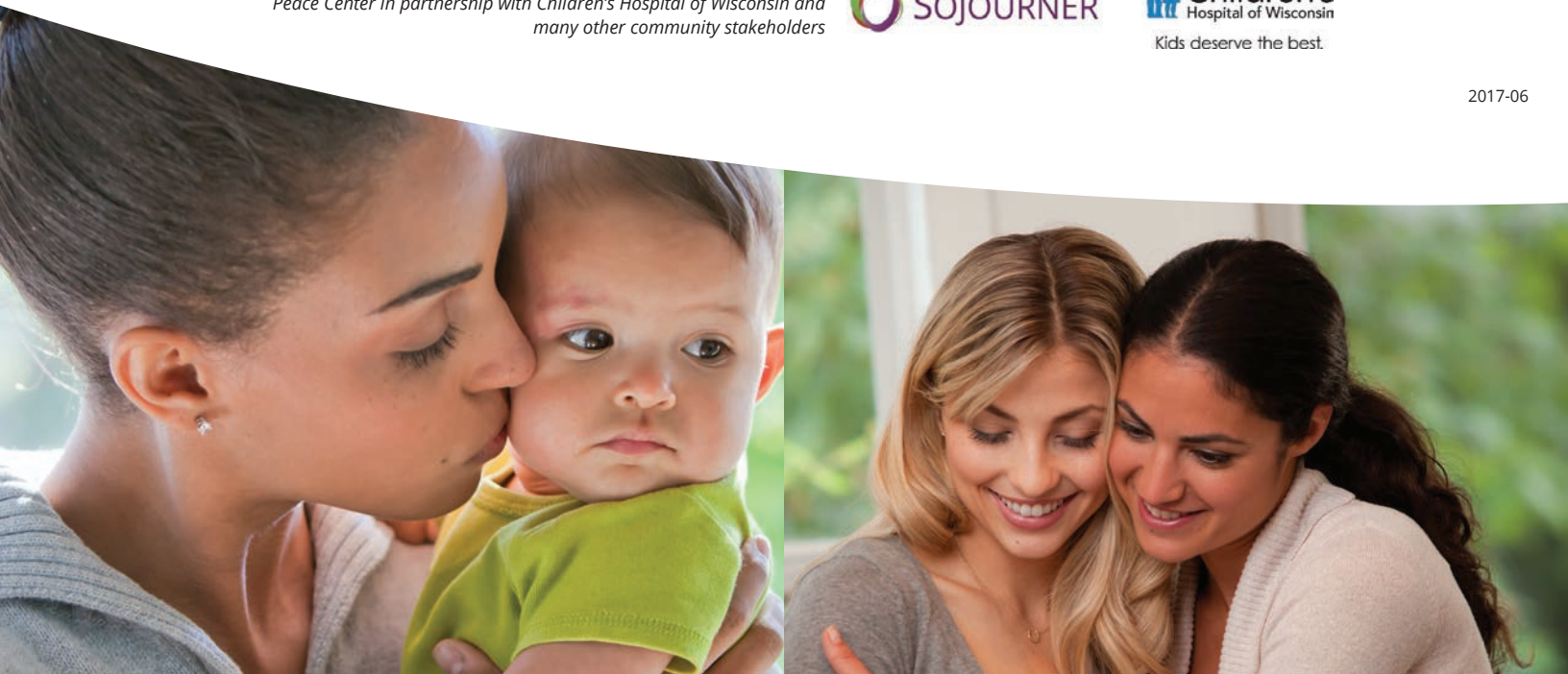
Logic Model – Family Peace Center

Theory of Change: We believe that through enhanced collaboration with partners and families, we will provide seamless, cohesive experiences that promote optimal healing and well-being for children and families impacted by violence.

Values: Service, Collaboration, Integration, Safety, Well-Being, Continuous Improvement, Accountability

