



October 23, 2018

Evidence-Based and Emerging Interventions for Children Exposed to Domestic Violence

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We will begin at 11:00am (PT) / 2:00pm (ET).

Please introduce yourself.

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Promising Futures: National Capacity Building Center to Expand Services for Children, Youth, and Abused Parents Impacted by Domestic Violence



Website includes information on:

- Resources for DV programs/Advocates to enhance children's programming
- Capacity building resources
- Bridging research with practice
- Interventions for children and youth
- Trauma-informed strategies
- Practical tools and resources

FUTURES Provides Free Training and Technical Assistance!

- ❖ Promising Futures: www.promisingfutureswithoutviolence.org
- ❖ DVRN: <http://www.nrcdv.org/dvrn/>
- ❖ Upcoming and past webinars: www.futureswithoutviolence.org



Outline of Presentation

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1. Objectives and Methodology
2. Key Findings and Trends
3. Summaries of Selected Interventions
4. Observations and Recommendations
5. Promising Futures website



Objectives

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1. Update national scan using a three-prong approach to identify effective interventions for children exposed to domestic violence (DV)
2. Identify emerging and innovative practices that may not be rigorously evaluated but are considered best or promising practices
3. Update web-based resource for DV advocates and other service providers to include newly identified interventions

www.promisingfutureswithoutviolence.org



Three-Prong Approach

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- Literature Review
- Evidence-Based Practice Online Databases
- Direct Inquiry



Continuum of Evidence



Inclusion Criteria

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1. Intervention works with children exposed to domestic violence (CEDV) and/or their families to address issues related to CEDV, where serving children exposed to domestic violence was defined as an intervention that was specifically developed for or modified to address CEDV with children and/or family members or an intervention that addresses childhood trauma and identifies CEDV as a primary source of trauma
2. Intervention provides information along the continuum of evidence that is relevant to service delivery for CEDV



Table 1. Number of Interventions Identified by Search Method

| Search Method | Baseline Scan | Follow-up Scan | Total |
|-----------------------------------|---------------|----------------|-------|
| Literature Review | 7 | 4 | 11 |
| Evidence-Base Practice Registries | 6 | 17 | 23 |
| Direct Inquiry | 10 | 1 | 11 |
| TOTAL | 23 | 22 | |

Key Findings: Literature Review

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- 2 of 4 interventions that met inclusion criteria were CEDV-specific
 - Comparison of two mother-child group interventions
 - Modification of Theraplay

- Other 2 interventions developed for children exposed to violence/trauma including CEDV
 - Stepped-Care Approach to Trauma-Focused Cognitive Behavioral Therapy (TF-CBT in baseline scan)
 - Cue-Centered Treatment



Key Findings: EB-Practices Online Databases

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- Of 17 interventions that met inclusion criteria, one is CEDV-specific (Group Treatment for Children Affected by DV)
- Nearly all delivered by mental health professionals
- Most can be implemented in multiple settings
 - 10 can be delivered at home
- Trend for interventions to address many different types of trauma including CEDV
 - Complex trauma specified in 5 interventions



Key Findings: EB-Practices Online Databases

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- Family-focus
 - Working with children/youth and caregivers
 - Enhancing parenting skills
 - Strengthening parent-child relationships
- 15 out of 17 supported by evaluation data (including randomized controlled trials)
- 8 interventions can be implemented in schools



Key Findings: EB- Practices Online Databases

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- 2 cultural adaptations/translations (***Honoring Children-Making Relatives*** and ***Celebrando Familias!***)
- Several interventions translated into Spanish; a few interventions translated into several languages
- 2 interventions focusing on family reunification
- 5 interventions for adolescents



Direct Inquiry

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- One early education intervention model that addresses childhood trauma including CEDV identified



Summaries of Selected Interventions Identified by Update of National Scan



Community-Based Group Interventions for Women and Children Exposed to Intimate Partner Violence

16

➤ Goal-Oriented Group Intervention

- Cognitive behavioral approaches with elements of motivational interviewing
- Women and children choose goal related to ↓ nonadaptive coping strategies & ↑ adaptive strategies

➤ Emotion-focused Group Intervention

- Integrated cognitive behavioral approach to educate & empower mothers and children
- Curriculum for mothers focused on healthy and nonhealthy relationships & coping strategies
- Curriculum for children includes content on:
 - Identifying and expressing emotions
 - Understanding needs & feelings
 - Developing coping strategies
 - Understanding abuse and safety strategies

