

SUFFOLK COUNTY SAFE & BRIGHT FUTURES FOR CHILDREN INITIATIVE

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Identifying and Meeting the Needs of Children and Adolescents Exposed to Domestic Violence

FINAL REPORT: EXECUTIVE SUMMARY May 2007

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2004 – 2006

EXECUTIVE SUMMARY

Introduction

The Safe and Bright Futures Initiative was launched by the U.S. Department of Health and Human Services in 2003 to encourage communities to **plan, develop, implement and sustain a coordinated system of prevention, intervention, treatment and follow-through services for children who have witnessed or been exposed to domestic violence.**¹ In 2004, *The Child Witness to Violence Project* at Boston Medical Center and the *Children's Advocacy Center of Suffolk County* received a grant from the US Dept. of Health and Human Services to create the *Suffolk County Safe and Bright Futures for Children Project* (this point forward "The SBF Project"), a 2-year effort to design and implement a community needs assessment targeting the availability and delivery of services to children and adolescents affected by domestic violence (CEDV).

Designed and directed by a four-person Leadership Team, consisting of the directors of the two lead agencies, the SBF Project Coordinator, and an independent strategic planning consultant, the process was informed by continual feedback from more than 30 community stakeholders (see Appendix A for a complete list). The SBF Project sought to identify ways to improve the current response and coordination of care among the various systems serving children and adolescents affected by domestic violence. The *quality* of services was not assessed during this Project; instead particular attention was paid to the service needs of CEDV and opportunities to increase and enhance the capacity of systems to meet those needs. All SBF Project activities were implemented by the SBF Project Coordinator and guided by the Leadership Team while an ongoing dialogue with participating agencies was facilitated through direct contact, email correspondence, and an SBF Project web site.

The report provides a detailed overview of the findings from the needs assessment, possible interpretations of these findings, as well as recommendations on how these findings could be used to improve services to children and adolescents affected by domestic violence. This executive summary provides highlights and recommendations from the full report, which can be found on the Child Witness to Violence Project's website at childwitnessstoviolence.org. All interpretations and recommendations, unless otherwise stated in the report, are from the perspective of the members of the Leadership Team. They are offered with the assumption that resources and programs are constantly changing, and that a continuing dialogue among stakeholders, service providers, and consumers is needed to meet the unique needs of this population.

Scope of the Problem

National surveys tell us that between 25-31% of women and between 7-22% of men experience some form of intimate partner violence (IPV) during their lifetime, and approximately 1.3% of women and .9% of men experience physical IPV each year.^{2,3,4} According to a study published earlier this year, approximately 15.5 million American children (ages 0-17) live in dual-parent families in which some form of intimate partner violence occurred at least once in the previous year; this estimate represents almost 30% of the total number of children in the United States living in married or cohabiting opposite-sex households.⁵

According to the 2001 Massachusetts Behavioral Risk Factor Survey, this rate is even higher in the Commonwealth. 2.3% of Massachusetts residents surveyed and 1.4% of those living in Suffolk County reported at least one incident of IPV during the preceding year.⁶ A disproportionate number of these individuals are foreign born: although immigrants and refugees make up only 13.7% of the state's population, 37% of all domestic violence homicide victims between 1993 and 2003 in Massachusetts were immigrants or children of immigrants.⁷ There is currently no direct way to identify the number of children and adolescents exposed to domestic violence in Suffolk County, so it is necessary to extrapolate from published studies and estimate by applying those findings to local demographics. Based on the results of the recent study which found that 1 out of 8 married/cohabiting couples experienced IPV in the last year and had children living in the home (with each couple reporting 2 children on average), we can estimate that at least 25,000 children and adolescents in Suffolk County are living with married/cohabiting opposite-sex couples who have experienced IPV in the previous 12 months.⁵

There are many studies that have focused on the impact of domestic violence on children and adolescents.⁸ These studies indicate that domestic violence may affect children's emotional, social, and moral development as well as their ability to learn and function in school; it is associated with greater rates of antisocial behavior, substance abuse, mental illness, and adverse health outcomes in adulthood.^{9, 10, 11, 12} According to researchers from the National Child Traumatic Stress Network, teenagers who experience traumatic stress as a result of witnessing violence have an increased risk of becoming juvenile offenders.¹³ Exposure to domestic violence may affect children's social functioning and their ability to negotiate intimate relationships in adolescence and adulthood. Children who grow up with domestic violence learn powerful lessons about the use of intimidation and force in relationships. In violent homes, children learn that aggression is an integral part of intimate relationships, or that it is acceptable to relieve stress by yelling at or threatening another family member.¹⁴ These lessons do not work well for children in other social contexts; they may misinterpret other children's behavior or behave in distrustful and aggressive ways.

