



# *The Michigan* **DVOCATE**

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*A publication of the*

## ***MICHIGAN CRIME VICTIM SERVICES COMMISSION***

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**THE MICHIGAN ADVOCATE** was created in 2000 to provide information and resources to VOCA Grantee-agencies, other crime victim programs, and advocates in Michigan and throughout the country. This publication strives to help professionals maintain comprehensive and quality services to victims of crime and to inform advocates of broader issues affecting crime victim services.

**THE MICHIGAN ADVOCATE** is published twice yearly and has recently evolved into an electronic format allowing for broader distribution of news relevant to crime victim services.

[www.michiganadvocate.org](http://www.michiganadvocate.org)

# In the Spotlight: When Helping Hurts

■ By Frank M. Ochberg (Reprinted from [www.giftfromwithin.com](http://www.giftfromwithin.com))

## Introduction by Mike Fullwood

Our allotted space precludes reiterating here the remarkable inventory of Dr. Frank Ochberg's pioneering body of work on behalf of victims and survivors. Instead, let us appreciatively reaffirm that the victim services community has benefited enormously from his humanity, his scholarship, and his friendship. We are delighted that Frank has accepted an appointment from the Governor to the Crime Victim Services Commission.

After 9-11, when caregivers were strained to the breaking point, many human service workers sought help for their own emotional wounds. It was under this backdrop that Dr. Ochberg wrote the following article discussing vicarious trauma, compassion fatigue, and burnout. Frank adds for our readership, "Advocates for victims of crime are among those most vulnerable to compassion fatigue. We deal with the impact of human cruelty-deliberate dehumanization. Our clients are just like ourselves. Many of us are drawn to the field because we have experienced violation. Our empathy is our greatest asset, but it also exposes us to emotional injury."

## When Helping Hurts

Many of us are helping survivors of the September attack. Some are first-responders: police, firefighters, paramedics. But that's not all. We are Red Cross workers who call bereaved next of kin to distribute donations and gifts. We are counselors who listen carefully to stories of shock, loss and recovery. We are victim advocates who work with women whose decade-old sexual assaults have nothing to do with the World Trade Center, but whose wounds are reopened in this cli-

mate of fear. We are journalists who do our jobs of reporting news, exposed to story after story, image after image of grief. We hurt, too.

Usually we are rewarded by having the opportunity to help. We do our job and we do it well and we feel gratified - even blessed. But for many of us, there are new emotional difficulties, and these difficulties can and should be addressed. In certain cases, we develop **vicarious PTSD**. We have not been directly exposed to the trauma scene, but we hear the story told with such intensity, or we hear similar stories so often, or we have the gift and curse of extreme empathy and we suffer. We feel the feelings of our clients. We experience their fears. We dream their dreams. Eventually, we lose a certain spark of optimism, humor and hope. We tire. We aren't sick, but we aren't ourselves.

Susan Herman, Executive Director of the National Center for Victims of Crime, describes this to me as she receives calls from advocates across the country. My wife, Lynn, anticipates similar situations among co-workers at Red Cross Headquarters in Virginia. Joe Hight, Managing Editor of the Daily Oklahoman, tells me he knows this phenomenon well from past and current events that rocked his community and his staff.

Sensitivity has two distinct meanings. One is emotional awareness and accurate perception. To be sensitive is to be able to experience fully and correctly. But the second meaning of sensitivity is vulnerability to pain. Often these two forms of sensitivity exist side by side in us. We are

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## *When Helping Hurts continued...*

good outreach workers, therapists, advocates, reporters, because we are sensitive. And, because we are sensitive, we pay a price -sooner or later.

When the price is vicarious or **secondary traumatic stress disorder (STSD)** the pattern is primarily fear, unwanted memory, and preoccupation with another's pain. When the price is **Compassion Fatigue**, a similar set of symptoms, the pattern is tiredness, emotional depletion, from too much caring and too little self-caring.

Sometimes the price is **Survivor Guilt**. Many first responders know this feeling well. We who are in the second wave of helpers may be more vulnerable to identifying with the next-of-kin. Those are the ones we interview. "My spouse is alive; her's is dead. How can I allow myself enjoyment?" Technically, we do not have survivor guilt, but we blame ourselves for not having lost a loved one.

