



## San Mateo County’s SPARK Program: Theory of Change

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*Developed by Stanford's John W. Gardner Center in collaboration with San Mateo County District Attorney’s Office, CORA (Communities Overcoming Relationship Abuse), and San Mateo County Executive’s Office*

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## Project Background

San Mateo County experiences roughly 2,000 domestic violence-related calls to law enforcement annually.<sup>1</sup> While a variety of resources exist to support adult victims of domestic violence, children who have witnessed this violence often do not receive or have access to comparable support (Reif et al., 2020). Notably, these children are at a higher risk of falling into similar patterns of violence in their future, either as victims or perpetrators (United States Department of Justice, 2020).

San Mateo County aims to address this vulnerability through Shaping Positive and Resilient Kids (SPARK), a new program implemented in July 2023. SPARK, co-led by San Mateo County District Attorney's Office Victim Services Division (VSD) and CORA (Communities Overcoming Relationship Abuse) is a collaboration that also includes the County of San Mateo Executive's Office and law enforcement agencies (police, sheriff).<sup>2</sup> The expectation is that through SPARK, every family that has police contact related to domestic violence<sup>3</sup> is identified and the adult survivors and their child(ren) are offered and—pending parent consent—provided appropriate mental health services needed to support their individual healing and disrupt intergenerational cycles of abuse. SPARK is designed to expand the capacity of program partners to provide timely and coordinated identification, outreach, case management, legal services, and mental health services to these families. Ultimately, SPARK aims to end the cycle of abuse and, in so doing, improve the health, safety, and wellbeing of San Mateo County's children, families, and communities.

Recognizing the importance of building program capacity for data-centered learning, improvement, and evaluation, San Mateo County engaged Stanford's John W. Gardner Center for Youth and Their Communities as a research and evaluation partner. The first step in our collaboration has been to develop a Theory of Change (TOC).

More than a program overview, a TOC:

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<sup>1</sup> CORA program documents reference this estimate of 2,000 domestic violence-related police calls per year in San Mateo County. It is important to note that this estimate, drawn from policy agency data, includes only those incidences that rise to the level of a misdemeanor or felony as defined by California's Penal Code, most notably 243(e)(1) and 273.5, and does not include other situations such as "domestic disputes" or conflicts that do not meet the criteria described in the penal code.

<sup>2</sup> A visual depicting SPARK within the county context is provided in Appendix A.

<sup>3</sup> SPARK is designed to identify and support families that have police contact related to domestic violence that rises to the level of a misdemeanor or felony and has a clear aggressor/victim. For the purposes of this discussion, we will use the phrase "domestic violence," however, it is important to note that we are using this as a descriptive term to refer to an array of situations, and not as a legal or clinical term referring to a situation that meets specific criteria.

- Makes explicit the “if-then” assumptions embedded within a program’s design;
- Serves as a compass, offering all who are interested, involved, and invested in SPARK with a description of the program’s intentions, key elements, and signposts that will signal the degree to which program implementation and impact are (and are not) unfolding as intended;
- Provides the framework for building out systems to support meaningful data collection, analysis, and reporting that will, over time, facilitate continuous learning and improvement and both formative and summative program evaluation.

In order to develop the TOC presented in this document, the Gardner Center reviewed 16 program-related documents and conducted 13 interviews with individuals directly involved and invested in the SPARK program, including those who are part of law enforcement, CORA, and county leadership. These interviews then informed a literature review aimed at identifying critical early indicators of positive progress. In collaboration with SPARK leadership, the Gardner Center team then developed a TOC rooted in both rigorous research and key stakeholder input.

## Components of a Theory of Change

The key components of a TOC are as follows:

- A problem and/or opportunity statement framing the root challenge and/or opportunity the program is designed to address.
- An outline of long-term goals that will be advanced through the efforts described in the TOC. While long-term goals are aligned with the program/opportunity statement, they tend to be broader and more aspirational in nature, making explicit how the TOC is connected to a broader context—in this case, broader county goals.
- A selection of proximal outputs and outcomes that would be reasonable to expect in a shorter time frame.
- A list of early or lead indicators—data that would provide valid indicators of progress in relationship to the proximal outputs and outcomes.
- Descriptions of the program elements—the inputs, strategies, and/or activities that will be introduced or expanded through the program’s implementation. The expectation is that the implementation of these core elements will contribute to observable improvements in the proximal outputs and outcomes and ultimately to the long-term goals.

