Improving Outcomes for Children Exposed to Violence

Safe Start Promising Approaches

Appendix C. Denver, Colorado: Intervention, Study, and Results

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Appendix C. Denver, Colorado: Intervention, Study, and Results

Introduction

The Denver Safe Start program focused on youths or families in the city and county of Denver with behavioral health concerns and involvement in juvenile court or who had a parent involved with the courts, in recognition of the high rates of violence exposure in this group. They sought to improve services for these youths to address the violence exposure because these problems tend to be underidentified and the youths underserved.

The Denver Safe Start program served the city of Denver, Colorado. According to the U.S. Census Bureau's 2014 American Community Survey (U.S. Census Bureau, 2016), Denver had a population of 633,777 residents, 21 percent of whom were younger than age 18 and 7 percent of whom were younger than age 5. Approximately 53 percent of the population were white, 10 percent were black, 31 percent were Hispanic, and 6 percent were Native American, Asian, or other. The 2014 median household income was $51,800, and about 14 percent of the population were living at or below the poverty threshold. Of families with children under the age of 18, 22 percent were living at or below the poverty threshold. In 2014, the violent crime rate in Denver was 333.5 per 100,000 residents, compared with the national average of 202.6 per 100,000 (City-Data.com).

The study design was an RCT comparing the Safe Start program with services as usual within the Treatment Alternatives for Safe Communities (TASC) program, which provided need assessments and a wide variety of social services. Because of difficulty with recruiting, the project shifted to a wait-list comparison group design partway through the project (February 2014), so the six-month outcomes are most informative (before the comparison group became eligible to receive the intervention services). We therefore do not present the 12-month intervention effects here.

The outcome evaluation reported here presents data relevant to the question of whether the Denver Safe Start intervention, as implemented within this project, improved outcomes for CEV over and above routine TASC services within the Denver County Probation Department.

Denver Safe Start

- **Intervention components:** Denver Safe Start includes the SFCR family groups, as well as meetings with an LEA.
- **Intervention length:** SFCR: ten two-hour weekly meetings; LEA: variable meetings and time period
- **Intervention setting:** SFCR: TASC (ages 0–10) or Kempe Center (ages 11–17); LEA: variable in community, home, and other
- **Target population:** Children involved in Denver juvenile and district courts (e.g., delinquency petition, dependency and neglect petition, or truancy petition) who had been exposed to violence
- **Age range, in years:** 0–17
- **Primary referral sources:** Denver juvenile or district courts, probation, and Denver Human Services (DHS)

Intervention Summary

Referrals

Referrals into the project came predominantly from within the Denver court system. As shown in Table C.1, Denver Safe Start received 93 percent of its referrals from within the Denver courts and probation offices, with the largest group from juvenile probation, and the rest from DHS. Most of the referrals came from the Juvenile Probation Department, followed by the Denver District Court Probation Department. Efforts to enhance recruitment included conducting focus groups with TASC clients to elicit feedback on the program.

Table C.1. Denver Safe Start Referral Sources

Referral Source	Number of Referrals	Percentage of Total (*n* = 136)
Juvenile Probation Department	59	43.4
District Court Probation Department	55	40.4
County Probation Department	10	7.4
Denver juvenile and district courts	2	1.5
DHS	10	7.4

Once a referred potential participant contacted the program, a TASC specialist was assigned to the family to determine eligibility for and interest in the project. Adult or family court defendants and DHS referrals with children under 18 were eligible unless the current offense was a violent, sex, or gun offense or if the children were removed from the parent's custody and reunification was not an explicit goal. Juveniles referred were eligible unless the current offense was a violent, sex, or gun offense; if the parent or child were unwilling to engage in the interventions if assigned to the intervention group; or if the child or parent reported symptoms requiring intensive therapy for the safety of the child.

In addition, existing TASC clients could be included if they had at least six months still remaining on their probation, youths had exposure to violence, and they were not eligible for one of the other studies ongoing at the time of this project.

Intervention Components

The overarching theme for the Denver Safe Start project was to work within the Denver court system to implement a standard protocol of identifying, screening, assessing, and treating youths of substance-abusing parents involved in the adult, family, and juvenile courts for exposure to violence as part of a comprehensive prevention and intervention approach.

Specifically, Denver provided the SFCR program (Kiser, Donohue, et al., 2010; Kiser, Backer, et al., 2015). SFCR is a manualized, trauma-focused, multifamily, skill-building intervention that is designed for families living in traumatic contexts with the goal of reducing

the symptoms of PTSD and other trauma-related disorders in children and adult caregivers. The developer describes this intervention as using constructive, naturally occurring family rituals as a vehicle for strengthening a family's protective functions. It presents skills, processes, and structure while being content-neutral. Intervention methods, activities, and materials are culturally sensitive, presented at the understanding or reading level of the participants, supportive of many different family forms, and valuing of the strengths within each family. SFCR is intended to increase coping resources in children, adult caregivers, and in the family system to prevent relapse and reexposure. These groups ran weekly with a defined beginning and end, such that families might need to wait for the next group to begin.

The SFCR program was also supplemented with the LEA program. The LEA program began as collaboration between the Denver Police Department and the Denver Probation Juvenile and Family Court TASC in 2003 and had been used in Denver for some time. It is also a manualized approach in which police officers are trained in strength-based interventions, including motivational interviewing. Although outcomes of the LEA program had not been previously published, the TASC program believed that the LEA program held great promise in increasing client social support and accountability and reducing negative peer influences and family conflict and DV.

LEA client services include scheduled appointments and home visits with clients and unscheduled drop-in home visits that might include curfew checks. LEAs assist with transportation; advise on increasing personal safety; provide advocacy by mediating between system professionals, employers, schools, and family; and go to court with a family to advocate on behalf of the family (such as in child custody cases). LEAs also can assist clients in finding jobs by recommending the client to potential employers.

Both of these services were offered in addition to the regular TASC services, received in both arms of the study. TASC services included drug treatment, a TASC specialist who worked as a case manager, and receipt of support and advocacy related to the courts and other formal systems, such as child welfare agencies. TASC services began with a comprehensive assessment of needs, followed by case management and treatment to help address those needs. These tailored family service plans integrated mental and primary health, child protection, housing, education, vocational training and employment, nutrition and well-being, and options for leisure activities.