The price of **Burnout** is paid after weeks or months on the job, with relentless responsibility and few emotional rewards. We are past anxiety, guilt and pain. Past sensitivity. We drink, we shout, we resent. We lack humor, tact and grace. Cynicism is our defense against ourselves.

**STSD, Compassion Fatigue, Survivor Guilt, Burnout** - How do we prevent it? How do we intervene? How do we cope?

Above all, be aware. The signs are not that subtle, but we healers and crisis interveners are notorious for seeing problems in others and not in ourselves. Have contacts and conversations with peers who are willing to tell us when to take a break. Take a break. Practice what you preach: good meals, sufficient rest, exercise, and alteration of routine.

Good humor is a gift. But it may not be easy to find a way to smile on this job. Get away from the job and lighten up, if that is the only way.

The homilies about stress reduction may not work when symptoms are entrenched, when the job tension is inescapable. Many Americans are stressed to their limits, whether or not they are affected by the September attacks and the shadow of terrorism. Professional help may be an answer, even for a traumatic stress professional. My last client was a young physician who was on the verge of burnout. She was overworked, undervalued, with insomnia, rage, guilt and fear: rage at the chaos on her hospital ward, guilt about hating her job, and fear that she would lose her career. She didn't need medication. She did need a colleague to certify her "normal," to dignify her feeling, and to help her find her lost sense of humor. Two sessions!

Clearly, there is no single prescription for the hurting that comes with helping others. So many people, so many professions are affected and afflicted: clergy, nurses, teachers, truckers - to name some who were not named before.

Everyone who moves toward the scene to help, everyone who comforts someone who was there, everyone who listens closely, with sensitivity, is a potential casualty. But every one of us is also a source of comfort, information and inspiration.

More than anything else, we have each other. We are a growing family of trauma workers. In this new age, almost everyone is a trauma worker. Helping hurts, but helping sustains the helper. Let's not for-

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## ***When Helping Hurts continued...***

get that truth. Let's look out for one another. We're all in this Together.

For more information please visit:

[www.giftfromwithin.com](http://www.giftfromwithin.com)

[ptsdinfo.org](http://ptsdinfo.org)

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*Note: This article was reprinted from the Website [www.giftfromwithin.com](http://www.giftfromwithin.com). The themes and the title of this article first*

*appeared in the video, "[When Helping Hurts: Sustaining Trauma Workers](#)," produced and directed by Joyce Boaz, Executive Director of Gift From Within ([www.giftfromwithin.org](http://www.giftfromwithin.org)). My colleagues who appear on the video and who developed the original content are Carl Bell, Atle Dyregrov Charles Figley, Sheila Platt, Angelea Panos, Mary Beth Williams, and John Wilson.*

# VOCA Grantees Making A Difference

*"The few cases that make it into the courtroom deserve to be not only heard, but also understood."*

## Child Advocacy Center Visited by Ottawa County Judges

■ By Darcy Komejan, MA

Children's Advocacy Centers (CAC) offer child victims of abuse the benefit of multi-disciplinary team intervention in the investigation, assessment, and treatment of abuse cases in an environment that is child sensitive, supportive, and safe. The team includes representatives from law enforcement, child protective services, the prosecutor's office, medical experts, mental health professionals, and CAC staff. Teams meet regularly to review cases, provide support and feedback, and to receive ongoing training.

Team members are painfully aware of the special dynamics of child sexual abuse cases, which make them challenging to investigate and even more challenging to prosecute. These cases present very complex issues in therapy. The team is charged with investigating crimes that almost never involve witnesses. In addition, they provide counseling services to victims who, in nearly 90% of all assaults, knew and sometimes loved and trusted their perpetrators, and now struggle with issues of guilt and shame. Moreover, the team must consider the needs of victims' families, which are literally devastated by these crimes. The medical team must provide comprehensive forensic examinations to children who often fear the intrusion of anyone into their lives. Yet the CAC team

is committed to providing victims with services that offer hope and healing.