By describing the relationship between the problem (or opportunity), the inputs, the proximal outputs and outcomes, and long-term goals, a TOC provides a framework for collaborative and continuous learning and improvement among all involved and invested in the program’s success.

## SPARK Program: Theory of Change<sup>4</sup>

### Problem and Opportunity Statement

Children who are exposed to domestic violence in their households are more likely to perpetuate the cycle of violence in their future as perpetrators and/or victims (Vargas, Cataldo & Dickson, 2005). However, research suggests that the right support—including mental health support—can disrupt this cycle of violence (see, for example, Child Welfare Information Gateway, 2020). Many programs that seek to support survivors of domestic violence tend to focus exclusively on adult survivors. In households that include children, this approach is necessary but insufficient. Since parents play a critical role in providing consent for and/or facilitating their child’s engagement in mental health services, supporting the mental health of the adult (parent) survivor and building their trust and rapport with service providers is an important first step. The second step, central to SPARK’s approach, is to support the mental health of the child(ren) directly through services that address the trauma experienced by children and reduce the negative impact of that trauma on a variety of short- and long-term outcomes.

Through the SPARK program, San Mateo County endeavors to ensure that families that come into contact with police for situations involving domestic violence are identified and the adult survivor—and their child(ren)—are offered and, pending parent consent, provided with the mental health services needed to support their healing and disrupt intergenerational cycles of abuse.

### Strategy Areas and Key Activities

SPARK introduces four strategies that are essential to provide children exposed to domestic violence with the kind of timely and targeted mental health support that is likely to disrupt this cycle of violence:

1. Systematic identification and referral of domestic violence survivors with children to SPARK;
2. Prompt and extensive outreach to contact referred families and enroll them in SPARK;
3. Pathways for children exposed to domestic violence to obtain mental health support;
4. Expanded case management services designed to sustain families’ utilization of services.

These strategies are carried out by key staff in multiple organizations that are referenced throughout this document, including those described in Table 1.

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<sup>4</sup> A one-page overview of the SPARK Program’s Theory of Change is included in Appendix B.

<b>Roles &amp; Responsibilities</b>	<b>CORA</b>	<b>VSD</b>	<b>Police/ Sheriff</b>
<b>Law Enforcement Officers, CORA, and VSD Staff</b> <i>Identify and refer families to SPARK</i>	X	X	X
<b>Project Outreach Coordinator</b> <i>Receives SPARK referral, makes initial contact and, if family wants to be connected, arranges initial assessment</i>	X		
<b>VSD Victim Advocate/Family Navigator (Bicultural/bilingual Spanish/English)</b> <i>Makes contact with adult (parent) survivor and their child(ren), connects SPARK families to services (legal and mental health), and provides case management (monitors families' needs and engagement in services over time, facilitates connections to services as needed)</i>		X	
<b>Clinical Mental Health Provider (Clinician)</b> <i>Provides mental health services to adult (parent) survivor and their child(ren)</i>	X		

Table 1. SPARK's core strategies are carried out by staff in key roles across multiple organizations. This table describes those positions and their organizational affiliation. A flow chart describing how a family might move through their engagement with staff in these roles is provided in Appendix C.

### **Strategy Area #1: Systematic identification and referral of domestic violence survivors with children to SPARK**

While survivors of domestic violence have historically been the focus of support efforts, children living in these households face comparable levels of trauma yet lack comparable resources. Despite being at a higher risk for a wide variety of psychosocial and behavioral challenges, including social withdrawal and depression, these children often remain unseen and unheard in the aftermath of their households' struggles (Hughes, 1988; Sternberg et al., 2006; Wolfe et al., 2003).

