

*Safe Start Initiative: Connecting the Dots between Inspiration, Innovation and Evidence-Based Practices for Children Exposed to Violence*



National Summit on the Intersection of Domestic Violence and Child Welfare

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## Safe Start Center

- Elena P. Cohen  
Safe Start Center  
North Bethesda, MD

[www.safestartcenter.org](http://www.safestartcenter.org)

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## Safe Start Initiative

- Recognition of the need to address children's exposure to violence to prevent juvenile delinquency provided the impetus for the development of the Safe Start Initiative

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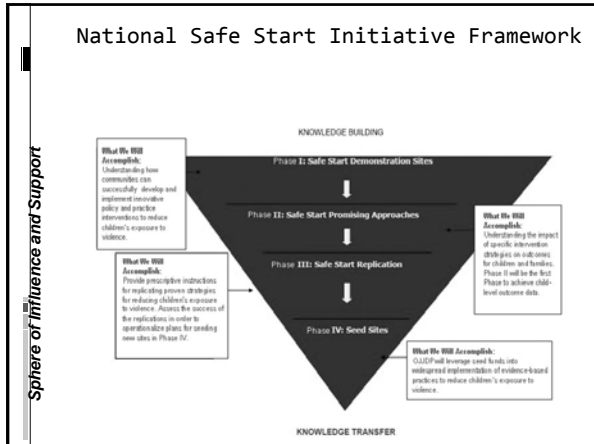
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### Safe Start Definition of Exposure to Violence

Being a direct victim of abuse, neglect, or maltreatment or a witness to domestic violence or other violent crime in the community.

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### Safe Start Vision

- Create a comprehensive service delivery system that improves the access to, delivery, and quality of services for children at high risk of exposure to violence or who have already been exposed to violence.

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## Project Support

- Renee McDonald, PhD  
Associate Professor  
Department of Psychology  
Southern Methodist University

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## Project Support

### Target Audience

- Families with children 4-8 who have been exposed to parental intimate partner violence
- Mothers in the families sought refuge at a shelter for victims of domestic violence
- The children were exhibiting high levels of psychological adjustment problems

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## Project Support

- 6-month, weekly intervention
- Home-based services with child care provided
- Focus of Project Support:
  - Intensive casework and advocacy
    - Helping women through the transition from shelter back into the community

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## Intervention

- Addressing the children's mental health problems
  - Parenting skills intervention to:
    - Improve the quality of the parent-child relationship
    - Help parents provide more emotional support to their children
    - Help parents develop effective methods of:
      - Nurturing their children
      - Improving their children's social and emotional adjustment
      - Effective discipline

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## Project Support: When?, Where?

- Families are met while in shelter; services start after shelter departure
  - Participating Shelters:
    - The Family Place
    - Genesis Women's Shelter
    - Salvation Army Domestic Violence Shelter
- Greater Dallas/Fort Worth metropolitan area

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## Project Support:

### Outcomes

- 2 randomized-controlled trials of Project Support, with 2-year follow-up data
  - Children's adjustment problems return to normal levels
  - Treatment gains were maintained through the 2-year follow-up period

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## Project Support: What else?

- Collaborative
- University-Community Partnership
- Policy
  - Early identification of children exposed to domestic violence who have significant mental health problems
  - Non-mainstream service for population hard to identify and follow
  - Sustainability
  - Funding

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## Miami Consortium for Children in Crisis

- Lynne Katz, EdD  
University of Miami Linda Ray Center  
Research Assistant Professor,  
Departments of Psychology & Pediatrics

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## Miami Consortium for Children in Crisis

- University of Miami's Linda Ray Center (LRIC) within the Department of Psychology
- Established as an early intervention program for substance exposed newborns in 1993, providing comprehensive wrap-around services to babies and their families in a *one-stop shopping* format
- All service components have a robust evaluation/research component

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### Implementation sites

- Inn Transition South
- The Lodge, Inc.
- Inn Transition North
- Community Partnership for Homeless (2)
- Juvenile Court

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### Service integration components

- MOUs and Service Partnership agreements needed to be designed to outline roles of the partners
- Internal and inter-agency case flow procedures needed to be quantified and agreed upon, layers of approval were needed.
- Research in court settings

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### Collaborative Intersections Goals

- To establish a more seamless response and referral system for the youngest children in the community from the target population to receive clinical evidence-based services (Child-Parent Psychotherapy and HEROES program)

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### Collaborative Intersection Goals

- To provide training on child maltreatment and exposure to violence for countywide childcare staff and childcare administrative personnel countywide. Worked with legislators to connect child welfare children with accredited childcare.

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### Other Key Components

- **Other components of the macro-system in which the target group is embedded needed to be examined: childcare placements and parenting skills training and community awareness building**
- **For school-age children (5-11 years old) coordination with school counselors crucial**

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### Other Key Components

- Variety of disciplines associated with Dependency/child welfare system on the broader level needed to be trained in the importance of early intervention and the risk factors for young children in the system
- Trainings for attorneys, Guardian Ad Litem, transportation staff, case workers, judges, agency supervisors and public school staff provided by Safe Start team continued to build awareness and obtain a buy-in

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### Other Key Components

- Judicial, clinical and service delivery/research components work in tandem with a constant eye towards quality, fidelity to the model and accountability
- Free-flowing communication and feedback loops
- Each partner knows what they do and don't know and relies on the Team's *combined expertise* at the end of the day to meet children's needs

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### Sustainability

- Built capacity of trained clinicians for dyadic work through clinical training dollars and delivered intervention
- Trained frontline childcare providers in the effects of maltreatment of young children
- Created Dependency workgroup with community agencies to support training, mandated use of reporting templates, ongoing staffing of cases

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### Questions

- What is important for practitioners/agencies to know about the interventions and their implementation?
- What have been the challenges and how have they been met?
- How has the combination of research and practice worked?

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## Questions

- Is it practical or efficient for an agency to try to do this type of work? If not, how should interventions be tested in the field?
- What are key implications of this work for policy and for practice and what do we see as remaining barriers?
- What constitutes an "evidence-based" practice?

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