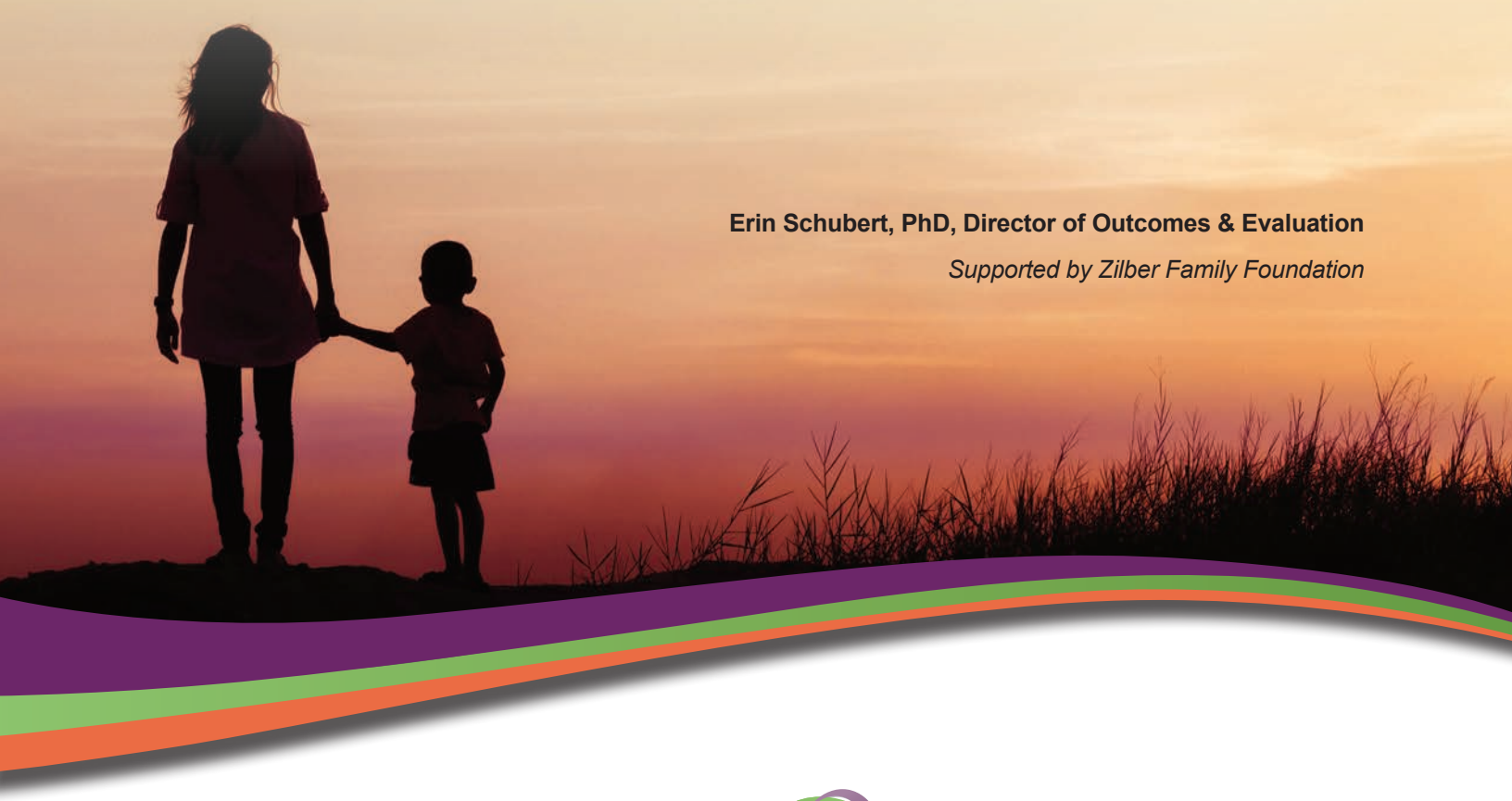
SUMMER
2019

HOPE LIVES HERE

Impact of the Family Peace Center



Erin Schubert, PhD, Director of Outcomes & Evaluation

Supported by Zilber Family Foundation

SOJOURNER

Transforming lives impacted by domestic violence.

Table of
CONTENTS

Introduction

The Family Peace Center (FPC) is an innovative model that co-locates multi-sector agencies to serve families impacted by violence in a single facility. Partner agencies include non-profit organizations, justice system representatives, crisis shelter, health care agencies, legal partners, schools, and agencies focusing on healing and well-being. 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.

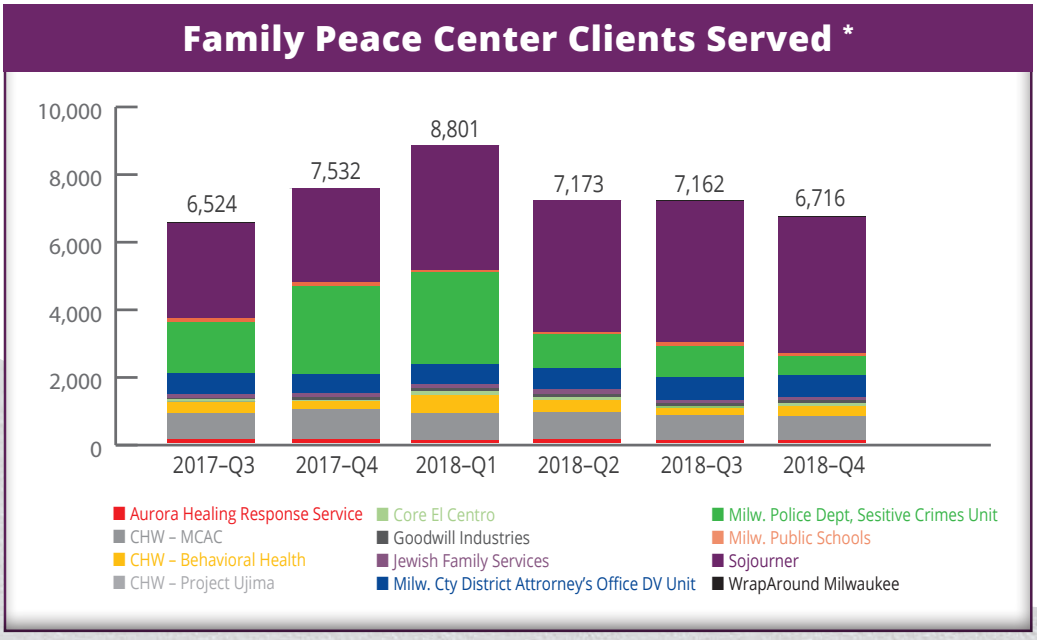
The overall evaluation strategy at the FPC is designed and executed under the leadership of the Director of Outcomes & Evaluation in collaboration with all FPC partner agencies. Representatives from each partner agency sit on the FPC Outcomes & Evaluation (O&E) Committee (Appendix A). O&E Committee members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

Printing Courtesy of:

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 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. This report compiles data from each partner agency quarterly. Notably, FPC partner agencies serve an average of 7,318 clients per quarter. It is important to note that the total number of clients served and referrals made amongst FPC partners include duplicated reporting. Partners report sums on each of these indicators quarterly. Since there is currently no single database linking agencies' individual records, there is no way to calculate unduplicated totals for these important indicators. Development of the FPC Centralized Data System (CDS) is currently underway which, among many benefits for clients, will further our evaluative capacity at the FPC including the first unduplicated count of clients served across FPC partners as well as referrals made amongst partners.



*Duplicated client count between agencies

FPC partner agencies serve an average of

7,318

CLIENTS PER QUARTER

Family Peace Center Key Performance Indicators

as of March 31st, 2018

		Quarter 1, 2018	Q1 2018 vs. Past 2 Quarter Average
Partner Relationships	Referrals Between Partners *	7,612	+1,324
	Shared Learning Experiences	129	-7.5
	Number of Partner Agencies	17	-1
	Partnership Functioning (PAT Score)	3.41 of 5	same data
Community Impact	Family Peace Center Tour Groups	25	-9.5
	Community Presentation and Reports	69	+3.5
	Consultations Provided To Outside Organizations	14	-1.5
Client Well-Being	Client Satisfaction Score **	5.95 of 7	-0.48
	Clients Served *	7,005	+584.5
	Number of Agencies Client Accesses **	3.95	+0.91
	Change in Client Hope Score **	+2%	-3%
Employee Well-Being	Wellness Events and Initiatives	26	+13
	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 ‡	0/26	-3.5/-5.5
	Calls to Sojourner Domestic Violence Hotline	3,932	-270.5
	Severe Child Physical Abuse Cases / Deaths †	105/5	-9/0
	Child Abuse and Neglect Reports / Screened In †	4,560/2,158	+658/+308.5
	Sexual Assault / Abuse Victims Accessing Medical Care	267	+2
	Human Trafficking Investigations ‡	14	-2
	Milwaukee Residents Living in Poverty ‡	28.4%	no change

** Includes duplicated reporting*
*** Collected from a subsample of clients (n=46)*
† Milwaukee County
‡ City of Milwaukee

Transformative Model of Care: The Stories

A Victim Witness Advocate (VWA) at the District Attorney's Office recently worked with the Goodwill representative at the Family Peace Center. The client, who initially presented at the DA's office, had experienced domestic violence as well as an armed robbery at her job. These incidents were so traumatic to her that she quit her job, even though she could not afford to. The VWA connected the client with the Goodwill representative who was able to provide her with new career resources at a job fair held at the Family Peace Center. Following up with the client, the VWA reflected that she could hear relief in the client's voice that she was able to find new work in a less traumatic environment. The services they were able to offer to the client represented what this partnership is striving to do when building relationships between community partners trying to work from a trauma-informed perspective.