One of the primary barriers to children receiving adequate support is the absence of a standardized identification and referral process. Systematically identifying children exposed to domestic violence is challenging since families may seek support from various places—hotlines, shelters, or resource centers. Each of these avenues operates separately, which means that critical information about children in these households can become fragmented. Still, many survivors in moments of crisis reach

out to 911 or local law enforcement for immediate assistance, especially in particularly dangerous incidents. However, even in these situations, most law enforcement agencies lack clear protocols or training for identifying children in the home, especially if the child isn't physically present during the initial response. These barriers become further compounded by the fact that children may hesitate to disclose the violence due to feelings of shame, guilt, or divided loyalties (Groves, 1999). These challenges emphasize the need for improved coordination and protocols across both law enforcement and non-police services to ensure children are not overlooked in these situations.

Identifying children who have witnessed domestic violence in their household is the first step in providing appropriate and timely support. SPARK addresses this gap by creating a cross-agency collaboration between law enforcement and CORA. Through SPARK, law enforcement officers (both sheriff and local police agencies) who respond to a call involving domestic violence that results in a misdemeanor or felony charge (1) inquire if there are children who are part of the household, (2) document their names and ages, and (3) make a referral to SPARK. CORA follows up on each referral, responding within 24–48 hours to offer support for the survivor and their family.

Prior to SPARK, children in San Mateo County who were exposed to domestic violence were not systematically identified. While SPARK does not ensure that every child in San Mateo County who is exposed to domestic violence will be identified, it does endeavor to ensure that every child whose family *interacts with law enforcement* for a situation involving domestic violence that rises to the level of a misdemeanor or felony charge will be identified.

Through SPARK, identification of children exposed to domestic violence occurs in one of two ways:

1. The majority of referrals will come through law enforcement. During an emergency response involving a domestic dispute, law enforcement officers are expected to determine if there are children involved, regardless of whether they are present during the call for service. If there are children who live in the household and if the situation results in a criminal charge (either misdemeanor or felony), then law enforcement is expected to initiate a referral to SPARK either by (1) calling CORA during the initial emergency response, or (2) submitting an electronic referral within 24 hours of the initial call for service.
2. In some cases, law enforcement may not determine that there are children in the household, but when VSD or CORA engage with the survivor through the normal protocol that follows an emergency response, they may learn that children are involved. In such situations, VSD and/or CORA will refer the family to SPARK.

This systematic approach to identifying children exposed to domestic violence and subsequent referral marks a change from previous practice. One program partner noted, for example:

*While children who witness domestic violence are often recorded, kids who live in abusive environments but don't witness specific incidents are not. [The] goal is to have those children recorded as well.*

Given that SPARK is new and that it endeavors to expand identification and referral practices, this strategy involves both training and sustained engagement of law enforcement (police, sheriff, VSD staff) and CORA staff in the SPARK identification and referral processes. Training includes equipping law enforcement with strategies they can use during an emergency response to consistently (a) identify children who are part of the household and (b) submit a SPARK referral. Ongoing engagement includes providing law enforcement with periodic updates on how their referrals are contributing to program success (e.g., the percentage of referred families connecting to services).

### ***Strategy Area #2: Prompt and extensive outreach to contact and enroll referred families in SPARK***

A key element of SPARK is the additional capacity it has created both within VSD and CORA to follow up on referrals and facilitate program enrollment. This capacity has been expanded primarily through additional staff, including bilingual mental health providers (e.g., paid clinical interns), a clinical supervisor, a project outreach coordinator (CORA), and a bilingual-bicultural Spanish Speaking Victim Advocate/Family Navigator (VSD).

Enrolling referred families in SPARK involves three key activities: initial contact, outreach, and enrollment. While the description below may suggest that these activities occur in a linear progression, it is important to note that they will often occur in a more iterative manner. Due to a variety of reasons, which we will discuss briefly below, adult survivors of domestic violence and their children are often unable to sustain their engagement in services consistently over time. Pauses or disruptions are expected, emphasizing the importance of program capacity to follow up on referrals and support family engagement in services over time. With that said, this strategy area involves three activities:

#### **Initial Contact**

CORA's Client Advocate calls the adult survivor within 24–48 hours of receiving a referral from law enforcement. When initial contact is made, the individual may share more about their

situation and their dilemma(s) as they relate to connecting with support. During this initial contact, the Client Advocate focuses on establishing trustworthy rapport with the adult survivor, providing crisis intervention (if needed), and facilitating safety planning. In addition to providing the adult survivor with information regarding supportive services (legal, housing, financial), the Client Advocate will describe available mental health resources, highlight the importance of connecting their child(ren) with mental health support, and invite them to schedule a meeting for their child to meet with a mental health provider.

