

# Nonprofit Legislative Advocacy 101

■ By Erin Skene

*The following article is the second piece of a two-part series on nonprofit lobbying and legislation. Part one, “Nonprofit Lobbying—What You Need to Know,” was also authored by Erin Skene and was published in the previous edition of The Michigan Advocate. It can be found in the archives on this website. –Ed.*

Although nonprofits often overlook the importance of legislative advocacy, your involvement in public policy can be just as important to fulfilling your mission as fundraising, volunteer coordination, financial management and other basic activities. You will find that the basic skills of advocacy are similar to those that you may already be utilizing with your organization’s work on activities such as fundraising and marketing. To accomplish your legislative advocacy goals, you need to consider the following steps.

## **Building Relationships with Policymakers** *Something you should consistently try to do.*

- ◆ Send your newsletters and annual reports to the media and your local, state and federal policymakers. You can obtain an Excel spreadsheet with the federal and state policymakers contact information and a set of labels with their addresses by contacting the Michigan Nonprofit Association (MNA) at (517) 492-2400. Your local municipality can provide you with contact information for your local officials.
- ◆ Invite policymakers, their staff and the media to your events and/or invite them for

an informal visit to your organization to see your work.

- ◆ Periodically visit policymakers in their district offices or in Lansing/Washington and update them on the work of your organization.
- ◆ Recognize your elected officials at every opportunity (at events, in newsletters, etc). Remember to say “Thank you”!

## **Gathering Information**

*Find out all you can on a particular issue.*

- ◆ Monitor legislation!  
This can be accomplished by visiting <http://www.michiganlegislature.org/> (Michigan) and <http://thomas.loc.gov> (U.S.).
- ◆ Identify the supporters and opponents of the issue (policymakers and special interest groups) and learn about the rationale for their positions.
- ◆ Investigate the history of the issue by talking with the sponsor of the bill (if relevant) and/or by asking groups with positions similar to yours for any background material they may have. The MNA/CMF publication, *Michigan in Brief*, is a policy reference handbook and has a corresponding website. It may be helpful to you at this stage. To view the handbook, visit [www.michiganinbrief.org](http://www.michiganinbrief.org)
- ◆ Develop a background piece on the issue indicating the pros and cons. This can be a short piece to share with stake-holders or a more extended document to use as a reference internally.

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## *Legislative Advocacy continued...*

### **Collaborating With Others**

*Build your coalition (formal or informal).*

- ◆ Share the information gathered with your board, volunteers and others.
- ◆ Hold informal or formal gatherings of other groups with similar outlooks on the policy issue. This could be as informal as a few people gathering for lunch or as formal as a coalition meeting.
- ◆ Identify how your organization can work with others to make your policy dream a reality. Your group does not have to carry the load alone, and by sharing the responsibilities you can often get farther.

### **Conveying Your Message**

*Get your point across to your target audience.*

This category bears further explanation. Ask yourselves if your target audience includes the media, the public, elected officials and/or other policymakers. Remember that your message and how you convey it may change depending on who your audience is—the public or policymakers. A good message, no matter who your audience is should include statements that “show me the money” and explain “what have you done for me lately.” By giving dollar figures and other numbers, your message illustrates how you are spending your funds effectively and efficiently. By describing your recent efforts, achievements and successes you can convince your audience how you are fulfilling needs in your community that would be unmet without your program.

When working to educate the public and the media, you have to present your message in the least technical manner. Your message should not include jargon, should address the impact in the community and show the proximity of your work to their self-interest.

Possible activities include:

- ◆ Developing an ongoing source for information. This can be your web page, your newsletter, an email alert system, fax or calling list.
  - ◆ Holding community forums to educate the public on the topic.
  - ◆ Activate letter-writing or calling campaigns. Prepare a template letter and/or talking points and share them with your champions (board members, funders, friends, volunteers, clients, staff, etc).
  - ◆ Host community breakfasts where you invite the public, media and elected officials (depending on your target, it is best to get state and federal officials to meetings on Mondays and Fridays).
  - ◆ Hold a rally and/or press conference.
  - ◆ Create letters-to-the-editor campaigns, write an op-ed and organize meetings with editorial boards. When employing these vehicles, remember to highlight the basic news tenets—who, what, when, where and why. To learn more about working with the media, visit the MNA website at [www.mnaonline.org](http://www.mnaonline.org) and view the MNA/CMF Guide to Getting Good Media Coverage.
- If you wish to have direct interaction with policymakers on a specific issue, make certain that your message highlights the people being affected and monetary issues involved. Also, make sure to clearly state your organization’s position on the issue/bill and your rationale for it. Keep your interactions brief and to the point.
- ◆ Write - It’s okay to mail your letters to local and state officials but you should fax your letters to federal officials.
  - ◆ Call - If you can’t reach the policymaker, feel free to talk with staff. Remember that staff members are the ones that field your

## *Legislative Advocacy continued...*

inquiries, write the bills and can be your allies!

- ◆ Visit - Make an effort to visit policy-makers in your community or at their offices.
- ◆ Testify at meetings - At the local level, municipalities hold hearings on ordinances and community issues. At the state and federal level, you can testify at committee meetings. The committee meeting schedule for the state is posted at [www.michiganlegislature.org](http://www.michiganlegislature.org). Committee meetings for the federal government are posted at <http://thomas.loc.gov>.

To sum up:

- ◆ **Build relationships with policy-makers.** This should be an ongoing effort for your organization, regardless of whether or not you are pursuing a pressing public policy issue.
- ◆ **Gather information or research on the issue.** This is when you learn everything that you need to know about the topic you are going to pursue.
- ◆ **Collaborate with others.** You don't have to do it alone, by sharing information with other groups and finding partners you can often make your policy goal come to fruition much faster.

◆ **Convey your message.** Groups often skip over the first three steps listed above. However, it is helpful when conveying your message to have done your research on the topic and have relationships in place with policymakers and individual groups that may be your allies.

