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
In the Spotlight: Sexual Assault
Medical Forensic Exams

By the Michigan Women’s Commission

New Michigan laws make it easier for sexual assault victims to get medical forensic exams. Starting December 29, 2008, victims no longer have to pay for their own exams. Instead, health care providers are to bill victims’ insurance carriers or get payment from another source. 2008 PA 390-391 created a SAFE Response program in the Department of Community Health (“SAFE Response”) is available to pay for an exam if:

▪ the victim has no insurance, or
▪ the victim is afraid to use insurance to pay for the exam.

SAFE Response will also pay costs that the victim’s insurance company will not pay, like co-pays or deductibles. SAFE Response will pay up to $600 for any one exam.

The hospital or other provider who does the exam also can seek payment for the exam from other sources, (such as grant programs), as long as they don’t ask the victim to pay.

Starting December 29, 2008, a sexual assault victim cannot be required to report the assault to the police or talk to the police or prosecutor in order to:

▪ get a medical forensic exam, or
▪ have the costs of the exam paid for as described above.

Michigan lawmakers passed the new laws so more sexual assault victims may get medical forensic exams and the care they need immediately after a sexual assault. These exams can help victims recover more quickly after an assault, and preserve evidence to potentially prosecute the crime. The new laws also satisfy requirements the state must meet to get federal funding that supports law enforcement work to stop domestic violence, sexual assault, and stalking.

Frequently Asked Questions

Why wouldn’t a victim want the insurance company to pay for an exam?

Some victims are afraid to bill insurance because they don’t want the policy holder to know about the forensic exam. For example, someone who rapes his wife may attack her again if he finds out she had forensic evidence collected. In cases like this, victims don’t have to give out their insurance information, and the care provider may bill SAFE Response or another source other than the victim.

Why can’t victims be made to report to the police?

Sexual assault experts have found that some victims are uncertain or afraid about reporting the crime to police right after an assault, even though this is when a doctor or nurse must do the medical forensic exam. Experts who work with victims have found that they often won’t have the exam if they have to decide right away about reporting the assault. However, if these victims have time to recover from the assault before they have to think about investigating or prosecuting the crime, they are more likely to get an exam. When victims get exams, they get the health care they need, and better evidence is available for future prosecution.

Continued on next page
Sexual Assault Medical Forensic Exams continued...

**Will the doctor or hospital have to report the sexual assault to the police?**

The new laws on reporting only apply to sexual assault victims. They don’t change the legal duty that hospitals, doctors, and nurses have to report certain crimes to police.

**What is a medical forensic exam?**

Doctors and nurses who do a medical forensic exam do all of the following:
- A medical history;
- A general medical exam, including laboratory services and prescribed pharmacy items;
- One or more of the following:
  - A detailed oral exam;
  - A detailed anal exam;
  - A detailed genital exam;
- Administration of a sexual assault evidence kit and related medical procedures and laboratory and pharmacy services.

**Other Help is Available for Sexual Assault Victims**

Getting a medical forensic exam is only a first step to recovery for victims. The physical and mental suffering caused by sexual assault can last a long time. Any reaction a victim has to being sexually assaulted is normal because there is no one way to experience the healing process after an assault. Victims’ physical and mental injuries can make them lose time at work. They can cause victims to have problems getting along with family and friends.

Many organizations provide special services for victims and their friends or family members who need help coping with the effects of sexual assault. Sexual assault service provider organizations offer free support, counseling and advocacy.

Those seeking to locate a sexual assault service provider organization can call the 24 hour Rape, Abuse, and Incest National Network (RAINN) at

(800) 656 – 4673 (HOPE)

Using callers’ telephone area codes, RAINN will route calls to the sexual assault service provider organization nearest to them.

To contact the SAFE Response program, call 517-334-SAFE (7233) or contact the Crime Victim Services Commission.

---

Post-Assault Medical Care for Adult Sexual Assault Survivors: Developing a new Standard of Care

By Rebecca Campbell, Ph.D.

Sexual assault victims have extensive post-assault medical needs, including injury detection and care, medical forensic examination, screening and treatment for sexually transmitted infections (STIs), and pregnancy testing and emergency contraception. Although most victims are not physically injured to the point of needing emergency care (Ledray, 1999), traditionally, police, rape crisis centers, and social service agencies have advised victims to seek treatment in hospital emergency departments for a medical forensic exam (Martin, 2005). The survivor’s body is a crime scene and due to the invasive nature of rape, a medical professional is needed to collect the evidence. The “rape exam” or “rape kit” usually involves plucking head and pubic hairs; collecting loose hairs by combing the head and pubis; swabbing the vagina, rectum, and/or mouth to collect semen, blood, or saliva; and obtaining fingernail scrapings in the event the victim scratched the assailant. Blood samples may also be collected for DNA, toxicology, and ethanol testing (Martin, 2005).

Victims often experience long waits in hospital emergency departments because sexual assault is rarely an emergent health threat, and during this wait, victims are not allowed to eat, drink, or urinate so as not to destroy physical evidence of the assault (Littel, 2001). When victims are finally seen, they get a cursory explanation of what will occur and it often comes as a shock that they have to have a pelvic exam immediately after such an egregious, invasive violation of their bodies (Martin, 2005). Many victims describe the medical care they receive as cold, impersonal, and detached (Campbell, 2005, 2006). Furthermore, the exams and evidence collection procedures are often performed incorrectly (Martin, 2005). Most hospital emergency department personnel lack training in sexual assault forensic exams, and those trained usually do not perform exams frequently enough to maintain proficiency (Plichta et al., 2006).

Forensic evidence collection is often the focus of hospital emergency department care, but sexual assault survivors have other medical needs, such as information on the risk of STIs/HIV and prophylaxis (preventive medications to treat any STIs that may have been contracted through the assault). The American Medical Association (1995) and Centers for Disease Control and Prevention (2002) recommend that all sexual assault victims receive STI prophylaxis and HIV prophylaxis on a case-by-case basis after risk assessment. However, analyses of hospital records have shown that only 34% of sexual assault patients are treated for STIs (Amey & Bishai, 2002). Yet, data from victims suggest much higher rates of STI prophylaxis: 57-69% of sexual assault victims reported that they received antibiotics during their hospital emergency department care (Campbell, 2005, 2006; Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001; National Victim Center, 1992). But not all victims are equally likely to receive STI-related medical services. Victims of non-stranger sexual assault are signify-
cantly less likely to receive information on STIs/HIV or STI prophylaxis (Campbell et al., 2001), even though knowing the assailant does not mitigate one’s risk. In addition, one study found that Caucasian women were significantly more likely to get information on HIV than ethnic minority women (Campbell et al. 2001).

Post-assault pregnancy services are also inconsistently provided to sexual assault victims. Only 40-49% of victims receive information about the risk of pregnancy (Campbell et al., 2001; National Victim Center, 1992). The AMA (1995) and American College of Obstetricians and Gynecologists (1998) recommend emergency contraception for victims at risk for pregnancy, but only 21-43% of sexual assault victims who need emergency contraception actually receive it (Amey & Bishai, 2002; Campbell, 2005, 2006; Campbell et al., 2001). To date, no studies have found systematic differences in the provision of emergency contraception as a function of victim or assault characteristics, but hospitals affiliated with the Catholic church are significantly less likely to provide emergency contraception (Smugar, Spina, & Merz, 2000).

In addition to the challenges they face obtaining needed services, sexual assault victims also encounter substantial victim blaming from medical system personnel. In the process of the forensic exam, STI services, and pregnancy-related care, doctors and nurses ask victims about their prior sexual history, sexual response during the assault, what they were wearing, and what they did to “cause” or “provoke” the assault (Campbell, 2005). Medical professionals may view these questions as necessary and appropriate, but sexual assault survivors find them upsetting. For example, Campbell (2005) found that as a result of their contact with emergency department doctors and nurses, most sexual assault survivors stated that they felt bad about themselves (81%), depressed (88%), violated (94%), distrustful of others (74%), and reluctant to seek further help (80%). Only 5% of victims in Ullman’s (1996) study rated physicians as a helpful source of support, and negative responses from formal systems, including medical, significantly exacerbate victims’ PTSD symptomatology (Campbell et al., 1999; Ullman & Filipas, 2001). Victims who do not receive basic medical services rate their experiences with the medical system as more hurtful, which has been associated with higher PTSD levels (Campbell et al., 2001).

To address these shortcomings in post-assault medical care for sexual assault victims, communities throughout the United States have been developing Sexual Assault Nurse Examiner (SANE) programs. SANE programs were created by the nursing profession in 1970s and grew in rapid numbers during the 1990s (Ledray, 1999; Littel, 2001). These programs were designed to circumvent many of the problems of traditional hospital emergency department care by having specially trained nurses, rather than doctors, provide 24/7 crisis intervention and medical care to sexual assault victims in either hospital emergency department or community clinic settings (Ledray, 1999). Influenced by psychiatric and community mental health nursing, SANE programs place strong emphasis on treating victims with dignity and respect in order to decrease post-assault psychological distress (Ledray, 1999). Many SANE programs work with their local rape crisis centers so that victim advocates can also be present for the exam to provide emotional support, combining the potential benefits of both service programs (Littel, 2001).
The medical forensic exam performed by SANEs is more thorough than what victims receive in traditional emergency department care. Most SANE programs utilize specialized forensic equipment (e.g., colposcope), which allows for the detection of micro-lacerations, bruises, and other injuries (Ledray, 1999). With respect to STI/ HIV and emergency contraception care, national surveys of SANE pro-grams find service provision rates of 90% or higher (Campbell et al., 2006). As with traditional emergency department medical care, SANE pro-grams affiliated with Catholic hospitals are significantly less likely to conduct pregnancy testing or offer emergency contraception (but do so at higher rates than non-SANE, Catholic-affiliated emergency departments) (Campbell et al., 2006). In a quasi-experimental longitudinal study, Crandall and Helitzer (2003) compared medical service provision rates two years before to four years after the implementation of a hospital-based SANE program, and found significant increases in STI prophylaxis care (89% to 97%) and emergency contraception (66% to 87%).

Victims’ experiences receiving post-assault medical care in SANE programs are markedly different than traditional hospital emergency departments. For example, in a qualitative study of a Canadian “specialized sexual assault service” (similar to an American SANE program), Ericksen et al. (2002) found that patients felt respected, safe, reassured, in control, and informed throughout their crisis period.

Similarly, Campbell, Patterson, Adams, Diegel, and Coats’s (2008) evaluation with 52 sexual assault patients in a midwestern SANE program found that survivors felt very sup-port-ed, respected, believed, and well-cared for by their SANE nurses. In a qualitative follow-up study with the same SANE program, survivors noted that they appreciated the joint efforts of both the SANE nurse and the rape crisis center victim advocate (Campbell, Bybee, Ford, & Patterson, 2008). Victims noted that the nurses and advocates worked well together as a team to provide comprehensive psychological support to them as well as their families. Although more evaluation research is clearly needed, SA NE programs represent a promising practice model of post-assault medical care for sexual assault survivors.

References


______________________________

Rebecca Campbell is a professor of Community Psychology and Program Evaluation at Michigan State University. Her research focuses on violence against women, specifically sexual assault and how the legal, medical, and mental systems respond to the needs of rape survivors.
Identity Theft

'Alter Reality': Governing the Risk of Identity Theft
NCJ Number: 221839
Author: Donncha Marron
Publication Date: January 2008
Abstract: This paper examines the recent development of identity theft as a crime within the United States, specifically the appropriation of personal information for the fraudulent adoption of consumer credit accounts. Identity theft involves the use of another’s personal identifying information for a range of illicit ends, and is billed as the fastest growing crime in the United States. The dangers posed by identity theft are not simply constructed, but have a realist dimension stemming from the ways in which the contemporary credit-dependent, consumer-oriented economy works. It is demonstrated that identity theft, conceptualized within a discourse of risk, has a realist dimension as an unintended consequence of the deployment of information technologies in the securitization of consumer identities. This paper explores the extent to which credit consumers have come to be made conscious of identity theft and its financial impact as an uncertain event, a crime which the individual, as a consumer, is encouraged to take preventative measures against a risk through which the actions and dispositions of individuals are governed in specific ways. In addition, it examines how the risk of identity theft is understood and constructed in particular ways through the means by which governing authorities, the State, lenders, credit-referencing agencies, and consumer groups, comprehend the problem as a risk and apportion responsibility for its management.

Exploring the Crime of Identity Theft: Prevalence, Clearance Rates, and Victim/Offender Characteristics
NCJ Number: 208470
Author: Stuart F.H. Allison; Amie M. Schuck; Kim Michelle Lersch
Journal: Journal of Criminal Justice Volume: 33 Issue: 1 Dated: January/February 2005
Publication Date: January 2005
Abstract: Identity theft has been tagged by many government officials as one of the greatest threats to the United States economy. It is defined as the unlawful use of another’s personal identifying information. Identity thieves typically steal people’s identities to commit an assortment of financial crimes, such as taking out loans, credit applications, and taking control of entire financial accounts. The purpose of this study was to examine the magnitude and characteristics of identity theft and determine if government officials’ claims and the media’s portrayal of the substantial rise in identity theft incidents were supported empirically. A case study methodology was selected which involved the analysis
and description of “real life” circumstances. The study examined all the relevant identity theft cases investigated from a large municipal police department’s database over a 2-year and 11-month period between January 2000 and December 2002. A typical offender was African-American, female, unemployed, working alone, and was unknown to the victims, who were typically White and male. Study results indicated that from 2000 and 2001 identity theft increased by 105 percent and increased by approximately 39 percent between 2001 and 2002. The study found support for the expressed belief by the media and government officials that identity theft was a growing crime and that identity theft appeared to be larger than those of other theft-oriented offenses. The clearance rate for identity theft was lower than for most other theft-related offenses. In addition, the results indicated that the clearance rate trend for identity theft was decreasing.

NCJ Number: 210583
Publication Date: September 2003
Abstract: This overview of the Federal Trade Commission's Identity Theft Program for the period October 1998-September 2003 focuses on assistance to identity theft victims, outreach and education, and the functions of the Identity Theft Data Clearinghouse. Pursuant to the 1998 Federal Identity Theft and Assumption Deterrence Act, Congress directed the Federal Trade Commission (FTC) to log the complaints of identity-theft victims; provide identity-theft victims with informational materials; and refer complaints to appropriate entities, including the major national consumer reporting agencies and law enforcement agencies. The FTC began receiving complaints from consumers via a toll-free phone line on November 1, 1999. The FTC's identity-theft Web site provides equivalent service for those who prefer online interaction. An education booklet issued by the FTC covers a range of topics on identity theft. The FTC has sent letters to States' attorneys general to explain the FTC's identity theft program and how the attorney general can use the program's resources to assist State residents. Other outreach initiatives for law enforcement include participation in a "Roll Call" video and CD-ROM resource guide that instructs officers on identity theft, investigative resources, and victim assistance. The FTC has worked with industry and consumer advocates to create a standard form for victims to use in resolving identity-theft debts. The FTC is also working with institutions that maintain personal information to identify ways to keep this information safe from identity theft. The FTC has also created the Identity Theft Data Clearinghouse to provide a fuller portrait of the nature, prevalence, and trends in identity theft. Relevant legislative proposals supported by the FTC are outlined.