TASC also offered a variety of programs, including Seeking Safety, Adolescent Community Reinforcement Approach, Assertive Community Care, Community Outreach Program–Esperanza, an evidence-based home visitation program for families in which the child is under five (SafeCare), a nurse–family partnership program for first-time pregnant females, and the Matrix Model, which is a substance abuse–prevention program designed for methamphetamine users.

Design Overview

The design of this study was an RCT, with randomization occurring at the family level. The intervention families under study were eligible to receive the SFCR groups and LEA in addition to regular TASC services for up to six months. Families in the comparison group were eligible to receive TASC services only for six months, followed by SFCR or LEA services after completion of the six-month assessment. For both groups, we assessed child outcomes and contextual information at baseline, six, and 12 months. Chapter Two summarizes and Appendix A fully describes the measures used in this study. The measures were uniform across the national evaluation but prioritized within each site as to the relevance to the intervention under study. Given the nature of the Denver Safe Start intervention, the outcomes were prioritized as shown in Table C.2. Study enrollment took place between January 2012 and April 2015, with follow-up assessments completed at six months after enrollment ended (through October 2015).

Table C.2. Denver Prioritized Outcomes

Domain	Source or Measure	Child's Age, in Years	Respondent
Primary outcome measures			
Family functioning	APQ positive reinforcement	6–17	Caregiver
Secondary outcome measures			
Social and emotional competence	SSIS cooperation, assertion, and self-control	3–12	Caregiver
		13–17	Child
Family Functioning	BERS-2 Family Involvement subscale	6–12	Caregiver
		11–17	Child
	APQ parental involvement and positive parenting	6–17	Child
Caregiver mental health	PHQ-8 depression scale	0–17	Caregiver
	PC-PTSD	0–17	Caregiver
Tertiary outcome measures			
Background and contextual	Attitudinal Barriers to Care	0–17	Caregiver
	ESI total stressors, resource problems, and personal problems	0–17	Caregiver
Child PTSD symptoms	TSCYC PTSD scale	3–10	Caregiver
	CPSS total PTSD symptoms, reexperiencing symptoms, avoidance symptoms, and arousal symptoms	8–17	Child
Behavior and conduct problems	Child behavior problems (BPI Externalizing subscale)	3–17	Caregiver
	Total child behavior problems (BITSEA and BPI Total Problems)	1–17	Caregiver
	Delinquency	11–17	Child
	Substance use	11–17	Child
	Gangs	11–17	Child
Social and emotional competence	BERS-2 Affective Strength subscale	6–12	Caregiver
		11–17	Child
Child depression	RADS	13–17	Child
	BPI Internalizing subscale	3–17	Caregiver
School behavior and attitudes	BERS-2 School Functioning subscale	6–12	Caregiver
		11–17	Child
	Self-reported grades	13–17	Child
Family functioning	APQ negative or ineffective discipline, and deficient monitoring	6–17	Caregiver
	APQ poor monitoring and supervision, inconsistent discipline, and corporal punishment	8–17	Child
	FES Conflict scale	0–17	Caregiver
		11–17	Child
Violence exposure	JVQ child victimization experiences (total, child maltreatment, child assault, child sexual abuse, and child witnessing violence)	0–11	Caregiver
		10–17	Child
	Caregiver victimization (total, DV, and non-DV)	0–17	Caregiver

Analysis Plan and Power Calculations

We conducted descriptive analyses to summarize the sample baseline characteristics: age, gender, race or ethnicity, family income level, child's violence exposure, and the outcome variables. The randomized controlled design makes it unlikely that there were differences between intervention and comparison groups, but we tested for differences in child and caregiver characteristics between intervention and comparison group children using *t*-tests and chi-squared tests to ensure that this was the case. We also examined whether those families who were lost to follow-up differed in any systematic way from those who were retained, using *t*-tests and chi-squared tests.

To assess the effect of the Safe Start intervention, we examined differences between children in the intervention and comparison groups at six months postbaseline. As noted earlier, we did not analyze 12-month data because of the wait-list design. It is important to consider the power this study has for such an analysis. One way to describe power is by using the effect size difference between the two groups being compared. The effect size is a standardized measure of the strength of association between an intervention and an outcome and is defined as the average difference in an outcome between the intervention and comparison groups divided by the common SE. The effect size measure is commonly classified as small if it is about 0.2, medium if it is about 0.5, and large if it is about 0.8 (Jacob Cohen, 1988).

We estimated that the Denver Safe Start interventions might have a medium effect. That is, the combination of a multifamily group intervention (SFCR) and mentorship from an LEA might produce a medium effect size in comparison to TASC services alone. To have 80-percent power to detect a medium-sized effect, Denver needed to enroll a total of 250 participants at baseline and retain 200 of them at the six-month follow up. Table C.3 shows the enrollment by group, comparing the actual enrollment with the target enrollment needed for power, assuming an 80-percent retention rate. At baseline, 136 children were enrolled (71 intervention and 65 comparison), only 54 percent of the sample size needed to detect a medium-sized effect with 80-percent power. For six-month outcomes, with 56 children observed at both baseline and six months (24 intervention and 32 comparison group), Denver retained only 28 percent of the sample required to detect a medium effect. Given the sample size, there was power to detect a large effect of 0.77 at six months, according to Cohen's 1988 effect size classification.

Table C.3. Denver Required Versus Actual Enrollment for a Medium Effect Size

Requirement	Intervention Group	Comparison Group	Total
Enrolled sample needed for power	125	125	250
Total enrollment	71	65	136
Percentage of needed enrollment	57	52	54
Retained sample needed for power	100	100	200
Retained sample, six months	24	32	56
Percentage of needed retention, six months	24	32	28

Several factors other than overall sample size dampened statistical power. The range of children's ages meant that the full data were not available for some measures because not all children were in the age range eligible to complete that measure. Further, the corrections for the multiple statistical tests being conducted also reduced power. The low power in this study must be kept in mind when interpreting results.

We examined differences between the intervention and comparison groups using an intent-to-treat approach, which includes in analyses all assigned to the intervention group, regardless of the amount of services received. As discussed in Chapter Two, comparisons between a comparison group and only those who complete services (or receive a predetermined amount of services) are likely to provide biased results given that those who do not engage in services or drop out prior to completion might differ systematically from those who remain. Ideally, analyses would take into account the type and amount of services received to account for dosage variability. However, because of the low sample size, we could not explore this issue of dose of intervention for Denver.