Because of the special needs and circumstances faced by child victims of abuse, the team at the Children's Advocacy Center of Ottawa County felt it was imperative to offer special training and information to those in the justice system. Our CAC team members who work diligently to investigate these crimes and therapists who work closely with victims and non-offending family members commonly recognized that there is a need to make sure the judicial system understands the special dynamics of abuse given that the majority of the cases are pleaded out before ever reaching a courtroom. The few cases that make it into the courtroom deserve to be not only heard, but also understood. Those in the justice system have many questions about these cases that both need and deserve to be answered, including:

- Why would a child who has been assaulted for three years walk into the courtroom and smile and wave to the alleged offender?

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## *Child Advocacy Center Visited by Ottawa County Judges continued...*

- Why would a child tell a complete stranger the details of an assault that they couldn't talk about with their own parents?
- How is it possible that there is no medical evidence of abuse when the child has disclosed penetration?
- How can we be sure that the child isn't being "led" during the interview or "coached" by a parent to make specific statements?

In an effort to reach out to the justice system and to create an opportunity to address questions like these, I approached the judges of Ottawa County and offered "space" at the CAC for them to hold their quarterly meeting. I provided a tour of the facility and our medical expert demonstrated our specialized medical equipment. Our medical expert answered the judges' questions regarding the absence of physical evidence in the majority of cases. The judges were shown our forensic interview rooms and state-of-the-art digital video taping equipment, as well as our observation rooms and monitoring equipment. We also discussed the qualifications and specialized training of the Forensic Interviewers.

I then presented and reviewed a manual we compiled especially for the judges,

complete with a copy of the Forensic Interview Protocol for the State of Michigan, laminated examples of age appropriate/developmental questions for judges to use to assess truth/lie concepts in court, and eight articles describing the latest research addressing pertinent issues regarding child sexual abuse dynamics. These articles described why children recant; the process of disclosure; memory and suggestibility; child abuse accommodation syndrome; understanding bizarre, improbable, and fantastic elements in children's accounts of abuse; and assessing validity in child sexual abuse cases.

I was incredibly impressed with the interest and willingness of this group of individuals to learn more about how CACs provide neutral settings for thorough and collaborative investigations in child sexual abuse cases. It is my hope that the tour and manual provided new information that will assist Ottawa County's judges in making informed decisions in future cases.

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*Darcy Komejan, MA, is the Executive Director of the Children's Advocacy Center of Ottawa County.*

# The State of Michigan Trauma System

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■ By Tim Kangas

## Introduction by Mike Fullwood

In 2006 the Crime Victim Services Commission and the Michigan Department of Community Health convened major stakeholders and developed legislative recommendations for an unprecedented synthesis of policy and services that would save lives and provide direct financial relief to victims of crime.

We maintain that the lives of hundreds of crime victims would be saved by implementing a trauma system. As a result of this system, overall hospital costs to crime victims would be reduced by \$3.0 million a year; hospitals would be encouraged to invest in higher levels of specialty care; and costs would be passed onto those who willingly and maliciously cause the injuries that require trauma services to be activated.

My colleague, Dr. Tim Kangas, gives us an informative briefing on the history and operation of a Michigan trauma system. Tim is an expert in the effective implementation of health policy and trauma services; I encourage you to contact him if you have further interest or questions.

## The State of Michigan Trauma System

Trauma is the leading cause of death for people between the ages of 1 and 44 in the United States. Although trauma related deaths are preventable, up to 35% of these deaths are a result of a lack of access to trauma care. In Michigan, it is estimated that there are over 5,000 trauma related deaths each year. 1,200 of these deaths occur on roadways and 600 are murder victims. Moreover, there are

more than 39,000 victims of aggravated assault each year. Despite these grave statistics, Michigan is one of only four states that does not have a statewide trauma system.

In 2004, the Michigan Legislature passed Public Acts 580, 581, and 582 requiring the Michigan Department of Community Health (MDCH) to create an all-inclusive trauma system. While the legislation required MDCH to promulgate administrative rules, it did not include an appropriation to support implementation. During the past two years MDCH has, in conjunction with the State Trauma Advisory Subcommittee and the Emergency Medical Services Coordinating Committee, developed draft administrative rules to outline the Michigan's trauma system structure.