**Identity Theft and the Deceased: Prevention and Victim Tips**
NCJ Number: 210692
Author: Linda Foley
Publication Date: January 2003
Abstract: This paper focuses on ways to prevent and respond to a thief's obtaining of personal information on a deceased family member for use in criminal schemes. Ways that identity thieves obtain personal information on deceased individuals include the monitoring of obituaries; the theft of death certificates; and access to Web sites that provide a Social Security Death Index file, which is intended for use in genealogy research. The thief may
also be a family member with easy access to the personal information of the deceased. The personal information of a deceased person is useful for a thief's criminal activity because a person's active credit file will remain open for up to 10 years without activity. Recommended ways of preventing criminal activity based on this type of identity theft are for executors of the deceased's estate to contact all credit and financial institutions with whom the deceased has dealt to provide official notice that the person is deceased, so that the account or file is closed to any further activity. Institutions and organizations to notify are suggested. The report concludes with recommended steps to take if it is apparent that someone is fraudulently using the personal information of a deceased person. Various samples of form letters for use in death notifications are provided.

Identity Theft Prevention and Repair Kit
NCJ Number: 221347
Author: New Mexico Office of the Attorney General
Publication Date: 2007
Abstract: Highlights of signs of identity theft include: denial of credit, charges found on credit card that were not made by oneself, credit card bills stop coming, a debt collector calls about a debt one is unaware of, and being wrongly accused of a crime. Highlights in preventing identity theft include: placing a security freeze on one’s credit report, putting passwords on all accounts, using a credit monitoring service, reviewing bills for any charges one is unaware off, and not giving out personal information to anyone on the phone that one did not contact first. Steps to follow when one is a victim of identity theft include: (1) file a police report; (2) close any accounts that have been tampered with or opened without ones knowledge; (3) call the three credit reporting bureaus and place a fraud alert on ones credit file or, after July 1, 2007, place a security freeze on one’s credit file; (4) review one's credit report for accounts one did not open, debts on one’s account that one did not know about, inquiries from companies one does not know, and inaccurate information; and (5) file a complaint with the Federal Trade Commission. The convenience of technology advances has unfortunately provided an unwanted side effect, one of the fastest growing crimes in the Nation called, Identity Theft. This booklet offers individuals pertinent information on ID theft in the areas of signs of ID theft, preventing ID theft, definition of ID theft, prevention of ID theft, and liability.

Identity Theft Victim Recovery Starts with Local Law Enforcement Agencies
NCJ Number: 221450
Author: Joanna Crane; Jennifer Leach
Publication Date: December 2007
Abstract: The CD-ROM, entitled "Fighting Identity Theft: A Law Enforcer's Resource," includes both advice on helping victims of identity theft and information helpful for ID theft investigators. The CD-ROM has a selection of sample letters that investigators and victims can use, such as letters to businesses requesting that they provide to the investigating agency and the victim, free of charge, all records related to the identity crime. The CD-ROM also contains a training kit that assists in developing a community outreach program on ID theft. The FTC has provided guidance for victims of identity theft. First, victims should place a fraud alert on their credit report by contacting one of three nationwide credit reporting companies. Second, compromised accounts should be closed immediately. Once credit
reports have been received, they should be reviewed for other accounts that might need to be closed. Third, the ID theft should be reported to the FTC online or by phone call. A police report should be filed, and victims should ask the officer who receives the report to attach a copy of the FTC complaint form to the police report. Together, these steps restore the victim's credit report to its pre-crime status. The FTC will continue to seek opportunities to support law enforcement agencies while continuing to collect complaints and educate the public on avoiding ID theft.

Identity Theft Victims' Assistance Guide: The Process of Healing
NCJ Number: 214172
Author: Judith M. Collins Ph.D.; Sandra K. Hoffman B.A.
Publication Date: 2006
Abstract: Written by two former victims of identity theft, the main goal of the book is to guide victims through the process of reclaiming their identity, dealing with the negative emotions related to victimization, and protecting against re-victimization. The handbook defines identity theft, describes how identities are typically stolen, and briefly considers the reactions and emotions experienced by most victims. The next section provides a step-by-step process for overcoming identity theft, which the authors warn could take as long as 40 hours or more to complete. The three main goals of the recovery process are to (1) help with the fraud investigation by collecting as much information as possible; (2) promote emotional healing by becoming directly involved in the case; and (3) provide a mechanism for the discharge of negative emotions related to the victimization. The process takes identity theft victims through the steps of contacting all three credit bureaus, filing a complaint with police and the Federal Trade Commission (FTC), and contacting the Social Security Administration. Advice is then tailored to specific types of identity theft, such as identity theft involving fraudulent or stolen checks, investments, stolen mail, misdemeanors or felonies, phone services, and bankruptcy. Descriptions and contact information is offered for many other agencies that identity theft victims may need to contact, such as the Department of Motor Vehicles and the Internal Revenue Service. Facts are offered about the use of passwords and about how to read a credit report and clean up poor credit caused by identity theft. Advice is offered on how to protect the flow of personal information and how to minimize the risk of re-victimization. Several forms are offered to help with the process, such as forms for requesting free credit bureau reports.

Identity Theft: The Aftermath 2003
NCJ Number: 205473
Author: Dale Pletcher
Publication Date: September 2003
Abstract: This study examined the impact of identity theft on victims and the responsiveness toward victims of this crime by various agencies. Previous studies have quantified the experience of identity theft, which numbers in the millions annually, but have left other issues unexplored, such as the emotional impact sustained by victims. In July 2003, the Identity Theft Resource Center (ITRC) sent an email to approximately 2,000 people who had contacted the ITRC since late 2001; 173 individuals responded to the study request. The study probed the time, dollar cost, and emotional impact sustained by victims of identity theft; responsiveness toward victims of various agencies with which victims must interact; differences between moment of discovery victims and long-term victims;
changes in the long-term victim response of various agencies; and the current state of identity theft. The three main forms of identity theft are explained: financial identity theft, criminal identity theft, and identity cloning. A victim’s experience of the different types of identity theft is discussed as the victim proceeds through the process of cleaning up the damage caused by the crime. Next, some of the current study results are compared to a previous study on identity theft, including the average number of months between occurrence and discovery and percentage of victims who consider the case resolved. The remainder of the report discusses the specific findings of the current study. Significant findings include the fact that almost 85 percent of victims discover their identity has been stolen in a negative manner; only 15 percent of victims discover the crime through proactive business practices. On average, victims spend 600 hours to clear up their case, a significantly longer amount of time than previous studies have reported. In 73 percent of cases, the identity theft occurred by way of opening a credit card, while in 27 percent of cases the crime involved a credit card takeover. The emotional impact of identity theft is related to that suffered by victims of violent crimes. Despite the emotional toll on victims, the responsiveness toward victims by the various agencies they must deal with was found to be lacking in sensitivity and has not improved since studies conducted in 2000. Recommendations are offered for reform in law enforcement, financial institutions, collection agencies, and the business community.

**National Strategy To Combat Identity Theft**
NCJ Number: 214621
Author: Phyllis P. McDonald Ed.D.
Publication Date: May 2006
Abstract: This national strategy for combating identity theft has seven components: partnerships and collaboration, reporting procedures, victim assistance, public awareness legislation, information protection, and training. In the area of partnerships and collaboration, this booklet recommends creating State-level coordinating centers to provide crime analysis, victim assistance, statewide investigations, and other services, while promoting cooperation and intelligence-sharing among public law enforcement agencies and other entities that have a stake in preventing and responding effectively to identity theft. Regarding reporting procedures, the booklet recommends that all police agencies take reports of identity theft in the geographic jurisdiction where the victim lives, regardless of where the crime occurred. The recommendation for victim assistance is that all police agencies develop policies for responding to victims of identity theft. The policy should include written standard operating procedures for investigations and helping victims find the assistance they need to resolve the impact of identity theft on financial accounts, credit, and personal records. In the area of public awareness, the booklet recommends creating a national public awareness campaign that features prevention and response techniques as well as the report of identity theft as a crime. The recommendation for legislation is to compile and maintain a comprehensive document that outlines identity-theft legislation for all States and the Federal Government. In order to facilitate information protection, the strategy recommends funding for national public education for consumers and merchants that focuses on information protection and legislation and/or public education that targets audiences for information protection. The recommendation for training is that all police, prosecutor, victim-assistance, and private-sector organizations
affected by any of the facets of identity theft conduct an assessment of identity-theft training needs and then seek such training.

National Crime Information Center Identity Theft File
NCJ Number: 219292
Author: Vernon M. Keenan; Marsha O'Neal
Publication Date: May 2007
Abstract: This article describes the National Crime Information Center (NCIC) Identity Theft File, including how to make a file report and its potential uses. Identity theft affects millions of Americans every year and has proven to be a difficult crime to investigate and prosecute. The NCIC files have contained information from law enforcement officers regarding stolen vehicles, firearms, securities, and property for years, which has helped in the identification and recovery of stolen property. In April 2005, the NCIC Identity Theft File became operational and is intended to assist both police officers and crime victims. The NCIC Identity Theft File contains the records of identity theft victims along with descriptive information, such as date of birth, social security number, and type of identity theft, along with a password which is kept in the file and is known to the victim. The NCIC Identity Theft File works when an officer makes a query into the NCIC system, which automatically searches all files. If a positive match is found within the Identity Theft File, the officer is informed and can use the password and other personal information to ascertain whether the individual under suspicion is using a fake identity. The authors describe how victims can have a NCIC file created by making a report of identity theft to a qualified law enforcement agency, which can then assist the victim with creating the NCIC Identity Theft File. The Identity Theft File currently contains roughly 2,600 records from 29 States and has the potential to offer a powerful tool against identity theft.

Remedies Available to Victims of Identity Theft
NCJ Number: 210695
Author: Angie A. Welborn
Publication Date: July 09, 2003
Abstract: This report provides an overview of Federal and State law pertinent to addressing issues related to the growing crime of identity theft. The theft of personal information used to assume the persona of another person to conduct financial transactions in their name and under their financial status is the most common complaint from consumers in all 50 States, according to the Federal Trade Commission. Federal laws have been enacted to assist victims of identity theft in purging inaccurate information from their credit records due to fraudulent transactions by identity thieves. Federal law also assists victims of identity theft in removing from credit accounts unauthorized charges by identity thieves. In addition, Federal laws impose criminal penalties on those who assume another person's identity through the use of fraudulent identification documents. Also reviewed are State laws and recent legislative proposals aimed at preventing identity theft and providing additional remedies. This report identifies and explains the provisions of each law or type of law that address some act or consequence of identity theft.
Take Charge: Fighting Back Against Identity Theft
NCJ Number: 212421
Publication Date: June 2005
Abstract: This booklet helps victims of identity theft--the obtaining of another person's personal information for use in committing crimes against that person and others--to remedy the effects of the theft and take steps to prevent it from reoccurring. The booklet first explains methods used by identity thieves to obtain an individual's personal information, such as credit card numbers and social security numbers. This is followed by the outlining of ways in which thieves may use this personal information for fraudulent gain that harms the victim, such as making credit card purchases, taking out loans in the victim's name, and assuming the victim's information to engage in various transactions. Should a person become a victim of identity theft, four steps are recommended for immediate action after the theft is discovered: place a fraud alert on credit reports to prevent the thief from opening any more accounts in the victim's name; close accounts known or believed to have been opened or compromised by the thief; file a report with the appropriate police agency; and file a complaint with the Federal Trade Commission, which will facilitate broad investigative action. The booklet also explains how to prove that you are a victim of identity theft and what composes the identity theft report. A section on how to resolve specific problems focuses on various types of criminal action that have involved the thief's use of the victims' personal information. Another section of the booklet provides advice on how to monitor various events and records to ensure that the consequences of identity theft have been resolved and further activity of the thief has been thwarted. Suggestions for preventing a recurrence of identity theft conclude the booklet.

Correlation between Domestic Violence and Animal Abuse
Animal Abuse and Domestic Violence: A View From the Border
NCJ Number: 222418
Author: Catherine A. Faver; Alonzo M. Cavazos Jr.
Journal: Journal of Emotional Abuse Volume: 7 Issue: 3 Dated: 2007 Pages: 59 to 81
Publication Date: 2007
Abstract: Results of the study indicate that almost a third (32.4 percent) of pet-owning Hispanic women reported that their partners threatened, harmed, or killed their pets. The results suggest that pet abuse is used to intimidate and coerce women of Mexican descent living in the impoverished border region of south Texas. In the sample, as a whole, the findings indicate that women whose pets had been abused were more likely to report that their pets were an important source of emotional support and that they were concerned about their pets during the abusive relationship. Important implications are noted in recognition of the link between animal cruelty and family violence. Previous research indicates that batterers often threaten or harm pets in order to intimidate and control their female partners. However, this research has been limited to samples comprised primarily of non-Hispanic women. To close this research gap, a survey was conducted of 151 pet-owning women of which 74 percent were Hispanic and who sought help from 2 South Texas domestic violence programs near the United States-Mexico border.
Animal Cruelty: A Spatial Investigation
NCJ Number: 193478
Author: Linda S. Turnbull
Publication Date: 2000
Abstract: Backgrounds of violent offenders often reveal the presence of animal cruelty. Arguments on the ethical treatment of animals appeared as early as the 13th century. Research has illustrated the connection between animal cruelty and family violence. Animal cruelty, child maltreatment, and domestic violence have been linked as overlapping domains. Most offenders are male and victimize the vulnerable—women, children, and animals. Holding pets hostage is used to control women in domestic violence cases. The link between animal and human violence was ignored by law enforcement, the judicial system, and other agencies until recently. Along a continuum of family violence, strong evidence suggests that animals are the first stage along the path to human violence. Nevertheless, the criminal justice system still largely views animal abuse as a minor offense. Because laws vary across space and time, direct comparisons of State laws are inadvisable. Some States have strong misdemeanor laws whereas others have weak felony laws. Animal cruelty laws may also include provisions for other forms of punishment designed to rehabilitate the offender. Attitudes regarding the importance of animal cruelty are a major factor in the criminal prosecution of such cases. No national statistics exist for animal cruelty so its incidence and prevalence are unknown. The spatial distribution in Fulton County, Georgia shows a non-random distribution, which means that cases are concentrated in specific areas. The southern section of the county has the highest incidence rate. This area is characterized by low income, poor housing conditions, and low educational levels. Low incidence appears to be concentrated in the northern section of the county. The question of where to place prevention and education programs and treatment services is answered through the identification of target areas.

Cruelty to Animals and the Short- and Long-Term Impact on Victims
NCJ Number: 222417
Author: Karen D. Schaefer
Journal: Journal of Emotional Abuse Volume: 7 Issue: 3 Dated: 2007 Pages: 31 to 57
Publication Date: 2007
Abstract: In order to disrupt the cycle of violence, it appears that all forms of family violence need to be addressed in order for change to occur. Animal abuse is one form of family violence that is just beginning to be acknowledged as a critical mental health and societal issue. Therapists will need to address animal abuse as it occurs in families, as well as be responsive to clients who report being a victim or perpetrator of animal abuse. However, first and foremost, education about the nature and importance of animal abuse is critical for both the general population as well as for therapists who work with those who witness (or are threatened) animal abuse. It appears that survivors of abuse, whether witnesses or direct recipients of the abuse, are impacted in similar ways. There are parallels in both the short- and long-term effects regardless of the type of abuse, including post-traumatic stress symptoms as indicated by depression, anxiety, low self-esteem, self-blame, self-destructive, risk-taking, or externalizing symptoms seen through inappropriate expression of anger or delinquency. It is proposed that witnessing, being threatened with, or forced to commit animal abuse constitutes an important form of abuse with both short-
and long-term effects. Similar to the impact of other forms of abuse, comparable effects could exist for both the human and nonhuman survivors of animal abuse.

**Integrating Animals Into the Family Violence Paradigm: Implications for Policy and Professional Standards**

NCJ Number: 222420  
Author: Mary Lou Randour  
Journal: Journal of Emotional Abuse Volume: 7 Issue: 3 Dated: 2007 Pages: 97 to 116  
Publication Date: 2007  
Abstract: Despite progress in the conceptualization and response to family and youth violence, there is still a persistent lack of systematic attention being paid to the category of family and community violence, animal cruelty, and the integral role that animal cruelty crimes play in the prevention and treatment of violence. Research clearly demonstrates that children who witness violence in the family, such as animal abuse are at greater risk. To successfully integrate animals into the research, policy, and practice of the family violence field will require changes at many levels: Federal, State, and professional. This paper proposes specific ways in which Federal and State actions, as well as changes in professional standards could advance this integration. The paper details how such an integration of animal welfare into human welfare responses would strengthen protection and enhance inter-ventions for all members of society.