Please note that all of the advocacy activities listed above are legally permissible and are encouraged. There are a few specific rules and regulations to follow regarding lobbying. However, these rules and regulations are not cumbersome and should not discourage you from being involved in public policy. You can learn more about the IRS and state lobbying rules and regulations by visiting the MNA website at [www.mnaonline.org](http://www.mnaonline.org). Additional resources are listed below:

- ◆ Charity Lobbying in the Public Interest - [www.clpi.org](http://www.clpi.org)
- ◆ Alliance for Justice - [www.afj.org](http://www.afj.org)
- ◆ OMB Watch - [www.ombwatch.org](http://www.ombwatch.org)
- ◆ Independent Sector - <http://www.independentsector.org>

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*Erin Skene is the Michigan Public Policy Initiative Director for the Michigan Nonprofit Association in Lansing.*

## Domestic Violence and the Pregnant Victim

■ By Thomas Nelson

The Center for Disease Control (CDC) defines domestic violence during pregnancy as the “physical, sexual, or psychological/emotional violence, or threats of physical or sexual violence that are inflicted on a pregnant woman.”

But how prevalent is domestic violence towards pregnant women? Unfortunately, there is no clear answer yet, but there appears to be plenty of cause for concern. Findings on domestic violence to pregnant women vary widely, and there can be many factors involved that increase the victim’s risk. Some of the more commonly cited factors can include the incidence of abuse prior to the pregnancy, substance abuse, whether the pregnancy was intended or unintended, and the victim’s and abuser’s country of origin.

For example, the CDC’s Pregnancy Risk Assessment Monitoring System (PRAMS) produced estimates of the prevalence of violence only for women whose pregnancies resulted in live births in 15 participating states (1998 only). There, the incidence of violence against pregnant victims ranged from 2.4 percent to 6.6 percent. The CDC further reported that its

findings suggest that, for women in relationships who have already suffered domestic abuse, the risk of greater physical violence does not seem to increase during pregnancy overall. However, researchers called for additional research on this issue.

To illustrate the lack of consistency in studies on domestic violence and pregnancy, another found that pregnant women are approximately 60% more likely to be abused than those who are not pregnant. It is noteworthy that violence was cited as a pregnancy complication more often than other serious health problems for pregnant women, such as diabetes and hypertension.

Still other studies cite more estimates, such as prevalence levels between 1% and 20%, or that about 25% to 40% of all women who are battered before becoming pregnant are battered during pregnancy. Of pregnant victims, victims may be up to four times more likely to suffer heightened levels of abuse as a result of an unintended or unwanted pregnancy. And further, the pregnancy itself may be a result of marital rape and/or barring a woman’s access to birth control.

*In the United Kingdom and the U.S., where women generally enjoy low rates of maternal mortality, domestic violence is a significant cause of maternal mortality.*

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## *Violence and Pregnancy continued...*

Examples of findings asserting cultural norms associated with pregnancy include several studies conducted by independent research teams in five other countries. Researchers in these studies found the range for this category of domestic violence to be from about 3.5% to 11% in industrialized countries outside of North America. In less developed nations, the range was much wider—from about 4% to 32% of pregnant women. Egypt was found to have the highest incidence (approx. 32%), followed by India (approx. 24%), and Saudi Arabia (approx. 21%). Women living in poverty, whether in developing countries or in the U.S., appear to have the highest rates of abuse during pregnancy. In the United Kingdom and the U.S., where women generally enjoy low rates of maternal mortality, domestic violence is a significant cause of maternal mortality.

### *Abuse Against Pregnant Victims May Differ*

Pregnancy is a source of change in an existing abusive relationship. An infant may be perceived as threatening to a jealous abuser who will soon have to share his partner's time and attention with the child. In addition, having a child can evoke anger if the batterer resents the added responsibility. Some researchers assert that the increased risk of violence during pregnancy is triggered because the father/abuser feels a greater sense of stress concerning the impending birth of the as yet unborn child. As a result, the perpetrator strikes out at the mother and unborn child as the perceived source of stress. Others hypothesize that the pregnancy may represent a threat to abuser in that his victim may divulge her victimization to medical professionals, or that they may merely exert some degree of influence over her. The abuser's distaste

for a pregnant partner's changing body may also trigger abuse.

Unlike typical domestic violence attacks where the victim's head is often the primary target, pregnant women tend to be struck in their breast, abdomen or genital areas. There is evidence that shows that women who are abused during pregnancy may suffer injuries that are more severe and numerous, including death. In one study of abused women who were battered before becoming pregnant, victims reported risk factors associated with partner homicide, such as a partner who used drugs, was violently jealous and/or tended to be violent with others.

### *Common Warning Signs of Abuse*

Pregnant victims may exhibit one or more behaviors hinting that they are being battered. Victim service and medical professionals should be wary of them. These include:

- Failing to seek or delaying prenatal care
- Lack of interest in prenatal education
- Use of substances known to be harmful, such as tobacco, drugs or alcohol
- Recurring psychosomatic illnesses

Additionally, certain physical signs may point to violence during pregnancy:

- Insufficient weight gain
- Unexplained bruises or other trauma to breasts or abdomen
- Vaginal/cervical/kidney infections
- Vaginal bleeding
- Hemorrhaging (including placental separation)

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## *Violence and Pregnancy continued...*

- Exacerbation of chronic illnesses
- Complications during labor
- Preterm labor
- Miscarriage/stillbirth
- Low birth weight
- Ruptured uterine membranes
- Abruptio placenta
- Uterine infection
- Uterine rupture
- Fetal bruising, fractures and hematomas
- Death

### *Screening for Abuse*

It is axiomatic that victims will receive the crucial assistance they need if they either ask for it or it is discovered by other means. But pregnant victims are often reluctant to disclose the abusive circumstances absent prompting. They may feel ashamed and often blame themselves. When the perpetrator accompanies the victim throughout the medical process, it further restricts the potential for disclosure.

