

Child Maltreatment Awareness: A 50 Year Landmark

Fifty years ago in 1962, Kempe, Silverman, Steele, Droegemueller, and Silver published their landmark article, “The battered child syndrome” in the *Journal of the American Medical Association*. Though child maltreatment has always been perpetrated, it is difficult to imagine that article was the first to recognize it in the medical/professional community. It would take many more years for mandated reporting laws and federal and state funding to prevent this societal plague. I was 14-years-old and every evening after dinner, my parents and I would watch “the Huntley-Brinkley Report”, NBC’s national news program that was just 15 minutes duration. I remember vividly a short clip about the release of the article with brief details about serious physical abuse that was being detected in these pediatrician’s offices. I was dumfounded, wondering how or why any parent could possibly intentionally do harm to their own child. I grew up in a very loving home in which my parents doted on me. I knew some kids, who were spanked, and there were rumors, but vague, about things worse than spanking, but I sure did not have a clue that it could be anything like the news that night was reporting.

Today, all states have some kind of reporting law, each has a child protective service, there is a national advocacy organization, Prevent Child Abuse America (and I am very proud to say, a new Chapter

of Prevent Child Abuse Georgia now housed in the Center for Healthy Development at GSU), and though amounts of funding wax and wane, there are public and private monies for research

and interventions for prevention. There are some evidence-based practices, and also, undoubtedly many successful approaches at a local level that have not been evaluated. Substantiated sexual and physical abuse has dropped dramatically in the past 18 years, though one case is one too many. Unfortunately, neglect has remained relatively steady. This is probably because limited resources and attention goes first to sexual and physical abuse.

With Mark Chaffin’s randomized trial in Oklahoma appearing in *Pediatrics*, possibly a new landmark, showing very successful outcomes for families receiving SafeCare with six-year follow-up, and with 70% of those families having been initially referred for neglect, my heart bursts with pride for those of you who have anything to do with SafeCare. To name only names that come to mind, be those names colleagues, researchers, trainers, home visitors, funders, policy-makers, and so forth, would be a dangerous oversight. Thus, I simply want to thank beyond my capacity to find enough superlatives everyone and anyone who has helped SafeCare develop, evolve, and be implemented with success in protecting children.

-John R. Lutzker, *SafeCare Founder*

Did you know?

April is [Child Abuse Prevention Month](#) and [Month of the Young Child](#)? Please click on the hyperlinks for more information.

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SafeCare Provider Survey Results

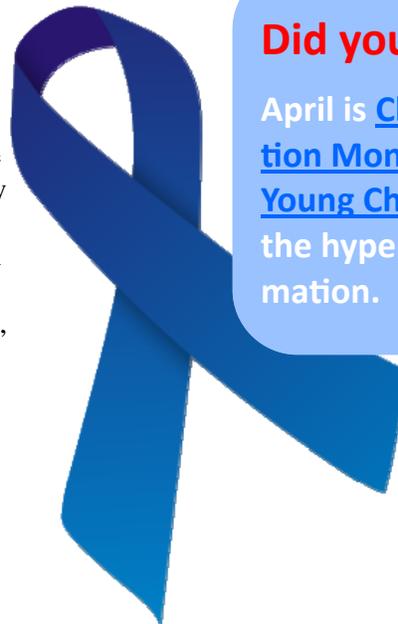
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SafeCare Shines Provider Survey Results

After much anticipation, the results of the 2011 SafeCare Provider Survey are in! Thank you to the 37 individuals from over 25 different agencies who participated in this year's survey. And a big "Congratulations!" to Rachel Galanter from The Exchange Club's Family Center in Durham, NC for being our randomly selected winner of a \$50 Amazon gift card! We appreciate everyone's participation and are excited to share the results!