To examine differences between the intervention and comparison groups using the intent-to-treat approach described above, we present baseline and six-month follow-up estimates of primary, secondary, and tertiary outcomes for both groups when the sample size is greater than or equal to five. We compare groups via chi-squared or *t*-tests at each time point, compare means within groups across time, and examine difference in differences in comparing the two groups on changes over time between baseline and the six-month assessments (when the sample size is at least ten per group). Because the project used a wait-list design, we do not examine 12-month intervention effects. At the six-month follow-up, we conducted multiple linear regressions on the continuous outcomes and linear probability regressions on the dichotomous outcomes to test for the difference in differences via main effects and the interaction between intervention status and time after controlling for baseline characteristics (child age, child gender, child race and ethnicity, and child's exposure to violence). We selected these baseline characteristics to correct for any potential imbalance in the groups by relevant demographic characteristics. We present the adjusted models when the sample size is more than 20 per group.

When conducting large numbers of simultaneous hypothesis tests, as we did in this study, it is important to account for the possibility that some results will achieve statistical significance simply by chance. The use of a traditional 95-percent confidence interval, for example, will result in one out of 20 comparisons achieving statistical significance as a result of random error. We therefore adjusted for false positives using the FDR method (Benjamini and Hochberg, 1995). We based our assessments of statistical significance on applying the FDR procedure separately to the primary, secondary, and tertiary outcome tests in this report (as reported in Table C.9) using an FDR of 0.05. In the discussion of results, we have also identified significant trends in the data, defined as those tests with *p*-values of less than 0.05 without adjusting for multiple significance tests. Although these results might suggest a practical difference that would be statistically significant with a larger sample, they must be interpreted with caution because we cannot rule out that the difference was due to chance because of the multiple significance tests being conducted.

Study Results

Enrollment and Retention

Site visits to Denver revealed some issues with recruitment into the study and SSPA services. Early in the project, TASC staff members described reluctance to refer into the program because participants would be randomized to services, whereas, in other projects, the families would automatically receive services. A compromise was negotiated to change the design to a wait-list design to reduce these concerns. Still, with many other services available to these court-involved families, motivation to refer into this particular project was not high. The site expanded their referral sources to other Denver courts and to DHS settings in order to boost enrollment, but these sources of referrals were only marginally successful. Similarly, the site had difficulty with retention for the six-month follow-up assessment and saw this group of families as highly mobile and difficult to reach. In addition, high rates of recidivism potentially contributed to difficulties with retention.

As a result of these issues, Denver retained a total of 56 families in the study at six months, with 24 in the intervention group and 32 in the comparison group. In Table C.4, we present the number and percentage of all enrollees who were eligible for participation at each follow-up data collection time point. As shown, 34 percent of families enrolled in the intervention group were retained for the six-month caregiver assessment, with 49 percent retained in the comparison group.

Table C.4. Retention of Enrollees Eligible to Participate in Assessments at Six Months

Enrollee	Caregiver Assessment	Child Assessment
Intervention		
Received	24	16
Expected	71	43
Retention rate, as a percentage	34	37
Comparison		
Received	32	20
Expected	65	42
Retention rate, as a percentage	49	51

First, low retention overall might be related to intervention factors that lead to selection bias, causing the characteristics of the study sample to shift. For example, if families in more distress are more likely to leave the study and be lost to follow-up, the results can be misleading and would allow us to generalize only to families with less distress. Similarly, the retention differed a good deal between the intervention and comparison groups in Denver, making it possible that one group was more biased than the other and potentially resulting in a lack of balance between the groups on key characteristics, increasing the possibility of misleading results.

Baseline Descriptive Statistics

For the descriptive statistics, we provide the characteristics for the full sample enrolled at baseline. As shown in Table C.5, children who participated were, on average, 11 years old (range 0–18), with a 62 percent being male. The racial and ethnic background of families was 57 percent Hispanic, 24 percent black, 14 percent white, and 6 percent other. Families reported a range of family incomes, with 72 percent reporting annual incomes below $30,000. Caregivers reported an average exposure to one type of violence for the child in the past six months; whereas youths reported two events in the past six months on the self-report measure. We observed no statistically significant differences between the intervention and comparison groups at baseline.

Table C.5. Denver Safe Start Baseline Sample Characteristics

Characteristic	Combined *N*	Combined Mean (SD)	Intervention *N*	Intervention Mean (SD)	Comparison *N*	Comparison Mean (SD)	Test for Comparison *p*-Value
Child							
Age	136	11.0 (5.7)	71	11.1 (5.8)	65	11.0 (5.5)	0.95
CR of violence exposure	65	1.0 (1.5)	33	1.0 (1.6)	32	0.9 (1.4)	0.87
SR of violence exposure	74	2.0 (1.8)	40	2.2 (1.7)	34	1.9 (2.0)	0.49
		Percentage		**Percentage**		**Percentage**	
Child							
Gender							0.45
Male	84	62	46	65	38	58	
Female	52	38	25	35	27	42	
Race and ethnicity							0.93
Hispanic	77	57	39	55	38	58	
White	19	14	10	14	9	14	
Black	32	24	17	24	15	23	
Other	8	6	5	7	3	5	
Caregiver							
Family income level							0.53
Less than $10,000	44	38	22	36	22	40	
$10,001–20,000	25	22	16	26	9	16	
$20,001–30,000	14	12	8	13	6	11	
More than $30,000	33	28	15	25	18	33	
Relationship to child							—
Parent or guardian	135	99	70	99	65	100	
Other relationship	1	1	1	1	0	0	

NOTE: — = Cell is too small to show. Because of missing data, some numbers might not sum as shown.

In the sample of families who were retained in the study at six months, these characteristics were similar to those shown in Table C.5, except that, on average, caregivers reported that children had been exposed to fewer than one type of violence since the last assessment, and males made up only 46 percent of the retained sample (data not shown), with no differences between groups evident. Thus, the analysis sample differs somewhat from the originally targeted group of court-referred families, decreasing generalizability of results. Indeed, males were less likely to be retained (46 percent) than lost to follow-up (73 percent; $p < 0.01$; data not shown).

We also examined the Denver sample at baseline on three outcomes (PTSD symptoms, child depressive symptoms, and caregiver depressive symptoms) to describe the level of severity on these indexes among families entering the study (Table C.6). At baseline, the majority of caregivers reported symptoms of PTSD in the normal range (83 percent) (88 percent of boys and 81 percent of girls), and 53 percent of children ages 8–17 reported low PTSD symptoms (61 percent for boys and 35 percent for girls). Also at baseline, about half of children (49 percent) ages 13–17 self-reported depressive symptoms in the normal range (58 percent of boys and 20 percent of girls). Fifty-five percent of caregivers reported their own depressive symptoms in the normal range.