Still, the abuse of pregnant victims can be uncovered if professionals ask the right questions. Implementing a standard screening process is critical to responding to the danger posed to the victim and the fetus. For example, a screening program by midwives in the United Kingdom involved handing out information to pregnant women about shelters and contact numbers for law enforcement response teams. This information was also posted in clinic restrooms. A key to the success of the program was linking medical professionals with a support team of victim service professionals who were available to respond immediately in the event that abuse was suspected. A follow-up study of the program found that women were six

times more likely to disclose the abuse than if they were left to mention it without being screened. Many of them expressed relief at telling of the violence. Doing so spurred them to think about making changes in their lives.

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*Thomas Nelson is a Senior Research Associate for the Crime Victim Services Technical Assistance Project at the Michigan Public Health Institute in Okemos, Michigan.*

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## BATTERER INTERVENTION PROGRAMS & MICHIGAN STANDARDS

■ By Molly Smeltzer & Shari Murgittroyd

*The Michigan Advocate would like to acknowledge and thank David Garvin, MSW, CSW, Program Director for Alternatives to Domestic Aggression and Dr. Richard Tolman of the University of Michigan School of Social Work, for offering their expertise and editorial feedback for this article. – Ed.*

### History

Batterer Intervention Programs designed to intervene with men who abuse their intimate partners evolved during the late 1970s as more attention was called to the victimization of women through domestic violence. Victim advocates and human service providers began to question the greater social etiology and motivation of abusive men and insisted that their behavior needed to be addressed. Activists realized that true progress in reducing domestic violence could only be achieved if perpetrators were encouraged to change their behavior. Over the past twenty years, participation in batterer intervention programs has been a popular sanction used by the criminal justice system in an attempt to address the problem of intimate partner violence.

### Michigan Batterer Intervention Standards

The growth in the popularity and number of batterer intervention programs (BIPs) led to many states, including Michigan, to adopt a set of standards for these programs in an effort to promote the safety of

victims and utilization of the practices believed to be the most effective. The Governor of Michigan established the Task Force on Batterer Intervention Standards in 1997. A multidisciplinary team was formed from several key stakeholders concerned with crime victims, issues of domestic violence, and the criminal justice process. Members of the Task Force worked diligently to develop high standards for Michigan batterer intervention services. **The purpose of the standards is to:**

1. *Provide guidelines for ethical and accountable intervention systems to better protect victims and other family members.*
2. *Provide a framework for the use of batterer intervention as a part of the continuum of the coordinated community response to this criminal behavior.*

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## *Batterer Intervention Programs continued...*

3. *Establish the minimum level of respectful, humane, consistent, and appropriate intervention provided to persons convicted of a domestic violence related criminal charge.*
4. *Enhance public awareness of domestic violence issues, give batterers increased access to appropriate intervention services, and reinforce the concept that violent behavior is unacceptable.*
5. *Assist in helping judges and others identify batterer intervention services that are reliable, predictable, and responsive sources of intervention.*
6. *Provide the public and the court with realistic expectations of services.*

Because BIPs are considered a critical piece of quality coordinated community responses to domestic violence, it is extremely important that programs are consistent and held accountable for the services they provide. Michigan standards are fairly comprehensive and provide detailed and tangible expectations for service providers; this is vital for any program wishing to qualify to provide court-ordered batterer treatment. The standards address the following program expectations:

- **Program Innovation**  
*This speaks to issues surrounding ethics, program evaluation, research, protection of human subjects, and the safety of victims.*
- **Definition of Terms**  
*To ensure clear and consistent communication, the BIP standards define terms regarding domestic violence and the criminal justice process.*
- **Program Admission**  
*Clients receiving services must undergo a thorough intake and a*

*comprehensive lethality evaluation to assess the level of possible danger to the victim.*

- **Mandatory Reporting**  
*Staff of BIPs should educate themselves with respect to the duty to warn and other reporting obligations designed to protect victims and children from violence.*
- **Program Content and Structure**  
*Here, specific guidelines for the program curriculum and group modality are illustrated, as well as contraindicated modalities and methods that are not recommended. This standard also reveals the completion criteria required for a participant's contractual discharge and noncompliance discharge.*
- **Program Policies**  
*Each program must retain written policies outlining participant rights, confidentiality, permission to release information, collaboration with domestic violence service providers, contact with victims, cultural competency, fees and duration of service, liability, nondiscrimination, refusal of service, record keeping and reporting methods, and consequences of re-offense.*
- **Program Staff**  
*Prerequisite credentials for BIP coordinators and facilitators are covered in this section, as well as continued education and ongoing training requirements for BIP staff.*
- **Community Collaboration**  
*Lastly, aspects of community collaboration and its vital role in responding to issues of domestic violence, furthering community education and prevention are defined.*

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## *Batterer Intervention Programs continued...*

The Michigan standards set a **minimum expectation** and encourage BIPs to do more than the least that is expected of them. Michigan standards have no monitoring mechanism in place—without this mechanism communities may feel a false sense of security believing that “there are standards in Michigan.” It is essential for victim advocates and program administrators to be aware of this and pay attention to what local BIPs are doing in their communities.

The Michigan standards are a reflection of numerous compromises nearly ten years ago, based on theories of present day, and were steeped in an understanding of what other states were doing at that time. Since then, other states have updated their standards and perhaps Michigan too will review this process in the near future. To learn more about the Batterer Intervention Standards for the State of Michigan and to view the complete document, please visit the Michigan Batterer Intervention Services Coalition website at [www.biscmi.org](http://www.biscmi.org)

### **Batterer Intervention Model Program Descriptions**

There are several models of batterer intervention programs used throughout the nation; however the Duluth model is the most widely practiced, developed in the early 1980s by the Domestic Abuse Intervention Project in Duluth, MN. This approach is based on feminist theories of domestic violence and places battering along a continuum of controlling tactics and emphasizes a coordinated community response to effectively address this problem. Programs based on the Duluth Model use a curriculum taught in a class format that focuses on issues of power and control and utilize the “power and control wheel” depicting tactics abusers use to

control their partners. The development of critical thinking skills around themes related to nonviolent relationships is also emphasized to help batterers understand and change their behavior. Sessions typically include a video highlighting a specific controlling behavior and subsequent discussion by each group member describing his use of that tactic and an exploration of alternative behaviors.

