One Department: Overview of Activities On Violence Against Women

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2009-2010

Office on Women's Health

U.S. Department of Health and Human Services

ONE DEPARTMENT:
OVERVIEW of ACTIVITIES ON VIOLENCE AGAINST WOMEN

2009-2010 UPDATE

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ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)

Division of Family Violence Prevention
Family and Youth Services Bureau
Administration on Children, Youth and Families

One in every four women and one in every thirteen men have experienced domestic violence during their lifetimes: 2.3 million each year. The Family Violence Prevention and Services Act (FVPSA) provides the primary federal funding dedicated to the support of emergency shelter and related assistance for victims of domestic violence and their dependents. It is administered by the Division of Family Violence Prevention in the Family and Youth Services Bureau, Administration on Children, Youth and Families.

FVPSA formula grants are awarded to every State and Territory and over 200 Tribes, which subgrant funds to 1,332 community-based domestic violence shelters and 343 non-residential services programs, providing both a safe haven and an array of supportive services to intervene in and prevent abuse. Ninety-eight percent of FVPSA dollars go directly to the field for core services.

FVPSA-funded programs focus on both intervention and prevention. In fiscal year (FY) 2009, FVPSA-funded programs served over 1.2 million victims and their dependents, providing over 7.1 million shelter nights. During the reporting period, FVPSA-funded programs responded to over 4.7 million crisis calls. Not only do FVPSA-funded programs provide a wide range of protective and supportive services, they also work to enhance community awareness and response to domestic violence. In FY 09, programs in 48 states and territories provided over 156,000 presentations or trainings about domestic violence and/or services related to victims of domestic violence. Of this number, 57,366 were specifically targeted at youth.

On September 15, 2009, 83% of identified domestic violence programs in the United States – or 1,648 out of 1,980 programs - participated in a 24-hour survey. In just one day, 65,321 victims were served, 23,045 hotline calls were answered,

and 30,735 professionals and community members attended 1,468 training sessions provided by local domestic violence programs (National Network to End Domestic Violence, *Domestic Violence Counts, 2009)*.

Shelter programs have been found to be among the most effective resources for victims with abusive partners. Staying at a shelter or working with a domestic violence advocate significantly reduces the likelihood that a victim will be abused again and improves the victim's quality of life.

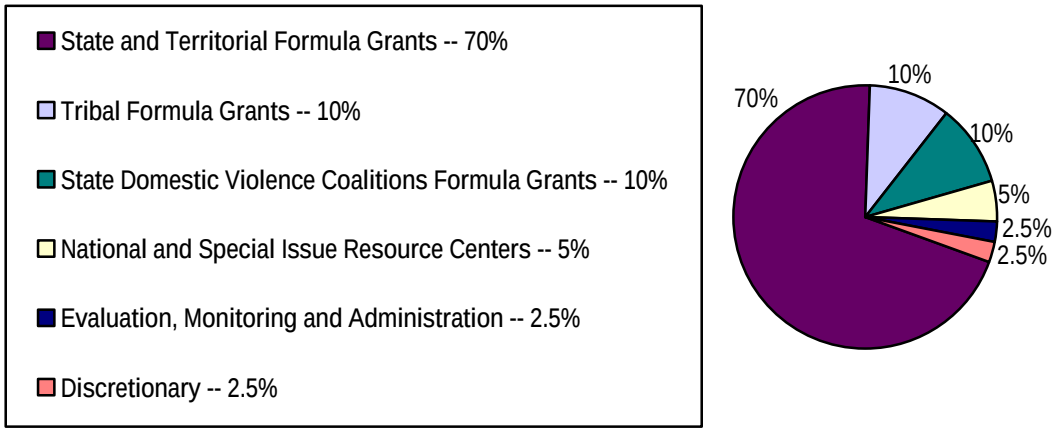
Moreover, since opening in 1996, the National Domestic Violence Hotline has received over 2 million calls and now averages 22,000 calls a month. It is reported that 80% of callers indicate that a call to the National Hotline is their first call for help.

The statutory authority for FVPSA as extended by the Consolidated Security, Disaster Assistance, and Continuing Appropriations Act, 2009, Pub. L. 110-329, is 42 USC 10402 et seq.

Program Operation

The Division of Family Violence Prevention in the Family and Youth Services Bureau administers FVPSA formula grants to States, Territories, Tribes, State Domestic Violence Coalitions, as well as grants for national and special-issue resource centers. All grantees must apply for funds and meet eligibility requirements. Competitive grant applications are peer-reviewed before selection.