Although research enumerates many adverse effects of domestic violence on children, there are several variables that may mediate the intensity and severity of a child's response.¹⁵ These variables include the chronicity and severity of the domestic violence, the proximity of the child to the violence, and the existence of other risk factors in the child's and family's life such as substance abuse, poverty, mental illness and immigration status. For example, exposure to family violence among immigrant and refugee children and families can be compounded by a history of persecution and trauma, loss of an extended family network and isolation from community resources due to language and other barriers. Even if these mediating factors are taken into consideration, children are affected in different and unpredictable ways, and not all children are equally affected. Some children appear to withstand the stresses of domestic violence. Protective factors may include child temperament, parental attunement, access to safe spaces in the community (such as community centers and churches), and a child's relationship with other caring adults.¹⁶ The fact that children are affected in such a range of ways has implications both for practice and policy. Services for children and families affected by domestic violence should offer a range of supports that build on strengths and encourage growth.

***Supporting Children Exposed to Domestic Violence in Suffolk County:
Findings from the SBF Project***

Goals, Learning Objectives, Guiding Principles and Important Definitions

The goal of the SBF Project was to inform the design of a coordinated system of culturally competent, age-appropriate services for children and adolescents exposed to domestic violence.

To meet this goal, we defined the following learning objectives:

- Describe the primary service needs of CEDV and their families.
- Examine the type and scope of services currently available to CEDV and their families, paying close attention to proximity, accessibility, cost/affordability, acceptability, and developmental and cultural appropriateness.
- Describe current protocols for screening and referring children and adolescents who may have been exposed to domestic violence.
- Identify the barriers and opportunities to enhancing the capacity to effectively identify and serve the needs of CEDV and to improving coordination among community stakeholders serving CEDV.

Furthermore, participating stakeholders agreed that SBF Project activities would be undertaken within the context of the following guiding principles:

- Children and families are affected by domestic violence in a range of ways: not all children are equally affected and some children and families are more resilient than others.

- Some children exposed to domestic violence will need a variety of services, perhaps ranging from after-school and community based activities to intensive therapy, while other children will need no services.
- It is a priority to ensure that services are accessible to families. Accessibility includes services that are culturally and linguistically appropriate and linked to the communities in which families live.
- Children are best helped when the issues of safety for their non-abusing caregiver can also be addressed as a part of the intervention.
- In most cases, children are well served if the intervention can also support parenting and the parent-child relationship. This is especially true for young children, who depend exclusively on their parent(s) for protection, care giving, and support.

Finally, important terms were also defined at the beginning of the project period.

- **Domestic violence** is defined as a pattern of behaviors in partner relationships that incorporates a range of abuse tactics and behaviors which serve to establish coercive control of one partner over the other. For purposes of our survey and plan, we will use the broader definition that includes threats or intimidation, and/or psychological abuse.
- We defined **witnessing domestic violence** as including a child's seeing, hearing, or living with the aftermath of domestic violence, including becoming homeless, leaving home, going to shelter, or suffering the psychological effects of a parent's injury.^{17,18,19,20}

Methods Used to Conduct the SBF Needs Assessment

Using a combination of quantitative and qualitative methods, we sought to better understand how CEDV are identified and supported in Suffolk County. The result was an overview of service providers' perceptions of the needs for this population and a capacity inventory of existing services. The following instruments and methods were used to conduct the assessment: surveys of community-based and shelter-based domestic violence advocates (n=41); structured interviews with community health centers (n=24) and community-based mental health agencies (n=7); 2 focus groups (approximately 6 participants per group) with mothers who are survivors of domestic violence; 4 focus groups with providers working in various community-based settings; and key informant interviews with 50 providers and administrators from a wide range of programs. In addition to these methods, we conducted a thorough review of the relevant needs assessment activities conducted within the Commonwealth over the last 15 years (please see the full report for this review.)