Two other noted models, the Emerge and the AMEND (Abusive Men Exploring New Directions) programs, are also based on similar views regarding domestic violence, but differ from the Duluth Model in the approach taken with the participants. The Emerge program uses cognitive-behavioral techniques and accountability-centered group therapy in order to change the behavior of abusive men. Emerge requires participants to admit to abusive behavior and share specific details about the acts of violence they have committed. Participants are also required to refer to their victim by name to challenge the perception of her as an object of possession. The purpose of the AMEND program is for participants to take accountability, increase awareness of the social context of domestic violence, and to build new, non-violent skills. The techniques used are similar to the Duluth Model; however, AMEND group leaders take a strong stand against violence and challenge any statements that support, excuse, or justify battering. AMEND features four stages, with the first two focusing on education and confrontation designed to dismantle any denial of the problem.

Alternatives to the above models are those that embrace a psychotherapeutic approach

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## *Batterer Intervention Programs continued...*

to intervention. This approach focuses on the individual and believes that personality disorders or traumatic life experiences predispose some people to violence. Batterer intervention programs using a psychotherapeutic approach typically take two forms—individual/group psychodynamic therapy and cognitive-behavioral group therapy.

### Impact of Batterer Intervention Programs on Victims

It is vital that victim advocates be aware of the limitations of batterer intervention programs and share this knowledge with their clients. Most current research does indicate that the majority of men who complete BIPs experience a relatively low recidivism rate. However, vigorous scientific research is still somewhat limited and mixed reviews have been published—some program models show success while others reveal little or no reduction in battering behavior. The methodological limitations and challenges of such studies make it difficult to determine with certainty how effective batterer intervention programs are. Research is ongoing, with new findings being published regularly.

The National Institute of Justice has published reports as recently as 2003 regarding the effectiveness of batterer intervention programs and implications for future research. Articles on the most recent research on BIP effectiveness can also be found in peer-reviewed and professional journals such as *Violence Against Women*, the *Journal of Interpersonal Violence*, and *Violence and Victims*.

Survivors of domestic violence may feel safer when their abusive partner partakes in a batterer intervention program;

therefore it is important that advocates share their knowledge of current research and possible program limitations. In addition, not all men will endure the completion of a BIP; hence changes in attitude or behavior may never be fully realized. In short—just because a batterer is enrolled in an intervention program or has attended a few sessions does not guarantee a victim's safety.

### Looking Forward

The development of batterer intervention programs is a relatively new concept and will undoubtedly evolve as program administrators learn more about program effectiveness and promising practices. Service providers who are able to participate in program evaluation opportunities can help advance knowledge of competent BIP treatment modalities. Practical evaluation of programs serving domestic violence victims and their perpetrators is complicated and sensitive in nature. Innovative approaches and curricula that help change batterers' attitudes and behaviors will continue to expand—but maintaining victim safety should be the first consideration and priority of all BIPs. The continued dedication and cooperation of human service providers and criminal justice professionals is admirable indeed and provides hope for future accomplishments on behalf of victims of domestic violence.

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*Molly Smeltzer is a Research Associate, and Shari Murgittroyd, a Project Leader, for the Crime Victim Services Technical Assistance Project at the Michigan Public Health Institute in Okemos, Michigan.*

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# Alternatives to Domestic Aggression: A Batterer Intervention Program

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■ By Shari Murgittroyd

Alternatives to Domestic Aggression has been providing batterer intervention services for more than 15 years at the Catholic Social Services of Washtenaw County in Ann Arbor, Michigan. Its founder, David J. H. Garvin, MSW, CSW originated the Alternatives to Domestic Aggression (ADA) Program in Toledo, Ohio in 1986 and expanded his motivation and efforts to Michigan in 1987. Mr. Garvin serves as the Program Director for ADA, is a founding member of the Batterer Intervention Services Coalition of Michigan, and was appointed by Governor John Engler to Co-Chair the Task Force on Batterer Intervention Standards in Michigan.

## Program Mission & Philosophy

ADA is a program that specializes in working with men to stop their use of abuse or battering, and drives a mission to end domestic violence and abuse in its community “One Man at a Time.” It is certainly noteworthy that although ADA is a program of Catholic Social Services, it offers services on a non-denominational basis and works with people of all—or no—religious affiliation.

The foundation of the ADA Program philosophy begins with understanding domestic violence from a feminist theory that views domestic violence as a form of political, social, economic, sexual and physical oppression of women individually, and as

a group. ADA supports the view that domestic violence is a means for men to systematically dominate, control, devalue, and disempower women. ADA also holds firmly to the following ideology:

- Battering is **NEVER** justified, excusable, provoked, hereditary, out of control, accidental, or an isolated incident with no further dynamics.
- Battering is not caused by disease, diminished intellect, alcoholism/addiction or intoxication, mental illness, or any external person or event. The batterer is responsible for his behavior, **NOT** the person who is the target of the battering.
- Battering and abusive behavior is regulated by the batterers’ estimation of probable consequences, never by “provocation”.
- Battering is a chosen behavior and, therefore, other choices can be made. Nonviolent and respectful ways of participating in intimate relationships can be implemented.
- Battering is a lifestyle, **never** a singular event.

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## *Alternatives to Domestic Aggression continued...*

- Battering has adverse, long-term psychological, emotional, physical and economic effects on the women and children who are its survivors.