Table C.6. Baseline Assessment Estimates for Denver Families

	Combined		Boys		Girls	
Assessment	***N***	**Percentage**	***N***	**Percentage**	***N***	**Percentage**
CR of child PTSD symptoms (ages 3–10)						
Normal	35	83	14	88	21	81
Borderline	1	2	0	0	1	4
Significant	6	14	2	13	4	15
SR of child PTSD symptoms (ages 8–17)						
Low	45	53	36	61	9	35
High	40	47	23	39	17	65
SR of child depression (ages 13–17)						
Normal range	31	49	28	58	3	20
Mild clinical range	18	29	12	25	6	40
Moderate clinical range	14	22	8	17	6	40
Severe clinical range	0	0	0	0	0	0
Caregiver depression						
None or minimal	75	55	49	58	26	50
Mild	31	23	18	21	13	25
Moderate	18	13	9	11	9	17
Moderately severe	9	7	6	7	3	6
Severe	3	2	2	2	1	2

Finally, we examined differences between the intervention and comparison groups at baseline for Denver's primary, secondary, and tertiary outcomes (see Table C.10). At baseline, there were no differences between groups for the primary outcomes, secondary, or tertiary child outcomes (aside from one tertiary outcome difference that did not withstand the correction for multiple testing), indicating that the randomization resulted in balanced groups.

Table C.10 summarizes cross-sectional differences between the intervention and comparison groups at the six-month follow-up time point for Denver's primary, secondary, and tertiary outcomes. Aside from one difference observed in tertiary outcomes at six months that did not withstand correction for multiple testing, the two groups did not differ from each other in terms of outcomes at six months.

Uptake, Dosage, and Process of Care

The program recorded family-level service data on the follow-up service survey submitted at six months after the baseline assessment. Table C.7 shows the type and amount of services received for all families who were initially enrolled in the intervention group, regardless of whether they continued to participate in the ongoing research assessment. The data displayed in Table C.7 include services received by summing all time points that the program reported, which was 12 months for most participants in Denver Safe Start.

Table C.7. Services That Denver Safe Start Intervention Families Received

	With Service		Number of Sessions		
Service	***N***	**Percentage**	**Range**	**Mean**	**Median**
Baseline sample (*n* = 71)					
Family group therapy	30	42	0–11	2.2	0
LEA contacts	43	61	0–59	9.6	5
Six-month analysis sample (*n* = 24)					
Family group therapy	15	63	0–10	3.5	2
LEA contacts	20	83	0–59	16.4	11.5

As shown in the top portion of Table C.7, 42 percent of the 71 enrolled families received family group sessions (average of 2.2 sessions) and 61 percent worked with the LEA (average of 9.6 contacts). Among only the families who received the services, the averages were 5.2 for family group sessions and 15.9 for LEA contacts. The bottom portion of Table C.7 shows the services received during the six months between baseline and the six-month assessment by the subgroup of intervention group families who participated in the six-month follow-up research assessment. These are the 24 families included in the intervention group in the outcome analysis sample for the Denver program. As shown in Table C.7, 63 percent of the families assessed at six months received family group sessions (average of 3.5 sessions) and 83 percent worked with LEAs (average 16.4 contacts). Among only the families who received the services, the averages were 5.7 for family group sessions and 19.7 for LEA contacts. Information gathered at site visits indicated that some of the families might have sought other services while waiting for the family groups to form and begin again, therefore dampening the rates of uptake of that particular service. We did not collect service information on usual care in the comparison group.

On the caregiver survey, we asked caregivers in the intervention group about their satisfaction with Safe Start services (Table C.8). Results show that the caregivers who took part in the Denver Safe Start intervention reported high satisfaction on every item (between mostly satisfied and very satisfied or the highest relevant rating on each item).

Table C.8. Satisfaction with Services That Denver Safe Start Families Received: Six Months

Satisfaction	*N*	Mean	SD
Rate quality of service	20	3.75	0.44
Got the kind of service wanted	19	3.58	0.51
Program met needs	20	3.30	0.73
Would recommend to a friend	20	3.75	0.44
Satisfied with help received	20	3.65	0.49
Helped deal more effectively with problems	20	3.60	0.50
Satisfied with service	20	3.65	0.49
Would come back to program	20	3.7	0.47

Key Outcome Findings

We begin by analyzing changes in mean scores over time both within the intervention and comparison groups and between the groups. For these analyses, we used an intent-to-treat approach that included all families allocated to the intervention, regardless of the level of service they received. The first set of columns of numbers in Table C.9 describes differences within groups between the baseline and the six-month assessment, with paired *t*-tests comparing each person's score at each follow-up wave to his or her own score at the baseline assessment and adjusting for multiple testing. For Denver's primary outcome, one aspect of family functioning measuring CR of positive involvement, neither group changed significantly from baseline to the six-month follow-up assessment. At six months, there were also no significant within-group differences in secondary or tertiary outcomes. We noted some small changes that are trends in the data, but these do not withstand the correction for multiple testing.

Table C.9. Changes in Means for Outcome Variables Between Baseline and Six-Month Assessment and Group-Level Comparison of Mean Changes