Client Interviews

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 interview three months, six months, and one year after the baseline interview, allowing us to examine change over time. **The client characteristics that follow represent the clients who participated in these interviews, not all FPC clients.** See Appendix C for detail on sampling and participation.

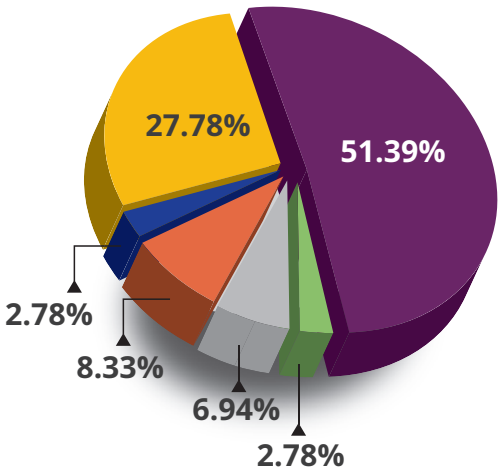
From December 2016 to September 2018, we conducted a total of 161 interviews with 72 women, ranging in age from 19 to 58 years old (average age = 35.67 years). The large majority (81.9%) were mothers with an average total of 2.78 children each (range 1 – 9) although they had an average of 1.51 children in their households.

12.16– 09.18

161

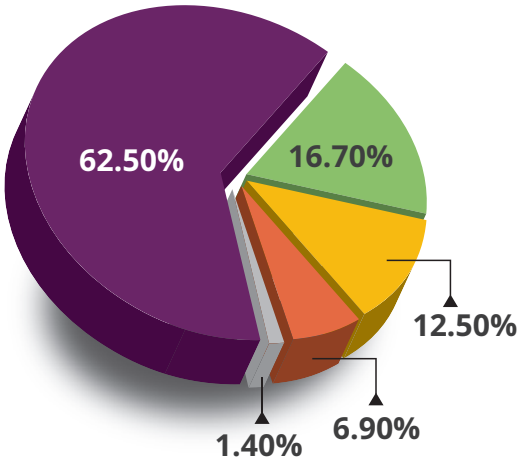
INTERVIEWS CONDUCTED

Client Race/Ethnicity



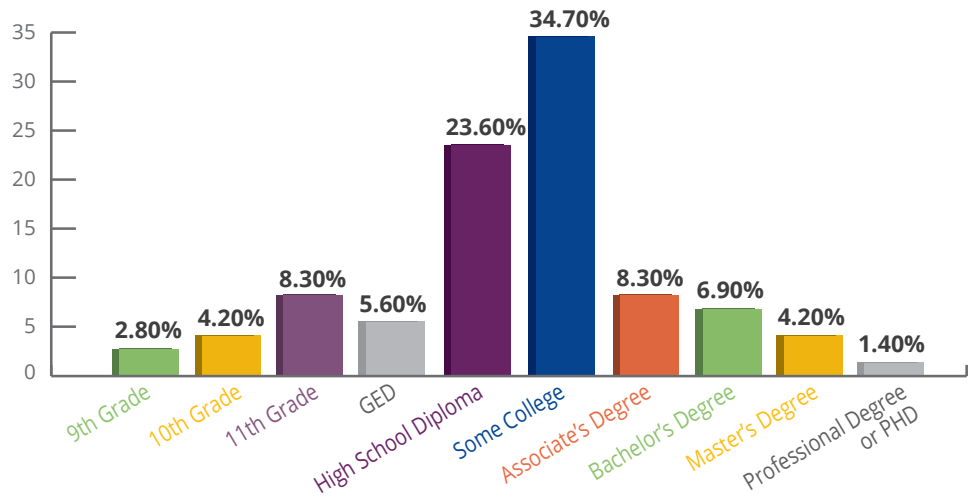
- Black/African American
- White/Non-Hispanic
- Other
- Multi-racial/Multi Ethnic
- Hispanic/Latinx
- American Indian
- Asian — 0%

Marital Status

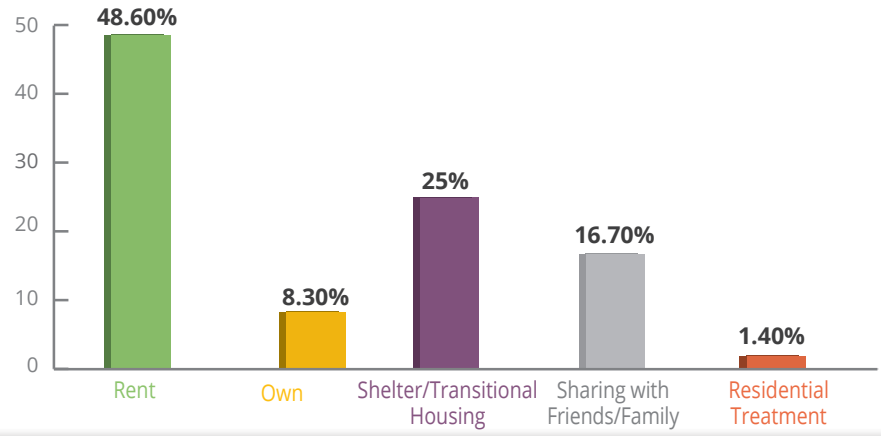


- Single/Never Married
- Married
- Divorced
- In a Relationship
- Married but Separated

Client Education



Where Clients Live



Client Defined Goals

A core service tenant at the Family Peace Center is allowing clients to be in charge of their own healing. That is, we do not impose goals upon clients, but rather encourage them to define what they are looking for so that we may then advocate for and support them in that pursuit. While this tenant is critical to our service delivery, it does present a challenge for evaluation in that clients are not all pursuing the same goals and same outcomes. For instance, while one client may be striving to complete her education, another may be motivated to better support and nurture her children. Measuring a change in one goal (e.g., achievement of educational outcomes) across all clients does not make sense. To capture the diversity of client goals but also measure progress toward those goals, we track client defined goals. At baseline, clients are asked to define goals that they would like to achieve for themselves. At each follow up appointment, clients rate how successful they have been at achieving their goals.

> *"... while one client may be striving to complete her education, another may be motivated to better support and nurture her children."*

Client's self-defined goals vary widely, but can be generally grouped into 10 categories. Goals related to employment and financial stability were most commonly mentioned among participants (20% of the time). Specifically, clients mentioned wanting to "attain a steady, livable income," to "get a new job to support my family," and to "pay all the debt I owe." The next most common goal category included goals targeted at the client's own mental, spiritual, and emotional wellness (16.4% of the time). In this category, clients told us things as wanting to "healing from my past," to "deal with childhood trauma," to "continue to grow mentally and spiritually," and to "put myself first for once." Goals related to housing (e.g., "get my own place again" and "securing housing") and helping their children were also common. Clients described wanting to "get my kids in a safe environment," to "provide a positive environment for my daughter," and to "get help for my son's anger issues." See all 10 categories of client defined goals and the percentage of clients who mentioned this type of goal in Table 1. On average, clients indicate moderate success in achieving their goals because many of their goals are long-term pursuits that cannot be achieved within only a few months. Smaller steps toward those goals, however, can be and are achieved in this timeframe.

Table 1: Client Defined Goals

Type of Goal	% With This Goal
Employment / Financially Stability	20.0%
Mental / Spiritual / Emotional Wellness	16.4%
Housing	13.6%
Supporting Their Children's Wellness / Improving Parenting	13.6%
School	11.8%
Stay Safe / Avoid Abuse	10.0%
Successfully Navigating a CPS Case – Getting Children Back	7.3%
Physical Wellness	2.7%
Maintaining Sobriety	2.7%
Helping Others / Giving Back	1.8%

... wellness is more than the absence of disease or suffering. Wellness is the presence of positive and worthwhile aspects of life."

We see clients reporting moderate success on their goals after 3, 6 and 12 months because many of their goals are long-term pursuits (e.g., attainment of a degree, home ownership) that we would not expect to be fully achieved within only a few months. Clients indicating that they are moderately successful, however, tells us that they are making meaningful progress toward their long-term goals for themselves and their family."

Other Client Outcomes

At the FPC, we believe that wellness is more than the absence of disease or suffering. Wellness is the presence of positive and worthwhile aspects of life. Wellness is having hope for the future, feeling empowered to achieve goals, and being supported by a network of love and encouragement. When deciding which outcomes we measure across clients, therefore, we are intentional in primarily choosing outcomes rooted in positive psychology and the science of resilience. We want to focus on what is right with clients, not only what is wrong with them; focus on where they can go and how they can heal as opposed to where they have been and how they have been hurt. To that end, in this iteration of the report, we intentionally focused on the client defined goals above and the outcomes following as opposed to the deep dive into clients' trauma histories that was presented in the 2018 Hope Lives Here report.