Trauma care is highly specialized and expensive to provide. To help ensure that patients get the right level of care in a minimal amount of time, the trauma system will include triage and destination protocols, maximizing the benefits of care, while containing costs. Data will be collected to analyze triage and destination protocols to insure that patients receive appropriate triage. This will help determine how patient care can be improved to further reduce mortality rates, as well as to enhance outcomes by reducing the long term effects of injury and improving the quality of life for victims.

One of the cornerstones for improved outcomes in patients is the collection and integration of data systems.

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## *The State of Michigan Trauma System continued...*

A key concept involved with trauma system development in Michigan is not only the integration of pre-hospital and hospital data, but also the inclusion of crash data. The combination of these information systems will allow MDCH to work with researchers to redefine treatment protocols both on-scene and through on-line medical control, as well as to redefine training needs for medical personnel.

In addition to examining hospital related trauma activities, the EMS and Trauma Systems Section at MDCH is responsible for ensuring there are a sufficient number of qualified EMS personnel serving all areas of the state. Currently, there are a number of national studies aimed at determining the status of EMS personnel nationwide. However, determining adequate staffing has proven problematic without more resources being committed at the state level. Researchers have found that EMS lacks sufficient data to quantify the existing number of personnel, making it difficult to calculate the scope of workforce shortage. Michigan needs to collect workforce data before beginning to address recruitment and retention issues.

The average age of EMS personnel now exceeds fifty years old. In addition, there is no current system of tracking the number of active emergency personnel. Both of these issues are becoming national priorities within the National Highway Safety Traffic Administration, and are viewed as issues of critical importance within the EMS and Trauma Systems Section at MDCH.

Support for the implementation of the trauma system has begun to gain traction, and one of its key supporters is the Crime Victim Services Commission. This partnership was formed in an effort to help save lives and improve outcomes for victims of violent crime. Together, the Commission and MDCH have crafted a proposal for a funding mechanism that not only provides support to programming for crime victims through 2017, but will also support victims of trauma and increase reimbursement in a host of categories, including victims of sexual assault. This funding proposal has been reviewed and approved by the Governor's Office. MDCH is optimistic that with the broad support generated by the initiative, the funding proposal will be passed in the fall of 2007.

Each year, as many as 1,800 people may die needlessly in Michigan because they did not receive access to appropriate trauma care. By supporting the funding mechanism currently being proposed by the Crime Victim Services Commission and MDCH, not only will services to victims of crime be insured through 2017, lives will be saved.

To find out more about how you and your organization can support these important initiatives, contact John Hubinger at [jhubin@michigan.gov](mailto:jhubin@michigan.gov).

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*Dr. Tim Kangas is the Trauma Coordinator for the Michigan Department of Community Health EMS and Trauma Systems Section.*

# Effective Inter-cultural Service Takes More than Goodwill

By Harold Core

Most of us have attended diversity trainings where we've heard speakers talk about how Michigan is becoming more diverse and the need to prepare to successfully serve changing populations. In response, the Michigan Department of Civil Rights (MDCR) and the Crime Victim Services Commission (CVSC) have joined forces to offer free trainings to help victim service providers adjust to these changes. Beyond basic diversity training, these sessions cover the topics of cultural competence and effectively responding to hate crime.

When it comes to topics like diversity training, service providers generally consider themselves the choir, assuming that good will and the desire to help is enough to cross any cultural barriers. To a point this is true.

Beyond that point is an interesting disparity. A recent poll conducted by Opinion Research Corporation for CNN found that a majority of Americans--66% of whites and 84% of blacks --believe that racism today is "somewhat serious" or "very serious." However, when asked if they themselves are racist, a mere 13% of whites and 12% of blacks considered themselves racially biased.

How is it possible that a majority of Americans perceive a problem between the races, when only a small percentage recognize their own racial biases? The difference between these two perceptions is possibly the difference between good intentions and a true understanding of cultural differences. Unfortunately, even people with good intentions can fall prey

to their own cultural ignorance and engage in interactions that leave a bad impression on others.



Training presenters Mark Bishop (above) and Linda McLin (below) engage participants in learning more about themselves and the diversity around them.