Inputs	Outputs		Outcomes -- Impact		
	Activities – what we do	Participation – who we reach	Short - Learning	Medium - Action	Long - Conditions
<ul style="list-style-type: none"> • People including staff and volunteers with commitment, compassion, and passion for service • Partner agencies • Time • Funding • Technology • Shared workspace • Equipment • Research base • Community relationships • Real-time data as a proxy for community well-being 	<ul style="list-style-type: none"> • Partner • Provide timely, expedited, accessible, individualized, trauma-informed, child- and family-focused services • Communicate with each other • Share information between partners with respect for confidentiality • Participate in multi-disciplinary staffing/cross-agency consultation • Provide child/family, community, and professional education • Perform ongoing data analytics, program evaluation, and applied practice with dissemination of findings 	<ul style="list-style-type: none"> • Children and families • Partner and community agencies • Family Peace Center and partner agency workforce • Learners/students • Decision-makers • National and international community 	<ul style="list-style-type: none"> • Improved partner/ community agencies relationship and understanding of partner services and roles • Increased knowledge about effects and consequences of violence • Heightened community awareness of services available • Increased community engagement and changed perception of the system • Increased recognition and appreciation of the effects and consequences of vicarious trauma • Expanded focus on quality improvement and research 	<ul style="list-style-type: none"> • More efficient, coordinated internal referral and intake process with maintenance of individual identity • Expanded provision of trauma-informed prevention and early intervention services • Increased number of community members voluntarily seeking out services • Increased community participation in organizational guidance • Higher prioritization of policies and practices that support a workplace culture of well-being • Improved implementation of coordinated, targeted strategies of data access, analysis, and collective action 	<ul style="list-style-type: none"> • Enhanced experience for children and families in a safe, protected environment • Increased safety in the community • Decreased family violence in the community • Strengthened family relationships in the community • Increased resilience in the workforce • Transformed, innovative, and continuously improving model of care

The Milwaukee Family Peace Center was developed by Sojourner Family Peace Center in partnership with Children's Hospital of Wisconsin and many other community stakeholders



APPENDICES

Appendix C - Family Peace Center Key Performance Indicators

Following the creation of the FPC Logic Model, the O&E Committee recognized the need to have data from all partner agencies that could be regularly updated and tracked consistently over time. To this end, the Committee created the FPC Key Performance Indicators. This report compiles data from each partner agency quarterly. Indicators were selected through discussion and consensus by all committee members. These indicators provide a snapshot assessment of the FPC's operations and performance. The O&E Committee intentionally included indicators representing both internal process and outcome data (represented in purple) as well as broader community trends (represented in green). While we acknowledge the limitations of our evaluative capacity to draw causal conclusions related to changes in community trends, the O&E Committee felt strongly that representing these trends that motivate our work was an essential piece to consider while thinking about the success of our partnership.

Family Peace Center Key Performance Indicators

as of December 31st, 2017

		Quarter 4, 2017	Q4 vs. Q3
Partner Relationships	Referrals Between Partners *	7,191	+1,807
	Shared Learning Experiences	140	+7
	Number of Partner Agencies	18	no change
	Partnership Functioning (PAT Score)	3.41 of 5	-0.19
Community Impact	Family Peace Center Tour Groups	30	-9
	Community Presentation and Reports	56	-14
	Consultations Provided To Outside Organizations	21	+11
Client Well-Being	Client Satisfaction Score **	6.11 of 7	-0.64
	Clients Served *	7,004	+1,500
	Number of Agencies Client Accesses **	3.55	+1.02
	Change in Client Hope Score **	+8.8%	+7%
Employee Well-Being	Wellness Events and Initiatives	9	-8
	Job Satisfaction (ProQOL Score)	40.3 of 50	same data
	Job Fatigue (ProQOL Score)	21.5 of 50	same data
Community Trends	Domestic Violence Homicides / Total Homicides ‡	4/25	+1/+7
	Calls to Sojourner Domestic Violence Hotline	3,665	-1,075
	Severe Child Physical Abuse Cases / Deaths †	90/3	-48/-2
	Child Abuse and Neglect Reports / Screened In †	4,355/2,048	+906/+397
	Sexual Assault / Abuse Victims Accessing Medical Care	423	no change
	Human Trafficking Investigations ‡	12	-8
	Milwaukee Residents Living in Poverty ‡	28.4%	-0.3%

Transformative Model of Care: The Stories

An MPS student lost his mother in a DV homicide. Advocates from Sojourner and MPD consulted with the MPS School Liaison at the FPC. Within one day, the School Liaison contacted the family member who would become the child's guardian to provide support and consultation to the family and spoke with the school social worker and psychologist who were able to support the student and his peers upon his return to school. Within the first week, the student was accessing psychological services through Children's Hospital Behavioral Health. This level of coordination and efficiency would not have been possible without the FPC partnership.

* Includes duplicated reporting
 ** Collected from a subsample of clients (n=38)
 † Milwaukee County
 ‡ City of Milwaukee



APPENDICES

Appendix D - Staff Surveying - Professional Quality of Life

The Professional Quality of Life (ProQOL; Stamm, 2010) is a validated survey instrument that measures the quality of life one feels in relation to their work as a helper. The survey measures both positive (Job Satisfaction or Compassion Satisfaction) and negative (Compassion Fatigue comprised of Burnout and Secondary Trauma) aspects of professional quality of life. Having high Compassion Satisfaction but low Burnout and low Secondary Trauma is desirable. The data in Figure D1 below represents the average raw score on each ProQOL subscale out of a possible 50 points. The data in Figures D2, D3, and D4 represent FPC staff scores in comparison to data from past research in other similar organizations. Those on the low end of the graph represent FPC staff whose scores match the bottom 25% of national data. Conversely, those on the high end of the graph represent staff whose scores match the top 25% of national data.