**Introduction: Animal Abuse and Family Violence**

NCJ Number: 222416  
Author: Marti T. Loring; Janessa Marsh; Robert Geffner  
Journal: Journal of Emotional Abuse Volume: 7 Issue: 3 Dated: 2007 Pages: 1 to 30  
Publication Date: 2007  
Abstract: The articles contained in this issue aim to provide new insights, spur new research, and change the way animal cruelty is viewed and dealt with in families and communities. This collection of articles attempts to shrink the literature gap that currently exists in the areas of animal abuse and its relation to family violence. The opening article provides a concise overview of empirical literature in existence relating to family violence and its linkages to cruelty to family pets. The next article outlines in-depth the short- and long-term effects of experiencing animal abuse and the impact this has on victims. In the next two articles, new empirical research not previously explored with regard to animal abuse is provided. New findings are introduced from a survey of women, primarily Hispanic, who sought help from a domestic violence shelter near the United States-Mexico border. Significant findings indicate that pet abuse is a component of intimate partner violence in this community. As many of the articles note, there is no consistent or mandated reporting or collection standards dealing with animal cruelty. The next article explores policy implications at the State and Federal levels to promote both the collection of data and communication among agencies. The final article provides a positive outlook to the sobering issues explored in this journal. The hope is that this collection of articles will fill the void not previously investigated in terms of the topic of animal cruelty.
Fear, Guilt, and Grief: Harm to Pets and the Emotional Abuse of Women
NCJ Number: 218859
Author: Catherine A. Faver; Elizabeth B. Strand
Journal: Journal of Emotional Abuse Volume: 7 Issue: 1 Dated: 2007 Pages: 51 to 70
Publication Date: 2007
Abstract: The review uncovered six main findings that are important for understanding pet abuse as a batterer’s way of exerting control over a partner and inflicting emotional abuse: (1) it is common for batterers to harm their partner’s pets; (2) many battered women consider their pets an important source of emotional support, particularly battered women whose pets are abused; (3) battered women worry about the safety of their pets both while living within the abusive relationship and upon entering a domestic violence shelter, which typically have no-pet policies; (4) concern for the safety of their pets impacts women’s decision to stay within or leave an abusive relationship; (5) the children of battered women often witness the pet abuse and experience emotional distress; and (6) a batterer’s abuse of pets has a direct and immediate negative emotional impact on battered women. The review found that pet abuse is used as a tactic of power and control in the context of domestic violence. Battered women described feelings of grief, guilt, rage, and hopelessness for not being able to protect pets from harm, torture, or death at the hands of their batterer. The research review highlights three important implications for practice: (1) domestic violence service providers should include questions about pets and pet abuse in all clinical assessments; (2) domestic violence service providers should work with animal welfare professionals to create “safe pet” programs that address the concerns of battered women; and (3) domestic service providers should develop community anti-violence collations that include social service and animal welfare professionals, law enforcement officers, attorneys, judges, and community volunteers. Future research opportunities in this area are numerous and include an examination of the impact of pet abuse on children.

Battered Pets and Domestic Violence: Animal Abuse Reported by Women Experiencing Intimate Violence and by Nonabused Women
NCJ Number: 218286
Author: Frank R. Ascione; Claudia V. Weber; Teresa M. Thompson; John Heath; Mika Maruyama; Kentaro Hayashi
Publication Date: April 2007
Abstract: The results indicated that severe physical violence was a significant predictor of pet abuse. Findings revealed that women who had been abused (S group) were almost 11 times more likely to report that their partner had injured or killed pets compared to women who had not experienced domestic violence (NS group). The S group also reported threats to harm their pets at four times the rate of the NS group. The S group reported being emotionally close to their pets and upset about their abuse and also reported that their children were often exposed to pet abuse. Importantly, the findings also indicated that a small subset of S group women, mainly those without children, reported putting off seeking domestic violence shelter assistance due to fears about leaving their pets. The findings suggest that this obstacle to seeking safe shelter should be addressed by domestic violence agencies. Participants were a convenience sample of 101 female victims of domestic violence who had sought shelter at 1 of 5 domestic violence programs in Utah. Recruitment
occurred during orientation meetings and on an individual basis. A comparison sample of 120 community women was recruited for the study via flyers and newspaper advertisements. Both groups of participants completed the Conflict Tactics Scale. Data were analyzed using cross-tabulations and logistic regression analyses. Future studies should focus on comparing domestic violence-related pet abuse occurring in urban versus rural areas.

**Forging the Links: (De)Constructing Chains of Behaviours: A Reply to Making the Links: Child Abuse, Animal Cruelty and Domestic Violence**
NCJ Number: 215116
Author: Heather Piper; Steve Myers
Abstract: The authors recommend that it is essential that policies and practices targeted at victims or perpetrators of violence should take a broad intervention approach by considering the many possible causes of abuse and violence that go beyond abuse histories. The authors question the assumptions underlying the propositions that: (1) individuals who are cruel to animals are more likely to be aggressive towards their partners and children; (2) children who have been victims of violence are more likely to harm animals; and (3) children who have been victims of violence are more likely to display aggression toward people later in life. The authors discuss tentative research showing that the actual incidence of children harming animals is significantly greater than has been thought, which would imply that children who are cruel to animals are not more likely than other children to become abusive adults. The authors further stress that policies and practices based on the assumed links between abuse and violence may lead to closed thinking about other factors that influence abuse and violence, such as poverty and other structural inequalities. The methodological flaws in studies that have suggested a link between different forms of abuse and violence are exposed and include small samples, questions concerning the accuracy of self-reported data, and problems with establishing causality.

**Holistic Treatment for Victims of Crime**

**Clinical Intervention, Supportive Counseling and Therapeutic Methods: A Clarification and Direction for Restorative Treatment**
NCJ Number: 197399
Author: Grant J. Devilly
Abstract: Addressing therapy provisions for victims of crimes, this article focuses on restorative treatment approaches to criminal victimization. Following a discussion of the importance of the psychological debriefing of crime victims immediately following a trauma, the author follows in the tradition of E. A. Fattah stressing the overall significance of early intervention in aiding victims of crimes and individuals suffering from post traumatic stress disorder (PTSD). Characterizing PTSD as a pathological stress response syndrome that may occur following exposure to any traumatic event, this article suggests that true cognitive...
behavior therapy (CBT) is the most effective treatment for traumatized individuals. Focusing on recovered memories, suggestion, and iatrogenesis or the process by which a clinician unwittingly evokes reactions and symptoms in patients, the author argues that clinicians should be cautious in using recovered memory therapies. Largely agreeing with Fattah’s research, the author concludes his assessment of restorative treatment approaches arguing that neither supportive counseling nor active listening by non-clinicians is effective in aiding victims of crime or PTSD.

Community-Based Treatment Outcomes for Parents and Children Exposed to Domestic Violence
NCJ Number: 223674
Author: Kimberly D. Becker; Gloria Mathis; Charles W. Mueller; Kata Issari; Su Shen Atta
Journal: Journal of Emotional Abuse Volume: 8 Issue: 1/2 Dated: 2008 Pages: 187 to 204
Publication Date: 2008
Abstract: A pre/posttreatment evaluation design found statistically and clinically significant improvement in participants over the course of treatment. Children's and parents' skills in dealing with domestic violence improved following the intervention. Parents reported improvement in parenting skills after treatment. Children showed improvements in problematic emotional and behavioral problems after the program. Between 2001 and 2003, children from 106 families were referred to the Haupoa Family Component, a unit of a domestic violence program within Parents and Children Together (PACT). Recruitment for the current study included random selection of 1 child from each family, producing a sample size of 106 children (37 boys and 69 girls) between the ages of 3 and 17. The Haupoa Family Component is a community-based group intervention program, which provides 90-minute weekly support and psychoeducation groups over 12 weeks. Children's groups provide a safe setting in which children can learn more about family violence, explore their beliefs and attitudes regarding violence, and develop or enhance healthy coping skills. Parent intervention is provided weekly through a simultaneous parenting support and education group in which parents learn what their children were learning in their group, with attention to parenting the child in the aftermath of domestic violence, so as to promote their ability to cope with their perceptions and feelings. Counselors completed a checklist of skills related to coping with domestic violence before and after the program. Parents completed the Child Behavior Checklist before and after intervention, and counselors completed a rating checklist for each parent before and after the intervention. Also, an instrument was developed by program staff for assessing parenting behaviors addressed in the treatment program.
National Criminal Justice Reference Service (NCJRS): Literature Review continued...

How Scared Are We?
NCJ Number: 222060
Author: Sandra Walklate; Gabe Mythen
Journal: British Journal of Criminology Volume: 48 Issue:2 Dated: March 2008 Pages:209 to 225
Publication Date: March 2008
Abstract: It is argued that fear of crime research has traveled a long way down a narrow path. If there is no change and widening of the path, it is essential that alternative avenues of inquiry are opened up. The criminological concern with the fear of crime is largely a result of an unreflective embrace of risk, a persistent assumption of what kind of crime there is to be feared and who might commit those crimes. With that said, rethinking the conceptual relationship between risk and fear presumed in the fear-of-crime debate might be one place to start. A more holistic approach to fear is recommended, involving decentring crime and focusing on the interplay between local fears and global vistas of fear. This paper traces the developments of the ‘fear of crime’ debate, identifies its strengths and weaknesses, and considers the extent to which historical and current discussions of it are able to adequately reflect the contemporary inadequacies of the fear-of-crime debate.

Psychosocial and Pharmacological Interventions for Child Crime Victims
NCJ Number: 199618
Author: Judith A. Cohen; Lucy Berliner; Anthony P. Mannarino
Journal: Journal of Traumatic Stress Volume: 16 Issue: 2 Dated: April 2003 Pages: 175 to 186
Publication Date: April 2003
Abstract: Psychosocial interventions that have been used specifically for child crime victims include psychoeducation, crisis intervention, psychological debriefing, play therapy, psychodynamic and psychoanalytic therapies, family-systems-based therapies, traumatic bereavement therapy, and cognitive-behavioral therapy. This paper briefly describes each of these types of interventions. Psychopharmacological agents have been prescribed for child victims of crime who have developed specific symptomatology, including panic attacks, depression, posttraumatic stress disorder, anxiety disorders, and behavioral disorders. There is little documentation of the use of medication for these victims and even less empirical support for such use. Information on the treatment of children who have been victimized by multiple criminal acts has been limited to the studies of sexually and physically abused children. These studies suggest that similar interventions may be effective for victimized children regardless of the number of abuse episodes experienced. Little is known about the treatment-seeking behaviors of child crime victims. The few studies of sexually or physically abused children that have documented the therapy experience suggest that the nature of the crime as well as demographic, psychological, and system variables are associated with follow-through on referral to treatment and length of treatment participation. Culturally sensitive treatment makes it more likely that members of ethnic and/or racial minority groups will become successfully engaged in the therapeutic process and less likely to discontinue treatment. The authors advise that although there is insufficient empirical information to establish specific standards of care for all child crime victims, particularly victims of crimes other than sexual assault, some general guidance for the effective treatment of child crime victims is possible. Nine such recommendations are provided in this paper.
Mental Health/Substance Abuse & Victims of Crime

Alcoholism Level Differences Between Vietnamese Batterers and Non-Batterers
NCJ Number: 216715
Author: Tuyen D. Nguyen; Marianne Yoshioka
Publication Date: August 2006
Abstract: The authors recommend that battering intervention programming aimed at Vietnamese men should focus on examining and changing male attitudes of dominance and patriarchy. Results of logistic regression analyses indicated that there were no significant differences between Vietnamese batterers and non-batterers regarding their frequency of alcohol consumption and alcoholism levels. On the other hand, batterer’s attitudes toward women and toward violence were the strongest predictors of abusive behavior. Two other important predictors of battering behavior among Vietnamese men were level of education and age, with younger and less educated men more likely to engage in battering behavior. Other findings revealed that 31 percent of participants reported engaging in at least one abusive behavior toward their partner during the previous year. Participants were 200 Vietnamese men who were recruited from churches, temples, social organizations, and civic associations in the Dallas/Forth Worth area. Participants completed a self-report questionnaire that focused on their experiences of family violence, alcohol consumption patterns, demographic information, and attitudes toward women and the use of violence. Key predictors of battering behavior were analyzed using logistic regression analyses. Future research should focus on discovering the best practices for intervention with Vietnamese batterers as well as the ways in which cultural themes and values may be used to enhance treatment outcomes.

Children Exposed to Violence: An Often Neglected Social, Mental Health, and Public Health Problem
NCJ Number: 223664
Author: Robert Geffner; Dawn A. Griffin; James Lewis III
Journal: Emotional Abuse Volume: 8 Issue: 1/2 Dated: 2008 Pages: 3 to 28
Publication Date: 2008
Abstract: Seven major issues were identified by the think tank. First, CEV must be recognized as a public health problem. Second, child development, including neurodevelopment, should be integrated into all aspects of research policy, practice, evaluation, assessment, and training. Third, prevention and intervention efforts must be child-centered within the family context. Fourth, embracing a multidisciplinary and ecologically sound approach would enhance systems of care for children and families. Fifth, a tiered approach -- from frontline workers, to supervisors, to community members -- enhances prevention and intervention efforts. Sixth, children exposed to violence require a coordinated and multidisciplinary marketing campaign. Seventh, a guide for strategic planning for systems and communities must be developed. The practice gaps given high priority by the think tank are in four categories: practice techniques, research-based practice, ecological framework, and screening/assessment. The three categories of training gaps were content and process, the audience, and evaluation and technical assistance. The think tank identified three main categories of gaps in the research and evaluation of CEV:
National Criminal Justice Reference Service (NCJRS): Literature Review continued...

research standards, outcomes research, and the dynamics of CEV research. Policy gaps and needs pertain to reactive versus proactive systems, fragmented systems, and social policy that supports systems integration versus systems abuse. Needs are identified and recommendations offered for each of the aforementioned main categories.

Child Multi-Type Maltreatment and Associated Depression and PTSD Symptoms: The Role of Social Support and Stress
NCJ Number: 217571
Author: Ana-Maria Vranceznu; Stevan E. Hobfoll; Robert J. Johnson
Journal: Child Abuse & Neglect Volume: 31 Issue: 1 Dated: January 2007 Pages: 71 to 84
Publication Date: January 2007
Abstract: The hypothesis was partially supported. The study found that experiencing multiple forms of child abuse (MFCB) were directly associated with decreased social support and increased stress in adulthood. MFCB was also directly linked to PTSD symptoms, but not depression symptoms in adulthood. Social support partially mediated the relationship between MFCB and adult PTSD symptoms. Stress fully mediated the relationship between MFCB and adult symptoms of depression. Eighty-five percent of the 100 women reported at least 1 instance of being maltreated as a child. The most frequent form of abuse was emotional abuse (66 percent), followed by witnessing family violence (39 percent), sexual abuse (36 percent), and neglect (35 percent). Most women experienced more than one form of abuse, with physical abuse and neglect being the most frequent combination (56 percent); 13 percent of the women reported having experienced all forms of maltreatment. These findings highlight the importance of social resources in mitigating adverse mental health effects for adult survivors of multiple forms of childhood abuse. Study participants were 100 women recruited from an inner-city gynecological treatment center for low-income women. Various types of childhood maltreatment were identified with the Comprehensive Child Maltreatment Scale for Adults. Current depression was assessed with the Diagnostic Inventory for Depression, and social support was measured with the Social Support Questionnaire-6. The Conservation of Resources Evaluation was used to assess whether the women had encountered recent stressful conditions that resulted in loss of resources. The PTSD symptom Scale-Interview was used to measure the severity of PTSD symptoms.