The ADA philosophy is strongly reflected in its comprehensive intervention strategies and programming curriculum. While ADA does offer individual counseling for batterers, this is generally *in addition* to group intervention—not *instead of*. Marital/couple counseling is especially discouraged by ADA as it can perpetuate the dynamics of domestic violence and tactics utilized by the batterer, and can significantly compromise the safety of the victim. Group intervention has proven to be the most effective modality for men who use abuse or violence on their family and this is the Program’s primary vehicle for intervention. The program extends over a period of 52 weeks, at minimum, and offers sliding scale tuition rates based on a man’s ability to pay. Participants are expected to progress through several program design elements, including the following groups or stages:

***Orientation:*** By engaging in a day-long experience, men are introduced to the ADA Program by reviewing the policies and goals of the Program, in addition to visiting various group sessions in order to meet and talk with other participants. The Orientation provides an overview of several matters including confidentiality, tuition, and attendance requirements and offers an opportunity for new participants to ask questions.

***Discovery:*** Men answer the question “Do I have a reason to be in this program?” Men see their own behavior in others and learn from those who have been working for a longer period of time at making personal changes. Once a participant concludes that he does indeed have a reason to be in the ADA Program, he then moves into the *Foundations* group.

***Foundations:*** Once in the Foundations group, participants will focus on the three foundation elements of the ADA Program: 1) The Power and Control Wheel; 2) The Choice Model; and 3) The Accountability Plan.

***Tactics:*** Men learn to identify, label, and acknowledge their battering behaviors. Participants explore what IS and ISN’T domestic violence and recognize battering tactics such as threats and coercion, emotional abuse, isolation, and economic abuse.

***Options:*** Participants practice accountable interpersonal skills, which they will use at all times instead of *selectively* using them. This group examines accountability in many realms, including, but not limited to, emotions, sexuality, communication, parenting, and acceptance.

The *Accountability Workbook* is a companion to the ADA Program and is an invaluable product of years of experience developing and offering accountable Batterer Intervention. This workbook has over 265 pages outlining intervention material, exercises, tools, philosophy, assignments, and more. It is based on the ADA 4 level progressive model of intervention, but can easily be utilized by programs utilizing an integrated group model or any other format.

The ADA Program also provides training and educational presentations to organizations, classes, or individuals who are interested in learning more about the dynamics of domestic violence and men who batter. For a more extensive review of the ADA Program, its philosophy, intervention strategies, program staff, and curriculum details please visit its informative website which can be found at: <http://www.csswashtenaw.org/ada>

ADA Program Director, David Garvin, MSW, CSW, has been featured on local, regional, and

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## *Alternatives to Domestic Aggression continued...*

national television and his work in batterer intervention has been highlighted in newspapers, magazines, and national social work publications. His articles have appeared in *Medical Society Bulletins*, *Family Law Journals*, and the *Employee Assistance Professional*. For more insight into the ADA perspectives regarding the motives of battering, please review David's article entitled **Conceptual Clarity: The difference between moral and strategic behavior in understanding the perpetrator of domestic violence.**

This resource can be found at the following link:

<http://csswashtenaw.org/ada/resources/index.html>

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*Shari Murgittroyd, MSW, is the Project Leader for the Crime Victim Services Commission Technical Assistance Project at the Michigan Public Health Institute in Okemos, Michigan.*

*“...We expect these results to impact practice across the country...”*

## Research Advancing Forensic Practice

■ By Linda Rossman & Chris Dunnuck

The YWCA of Grand Rapids Nurse Examiner Program (NEP) has played a key role in several research studies during the past year involving aspects of care of the sexual assault patient. Emergency Medicine Specialist Jeff Jones, MD, has been the principal author in these studies and is the research director of the Michigan State University Program in Emergency Medicine, Spectrum Health. NEP staff members have been fortunate to work in collaboration and participate as co-authors with Dr. Jones to examine the data from over 2000 sexual assault patients. These studies represent a significant contribution to the body of science in the field of forensic nursing—still in its early stage of development with little hard science as a foundation of practice. Nevertheless, studies published in the last one year include:

Published by *Academic Emergency Medicine*:

- ❖ Comparative Analysis of Adult versus Adolescent Sexual Assault: Epidemiology and Patterns of Anogenital Injury, August 2003
- ❖ Adolescent Foley Catheter Technique for Visualizing Hymenal Injuries in Adolescent Sexual Assault, September 2003
- ❖ Genital Injuries in Adolescents Following Consensual Sexual Intercourse, December 2003

Published in the *American Journal of Emergency Medicine*:

- ❖ Genital Trauma Associated with Forced Digital Penetration, March 2004

- ❖ Significance of Toluidine Blue Positive Findings Following Speculum Examination of Sexual Assault, May 2004
- ❖ Comparison of Sexual Assaults by Gang Versus Individual Assailants in a Community-Based Population, August 2004

*Genital Trauma Associated With Forced Digital Penetration* is a significant study – the first published on this topic. Prior to establishment of the NEP, there were no medical forensic exams performed on victims who presented an attempted sexual assault, but no penile-vaginal contact occurred. The rationale for that practice was the idea that if there was no penile-vaginal penetration there would be no evidence and an exam was not warranted.

Case files of 941 patients who presented to the NEP for treatment were reviewed; 6% (53 women) reported only digital (finger)-vaginal contact. Injuries were documented and photographed in 81% of these patients. The techniques utilized by NEP nurses included colposcopic examination—a tool that allows for magnification and better detection of genital trauma, as well as staining techniques and training that has improved the ability to document trauma. We expect these results to impact practice across the country and provide valuable clinical as well as legal information for those who seek treatment following a sexual assault.

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## *Forensic Practice continued...*

Approval from the Internal Review Board of Spectrum Health and grant support from the Blodgett Butterworth Healthcare Foundation has been secured by Dr. Jones and colleagues for studies in the upcoming year. Studies include:

- ❖ Alcohol and Adult Sexual Assault in a Community-Based Population of Women
- ❖ Assaultants' Sexual Dysfunction During Rape: Prevalence and Relationship to Genital Trauma in Female Victims
- ❖ Recovery of DNA Evidence from the Oral Cavity Following Sexual Assault
- ❖ Reliability of Photo-Colposcopy in the Documentation of Anogenital Injuries After Sexual Assault

While our study population continues to grow, our goal is to continue to examine our current practice and issues in the care of sexual assault patients. It is imperative to emergency medicine and forensic nursing that our practice, as well as our testimony, be as evidence-based as possible. This will only be achieved through the continued contributions of significant research.