						Group-Level Comparison of Mean Changes					
		Within-Family Mean Change[a]				Unadjusted Model[b]			Adjusted Model[c]		
Outcome	Group	*N*	Estimate	SE	*p*-Value	Estimate	SE	*p*-Value	Estimate	SE	*p*-Value
Primary											
CR of positive involvement (ages 6–17)	Intervention	18	–0.28	1.40	0.84	–0.36	3.83	0.93	—	—	—
	Comparison	25	0.08	0.84	0.93						
Secondary											
CR of child cooperation (ages 3–12)	Intervention	10	0.70	1.37	0.62	1.40	2.40	0.56	—	—	—
	Comparison	20	–0.70	0.75	0.36						
CR of child assertion (ages 3–12)	Intervention	9	—	—	—	—	—	—	—	—	—
	Comparison	20	0.60	0.79	0.46						
CR of child self-control (ages 3–12)	Intervention	9	—	—	—	—	—	—	—	—	—
	Comparison	19	–1.05	0.87	0.24						
SR of child cooperation (ages 13–17)	Intervention	10	–0.70	1.43	0.64	—	—	—	—	—	—
	Comparison	9	—	—	—						
SR of child assertion (ages 13–17)	Intervention	10	–0.40	1.14	0.73	2.60	2.25	0.25	—	—	—
	Comparison	11	–3.00	1.48	0.07						
SR of child self-control (ages 13–17)	Intervention	10	0.50	1.49	0.74	3.50	2.42	0.16	—	—	—
	Comparison	11	–3.00	1.09	0.02[d]						
CR of family involvement (ages 6–12)	Intervention	9	—	—	—	—	—	—	—	—	—
	Comparison	17	0.06	1.01	0.95						
SR of family involvement (ages 11–17)	Intervention	14	–0.50	1.20	0.68	0.95	2.56	0.71	—	—	—
	Comparison	11	–1.45	1.74	0.42						
SR of mother involvement (ages 8–17)	Intervention	16	–3.13	2.25	0.18	–2.90	4.49	0.52	—	—	—
	Comparison	18	–0.22	1.34	0.87						
SR of father involvement (ages 8–17)	Intervention	14	2.00	1.99	0.33	5.05	5.27	0.34	—	—	—
	Comparison	19	–3.05	2.37	0.21						
SR of positive parenting (ages 8–17)	Intervention	16	–0.50	1.27	0.70	–0.80	2.52	0.75	—	—	—
	Comparison	20	0.30	0.89	0.74						
CR of caregiver depression	Intervention	24	–0.85	0.93	0.37	–0.02	2.21	0.99	0.09	2.34	0.97
	Comparison	32	–0.83	0.61	0.18						
CR of caregiver PTSD	Intervention	24	0.00	0.29	1.00	–0.09	0.56	0.87	–0.23	0.62	0.72
	Comparison	32	0.09	0.22	0.68						
Tertiary											
CR of attitudinal barriers to care	Intervention	24	–0.25	0.24	0.31	–0.78	0.44	0.08	–0.61	0.43	0.15
	Comparison	32	0.53	0.22	0.02[d]						

			Within-Family Mean Change[a]			Group-Level Comparison of Mean Changes					
						Unadjusted Model[b]			Adjusted Model[c]		
Outcome	Group	*N*	Estimate	SE	*p*-Value	Estimate	SE	*p*-Value	Estimate	SE	*p*-Value
CR of total stressors	Intervention	24	–3.33	1.61	0.05[d]	–4.49	3.76	0.23	–6.67	3.54	0.06
	Comparison	32	1.16	1.62	0.48						
CR of resource problems	Intervention	24	–0.92	0.86	0.30	–0.98	1.88	0.60	–2.00	1.82	0.28
	Comparison	32	0.06	0.90	0.94						
CR of personal problems	Intervention	24	–2.42	1.03	0.03[d]	–3.51	2.38	0.14	–4.67	2.32	0.05[d]
	Comparison	32	1.09	0.94	0.25						
CR of child PTSD symptoms (ages 3–10)	Intervention	6	—	—	—	—	—	—	—	—	—
	Comparison	19	1.95	1.81	0.30						
SR of child PTSD symptoms (ages 8–17)	Intervention	16	–0.13	2.26	0.96	–2.73	4.82	0.57	—	—	—
	Comparison	20	2.60	2.08	0.23						
PTSD reexperiencing symptoms	Intervention	16	–0.38	0.89	0.68	–0.43	1.59	0.79	—	—	—
	Comparison	20	0.05	0.73	0.95						
PTSD avoidance symptoms	Intervention	16	0.19	1.08	0.87	–0.56	2.12	0.79	—	—	—
	Comparison	20	0.75	1.16	0.53						
PTSD arousal symptoms	Intervention	16	0.06	0.77	0.94	–1.74	1.74	0.32	—	—	—
	Comparison	20	1.80	0.69	0.02[d]						
CR of child externalizing behavior problems (ages 3–17)	Intervention	20	–2.10	1.07	0.06	–3.40	1.88	0.07	–3.38	2.02	0.10
	Comparison	30	1.30	0.68	0.07						
CR of BITSEA and BPI total behavior problems	Intervention	24	–0.35	0.18	0.07	–0.46	0.44	0.30	–0.53	0.43	0.22
	Comparison	32	0.11	0.15	0.47						
SR of child delinquency (ages 11–17)	Intervention	14	–0.21	0.15	0.19	–0.31	0.22	0.18	—	—	—
	Comparison	11	0.09	0.16	0.59						
SR of child drug use (ages 11–17)	Intervention	14	0.07	0.07	0.34	0.25	0.29	0.39	—	—	—
	Comparison	11	–0.18	0.18	0.34						
SR of child gang involvement (ages 11–17)	Intervention	14	0.00	0.10	1.00	0.09	0.18	0.62	—	—	—
	Comparison	11	–0.09	0.09	0.34						
CR of child affective strengths (ages 6–12)	Intervention	9	—	—	—	—	—	—	—	—	—
	Comparison	17	–0.65	0.61	0.31						
SR of child affective strengths (ages 11–17)	Intervention	14	–0.57	0.82	0.50	–0.03	1.90	0.99	—	—	—
	Comparison	11	–0.55	1.56	0.73						