HOPE

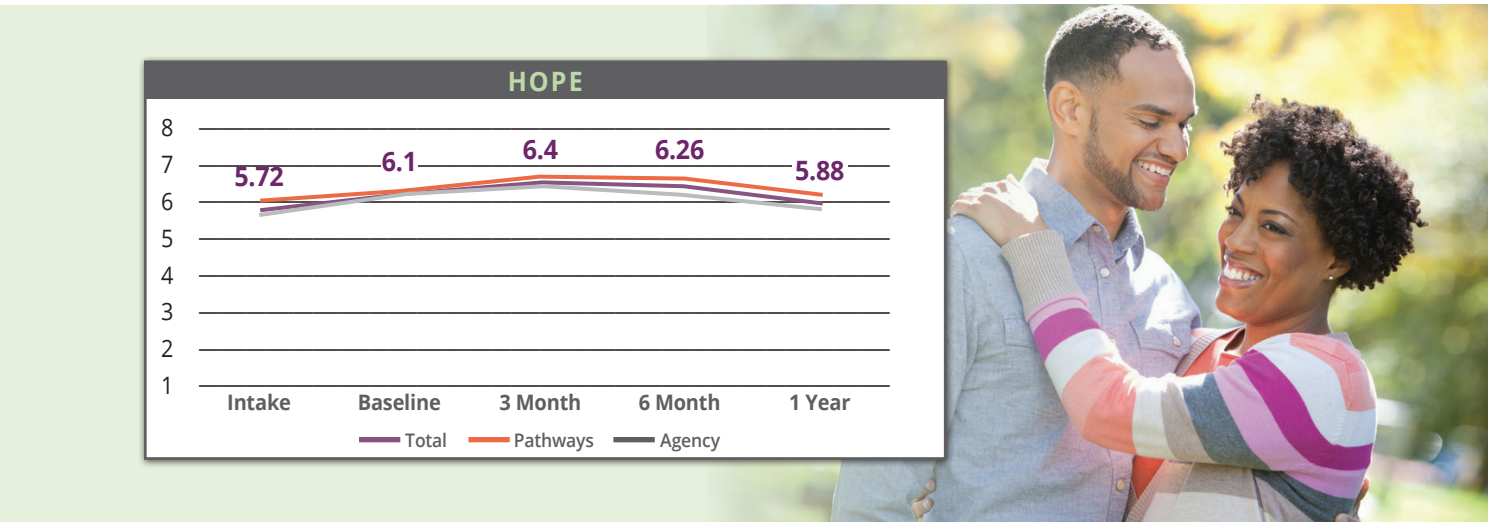
Hope is defined here as an individual's motivation to achieve future goals as well as their belief that they have the ability and means to achieve those goals. An individual's level of hope is related to a host of positive outcomes including education, physical and mental health, and career outcomes (e.g., Gwinn & Hellman, 2018; Hellman et al., 2018; Munoz et al., 2016). Clients in our sample told us how hopeful they were over time using the Dispositional Hope Scale (Snyder et al., 1991; Appendix D). Clients' hope scores increased from intake (5.72) to the 3-month follow up (6.40). Clients' hope scores at 6-month (6.26) and 1-year (5.88) were still higher than at baseline, although they decreased slightly from 3-months. The most precipitous drop in hope scores was observed between 6-months and 1-year. *See **"How are clients doing one year later"** section on Page 12 for explanation of this pattern and what we are doing to address it.*

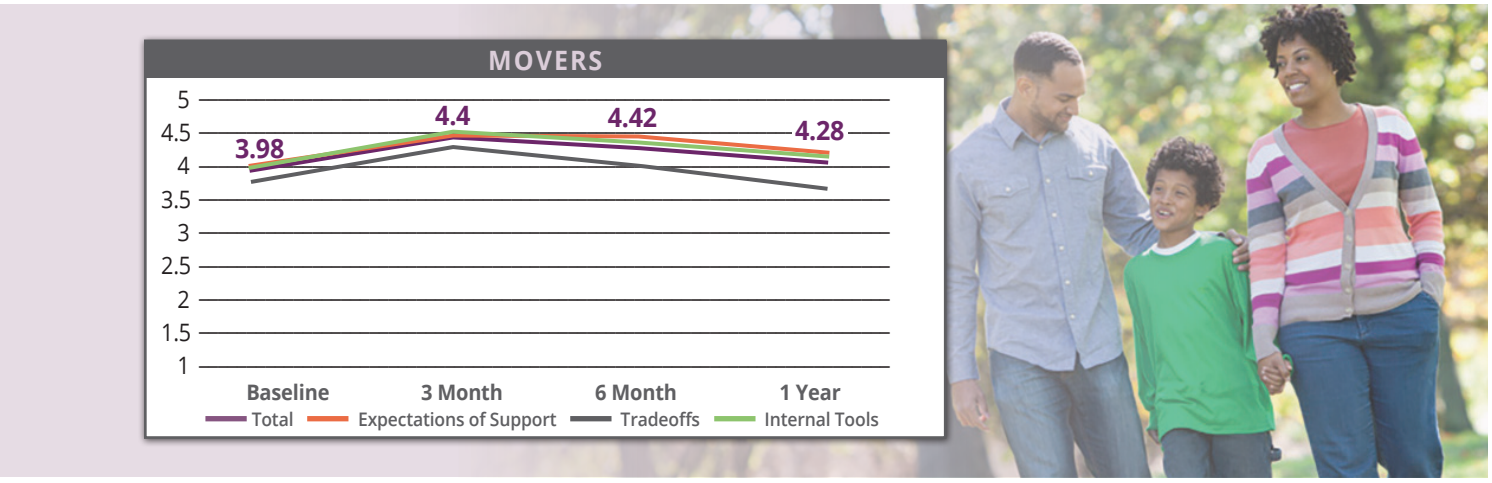
EMPOWERMENT

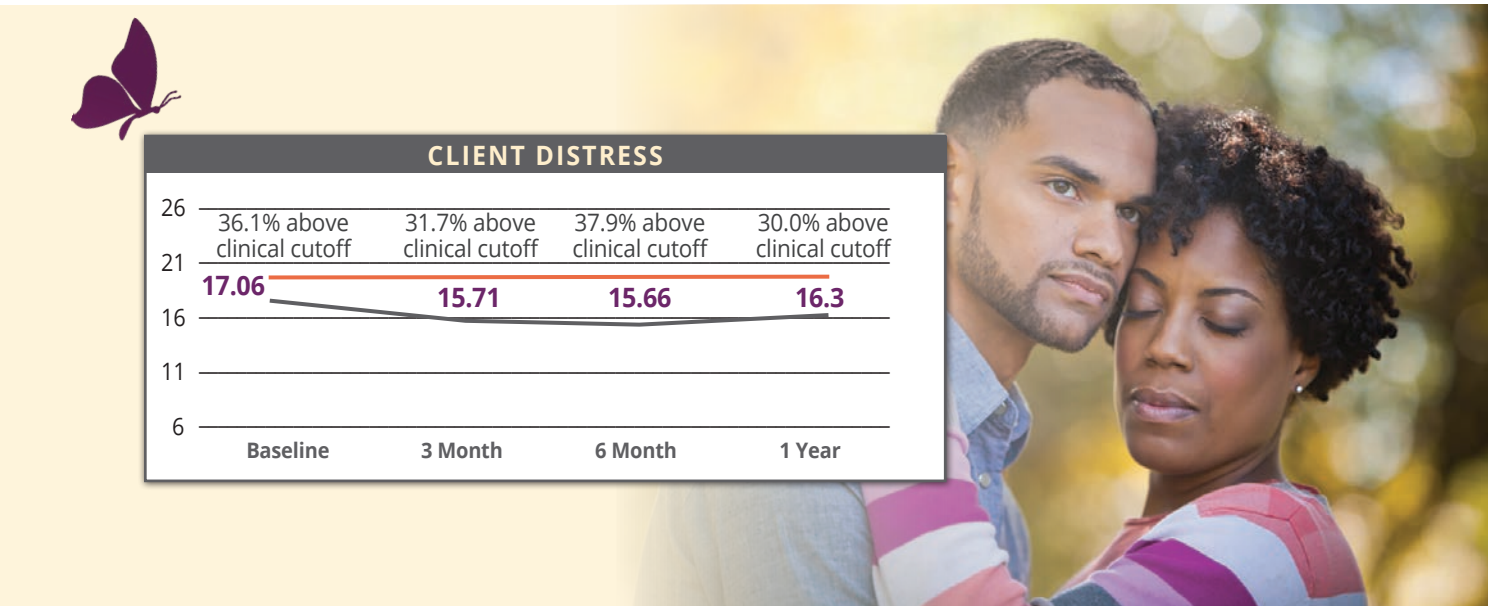
Clients' feelings of empowerment in relation to safety was measured using the Measure of Victim Empowerment Related to Safety (MOVERS; Goodman, 2014; Appendix E). This survey was designed specifically for domestic violence programs to measure how much clients feel like they have the internal tools necessary 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). We see clients' feelings of empowerment increasing from baseline (3.98) to 1-year (4.28). Like hope, there is a dip between 6-months (4.42) and 1-year, though the dip is not as large as it is in clients' hope. *See **"How are clients doing one year later"** section on Page 12 for explanation of this pattern and what we are doing to address it.*

DISTRESS

While we intentionally focus on client wellness, we cannot ignore the often times significant mental health challenges faced by our clients. Challenges with mental health (e.g., anxiety, depression, PTSD symptomology) are a common and appropriate response to the tremendous amount of trauma our clients have lived through. We seek to understand these symptoms in our clients so that we can better support them through these challenges. To this end, we measure mental health distress in clients over time. The tool we use to measure distress is not diagnostic in nature but rather screens individuals who may then be referred for a longer diagnostic assessment and therapeutic intervention (See Appendix F). Over time, clients' distress decreases from baseline (17.06) to 6-months (15.66). Clients' distress at 1-year (16.3) is still lower than baseline, though it increased slightly from 6-months. The tool we used to measure distress categorizes scores as non-clinical vs. clinical. Notably, while some individual clients score in the clinical range (above the solid black line on the graph), the average score among our clients at each time point is below the clinical cutoff.