## Outreach

If the Client Advocate's initial attempts to contact the survivor within 24–48 hours of receiving a referral from law enforcement are unsuccessful, if initial contact is made but the victim is not yet interested in connecting to services, or if the victim is contacted, connects with services, and then discontinues their engagement with the services, SPARK employs additional outreach efforts to facilitate client enrollment or re-enrollment in services.

When the Client Advocate's first attempt to make contact is unsuccessful, they will make 4–6 additional attempts within 24–48 hours. If those attempts are also unsuccessful, the Client Advocate will make additional attempts 30 and 45 days later. If no contact is made by the 45-day attempt or the individual declines the invitation to connect, no further action is taken.

If the Client Advocate's attempt to make contact is successful, but the adult survivor does not accept services either for themselves or for their child, the adult survivor may follow up with SPARK at a later date when they are ready to engage. In those cases, SPARK's Client Advocate will promptly respond and identify the best next step for the family.

If the Client Advocate learns that a victim and/or their children have discontinued their engagement in services, they will reach out to the family in an effort to understand the barriers to engagement and support their re-engagement in services.

Expanded organizational capacity for outreach is a key element of SPARK. One partner noted:

*I think the intentionality of calling people back if we don't make contact early on has been really different. It is new. It never happened before ... If we don't reach them, in the past that was it. ... Now we're circling back.*

## Enrollment

If the adult survivor accepts services, either for themselves or for their child(ren), then they are enrolled in SPARK. Enrollment in SPARK indicates that the survivor and/or their children will be connected to CORA staff with opportunities for referral to mental health care and other support.

### ***Strategy #3: Pathways for children exposed to domestic violence to obtain mental health support***

Despite the clear need for mental health services among survivors and children living in households where domestic violence has taken place, these resources are notoriously difficult to access. High costs, limited providers, low perceived need, fears of retaliation, and cultural concerns all contribute to barriers faced by domestic violence survivors when receiving mental health treatment (Simmons et al., 2014). Literature on children's mental health struggles after exposure to family violence suggests that roughly half of these children experience social and emotional challenges; further, of the children evaluated, a greater proportion—nearly 75%—are in need of individual support (Lundy & Grossman, 2005). While the need for support is clear, access to support is often limited. Literature suggests that children on Medi-Cal have experienced month-long waits for psychiatric care, with one report finding that 43% of providers could not provide urgent psychiatric care within the state standard of four days (Parks, 2023). The average wait time was 13 days and some providers were booking appointments over three months in advance.

The difficulties that children face in accessing mental health support come at a cost. Children who have witnessed domestic violence in their homes have a higher risk of withdrawal, anxiety, depression, low self-esteem, and a variety of other emotional disturbances (Lloyd, 2018). Witnessing severe domestic violence nearly triples the likelihood of a child having a conduct disorder (Meltzer et al., 2009). Experiencing this type of trauma can also negatively impact the child's lifelong physical health; adverse childhood events have been linked to long-term health complications such as lower self-rated health, functional limitations, diabetes, and heart attacks (Monnat & Chandler, 2015).

To address this, SPARK facilitates (a) a connection between CORA staff and domestic violence survivors with opportunities for referral to comprehensive (clinical and non-clinical) support, and (b) increased capacity within CORA to provide mental health services with little to no delay. The door is then open for the parent and child to access appropriate and timely services, whether it be one-on-one counseling, group sessions, or therapy focused on strengthening the parent/child attachment. This

approach addresses many of the typical barriers that either delay or prevent their access to critical mental health support. A program partner reflected:

*Traditionally speaking in this community, we have a very difficult time finding mental health providers for victims of crime, and when we do find somebody, they are frequently full or unavailable. And so to be able to meaningfully and purposefully say, 'Here is an option for you,' and to know that if they did follow up with CORA, they could get into services as soon as they finished their intake. That's a very significant shift from my perspective.*