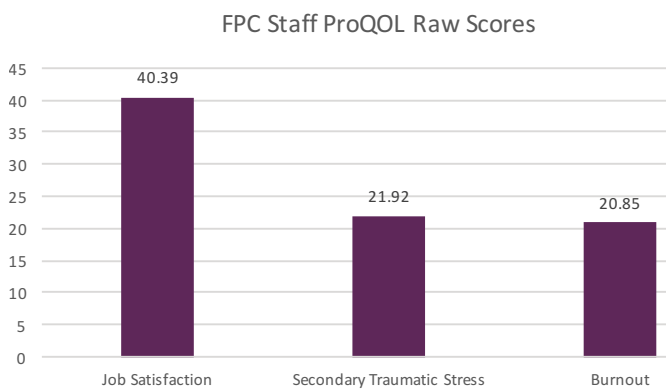


Figure D1

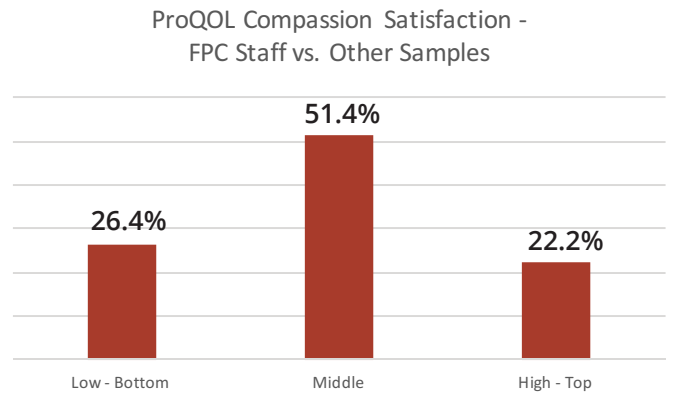


Figure D2

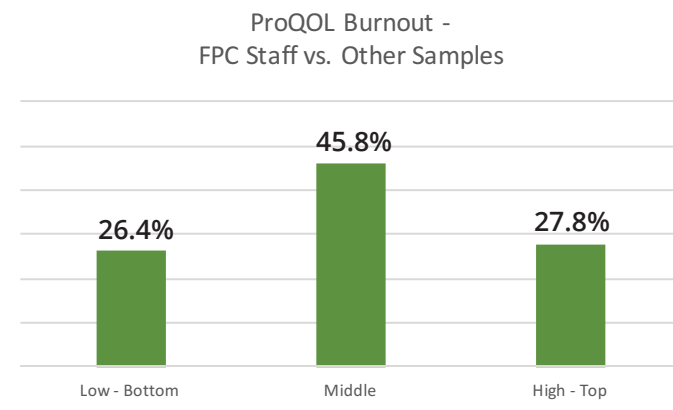


Figure D3

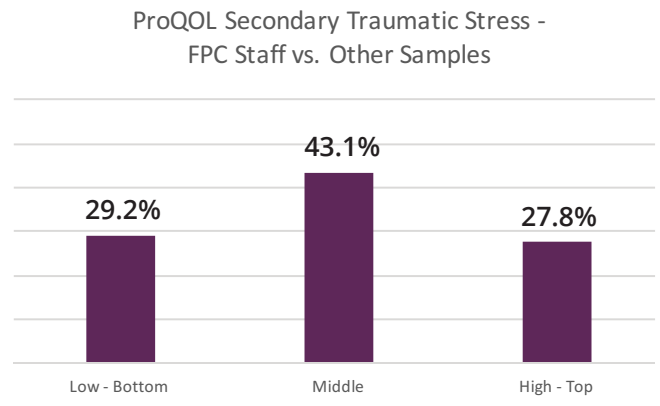


Figure D4

APPENDICES

Appendix D - Staff Surveying - Professional Quality of Life

Professional Quality of Life Scale (ProQOL)