Our research findings have guided us in revising our practice protocols within our program. We have shown that our examinations can provide better photographic images and injury documentation for our patients with use of the forensic techniques of toluidine blue staining and use of the Foley catheter. By using these on a consistent basis, we have developed the expertise to teach new forensic nurses these techniques.

We have spoken across the country at several forensic nursing and emergency physician conferences on our findings. Recently, one of our co-coordinators was asked to speak to the Alaskan legislative body concerning her research on injury following consensual intercourse. This speaking appearance may influence legislative initiatives and sex crime trial lawyers throughout the state of Alaska.

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*Linda Rossman RNC, PNP, MSN, SANE-A and Chris Dunnuck RN, CS, MSN, SANE-A are Co-coordinators of the Nurse Examiner Program at the YWCA in Grand Rapids, Michigan.*

## Honoring Jane Richards



*The Michigan Advocate* would like to recognize an exemplary individual dedicated to serving crime victims and providing voluntary community services—Jane Richards of the Women’s Center in Marquette, Michigan.

After Hurricane Francis recently overwhelmed the state of Florida, Jane prepared to leave the comfort of her home to travel many miles to help victims of this natural disaster as a Red Cross volunteer. Although expecting to go directly to the hurricane site, Jane was instead deployed to Washington, D.C. to help staff crisis lines serving hurricane victims.

This wasn’t the first time Jane was deployed to help aid in a natural disaster. She has been a Red Cross volunteer for two years now and helped victims last year by responding to a fire in Michigan’s Upper Peninsula. In addition, Jane serves on a specialized Red Cross team that helps support families of military personnel.

Jane began working for the Women’s Center in Marquette in 1995 by support-

ing survivors of domestic violence at the shelter. She then became a Program Manager for the Sexual Assault Response Program and worked in this capacity for several years. She was also selected to serve as Coalition Coordinator for the Coordinated Community Response for Domestic Violence. Just last year, Jane completed studies to earn a Master’s degree in Social Work from Michigan State University and is currently working as the Community Services Director at the Women’s Center.

Gail Nelson, Executive Director of the Women’s Center, said “Jane is a very caring individual with boundless compassion for the pain and suffering endured by others. She has the utmost respect for the resiliency of the human spirit and is skilled at helping others discover the strength and courage within themselves.”

Does the dedication and volunteering stop here? No way! The Girl Scouts of America have benefited from Jane’s support for over 20 years and she is also a member of the international children’s organization, Kiwanis. Thanks, Jane, for being an outstanding community member and stellar volunteer!

# Survivors of Homicide Victims: A Complex Grieving Process

■ By Shari Murgittroyd

**E**xperiencing the death of a loved one is perhaps the most devastating and life-altering event an individual will ever encounter. Those surviving the loss of someone special truly have a long road to travel during the healing process—and the journey will likely be more trying for survivors of homicide victims. When death is the result of a violent crime, as opposed to natural causes, the grieving process becomes laden with more complex issues and circumstances. Survivors of homicide victims, sometimes referred to as “co-victims of homicide,” typically must contend with added stress resulting from the sudden and violent nature of events surrounding the death of their loved ones.

According to the FBI’s Uniform Crime Report, a total of 16,204 people were murdered in the U.S. in 2002. Every year, thousands of homicides occur, leaving thousands more left behind to mourn. Each murder often impacts several survivors—family members, significant others, friends, colleagues and other community members. Human service providers can encounter challenges when trying to address the multifaceted, specialized needs of co-victims of homicide. Often, survivors are forced to endure ongoing matters related to the murder investigation, such as the coroner procedures, navigating the criminal justice system, and intrusive media. Surviving family and friends frequently need assistance and services in the first few days immediately following the homicide, as well as support and counseling

which can extend well beyond the traumatic incident. Advocates and counselors should be cognizant of the various components and stages of the aftermath, tasks that must be completed by surviving families and significant others, and potential barriers or challenges encountered along the way.

## **Immediate Response & Logistical Concerns**

**Death Notification:** Law enforcement and/or emergency medical personnel are typically the first to arrive on a homicide scene and therefore frequently are the first to notify the victim’s immediate family. In some cases where the victim is transported to a hospital for emergency medical care before dying, hospital health care providers may be the first to notify surviving family members. Some crime victim advocates are able to meet co-victims of homicide in the emergency room or accompany them to the coroner’s office to provide assistance and emotional support. As most survivors will be in extreme emotional distress, they may need guidance and assistance notifying their family members and friends.

**Coroner Procedures and Policies:** Families most likely will need orientation about coroner procedures and policies. In a murder investigation, the victim’s body is considered

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## *Survivors of Homicide Victims continued...*

to be primary “evidence,” and there may be a delay in releasing the body to the funeral home (*Homicide Survivors, 2004*). This can create additional stress for survivors who are striving to secure funeral/burial arrangements. When the autopsy report is released, families may request a copy of this information. Autopsy reports are prepared with very technical and advanced medical terminology—it is not unusual for families to need assistance interpreting the findings and should be encouraged to request such help from the medical examiner’s office.

**Funeral/Burial Arrangements:** Co-victims of homicide may need encouragement and guidance to begin choosing a funeral home/director in order to initiate burial arrangements. This may seem like a very obvious step, but keep in mind that very basic tasks can seem daunting to the bereaved. Once connected with a funeral home, survivors can begin to acknowledge the logistics of the burial/memorial process and can also benefit from additional services. Many funeral directors also serve as support for survivors by providing valuable resources for healing. Services such as grief counseling, lending libraries, and support groups may be available through funeral homes.