SPARK is crucial to creating pathways to mental health support for survivors and their families, addressing long-standing barriers to access. Once enrolled in SPARK, some adult survivors facilitate their child's engagement in mental health services rather quickly. However, many feel more comfortable engaging in services themselves prior to providing consent for their child(ren) to do so. SPARK can facilitate adult survivors' connections to non-clinical resources such as case management, community resources, financial resources (e.g., California Victim Compensation Board, San Mateo County's Guaranteed Income Program for Domestic Violence Survivors), school and/or childcare, legal services (including the process for obtaining a restraining order), and housing. SPARK can also facilitate adult survivors' connections to clinical resources such as CORA's mental health services (individual counseling includes a variety of modalities including eye movement desensitization and reprocessing, motivational interviewing, cognitive behavioral therapy, and dialectical behavior therapy); adult groups (focused on domestic violence awareness, emotional regulation, and resiliency); and offerings focused on strengthening parent/child attachment.

Once the adult survivor grants permission for their child to be connected to mental health services, SPARK can connect the child(ren) to timely, trauma-informed and culturally appropriate clinical resources, including:

- Mental health services (both in-person and via telehealth) including a trauma-focused cognitive behavioral therapy (CBT) approach, dyadic psychotherapy, individual therapy, family therapy, art and play therapy;
- Groups focused on an emotion regulation curriculum that helps children increase their coping skills and reduce isolation;
- Safety plans (particularly for children/youth at risk of harming themselves);
- Referral to community-based clinical resources including One Life Counseling and StarVista.

SPARK endeavors to provide children exposed to domestic violence with the mental health support they need without any wait—primarily by matching the child with a mental health provider through CORA or, if appropriate, another community-based clinical resource such as StarVista or One Life Counseling Center. SPARK can also refer children and their parents to a number of non-clinical community resources, including but not limited to: Samaritan House, Boys & Girls Club, Youth Services Bureau, St. Vincent de Paul, Behavioral Health Recovery Services, Child Protective Services, Family Court, Family Law Facilitator, Golden Gate Regional Center, Peninsula Family Services, and California Victims of Crime.

***Strategy #4: Expanded case management services designed to sustain SPARK families' utilization of services***

Survivors of interpersonal violence who access mental health services tend to discontinue early in treatment, yet most who complete treatment experience a reduction in post-traumatic stress disorder and depressive symptoms (Ghafoori et al., 2022). While maintaining engagement with effective support systems improves survivors' outcomes, it is not always easy. Discontinuities in engagement with mental health services is common among all clients, limiting their effectiveness. One study found that 22% of people receiving mental health treatment had discontinued engagement within one year for a variety of reasons, including challenges related to health insurance and quality of care, noting for example that care tended to focus on general health rather than mental health specifically (Olfson et al., 2009). Younger clients discontinued services at even higher rates, which is important to note given that they remain the most vulnerable to developing trauma-related complications later in life.

Research points to two key strategies to promote sustained engagement in mental health treatment. First, because the first two visits of adult and youth clients are the period of highest vulnerability to withdrawal from services, it is crucial to create a support system that encourages sustained engagement early on (Olfson et al., 2009). Second, providers who are specifically trained in trauma-informed care are crucial to client retention and treatment efficacy; this is because there are a variety of potential harms this population faces when accessing mental health care, including re-traumatization and feeling ignored, disrespected, dismissed, silenced, and more afraid (Oram et al., 2022).

SPARK plays a unique and important role by providing survivors with a Victim Advocate/Family Navigator who connects them to culturally appropriate and trauma-informed services across sectors *and* is available to the family long-term in order to support changing demands or challenges the family faces over time. A review of intimate partner violence (IPV) and mental health conducted by the Lancet

Psychiatry Commission highlighted that “[improved] coordination and cooperation across sectors (e.g., academia, policy, health services, specialist services, criminal justice services)” are needed to reduce IPV (Oram et al., 2022). The Victim Advocate/Family Navigator is responsible for connecting participating families to crucial cross-sector resources, both clinical and non-clinical, and monitoring their progress and engagement in support services. They also facilitate connection to mental health services and meet weekly with the family if they do experience delays in accessing services.