*Compassion Satisfaction and Compassion Fatigue
(ProQOL) Version 5 (2009)*

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never

2=Rarely

3=Sometimes

4=Often

5=Very Often

- _____ 1. I am happy.
- _____ 2. I am preoccupied with more than one person I *[help]*.
- _____ 3. I get satisfaction from being able to *[help]* people.
- _____ 4. I feel connected to others.
- _____ 5. I jump or am startled by unexpected sounds.
- _____ 6. I feel invigorated after working with those I *[help]*.
- _____ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
- _____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
- _____ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
- _____ 10. I feel trapped by my job as a *[helper]*.
- _____ 11. Because of my *[helping]*, I have felt "on edge" about various things.
- _____ 12. I like my work as a *[helper]*.
- _____ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
- _____ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
- _____ 15. I have beliefs that sustain me.
- _____ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
- _____ 17. I am the person I always wanted to be.
- _____ 18. My work makes me feel satisfied.
- _____ 19. I feel worn out because of my work as a *[helper]*.
- _____ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
- _____ 21. I feel overwhelmed because my case [work] load seems endless.
- _____ 22. I believe I can make a difference through my work.
- _____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
- _____ 24. I am proud of what I can do to *[help]*.
- _____ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
- _____ 26. I feel "bogged down" by the system.
- _____ 27. I have thoughts that I am a "success" as a *[helper]*.
- _____ 28. I can't recall important parts of my work with trauma victims.
- _____ 29. I am a very caring person.
- _____ 30. I am happy that I chose to do this work.

APPENDICES

Appendix E - Staff Surveying - Partnership Assessment Tool

The Partnership Assessment Tool (PAT) is a tool developed by the Center for the Advancement of Collaborative Strategies in Health (National Collaborating Centre for Methods and Tools, 2008) to measure the overall functioning of a multi-sector partnership such as the FPC. The tool is comprised of the following subscales: Synergy, Leadership, Administration & Management, and Benefits & Drawbacks. See Figure E1 and Table E1 for results from FPC staff completing the PAT in winter 2016/2017. On the Synergy, Leadership, and Administration & Management subscales, we scored between 3.29 and 3.76 out of a possible 5 points, in what tool developers call the “Work Zone,” indicating that while the partnership has a good start, more effort is needed to maximize the partnership’s collaborative potential. We anticipate these scores to increase as we continue to grow as a partnership and in our relationship with one another. Staff indicated the following as the top benefits they perceived as being part of the FPC:

Enhanced ability to address important issues (endorsed as a benefit by 100% of participants), the development of valuable relationships, the ability to make a contribution to the community, and the ability to have a greater impact than they could on their own (each endorsed as a benefit by 96% of participants).

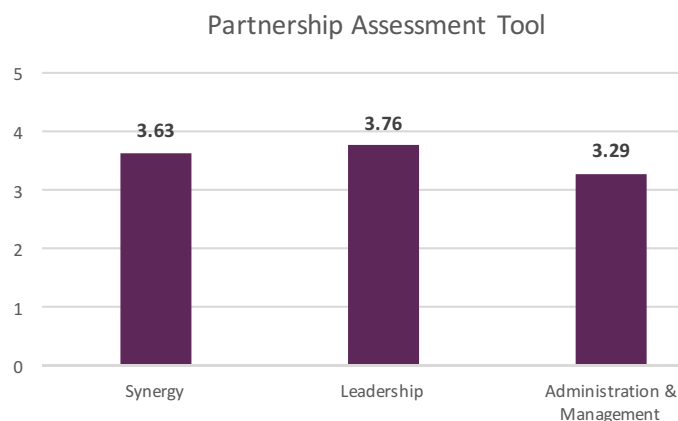


Figure E1

Enhanced ability to address important issues

(endorsed as a benefit by 100% of participants), the

development of valuable relationships, the ability to make a contribution to the community, and

the ability to have a greater impact than they could on their own (each endorsed as a benefit by 96% of participants).

Benefits of FPC Partnership

Enhanced ability to address an important issue	96%
Development of new skills	91%
Heightened public profile	78%
Increased utilization of expertise or services	87%
Acquisition of useful knowledge about services, programs, or people in the community	83%
Enhanced ability to affect public policy	65%
Development of valuable relationships	96%
Enhanced ability to meet the needs of your constituency	95%
Ability to have a greater impact than you could have on your own	96%
Ability to make a contribution to the community	100%
Acquisition of additional financial support	65%

Drawbacks of FPC Partnership

Diversion of time and resources away from other priorities or obligations	30%
Insufficient influence in partnership activities	30%
Viewed negatively due to association with other partners or the partnership	9%
Frustration or aggravation	13%
Insufficient credit given for contributing to the accomplishments of the partnership	4%
Conflict between job and partnership’s work	5%

Table E1

APPENDICES

Appendix E - Staff Surveying - Partnership Assessment Tool

Partnership Assessment Tool

“The Partnership” refers to the Family Peace Center (FPC). Please rate the FPC on the following partnership qualities:

	Not Well At All	Not So Well	Somewhat Well	Very Well	Extremely Well
1. Ability to identify new, creative ways to solve problems.	1	2	3	4	5
2. Ability to include the view and priorities of the people affected by the partnership's work.	1	2	3	4	5
3. Ability to develop goals that are widely understood and supported among partners.	1	2	3	4	5
4. Ability to identify how different services and programs in the community relate to the problems the partnership is trying to address.	1	2	3	4	5
5. Ability to respond to the needs and problems of the community.	1	2	3	4	5
6. Ability to implement strategies that are more likely to work in the community.	1	2	3	4	5
7. Ability to support from individuals and organizations in the community that can either block the partnership's plans or help move them forward.	1	2	3	4	5
8. Ability to carry out comprehensive activities that connect multiple services, programs, or systems.	1	2	3	4	5
9. Ability to clearly communicate to people in the community how the partnership's actions will address problems that are important to them.	1	2	3	4	5