McWhirter et al, 2011



Evaluation of Two Community-Based Group Interventions

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- Randomized trial, no control group
- Mothers and children (6-12 y.o.) recruited from family homeless shelters
- 5 group sessions once a week (separate women and children groups followed by women and children together)
- Women in both interventions reported ↓ family conflicts (greater ↓ in Goal-Oriented group)
- Women in both intervention groups reported improved social support (greater ↑ in Emotion-Focused group)
- Children in both interventions reported:
 - Reductions in peer conflicts
 - Improved emotional wellbeing & self-esteem



Stepped Care Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

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- Two-step (12-16 weeks) approach to improve accessibility & reduce cost
- Step One: 6 weeks in length
 - 3 in-office, therapist-directed sessions includes orientation, psychoeducation & relaxation techniques
 - Remainder of treatment is **parent-led, therapist-assisted at home** with weekly telephone support & web-based resources
 - ***Stepping Together* parent-child workbook** includes stress management, behavior management & skill-building activities
 - If Step One is successful, it is followed by parent-led maintenance phase to facilitate open parent-child communication & use of new tools



Stepped Care Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

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- Step Two for children who need more intensive care
 - standard TF-CBT including:
 - Reviewing psychoeducation on trauma
 - Relaxation strategies
 - Affect modulation
 - Cognitive coping
 - Trauma narrative and enhancing safety
- Small trial demonstrated reductions in Post Traumatic Stress symptoms for children (ages 3-6 y.o.) who completed Step One with reductions maintained at 3-month follow-up (Salloum et al, 2014)
- Randomized clinical trial underway



Theraplay

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- Structured play therapy to address complex relational trauma with parents & children (0-19 y.o.)
- Interactive, relationship-based with emphasis on strengthening caregiver-child relationship
- 18-25 weekly sessions with four follow-up sessions delivered with individual family or group at home or community settings
- Randomized controlled studies with positive outcomes include reductions in internalizing behaviors among 2nd-4th graders following 8-week intervention (Sui et al, 2009)



Theraplay

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- Adapted version (6-weeks in length) for domestic violence shelters
- Qualitative assessment indicated that potential concerns about respect for personal boundaries, mothers' authority and changing membership in weekly groups were not barriers
 - Adaptations included content on learning about violence, being able to discuss worries, concerns and feelings about violence



Cue-Centered Treatment (CCT)

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- 15-week intervention for youth (8-18 y.o.) with chronic exposure to violence/trauma
- Works with youth and caregivers to help them understand how current emotional experiences can be linked to trauma and maladaptive behaviors
- Combines elements from cognitive, behavioral, psychodynamic, expressive and family therapies
- Results from randomized controlled trial in school setting
 - Greater reductions in PTSD symptoms, anxiety and depression among CCT group compared to waitlist group



Attachment and Biobehavioral Catch-Up (ABC)

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- Based on attachment theory and stress biology
- Uses three core interventions:
 1. Help caregivers to re-interpret behavioral signs of trauma such as pushing caregivers away and how to respond with nurturing care
 2. Help caregivers learn to provide responsive, predictable environment that builds on child's behavioral & self-regulatory capacities
 3. Help caregivers recognize & change own behaviors that can be overwhelming, frightening or triggering



Attachment and Biobehavioral Catch-Up (ABC)

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- 10 weekly sessions video-taped at home or shelter
- Delivered by parent coaches under supervision
- Developed for low-income families with young children (birth-24 months)
- Randomized controlled trial with children at risk for neglect (CPS-involved)
- Compared to control group, children receiving ABC had:
 - More typical cortisol production
 - Significantly ↓ rates of disorganized attachment and higher rates of attachment

Bernard et al, 2015



Celebrating Families (CF!)

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- Family-inclusive, trauma-informed and skill-building program using Cognitive Behavioral Therapy (CBT) model with families recovering from substance abuse and that are high risk for DV/CAN
- 16 weekly theme-based sessions includes communication, making healthy choices & anger management skills
- Delivered by paraprofessionals
- Meetings start with family meals
- Parent and children (ages 0-17 y.o.) meet in separate groups followed by parent-child group activity



Celebrating Families (CF!)