*The Perceived Service Needs of Children Exposed to Domestic Violence:
Findings from the SBF Project*

Telephone-based surveys were conducted with domestic violence advocates working in domestic violence shelters, community health centers, community-based domestic violence programs, district courts, local offices of various state agencies, and the Boston Police Department. According to the 41 advocates surveyed, caregivers and their children are primarily in need of individual mental health assessment and therapy well as therapeutic and/or psychoeducational group services. Although this issue came up during one of the two Caregiver Focus Groups we conducted, these group discussions revealed other prominent needs, including the need for affordable and accessible child care; more flexible income level requirements for the services reserved for low-income families (child care vouchers, after school programs, housing assistance, etc.); general social support (“someone to listen”); and increased academic support for their children. Given the small number of participants, the issues raised in these groups may not be representative of the majority of mothers who have been victims of domestic violence. Finally, we conducted 50 semi-structured interviews with providers, administrators and program directors. Given the wide range of responses received and the lack of community consensus among the respondents regarding this particular issue, we are unable to draw definitive conclusions. See the full report for more details on the service needs identified by multiple interviewees.

The Capacity Inventory: An Overview of Existing Services

CEDV in need of support are identified and served through one or more of a range of service delivery systems. Therefore, we organized the capacity inventory according to the service delivery categories listed below - from the very broad (community-based services through which children exposed to domestic violence may be identified or served in some capacity) to the very specific (specialized services targeting children exposed to domestic violence).

Service Delivery Settings

1. Hospitals & Community Health Centers
2. Early education and day care
3. Schools
4. Law Enforcement
5. Courts
6. Government-Administered Social Services
7. Specialized Services: Cross-Sector Programs, Domestic Violence Shelters and Community-Based Child Witness Programs

In the full report, for each service setting, we describe the potential role providers might play in a system of care for children exposed to domestic violence, what is offered now in terms of responding to CEDV needs, the gaps in this response and the opportunities available to improve services to this population. Many of the opportunities identified are included in the accompanying chart at the end of this report.. Please see the full report for information on the roles, current capacity, and service gaps found in the different service sectors.

Conclusions

Four prominent “system-wide” themes arose during the SBF Project. They are listed in no particular order:

- The need to increase specialized, trauma-informed services for children and adolescents exposed to domestic violence
- The need to improve data collection efforts with the goal of enhancing our understanding of the prevalence of domestic violence exposure and the service needs associated with exposure
- The need for training for child-serving providers on the impact of domestic violence on children and adolescents and talking with parents about child needs
- The need to disseminate accurate and up-to-date information on services currently available and how to access these services for CEDV and their families

Using the information gathered from past needs assessment activities, the results from the SBF interviews and data collection, and extensive input from community stakeholders, the SBF Leadership Team has developed a list of specific recommendations addressing these themes. The recommendations are organized according to the target audience (e.g. the service sector within which the recommended activities are proposed to take place) and are assigned to one of the following three categories:

1. no/low cost & high readiness to implement (infrastructure exists, use of existing staff)
2. moderate cost & moderate readiness (some capacity building required)
3. high cost & low readiness (substantial capacity building required)

These recommendations are listed in chart form at the end of this document. Although the recommendations are based on significant input from community members, providers and administrators, they do not necessarily reflect consensus among the many stakeholders who participated in the SBF needs assessment process. In addition, the level of readiness of each sector to implement a recommendation (or work with partners to do so) depends on many interrelated factors. We suggest a level of readiness for each recommendation based on the

information gathered. It is likely that the suggested readiness levels will have to be re-categorized as new information is introduced.

Addressing the Needs of Children

This report reminds us that there are thousands of children in Suffolk County who live in homes where there has been at least one incident of domestic violence in the past year. There are hundreds of studies attesting to the short- and long-term consequences for children of growing up with domestic violence. This risk of harm is both physical and psychological. Even after 15 years of sporadic efforts to highlight this group of vulnerable children, they are still largely hidden victims. While there are excellent services and dedicated, skilled providers in all service sectors, what becomes clear in this report is the variance in program/agency focus and depth of expertise on serving children and adolescents affected by domestic violence. There are major service sectors in Suffolk County that lack the tools to suitably address child and adolescent exposure to domestic violence. Virtually all programs could improve their response to this under-served population.

In talking with the many dedicated professionals who work in this field, we came to realize that no single prevention, intervention, or treatment initiative will be successful in addressing child exposure to domestic violence. Rather, to effectively meet the needs of CEDV, community stakeholders, including service providers, policy makers, administrators, academic researchers, community members, and others must work together to implement a multi-faceted approach that involves both small- and large-scale change. Some of the changes require financial investment; others may require a realignment of resources or changes in operational policies.