	Poor	Fair	Good	Very Good	Excellent
1. Taking responsibility for partnership.	1	2	3	4	5
2. Inspiring or motivating people involved in the partnership.	1	2	3	4	5
3. Empowering people involved in the partnership.	1	2	3	4	5
4. Communicating the vision of the partnership.	1	2	3	4	5
5. Working to develop a common language within the partnership.	1	2	3	4	5

APPENDICES

Appendix E - Staff Surveying - Partnership Assessment Tool

6.	Fostering respect, trust, inclusiveness, and openness in the partnership.	1	2	3	4	5
7.	Creating an environment where differences of opinion can be voiced.	1	2	3	4	5
8.	Resolving conflict among partners.	1	2	3	4	5
9.	Combining the perspectives, resources, and skills of partners.	1	2	3	4	5
10.	Helping partnership be creative and look at things differently.	1	2	3	4	5
11.	Recruiting diverse people and organizations into the partnership.	1	2	3	4	5
12.	Coordinating communication among partners.	1	2	3	4	5
13.	Coordinating communication with people and organizations outside the partnership.	1	2	3	4	5
14.	Organizing partnership activities including meetings and activities.	1	2	3	4	5
15.	Applying for and managing grants and funds.	1	2	3	4	5
16.	Preparing materials that inform partners and help them make timely decisions.	1	2	3	4	5
17.	Performing secretarial duties.	1	2	3	4	5
18.	Providing orientation to new partners as they join the partnership.	1	2	3	4	5
19.	Evaluating the progress and impact of the partnership.	1	2	3	4	5
20.	Minimizing the barriers to participation in the partnership's meeting and activities (i.e., holding meetings in convenient times and places).	1	2	3	4	5

Please note which of the following benefits and drawbacks arise from committee participation:

BENEFITS	DRAWBACKS
<input type="checkbox"/> Enhanced ability to address an important issue	<input type="checkbox"/> Diversion of time and resources away from other priorities and obligations
<input type="checkbox"/> Development of new skills	<input type="checkbox"/> Insufficient influence in partnership activities
<input type="checkbox"/> Heightened public profile	<input type="checkbox"/> Viewed negatively due to association with other partners or the partnership
<input type="checkbox"/> Increased utilization of expertise or services	<input type="checkbox"/> Frustration or aggravation
<input type="checkbox"/> Acquisition of useful knowledge about services, programs, or people in the community	<input type="checkbox"/> Insufficient credit given for contributing to the accomplishments of the partnership
<input type="checkbox"/> Enhanced ability to affect public policy	<input type="checkbox"/> Conflict between job and partnership's work
<input type="checkbox"/> Development of valuable relationships	
<input type="checkbox"/> Enhanced ability to meet the needs of your constituency or clients	
<input type="checkbox"/> Ability to have a greater impact than you could have on your own	
<input type="checkbox"/> Ability to make a contribution to the community	
<input type="checkbox"/> Acquisition of additional financial support	

APPENDICES

Appendix F - Staff Surveying - Family Peace Center Partners' Questionnaire

The Family Peace Center Partner Questionnaire (FPCPQ) is a tool developed internally to measure staff's knowledge of where in the FPC to refer clients presenting with specific scenarios. Data from this survey allows us to analyze specific situations that our staff are well adept to handle as well as those that offer opportunity for additional training and learning around the appropriate referral and service provision plan. As we continue to grow in our partnership together, we anticipate staff knowledge of which FPC partner agencies can serve specific client needs.

Family Peace Center Partners' Questionnaire

Imagine that you are working with a client and they mention each of these issues. Indicate where you would refer this person for help with that issue and whether or not you know how to make the referral.