First, we asked providers what distinguishes SafeCare from other parenting programs. We received a lot of great feedback, but the majority of you (38%) agreed that the hands-on parent teaching approach is what distinguishes SafeCare from other parenting programs. The following were also described as distinguishing features of SafeCare:

- Structured Curriculum: 14%
- Covers basic concepts: 14%
- Comprehensive & thorough: 8%
- One-on-one teaching: 8%

When asked what cultural

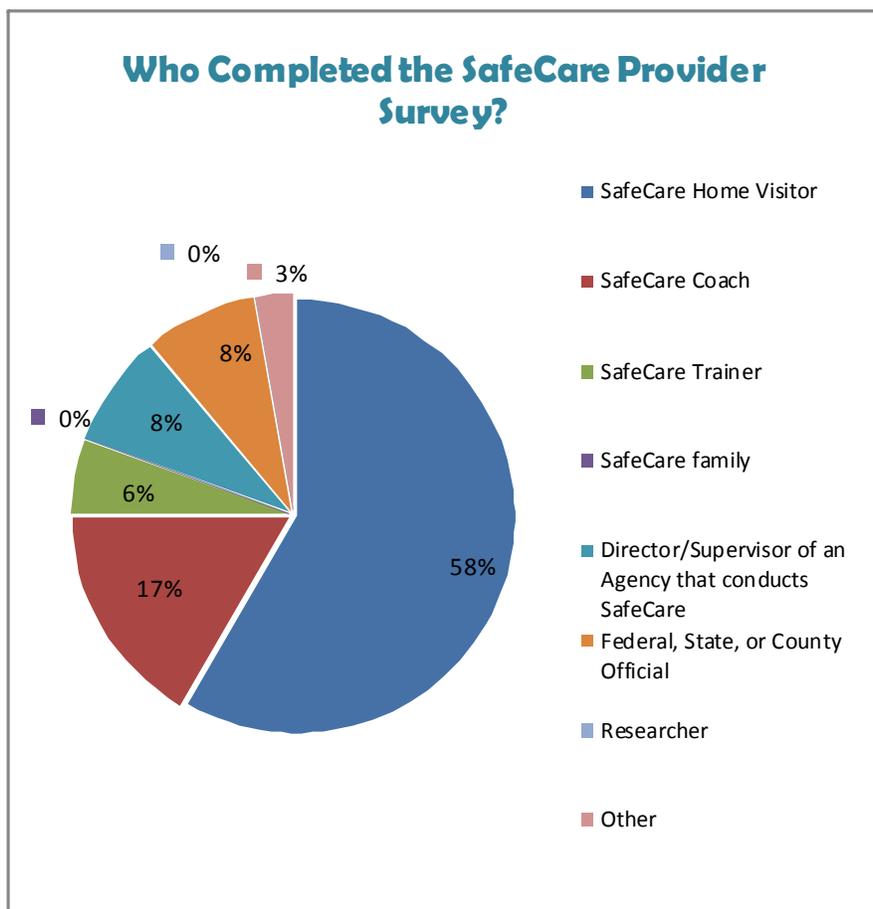
adaptations have been made to SafeCare, over 40% of you said that no specific changes needed to be made to SafeCare for you to serve your families. However, 11% of you stated that cultural sensitivity when working in clients' homes is important. Many of you also stated that the poisonous plant guide within the Home Safety module had to be

development, finances (i.e. budgeting), and addressing/discussing home remedies and how those interventions are meaningful to families.

What's your favorite part of the NSTRC newsletter? Over 60% said that the SafeCare family stories are your favorite part of the newsletter. Now don't forget, if you want to read family success stories, we need

our SafeCare providers (home visitors, coaches, trainers, and even supervisors) to send us stories from the field (all emails can be sent to safecare@gsu.edu)! SafeCare research reports came in as the second favorite part of the newsletter, with about 20% of the vote. It's great to know that our providers are keeping up to date with all of the research going on at NSTRC!

For more results from the 2011 SafeCare Provider Survey, turn to the next page.



adapted to your various geographical regions. Adaptions to language and literacy were also made by 10% of providers who answered the survey.

Some other great adaptations made by SafeCare providers were adding information on early child



Thanks to Kimberly Wong and Jennifer Eirish for suggesting the new name for our SafeCare Newsletter, "The SafeCare Scoop"!