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- Pretest/posttest evaluation studies have shown:
 - More positive parenting, greater involvement with children, better parenting skills and increased supervision of children with families in early recovery from substance abuse (Lutra Group, 2006)
 - Family reunification happened sooner for CPS-involved families receiving CF! (Quittan, 2004)
 - Shown to be as effective with Hispanic as non-Hispanic families (Sparks et al, 2013)
- Culturally adapted Spanish version called Celebrando Familias!



Combined Parent-Child Cognitive Behavioral Therapy (CPC-CPT): Empowering Families Who Are at Risk for Physical Abuse

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- Strengths-based therapy for caregivers and children in families engaging in continuum of coercive parenting strategies
- CBT model incorporates elements from motivational, family systems, trauma & developmental theories
- 16-20 week intervention for families with children, ages 3-17 years old
- Four essential components are:
 - Engagement and psychoeducation
 - Effective coping and skill building
 - Family safety
 - Abuse clarification



Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT): Empowering Families Who Are at Risk for Physical Abuse

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- Settings include birth home, community agencies & outpatient clinics
- Randomized controlled trial compared families receiving CPC-CBT to parents who received CBT & children participated in games & art activities*
- At posttest:
 - Children in CPC-CBT intervention group had lower PTSD symptoms
 - Parents in CPC-CBT intervention group had higher scores for positive parenting

**38 female & 6 male caregivers in study population*

Runyon et al, 2010



Early Pathways Program (EPP)

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- Home-based, parent-child therapy to address disruptive behaviors related to trauma in young children (1-5 y.o.)
- Key program components include:
 - Strengthening parent-child relationship through play
 - Maintaining developmentally appropriate expectations of children and calm, thoughtful responds to disruptive behaviors
 - Positive reinforcement to strengthen prosocial behavior, home routines & parent supervision



Early Pathways Program (EPP)

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- 8 to 16 weekly sessions with master's level clinician
 - Early sessions focus on parent-child relationships
 - Later sessions focus on discipline strategies
- Findings from randomized controlled trials include:
 - At posttest, children in EPP intervention group had fewer trauma symptoms (Love et al, 2017)
 - Parents in EPP intervention group reported less frequent use of verbal & corporal punishment and more positive nurturing activities (Fung et al, 2014; Harris et al, 2015, Harris et al, 2016)



Honoring Children, Making Relatives (HC-MR)

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- Embeds practices of Parent-Child Interaction Therapy (PCIT) into framework supporting American Indian & Alaska Native (AI/AN) traditional beliefs and parenting
 - Child received by all relatives & affected by all interactions around them
 - Caregiver's responsibility to cultivate positive nature of child with honor and respect
 - View discipline as teaching self-control & learning rules of life versus focus on punishment
 - Avoid jargon & technical aspects of PCIT that may be overwhelming or offensive to AI/AN caregivers



Honoring Children, Making Relatives (HC-MR)

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- On-line video consultation used in remote, real time coaching sessions to overcome issue of distance and time constraints
- 12-16 week intervention for children (3 to 7 y.o.)
- Addresses issues of implementation & dissemination of EB-interventions in rural and/or isolated tribal communities and working with limited-licensed professionals
- Part of Indian Country Child Trauma Center's work to transform EB-models for AI/AN children



Integrative Treatment of Complex Trauma for Adolescents (ITCT-A)

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- Assessment-driven, multi-component therapy for multi-traumatized adolescents (12 to 21 y.o.)
- Continuous monitoring of treatment and assessment of social and physical environment
- Multiple settings including outpatient clinics, schools, residential care & juvenile justice system
- Responsive and sensitive to cultural differences & effects of poverty & social marginalization
- One group, pretest-posttest evaluation of ITCT-A:
 - Significant reductions in anxiety, depression posttraumatic stress, anger, dissociation & sexual concerns as a function of time in treatment (Lanktree et al, 2012)



Parenting with Love and Limits (PLL)

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- Combines family therapy & family trauma treatment into one continuum of care
 - Multifamily & individual family therapy sessions (3-6 months)
- Teaches families with children (ages 10-18 y.o.) to restore parental hierarchy and family attachments & reestablish healthy communication
- Master's level counselor can deliver PLL at home or community/agency settings
- Alternative for out-of-home placement for youth
- Available in Spanish



Parenting with Love and Limits (PLL)

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Findings from quasi-experimental studies include:

- Comparison of youth receiving care at mental health care system indicated that youth receiving PLL returned at lower rates for outpatient, crisis and inpatient care compared to youth receiving treatment-as-usual (Sterrett-Hong et al, 2017)
- Among youth transitioning from residential placement to community, youth receiving PLL had lower rates of rearrest, readjudication, recommitment and felony arrests compared to youth who received standard probation aftercare services (Early et al, 2013)



Real Life Heroes: Resiliency-Focused Treatment for Children with Traumatic Stress (RLH)

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- Transferable tools and activities to engage children & caregivers in trauma treatment
- Intervention includes:
 - Life storybook* built around metaphor of heroes
 - Multi-sensory creative arts & “Improv”
 - Mindfulness and yoga
- Helps practitioners to reframe referrals based on pathologies & blame
 - Restoring/building emotionally supportive relationships
 - Promoting development of self-regulation skills for children and caregivers



Real Life Heroes: Resiliency-Focused Treatment for Children with Traumatic Stress (RLH)

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- Core components include:
 - Psychoeducation on traumatic stress
 - Activities to foster attunement & trust with caring adults
 - Development of social support
 - Skills for affect recognition & management
 - Trauma processing & desensitization to triggers
 - Sharing organized life story with a past, present & future
- Weekly sessions delivered by psychologist or social worker
- Settings include home, mental health clinics & residential care



Skills Training in Affective and Interpersonal Regulation for Adolescents (STAIR-A/NST)

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- Skills-based cognitive behavioral therapy designed to improve emotional regulation & interpersonal and social problems among adolescents (ages 12 -21 y.o.) exposed to multiple trauma
- Key interventions include emotional regulation skills, social skills development, positive self-definition exercises, goal setting & achievement
- Three versions of STAIR: inpatient (3 sessions); individual (8-10 sessions) and group (10-12 sessions)
- STAIR with NST adds second phase of six individual sessions that focus on emotional processing of trauma



Streetwise Project

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- Uses harm reduction philosophy that focuses on building trust & self-esteem to empower youth to change high-risk behaviors
 - Provides counseling, stabilization and case management
 - Emphasis on enhancing individuality for homeless, street-involved youth
- Implemented in drop-in centers and treatment settings for youth (13 to 23 y.o.)
- All clients assigned primary counselor who helps client access services and benefits
- Free services include legal, medical & psychiatric care, counseling, emergency & transitional housing, GED prep, clothing, parenting groups, wellness activities & safe place to socialize



Trauma Smart

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- Integrates education, mental health and overall child wellbeing into one model to build trauma-informed approach based on four pillars:
 - Staff resilience and skill building
 - Mastery of classroom strategies
 - Parenting engagement and skill building
 - Response for children with high needs
- Model grounded on principles of Attachment, Regulation & Competency (ARC)
- Provides extensive training, classroom level coaching & consultation for teachers, parent engagement & skill building to implement Trauma Smart practices at home



Trauma Smart

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- Started in Head Start programs in Missouri, expanding to other states, child care settings and primary schools
- Findings from pretest/posttest one group evaluation of children receiving Trauma Smart in a Head Start program demonstrated significant improvements in children's:
 - Teacher-reported ability to pay attention
 - Teacher-reported externalizing behaviors and oppositional defiance
 - Parent-reported children's externalizing behaviors, internalizing behaviors and attention/hyperactivity

Holmes et al, 2015



Insights and Trends

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- Proliferation of interventions for multiple types of trauma including CEDV will help to raise awareness and meet needs of CEDV experiencing other adversities
 - Trend to specifically address co-occurring trauma, chronic exposure and complex trauma
- Growing emphasis on coping and self-regulatory skills including mindfulness and somatic interventions
- Expansion of online evidence-based practice registries supports trend for web-based resources



Conclusions

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- Prioritize development and evaluation of interventions working with diverse and marginalized communities
- Target evaluation funding to innovative and emerging practices and support longer term follow-up of interventions
- Continue periodic updates using multi-prong approach
 - Strengthen direct inquiry outreach to identify innovative and emerging practices



Using the Interventions Database

promising Fut x +

lot secure | promising.futureswithoutviolence.org/programs?s=

grants_main 634 Per Diem Rates www.futureswithoutv Dashboard < Promis Promising Futures | B Fidelity Investments - FedLoan Servicing Stairs PSA - YouTube FollowMyHealth™ Lo Julie Paster and Leian Implementing-Tra