Issue	Name of agencies/partners who could provide services for this issue	I know how to make this referral Yes or No
Adult client wants to file a restraining order		Y N
Child is experiencing flashbacks to a traumatic incident		Y N
Mother and 10 year-old son need a safe place to stay away from an abusive partner		Y N
Mother says her child's father is keeping the child several days past his time as stated in their custody arrangement and wants to file for sole custody		Y N
23 year-old woman was raped yesterday		Y N
Adult client wants to talk about violence they experienced		Y N
11 year-old girl discloses that her stepfather physically and sexually assaulted her last night		Y N
A mother wants help for her son who is being bullied at school		Y N
Father wants information on services to help his kids who have witnessed violence in the home		Y N
Mother is fleeing the abusive father of her child and wants to bring their child across state lines		Y N
27 year-old man is so depressed he can barely function and is now feeling suicidal		Y N
Adult client wants help finding a job or going back to school		Y N
Adult client wants information on relaxation and wellness opportunities		Y N
Adult male who chronically hurts his spouse wants help stopping this behavior		Y N
17 year-old woman discloses she has been involved in sex trafficking		Y N
41 year-old woman has injuries following an abusive episode and wants to press charges		Y N

APPENDICES

Appendix G - Client Interview Sampling and Participation

FPC staff recruit clients to participate in evaluation interviews. After a client is initially connected to the FPC and begins receiving services, the client is asked if they would like to participate in an evaluation interview to help us learn more about our clients and their experience with services. A member of the evaluation team meets with clients soon after their initial connection to services for a baseline interview. The client then completes follow-up interviews three months and six months after the baseline interview.

From December 2016 to September 2017, we conducted 25 baseline interviews, 14 three-month follow-up interviews, and eight six-month follow-up interviews for a total of 47 interviews. Because client interviews are conducted on a rolling basis, not enough time had elapsed at the time of analysis for all clients who completed a baseline interview during this time to also be eligible for a three-month or six-month follow-up. Of those who were eligible, there was a participation rate of 73.7% at three-month follow-up and 61.5% at six-month follow-up. This retention rate is particularly notable when compared to the retention rate (39.3%) of the only other known longitudinal evaluation efforts at similar co-located, multi-agency partnerships (Hellman et al., 2017).



APPENDICES

Appendix H - Adverse Childhood Experiences (ACEs)

Finding Your ACE Score

While you were growing up, during your first 18 years of life:

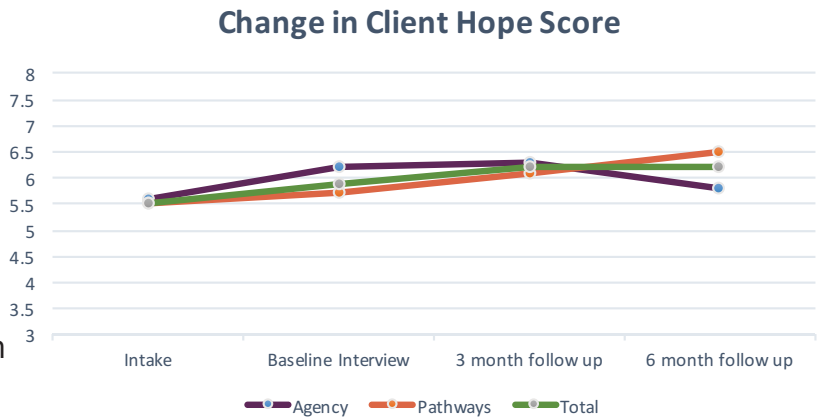
1. Did a parent or other adult in the household **often or very often**...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often or very often**...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No If yes enter 1 _____
4. Did you **often or very often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often or very often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

APPENDICES

Appendix I - Hope Scale

Clients' hope was measured using the Dispositional Hope Scale (Snyder et al., 1991). The Hope Scale is an eight-item survey that measures an individual's motivation to achieve future goals (Agency) as well as their belief that they have the ability and means to achieve those goals (Pathways). The client indicates her agreement with items on an eight-point Likert scale ranging from one (definitely false) to eight (definitely true). Clients' total hope score increased from an average of 5.5 at intake to 6.2 at the six-month follow-up interview.



	Intake	Baseline	Three Month	Six Month
Agency	5.5	6.3	6.3	5.8
Pathways	5.6	6.1	6.1	6.5
Total	5.5	6.2	6.2	6.2