The statute specifies allocations for 97.5% of appropriated funds, including three formula grants and one competitive grant. The remaining 2.5% is discretionary, and used for competitive grants, technical assistance and special projects that respond to critical or otherwise unaddressed issues. The chart below illustrates the distribution of funds.



The Division of Family Violence Prevention also administers the National Domestic Violence Hotline, a distinct program that receives its own line-item appropriation.

Domestic Violence Shelters

The bulk of FVPSA funds support, either directly or indirectly, local domestic violence programs. As represented in the following detail, domestic violence shelters are a critical link in the continuum of care to secure the safety of survivors and their children. Results from *Meeting Survivors ' Needs: a Multi-State Study of Domestic Violence Shelter Experiences* and *Domestic Violence Counts 09: A 24-Hour Census of Domestic Violence Shelters and Services across the United States* best illustrate the effectiveness of program services:

- Shelters provide immediate safety to victims and their children fleeing domestic violence. They also help victims heal from emotional wounds; rebuild self-sufficiency; connect to their communities; and, stay safe long-term. Most programs operate shelters, hotlines, and outreach services 24 hours a day, 7 days a week.
- The average domestic violence shelter has 16 to 17 staff and 15 monthly volunteers. Seventy-two% of programs have fewer than 20 paid staff, including 38% with less than 10 paid staff.
- Average capacity is 25 beds with a range from 4 to 102. On average, shelters report that 130 adults and 114 children were sheltered in the last year.
- Ninety-eight percent of sampled shelters have the capacity to accommodate residents with disabilities.

- Eighty-two percent have bilingual staff, including 72% who speak Spanish; sampled programs had staff/volunteers who speak 37 different languages.
- Programs offer a wide range of advocacy and services:

Type of Service or Advocacy and Percent of Programs Offering It			
Support Groups	97%	Health Advocacy	81%
Crisis Counseling	96%	TANF Advocacy	80%
Housing Advocacy	95%	Child Protection/Welfare	79%
Children's Services	95%	Job/Job Training	78%
Individual Counseling	92%	Immigration Advocacy	76%
Civil Court Advocacy	82%	Divorce/Custody/Visitation	73%
Criminal Court Advocacy	81%		

State and Territorial Formula Grants (70%)

FVPSA State and Territorial formula grants comprise 70% of FVPSA appropriations and are distributed based on a minimum award of $600,000, with remaining funds allotted to each State through a population-based formula. Grants are awarded to State, Territory and Tribal governments and subgranted to local residential and non-residential domestic violence programs. States and Territories administer grants differently, often through state health, child welfare or criminal justice agencies. Several States contract with State Domestic Violence Coalitions to administer FVPSA funds at the state level. The Pacific Territories (Guam, American Samoa, and the Northern Marianas Islands,) have historically applied for and receive funds through consolidated social services block grants. The States and Territories each determine how to allocate FVPSA funds to local domestic violence programs. Some share funds equally among all programs and others use a competitive process. Several have complex formulas based on population, while others focus on the specific needs of underserved populations or geographic area such as rural communities. When FVPSA appropriations reach $130 million, a portion of the amount above $130 million is reserved and made available to address the needs of children who witness domestic violence.

Tribal Formula Grants (10%)

American Indian and Alaska Native women are battered, raped and stalked at more than twice the rate of any other group of U.S. women. To address this problem, FVPSA dedicates 10% of its appropriations to federally recognized Tribes (including Alaska Native Villages) and Tribal Organizations that meet the

definition of "Indian Tribe" or "Tribal Organization" in 25 U.S.C. 450b. Tribes must be able to demonstrate their capacity to carry out domestic violence prevention and services programs. Tribal formula grants are distributed based on population and are primarily for the provision of immediate shelter and related assistance for victims of domestic violence and their dependents. Additionally, funds may also be used in establishing, maintaining, and expanding programs and projects to prevent domestic violence. Two hundred twelve Tribes were awarded grants in FY 09.

State Domestic Violence Coalitions Formula Grants (10%)

All 50 States, the District of Columbia, Puerto Rico and the U.S. Virgin Islands have federally recognized Domestic Violence Coalitions. The Coalitions serve as information clearinghouses and coordinate statewide domestic violence programs; conduct outreach; and, provide other programming to support domestic violence survivors and member programs. They provide technical assistance to local domestic violence programs (most of which are funded by subgrants from FVPSA State and Territorial formula grants) and ensure best practices are developed and implemented. Coalition activities are varied and may also include economic advocacy, partnerships with government agencies, and public awareness campaigns. Funds are divided equally among the Coalitions.