What do kids need? Program Readiness Interventions for Children & Youth Advancing the Field Tools

REFINE SEARCH RESULTS

- ▶ POPULATION LANGUAGE
- ▶ TRAINING AVAILABLE
- ▶ TRAINING LANGUAGE
- ▶ TRAUMA TYPE
- ▶ CLIENT
- ▶ TRAINING MANUAL
- ▶ LENGTH
- ▶ AGE
- ▶ SETTING
- ▶ TYPE OF CAREGIVER
- ▶ ETHNIC RACIAL GROUP
- ▶ PROVIDER EDUCATION LEVEL
- ▶ REPLICATED ELSEWHERE
- ▶ TRAUMA SYMPTOM
- ▶ TYPE OF APPROACH

Search for a program:

Showing 1-5 results of 43

A Window Between Worlds

Type of Services: A Window Between Worlds (AWBW) is a non-profit organization dedicated to using art to help end domestic violence. AWWB shares best practices based on more than 20 years of experience in partnering with domestic violence (DV) and sexual assault (SA) agencies in arts program development and using art as a healing tool...

Attachment and Biobehavioral Catch-up (ABC)

Type of services provided: ABC, which is based on attachment theory and also stress neurobiology, has three core interventions. The first intervention, recognizing that children experiencing early trauma often behave in ways that push caregivers away, helps caregivers to re-interpret these behavioral signs and learn how to respond with nurturing care. The second intervention helps...

Attachment, Self-Regulation, and Competency (ARC)

The Attachment, Self-Regulation, and Competency (ARC) (Blaustein & Kinniburgh, 2010; Kinniburgh & Blaustein, 2005) treatment framework is a components-based model that was designed to be flexibly applied with children across demographic and treatment settings, and ranging in age from early childhood through late adolescence / early adulthood. It was specifically designed to be applicable with...

Attachment, Self-Regulation, and Competency: A Comprehensive Framework with Complexly Traumatized Youth (ARC)

Type of services: ARC is a flexible framework for working with children and families who have experienced multiple and/or prolonged traumatic stress. ARC identifies three core domains (building secure attachments, enhancing self-regulatory capacities, and increasing competencies across multiply domains) that are frequently impacted by trauma among youth. ARC provides a theoretical framework, core principles of...

Bounce Back: An Elementary School Intervention for Childhood Trauma

Type of services provided: Bounce Back is an adaptation of the Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) program. Bounce Back is a cognitive-behavioral, skills-based group intervention for children exposed to traumatic events including domestic violence. In group sessions, children learn

Child-Parent Psychotherapy (CPP)

| Overview | Population Served | Evaluation | Training & Resources |
|----------|-------------------|------------|----------------------|
|----------|-------------------|------------|----------------------|

| | | |
|---|---|---|
| <p>Type of Approach:</p> <ul style="list-style-type: none"> Mixed | <p>Provider Education Level:</p> <ul style="list-style-type: none"> Unspecified | <p>Length:</p> <ul style="list-style-type: none"> Greater than 12 weeks |
| <p>Trauma Type:</p> <ul style="list-style-type: none"> Child Abuse Community Violence Disrupted Attachment Domestic Violence Gang Violence Homicide/Familicide Multiple Other Sexual Abuse Terrorism | <p>Trauma Symptom:</p> <ul style="list-style-type: none"> Anxiety Attachment Depression Externalizing Behaviors Internalizing Behaviors PTSD | <p>Setting:</p> <ul style="list-style-type: none"> Home Hospital-based |

Notes:

Type of service:
Weekly, joint child-parent sessions guided by child-parent interactions and child's free play with developmentally appropriate toys selected to elicit trauma and foster social interaction. Initial assessment includes individual sessions with mother to discuss emerging assessment findings, agree on course of treatment, and plan how to explain treatment to child.

Program setting:
Hospital/clinical; may include home visits

Number of sessions:
Ranging from 12-40 sessions depending on need

Type(s) of trauma addressed:
Domestic violence, child physical and sexual abuse, traumatic grief, community violence, war and terrorism, medical trauma

Additional Information:
Child-parent sessions are interspersed with individual sessions with the mother as clinically indicated.

CPP helps to change maladaptive behaviors, support developmentally appropriate interactions, and guide the child and mother in creating a narrative of the trauma together while working towards resolution.