Together, we can make these changes. If we are to break the cycle of violence in families, it is essential to begin with children. Early identification and intervention are perhaps the best forms of prevention. Our children and society deserve no less.

<i>Service Sector</i>	<i>Recommendation</i>	<i>Ideas for Action</i>	<i>1</i>	<i>2</i>	<i>3</i>
Health Centers and Hospitals	Routinely offer training for child-serving mental health clinicians on the impact of domestic violence on child development and mental health.		✓		
	Increase access to domestic violence (DV) & child advocacy services for staff and clients of health centers and hospitals.	Explore possibility of resource-sharing between health centers that employ DV advocates and those that do not.	✓		
	Increase training and information for health center and hospital-based DV advocates on how to incorporate child needs into their advocacy efforts.	Offer advocates education on the impact of DV on children, how to appropriately identify their needs, and how to advocate on behalf of the child and non-abusing parent.	✓		
	Develop educational materials on DV and its impact on children and increase access to these materials for parents.	Add educational information on domestic violence and children to health institution web sites.	✓		
Early Education, Day Care and Early Intervention	Raise awareness among day care, child care, early education and early intervention providers of domestic violence as an issue affecting children and/or of the service options available to families who disclose domestic violence.	Develop a survey for providers to gauge awareness level of DV, comfort in talking to families who disclose DV, and familiarity with local service options. Create and distribute educational materials and resource lists that directly address gaps in knowledge indicated by the survey results.		✓ ✓	
	Require training on domestic violence as an issue affecting children and families for providers licensed by the Department of Early Education and Care.	Update the child care training curriculum created by the Executive Office of Health and Human Services, the Governor's Commission on Domestic Violence, the Office of Child Care Services, and the Child Witness to Violence Project in 2000 and implement as part of the required training for child care/early education licensure.		✓	
Public School System	Incorporate domestic violence prevention efforts into already existing violence prevention initiatives, such as bullying, teen-dating interventions and conflict resolution skill building	Utilize the curriculum developed by the Boston Public Health Commission, "Choose Not To Abuse".		✓	

<i>Service Sector</i>	<i>Recommendation</i>	<i>Ideas for Action</i>	<i>1</i>	<i>2</i>	<i>3</i>
	Enable schools to become supportive environments in which children exposed to domestic violence can better focus, behave appropriately and learn.	Implement the "Flexible Framework" created by the Massachusetts Advocates of Children's Trauma and Learning Policy Initiative and published in the report "Helping Traumatized Children Learn".			✓
Law Enforcement	Establish a policy that requires officers to routinely document the presence or existence of children when responding to a domestic violence call.	Brief 5-10 minute trainings on how to document important information regarding children on forms used for domestic violence calls (including names, ages, and physical custody). Make appropriate changes in reporting forms to ensure information is collected and documented properly and routinely.		✓	✓
Court System	Increase connections between the Victim Witness Assistance program and outside agencies serving CEDV.		✓		
	Ensure that all courts offer resource list of therapeutic and supportive services for CEDV and educational materials on the impact of DV on children for DV victims and their families.			✓	
	Increase referrals made by Victim Witness Advocates based in district courts on behalf of CEDV		✓		
	Make childcare available at or in the immediate vicinity of court facilities	Partner with existing volunteer and/or community-based programs to set up and staff child care in community centers, schools or other facilities in walking distance to court			✓
	Develop protocol for collecting and documenting existence of children when restraining orders are filed to ensure feasibility of reporting aggregate data on numbers of children possibly affected				✓