Clinically Significant Trauma Symptoms and Behavioral Problems in a Community-based Sample of Children Exposed to Domestic Violence
NCJ Number: 219742
Author: James C. Spilsbury ; Lara Belliston ; Dennis Drotar ; Allyson Drinkard ; Jeff Kretschmar ; Rosemary Creedon ; Daniel J. Flannery ; Steve Friedman
Publication Date: August 2007
Abstract: The findings indicate that a child’s perception of an interspousal violent incident as being a personal threat to himself/herself and being powerless to control the outcome or effects of the incident increased the likelihood that the child would suffer significant traumatic symptoms and behavioral problems. This finding held after controlling for the effects of demographic factors and the characteristics of the violence. An incident that also involved abuse of the child ("co-victimization") also increased the likelihood of the child
having clinically significant levels of traumatic symptoms compared to children who witnessed a domestic-violence incident but were not themselves victimized. Being female and White increased the odds of specific trauma symptoms (emotional disorders) and behavior problems. Increasing age reduced the odds of some trauma symptoms. Future research should continue the effort to identify the mechanisms through which differences in exposure to and experiences of violence differentially affect children. The 687 children were all participants in a community-based program that targets children who have witnessed violence. The children selected for the study had all been exposed to domestic violence. Data were collected by mental health specialists during family visits, typically 1-2 weeks after the index violent event. Eleven survey instruments were used to measure three groups of predictors: demographics of the child and the child's family, characteristics of the violent event, and the child's perceptions of the violent event. Traumatic symptoms were identified by the Trauma Symptom Checklist for Children, and problem behaviors were identified by the Revised Behavior Problem Checklist.

**Comparative Study Examining Associations Between Women's Drug-Related Lifestyle Factors and Victimization Within the Family**
NCJ Number: 213905
Author: Amy Hequembourg Ph.D.; Richard Mancuso Ph.D.; Brenda Miller Ph.D.
Journal: Violence and Victims Volume: 21 Issue: 2 Dated: April 2006 Pages: 231 to 246
Publication Date: April 2006
Abstract: Overall, the findings suggest that the varying characteristics of the women in the different samples accounted for differences in their victimization experiences and drug-related lifestyles. Results indicated that lifespan childhood and adult partner victimization were strong predictors of women’s drug-related lifestyles. The relationship between lifespan victimization and drug-related lifestyle was modified in a negative direction by education and household income and in a positive direction by marital status, partner substance abuse, and parental substance abuse. The findings also revealed that the drug treatment and domestic violence shelter samples demonstrated higher levels of each of the variables under examination and the drug treatment sample had the highest drug-related lifestyle activities score. Participants were 609 women aged 18 to 65 years who were recruited from battered women's shelters, outpatient drug treatment programs, and the community from the Buffalo, NY metropolitan region. Participants completed four in-depth interviews conducted at 6-month intervals over the course of 1.5 years. Interviews probed the women’s childhood family history, parental drug use, parental education, and personal childhood victimization and sexual experiences. Data were analyzed using bivariate and multiple regression models. Future research should attempt to replicate these findings with women from middle- and upper-class backgrounds in order to further probe the relationship between lifespan victimization and drug-related behaviors.

**Coping Among Victims of Relationship Abuse: A Longitudinal Examination**
NCJ Number: 220020
Author: Casey T. Taft Ph.D.; Patricia A. Resick Ph.D.; Jillian Panuzio B.A.; Dawne S. Vogt Ph.D.; Mindy B. Mechanic Ph.D.
Publication Date: 2007
Abstract: The results found that the pattern of findings obtained in this study was consistent with the notion that physical assault might lead to more positive
engagement forms of coping, while sexual aggression might lead to poorer mental health in part because of an increase in disengagement coping behaviors. Future studies should include intrapersonal, resource, and contextual factors and their impact on mental health with different forms of coping. The study examined the impacts of intimate partner assault, sexual aggression, problem-focused engagement coping, emotion-focused engagement coping, problem-focused disengagement coping, and emotion-focused disengagement coping on subsequent mental health outcomes. The study group consisted of 61 women who participated in a baseline assessment and a 6-month followup from a larger investigation into the psychosocial functioning of those seeking help from shelters and nonresidential community agencies serving battered women.

**Differing Effects of Partner and Nonpartner Sexual Assault on Women's Mental Health**
NCJ Number: 217471
Author: Jeff R. Temple; Rebecca Weston; Benjamin F. Rodriguez; Linda L. Marshall
Journal: Violence Against Women: An International and Interdisciplinary Journal
Volume: 13 Issue: 3 Dated: March 2007 Pages: 285 to 297
Publication Date: March 2007
Abstract: Sexual assault by a current partner was a significantly stronger predictor of Post-Traumatic Stress Disorder (PTSD), stress, and dissociation than was sexual assault by a former partner or a non-intimate partner. Non-intimate partner sexual assault significantly predicted PTSD, but only for African-American women. The findings suggest that the victim-perpetrator relationship is an important factor when considering the impact of sexual assault and that sexual assaults perpetrated by intimate partners may be particularly traumatic for victims. The findings suggest that mental health practitioners should consider the effects of sexual assault as a possible contributing factor to psychological symptoms. Batterer treatment programs should focus on the negative impact of sexual assault in addition to other forms of violence. Data were drawn from the first wave of a longitudinal research study on the health outcomes of women. Participants were 835 community women who were between the ages of 20 and 49 years, were in heterosexual relationships for at least 1 year, and who had a household income less than twice the poverty level. Face-to-face, structured interviews focused on experiences of sexual assault, current life stress, and mental health symptoms. Data were analyzed using chi-square calculations and regression models. Future research should focus on identifying the full range of psychological symptoms related to partner sexual assault.

**Drinking, Alcohol Problems and Intimate Partner Violence Among White and Hispanic Couples in the U.S.: Longitudinal Associations**
NCJ Number: 222229
Author: Raul Caetano; Suhasini Ramisetty-Mikler; T. Robert Harris
Journal: Journal of Family Violence Volume: 23 Issue: 1 Dated: January 2008 Pages: 37 to 45
Abstract: This study used two-stage general population household survey longitudinal data collected in both 1995 and 2000; the results of the two surveys indicated gender-specific as well as ethnic-specific results. The relationship between drinking and alcohol problems, as well as the relationship between these alcohol variables and MFPV and FMPV are not static and changed across ethnic groups. These associations showed that once a behavior was present it intended to predict the same behavior in the future. Alcohol volume, alcohol
problems, MFPV and FMPV in 1995 significantly predicted the same behavior as 5 years later. For White couples, female alcohol problems predicted FMPV in 1995. For Hispanics, female alcohol problems predicted FMPV only in 2000. The results showed higher rates of FMPV than MFPV in survey samples; although rates of FMPV may be higher than MFPV, consequences of MFPV, in general, were more serious. MFPV is more likely to result in injury and death, and a significant percentage of women's emergency room visits are due to male perpetrated violence. Among those homicides in which the victim-suspect relationship is known, women are three times more likely to be killed by an intimate than a stranger; the health consequences of violence remains greater for women than for men. Data were collected using subjects 18 years or older and that constituted a multistage random probability sample representative of married and cohabitating couples in 48 contiguous States.

**Drug Consumption Among Sexual Offenders Against Females**

NCJ Number: 221305  
Author: Danilo Antonio Baltieri; Arthur Guerra de Andrade  
Publication Date: February 2008  
Abstract: Sexual offenders against women were found to have significantly more difficulties with drug use, have higher impulsivity levels, and to be younger than the sexual offenders against girls and pubertal females. The combination of drug consumption and a higher level of impulsivity might have contributed to the sexual aggression against adult females. Sexual offenders against women have significantly more problems with drug use when compared with child molesters; substance use may be one of the factors that set apart those offenders who target children or teens from those who target adults. Sexual offenders who use drugs more commonly victimize strangers than do other sexual aggressors; sexual aggressors against women offended more nonrelated victims than sexual offenders against girls or against pubertal females. The differences between sexual offenders against children and against adults in relation to substance use can be useful in designing prevention strategies, and /or initially assess which types of offenders are more likely to need substance abuse treatment. Actuarial procedures for assessment of sexual offender recidivism risk have proven to be moderately successful in identifying offenders that relapse from those who do not, and appears to be the most accurate procedure currently available. However, evidence points to the need to improve assessment for and treatment of substance-abuse and related issues among incarcerated sexual offenders. Development and implementation of treatment programs that address these issues associated with other types of management, and further consideration of the role that alcohol and drugs play in sexual violence, are necessary steps to improve response to sex offenders, and thereby reduce the incidence of victimization. The sample consisted of 218 male convicts, over 18 years old, sentenced only for sexual crimes, recruited and interviewed in the penitentiary of Sorocaba, São Paulo, Brazil.
Effect of Local Life Circumstances on Victimization of Drug-Involved Women
NCJ Number: 217982
Author: Gaylene S. Armstrong; Marie L. Griffin
Journal: Justice Quarterly Volume: 24 Issue: 1 Dated: March 2007 Pages: 80 to 105
Publication Date: March 2007
Abstract: The study found that the women were more likely to be victimized during those months in which they were involved in an intimate relationship, were living with a partner, or were living with their children. "Victimization" was defined as physical, mental, or sexual abuse by a stranger or intimate partner, as well as any other type of criminal victimization such as assaults, thefts, etc. In months when a woman used drugs, her chances of victimization increased 10.6 percent; and in those months when a woman engaged in criminal activity, her likelihood of victimization increased by 21 percent. In the months when a woman was neither incarcerated nor residing in another type of institutionalized setting, her risk of victimization increased by 40 percent. In months when a woman lived in an apartment or house instead of in a shelter or on the street, her risk of victimization decreased by approximately 13 percent. Contrary to expectations, conventional employment did not reduce a woman's likelihood of victimization. These findings highlight the need to examine more closely the lifestyle patterns and associations related to a woman's domestic situation within a treatment and reentry context. The study involved 198 women who were in the Maricopa County women's jail (Arizona). Researchers interviewed the women between January and August 1999. All of the women had a self-identified substance abuse problem and had volunteered to participate in a community-based drug treatment program. Interviews documented the women's behavior and life circumstances during the 36 months prior to their current arrest and detention.

Experiential Avoidance as a Mediator in the Relationship Between Childhood Psychological Abuse and Current Mental Health Symptoms in College Students
NCJ Number: 215669
Author: Madhavi K. Reddy; Scott M. Pickett; Holly K. Orcutt
Publication Date: 2006
Abstract: Findings show that childhood psychological abuse--defined as verbal communications from a caregiver to his/her child that undermine the child's sense of self-worth and social competence--was related to increased levels of experiential avoidance and current mental health symptoms. Experiential avoidance was also directly related to increased levels of current mental health symptoms. Thus, a pattern of unwillingness to admit to conscious awareness and be in touch with thoughts, feelings, memories, and bodily sensations that are disturbing and painful (experiential avoidance) is linked to childhood abuse and then to subsequent adult mental health symptoms. These findings are consistent with the extent literature on childhood psychological abuse and experiential avoidance. They suggest that using an experientially-avoidant coping style may increase the likelihood that psychologically abused children will experience mental distress in adulthood. In treating adults who experienced childhood psychological abuse, it is therefore important to focus on assisting them in the development of an experientially-accepting coping style. The 987 students were administered a subset of questions that revealed
childhood psychological abuse, histories of other types of abuse, behaviors that qualified as experiential avoidance, and current mental health symptoms.

Exposure to Child Abuse and Risk for Mental Health Problems in Women
NCJ Number: 221131
Author: Renee Schneider; Nikki Baumrind; Rachel Kimerling
Publication Date: 2007
Abstract: As expected, child sexual, physical, and emotional abuse was independently associated with significant risk for each of the mental health outcome variables. Also, consistent with previous studies, results demonstrated relations between exposure to multiple types of child maltreatment and risk for adult mental health problems. Findings further demonstrate that exposure to multiple types of abuse is associated with substantial risk for mental health problems, particularly posttraumatic stress disorder (PTSD) symptoms, and suggest that the effectiveness of current interventions should be assessed for survivors of multiple types of child abuse. Despite study limitations, the study represents an important step in furthering understanding of relations between child sexual, physical, and emotional abuse and adult mental health problems. The results underscore the need for trauma-related treatment for survivors of physical and emotional abuse, as well as women with a history of child sexual abuse. This study was designed to extend prior research on relations between child abuse and adult mental health problems utilizing a population-based sample of California women. The primary aim was to assess the independent risk for adult mental health problems, including probable PTSD diagnosis, associated with each type of child abuse (sexual, physical and emotional).

Intimate Partner Violence and Suicidality in Low-Income African American Women: A Multimethod Assessment of Coping Factors
NCJ Number: 220574
Author: Susan L. Reviere; Eugene W. Farber; Heather Twomey; Alexandra Okun; Emily Jackson; Holly Zanville; Nadine J. Kaslow
Publication Date: November 2007
Abstract: Compared with the IPV victims who had attempted suicide, the IPV victims who did not attempt suicide demonstrated higher levels of positive coping strategies and indicators of positive coping (general coping, effective use of resources, efficacy in dealing with the IPV situation, and the use of social support) and lower levels of less adaptive strategies (alcohol and drug use or abuse). Suicide attempters tended to use coping strategies aimed at accommodating or placating the abusers; whereas, the nonattempters reported a greater tendency toward safety measures, self-preservation, or the development of strategies to leave the abusive relationship. These findings suggest that interventions for women with histories of or current IPV should include an analysis of coping strategies and the risk they pose for suicidal behavior, particularly for women with limited external and internal resources. Interventions should focus on cultivating personal empowerment, social support, and effective problem solving techniques. The findings emphasize the importance
National Criminal Justice Reference Service (NCJRS): Literature Review continued...

of continued research into the coping strategies used in the complex interactions of a couple or family system marked by IPV. The cases examined involved African-American women treated in a hospital emergency room following a suicide attempt. The women IPV victims who did not attempt suicide were African-American women who were treated at one of three outpatient medical clinics. A suicide attempt was considered to be any self-injurious act that required medical attention. A subsample of 40 women (20 attempters and 20 nonattempters) was selected randomly for indepth interviews. The interviews involved various instruments that focused on coping behaviors in dealing with the IPV.

Longitudinal Associations Between Problem Alcohol Use and Violent Victimization in a National Sample of Adolescents
NCJ Number: 221636
Abstract: Findings indicate that alcohol use is both a risk factor for and a consequence of violent victimization. Both males and females had increased problematic alcohol use as they got older; males reported higher levels of problem alcohol use than did females. Victimization was more prevalent among males than females; probably alcohol was a risk factor for victimization among males. Both males and females were victimized less as they got older. Male and females who reported high levels of violent victimization tended to have less steep rate of decrease than others, indicating that participants who had been victims of violent acts were more likely to sustain that high risk level for victimization in later years. However, the findings did not support the hypothesis that being victimized would lead to increased drinking in subsequent years for females. Rather, violent victimization and problem alcohol use were associated with lower problem alcohol use later on. These findings suggest that the increased risk for alcohol problems posed by victimization are in the short-term only and that over the long term, victimization experiences might have resulted in females drinking less, possibly to protect themselves from further trauma. Alcohol use and victimization are each problematic for adolescents as they often co-occur. Evidence indicates that early alcohol use may best be conceptualized as a risk factor for violent victimization as well as long-term alcohol use problems. Findings across the two statistical approaches suggest that interventions that reduce the likelihood of problem alcohol use among adolescents can minimize the short-term risk of victimization and the long-term risk of problem alcohol use in young adulthood. Data from the national longitudinal study on adolescent health were used to investigate the prospective associations between alcohol use victimization over three time points spanning 7 years.