Thus, while connecting families to services is a critical step, SPARK families often need additional support to remain engaged and/or to adjust the services in which they are engaged as their needs evolve over time. As one program partner put it:

*I know that we are good and we give referrals, but some of these families need that hand-holding to go with them and have these conversations, somebody to follow up with them on a regular basis just to see how they're doing, see if they got connected... to really get the support...it's just someone that can really help with that.*

SPARK recognizes how important this kind of support is to the longer-term engagement of enrolled families. Thus, SPARK’s VSD Victim Advocate/Family Navigator monitors participating families’ needs and engagement in services, adjusting referrals and facilitating connections to services as needed. CORA also reaches out to service providers and families periodically to track the status of engagement over time. This approach is designed to facilitate a long-term support system that adapts to the needs of the family and supports sustained behavior change. This approach also honors that some families will need to focus on their immediate needs—safety, legal, financial, housing—before they are ready and able to engage in mental health support. SPARK understands this and is designed to engage families in mental health support—fully expecting that the timeline and sequence of supports will vary from family to family.

## **Outputs and Outcomes**

The core focus of SPARK is to advance improvements at the individual level—namely, to ensure that children exposed to domestic violence in their homes receive the mental health support they need to heal sufficiently and that they do not go on to perpetuate the cycle of abuse either as a victim or a perpetrator later in life. With that said, SPARK’s design is grounded in the assumption that such changes at the individual level are dependent upon factors at the setting (program) and system

(county) level. Thus, when it comes to describing the preliminary outputs (the results of a specific program activity) and outcomes (the impact or value of the core program strategies), the TOC intentionally attends to all three levels: system, setting, and individual.

### ***San Mateo County Outputs (System Level)***

*Law enforcement agencies (district attorney, sheriff, police) and CORA strengthen their collective capacity to systematically identify and refer domestic violence survivors and their children to SPARK.*

Similar collaborations between law enforcement and agencies specialized in supporting domestic violence survivors have seen success (e.g., Cropp, 2012 and Fantuzzo et al., 2007). The first step is ensuring identification and referral. Early indicators of SPARK's success at the system level would include the following outputs for each jurisdiction and across the county:

1. Number of families referred to SPARK
2. Number of children in families referred to SPARK
3. Percent of program-eligible families referred to SPARK<sup>5</sup>
4. Demographics of children in families referred to SPARK (e.g., age, primary or preferred language, jurisdiction, danger in the home<sup>6</sup>)
5. Percent of SPARK referrals that receive a follow-up call (initial attempt to contact survivor) within 24–48 hours of initial referral
6. Percent of SPARK referrals that result in a successful initial contact within 24–48 hours, 30 days, or 45 days
7. Percent of successful initial contacts resulting in SPARK enrollment, defined as engagement in at least one social service by the adult, child, or family

### ***Program Outputs (Setting Level)***

*SPARK effectively facilitates families' prompt and sustained engagement with effective support, including case management, mental health services, and legal services.*

At a program level, responsive and accessible support services will position SPARK to effectively meet the needs of the county. The program partners' goal is to create the conditions that support SPARK families to access and sustain engagement with effective support, including mental health services. To

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<sup>5</sup> As noted earlier, a family is eligible for referral to SPARK when they have police contact related to domestic violence that rises to the level of a misdemeanor or felony and has a clear aggressor/victim.

<sup>6</sup> Danger in the home is assessed using the Campbell Danger Assessment, a research-based measure of potential lethality in domestic violence situations.

evaluate whether SPARK is creating the conditions needed for sustained engagement and support among families, key early indicators of success will include improvements in the rates of:

1. Children engaged with mental health services
2. Adult survivors engaged with mental health services
3. Families connected with case management through VSD

### ***Child & Family Outcomes (Individual Level)***

*SPARK children and families demonstrate measurable improvements in mental health, including increased sense of safety, expanded coping strategies, and reduced levels of anxiety and depression.*