HOPE
8
7
6
5
4
3
2
1
5.72
6.1
6.4
6.26
5.88
Intake
Baseline
3 Month
6 Month
1 Year
Total
Pathways
Agency


MOVERS
5
4.5
4
3.5
3
2.5
2
1.5
1
3.98
4.4
4.42
4.28
Baseline
3 Month
6 Month
1 Year
Total
Expectations of Support
Tradeoffs
Internal Tools


CLIENT DISTRESS
26
21
16
11
6
36.1% above clinical cutoff
31.7% above clinical cutoff
37.9% above clinical cutoff
30.0% above clinical cutoff
17.06
15.71
15.66
16.3
Baseline
3 Month
6 Month
1 Year

How are clients doing one year later?

Across all 3 outcome measures (hope, empowerment, and distress), scores improve from when they were first measured to the 6-month time point. During this time, clients are feeling more hopeful, more empowered, and less distressed. Across all 3 measures we also observe scores worsening slightly from 6-months to 1-year, although none of the 1-year scores on any measure are worse than they were initially. This drop makes sense considering that much of our formal programming (e.g., curriculum based support groups) end around 6 months. These data also match what clients have told us anecdotally, that they are looking for ways to remain engaged longer term. Spurred by both direct client feedback and these data, we have begun focusing on long term engagement strategies including intentional check in with clients around this critical 6-month window to re-assess their needs and develop individualized plans for their continued healing and engagement in services. We are also working with our onsite partners to expand healing services such as expanded support group offerings and groups specific to understanding and healing from trauma.

The Relationship Between Service Engagement and Client Outcomes

Does the number of services a client is involved in impact their outcomes? To answer this question, we looked at both the number of FPC agencies from whom clients have received services, as well as the number of touchpoints within an agency. For example, a client who received services from four agencies may have made a safety plan with a Sojourner advocate, worked with the District Attorney's Office in their case against the abuser, gotten massages from CORE El Centro, and had a child receiving therapy from Children's Hospital, all within the FPC. We found that the more agencies a client visited and the more touchpoints within agencies, the higher their hope, the more empowered they feel, and more likely they were to have achieved their goals (see specific correlations Appendix G). This indicates that our services meaningfully improve clients' lives." In addition please emphasize somehow (e.g., bold, larger, make a different color) these chunks: "the more agencies a client visited and the more touchpoints within agencies, the higher their hope, the more empowered they feel, and the more likely they were to have achieved their goals" and "This indicates that our services meaningfully improve clients' lives."

It was amazing. My advocate explained services that I didn't even realize I might need for healing and would be something good for me. That blew me away. I had no idea besides the typical support groups. I felt excited and felt hope to move on. I left the center that day feeling like there was a point where I could move on in my journey."

— Family Peace Center client

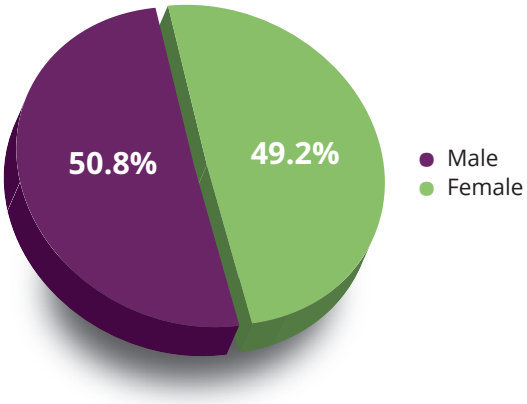
" [The Family Peace Center] is very empowering and addresses all the needs of a woman. It's so good to come to a place that has all the resources to build a person up until they are self-sufficient.

— Family Peace Center client

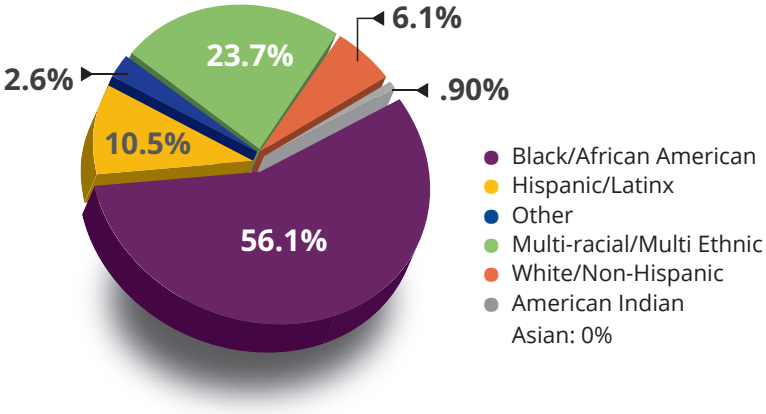
Children

Sojourner engages in a broad range of child-focused violence prevention efforts in order to prevent future violence and help children cope with the trauma they have experienced. Core pieces of our child-focused prevention work include our Healthy Teen Dating Summits, Child Witness to Domestic Violence curriculum-based programming, and Camp HOPE America — Wisconsin. We gather in depth information on children of clients in the evaluation interviews described above. The 72 clients in that sample had a total of 164 children between them, 118 of whom were under 18-years-old at baseline, average age 7.09 years at baseline. The majority of these children were being raised in single parent household, with only 16.5% of minor children living in a household with more than one adult caretaker.

Child Gender



Child Race/ Ethnicity



The children, like their mothers, were a highly mobile population with 37.2% of children having been homeless at least once (average 2.4 times each) in their lives and having lived at an average of 3.56 addresses in their lives. Some of that mobility is likely attributed to the family needing to relocate for safety reasons. The families' mobility continued during the time they were involved in services with 20% of children having moved between the baseline and 3-month interview and 40% having moved between the 3-month and 6-month interview. When examining reasons for moving, well over half, 58.9% of children under 18, have had to move homes due to violence in the home. Notably, a much smaller portion, 10.8% of minor children, have had to move schools due to violence in the home. The difference in percentage of children moving homes and those needing to move schools is partially attributable to the federal protections afforded to homeless and highly mobile students under McKinney Vento. Under this legislation, children in a family fleeing violence in the home are classified as homeless and highly mobile, and are therefore afforded transportation back to their school of origin. Children of the families served at the FPC have easy access to these services through our co-located MPS social worker, who can arrange the necessary transportation so that children can realize the protections afforded them under the law.

We still have work to do to ensure that children of the adult clients we serve are appropriately connected to services to meet their needs. At baseline, 74.6% of children under 18 were not engaged with a child serving agency outside of Sojourner. About half (49.2%) of children under 18 were not engaged with any child serving agency including Sojourner's Children's Programming. At 3-months, there was little improvement, with 74.4% not engaged with a child serving agency outside of Sojourner. More children were connected with Sojourner's Children's Programming, with only 39.7% of children not connected to any service at 3-month follow-up. **We have convened a workgroup of stakeholders to improve this issue and other issues in the response to children who experience family violence.**

"I wish I would've come here 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. I think moving forward, it's mostly about having the advocates and MPS social worker helping me find a good place to get him into school and a routine."

— Family Peace Center mother

"The most helpful service to me has been the help my daughter is getting at the behavioral health center [at the Family Peace Center]. It gives her someone to talk to, help her find her passion, and help her develop into something successful in the future."

— Family Peace Center mother

***Table 2:** Child Service Engagement — Percentage of Children Enrolled in Services at Each Time-Point*

	Baseline	3 Month	6 Month	1 Year
Sojourner Children's Program	43.2%	51.3%	48.3%	63.2%
CHW Milwaukee Child Advocacy Center	5.9%	10.3%	5.6%	0%
CHW Behavioral Health	4.2%	9.0%	9.4%	0%
CHW Project Ujima	0%	0%	0%	0%
Milwaukee Public Schools	18.6%	19.2%	9.3%	0%
Wraparound Milwaukee	7.6%	5.1%	3.7%	5.9%
Average Total # of Child Services (out of a possible 6)	**0.80**	**0.95**	**0.75**	**0.65**
Average Total # of Child Services Excluding Sojourner (out of a possible 6)	**0.36**	**0.44**	**0.28**	**0.06**

At baseline, nearly half (48.6%) of children under 18 in this sample had an active DMCPS case with 38.9% currently in out-of-home foster care. The percentage of children under 18 in out of home foster care at the 3-month follow up point dropped to 23.1%.