Outcome	Group	Within-Family Mean Change[a]				Group-Level Comparison of Mean Changes					
						Unadjusted Model[b]			Adjusted Model[c]		
		N	Estimate	SE	*p*-Value	Estimate	SE	*p*-Value	Estimate	SE	*p*-Value
SR of child depressive symptoms (ages 13–17)	Intervention	10	2.00	1.17	0.12	1.18	3.60	0.74	—	—	—
	Comparison	11	0.82	1.99	0.69						
CR of child internalizing problems (ages 3–17)	Intervention	20	–0.05	0.47	0.92	–0.42	1.16	0.72	–0.73	1.21	0.55
	Comparison	30	0.37	0.37	0.33						
CR of child school functioning (ages 6–12)	Intervention	7	—	—	—	—	—	—	—	—	—
	Comparison	14	0.14	1.04	0.89						
SR of child school functioning (ages 11–17)	Intervention	14	0.14	1.18	0.91	—	—	—	—	—	—
	Comparison	9	—	—	—						
SR of child grades (ages 13–17)	Intervention	10	1.40	0.69	0.07	1.13	1.09	0.31	—	—	—
	Comparison	11	0.27	0.68	0.69						
CR of negative or ineffective discipline (ages 6–17)	Intervention	19	–0.47	1.25	0.71	–1.03	2.38	0.67	—	—	—
	Comparison	27	0.56	0.93	0.56						
CR of deficient monitoring (ages 6–17)	Intervention	19	0.26	0.73	0.72	0.37	2.19	0.86	—	—	—
	Comparison	27	–0.11	0.64	0.86						
SR of poor monitoring and supervision (ages 11–17)	Intervention	16	1.69	1.01	0.12	1.99	3.63	0.59	—	—	—
	Comparison	20	–0.30	1.91	0.88						
SR of inconsistent discipline (ages 11–17)	Intervention	16	0.88	1.13	0.45	2.78	2.04	0.18	—	—	—
	Comparison	20	–1.90	1.02	0.08						
SR of corporal punishment (ages 11–17)	Intervention	16	–0.19	0.67	0.78	–0.59	0.87	0.50	—	—	—
	Comparison	20	0.40	0.31	0.21						
CR of family conflict (ages 0–17)	Intervention	24	–0.54	0.50	0.29	–1.04	0.86	0.23	–0.91	0.99	0.36
	Comparison	32	0.50	0.37	0.19						
SR of family conflict (ages 11–17)	Intervention	14	0.36	0.57	0.54	0.27	1.44	0.85	—	—	—
	Comparison	11	0.09	1.01	0.93						
CR of total child victimization experiences (ages 0–11)	Intervention	13	–0.62	0.42	0.17	–0.25	0.63	0.69	—	—	—
	Comparison	22	–0.36	0.29	0.23						
CR of child maltreatment (ages 0–11)	Intervention	13	–0.38	0.24	0.14	–0.16	0.30	0.61	—	—	—
	Comparison	22	–0.23	0.16	0.17						
CR of child assault (ages 0–11)	Intervention	13	–0.23	0.28	0.43	–0.37	0.29	0.20	—	—	—
	Comparison	22	0.14	0.12	0.27						

			Within-Family Mean Change[a]			Group-Level Comparison of Mean Changes					
						Unadjusted Model[b]			Adjusted Model[c]		
Outcome	Group	*N*	Estimate	SE	*p*-Value	Estimate	SE	*p*-Value	Estimate	SE	*p*-Value
CR of child sexual abuse (ages 0–11)	Intervention	13	0.00	0.00	—	0.00	0.00	—	—	—	—
	Comparison	22	0.00	0.00	—						
CR of child witnessing violence (ages 0–11)	Intervention	13	–0.23	0.12	0.08	0.04	0.25	0.87	—	—	—
	Comparison	22	–0.27	0.13	0.06						
SR of total child victimization experiences (ages 10–17)	Intervention	16	–0.63	0.35	0.10	–0.21	0.84	0.81	—	—	—
	Comparison	12	–0.42	0.66	0.54						
SR of child maltreatment (ages 10–17)	Intervention	16	0.00	0.09	1.00	0.08	0.34	0.81	—	—	—
	Comparison	12	–0.08	0.29	0.78						
SR of child assault (ages 10–17)	Intervention	16	0.06	0.14	0.67	0.15	0.29	0.61	—	—	—
	Comparison	12	–0.08	0.26	0.75						
SR of child sexual abuse (ages 10–17)	Intervention	16	0.00	0.00	—	0.00	0.00	—	—	—	—
	Comparison	12	0.00	0.00	—						
SR of child witnessing violence (ages 10–17)	Intervention	16	–0.56	0.26	0.05[d]	–0.31	0.64	0.63	—	—	—
	Comparison	12	–0.25	0.25	0.34						
SR of caregiver total number of traumatic experiences	Intervention	24	–0.04	0.18	0.81	0.30	0.34	0.37	0.19	0.35	0.59
	Comparison	32	–0.34	0.18	0.06						
CR of caregiver experience of any non-DV trauma	Intervention	24	0.08	0.08	0.33	0.21	0.12	0.09	0.19	0.14	0.20
	Comparison	32	–0.13	0.07	0.10						
CR of caregiver experience of any DV	Intervention	24	–0.04	0.07	0.57	–0.01	0.14	0.94	–0.11	0.13	0.42
	Comparison	32	–0.03	0.05	0.57						

NOTE: * = the significant difference over time remains after adjustment for multiple comparisons. — = Cell is too small to show. Mean change estimates are not shown when the group size is fewer than ten, and comparisons are not shown when the group size is fewer than ten for either group. Adjusted model results are not shown when the group size is fewer than 20 for either group.
[a] Within-family mean changes between the baseline and six-month scores for each group separately.
[b] Group-level comparison of within-family mean changes from baseline to six months.
[c] Estimate of the difference between the two groups' within-family mean changes from baseline to six months, controlling for child age, gender, race and ethnicity, and violence exposure (baseline exposure plus exposure between baseline and six months).
[d] A significant paired *t*-test of differences over time ($p < 0.05$). In cells containing *0.05*, we have rounded the value to 0.05, but it is still less than 0.05.

Table C.9 also shows intervention effects over time using an intent-to-treat approach in which all families in the intervention are compared with all those in the comparison group, regardless of the actual amount of intervention received in the intervention group. Because any change in outcomes observed can potentially be the result of a time trend observed in all children in the study, we used a difference-in-differences method to assess the unadjusted impact of the program. In the difference-in-differences models presented in the second set of data columns,

there was no evidence of intervention effects associated with any of the primary, secondary, or tertiary outcomes. The adjusted models that control for child age, child gender, child race and ethnicity, and parent report of violence exposure are, in many cases, not shown because of the smallness of the sample. However, the ones that we show do not show any significant intervention effect. The results in Table C.9 can also be discussed in terms of effect sizes for Denver's primary outcome. Within-group changes in the CR of positive involvement were very small (–0.05 [–0.70, 0.61]), as were the adjusted between-group differences (–0.95 [–0.49 – 0.30]), but the samples were quite small. Thus, changes were small and similar between the two groups.