While data on the number of children present during incidents of domestic violence are limited, some research suggests that children are present during 50% of domestic violence events (Fantuzzo et al., 2007). In the absence of appropriate support, children who witness domestic violence experience a number of negative consequences, including an adverse impact on their “trajectory of optimal growth through advancing developmental stages” (McWhirter, 2008). A child need not witness domestic violence firsthand in order to be impacted by it. In fact, children who live in high-conflict households, regardless of whether they witness or experience the violence firsthand, often witness the aftermath of the violence like noticeable tension or fear, injury to the victim, or police intervention. These children need timely intervention for mental health support whether or not they are present during an incident of domestic violence. While the healing process for children exposed to domestic violence may require long-term and ongoing support, providing timely interventions facilitated by proper police identification is paramount to reducing the long-term impacts of trauma.

At the individual (child, adult, family) level, early indicators of progress for SPARK participants could include improvements in the knowledge, skills, and capacities associated with improved health, safety, and wellbeing for survivors of domestic abuse. For example, improvements related to sense of safety, self-sufficiency, self-esteem, self-efficacy, hope, depression, and anxiety could be tracked using a variety of research-based measures.

## **Long-Term Goal**

In San Mateo County, children exposed to domestic violence receive and remain engaged with the mental health support they need to prevent future cycles of abuse and/or victimization.

## A Note Regarding Cross-Sector Collaboration and Alignment

A critical element of SPARK's TOC is the way in which the implementation of all four of the key strategies require—and have the opportunity to strengthen—collaboration, coordination, and alignment between two agencies that are central to the county's efforts to support survivors of domestic violence: law enforcement (including VSD) and CORA. While strong cross-sector collaboration is not a program strategy, per se, it is embedded in the program's design and worth calling out within the TOC to ensure adequate attention is paid to it throughout program implementation and evaluation. As noted in other research and evaluation efforts, including those conducted in San Mateo County, it is essential to establish and maintain processes for cross-agency collaboration, not just in the early stages of program implementation, but throughout the life of the program. Such collaboration is particularly essential to SPARK's capacity to ensure (a) accurate data collection and (b) systemic changes that address domestic violence and break cycles of abuse.

## Conclusion

While the TOC provides a framework for program implementation and evaluation, it is important to note that it is also a “working document,” meaning that it can be revised and updated as needed. Circumstances such as conditions related to public health or funding commonly change over the course of program implementation, requiring adjustments to core program elements or proximal outputs and outcomes. For example, while the TOC identifies meaningful and reasonable indicators of progress, there are a number of additional indicators that could provide valid evidence of impact over time that are worth further consideration by program partners (e.g., school or after-school program data on student attendance or positive/protective factors). With that said, this TOC reflects SPARK's unique and intentional approach to promote meaningful cross-sector collaboration, with the potential to ensure children exposed to domestic violence receive the quality mental health care they need—breaking the cycle of violence and advancing the county's broader public health and safety goals.

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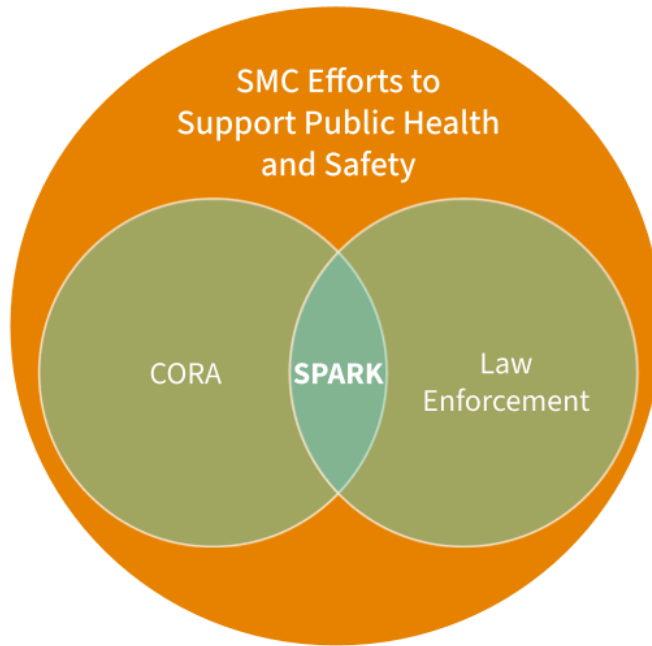
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Mia Bennett, Shinnyo-En Fellow