National and Special Issue Resource Centers (5%) and Culturally Specific Institutes (1.25%)

The FVPSA statute mandates a competitive grant program for one national and one Tribal resource center, along with three special-issue resource centers which focus on health care, civil and criminal justice, and child protection and custody. Using FVPSA discretionary funds awarded through a competitive peer-review process, support has also been provided to five culturally specific institutes and an institute on domestic violence, trauma and mental health. Together, the ten centers are national leaders, providing training and technical assistance as well as conducting research and creating evidenced-based responses to domestic violence. The programs are crucial to disseminating information to both FVPSA-funded domestic violence service providers and the broader network of professionals – including health care providers, law enforcement, court and judicial personnel, child welfare caseworkers, and educators – who reach victims and their children.

Asian and Pacific Islander Institute on Domestic Violence (APIIDV) – www.apiahf.org/apidvinstitute

APIIDV is a national organization committed to improving intervention and prevention advocacy efforts for the Asian, Native Hawaiian, and Pacific Islander communities. APIIDV's training, technical assistance, and research are all focused on ensuring that domestic violence and community based services have culturally component responses for victims of domestic violence.

APIIDV's advocacy and programming focuses on the following:

- Educating advocates to improve culturally relevant services for victims with multiple challenges;
- Promoting community organizations to confront and change cultural as well as gender norms;
- Engaging in policy advocacy to effect systems change and increase community investments in the issue of domestic violence; and
- Conducting research to influence systems and program interventions shaping culturally relevant responses.

APIIDV's systems and policy advocacy improves the accessibility and culturally competent responses of community based organizations, domestic violence programs, social service agencies, government agencies, court systems, health care systems, and universities. APIIDV engages in policy analysis and advocacy to influence systems responses, prevent systems failures, and increase systems accountability to underserved and unserved Asian, Native Hawaiian and Pacific Islander communities. Culturally relevant responses and accessible community systems are critical to ensuring the survival of victims facing complex challenges and enormous safety barriers. APIIDV's leadership provides a strategic and philosophical framework for competently addressing victims' complex needs.

APPIDV's work has a significant impact on the field of domestic violence by leading emerging research, dynamic advocacy approaches, systems based responses, and comprehensive community based strategies that encompass the ethnic and demographic diversity of the Asian, Native Hawaiian, and Pacific Islander communities.

APIIDV strengthens the capacity of programs and systems serving Asians, Native Hawaiians, and Pacific Islanders to meet the complex needs of underserved victims and their families through training, technical assistance, consultations, and culturally specific research. In January of 2009, APIIDV held a Hmong

Leadership Forum focused on establishing national networks, strategies, and resources for preventing domestic violence, limiting victim blaming, and collecting data. In February 2009, APIIDV held a Muslim Leadership Forum for the Muslim Advocacy Network on Domestic Violence focused on transnational abandonment, divorce, and marital rape. In March of 2009, APIIDV worked in collaboration with the Asian Women's Shelter to hold a national conference for 20 Asian Domestic Violence Programs focused on enhanced advocacy strategies, culturally specific service integration, partnering with interpreters, and resource sharing.

In FY 2009, APIIDV produced several resource guides providing advocacy and programmatic leadership for domestic violence programs, including:

- Domestic Violence Programs for Muslim Communities: Services, Advocacy, & Training Directory;
- Domestic Violence in Asian, Native Hawaiian, and Pacific Islander Homes; and
- Lifetime Spiral of Gender Violence Revised for Chinese, Korean, Punjabi, and Tagalog translations.

APPIIDV has over 9 years of leadership and expertise focused on increasing the visibility of complex issues facing Asian, Native Hawaiian, and Pacific Islander communities. For more than 10 years APIIDV has focused on addressing the myriad forms of gender based violence victims of domestic violence encounter. The Domestic Violence Field relies upon APIIDV to lead innovative advocacy strategies, identify emerging tools, undertake culturally relevant research, and provide training.

Encuentro Latino National Institute on Family Violence (ELNIFV)– www.latinodv.org

The ELNIFV is a culturally specific organization focused on capacity building to address the needs, barriers and complexities of Latino communities.

ENLNIFV works to increase the understanding of domestic violence in Latino communities through research, dissemination of culturally competent approaches, and promoting best practices for Latino populations by providing information and web-based resources on promising programs, implementation, and evaluation.