We measured child behavior by having mothers report on child behavior at each time point using the Strengths and Difficulties Questionnaire (SDQ; See Appendix G). From the SDQ, we can calculate 5 subscales scores per child (Prosocial behavior, Hyperactivity, Emotional Symptoms, Peer Problems, Conduct Problems) and 1 total difficulties score per child.

When we look at changes in child behavior overtime for all children in the sample between age 2 and 17, we see improvements in prosocial behavior, emotional symptoms, and peer problems. That is, comparing scores at baseline to scores at 1-year, children are engaging in more prosocial behavior and less emotional symptoms and peer problems. The opposite trend is observed, however, for hyperactivity and conduct problems. As compared to baseline, at 1-year, children are exhibiting more hyperactivity and conduct problems.

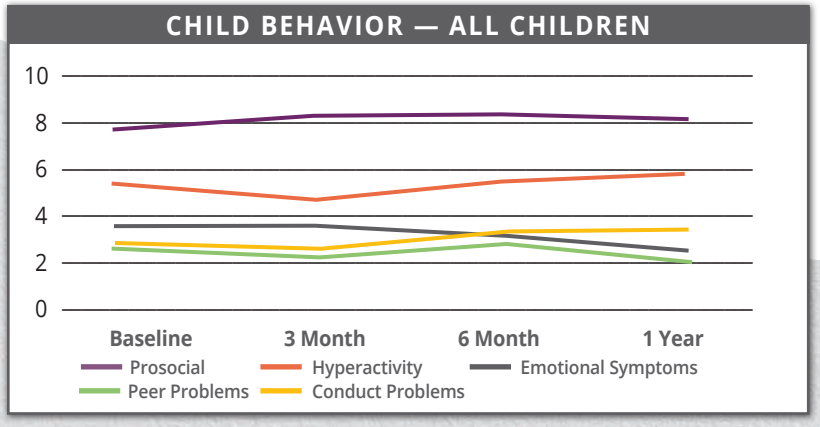
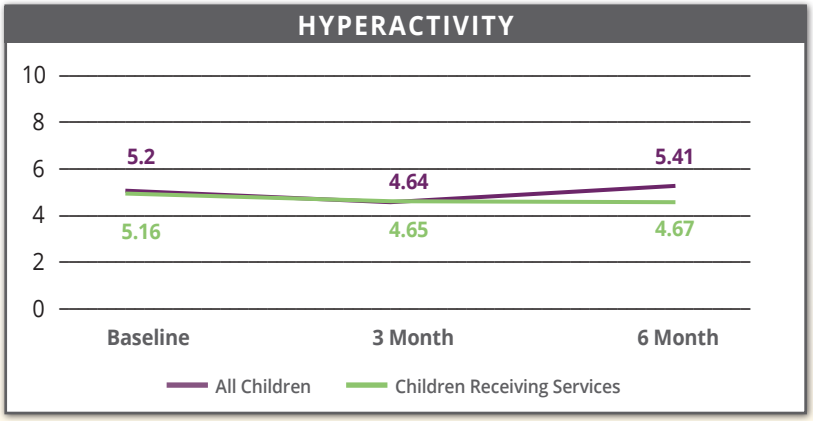
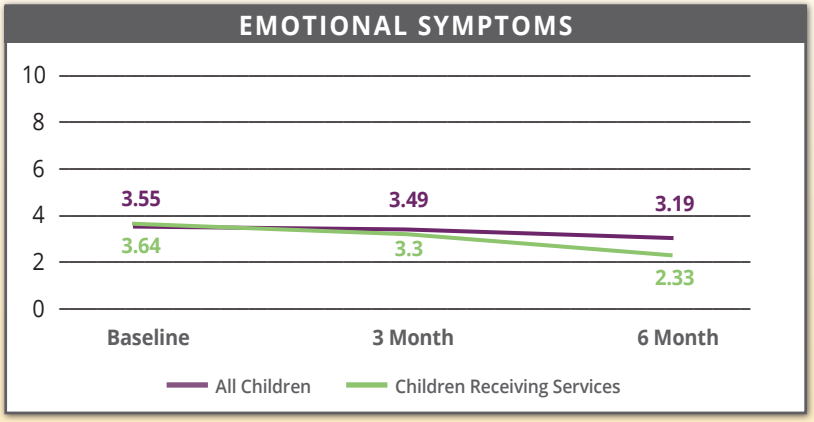


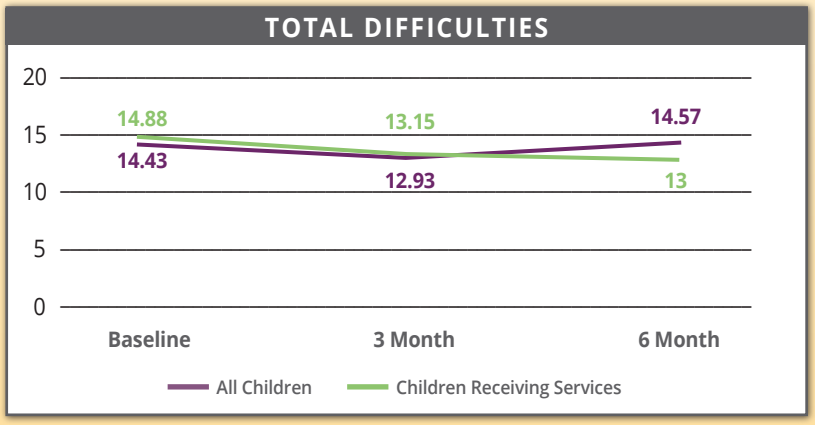
***Table 3:** Child Behavior Over Time Amongst Client Interview Sample; Scores Out of Possible 10 Points*

	Baseline	3 Month	6 Month	1 Year	Direction of Change
Prosocial Behavior	7.84	8.33	8.43	8.18	Increase
Hyperactivity	5.20	4.64	5.41	5.73	Increase
Emotional Symptoms	3.55	3.49	3.19	2.55	Decrease
Peer Problems	2.78	2.18	2.73	2.09	Decrease
Conduct Problems	2.90	2.66	3.24	3.27	Increase

In order to understand these mixed results, we examined the relationship between the number of services a child was engaged in at each time point and changes in child behavior. We saw a positive association between the number of child-serving services a child was engaged in and child outcomes. **The more services a child was engaged in, the more likely they were to have improved behavior over time.** Specifically, the more services a child was enrolled in at baseline, the more likely they were to have an improved total difficulty score at the 3-month follow-up as compared to baseline (r = -.219, p = .181) and an improved peer problems score at 6-month follow-up (r = -.317, p = .034). The more services a child was enrolled in at the 6-month follow-up point, the more likely they were to have an improved hyperactivity score (r = -.270, p = .156), improved emotional symptoms score (r = -.318, p = .093), improved peer problems score (r = -.319, p = .091), and improved total difficulties score (r = -.401, p = .031) at that same time point.







Child-Serving Programs

In addition to measuring outcomes for children of the clients who participated in evaluation interviews, we also conducted a series of program specific evaluations, taking a deep dive into 3 of our child serving programs: Camp HOPE, Child Witness to Domestic Violence groups, and Healthy Dating Youth Summits. Sojourner offers a diverse and growing array of programs serving children and teens because we recognize that it is not enough to only intervene once an individual or family is in crisis. **We must all work to prevent violence from occurring outright.** One of the most effective ways to do this is to intervene early when children have experienced family violence. If we quickly and compassionately wrap services around these children and these families, we can prevent the cycle of violence from repeating in their lives. It is also essential that we continue to support parents. Safe and stable parents are the best source of hope and healing for their children.

Camp HOPE America — Wisconsin

In summer 2018, we took 41 children aged 7- to 12-years-old to a week-long camp in northern Wisconsin at no cost to campers. Camp HOPE provides the opportunity for children to regain their childhood, find hope and healing, and spend time with other children who have lived through similar experiences. Counselors supported campers, many of whom had never previously left the city, through a curriculum designed to provide trauma-informed and hope-centered pathways for children exposed to family violence to believe in themselves, in others, and their dreams. Counselors guide campers through several challenges (e.g., ropes course, swimming, etc.) that let them explore how their attitudes and actions impact their group. Time spent with peers and counselors allows children to form a bond with one another and ensures a safe place to process past experiences and dream about a better future.