## Cultural Competence and Serving an Increasingly Diverse Community

With the increasing diversity of our state and nation, cultural competence is moving

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## *Effective Inter-cultural Service Takes More than Goodwill continued...*

to the forefront of the list of necessary skills for serving the public. Since 1990, the population of Latino Americans in Michigan has increased over 60% and the population of Asian Pacific Islanders has increased over 73%. By comparison, the population of whites and African Americans has increased by only about 2% and 9% respectively. These demographic changes mirror changes in other areas of diversity, including religion and national origin.

The increasing diversity of Michigan's population will likely affect the operations of service organizations in at least three ways:

- Outreach and Organizational Identity: Service organizations, no matter how well established, will have to engage in outreach efforts to emerging communities. This includes establishing an organizational identity that invites people of all backgrounds. For example, a faith-based service organization that has long been a fixture of a neighborhood may have to convince new arrivals that their services are available to victims of all religious backgrounds. For outreach to be successful, you must both recognize your perceptions of emerging communities and their perceptions of your organization.
- Client/Customer Relations: Once your organization has successfully reached emerging communities in your area, your organization must be prepared to deliver services effectively to customers who solicit your assistance. Effective service delivery in diverse communities will require cultural competence at every level of your organization. Leaders must make culturally sensitive policies and front-line service providers must be effective in inter-cultural interactions.
- Organizational Culture/Dynamics: As a community becomes more diverse, your agency's employee applicant pool will also become more diverse. An effective diversity management plan will become a critical part of your organization's strategic and succession planning.

An unfortunate reality of increasing diversity within a community is that communities sometimes experience a corresponding increase in hate crime and bias incidents. Organizations that provide services to victims of hate crime will be especially impacted and will need to fully understand how to effectively respond. However, everyone has a stake in building local response systems to prevent hate from becoming the voice of your community.

### **The First Step: Free Diversity Training to Service Providers**

In response to these needs, MDCR and the CVSC are proud to offer a series of free trainings at locations throughout the state.

Building Cultural Competence will help victim service providers, prosecutors, law enforcement, and allied professionals work better with diverse populations. This four-hour participatory session will enhance participants' understanding of five major cultural groups: African American, American Indian, Arab American, Asian American, and Latino American. The training is designed to assist participants with recognizing, understanding, and controlling their personal biases, while also interacting more effectively with colleagues and clients across cultural boundaries.

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Hate Crime 101 is a two-hour training designed to assist crime victim service providers and law enforcement with better understanding how to define and respond to bias incidents. Participants will learn the definition of a hate crime and how to use available resources, including hate crime laws.

For a victim service organization to effectively serve diverse populations, its employees must match good intentions with cultural competence. There is simply no substitute for proficiency in recognizing and avoiding personal biases, cultural miscommunications, and missed opportunities for outreach. By virtue of being human, we all have stereotypes to unlearn and different perceptions to understand before we can effectively serve people from different cultural backgrounds.

## Resources and Information

More information on these free trainings is available through the Michigan Department of Civil Rights, Community Relations Division:

- Telephone: 517-335-3165
- <http://www.michigan.gov/mdcr>

Upcoming training sessions are listed on the Michigan Advocate Community Calendar, [www.michiganadvocate.org](http://www.michiganadvocate.org).

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*Harold Core is a Public Information Officer at the Michigan Department of Civil Rights.*

## Update on the Grant Compliance Review and Needs Assessment Project

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▪ By Mike Fullwood

Many of you have taken the time to provide the CVSC with positive comments regarding the way site visits have been conducted over the years. We appreciate all comments and opinions about our activities, and it is clear from the feedback you provide to us that this is an area where we seem to be doing something right.

I want to express our thanks to Dr. Randy Parker for his thoughtfulness and for his genuine enthusiasm about getting to know about you and your programs. His efforts have greatly contributed to the seemingly effortless transition as our office assumed this function from MPHI.

The site visit process is a necessary and valuable one for all of us, and I want to discuss some influences that shape the process. Our federal funding office, the Office for Victims of Crime, Office of Justice Programs, has been taking a closer look at the work of state programs with regard to state level oversight of VOCA expenditures. However, the OVC office is not alone in this regard. We are now in a new era of higher expectations and measured accountability across the board. The National Association of VOCA Assistance Administrators, where Michigan is ably represented by Leslie O'Reilly, has

been studying some of the best methods for states to respond to anticipated challenges in implementing oversight tasks.