Conclusions

Denver's Safe Start program, housed within the Denver probation system, included LEA, a multifamily group intervention (SFCR), and usual probation services and was evaluated in an RCT comparing intervention recipients with a wait-list comparison group who received only usual probation services during a six-month waiting period. In the study, Safe Start program recruited 136 families but retained only 56 of them at six months. The participants in the study were largely minorities (57 percent Hispanic, 24 percent black) and impoverished (72 percent had family incomes of less than $30,000), with children self-reporting an average of two violence exposures in the prior six months and 47 percent self-reporting high levels of PTSD symptoms. In Denver, 61 percent of the intervention group families enrolled in the study had contact with the LEA assigned to provide support services to Safe Start families, but only 42 percent received the family group therapy component of the intervention. A large minority of the families retained in the six-month sample had LEA contacts (83 percent), with nearly two-thirds taking part in the family group therapy (63 percent). Family participation in the multifamily groups might have been dampened by families finding other services while waiting for the next group to begin. Satisfaction with the intervention services received, however, was high.

In this trial, we expected a medium between-group intervention effect. Given the final enrollment and retention, there was power to detect only a large effect of 0.77 at six months. Intent-to-treat analyses showed that mean scores in the intervention and comparison groups were sometimes in the expected direction and sometimes in the opposite direction, but, overall, we detected no statistically significant differences between groups over time. Similarly, the effect sizes showed small changes within and between groups.

In sum, the study was not powered to detect the medium differences that might be expected with this set of intervention activities, so the study cannot determine whether there is such an effect. More research would be needed to determine whether these activities can produce medium improvements in child and family outcomes over and above the usual services offered to juvenile probationers and court-involved youths.

Table C.10. Changes in Means for Outcome Variables Between Baseline and Six-Month Assessment and Group-Level Comparison of Mean Changes

		Baseline				Six Months			
Outcome		***N***	**Mean**	**SD**	**Difference**	***N***	**Mean**	**SD**	**Difference**
Primary									
CR of positive involvement (ages 6–17)	Intervention	55	64.76	8.40	0.20	18	65.11	9.83	–1.12
	Comparison	51	64.57	7.99		26	66.23	8.57	
Secondary									
CR of child cooperation (ages 3–12)	Intervention	23	12.57	4.11	1.60	10	13	4.47	1.70
	Comparison	27	10.96	4.22		20	11.3	3.50	
CR of child assertion (ages 3–12)	Intervention	23	13.39	4.03	0.47	9	13.44	3.50	—
	Comparison	27	12.93	3.64		20	14.85	3.56	
CR of child self-control (ages 3–12)	Intervention	21	10.33	5.31	1.33	10	11.40	5.10	2.30
	Comparison	25	9.00	4.93		20	9.10	4.71	
SR of child cooperation (ages 13–17)	Intervention	31	12.94	5.10	–2.31	10	14.60	4.25	2.30
	Comparison	29	15.24	3.84		10	12.30	4.92	
SR of child assertion (ages 13–17)	Intervention	31	11.58	4.78	–1.76	10	11.90	3.57	0.08
	Comparison	32	13.34	4.82		11	11.82	4.38	
SR of child self-control (ages 13–17)	Intervention	31	9.65	4.98	–0.14	10	10.10	4.04	2.55
	Comparison	32	9.78	3.87		11	7.55	4.32	
CR of family involvement (ages 6–12)	Intervention	20	22.50	6.36	–1.40	9	27.67	3.20	—
	Comparison	20	23.90	3.96		17	24.29	4.47	
SR of family involvement (ages 11–17)	Intervention	37	20.68	5.07	–1.51	14	21.57	4.64	2.21
	Comparison	33	22.18	4.27		11	19.36	5.18	
SR of mother involvement (ages 8–17)	Intervention	43	31.63	9.48	–3.24	16	26.94	9.17	–6.69
	Comparison	39	34.87	8.67		19	33.63	9.38	
SR of father involvement (ages 8–17)	Intervention	42	22.83	10.83	–4.05	14	31.07	8.65	6.91
	Comparison	42	26.88	11.26		19	24.16	12.04	
SR of positive parenting (ages 8–17)	Intervention	43	22.51	5.87	–0.58	16	22.38	5.16	–0.93
	Comparison	42	23.10	4.82		20	23.3	5.46	
CR of caregiver depression	Intervention	71	5.51	5.6	0.01	24	5.61	5.76	0.23
	Comparison	65	5.50	5.4		32	5.38	4.40	
CR of caregiver PTSD	Intervention	71	1.37	1.55	0.20	24	1.33	1.40	–0.01
	Comparison	65	1.17	1.38		32	1.34	1.60	
Tertiary									
CR of attitudinal barriers to care	Intervention	71	1.27	1.42	0.34	24	0.96	1.20	–0.29
	Comparison	65	0.92	1.14		32	1.25	1.30	
CR of total stressors	Intervention	71	40.65	10.82	3.23	24	38.33	10.61	0.46
	Comparison	65	37.42	9.48		32	37.88	10.07	

Outcome		Baseline				Six Months			
		N	Mean	SD	Difference	*N*	Mean	SD	Difference
CR of resource problems	Intervention	71	14.70	5.21	0.98	24	14.00	5.41	–0.09
	Comparison	65	13.72	4.54		32	14.09	4.86	
CR of personal problems	Intervention	71	25.94	6.93	2.25[a]	24	24.33	6.49	0.55
	Comparison	65	23.69	6.26		32	23.78	6.26	
CR of child PTSD symptoms (ages 3–10)	Intervention	17	39.41	14.75	1.61	6	30.50	3.62	—
	Comparison	25	37.80	14.69		19	40.32	17.17	
SR of child PTSD symptoms (ages 8–17)	Intervention	43	11.70	11.43	–0.54	16	9.69	9.58	–5.11
	Comparison	42	12.24	9.76		20	14.8	10.18	
PTSD reexperiencing symptoms	Intervention	43	2.91	3.37	–0.52	16	2.56	3.52	–1.04
	Comparison	42	3.43	2.78		20	3.60	3.9	
PTSD avoidance symptoms	Intervention	43	4.30	4.76	–0.25	16	3.63	4.11	–1.78
	Comparison	42	4.55	4.35		20	5.40	4.65	
PTSD arousal symptoms	Intervention	43	4.49	4.06	0.23	16	3.50	3.41	–2.30
	Comparison	42	4.26	3.51		20	5.80	3.83	
CR of child externalizing behavior problems (ages 3–17)	Intervention	59	8.68	4.95	0.85	20	5.35	4.40	–2.92[a]
	Comparison	59	7.83	4.97		30	8.27	4.39	
CR of BITSEA and BPI total behavior problems	Intervention	68	0.16	1.16	–0.01	24	–0.42	1.25	–0.57
	Comparison	64	0.17	1.10		32	0.15	1.10	
SR of child delinquency (ages 11–17)	Intervention	37	0.81	0.4	–0.04	14	0.64	0.50	–0.27
	Comparison	33	0.85	0.36		11	0.91	0.30	
SR of child drug use (ages 11–17)	Intervention	37	0.73	0.45	0.03	14	0.64	0.50	0.19
	Comparison	33	0.70	0.47		11	0.45	0.52	
SR of child gang involvement (ages 11–17)	Intervention	37	0.16	0.37	–0.05	14	0.07	0.27	–0.02
	Comparison	33	0.21	0.42		11	0.09	0.30	
CR of child affective strengths (ages 6–12)	Intervention	20	16.40	4.5	–1.25	9	18.44	2.40	—
	Comparison	20	17.65	2.64		17	17.47	2.35	
SR of child affective strengths (ages 11–17)	Intervention	37	13.05	4.68	–1.04	14	14.71	2.76	–0.38
	Comparison	33	14.09	3.79		11	15.09	4.06	
SR of child depressive symptoms (ages 13–17)	Intervention	31	75.13	6.23	–0.96	10	78.2	5.53	0.11
	Comparison	32	76.09	5.78		11	78.09	6.17	
CR of child internalizing problems (ages 3–17)	Intervention	59	3.46	2.71	–0.22	20	2.95	3.03	–0.68
	Comparison	59	3.68	2.96		30	3.63	3.42	
CR of child school functioning (ages 6–12)	Intervention	19	19.79	5.33	–0.47	7	21.86	6.59	—
	Comparison	19	20.26	5.08		15	20.4	6.53	
SR of child school functioning (ages 11–17)	Intervention	37	16.92	5.47	–1.95	14	19.00	3.94	2.00
	Comparison	30	18.87	4.37		10	17.00	4.22	