In our inaugural year of Camp HOPE – Wisconsin, we saw impressive results. Children and families told us that they had an overwhelmingly positive experience at camp (see Figures 1-2). Further, children improved several positive character traits through the week. Specifically, counselors reported improvements in campers' gratitude for what they'd been given, grit and perseverance toward long term goals, and curiosity about the world around them over the course of camp (See Figures 3-5). We look forward to another larger group of campers this summer, as well as regular reunion events for camp families throughout the year.

figure 1

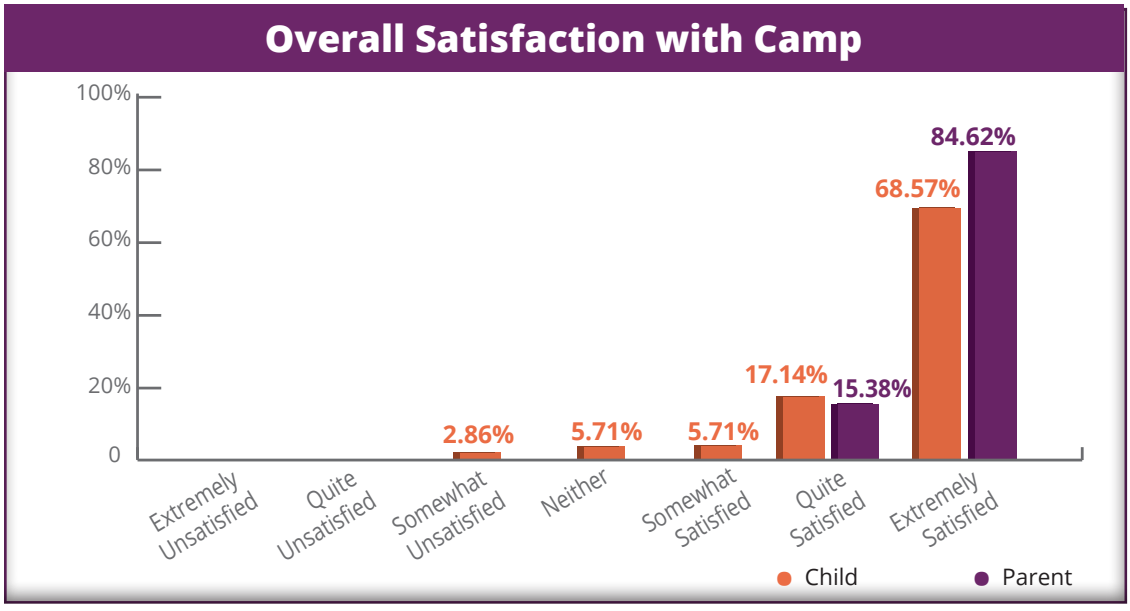
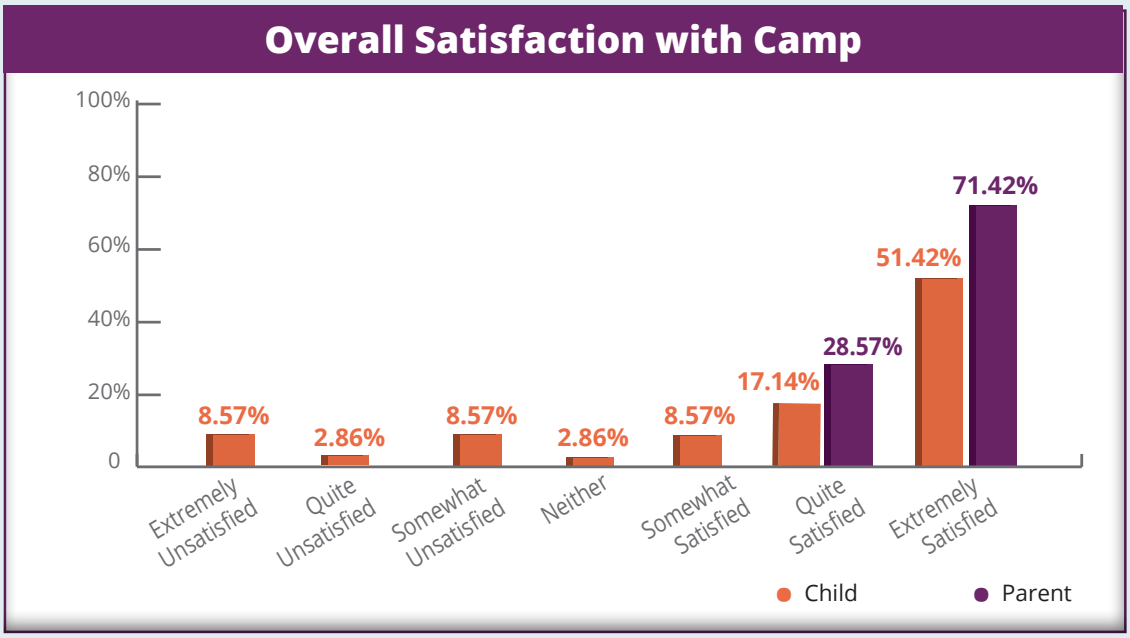


figure 2



"I like that we did fun activities. I did not like some of the challenges, but I still did it though because my counselors made me feel better. I can get emotional and will not do stuff I don't like so I will cry or break down. The counselors helped me."

— *Camp HOPE Camper*

"The counselors taught my son leadership skills, confidence and coping skills. His attitude toward life has completely changed. Thank you so much for everything! You have truly blessed and changed my son's life and the life of our family.

— *Camp HOPE Parent*

figure 3

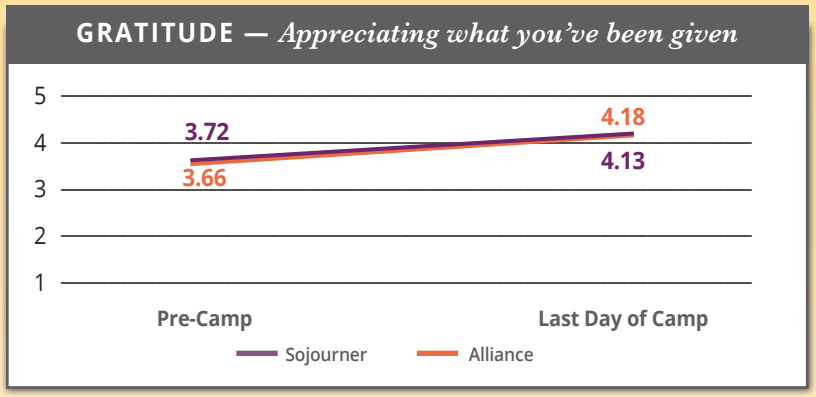


figure 4

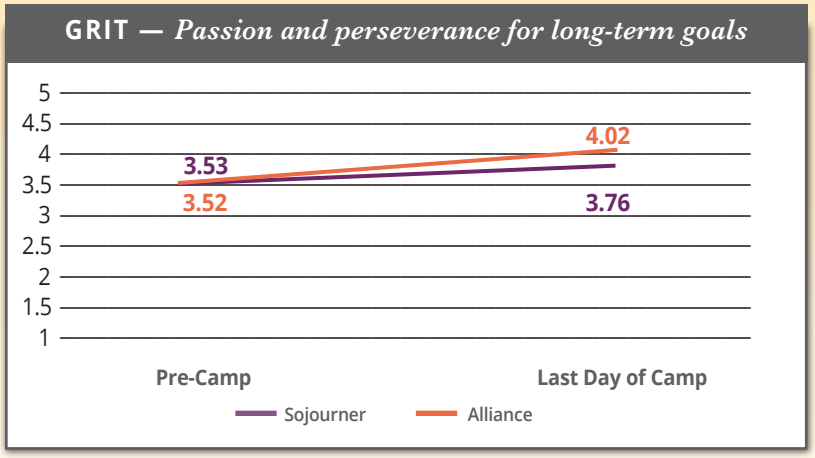
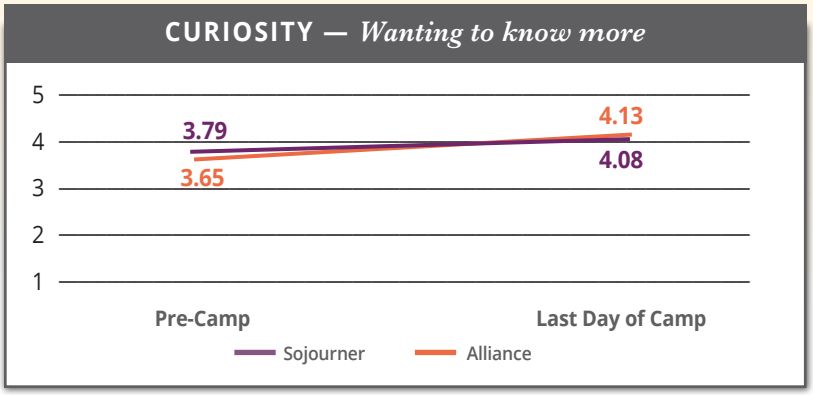


figure 5



Child Witness to Domestic Violence Groups

Sojourner held two separate 12-week sessions Child Witness to Domestic Violence (CWDV) in 2018, serving 15 mothers and 33 children who live in a home impacted by domestic violence. Children ranged in age from 0 years to 12 years, with an average age of 6 years. Families met on a weekly basis in a Spring and Fall session. Group facilitators presented material and facilitated discussions on an array of topics related to healthy relationships. The goals of this group included providing social support to families, providing information to participants on the negative effects of emotional and physical abuse, recognizing the warning signs of abusive behavior in relationships, increasing participants' hope in their future, and teaching healthy relationship skills.