**Media Intrusion:** After a loved one is murdered, homicide survivors have little privacy. Their identities and the circumstances surrounding the murder generally become public knowledge (*Homicide Survivors, 2004*). Homicide survivors may have positive or negative experiences with the news media and may feel uncertain about the extent of their rights. The media may also report inaccurate or inappropriate information about their loved one’s case or may portray the offender as the victim in the case and fail to acknowledge the impact the murder had on the victim’s surviving family. It is important for the surviving family to remember they are never

required to talk with the media. Victim advocates need to be aware of issues surrounding media intrusion, provide emotional support, and educate survivors about their legal and privacy rights.

## **Ongoing Issues & Considerations**

**Criminal Justice Support/Advocacy:** Assisting and communicating with law enforcement officials and beginning the initial navigation of the criminal justice process are additional considerations that co-victims of homicide may need to contend with. Understanding the criminal justice process—and possibly trying to help put a murderer in jail—can be particularly confusing and frustrating for survivors. Co-victims may need assistance in having the victim’s property returned, receiving case updates, and being notified of a suspect’s arrest. Support and information offered by a counselor or advocate can help alleviate stress and can help make the process more bearable. Co-victims of homicide may also need assistance in preparing a victim impact statement for sentencing. Maintaining open communications with law enforcement and criminal justice personnel, connecting survivors with victim assistance, especially court support, can be extremely beneficial during the difficulties of the justice process.

**Bereavement Counseling and Support:** After the funeral or memorial service has taken place, survivors often find themselves feeling alone and isolated. Family and friends who came together for support immediately after the death and were present for the days leading up to the funeral often return to their normal routines and responsibilities. During this period, a co-victim of homicide could benefit from receiving individual counseling or participating in a support group.

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## *Survivors of Homicide Victims continued...*

**Post-Traumatic Stress Reactions:** Studies of families of homicide victims suggest that they may be particularly at risk for developing Post-Traumatic Stress Disorder (PTSD). When a family member or loved one is murdered, the survivors often react with intense feelings of helplessness, fear and horror. Symptoms of PTSD can include: 1) recurrent and intrusive re-experiencing of the traumatic event, such as dreams or flashbacks; 2) avoidance of places or events which serve as reminders of the murder; or 3) ongoing intense feelings like constant vigilance or exaggerated startled reactions. (*American Psychiatric Association, 1994*) If these symptoms are present, last for at least one month and adversely affect an important area of functioning, such as work or family relations, a survivor may be experiencing PTSD. Advocates and counselors should be aware of the risk for developing post-traumatic stress reactions and, when indicated, refer survivors to the appropriate resources to get professional psychiatric assessment and treatment.

**Crime Victim Compensation:** All 50 states operate a Crime Victim Compensation Board or other program through which funds may be available to help bereaved family members pay for counseling, funeral expenses, crime scene clean-up, and a range of other costs associated with the crime. However, there are rules governing the allocation and eligibility for crime victim compensation which vary from state to state. For families without adequate financial resources, crime victim compensation could be critical in helping defray the costs in the aftermath of a homicide. This can be excellent resource for co-victims of homicide in receiving the financial assistance they need to help them restore their lives.

## **Conclusion**

When working with a co-victim of homicide, victim advocates and counselors should keep in mind that the grieving process is multidimensional and unique to each individual. After such a devastating event, survivors of homicide victims will face many immediate challenges for which victim service providers can offer tremendous emotional support and resources. Longer-term considerations for bereavement counseling, crime victim compensation, coping with financial strife and drawn-out court processes, including trials, may remain with a survivor for years.

## **What Can Victim Advocates/Counselor Do?**

- ❖ Be aware of the complex challenges surrounding homicide
- ❖ Educate survivors on grief/bereavement reactions
- ❖ Connect survivors with community resources
- ❖ Collaborate with providers to promote sensitive services

It is imperative that victim advocates understand that grieving is a process and not an event, and that everyone's grief is unique because everyone's loss is different (*Homicide Survivors, 2004*). With continued education and coordination of victim resources, survivors of homicide victims will receive the sensitive and quality services they deserve.

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*Shari Murgittroyd, MSW, is the Project Leader for the Crime Victim Services Commission Technical Assistance Project at the Michigan Public Health Institute in Okemos, Michigan.*

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## *Survivors of Homicide Victims continued...*

*This article provides very general concepts with respect to issues surrounding survivors of homicide victims and is not meant to serve as a comprehensive resource. Please see the following publications for more detailed information. The next edition of The Michigan Advocate will feature Children and the Bereavement Process. – Ed.*

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## Program Evaluation for VOCA Grantees

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■ By Molly Smeltzer

On June 4<sup>th</sup>, 31 representatives of VOCA grantees gathered in Mackinaw City for the *Program Evaluation for VOCA Grantees* workshop sponsored by the Crime Victim Services Commission (CVSC). This workshop was the first of two scheduled for this fiscal year, the sixth year that training in program evaluation has been offered to VOCA-funded agencies. The second workshop, drawing 32 attendees, was held on September 24<sup>th</sup> in Lansing.

Each year, VOCA grantees express their needs for training and technical assistance in program evaluation during the Grant Compliance Review and Needs Assessment process. The CVSC, with assistance from Dr. Cris Sullivan and the Michigan Public Health Institute (MPHI), has responded to this by planning and presenting the evaluation workshops.

In response to suggestions from VOCA grantees that have attended past workshops, the training was modified this year to combine the previous Level 1 and Level 2 trainings. This has resulted in content appropriate for participants with a wide range of knowledge and experience regarding program evaluation. The training manual, authored by Dr. Sullivan, was also modified to reflect the changes in the workshop.