ELNIFV provides technical assistance, training, and advocacy consultation to domestic violence advocates, social workers, community members, and educators.

ELNIFV's advocacy and leadership is informed by the recommendations of Latino survivors of domestic violence.

In FY 2009, ELNIFV's capacity building work included hosting webinars and teleconferences focused on:

- Community Organizing;
- Limited English Proficiency;
- Cultural Trauma; and
- Economic Advocacy.

In May of 2009, ELNIFV held national trainings focused on working within Latino communities as an emerging population which included the following topics: Religion and Domestic Violence in the Latino Communities and Promotoras: A Model that Works.

ELNIFV receives and responds to requests for assistance, advocacy information, and educational resources from community based organization, local domestic violence programs, and state domestic violence coalitions. Theses requests ranged from answering questions about domestic violence in Latino communities, to requests for referrals to domestic violence programs, and educational materials in Spanish.

Immigrant Family Violence Institute (NIFVI) – www.iistl.org

IFVI is a national collaboration of six ethnically diverse immigrant service agencies located throughout the US working to enhance, document, and disseminate promising practices to eliminate domestic violence against immigrant women. IFVI's founding organizations are members of the US Committee for Refugees and Immigrants, a national nonprofit organization with members serving more than 1 million immigrants annually.

IFVI's focus is to enhance the delivery of domestic violence services to immigrants by identifying culturally appropriate outreach and engagement, prevention and intervention services for domestic violence among immigrants, and disseminating materials nationally. The guiding principle for IFVI is to engage in practitioner-driven community services research using the practice wisdom of a range of experts, including survivors, immigrant community leaders, attorneys, social workers, researchers, and mainstream DV providers.

IFVI's advocacy and programming focuses on the following:

- Developing a framework for common practices in outreach, engagement, prevention, and intervention to address domestic violence in immigrant communities;
- Impacting the evaluation of practices to address domestic violence in immigrant communities;
- Providing services to immigrant victims of domestic violence; and
- Serving as a clearinghouse resource network disseminating promising practices and lessoned learned for addressing domestic violence in immigrant communities.

IFVI's technical assistance focuses on meeting the complex needs of underserved immigrant victims and their families through training, technical assistance, and consultations. IFVI's technical assistance work focused on immigration legal issues with regards to U Visas and VAWA petitions.

In 2009, IFVI developed and disseminated culturally appropriate promising practices for domestic violence services to immigrant victims in 18 U.S. cities. The IFVI is developing advocacy and assessment tools, legal protocols, and a culturally attuned safety plan to serve as best practices models and resources when working with immigrant victims of domestic violence.

Institute on Domestic Violence in the African American Community (IDVACC) – www.dvinstitute.org

IDVAAC is a national organization focused on the unique circumstances of African Americans as they face issues related to domestic violence including intimate partner violence, child abuse, elder maltreatment, and community violence. IDVAAC's mission is to enhance society's understanding of and ability to end violence in the African-American community.

IDVAAC has over 7 years of national leadership experience focused on increasing cultural awareness among domestic violence advocates, researchers, policymakers, and other supporting systems. IDVAAC works to equip advocates and programs with knowledge, tools and skills needed to enhance the cultural competence in their programming and services.

IDVAAC's advocacy and programming focuses on the following:

- Raising community consciousness of the impact of domestic violence in the African American Community;
- Informing public policy;

- Creating a community of African American scholars and practitioners focused on violence in the African American Community;
- Furthering scholarship regarding violence in the African American community;
- Disseminating information on community needs and promising practices;
- Organizing experts to provide coordinated outreach and technical assistance to communities on domestic violence in the African American community.

IDVAAC has a significant impact in the field of domestic violence by leading emerging advocacy approaches and community based strategies that are culturally relevant and mirror the diversity of the African American community. IDVAAC currently leads the following national initiatives:

- **Community Insights -** an initiative focused on understanding the causes and consequences of domestic violence as well as identify useful solutions in preventing domestic violence in African American communities across the United States;
- **Safe Return -** an initiative providing technical assistance and support to grantees of the Serious and Violent Offender Reentry Initiative lead by the federal government;
- **Fatherhood and Domestic Violence -** an initiative focused on developing strategies to support mothers and children of domestic violence while encouraging batterer accountability, non abusive behavior, and positive contributions of fathers to the well being of their children; and
- **Supervised Visitation and Safe Exchange -** an initiative providing technical assistance to Safe Havens: Supervised Visitation and Safe Exchange grantees to enhance the delivery of supervised visitation and exchange services to culturally specific and culturally diverse communities.