After participating in CWDV, both children and mothers report greater levels of hope (See Figures 6 and 7). Notably, we also see that child behavior improved over the course of group (See Figures 8 and 9). Children's total difficulties score dropped 12.26 to 11.40. We also see families developed new safety strategies and learned more about domestic violence and its impact during group (100% of parents and 92% of children; see Figures 10 and 11). These findings indicate that we are indeed offering programming that both children and parents perceive to be useful in their lives and has real impacts on important outcomes over the course of group.

figure 6

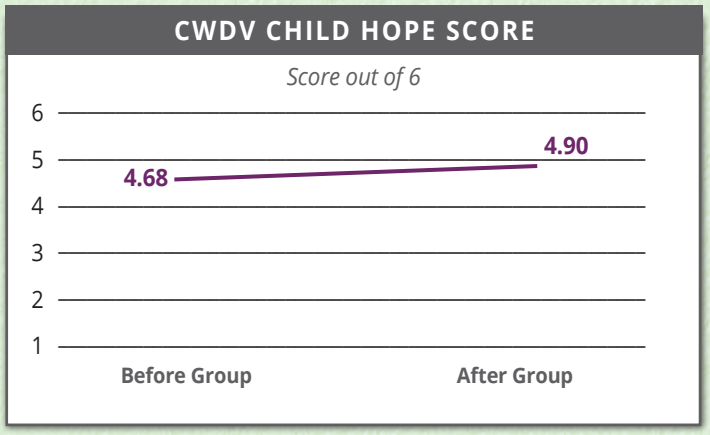
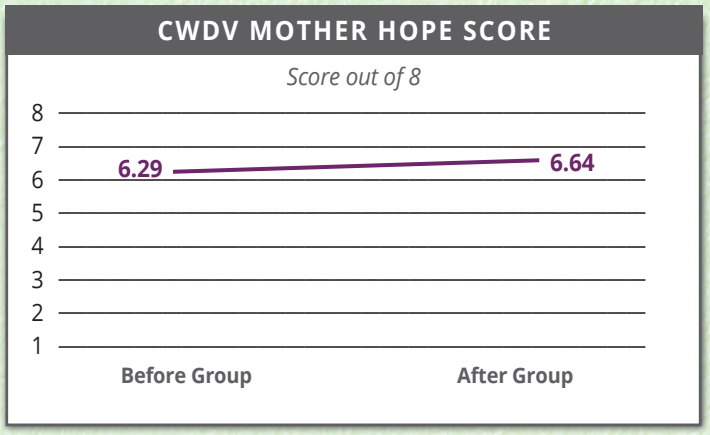


figure 7



> ***The staff genuinely care about the well-being of my family. You all have become a part of our family and key piece of our healing. Thank you!"***
>
> — *CWDV Parent*

> ***"I liked that everyone is nice, always has a smile and treats me like family.***
>
> — *CWDV Child*

figure 8

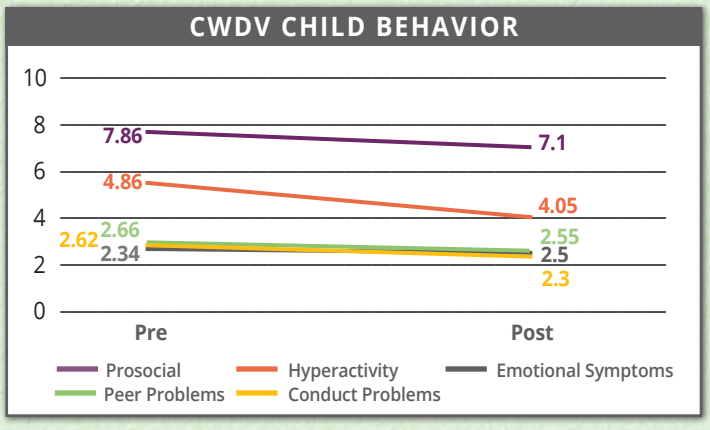


figure 9

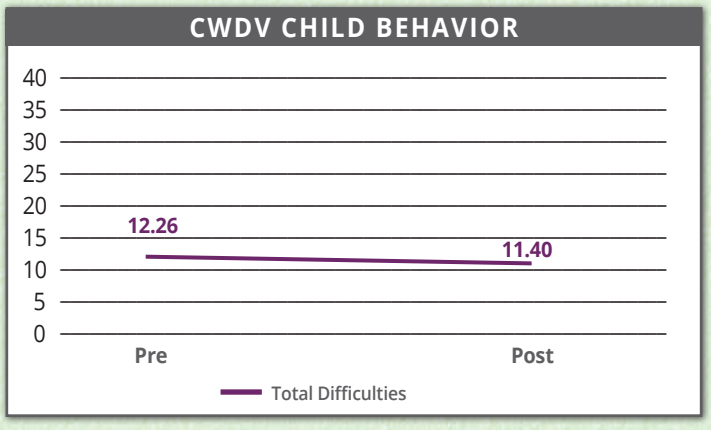


figure 10

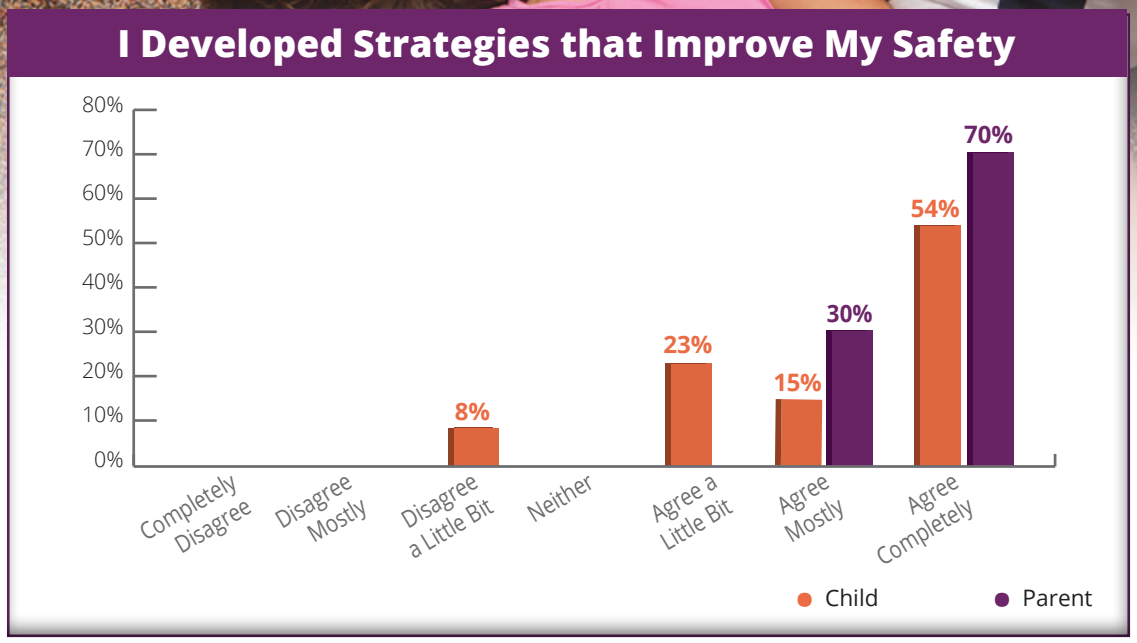
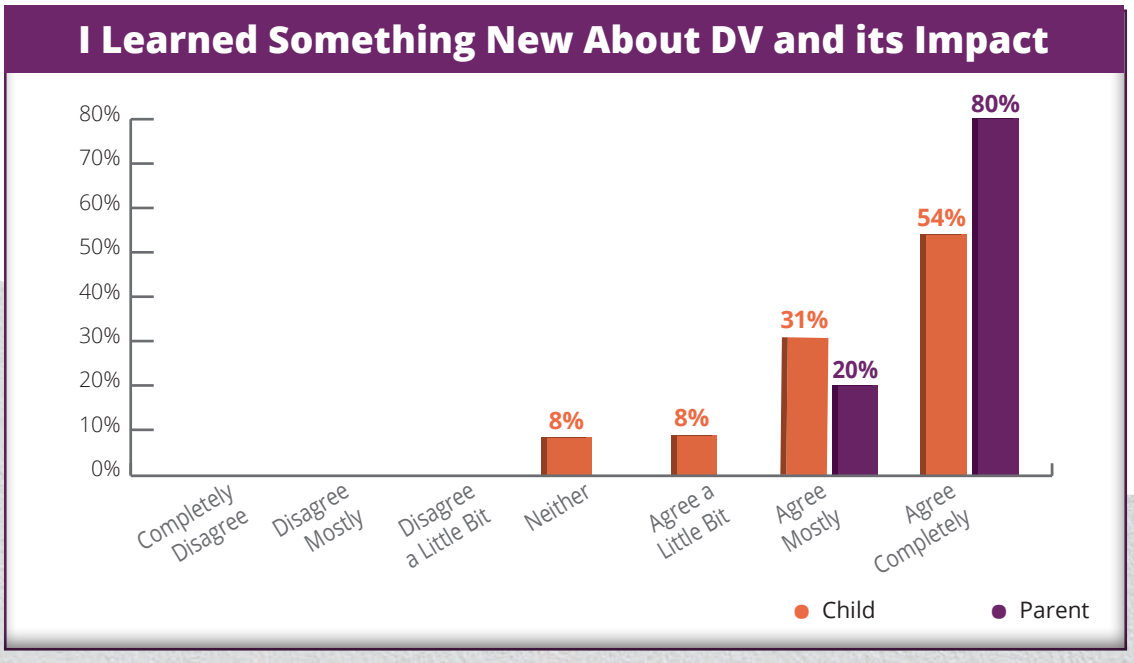


figure 11




Sojourner because
I travel up and down the land...
The Lord gave me Truth because
I was to declare truth unto the people.
–Sojourner Truth

Conclusions & Future Directions

The results of our evaluative efforts presented in this report demonstrate the Family Peace Center's success in inspiring hope and healing and positively impacting clients' lives and the lives of clients' children. Data in this report draw our attention to three focus areas in the upcoming year: 1: strengthening our efforts to connect with and engage clients in further programming at the critical 6-month window, 2: more consistently connecting children of clients to FPC services, and 3: developing the FPC Centralized Data System (CDS) to further evaluative capacity at the FPC.

