Supplemental Information

Children may experience stressful events, which may affect their health and well-being. The next questions will explore different types of stressful experiences that your child may have experienced. This includes questions about violence, abuse, loss, and potentially frightening experiences. For any experience that your child has had, I will ask you how s/he was affected by the experience. For any experiences with abuse or neglect that you report, I'll need to ask if these have already been reported to DCFS. I'll let you know before I ask any of those questions. Let me know if you have any questions now or during the survey.

I'll first give you an example of how these questions are set up so that you know what to expect:

Has your child ever had a nightmare that woke him/her up from sleep?
☐Yes ☐No ☐Don't know ☐Refused

Now I'll move to the questions about potentially traumatic events that may have been experienced by your child.

1. Has your child ever lived with a parent or guardian who got divorced or separated after s/he was born?
   ☐Yes ☐No ☐Don't know ☐Refused

2. Has your child ever known or seen that a family member was arrested, jailed, imprisoned, or taken away (by police or other authorities)?
   ☐Yes ☐No ☐Don't know ☐Refused

3. Has your child ever lived with anyone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks?
   ☐Yes ☐No ☐Don't know ☐Refused

4. Has your child ever lived with anyone who had a problem with alcohol or drugs?
   ☐Yes ☐No ☐Don't know ☐Refused

5. Has your child ever gone through a period where s/he lacked emotional support, felt unloved, or had no one to turn to for advice?
   ☐Yes ☐No ☐Don't know ☐Refused

6. Has anyone outside your family ever physically assaulted your child, like hitting, pushing, choking, shaking, biting, or burning; punished your child and caused physical injury or bruises, or attacked your child with a gun, knife, or other weapon? OR Has your child ever been directly threatened with serious physical harm or yelled at in a scary way by someone outside your family?
   ☐Yes ☐No ☐Don't know ☐Refused

7. Has your child ever lived with parents or stepparents who were arguing, yelling, and angry with one another a lot of the time?
   ☐Yes ☐No ☐Don't know ☐Refused

8. Has your child ever experienced the severe illness, injury, or death of someone close to him/her?
   ☐Yes ☐No ☐Don't know ☐Refused

SUPPLEMENTAL FIGURE 3
Childhood adversity screener.

9. Has your child ever seen or heard people outside your family fighting, hitting, pushing, or attacking each other? Or seen or heard about violence such as beatings, shootings, or muggings that occurred in settings that are important to your child, such as school, your neighborhood, or the neighborhood of someone important to your child?
☐Yes ☐No ☐Don't know ☐Refused

10. Has someone ever mugged or tried to steal from your child? Or has your child been present when a family member, other caregiver, or friend was mugged?
☐Yes ☐No ☐Don't know ☐Refused

11. Has your child ever been held back in school, struggled in school, or had below average grades in school?
☐Yes ☐No ☐Don't know ☐Refused

12. About how many really good friends does your child have at school right now?
☐None ☐1-2 ☐3 or more ☐Don't know
☐Refused
(NONE is counted as Child Adversity)

13. A lot of families in our community are struggling to make ends meet. How often do you find that your household is running low on money to pay for food, shelter, or other necessities?
☐Often (every month) ☐Sometimes (a couple times a year)
☐Rarely (one or two times ever) ☐Never
☐Don't know ☐Refused
(OFTEN is counted as Child Adversity)

The next few questions are questions about abuse or neglect that your child may have experienced. As I mentioned before, all of the parents we are interviewing for this project have a recent history of DCFS involvement with a child, so we expect that most parents will answer yes to one or more of these questions. When you do report an experience with abuse or neglect, I will just ask if DCFS is aware of this. If DCFS is aware, I don't need to do anything else. If DCFS is not aware, I will need to ask a few more questions to understand whether this needs to be reported.

14. Has a parent or other adult caregiver ever physically assaulted your child, like hitting, pushing, choking, shaking, biting, or burning; punished your child and caused physical injury or bruises, or attacked your child with a gun, knife, or other weapon?
☐Yes ☐No ☐Don't know ☐Refused

15. Has someone ever made your child see or do something sexual? Or has your child ever been present when someone was being forced to engage in any sort of sexual activity?
☐Yes ☐No ☐Don't know ☐Refused

16. Has your child ever repeatedly been told s/he was no good, directly threatened him/her with serious physical harm, yelled at him/her in a scary way or had someone threaten to abandon, leave or send them away by a parent or an adult caregiver?
☐Yes ☐No ☐Don't know ☐Refused

17. Has your child ever gone through a period when s/he lacked appropriate care (like not having enough to eat or drink, lacking shelter, being left alone when s/he was too young to care for herself/himself, or being left with a caregiver who was abusing drugs)?
☐Yes ☐No ☐Don't know ☐Refused

SUPPLEMENTAL FIGURE 3
Continued.

1. Tell me about something that your child has experienced in his/her life that has been particularly hard or difficult for him/her.
    a. How do you think that this experience has affected your child?
    b. What has changed or shaped the way that your child experienced [this adversity]?

2. Tell me about a person who was helpful to you and your child when this experience happened.
    a. What do you think this person did that was helpful?
    b. [If s/he cannot think of anyone] What could others have done to be helpful to you and your child?

3. Tell me about your child's experience when CPS became involved with your family.
    a. Why did CPS become involved?
    b. What was your child's reaction to CPS involvement?
    c. What was difficult about this experience for your child?

4. Sometimes people talk about "child well-being." Tell me what those words mean to you?

5. Tell me about your child's well-being—his or her overall physical and emotional health
    a. [Separate physical and emotional health strands for this]
        i. What does your child need to protect or improve his/her well-being?
        ii. How do you think that difficult experiences may have affected his/her well-being?

6. How did CPS involvement change your view of his/her health or well-being?
    a. Tell me about what CPS said.
    b. Tell me what you decided to do to protect or improve his/her well-being after this.

7. Talk with me about the person that your child sees for his or her medical care.
    a. Tell me about a time that s/he helped you and your child with a difficult problem.
    b. Did s/he know about CPS involvement in your family?
        i. [If yes] Tell me about that experience.
        ii. [If no] What do you think that s/he would do if s/he knew about CPS involvement?

8. Tell me about how CPS could make certain that your child is doing better than when they first became involved with your family.
    a. Should CPS help with this?
    b. Who should help your family with this?

SUPPLEMENTAL FIGURE 4
Interview guide.