Multiple Victimization Experiences of Urban Elementary School Students: Associations with Psychosocial Functioning and Academic Performance
NCJ Number: 218954
**National Criminal Justice Reference Service (NCJRS): Literature Review continued...**

Abstract: Results indicated three distinct youth profiles in terms of their victimization experiences: (1) those who experienced minimal victimization; (2) those who experienced victimization primarily by peers; and (3) those who experienced multiple types of victimization. Children who experienced multiple types of victimization experienced greater psychological distress and earned lower grades than their peers who were either minimally victimized or victimized primarily by their peers. The findings underscore the variability in youth victimization experiences and their consequences for psychological and academic functioning. The results have implications for those working with individual youth and for those working in broader school-based services in terms of their diverse treatment needs based on the type of victimization experienced. Future research on youth victimization should focus on a broader range of victimization experiences in order to shed light on the complex relationships between victimizations. Participants were 689 fifth graders recruited from 22 elementary schools in a large, urban Northeast school district. Participants completed a series of questionnaires that assessed demographic information, bullying behavior, victimization experiences, and psychological functioning. Data were analyzed using k-mean cluster analysis in SPSS.

**Night Terrors: Women’s Experiences of (Not) Sleeping Where There Is Domestic Violence**
NCJ Number: 219123
Author: Pam Lowe; Cathy Humphreys; Simon J. Williams
Journal: Violence Against Women Volume: 13 Issue: 6 Dated: June 2007 Pages: 549 to 561
Publication Date: June 2007
Abstract: The findings show the connection between sleep deprivation and the experience of living under the power and control of another person, which is the hallmark of domestic violence. The experiences of these women survivors of domestic violence show that feeling anxious, frightened, insecure, stressed, or traumatized due to oppression from and mistrust of those around us causes chronic sleep deprivation. Sleep deprivation in turn has detrimental effects on mental and physical health and the ability to cope and function effectively. Abused women often present to their physicians with "sleep problems" rather than problems of abuse. A response that focuses only on the "sleep problems" through medication fails to assess either the nature of the problem or an effective intervention. In the United Kingdom, few survivors of domestic violence have access to interventions through which they can re-establish their sense of identity, safety, and trust. This is essential in addressing chronic sleep deprivation and associated mental and physical health issues. Three women's groups of domestic-violence survivors gave permission for focus groups to be held. Sixteen women chose to attend the focus groups, and one in-depth interview was conducted with a woman who could not attend a focus group. All but one of the women had separated from the violent partner. Their accounts of sleeping problems involved both current sleeping patterns and recollections about past sleeping patterns in the course of being in the abusive relationship. The main topics of the focus groups were the organization and management of sleep; constraints on sleep; and sleep, risk, and safety.
No Refuge: An Exploratory Survey of Nightmares, Dreams, and Sleep Patterns in Women Dealing with Relationship Violence
NCJ Number: 217473
Author: Brian Rasmussen
Publication Date: March 2007
Abstract: Results indicated that half of the 30 participants suffered from frequent nightmares. The nightmares appeared to mimic the circumstances of their violent relationship and, in most cases, interrupted the women’s sleep. Many of the participants (56 percent) also experienced one or more recurring dreams, which is consistent with findings on recurring dreams among clinical populations. The recurring dreams appeared to be representations of their ongoing conflicts and struggles. Half of the participants reported using medications to help deal with their sleep problems, most frequently antidepressants and antianxiety medications. The findings suggest that an understanding of a client’s sleep patterns, nightmares, and recurring dreams can offer a wealth of information about the client’s current emotional state. In order to explore the dreams, nightmares, and sleep patterns of women dealing with the effects of relationship violence, the author developed a three page questionnaire that sought information about the context of the abuse, sleep patterns, nightmares, and recurring dreams. Participants were 30 women, 15 of whom were currently living with an abusive partner and 15 of whom had left an abusive relationship. Participants were recruited from two transition homes for battered women and one family counseling center. The chronic use of medications among this population of women to deal with sleep problems is a concern and deserves future research attention.

Problem Drinking, Jealousy, and Anger Control: Variables Predicting Physical Aggression Against a Partner
NCJ Number: 221933
Author: Heather M. Foran ; K. Daniel O'Leary
Publication Date: April 2008
Abstract: This study found a three-way interaction between alcohol abuse and severe physical aggression for men who had anger-control and jealousy problems. Men who had this combination of risk factors and reported higher levels of problem drinking were more likely to be severely physically aggressive toward their partners than men who manifested these risk factors but reported lower levels of problem drinking. Jealousy alone accounted for most of the variance in partner aggression, with the interaction effect playing a minor role. This suggests that jealousy may function as a critical provoker of IPV. In contrast, although problem drinking and anger control were significantly linked with IPV when examined alone, they had a lesser role in predicting IPV in this community sample. The finding that the effect size for problem drinking was small in predicting IPV is similar to other studies with community samples. Married or cohabitating heterosexual couples who participated in this study were part of a larger study of parent and partner aggression. A total of 453 community couples from Suffolk County, NY, with a child between the ages of 3 and 7 were recruited for the study through random digit dialing. Questionnaires were completed by each partner. Partner aggression was assessed with the Conflict Tactics Scale.
(CTS-2). Anger Control was assessed with the Anger Control subscale of the Anger Expression Scale, and jealousy was measured with a subscale of the perceived Maltreatment of Women Scale. Problem drinking was determined from the frequency with which individuals reported a variety of risky patterns of alcohol use in the last year.

Physiological and Traumatic Effects of Childhood Exposure to Intimate Partner Violence
NCJ Number: 223668
Author: Steve Stride; Robert Geffner; Alan Lincoln
Journal: Emotional Abuse Volume: 8 Issue: 1/2 Dated: 2008 Pages: 83 to 101
Publication Date: 2008
Abstract: Overall, those exposed to IPV and those who had been physically or sexually abused as children reported significantly higher peritraumatic dissociation scores than those in the no-abuse group. The students exposed to IPV as children had higher heart rates at rest than the students who had been physically or sexually abused as children, as well as those students with no abuse history. Students with physical/sexual abuse histories had the highest cortisol levels and diagnosable trauma symptoms for posttraumatic stress disorder. Cortisol is a hormone that is part of the parasympathetic response to stress; it slows down the body during and after removal of a stressor. The findings suggest that although intervention/treatment regimens have tended to focus on children who have directly experienced physical and/or sexual abuse, it is also important to provide appropriate treatment for children exposed to IPV. Trauma symptoms may decrease or be eliminated if a child exposed to IPV is treated quickly. Timely intervention may curtail the long-term symptoms of increased heart rate and other symptoms related to high stress levels. At baseline, participants' heart rate was measured, and they were given a salivary cortisol test while listening to and participating in relaxation exercises. They then watched a 5-minute video (the stressor) that showed a child witnessing IPV, and heart rate and salivary cortisol were again measured. A relaxation phase followed the stressor, during which salivary cortisol was measured once and heart rate was measured four times.

Posttraumatic Stress Disorder and Depression in Battered Women: The Mediating Role of Learned Helplessness
NCJ Number: 219622
Author: Neta Bargai; Gershon Ben-Shakhar; Arieh Y. Shalev
Publication Date: July 2007
Abstract: Results indicate that LH may increase the risk of PTSD and MDD in battered women. Having lived in a male-dominated environment contributed to the formation of LH. Other findings pointed to high levels of PTSD and MDD in battered women, with a significant co-occurrence of the two disorders. Statistically significant correlations were also found between violence severity and PTSD. Sexual violence was the strongest predictor of both PTSD and MDD. The findings suggest that negative early cultural and educational influences seem to negatively impact reactions of abusive relationships later in life and may diminish resilience in battered women. The results underscore the importance of intervention efforts designed to prevent and reduce LH among battered women. Future research should examine the factors that cause and prevent the development of LH in prolonged trauma victims. Participants were 101 battered women recruited over an 18-
National Criminal Justice Reference Service (NCJRS): Literature Review continued...

month period from 8 Israeli battered women’s shelters. Participants completed a series of interviews that measured mental disorders, PTSD, depression, LH, demographic and background characteristics, trauma history, and exposure to violence. Data were analyzed using a path analysis model and hierarchical logistic regression models.

Physiological and Traumatic Effects of Childhood Exposure to Intimate Partner Violence
NCJ Number: 223668
Author: Steve Stride; Robert Geffner; Alan Lincoln
Journal: Emotional Abuse Volume: 8 Issue: 1/2 Dated: 2008 Pages: 83 to 101
Publication Date: 2008
Abstract: Overall, those exposed to IPV and those who had been physically or sexually abused as children reported significantly higher peritraumatic dissociation scores than those in the no-abuse group. The students exposed to IPV as children had higher heart rates at rest than the students who had been physically or sexually abused as children, as well as those students with no abuse history. Students with physical/sexual abuse histories had the highest cortisol levels and diagnosable trauma symptoms for posttraumatic stress disorder. Cortisol is a hormone that is part of the parasympathetic response to stress; it slows down the body during and after removal of a stressor. The findings suggest that although intervention/treatment regimens have tended to focus on children who have directly experienced physical and/or sexual abuse, it is also important to provide appropriate treatment for children exposed to IPV. Trauma symptoms may decrease or be eliminated if a child exposed to IPV is treated quickly. Timely intervention may curtail the long-term symptoms of increased heart rate and other symptoms related to high stress levels. At baseline, participants' heart rate was measured, and they were given a salivary cortisol test while listening to and participating in relaxation exercises. They then watched a 5-minute video (the stressor) that showed a child witnessing IPV, and heart rate and salivary cortisol were again measured. A relaxation phase followed the stressor, during which salivary cortisol was measured once and heart rate was measured four times.

Relationship of Substance Use/Abuse with Psychological and Physical Intimate Partner Violence: Variations Across Living Situations
NCJ Number: 222227
Author: Loretta J. Stalans; Jennifer Ritchie
Journal: Journal of Family Violence Volume: 23 Issue: 1 Dated: January 2008 Pages: 9 to 24
Publication Date: January 2008
Abstract: The findings showed that the relationship between marijuana use/abuse and the commission of IPV was stronger for minorities and low SES respondents than for Caucasian and higher SES respondents. These findings support the social structural theory of violence and indicate that the effect of marijuana use/abuse on the commission of IPV is dependant on the SES and racial status of respondents. Minorities and those having low SES experienced daily stressors that have been institutionalized in society by racial discrimination and availability of jobs that pay enough money to provide for basic family needs when burdened by unemployment, lack of a high school education, dependent on welfare. Intimate partners who engage in violence frequently argue about alcohol and drug use because of the belief/fear that minorities are usually sentenced to jail for possession of
marijuana, and are more likely to be caught due to greater police scrutiny of minorities. Low SES couples' conflicts may escalate to violence due to the diversion of limited financial resources to drug use when basic needs cannot be met. Moderating effects of low SES and minority status occur because these conditions facilitate conflicts that include insults and psychological abuse and the use/abuse of marijuana further escalates yelling and insults, which then indirectly increases the likelihood of committing IPV. Stimulant use, sedative use, and alcohol abuse or dependence had independent direct effects on IPV after controlling for psychological abuse. The finding suggests that treatment providers should address marijuana use/abuse for the low SES and minority respondents and that judges should court-mandate these marijuana users treatment. Data were collected from 19,131 respondents who were living with intimate partners and had not been treated for a substance abuse problem in the last year, and who participated in the National Household Survey on Drug Abuse.

Relative Importance of Online Victimization in Understanding Depression, Delinquency, and Substance Use
NCJ Number: 220597
Author: Kimberly J. Mitchell; Michele Ybarra; David Finkelhor
Journal: Child Maltreatment Volume: 12 Issue: 4 Dated: November 2007 Pages: 314 to 324
Publication Date: November 2007
Abstract: The study found that the majority of the 1,501 youth (ages 10-17) who had used the Internet at least once a month for the previous 6 months reported a past-year online victimization. Of these, almost 75 percent also reported at least one type of offline victimization in the past year. As reported previously (Finkelhor, Ormrod, et al., 2005), the number of different types of victimizations experienced was more strongly related to the likelihood of negative symptoms than individual victimizations, including online victimizations. Still, unwanted online sexual solicitation was associated with depressive symptoms and substance use independent of offline victimization. Even after adjusting for the number of types of offline victimization and life adversity, youth who reported online sexual solicitation were almost twice as likely to report depressive symptoms and substance use. Possible explanations for this association are offered. Further research is needed in order to explore the complex relationships among these victimizations, characteristics of youth that places them at increased risk for multiple victimization, and effective interventions that can help reduce the risk for future victimization. Households with children in the target age group were identified through another large, nationally representative telephone survey, the Second National Incidence Study of Missing, Abducted, Runaway, and Thrownaway Children, which was conducted between February and December 1999. Youth were asked questions about their exposure to various types of unwanted experiences on the Internet. Offline interpersonal victimization was measured with selected items from the Juvenile Victimization Questionnaire. Other questions measured experiences of life adversity, demographic characteristics, and negative symptomatology. Youth were asked about the presence of each of the nine symptoms of depressive disorder and involvement in four delinquent behaviors in the past year.
Role of Coping and Problem Drinking in Men's Abuse of Female Partners: Test of a Path Model
NCJ Number: 214702
Author: David L. Snow Ph.D.; Tami P. Sullivan Ph.D.; Suzanne C. Swan Ph.D.; David C. Tate Ph.D.; Ilene Klein Ph.D.
Publication Date: June 2006
Abstract: The findings show that "avoidance" coping behaviors (attempting to avoid being in a stressful situation or thinking about a stressful event, such that change does not occur) in responding to relationship stresses were linked indirectly to abusive behavior in the context of problem drinking. The greater use of avoidance coping strategies was more likely among problem drinkers. In contrast, men who used higher levels of problem-solving coping behaviors (attempting to determine and eliminate the causes of stress) were less likely to be problem drinkers. Avoidance, but not problem-solving coping, was also directly and positively related to physical and psychological abuse. Men identified as problem drinkers were more likely to use both physical and psychological abuse. Greater use of physical violence was strongly related to higher levels of injury among female partners and mediated the relationship between problem drinking and injury. The authors discuss the implications of these findings for the identification of risk and protective factors for men's violent behavior toward intimate female partners as well as for the development of intervention strategies. The study used an ethnically diverse sample of 147 men in a court-mandated program for domestic violence offenders. The men completed questionnaires at the first program session. Path modeling was conducted to test the extent to which coping and problem drinking predicted both physical and psychological abuse. In addition, the links between problem drinking and physical abuse to the severity of injuries to the men's female partners were examined.

Unique and Combined Contributions of Multiple Child Abuse Types and Abuse Severity to Adult Trauma Symptomatology
NCJ Number: 218396
Author: John C. Clemmons; Kate Walsh; David DiLillo; Terri L. Messman-Moore
Publication Date: May 2007
Abstract: The findings indicate that it is important for researchers to go beyond classifications of individuals as either abused or nonabused and to consider the various characteristics (frequency, duration, nature of the acts, and use of force) that cumulatively are indicators of the severity of these complex maltreatment experiences. Consistent with prior research, the number of abuse types experienced and the overall severity of maltreatment were independently associated with poorer psychological functioning in adulthood. When examined relative to each other, however, only total severity emerged as a significant predictor of adult trauma symptoms. When individual abuse types were examined, positive links were found between severity scores and number of abuse types experienced; however, there was no such link between average maltreatment severity and number of abuse types. This suggests that relationships between single types of abuse and severity become diffuse in the context of additional forms of abuse. The number of abuse types predicted trauma symptoms only in cases in which maltreatment was very severe. Participants were 1,396 male and female undergraduate students at 3 universities in
different regions of the country. The Computer Assisted Maltreatment Inventory assessed a broad range of childhood maltreatment experiences, including sexual abuse, physical abuse, psychological abuse, and neglect. The Trauma Symptom Checklist-40 measured trauma-related symptoms among abuse survivors. It consists of 40 items that assess adult symptoms associated with traumatic childhood or adult experiences. Data were collected as part of a larger study that was exploring adult adjustment associated with a history of childhood maltreatment.