Client outcome data across our four distinct measures (client-defined goals, hope, empowerment, and distress) all highlight an opportunity for us to identify ways to intentionally offer clients continued engagement in services past 6-months. Across client outcomes measured, we see a dip in functioning between the 6-month and 12-month follow-ups. This drop makes sense considering that much of our formal programming (e.g., curriculum based support groups) end around 6 months. These data also match what clients have told us anecdotally, that they are looking for ways to remain engaged longer term. Spurred by both direct client feedback and these data, we have begun focusing on long term engagement strategies including intentional check in with clients around this critical 6-month window to re-assess their needs and develop individualized plans for their continued healing and engagement in services.

We also see in this report a need to improve our response to children living in homes impacted by violence by more consistently connecting the children of adult clients to child-serving FPC partner agencies. Just under half (49.2%) of children under 18 were not engaged with any services at baseline. Even more (74.6%) of children under 18 were not engaged in any other child-serving program outside of Sojourner's children's program. This means that children are not being connected to onsite services including Milwaukee Public School's social worker, Children's Hospital of Wisconsin therapists, advocates, nurses, forensic interviewers, group facilitators, family navigators, or Wraparound Milwaukee's connections to the vast array of programming available in the community. To address this gap, we launched a Healthier Wisconsin Partnership Program (HWPP) funded collective impact initiative in July 2018 that draws together representatives from FPC partner agencies and other key players in the system response to children who experience family violence to improve our response to these children. A primary goal of that initiative is thoughtfully increasing and systematizing the information collected about children and their needs from adult clients at the FPC and the sharing of that information, with client consent, to agencies that can meet the children's needs.

Information about children's needs and referral to services will be facilitated through the **FPC Centralized Data System (CDS) currently in development. In addition to facilitating these types of referrals and other critical client-focused benefits, the CDS will greatly expand the evaluative capacity at the FPC.** Because of the various regulatory oversite from governmental and funding bodies and critical concern for client confidentiality, FPC agencies to date have continued to operate in their own client data systems. The CDS will create the ability to safely share family-level data, with client consent, amongst FPC partners virtually. From an evaluative standpoint, the CDS will allow for the first time an unduplicated count of clients served across all FPC partner agencies, accurate and real-time tracking of referrals between FPC partners, analysis of client service engagement data (e.g., number of services) across the entire FPC, and standardizing and compiling data from screeners and assessments used across all FPC clients.

Contact Information

Erin Schubert, PhD
Director of Outcomes & Evaluation
414-810-1540 | erins@familypeacecenter.org

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 Schultz	Marquette University Law School
Anne David	Jewish Family Services
Barbara Wesson	Core El Centro
Bree Spencer	Safe & Sound
Brooke Cheaton	Children's Hospital of Wisconsin – Project Ujima
Carmen Pitre	Sojourner
Connie Klick	Children's Hospital of Wisconsin – Milwaukee Child Advocacy Center
Dawn Jones	Milwaukee Police Department – Sensitive Crimes Unit
Debra Davidoski	Milwaukee County District Attorney's Office
Dena Radtke	Milwaukee Public Schools
Elizabeth McNally	Goodwill Industries
Erica Stuckert	Children's Hospital of Wisconsin – Milwaukee Child Advocacy Center
Francesca Mayca Wegner	Sojourner
Heidi Storm	Children's Hospital of Wisconsin – Behavioral Health Clinic
James Stevens	Children's Hospital of Wisconsin – Behavioral Health Clinic
Jessica Newton	Sojourner
Jessica Strand	Milwaukee County District Attorney's Office
Katie Aldrich	Legal Action of Wisconsin
Kristin Haglund	Marquette University School of Nursing
Laura Kollatz	Aurora
Lynn Wolf	Children's Hospital of Wisconsin – Behavioral Health Clinic
Madeline Schmidt	Marquette University School of Nursing
Maryann Clesceri	Aurora
Monica Hidalgo	VOICES
Pnina Goldfarb	Wraparound Milwaukee
Roberta Rieck	Legal Action of Wisconsin
Rosann Lewis	Goodwill Industries
Sara Haberlein	Children's Hospital of Wisconsin – Milwaukee Child Advocacy Center
Sarah Henery	Division of Milwaukee Child Protective Services
Stephen Gilbertson	Wraparound Milwaukee
Theresa Malone	Division of Milwaukee Child Protective Services
Tristan Gross	Sojourner

Appendix B — Family Peace Center Logic Model and Theory of Change

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*
• 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	• 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	• Children and families • Partner and community agencies • Family Peace Center and partner agency workforce • Learners/students • Decision-makers • National and international community	• 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	• 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	• 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

SOJOURNER

Children's Hospital of Wisconsin
Kids deserve the best.

Appendix C — 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, six months, and one year after the baseline interview.

From December 2016 to September 2018, we conducted 72 baseline interviews, 44 three-month interviews, 33 six-month interviews, and 12 one-year interviews for a total of 161 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, six-month, or one-year follow-up. Of those who were eligible, there was a participation rate of 61.1% at three-month follow-up, at 50.0% at both six-month follow-up and one-year follow-up. Our retention rate is particularly notable when compared to the retention rate (39.3%) of the only other known longitudinal evaluation at similar, multi-agency partnerships serving this population (Hellman et al., 2017).

Appendix D — 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 their agreement with items on an eight-point Likert Scale ranging from one (Definitely False) to eight (Definitely True).

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 of 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

Appendix E — Measure of Victim Empowerment in Relation to Safety (Movers)

Clients' empowerment was measured using the Measure of Victim Empowerment Related to Safety (MOVERS; Goodman, 2014). MOVERS is a 13-point survey 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). The client indicates how often a statement is true of their situation on a give-point Likert Scale ranging from 1 (Never True) to 5 (Always True).

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 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 created (or will create) new problems for me.	1	2	3	4	5
7. When something doesn't work to keep me 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

Appendix F — Measure of Non-Specific Distress

Clients' distress was measured using the K6 Distress Scale (Kessler et al., 2004). The K6 Scale is a six-item survey that generates a single total score of clients' non-specific distress. The client indicates how often they have felt for each item on a five-point Likert Scale ranging from one (All of the Time) to eight (None of the Time). The K6 Scale is not diagnostic but rather screens and categorizes clients dichotomously with clinical or non-clinical levels of distress based on the clinical cutoff score.

ADULT DISTRESS

The next questions are about how you have been feeling during the past 30 days (that is, the past month).

How much of the time during the past 30 days have you felt:

	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time	REF	DK
1. Nervous?	1	2	3	4	5	6	7
2. Hopeless?	1	2	3	4	5	6	7
3. Restless or fidgety?	1	2	3	4	5	6	7
4. So depressed that nothing could cheer you up?	1	2	3	4	5	6	7
5. That everything was an effort?	1	2	3	4	5	6	7
6. Worthless?	1	2	3	4	5	6	7

Add up the client's score. If client scores between 6 – 17, refer to additional services for help dealing with these feelings.

Appendix G — Correlations Between Service Engagement and Client Outcomes

	Hope 1-Year	Movers 1-Year	Client Defined Goal 3-Month
# Agencies Baseline	.547*	.509*	.236
# Services Baseline	.512*	.607**	.264
# Agencies 3 Month	.732***	.479	.302
# Services 3 Month	.628**	.521*	.429**
# Agencies 6 Month	.552*	.481	-.045
# Services 6 Month	.466	.573*	.008
# Agencies 1 Year	.658**	.532*	-.045
# Services 1 Year	.761***	.645**	.013

*p < 0.1, **p < 0.05, ***p > 0.01

Appendix H — Child Behavior: Strength and Difficulties Questionnaire

Children's behavior was measured using the Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001). This 25 item survey yields 5 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. 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.

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

Thank you very much for your help

SOJOURNER

Transforming lives impacted by domestic violence.

SOJOURNER
Children's Hospital of Wisconsin
Aurora Health Care
Milwaukee Police
Goodwill Industries of Southeastern Wisconsin, Inc.
Medical College of Wisconsin
MPS Milwaukee Public Schools
CORE El Centro
Jewish Family Services
Milwaukee County District Attorney's Office
Project UJIMA
Marquette University Be the Difference.
Wraparound Milwaukee
Legal Action of Wisconsin