Unique/Innovative Characteristics

- Focus on prenatal trauma and impact of trauma on infants and young children
- Focus on child-parent relationship as focus of treatment

Share Your Work

Please tell us about all of the innovative work you and others are doing in your community.

Getting Help with Domestic Violence

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National Domestic Violence Hotline

1-800-799-7233 | <https://www.thehotline.org/>

National Teen Dating Abuse Helpline

1-866-331-9474 | <https://www.loveisrespect.org/>

National Sexual Assault Hotline (RAINN)

1-800-656-4673 | <https://www.rainn.org/>

National Child Abuse Hotline

1-800-422-4453 | <https://www.childhelp.org/hotline/>

StrongHearts Native Helpline

1-844-762-8483 | www.strongheartshelpline.org



**Free and confidential help
is available for victims of
domestic violence 24
hours a day**



FVPSA's National and Special Issue Resource Centers

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National Health Resource Center on Domestic Violence (HRCDV) –
www.futureswithoutviolence.org

Resource Center on Domestic Violence, Child Protection and Custody (RCDVCC) –
www.ncjfcj.org/dept/fvd

National Resource Center on Domestic Violence (NRCDV) –
www.nrcdv.org
and www.vawnet.org

Battered Women's Justice Project: Criminal and Civil Justice Center (BWJP) –
www.bwjp.org

National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH) –
www.nationalcenterdvtraumamh.org



FVPSA's Culturally Specific Special Issue Resource Centers

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National Indigenous Women's Resource Center – www.niwrc.org

Asian Pacific Institute on Gender-Based Violence (API-GBV) – www.api-gbv.org

Institute on Domestic Violence in the African American Community (IDVAAC) – www.idvaac.org

National Latina Network for Healthy Families and Communities, Casa de Esperanza – www.casadeesperanza.org

Ujima, Inc. – www.ujimacommunity.org

Alaska Native Women's Resource Center – <http://www.aknwrc.org/>



FVPSA's Institutes and Capacity- Building Centers

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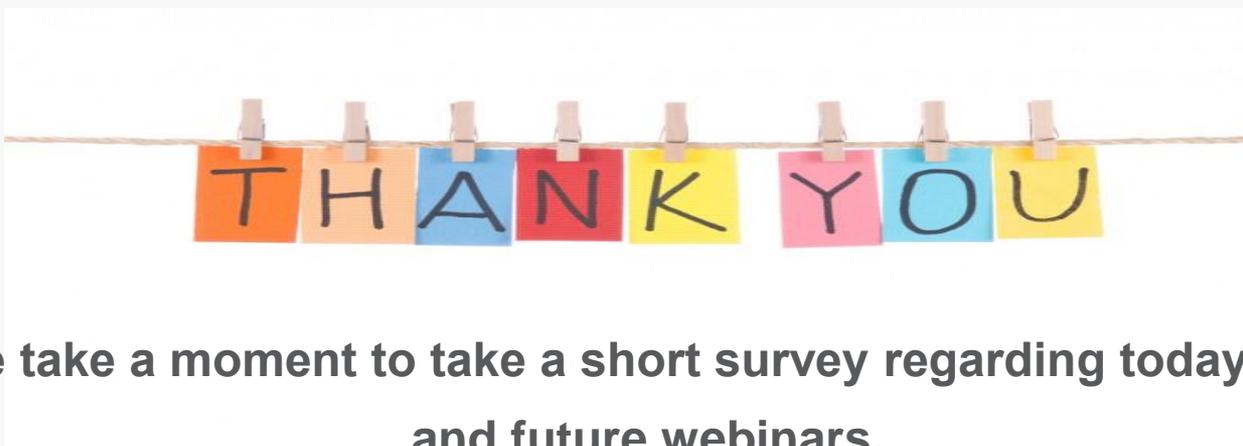
National LGBTQ Institute on Intimate Partner Violence – www.lgbtqipv.org

Northwest Network of Bi, Trans, Lesbian, and Gay Survivors of Abuse – <https://www.nwnetwork.org/>

Capacity Center to Expand Services to Children, Youth, and Abused Parents (ESCYAP) – www.promisingfutureswithoutviolence.org

Capacity Technical Assistance Project: National Network to End Domestic Violence – www.nnedv.org





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<https://www.surveymonkey.com/r/23L9PGF>

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