Provider Survey Continued...

If I could describe SafCare in ONE word it would be....



That most interesting family health remedy I've ever heard was....



SafeCare Provider Social Networks: Interested?

NSTRC is working hard to catch up with the growing presence of online networking media because it can be a useful tool for our SafeCare providers. We asked you if you'd be interested in participating in discussions with other SafeCare providers on the web, and **51%** of you said "yes", while the other half of you were uninterested or unsure. Well, good news for those of you wanting to connect and talk with other SafeCare providers online! We have created a "National SafeCare Training & Research Center" group on LinkedIn, a professional networking (don't forget to join!), where group members can post interesting articles, discussion topics and questions!

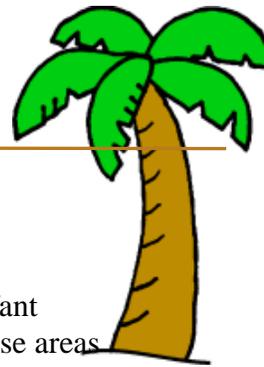
We are also looking at other outlets that we could use to create an online SafeCare provider community.

Not interested in joining LinkedIn? How about Facebook? We asked you if you'd be interested in joining an NSTRC group on Facebook; 32% of you said you'd join an NSTRC Facebook group, 18% of you said you're a Facebook user but not interested in joining an NSTRC, and **38%** of you said you are not a Facebook user.

Would you rather connect with other SafeCare providers in person? We asked you if you would attend a SafeCare conference in Atlanta, GA, and a whopping **92%** of you said yes! However, 67% of providers who would like to attend a SafeCare conference said travel costs may be prohibitive. Although this topic has only been mentioned at NSTRC, it will definitely be considered in the future as SafeCare continues to grow and change.



SafeCare Shout Outs!



SafeCare Heads to the Sunshine State!

Thrilled to escape the January chill in Atlanta, Training Specialists Leslie Sawell-Bouillon and Beth Meister headed to Jacksonville, Florida to conduct Home Visitor and Coach training with eight staff members of Family Support Services of North Florida (FSSNF) January 23-27, 2012. FSSNF home visitors are part of the SafeCare Coaching study, which examines the benefits of training local coaches to enhance long-term sustainability of the program. Within two weeks of completing HV training, candidate local-model coaches Anne Claridge and Marie Norman began implementing SafeCare with families, and as of the end of March, are interim-certified to coach candidate Home Visitors! FSSNF is also the second site to pilot the new SafeCare portal, uploading their fidelity files for review, and eventually tracking their progress and their Home Visitors progress towards certification.

At FSSNF, Home Visitors are highly effective in each of their areas of expertise, those who work in STEPS, a family preservation program, and those who specialize in early development in the High-Risk In-

fant program. Home Visitors from both of these areas within FSSNF are seamlessly weaving SafeCare into their current client need-specific services, using SafeCare as their primary parenting curriculum. Home Visitors from the High Risk Infant Program are trained in Child Parent Psychotherapy, Nurturing Parent, and Parenting Counts from the Talaris Institute. SafeCare's Parent-Infant Interaction Module has proven to be quite effective already for these home visitors, whose client base consists of many infants and babies facing neglect and are often at risk for "failure to thrive". Home Visitors from the STEPS program are highly experienced, also trained in the Nurturing Parent program. They eager and open-minded when it comes to SafeCare, and have the opportunity to prevent and provide intervention for child neglect through SafeCare and STEPS implementation with their families.

Overall, this site is already a success, and it continues to be a pleasure and privilege to work with such fine colleagues in Jacksonville!

Want a new PCI activity idea?



One of our SafeCare staff members, Kionne Feaster, celebrated the birthday of the beloved Dr. Seuss by cooking "Green Eggs & Ham" with her daughter for breakfast!

Directions:

Just use a little green food coloring to dye eggs and bacon (or ham) green while cooking. Then enjoy them while reading Dr. Seuss's "Green Eggs & Ham"!