In addition to authoring the training manual, Dr. Sullivan leads and facilitates the workshop. Dr. Sullivan is a Professor of Ecological/Community Psychology at

Michigan State University and the Director of Evaluation for the Michigan Coalition Against Domestic and Sexual Violence. She has also authored numerous articles about evaluating victim services and community interventions for battered women and their children. As always, Dr. Sullivan was the highlight of the workshops, which is evidenced by the participants' high level of satisfaction concerning her presentation style and knowledge of the subject area. At both workshops, 100% of those attending reported being very satisfied with Dr. Sullivan's skill and expertise.

Both workshops featured a lecture by Dr. Sullivan as well as interactive breakout groups that focused on four types of victim services: children's services, crisis intervention, legal advocacy, and counseling/support. Each breakout group was asked to report back to the group about their conversations, and participants were given the opportunity to participate in multiple groups. Overall, participants reported being very satisfied with the training format.

For more information on future workshops, please contact Shari Murgittroyd at (517) 324-7349 or [smurgitt@mphi.org](mailto:smurgitt@mphi.org).

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*Molly Smeltzer is a Research Associate for the Crime Victim Services Commission Technical Assistance Project at the Michigan Public Health Institute in Okemos, Michigan.*

## Technical Update



### WWW.Walter's Words of Wisdom Navigating Michigan VOCA Online Resources

by Walter Pelowski

*In each issue of The Michigan Advocate, Walter Pelowski of Agate Software, Inc., discusses the ins and outs of using the VOCA online application and reporting systems.*

**Question: My machine seems much slower after having gotten Internet access. Are the two issues related?**

Sadly, there are lots of programs out there on the Internet that can slow down your machine when they're installed. The people that develop these programs (technically speaking they are referred to as "nerdy jerks") typically act as if they're providing some sort of benefit to the user when in essence, their programs usually just slow down your machine and create unnecessary pop-up/advertising windows. The worst thing about this adware and spyware (as it is known) is that it is sometimes very difficult to detect and even more difficult to remove. Windows machines are ESPECIALLY vulnerable. To give you a quick example of how bad these programs can be for your computer, my girlfriend's parents' machine used to take about 2 minutes to

show just the desktop icons after a person logged in. The reason? My girlfriend's little sister had unknowingly installed adware and spyware programs that were slowing the machine down to a crawl. Before having even loaded one program into memory after booting the machine, it had no more processor power (the work-horse of the computer) to complete any more tasks. After removing all those garbage programs (which took me some time) the machine performed MUCH, MUCH better.

#### ***Protecting Yourself Against the Spies***

So, now you know the basic dangers, here are some tips for protecting yourself against adware/spyware programs...

- 1.** While browsing beware of confirmation boxes that pop-up asking you if you want to install a program or something called an Active X control. Only click "Yes" or agree to the install-

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## *Walter's Words continued...*

ation if you're absolutely sure that you would like that program to run on your machine.

**2.** Make sure you have your web browser's security settings properly configured. Most generally, in Internet Explorer this means clicking "Tools", "Internet Options", the "Security Tab", making sure you have the "Internet" option selected, click "Custom Level", then reset your settings to the "High" security option. This will prevent much of these programs from auto-installing themselves.

**3.** Finally, because there are so many different types of adware and spyware programs out there, and because I myself have difficulty removing them manually even after visiting several websites that show you how to remove each one, I'm going to mention a very user-friendly removal solution. Two main programs exist out there for removing this unwanted software. The first and perhaps best (and my favorite) is called ***Spybot, Search and Destroy***. It is software designed to cleanse your computer of these unnecessary programs. It's very thorough and even offers web updates within it that keep the software up-to-date. The best part is the price—it's totally free. You can download it at <http://www.safer-networking.org/>. The other program is called ***AdAware*** and it is also pretty good. They also have a free version for personal use although more complicated options can be purchased at a price. This can be downloaded at the following: <http://www.lavasoftusa.com/software/adaware/> Both pro-grams are fairly intuitive and have scan features that search your

hard-drive for known spyware and adware programs. They also both have links where you can download their latest updates similar to that which the common anti-virus programs have. (In my opinion, spyware and adware programs are not that different from viruses.) Run at least one of them and follow the instructions to remove the adware/spyware from your machine.

By following these steps you can effectively cleanse your machine from this Internet calamity. For some of you who may have inadvertently installed a few of these programs, it may significantly improve your system performance.

### ***Other Resources***

Here are a couple of more links giving you a more detailed description of adware and spyware programs.

- <http://antivirus.about.com/library/weekly/aa020503b.htm>
- <http://cexx.org/adware.htm>

Additionally, the new update to Microsoft XP, Service Pack 2 finally represents an attempt by Microsoft to combat some of these adware/spyware issues. For more information on what these operating system patches mean, please refer below to a question featured in my previous column published in Issue 2, Volume 4 of The Michigan Advocate:

***Question: What is the best way to keep my machine up-to-date?***

The most important piece of software on your machine is your operating system or

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## ***Walter's Words continued...***

"OS" for short. In today's day and age it is important, if not crucial, to keep your operating system up-to-date. Keeping your OS current will help

1. maintain a secure system, free from Internet attacks
2. maintain a stable system that won't crash
3. ensure programs and other pieces of software operate as they are intended to operate

Operating systems can be kept up-to-date in the following way.

### **For Windows Machines, Windows 98 and later**

- Open a web browser and go to: <http://windowsupdate.microsoft.com>
- Click "Scan for Updates"
- Click "Yes" to any Internet Explorer Prompts asking you whether or not you want to install their update software

- Install everything listed under "Critical Updates and Service Packs" by clicking the "Add" button next to the update and then by clicking "Review and Install Updates" then "Install now." If prompted with an "Accept" button click it accordingly

### **For Macintosh/Apple Machines, OS X and later**

- Go to system preferences
- Go to software update
- Click "Check Now"

If your machine has not been patched in a while you may have to go through this process a couple of times. Some updates require rebooting after their installation. Continue this process until all updates have been installed.

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*Walter Pelowski is the primary designer of the CVSC online grants system developed by Agate Software.*