## Appendix A: Situating SPARK

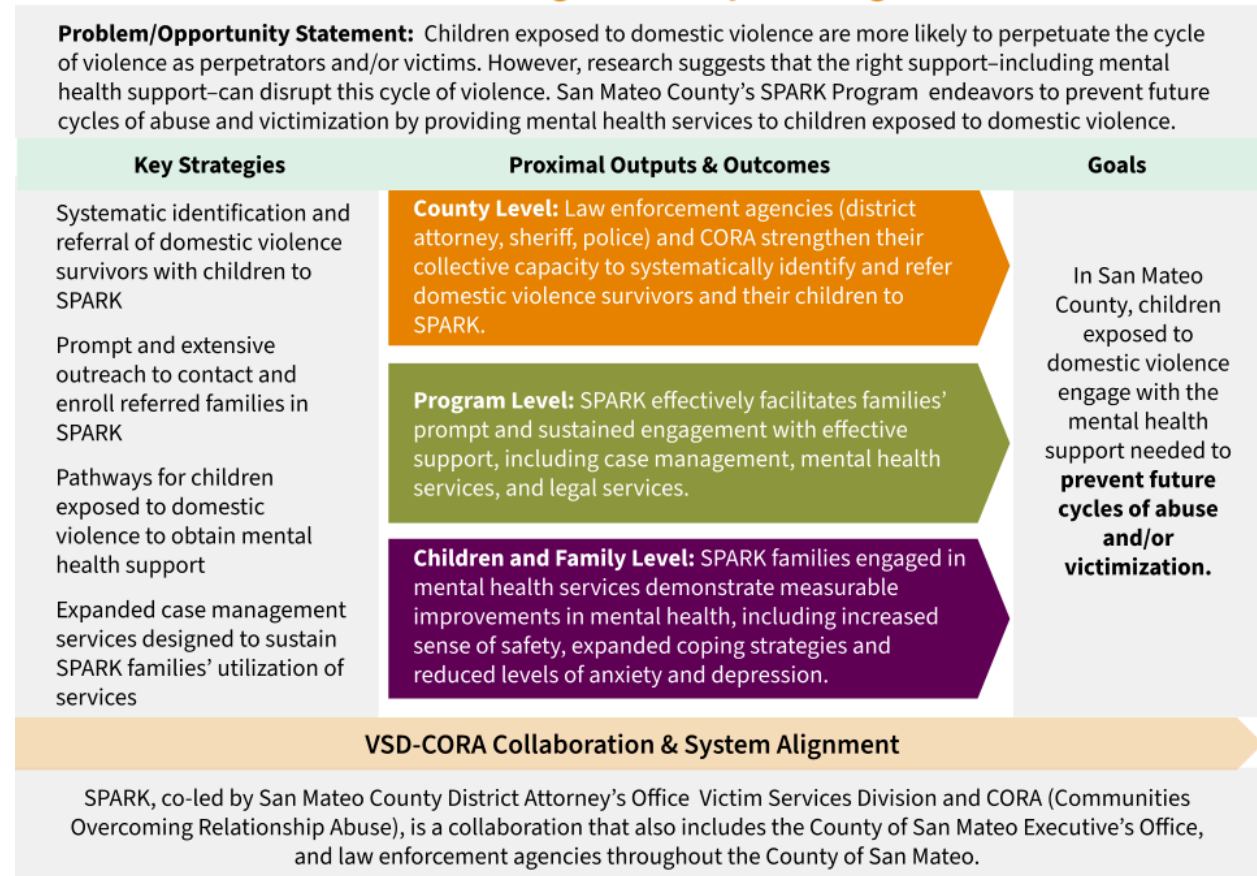
### Situating SPARK



JOHN W. GARDNER CENTER FOR YOUTH AND THEIR COMMUNITIES

## Appendix B: SPARK Program Theory of Change

### SPARK Program Theory of Change *rev.2/10/25*



## Appendix C: SPARK Client Process