Verbal and Physical Aggression in Couples Where the Female Partner Is Drinking Heavily
NCJ Number: 215879
Author: Adrian B. Kelly; W. Kim Halford
Journal: Journal of Family Violence Volume: 21 Issue: 1 Dated: January 2006 Pages: 11 to 17
Publication Date: January 2006
Abstract: In marital couples in which the female was dissatisfied in the marriage, drank heavily, but had low alcohol dependence (DP couples), the women reported lower frequencies of partner verbal aggression and similar frequencies of physical aggression with maritally distressed nonproblem drinking women (DNP women). Female alcohol consumption was predicted by the partner's alcohol consumption and marital satisfaction, but was not predicted by frequencies of verbal and physical aggression. Consistent with Mudar et al. (2001), differences in alcohol consumption, rather than individual alcohol consumption, predicted female relationship satisfaction. This association held after accounting for overall rates of partner verbal aggression. This suggests that differences in substance abuse can be an important source of disagreement between partners that can erode satisfaction with the relationship. The sample included 27 DP women, 24 maritally distressed nonproblem drinking women (DNP women), and 24 women with neither problem. All participants completed the Dyadic Adjustment Scale, which is a 32-item measure of overall marital satisfaction. The frequency of self-aggression and partner aggression was assessed by using the Conflict Tactics Scale. The severity of alcohol problems and dependence was quantified by using the Canterbury Alcohol Screening Test and the Severity of Alcohol Dependence Questionnaire.

Victimization of Dependent Drug Users: Findings from a European Study, UK
NCJ Number: 220505
Author: Alex Stevens; Daniele Berto; Ulrich Frick; Viktoria Kerschl; Tim McSweeney; Susanne Schaaf; Morena Tartari; Paul Turnbull; Barbara Trinkl; Ambros Uchtenhagen; Gabriele Waidner; Wolfgang Werdenich
Publication Date: October 2007
Abstract: This sample of dependent drug users was found to have experienced high levels of criminal victimization in the preceding year. Their victimization levels were much higher than those reported by respondents to general household victimization surveys. The drug users most vulnerable to victimization were women (especially sex workers), the homeless, recent offenders, and those with a history of poor mental health. More frequent drug use, a history of depression and anxiety, and recent offending were significantly associated with violent victimization. Only gender and a history of serious anxiety were significantly
associated with property victimization. Patterns of associations among these variables were reasonably stable across the four countries. The priority given to mental health issues in the analyses suggests that this is an important area that deserves more research and treatment attention. The sample for this study came from a European study of quasi-compulsory treatment (QCT) of drug-dependent offenders. The four countries chosen for the study operated reasonably similar models of QCT, in that drug-dependent offenders had the opportunity to enter some form of drug treatment as an alternative to imprisonment. The study used an adapted version of the European Addiction Severity Index in face-to-face, confidential interviews. It yielded data on demographics, medical status, employment/support status, drug/alcohol use, family/social relationships, and psychiatric status. In order to collect information comparable to the largest victimization survey in Europe, researchers used questions adapted from those used in the British Crime Survey in order to determine their experiences of criminal victimization.

Violence, Stress, and Somatic Syndromes
NCJ Number: 219167
Author: Leslie J. Crofford
Journal: Trauma, Violence, & Abuse Volume: 8 Issue: 3 Dated: July 2007 Pages: 299 to 313
Publication Date: July 2007
Abstract: Research has found that the physical symptoms of pain, fatigue, sleep disturbance, anxiety, depression, and cognitive dysfunction are associated with experiencing stress. Debilitating physical symptoms that stem from stress result from alterations of the systems responsible for adaptation to stress, including the hypothalamic-pituitary-adrenal axis and autonomic nervous system. Exposure to violence and abuse is linked to altered biological stress-adaptation systems. Patients with stress-related physical symptoms have reported higher levels of exposure to violence and abuse than nonexposed individuals. The evaluation of patients who report stress-related physical symptoms should include inquiry into a history of past and ongoing abuse. For women who report intimate partner abuse, there should be screening and treatment for stress-related physical symptoms. Children exposed to violence and abuse may be at higher risk for stress-related physical symptoms than adults exposed to maltreatment. Research on prevention strategies for stress resulting from child abuse should be explored. Additional research should explore the complex interactions of exposure to violence and abuse, other factors that shape coping and behaviors, and stress-related physical symptoms. The relationship between genetic factors and the development of stress-related physical symptoms after exposure to abuse has yet to be determined. As with other medical conditions, there is likely to be a complex interaction between genetic characteristics and environment that determines clinical manifestations.
Reaching Underserved Communities

**Does Health Care Provider Screening for Domestic Violence Vary by Race and Income?**

NCJ Number: 223523
Author: Erin K. Weeks; Shellie D. Ellis; Peter R. Lichstein; Denise E. Bonds
Publication Date: July 2008

Abstract: This study examined whether health-care providers screen minority patients for domestic violence (DV) at a greater rate than nonminority patients, under the assumption that they are screening patients at highest risk for DV. The study found that there was little difference in health-care providers' screening of female patients for DV by race and income, after accounting for the clustering of patients within practices. Health-care providers working in practices that serve low-income or largely minority populations may be more aware of social issues such as DV and be more prepared to discuss them. They may also be more aware of the services available in the community. Future research should focus on identifying the factors that make practices serving low-income families and minorities more likely to screen for DV. Data were obtained from Project PAAVE (Providers Asking About Violence). This is a 3-year project intended to increase the rate of screening for DV by primary-care providers. The main study outcome was assessed by a telephone survey of a random sample of 100 female patients at each practice. Participants were asked if they favored their health-care providers screening for certain health risk behaviors and minorities more likely to screen for DV. Additional information was obtained on medical-use patterns (number of doctor visits); patient characteristics (age, marital status, race, income, children in the home, and insurance); and provider demographic characteristics (gender and specialty).

**Male Rape: A Real Crime with Real Victims**

NCJ Number: 217328
Author: D. Singh
Publication Date: 2004

Abstract: This article reviews South African law on the sexual victimization of men, including proposals by the South African Law Commission for reform of such law, followed by a discussion of the causes and victimization effects of sexual attacks on men. Under current South African law, the common-law crime of rape is defined as "a male having unlawful and intentional sexual intercourse with a female without her consent." When a man is sexually violated against his will, it is regarded only as an indecent assault on his person, which is a lesser offense than rape. The South African Law Commission has developed legislation for presentation to Parliament in 2003 that is intended to redress this inequality in the definition of sexual assault based on the victim's gender. In the proposed legislation, the definition of rape is broader than the common-law crime of rape and is gender neutral. This legislation is not only needed because of South Africa's constitutional requirement of equal protection for all persons, but also because the causes and effects of rape are similar for both men and women. Perpetrators of rape against male victims have reported their motives as including conquest and control over the victim, revenge and retaliation, degradation of the victim, and to gain status with their peers. Rape trauma...
occurs in male rape victims as well as female victims. It can include depression, anger disorders, and posttraumatic stress disorders. Male rape victims also typically confront the societal attitude that a man should be able to defend himself against sexual assault, suggesting that the alleged victim must not have resisted. When the perpetrator is a male, the victim is also confronted with assumptions about his sexual identity.

Multicultural Feminist Treatment of Gay & Bisexual Adult Male Survivors of Sexual Victimization Experiences
NCJ Number: 188619
Author: Carlton W. Parks Ph.D.; Kamilah M. Woodson M.A.; Rhona N. Cutts Ph.D.; Laurie Flarity-White Ph.D.
Publication Date: 2000
Abstract: This article discusses the use of the multicultural feminist treatment of gay and bisexual adult male survivors of sexual victimization experiences, with attention to the long-term effect of child sexual victimization experiences on gay and bisexual adult males. Practitioners who espouse a multicultural feminist treatment perspective have sought to establish a non-Eurocentric database, both in content and methodology, based on the phenomenological experiences of being male and female in our contemporary society. The equitable redistribution and reallocation of Euro-Americans' power and privilege to males and females of different ethnicities, socioeconomic classes, and sexual-orientation identities is at the foundation of the multicultural feminist treatment perspective. Multicultural feminist treatment is a viable psychotherapeutic intervention approach for the provision of culturally informed services for gay and/or bisexual adult male survivors of sexual victimization experiences. The feminist movement has evolved and advanced in its applications of this psychotherapeutic technique for culturally and ethnically diverse groups. The feminist value of "the personal is political" has served to provide a voice for this stigmatized, marginalized, and oppressed group to relate their phenomenological experiences of interpersonal violence and provide ammunition for the assertion that there are hidden costs that male adult survivors of sexual victimization experiences are paying in silence. There is a pressing need for increasing numbers of multicultural feminist practitioners to be trained and specialize in working with male survivors of sexual victimization experiences.

Needs of Pacific Peoples When They are Victims of Crime
NCJ Number: 210580
Author: Ana Hau’afo’aia Koloto Dr.
Publication Date: May 2003
Abstract: This New Zealand study obtained information about crime victims among the six main Pacific ethnic groups in order to determine the use and appropriateness of informal and formal support services for Pacific crime victims. The study focused on victims of violence outside the home, family violence, and property crimes. Of particular concern was the identification of victims' health needs and appropriate measures for meeting those needs, as well as the identification of appropriate victim support mechanisms in the criminal justice system. A team of researchers from each of the six main Pacific ethnic groups was trained to conduct the interviews. The survey consisted of individual interviews
with 90 (54 females and 36 males) Pacific people who ranged in age from 16 to 84. Interviews determined the nature of the crime, its impact, needs that stemmed from the crime, the use of support services, and victims' experiences in the criminal justice system. Pacific males were more likely to be victims of violence outside the home, while females were more likely to be victims of family violence. Property offenses were equally distributed between theft from the home and theft of or from a motor vehicle. Physical injuries were more likely to be experienced by victims of violence and family violence; they were also likely to be emotionally and spiritually affected by the crime. The crime's social impact was more pronounced in victims of family violence. Adverse financial effects from victimizations were also indicated. Overall, the following areas of victim need were identified: health care and protection, financial aid, adverse cultural and social impact, emotional and spiritual support, and information and feedback from police.

Physical and Sexual Assault of Women with Disabilities
NCJ Number: 215521
Author: Sandra L. Martin; Neepa Ray; Daniela Sotres-Alvarez; Lawrence L. Kupper; Kathryn E. Moracco; Pamela A. Dickens; Donna Scandlin; Ziya Gizlice
Publication Date: September 2006
Abstract: This study examined whether women with disabilities had an elevated risk of being physically and sexually assaulted within the past year in North Carolina. Results indicated that in comparison to their nondisabled peers, women with disabilities in North Carolina were 4 times more likely to experience a sexual assault in the past year. Women with disabilities, however, were not more likely than women without disabilities to experience a physical assault alone within the past year. The disabled women’s current and ex-intimate partners were the most common perpetrators of the violence against them. Given the fact that women with disabilities are more likely to seek regular medical attention, health care providers are urged to screen these patients for physical and sexual violence and to ensure that identified victims are provided the appropriate help and followup care. Data on 5,326 women were drawn from the North Carolina Behavioral Risk Factor Surveillance System, which is an ongoing random-digit dial household survey of adults that focuses on health and sociodemographic information. Data analysis involved the use of bivariate and multivariate analyses. Limitations of the study are identified and include its use of a telephone survey, which can only reach women living in households with telephones.

Respecting Diversity: Responding to Underserved Victims of Crime
NCJ Number: 184065
Author: Brian Ogawa; Aurelia S. Belle
Publication Date: 2000
Abstract: This chapter examines issues involved in responding to underserved victims of crime.
The racial and ethnic diversity of the United States has changed considerably in the last few decades. An increasing proportion of Latino, Asian, and African-Americans have integrated with the European-American population. This transition brings new challenges for victim assistance professionals. Recognizing and respecting individual cultural differences is
important to sensitive and effective work with crime victims. In addition, differences in concepts of suffering and healing can influence how a victim may experience the effects of victimization and the process of recovery. The term “culture” can reasonably be applied to various demographic categories, reflecting differences by age, gender, sexual orientation, religion, and geographic region. Each group has its particular self-identity, lifestyle and ways of meeting the traumas and triumphs of life. For this chapter, “culture” represents race and ethnicity. The chapter discusses the vast array of cultural differences among the people of the U.S., basic principles of culturally proficient and culturally sensitive interaction with crime victims and specific practices and considerations that will help victim assistance professionals provide appropriate services to crime victims of various cultures.

Supporting Victims of Rural Racism: Learning Lessons From a Dedicated Racial Harassment Project
NCJ Number: 208846
Author: Shammi Jalota
Publication Date: 2004
Abstract: This chapter examines the development and impact of a local project designed to address problems of racism in a rural area in Great Britain (Suffolk County, England). The rural county of Suffolk in the east of England is commonly viewed as a desirable place to live. It also has a comparatively small minority ethnic population, with the proportion of ethnic minorities constituting approximately 3 percent of the population. The Suffolk County Council's Racial Harassment Initiative (RHI), which is part of the Community Safety Unit, is a program through which victims of racial harassment are offered support and advice. Between 1997 and 1998, the year preceding the development of the RHI, there were 74 racial incidents reported to the police in Suffolk. By 2001-2, this number had increased to 303, perhaps reflecting the readiness of victims to report incidents. The RHI has focused on support and care for victims who contact the program or who have been referred by various agencies, mainly the police. Once an incident has been reported to the RHI, a letter is sent to the victim within 24 hours of the notification, outlining the support role the program offers. A telephone call follows within 48 hours, offering to visit the victim to further discuss any needs and how they might be met. A range of solutions is offered, including mediation in the case of ongoing disputes between neighbors, counseling, and legal assistance. The RHI uses education and prevention measures to counter attitudes and behaviors that underlie and perpetuate racial harassment. An important feature of the program has been the clear delineation of roles and responsibilities as a prerequisite for effective multi-agency working.
Faith- and Community-Based Initiatives

Building Victim Assistance Networks With Faith Communities: Lessons Learned by the Vermont Victim Services 2000 Project
NCJ Number: 215201
Author: Barbara Whitchurch; Andrea Beaderstadt
Journal: N/A
Publication Date: April 2007
Abstract: Representatives from victim services agencies in Vermont participated in Vermont VS 2000 and began their work by conducting a needs assessment that revealed clergy were frequently working with crime victims but often lacked the tools and training required to provide effective victim assistance. Vermont VS 2000 addressed this issue by developing the VS 2000 Faith Community Initiative, which engaged the community in victim issues in a variety of ways, such as regional training for clergy on victim issues and services. Vermont VS 2000 developed Building Victim Assistance Networks With Faith Communities in order to provide technical assistance to victim services professionals interested in collaborating with the faith community. The current report describes the VS 2000 Faith Community Initiative, the lessons learned, and other promising practices. It also focuses on issues related to victim assistance and recommends actions that can be taken by other victim service organizations interested in partnering with the faith community. In discussing victim needs from a faith-based perspective, the paper notes that victimization often causes victims to question their faith, which in turn impacts their mental health and approaches they use to cope with their victimization. Trained clergy who work with crime victims can provide the guidance needed for understanding how faith-based attitudes and strategies for dealing with their victimization can lead to personal growth from the perspective of their faith. Specific issues addressed in this report are victims' experience of trauma and bereavement, and vicarious trauma.