At some point, there will be some changes in the specifics of this process. No formal notice has been provided to states regarding timelines, suggested activities, or required documentation. No new criteria, standards, or guidelines have been formally implemented. However, we do know there will be added emphasis on financial testing, and we are fine with that as long as we can continue to be grant managers and not substitute auditors. Leslie, Randy, and I will be working on specifics of these processes in the coming weeks and months and as formal guidance may become available from our extended bureaucratic "family."

Finally, we do hope that we have been doing something right with the site visit process. We also pledge to take this opportunity to preserve some things that have always been important to us, namely, customer service, non-intrusiveness, and valuing and sustaining our professional partnership with you.

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*Mike Fullwood is the Director of the Crime Victim Services Commission.*

## Ninth Annual Council of Advocates Held

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■ By Courtney Chapin

The Council of Advocates (COA) event is a day-long, roundtable discussion coordinated by the Crime Victim Services Commission (CVSC) and the Michigan Public Health Institute (MPHI). The COA is comprised of a small group of VOCA-funded agency representatives from across the state. The annual COA meeting offers an opportunity for grantees to network and to discuss the issues that are facing crime victims and victim service agencies. Participants have the chance to provide open feedback to the CVSC and MPHI, and the CVSC is able to relay any new and relevant information regarding VOCA grant administration.

This year's COA meeting took place on December 13, 2006 at the Kellogg Hotel & Conference Center in East Lansing, Michigan. COA participants traveled to the meeting from all over Michigan, including Detroit, Lansing, Battle Creek, Sault Ste. Marie, Dearborn, St. Joseph, and Saginaw. These participants represented a variety of VOCA-funded agencies, including those serving victims of domestic violence, sexual assault, and child abuse.

The meeting began with welcoming comments from Mike Fullwood, CVSC Director, and Leslie O'Reilly, Program Specialist. The group then moved into an open question and answer session, which focused on questions that had been submitted by participants prior to the meeting. Topics of discussion included items such as interactions with the Michigan legislature, the new trauma system's organization and Senate Bill 119 regarding reimbursement for rape exams, CVSC storage of rape kits, and posting changes in reporting on the CVSC website. The CVSC also presented a mock-up

certificate of recognition that was created for grantees to display in their offices, and the CVSC asked for suggestions for development of other useful materials for staff. The group also talked about VOCA-agency funds and budgets.

Later in the morning CVSC staff led a discussion about the VOCA Online Application and reporting process. Participants were given the opportunity to provide feedback about this reporting process and to make suggestions for improvement of the online application. Comments will help guide the CVSC in future changes to the system.

The afternoon began with a presentation by the Director of Michigan Department of Civil Rights (DCR), Linda Parker, and two staff members, Al Perez and Mark Bishop. The presenters provided background on the DCR, explaining that it provides outreach and education on discrimination, refers residents to other entities, investigates unlawful discrimination complaints, sends out Crisis Response Teams to respond to hate crimes and bias incidents, and develops and conducts trainings across the state. DCR staff introduced the Council to a new VOCA-funded training opportunity entitled "Enhancing Victim Support through Cultural Competency," which addresses challenges faced by providers serving diverse populations. The presenters also discussed "Hate Crimes 101," another VOCA-funded DCR training offered to service providers. This training involves discussion of what a hate crime is, hate crime law, and how to take action when a hate crime is encountered. Dates

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## *Ninth Annual Council of Advocates Held continued...*

and locations for upcoming trainings can be found on the DCR website at [www.michigan.gov/mdcr](http://www.michigan.gov/mdcr) or on the Michigan Advocate website, Community Events page at [www.michiganadvocate.org](http://www.michiganadvocate.org).

The afternoon agenda included several additional items of importance. Randy Parker from the CVSC provided an update on the Grant Compliance Review and Needs Assessment process, which is currently being revised. CVSC staff facilitated a discussion to identify training needs for grantees, as all VOCA-funded grantees are required to continue their education and update their skills each year. Julia Heany from MPHI led a discussion about *The Michigan Advocate* newsletter and demonstrated some of the new functions of the newsletter's website. Participants also had an opportunity to share topic ideas for future newsletter articles.