APPENDICES

Appendix I - Hope Scale

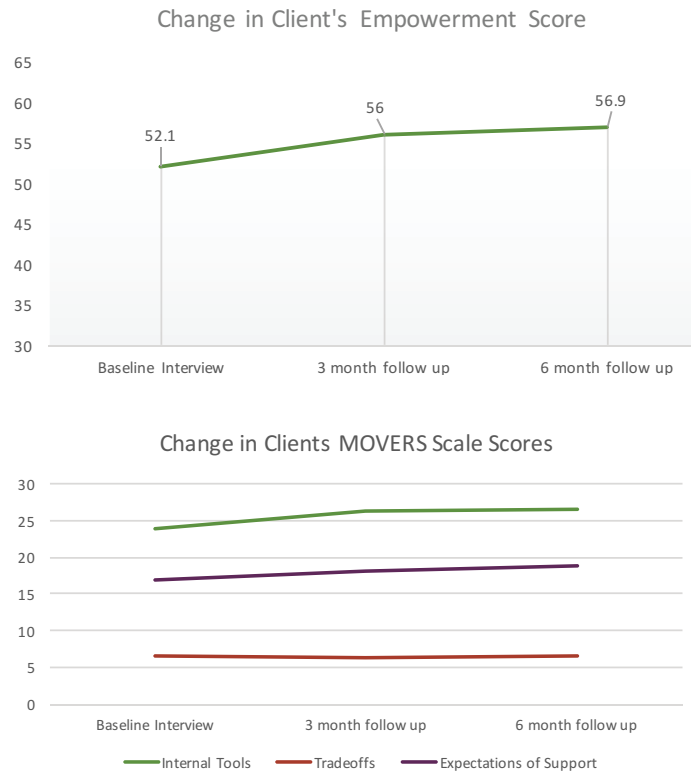
Listen to each item carefully. Please decide which answer describes YOU. Tell me whether each item is Definitely False, Mostly False, Somewhat False, Slightly False, Slightly True, Somewhat True, Mostly True, or Definitely True for you right now.

	Definitely false	Mostly false	Somewhat false	Slightly false	Slightly true	Somewhat true	Mostly true	Definitely true
1. I can think of many ways to get out a jam	1	2	3	4	5	6	7	8
2. I energetically pursue my goals.	1	2	3	4	5	6	7	8
3. I feel tired most of the time.	1	2	3	4	5	6	7	8
4. There are lots of ways around any problem.	1	2	3	4	5	6	7	8
5. I am easily downed in an argument.	1	2	3	4	5	6	7	8
6. I can think of many ways to get the things in life that are important to me.	1	2	3	4	5	6	7	8
7. I worry about my health.	1	2	3	4	5	6	7	8
8. Even when others get discouraged, I know I can find a way to solve the problem.	1	2	3	4	5	6	7	8
9. My past experiences have prepared me well for the future.	1	2	3	4	5	6	7	8
10. I've been pretty successful in life.	1	2	3	4	5	6	7	8
11. I usually find myself worrying about something.	1	2	3	4	5	6	7	8
12. I meet the goals that I set for myself.	1	2	3	4	5	6	7	8

APPENDICES

Appendix J - Measure of Victim Empowerment in Relation to Safety (MOVERS)

Clients' feelings of empowerment in relation to safety was measured using the Measure of Victim Empowerment Related to Safety (MOVERS; Goodman, 2014). This measure was designed specifically for programs that work with clients who have experienced domestic violence. The tool is comprised of three subscales: internal tools, tradeoffs, and expectations of support. The internal tools subscale measures how much clients feel they have the internal tools necessary to achieve their safety related goals. The tradeoffs subscale measures clients' beliefs that achieving safety involves tradeoffs (e.g., creating more problems for themselves). The expectations of support subscale measures clients' expectations of support from friends, family, and the community. A higher score on the internal tools and expectations of support, and a lower score on tradeoffs, are the desired outcomes. We see a steady increase in FPC clients' total MOVERS scores from 52.1 of a possible 65 points at baseline to 56.9 at six-month follow-up, indicating that over time as they are engaging in FPC services, clients feel more and more empowered to achieve their safety related goals.



	Baseline	Three Month	Six Month
Internal Tools	23.8	26.2	26.6
Tradeoffs	6.6	6.4	6.5
Expectations of Support	17	18.2	18.8

APPENDICES

Appendix J - Measure of Victim Empowerment in Relation to Safety (MOVERS)

MOVERS Questionnaire

Measure of Victim Empowerment in Relation to Safety

You may be facing a variety of different challenges to safety. When we use the word *safety* in the next set of statements, we mean safety from physical or emotional abuse by another person. Please select the option that best describes how you think about your and your family's safety *right now*. When you are responding to the statement, it is fine to think about your family's safety along with your own if that is what you actually do.

	Never True	Sometimes True	Half the time true	Mostly True	Always True
1. I can cope with whatever challenges come at me as I work to keep safe.	1	2	3	4	5
2. I have to give up too much to keep safe.	1	2	3	4	5
3. I know what to do in response to threats to my safety.	1	2	3	4	5
4. I have a good idea about what kinds of support for safety that I can get from people in my community (friends, family, neighbors, people in my faith community, etc.).	1	2	3	4	5
5. I know what my next steps are on the path to keeping safe.	1	2	3	4	5
6. Working to keep safe creates (or will create) new problems for me.	1	2	3	4	5
7. When something doesn't work to keep safe, I can try something else.	1	2	3	4	5
8. I feel comfortable asking for help to keep safe.	1	2	3	4	5
9. When I think about keeping safe, I have a clear sense of my goals for the next few years.	1	2	3	4	5
10. Working to keep safe creates (or will create) new problems for people I care about.	1	2	3	4	5
11. I feel confident in the decisions I make to keep safe.	1	2	3	4	5
12. I have a good idea about what kinds of support for safety I can get from community programs and services.	1	2	3	4	5
13. Community programs and services provide support I need to keep safe.	1	2	3	4	5