Can Reentry Services Work with the Faith-Based Community to Reduce Domestic Violence?
NCJ Number: 214214
Author: Sharon A. O'Brien Ph.D
Pages: 33, 43- 45
Publication Date: April 2006
Abstract: Faith-based groups are already extensively involved in the reentry work of offenders. However, the faith-community model discussed in this article suggests that faith communities stretch their vision a bit, educate themselves about domestic violence, partner with corrections professionals and other community services, and serve as “mentor/coordinators” to the offender. These communities can become more knowledgeable about domestic violence, not as a means to provide direct services, but as a way to partner with the secular agencies to keep victims safe and offenders accountable while also providing hope and guidance. Faith groups can reach out to domestic violence offenders in a way that parallels how some faith groups reach out presently to domestic violence victims. This article discusses how the faith-based community can be an effective way to reduce domestic violence offenders’ rates of re-offending. The article recommends two faith and domestic violence resources, highlights two correctional programs, and describes two partnerships with the faith community. With the goal to end domestic
violence, the fewer domestic violence offenders who reoffend, the fewer domestic violence victims there will be.

_Churches as Service Providers for Victims of Sexual and/or Violent Crimes: A Case Study From the Paarl Community_
NCJ Number: 209705
Author: J. C. Erasmus; G. G. Mans
Journal: ACTA Criminologica Volume: 18 Issue: 1 Dated: 2005 Pages: 140 to 163
Publication Date: 2005
Abstract: High levels of violent crime in South Africa are plaguing the nation, and indicators suggest this level of violence in only increasing. This article focuses specifically on sexual and violent crimes perpetrated against women and children in South Africa. The Unit for Religion and Development Research (URDR) initiated a project to determine the social development needs of local communities and to empower faith-based organizations (FBO's) to play an active role in meeting those needs. Despite the fact that FBO's are uniquely situated to regularly and consistently influence the public, the capacity and involvement of FBO's in communities across South Africa have not been evaluated. The current study offers a case study analysis describing a pilot project launched in 2001 in the Paarl area. The pilot project mapped all places of worship in the community and surveyed 10 percent of households regarding religiosity, crime victimization, and demographics. Crime data were drawn from the South African Police Service and 1996 census data were examined for community demographic information. Results indicated that the churches themselves were not particularly involved with meeting the needs of their members or the community in general. However, churches contain enormous potential in this regard and, as such, a process is described in which strategic interventions by churches could be accomplished. The process involves targeted interventions to the most needy areas as defined by primary and secondary data using a geographic information system (GIS) analysis.

_Community-wide Strategies to Reduce Child Abuse and Neglect: Lessons From the Safe Kids/Safe Streets Program_
NCJ Number: 210275
Author: Westat
Journal: N/A
Publication Date: 2004
Abstract: Past and present studies point to long-term consequences, finding that victims of child abuse and neglect are at greater risk of delinquency, substance abuse, adult criminality, and other problems. Initiated by the U.S. Department of Justice, Office of Justice Programs (OJP), the Safe Kids/Safe Streets (SK/SS) Program was established in 1997 to help five communities reduce child abuse and neglect and their aftereffects through collaborative community-wide efforts. The initiative helped communities make significant changes in the policies, procedures, and practices of agencies that deal with children and families involved in or at risk of abuse and neglect. The five demonstration sites that implemented the SK/SS program were located in Alabama, Missouri, Ohio, Vermont, and Michigan. This report, adapted from a four-volume evaluation report, describes the results of a national evaluation of SK/SS planning and implementation. Lessons learned from the SK/SS experience are presented in the areas of community context, program design, collaboration building, system reform, enhancing the continuum of services, data collection
and evaluation, prevention education, and resources. The SK/SS initiative represents the most comprehensive application in the child maltreatment field. It has succeeded in building broad-based collaboratives around child abuse and neglect issues in five different communities. In addition, they engaged a broad range of stakeholders in developing and implementing a complex agenda with collaboration made to be a normal way of doing business.

**Partnering with Faith Communities to Provide Elder Fraud Prevention, Intervention, and Victim Services**  
NCJ Number: 213340  
Author: Lisa Curtis  
Journal: N/A  
Publication Date: April 2006  
Abstract: Results by the Colorado State University Cooperative Extension Service (CSU) of the Communities Against Senior Exploitation (CASE) Partnership indicate that CASE used research and innovative strategies, effectively reached older adults, were innovative in reaching goals, provided follow up reinforcement, successfully reached different cultures, and established a network to prevent or report fraud. In addition, lessons learned as to what worked and what did not work is presented. Highlights of lessons learned, specifically what worked include: (1) having measurable goals; (2) having a project director and outreach specialist; (3) using a variety of marketing methods and contacts to reach clergy and lay leaders; (4) moving toward one-on-one partner recruiting rather than clergy trainings; (5) inviting a victim of elder financial exploitation to share their story at clergy trainings; and (6) asking the clergy and lay leaders to sign partnership commitment forms. What did not work was minimal but included: mailing invitations to clergy, calling directly on minority communities without adequately building bridges through key persons from these communities, and marketing the formal 3-hour clergy seminars to those who were more skeptical. The CASE Partnership, developed by the Denver district attorney’s office with Federal support from the U.S. Department of Justice, Office for Victims of Crime, addresses the problem of elder fraud. The partnership was funded between the district attorney’s office and specific faith-based organizations to provide community-based services for elder financial fraud prevention, intervention, reporting, and victim support. CSU staff conducted an evaluation process to measure the effectiveness of the CASE Partnership in addressing the issue of elder fraud in Denver. Survey evaluation instruments were designed to determine the level of awareness and knowledge gained related to fraud, changes in behavior for avoiding fraudulent situations, and changes in financial fraud detection and reporting.

**Prevention of Child Sexual Abuse: Evaluation of a Community Media Campaign**  
NCJ Number: 220600  
Author: Alyssa A. Reingold; Carole Campbell; Shannon Self-Brown; Michael de Arellano; Heidi Resnick; Dean Kilpatrick  
Journal: Child Maltreatment Volume: 12 Issue: 4 Dated: November 2007 Pages: 352 to 363  
Publication Date: November 2007  
Abstract: This study evaluated the effects of a media campaign intended to assist in preventing child sexual abuse (CSA). The findings show that the media campaign had a
significant impact on short-term knowledge about child sexual abuse and on primary prevention responses to hypothetical vignettes related to child sexual abuse; however, there was no significant impact on attitudes related to child sexual abuse. The findings suggest that a media campaign that targets CSA prevention in a community is relatively inexpensive and can increase awareness and possibly primary prevention behaviors, at least over the short term; however, a media campaign alone may not be sufficient to significantly reduce CSA in a community. An examination of interventions that could be used to complement a media campaign would be useful. The media campaign assessed was sponsored by an organization called "Darkness to Light" (DTL), which is a nonprofit national organization whose primary goal is to educate communities about CSA, its consequences, and prevention measures. The evaluation recruited 200 parents who had children younger than 18 years old living in the home. Data collection was done at eight malls in eight cities where the campaign was conducted. Twenty-five people were interviewed at each site. Participants were exposed to four experimental conditions: video public announcements, an educational pamphlet, video public service announcements plus an education control condition, and no media exposure. Interviews used self-report measures of demographics; lifetime history of sexual assault and other forms of sexual abuse; knowledge and awareness of CSA; and behavioral responses to vignettes related to responses to situations in which primary, secondary, and tertiary prevention of CSA would be desirable.

Toolkit to End Violence Against Women
NCJ Number: 206041
Author: National Advisory Council on Violence Against Women
Journal: N/A
Publication Date: 2004
Abstract: In an attempt to provide concrete guidance to communities, policy leaders, and individuals engaged in activities to end violence against, the National Advisory Council on Violence Against Women developed the "Toolkit to End Violence Against Women." The toolkit provides recommendations, reviewed by experts in the fields of sexual assault, domestic violence and stalking. The toolkit is comprised of 16 chapters with each chapter focusing on a specific audience or environment and includes recommendations for strengthening prevention efforts and improving services and advocacy for victims. The chapters include: (1) Community-Based Services; (2) Health and Mental Health Care; (3) Civil Remedies; (4) Criminal Remedies; (5) Additional Justice System Responses; (6) Economic Security; (7) College and University Campuses; (8) The Workplace; (9) Children and Youth; (10) Educating the Public; (11) The Media and Entertainment Industries; (12) Faith-Based Groups and Organizations; (13) Sports; (14) Native Women; (15) The U.S. Military; and (16) The International Community. The toolkit’s format was designed to help those readers quickly pinpoint topics of interest, and each chapter is relevant to more than one group of individuals. The toolkit offers instruction and guidance.
Sexual Abuse of Tribal Youth

Child Sexual Abuse in Indian Country 2000
NCJ Number: 193507
Author: Northern Plains Tribal Judicial Institute
Publication Date: 2000
Abstract: This looseleaf manual presents the agenda, presenter biographies, and background reports and articles for a training program that took place for 1.5 days in February 2000 in Tucson, AZ, and focused on issues related to case processing and adjudication of child sexual abuse cases on American Indian reservations. The program examined why the legal system often failed child sexual abuse victims, the reliability of juvenile witnesses, Federal criminal laws and tribal criminal and civil laws on child sexual abuse, and case processing in Federal and tribal courts. Additional sessions focused on the prevalence of child sexual abuse in Indian country, the sociological factors, the cultural impact of child sexual abuse on Indian families, child sexual abuse investigations, Federal and tribal reporting requirements, interrogation of child victims, coordination between tribal and Federal authorities on pretrial release, issues related to family member attitudes toward testifying, evidentiary issues related to medical evidence, corroborating testimony, the use of hearsay exceptions, and services to abused children. The background materials include the text of tribal and Federal laws related to child sexual abuse and criminal procedures; Federal sentencing guidelines; an explanation of the Federal Victim-Witness Assistance Program; and a report on Federal, State, and tribal jurisdiction. Further materials present an indigenous perspective on wellness, a discussion of medicolegal issues in the medical evaluation of child sexual abuse, and an overview of issues related to psychological and scientific evidence in these cases.

Childhood Abuse and Later Parenting Outcomes in Two American Indian Tribes
NCJ Number: 222326
Author: Anne M. Libby; Heather D. Orton; Janette Beals; Dedra Buchwald; Spero M. Manson
Publication Date: February 2008
Abstract: The purpose of this study was to examine the relationship of childhood physical and sexual abuse with reported parenting satisfaction and parenting role impairment later in life among American Indians (AI). The study found support only for substance use disorder, not depression, as a mediator of the relationship between childhood abuse and parenting outcomes, which is in contrast to recent literature on the effect of childhood trauma on parenting outcomes in which depression mediated the relationship between childhood trauma and parenting outcomes. Instrumental and perceived social support significantly enhanced parenting satisfaction; however, negative social support reduced satisfaction and increased the likelihood of parenting role impairment. Exposure to parental violence while growing up had lethal effects on parenting outcomes. Mothers and fathers did not differ significantly in the relation of childhood abuse experience and later parenting outcomes. In conclusion, the study addressed gaps in existing literature regarding parenting outcomes and included the first model of such relationships in American Indian
National Criminal Justice Reference Service (NCJRS): Literature Review continued...

populations. The findings suggest potential variables that could be the targets of interventions: concrete social support, attention to both fathers and mothers in their parenting role, and substance use disorders. It is important to understand the risk and protective factors that affect outcomes later in life. Literature reports on the influence of childhood abuse on social consequences, such as parenting behaviors and attitudes have been diverse in design and have found negative effects. This study examined the empirical relationship between childhood abuse and later parenting for two representative samples of American Indian tribal communities: Northern Plains tribe and Southwest tribe.

Native American Ethnicity and Childhood Maltreatment as Variables in Perceptions and Adjustments to Boot Camp vs. Traditional Correctional Settings
NCJ Number: 210504
Author: Angela R. Gover
Publication Date: 2005
Abstract: One facility was a State-operated boot camp, and the other facility was a traditional State-run training school. Instruments administered to participants measured conditions of confinement, ethnicity, type of correctional institution, delinquency risk factors, and control variables (number of months in the facility at the time of the study and age). Approximately 28.2 percent (n=87) of the sample identified themselves as Native-American, and approximately 57.5 percent (n=50) of Native-American juveniles were incarcerated in the boot camp. Ordinary least squares regression was used to assess the independent influence of Native-American ethnicity and the boot camp setting on juveniles' perceptions of the correctional environment and psychological adjustment. Findings indicate that Native-American youth in the boot camp did not have distinctly different perceptions of the correctional environment than youth of other ethnic groups. Across all ethnic groups, the boot camp environment was generally perceived as more controlled and active, as well as having less justice and freedom than the traditional environment of the training school. Native-American youth in the boot camp reported significantly lower levels of anxiety than all other ethnic groups. Across all ethnic groups, childhood maltreatment was related to similar levels of increased depression compared with non-maltreated youth.

Navajo Women and Abuse: The Context for Their Troubled Relationships
NCJ Number: 210057
Author: Mary J. Rivers
Publication Date: April 2005
Abstract: The Navajo culture is vastly different from the Euro-descended culture of the mainstream United States. In addition, within Native American families, there is an alarming increase in the amount of violence against women and children. Overall, the increase in domestic violence on the Navajo reservation is at least partly the result of some of the 20th century’s ills: unemployment, alcoholism, and a shift to an unequal balance of power between the sexes, as well as the breakdown in cultural knowledge. It is necessary to understand these experiences in the Navajo context. This paper attempts to understand the Navajo woman’s sense making in the face of abuse. The author interviewed seven Navajo women about their lives on the reservation and their understanding of what it
meant to be a Navajo woman, as well as their perspective on domestic violence. The women interviewed ranged from 20 to 60 years of age. Hozho, which refers to balance of seeming opposites, is interpreted by the Navajo as a belief that every man has a bit of female in him and every female has a bit of male in her. Hozho helps in understanding the Navajo woman’s response to abuse in two ways: her reluctance to leave her partner and a plausible explanation for her partner’s aberrant behavior. The female puberty ceremony called kinaalda is another cultural element that accounts for the Navajo woman’s understanding of her situation in life. These interviews show that for some women, it is possible to straddle two worlds, embrace one’s cultural roots, live with the detritus of the Anglo culture, and transform the experience into a triumph of will.

Prevalence, Characteristics, and Impact of Childhood Sexual Abuse in a Southwestern American Indian Tribe
NCJ Number: 169142
Author: Robert W. Robin; Barbara Chester; Jolene K. Rasmussen; James M. Jaranson; David Goldman
Journal: Child Abuse and Neglect Volume: 21 Issue: 8 Dated: August 1997 Pages: 769 to 787
Publication Date: August 1997
Abstract: The research recruited the participants for a genetic and linkage study on alcoholism and psychiatric disorders in three large and interrelated pedigrees. The research recruited participants from the community without knowledge of their clinical histories or those of their relatives. A semi-structured psychiatric interview assessed child sexual abuse and psychiatric disorders. Forty-nine percent of the females and 14 percent of the males had been sexually abused as children. Family members accounted for 78 percent of the reported child sexual abuse. Sexually abused males and females were more likely to report childhood and adult behavioral problems than were non-abused participants. A strong relationship existed between multiple psychiatric disorders and child sexual abuse, with sexually abused males and females more likely than were nonabused participants to be diagnosed with three or more psychiatric disorders, both including and excluding alcohol dependence or alcohol abuse. Findings indicated that child sexual abuse in this population is both an index of family dysfunction and community disorganization and a predictor of later behavioral patterns and psychopathology.