The upcoming Program Evaluation Trainings were also announced. Three trainings will be offered in fiscal year 2007, including a new training that will focus on the evaluation needs of grantees that serve children. The first Evaluation Training was held on April 12th in Lansing and

the second training will be held on July 19<sup>th</sup> in Baraga. The Children's Services Evaluation Training will be held on June 15<sup>th</sup> in Detroit. The COA meeting concluded with thanks to all participants for attending and for providing valuable feedback to the CVSC and MPHI. The date for the 10<sup>th</sup> Annual Council of Advocates' meeting was set for Wednesday, November 28<sup>th</sup>, 2007 in East Lansing.

Discussions at the COA were summarized in a report and will be used to help guide CVSC priorities and VOCA grant administration in Michigan. Copies of the Council of Advocates Report Summary were mailed to all VOCA-funded agencies to keep victim service advocates informed of current issues and developments. If you would like additional copies of this report, please contact Courtney Chapin at (517) 324-8307 or [cchapin@mphi.org](mailto:cchapin@mphi.org). The report is also available online at [www.michiganadvocate.org](http://www.michiganadvocate.org).

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*Courtney Chapin is a Research Assistant for the Crime Victim Services Commission Technical Assistance Project at the Michigan Public Health Institute.*

## Program Evaluation Training Update

■ By Julia Heany

Each year the Crime Victim Services Commission (CVSC) and the Michigan Public Health Institute (MPHI) host a one day workshop titled "Program Evaluation for VOCA Grantees." Designed and facilitated by Dr. Cris Sullivan from Michigan State University, this one day workshop is designed to guide agencies serving victims of crime through the process of designing an evaluation that meets their unique needs.

Last year's workshops were held in Traverse City in June and in Lansing in August. Both events were well attended and received rave reviews from participants. Based on this ongoing positive feedback, the workshop is again available this year.

The first workshop was held on April 12<sup>th</sup> at the Henry Center in Lansing. The workshop was attended by 36 victim service providers from across the state. The day was characterized by lively interaction and discussion between attendees and Dr. Sullivan, and the workshop evaluation forms indicated that Dr. Sullivan's style and experience made for an interesting and informative day.



The second workshop will be held on July 19<sup>th</sup> in Baraga. The Keweenaw Bay Indian Community's Pow-Wow will take place the weekend after the training, so why not come to the training and then stay for the weekend?

Based on feedback from agencies that serve children, the CVSC asked Dr. Sullivan to develop a version of the evaluation training that focuses on evaluation issues with children. Dr. Sullivan developed a modified workshop and presented her plan to several grantees in September, 2006. Based on the feedback Dr. Sullivan received at this meeting, she will be presenting this modified workshop to agencies serving children on June 15<sup>th</sup> in Detroit.

For more information on these workshops or for registration materials, please contact Courtney Chapin at 517-324-8307 or [cchapin@mphi.org](mailto:cchapin@mphi.org).

*Julia Heany, Ph.D., is the Team Leader for the Crime Victim Services Commission Technical Assistance Project at the Michigan Public Health Institute.*

## Michigan's Health Promotions Clearinghouse

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The Michigan Department of Community Health (MDCH) Health Promotions Clearinghouse provides promotional materials related to crime victim services and violence, which can be ordered in quantity at no cost. Most orders can be filled within a few days.

The materials that can be ordered through the Health Promotions Clearinghouse include:

- Crime Victim Notification Network Posters (English and Spanish)
- Crime Victim Notification Network Brochures (English and Spanish)
- Crime Victim Notification Network Pads (English and Spanish)
- Crime Victim Compensation Brochures
- Domestic Violence Safety Tips Booklet (English and Spanish)
- Domestic Violence Mirror Clings
- Domestic Violence Wallet Cards
- Stalking Brochures (English, Spanish, and Arabic)
- Personal Protection Order Brochures (English, Spanish, and Arabic)
- Relationship is No Place for Violence Brochures (English, Spanish, and Arabic)
- Domestic Violence Posters
- Information About Domestic Violence Brochures (English, Spanish, and Arabic)

Visit [www.hpclearinghouse.org](http://www.hpclearinghouse.org) for more information or to place an order.

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