<i>Service Sector</i>	<i>Recommendation</i>	<i>Ideas for Action</i>	<i>1</i>	<i>2</i>	<i>3</i>
Government-Administered Social Services	Increase capacity of Domestic Violence Unit of the Department of Social Services to include 2 specialists per region				✓
	Monitor the impact of domestic violence contracts awarded by DSS in 2006 on services for CEDV				✓
	Ensure data collected by DSS-funded domestic violence programs includes standardized information regarding the demographics and service needs of CEDV	Existing DV/Child advocacy trainers/staff and data experts at local universities could work with DSS to develop appropriate data collection protocols that include needed information on children		✓	
	Monitor the impact of the Refugee and Immigrant Safety and Empowerment Program (recently re-funded by DPH) on improving and increasing culturally competent services to CEDV			✓	
	Increase capacity of DTA DV-Unit to improve support to DTA clients disclosing domestic violence				✓
Domestic Violence Shelters	Create and disseminate culturally-relevant, linguistically-appropriate and easy to read information on the impact of domestic violence on child development			✓	
Specialized Community-Based Child Witness Services	Increase capacity of community-based programs targeting children exposed to domestic violence				✓
	Increase availability of programs and services targeting adolescents who have been exposed to domestic violence including group services, psycho-educational services, mentoring services and therapeutic interventions developmentally appropriate for pre-adolescents and adolescents.				✓
Cross-Sector* Issues	Increase availability of affordable, culturally competent and trauma-informed supervised visitation services				✓

* Recommendations included in this final category may be implemented in one or more of a variety of service settings.

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APPENDIX A

Participating Stakeholders

State Government Agencies

Governor's Commission on Sexual and Domestic Violence

Massachusetts Department of Early Education and Care

Department of Mental Health

- Child and Adolescent Services

Massachusetts Department of Public Health

- Batterer's Intervention Program
- Early Intervention Program
- Violence Prevention and Intervention Services

Massachusetts Department of Social Services

- Domestic Violence Unit

Massachusetts Department of Transitional Assistance

- Domestic Violence Unit

Massachusetts Department of Youth Services

Massachusetts Office of Victim Assistance

County and City Government Agencies

Suffolk County District Attorney's Office

- Children's Advocacy Center
- The Victim Witness Program
- District and Probate Courts

Suffolk County Family Justice Center

Boston Police Department

- Family Justice Unit

Boston Public Health Commission

Boston Public Schools

Chelsea Department of Health and Human Services

Chelsea Police Department

- Domestic Violence Unit
- Police Action Counseling Team

Chelsea Public Schools

Revere Police Department

- Domestic Violence Unit

Revere Public Schools

Winthrop Police Department

Winthrop Public Schools

Domestic Violence Shelters and Community-based Domestic Violence Programs

Asian Domestic Violence Task Force

Casa Myrna Vasquez

Close to Home

Crittendon House

Elizabeth Stone House

Jewish Family and Children's Services/Kol Isha
Family Violence Prevention Fund
FINEX House
Harbor Communities Overcoming Domestic Violence
Jane Doe, Inc.
Network for Battered Lesbians/La Red
Renewal House
Safe Havens Interfaith
Women's Educational and Industrial Union: Horizons Housing

Community Health Centers, Hospitals, and Mental Health Programs

Beth Israel Deaconess Hospital/Center for Violence Prevention and Recovery
Boston Medical Center/The Child Witness to Violence Project
Bowdoin Street Community Health Center
Brigham and Women's Hospital/Passageways
Broadway Medical Associates
Brookside Community Health Center
Children's Hospital/AWAKE
Codman Square Health Center
Community Advocacy Program at CCHERS
Dimock Community Health Center
Dorchester House
East Boston Neighborhood Health Center
Family Services of Greater Boston
Fenway Community Health Center
Harbour Family Health Center
Harvard Street Neighborhood Health Center
Home for Little Wanderers
Joseph Smith Community Health Center
Justice Resource Institute, Inc./The Trauma Center
Martha Eliot Health Center
Massachusetts General Hospital, Back Bay
Massachusetts General Hospital, Chelsea/Chelsea Children's Advocacy Team
Massachusetts General Hospital, Charlestown
Massachusetts General Hospital/Havens
Massachusetts General Hospital, Revere
Massachusetts Society for the Prevention of Cruelty to Children
Mattapan Community Health Center
North End Community Health Center
North Suffolk Mental Health Association
Sidney Borum Jr. Health Center
South Boston Community Health Center
South Cove Community Health
South End Community Health Center
Southern Jamaica Plain Community Health Center
Trauma Recovery Foundation
Tufts New England Medical Center

Uphams Corner Health Center

Other Non-Governmental Organizations

Boston University School of Public Health

CAPIC, Inc.

Greater Boston Legal Services

Grove Hall Youth Workers Alliance

Federation for Children with Special Needs

Horizons for Homeless Children

Massachusetts Advocates for Children

Northnode, Inc.

Strategy Matters, Inc.

Victory Generation/Black Ministerial Alliance