Outcome		Baseline				Six Months			
		N	Mean	SD	Difference	*N*	Mean	SD	Difference
SR of child grades (ages 13–17)	Intervention	30	4.23	1.85	–0.09	10	4.60	1.9	–0.31
	Comparison	31	4.32	1.74		11	4.91	2.02	
CR of negative or ineffective discipline (ages 6–17)	Intervention	56	22.25	5.36	0.19	19	22.26	5.38	–0.48
	Comparison	52	22.06	5.73		27	22.74	4.51	
CR of deficient monitoring (ages 6–17)	Intervention	55	16.00	7.31	1.35	19	13.05	4.53	0.61
	Comparison	52	14.65	5.9		27	12.44	5.69	
SR of poor monitoring and supervision (ages 11–17)	Intervention	43	22.47	8.19	0.18	16	23.31	7.63	4.51
	Comparison	42	22.29	7.92		20	18.80	8.86	
SR of inconsistent discipline (ages 11–17)	Intervention	43	13.6	4.54	–1.01	16	14.19	5.28	1.59
	Comparison	42	14.62	4.37		20	12.60	3.75	
SR of corporal punishment (ages 11–17)	Intervention	43	4.19	1.74	0.31	16	3.88	1.71	–0.78
	Comparison	42	3.88	1.52		20	4.65	2.11	
CR of family conflict (ages 0–17)	Intervention	71	3.51	2.33	0.12	24	3.79	2.38	–0.15
	Comparison	65	3.39	2.27		32	3.94	2.05	
SR of family conflict (ages 11–17)	Intervention	37	3.49	2.65	–0.54	14	3.71	2.09	–1.19
	Comparison	33	4.03	2.32		11	4.91	2.81	
CR of total child victimization experiences (ages 0–11)	Intervention	33	1.00	1.62	0.06	13	0.38	0.65	–0.34
	Comparison	32	0.94	1.44		22	0.73	1.16	
CR of child maltreatment (ages 0–11)	Intervention	33	0.27	0.57	–0.07	13	0.08	0.28	–0.10
	Comparison	32	0.34	0.7		22	0.18	0.5	
CR of child assault (ages 0–11)	Intervention	33	0.27	0.67	0.21	13	0.15	0.55	–0.03
	Comparison	32	0.06	0.25		22	0.18	0.5	
CR of child sexual abuse (ages 0–11)	Intervention	33	0.09	0.29	0.09	13	0	0	0.00
	Comparison	32	0	0		22	0	0	
CR of child witnessing violence (ages 0–11)	Intervention	33	0.30	0.68	–0.04	13	0.08	0.28	–0.06
	Comparison	32	0.34	0.6		22	0.14	0.35	
SR of total child victimization experiences (ages 10–17)	Intervention	40	2.18	1.71	0.29	16	1.25	1.44	–0.17
	Comparison	34	1.88	1.95		12	1.42	1.62	
SR of child maltreatment (ages 10–17)	Intervention	40	0.25	0.49	0.01	16	0.19	0.54	–0.15
	Comparison	34	0.24	0.61		12	0.33	0.65	
SR of child assault (ages 10–17)	Intervention	40	0.43	0.64	–0.16	16	0.25	0.45	–0.17
	Comparison	34	0.59	0.74		12	0.42	0.51	
SR of child sexual abuse (ages 10–17)	Intervention	40	0	0	0.00	16	0	0	0.00
	Comparison	34	0	0		12	0	0	
SR of child witnessing violence (ages 10–17)	Intervention	40	1.43	1.24	0.40	16	0.81	1.17	0.15
	Comparison	34	1.03	1.27		12	0.67	1.23	
SR of caregiver total number of traumatic experiences	Intervention	71	0.45	0.94	0.07	24	0.38	0.65	0.13
	Comparison	65	0.38	1.1		32	0.25	0.76	

Outcome		Baseline				Six Months			
		N	Mean	SD	Difference	*N*	Mean	SD	Difference
CR of caregiver experience of any non-DV trauma	Intervention	71	0.11	0.32	–0.01	24	0.13	0.34	0.03
	Comparison	65	0.12	0.33		32	0.09	0.3	
CR of caregiver experience of any DV	Intervention	70	0.20	0.40	0.11	24	0.17	0.38	0.07
	Comparison	65	0.09	0.29		32	0.09	0.30	

NOTE: — = Cell is too small to show. Data are not shown for outcomes when the cell size is fewer than five for either group. Comparisons were not tested when the group size was fewer than ten for either group.
[a] A significant difference between groups ($p < 0.05$). In cells containing *0.05*, we have rounded the value to 0.05, but it is still less than 0.05.