APPENDICES

Appendix K - Child Behavior - Strengths & Difficulties Questionnaire

For those clients who were mothers, their children’s behavior was measured using the Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001). This 25 item survey yields five different subscale scores: prosocial behavior, hyperactivity, peer problems, conduct problems, and emotional symptoms. A high score on the prosocial behavior subscale and a low score on the four other subscales are the desired outcomes. Mothers completed this survey for each child who was between the ages of 2 and 17 years old at the time of assessment (n=33). Mothers did not complete the survey for children outside of that age range or for children who were not in their care and whom they did not see regularly. See Figure K1 and Table K1 for child behavior data from the overall interview sample.

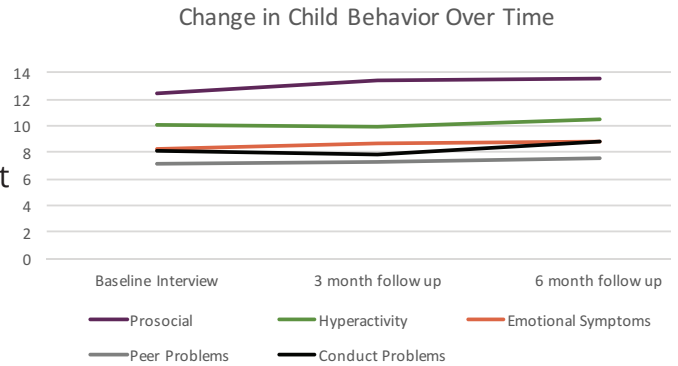


Figure K1

	Baseline	Three-Month Follow-Up	Six-Month Follow-Up
Prosocial Behavior	12.48	13.4	13.5
Hyperactivity	10.04	9.93	10.5
Emotional Symptoms	8.31	8.69	8.75
Peer Problems	7.15	7.27	7.5
Conduct Problems	8.08	7.87	8.88

Table K1: Change in Child Behavior Over Time

In addition to collecting child behavior data from the overall interview sample, we collected data using the same questionnaire (SDQ) from a group of mothers (n=14) and children (n=25) enrolled in the Spring 2017 Child Witness to Domestic Violence (CWDV) session. Mothers completed the SDQ for all of their children ages 2-17 enrolled in the session before and after the 12-week session. See Figures K2 and K3 for data from this Spring 2017 session of the Child Witness to Domestic Violence. Children’s behavior improved over the course of the session. In particular, we see children’s prosocial behavior, a positive behavior, increasing over time. At the same time, we see children’s hyperactivity, emotional symptoms, peer problems, and conduct problems, all negative behaviors, decreasing over time. We also see children’s overall “total difficulties” score decreasing over time.

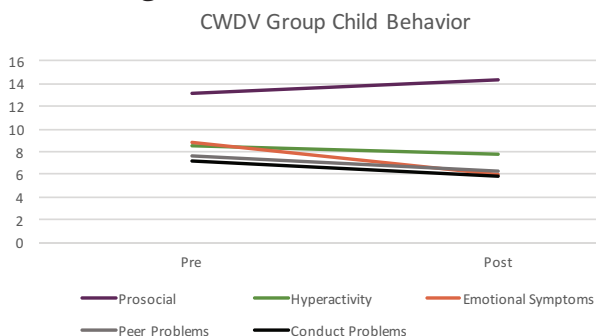
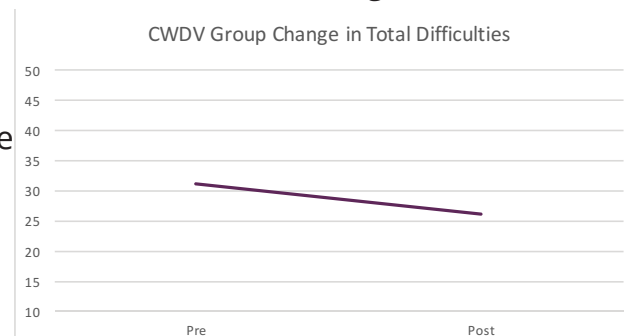


Figure K2

Figure K3



APPENDICES

Appendix K - Child Behavior - Strengths & Difficulties Questionnaire

Strengths and Difficulties Questionnaire

P or T 4-10

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Target child name:

Child birthdate:

Child gender:

		Not True	Somewhat True	Certainly True
1)	Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6)	Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8)	Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9)	Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11)	Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12)	Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14)	Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)	Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)	Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)	Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you very much for your help

HOPE LIVES HERE

 **SOJOURNER**