Sexual Victimization in Indian Country: Barriers and Resources for Native Women Seeking Help
NCJ Number: 208423
Author: Sherry L. Hamby
Journal: N/A
Publication Date: May 2004
Abstract: Through centuries of oppression and violence, American Indian women have proven their resilience and strength. However, the oppression and violence still continues with the data suggesting that large numbers of American Indian women have been sexually victimized with sexual victimization rates ranging from 12 to 49 percent. Many barriers exist, facing not only American Indian women who have been sexually victimized, but agencies and organizations seeking to improve services to American Indian women. Some of the most challenging barriers discussed in this article include: victim blaming and
prejudice; conflict of values; language barriers; economic and geographic barriers; community size affects confidentiality, stigma, and perception of choices; fear of law enforcement and the community justice system; and lack of funding. However, despite these barriers and the traumatic history endured, American Indian communities have some significant resources offered which include: (1) spirituality and cultural; (2) tribal justice forums; (3) free Western-style health care; (4) outreach by advocates; and (5) Federal funds. Despite the long-term effects of oppression, racism, and violence, the spirituality and traditions of many American Indian communities offer the potential to help victims heal.

Disclaimer:
This resource may include referrals to non-Federal Government resources. The resources, and the information contained therein, are only as reliable and complete as their originating source. Responsibility for the quality/accuracy of the information rests with the original source.

See the "Obtaining Documents" section of the National Criminal Justice Reference Service Web site at http://www.ncjrs.gov/tutorial/obtain.html for instructions on how to acquisition publications.
Office of Justice Programs (OJP) Resources

Below is a compilation of resources that have been created by the offices and bureaus in the Office of Justice Programs (OJP), U.S. Department of Justice. If you would like to purchase a copy of a resource please visit http://www.ncjrs.gov/ and search for the NCJ code listed with each title below.

Identity Theft

**AVOID Identity Theft: Deter, Detect, Defend**  
Office for Victims of Crime and Federal Trace Commission, May 2006, NCJ 214119  
[http://www.ftc.gov/bcp/edu/microsites/idtheft/](http://www.ftc.gov/bcp/edu/microsites/idtheft/)

**F.A.S.T. (Financial Abuse Specialist Team) (Videotape)**  
Office for Victims of Crime, May 2003, NCJ 198153

**Financial Crimes Against the Elderly**  
Office of Community Oriented Policing Services (COPS), September 2003, NCJ 201915  

**Identity Theft, 2005**  
Bureau of Justice Statistics, November 2007, NCJ 219411  

**Identity Theft, 2004**  
Bureau of Justice Statistics, April 2006, NCJ 212213  

**Identity Theft-A Research Review**  
National Institute of Justice, July 2007, NCJ 218778  

**Information for Victims and Witnesses Who Report Fraud Crimes**  
Office for Victims of Crime, 2001, BC 000599  

**National Strategy To Combat Identity Theft**  
Office of Community Oriented Policing Services (COPS), May 2006, NCJ 214621  

**Partnering with Faith Communities to Provide Elder Fraud Prevention, Intervention, and Victim Services**  
Office for Victims of Crime, April 2006, NCJ 213340  
Providing Services to Victims of Fraud: Resources for Victim/Witness Coordinators
Office for Victims of Crime, 1998, NCJ 170594

Roles, Rights, and Responsibilities: A Handbook for Fraud Victims Participating in the Federal Criminal Justice System
Office for Victims of Crime, 1998, NCJ 172830

Victims of Fraud and Economic Crime: Results and Recommendations From an OVC Focus Group Meeting
Office for Victims of Crime, 2000, NCJ 176357

Victims of Fraud: Beyond Financial Loss
Office for Victims of Crime, 1998, NCJ 170593
http://www.ovc.gov/publications/infores/fraud/v-fraud.txt

Holistic Treatment for Victims of Crime

Bridging the Systems to Empower Victims: Mental Health and Victim Services Training Guide (Instructor Manual)
Office for Victims of Crime, May 2000, NCJ 161862
http://www.ovc.gov/publications/infores/vestmtl/welcome.html

Bridging the Systems to Empower Victims: Mental Health and Victim Services Training Guide (Student Manual)
Office for Victims of Crime, December 2004, NCJ 163173
http://www.ovc.gov/publications/infores/student/welcome.html

Recovering from Crime: Steps for the Physically Injured Victim
Office for Victims of Crime, July 2006, BC000728

Recovering From Your Crime-Related Injuries (DVD)
Office for Victims of Crime, July 2006, NCJ 213709
http://www.ojp.usdoj.gov/ovc/videos/welcome.html#musc

Mental Health/Substance Abuse & Victims of Crime

Alcohol Problems and Violence Against Women, Report of Summary Findings
National Institute of Justice-Sponsored, May 2001, NCJ 188267

Bridging the Systems to Empower Victims: Mental Health and Victim Services (Instructor Manual)
Office for Victims of Crime, May 2000, NCJ 161862
http://www.ovc.gov/publications/infores/vestmtl/welcome.html
**Bridging the Systems to Empower Victims: Mental Health and Victim Services (Student Manual)**
Office for Victims of Crime, December 2004, NCJ 163173

**Children at Clandestine Methamphetamine Labs: Helping Meth's Youngest Victims**
Office for Victims of Crime, June 2003, NCJ 197590

**Coping with Sexual Assault: A Guide to Resolution, Healing and Recovery**
National Institute of Justice-Sponsored, December 2000, NCJ 204527

**Exploring the Drugs-Crime Connection within the Electronic Dance Music and Hip-Hop Nightclub Scenes**
National Institute of Justice-Sponsored, April 2007, NCJ 219381

**Initiatives for Improving the Mental Health of Traumatized Crime Victims**
Office for Victims of Crime, 1998, NCJ 171665

**Linkage of Domestic Violence and Substance Abuse Services, Final Report**
National Institute of Justice-Sponsored, 1999, NCJ 194123

**Mental Health Response to Mass Violence and Terrorism: A Field Guide**
Office for Victims of Crime, 2005, NCJ 205452

**Mental Health Response to Mass Violence and Terrorism: A Training Manual**
Office for Victims of Crime, June 2005, NCJ 205451

Office for Victims of Crime, September 2001, NCJ 190249

Office for Victims of Crime, September 2001, NCJ 193144

**Providing Relief to Families After a Mass Fatality: Roles of the Medical Examiner’s Office and the Family Assistance Center**
Office for Victims of Crime, November 2002, NCJ 188912
OJP Resources continued...

School Crisis Response Initiative  
Office for Victims of Crime, September 2003, NCJ 197832  

Substance Abuse and Victimization Video and Guidebook (Videotape)  
Office for Victims of Crime, September 2005, NCJ 204552  
http://www.ovc.gov/videos/welcome.html#substance

Supplemental Mental Health Treatment For Batterer Program Participants  
National Institute of Justice-Sponsored, September 2007, NCJ 223030  

Victims with Disabilities: The Forensic Interview--Training Techniques for Interviewing Victims with Communication and/or Cognitive Disabilities (DVD)  
Office for Victims of Crime, April 2007, NCJ 212894  
http://www.ojp.gov/ovc/videos/welcome.html#forensicinterview

Violence & Victimization Research Division's Compendium of Research on Violence Against Women, 1993-2008  
National Institute of Justice, August 2008, NCJ 223572  

Reaching Underserved Communities

Bitter Earth: Child Sexual Abuse in Indian Country, Discussion Guide  
Office for Victims of Crime, 1999, NCJ 179105  

Community-Based Analysis of the U.S. Legal System's Intervention in Domestic Abuse Cases Involving Indigenous Women  
National Institute of Justice, December 2002, NCJ 199358  

First Response to Victims of Crime Who Have a Disability  
Office for Victims of Crime, October 2002, NCJ 195500  

Elderly Victims of Sexual Abuse and Their Offenders  
National Institute of Justice, June 2006, NCJ 216550  

Immigrant Populations as Victims: Toward a Multicultural Criminal Justice System, Research in Brief  
National Institute of Justice, 1998, NCJ 167571  
http://www.ncjrs.gov/pdffiles1/167571.pdf

Impact Evaluation of STOP Grant Program for Reducing Violence Against Women Among Indian Tribes, Final Report
National Institute of Justice, 2002, NCJ 195174

Meeting the Needs of Underserved Victims Video and Guidebook (Videotape)
Office for Victims of Crime, September 2005, NCJ 195656
http://www.ovc.gov/publications/infores/other.htm

Michigan Study on Women with Physical Disabilities, Final Report
National Institute of Justice, February 2002, NCJ 193769

Office for Victims of Crime, September 2001, NCJ 190249

Rural Victim Assistance: A Victim/Witness Handbook for Rural Prosecutors
Office for Victims of Crime, April 2006, NCJ 211106
http://www.ojp.usdoj.gov/ovc/publications/infores/rural_victim_assistance/pfv.html

Serving Crime Victims With Disabilities, (DVD)
Office for Victims of Crime, 2007, NCJ 213366
http://www.ojp.gov/ovc/videos/welcome.html#servingcrime

National Institute of Justice-Sponsored, June 2006, NCJ 216072

Sexual Assault in Maryland: The African American Experience
National Institute of Justice, 2006, NCJ 217617

Study Reveals Unique Issues Faced by Deaf Victims of Sexual Assault
National Institute of Justice, June 2007, NCJ 218262
http://www.ojp.usdoj.gov/ij/journals/257/deaf-victims.html

Toolkit to End Violence Against Women
Office for Violence against Women, 2004, NCJ 206041
http://toolkit.ncjrs.org/

Understanding the Needs of the Victims of Sexual Assault in the Deaf Community
National Institute of Justice-Sponsored, October 2005, NCJ 212867

Urban, Suburban, and Rural Victimization, 1993-98
Bureau of Justice Statistics, October 2000, NCJ 182031
OJP Resources continued…

Use and Outcomes of Protection Orders by Battered Immigrant Women
National Institute of Justice, 2006, NCJ 218255

Victim Services: Promising Practices in Indian Country
Office for Victims of Crime, November 2004, NCJ 207019

Victims with Disabilities: The Forensic Interview--Training Techniques for Interviewing Victims with Communication and/or Cognitive Disabilities, (DVD)
Office for Victims of Crime, April 2007, NCJ 212894
http://www.ojp.gov/ovc/videos/welcome.html#forensicinterview

Violence Against American Indian and Alaska Native Women and the Criminal Justice Response: What is Known
National Institute of Justice, 2008, NCJ 223691

Voices of Victims: American Indian Issues and the Tribal and Criminal Justice System (Videotape)
Office for Victims of Crime, October 2006, NCJ 213810
http://www.ojp.usdoj.gov/ovc/publications/inforeviews/other.htm

When Violence Hits Home: How Economics and Neighborhood Play a Role, Research in Brief
National Institute of Justice, September 2004, NCJ 205004

Working With Victims of Crime With Disabilities
Office for Victims of Crime, 1998, NCJ 172838

Faith- and Community-Based Initiatives

Building Victim Assistance Networks With Faith Communities: Lessons Learned by the Vermont Victim Services 2000 Project
Office for Victims of Crime, April 2007, NCJ 215201
http://www.ovc.gov/publications/inforeviews/faith_based_vict_asst/welcome.html

Communitywide Strategies to Reduce Child Abuse and Neglect: Lessons From the Safe Kids/Safe Streets Program
National Institute of Justice-Sponsored, 2004, NCJ 210275

Development of a Guide to Resources on Faith-Based Organizations in Criminal Justice Final Report
National Institute of Justice-Sponsored, September 2004, NCJ 209350
**OJP Resources continued...**

*Evaluation of SACSI in Winston-Salem: Engaging the Community in a Strategic Analysis of Youth Violence*
National Institute of Justice-Sponsored, July 2002, NCJ 202977

*Faith-Based Responses to Crime Victims (DVD)*
Office for Victims of Crime, April 2008, NCJ 216616

*New Directions From the Field: Victims' Rights and Services for the 21st Century - Faith Community*
Office for Victims of Crime, 1998, NCJ 172822

*Partnering with Faith Communities to Provide Elder Fraud Prevention, Intervention, and Victim Services*
Office for Victims of Crime, April 2006, NCJ 213340

*Working Together to Stop the Prostitution of Children (DVD)*
Office of Juvenile Justice and Delinquency Prevention, December 2003, NCJ 212279

**Sexual Abuse of Tribal Youth**

*Bitter Earth: Child Sexual Abuse in Indian Country, Discussion Guide*
Office for Victims of Crime, 1999, NCJ 179105

*Child Sexual Abuse on New Mexico Tribal Land, 1999-2004*
Bureau of Justice Statistics-Sponsored, December 2005, NCJ 212236

*Children's Justice Act Partnerships for Indian Communities*
OVC, June 2008, FS 000314
[http://www.ovc.gov/publications/factshts/cja08/welcome.html](http://www.ovc.gov/publications/factshts/cja08/welcome.html)

*Improving Tribal/Federal Prosecution of Child Sexual Abuse Cases Through Agency Cooperation*
Office for Victims of Crime, 1999, NCJ 172877

*Victim Services: Promising Practices in Indian Country*
Office for Victims of Crime, November 2004, NCJ 207019

To stay informed about OJP funding announcements, publications, and other resources, subscribe to the National Criminal Justice Reference Service (NCJRS) biweekly newsletter, JUSTINFO. To subscribe, enter your e-mail address in the “Subscribe to JUSTINFO” box on the NCJRS homepage: [www.ncjrs.gov](http://www.ncjrs.gov)
Program Evaluation Training Update

By Courtney Chapin

The Crime Victim Services Commission (CVSC) and the Michigan Public Health Institute (MPHI) coordinate several one-day workshops on program evaluation each year. These workshops are designed and presented by Dr. Cris Sullivan from Michigan State University. The workshops guide agencies serving victims of crime through the process of designing an evaluation that meets their unique needs. Three versions of the workshop have been developed for different types of VOCA grantees – a general training suitable for all agencies, a session developed specifically for agencies serving children, and a session for agencies serving small or rural populations.

Last year’s workshops were held in Lansing, Grand Rapids, and Gaylord and were well attended. As indicated in the past, training participants continue to find that the events offer useful information for conducting program evaluations in their own agencies. Participants also expressed their appreciation for Dr. Sullivan’s knowledgeable and interesting presentation style. Based on ongoing positive feedback, these workshops will be offered again in 2009.

The general training will be held on May 29, 2009 at the Henry Center in Lansing. The second workshop, for agencies serving children, will be held on August 14, 2009 in Holland. The final workshop, for small or rural agencies, will be held in Traverse City on September 11, 2009. More information about these workshops has been mailed to agency directors and is also available on The Michigan Advocate website at: www.michiganadvocate.org. A training registration form may be accessed using the following link: http://www.michiganadvocate.org/files/RegistrationFormFY09.pdf.

For more information about the program evaluation training events, please contact Mary Zack Thompson at 517-324-8392 or mthompso@mphi.org.

Courtney Chapin, BS, is a Senior Research Assistant for the Crime Victim Services Commission Technical Assistance Project at the Michigan Public Health Institute.
Personal Protection Orders Online Training

By Mary Zack Thompson

The Michigan Judicial Institute has developed web-based training on Personal Protection Orders (PPOs). While the training was specifically designed for court staff, agency advocates and volunteers will also find the information very helpful.

The training includes an overview of domestic abuse and stalking, and it discusses how these issues affect families and children. Also described are the roles of the police, prosecutors, and judges in the PPO process.

The course contains five units:

1. Initiating a PPO Action
2. Paperwork and Court Action
3. After a PPO is Issued
4. Modified, Extended, or Terminated PPOs
5. Enforcement

A hypothetical PPO case is used to illustrate the various steps of the court system process. A number of other resources are also available through the site, including brochures for consumers, statute information, videos, and interactive PPO forms.

The training can be accessed at: www.ppowbt.net

Mary Zack Thompson is the Project Coordinator for the Crime Victim Services Commission Technical Assistance Project at the Michigan Public Health Institute.