IDVAAC's conference and trainings convene a diverse group of individuals, advocates, and scholars focused on raising awareness about domestic violence in the African American community. In 2009, IDVAAC focused their national conference on healing; the prevailing theme of this conference was that adults who witness violence as children as well as other victims can successfully engage in the process of healing even if they tread different pathways in their journeys. A Journey to Healing: Finding the Path was held August 3 - 4, 2009 in Long Breach, California, and this ground breaking two day event featured 50 presenters and more than 600 participants.

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

BWJP promotes change within the civil and criminal justice systems to enhance their effectiveness in providing safety, security and justice for battered women and their families. BWJP provides technical assistance to advocates, civil attorneys, judges and court personnel, law enforcement officers, prosecutors, probation officers, batterers intervention program staff, defense attorneys and policymakers, and to victims of domestic violence and their families and friends.

BWJP's advocacy and technical assistance work includes trainings and consultations, disseminating up-to-date information on emerging research findings, and promoting the implementation of best practices and policies from pioneering communities around the country.

BWJP offers teleconferences on emerging issues to domestic violence advocates and key stakeholders in the field. Every teleconference has over 100 participants. Teleconference topics covered in 2009 include:

- Prevention Education with Migrant Men;
- Tax Issues for Battered Women;
- American Recovery and Reinvestment Act for Victim Services Programs and Survivors;
- Fatality Reviews; and
- Supervised Visitation Centers.

For FY 2009, BWJP led several trainings on building a coordinated community response to domestic violence cases in Gainesville, Florida, Oklahoma City, Oklahoma, Duluth, Minneapolis, and Trois Rivieres, Canada.

A major focus of BWJP training continues to be the enhancement of local efforts to coordinate the response of the criminal justice system to domestic violence cases. Each year BWJP sponsors a meeting of the Coalition Advocates and Attorneys Network that brings together staff from domestic violence coalitions around the country who are engaged in legal policy and advocacy work in their individual states. Local, state, and national programs are supported through the interchange of expertise within the group and from other national experts.

In FY 2009, BWJP's annual CAAN meeting, co-sponsored with NCJFCJ, was held in Minneapolis; this meeting focused on child custody trends differentiating among contexts of violence and their implications for family court. Attendees also spent

time in pre-selected peer networking groups discussing: joint custody and shared parenting laws; civil court practitioners (parenting coordinators, parenting coaches, parenting time expeditors, early neutral evaluators, guardians ad litem, custody evaluators) and their role within the court; advocates as expert witnesses, mediation and other alternatives to dispute resolution in family court; and enforcement of No Contact and Civil Protection Orders.

BWJP has a significant impact on the field of domestic violence by leading emerging advocacy approaches and systemic advocacy coordination that impacts attorney/advocate collaborations and addresses systemic barriers victims face within the criminal and civil legal systems.

Battered Women's Justice Project: National Clearinghouse for the Defense of Battered Women (NCDBW) – www.ncdbw.org

The NCDBW provides specialized technical assistance to defense teams (attorneys, expert witnesses, and advocates) working on cases that involve battered women charged with crimes related to their abuse. Most of these cases involve battered women who defended themselves against their batterer's violence and were charged with assault or homicide. NCDBW is leading the development of comprehensive coordinated community responses to battered women charged with crimes.

> "Eight years ago, I was in prison, serving a life sentence for defending myself against my abusive boyfriend. When I got out, one of the first organizations I wrote to was the National Clearinghouse for the Defense of Battered Women." – Formerly Incarcerated Battered Woman

The NCDBW continues to partner intensively with five sites across the country – West Virginia, Washington, Michigan, Kentucky, and Delaware – to help them develop or improve their responses to charged and incarcerated battered women, as well as to battered women returning to their communities after incarceration.

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

HRCDV is a project of the Family Violence Prevention Fund, focused on improving health and public health responses to victims of family violence. HRCDV offers model strategies and tools to health care providers, domestic

violence programs, and sexual violence programs to address and prevent the chronic health issues associated with exposure to abuse. As a national leader HRCDV works closely with the American Medical Association and other professional health associations to produce policy guidelines for health care professionals responding to domestic violence.

HRCDV provides technical assistance, training, public policy recommendations, and materials and responds to thousands of requests for technical assistance annually. HRCDV's technical assistance and advocacy includes developing patient safety cards with messages about reproductive coercion, pregnancy wheels with prompts for providers to ask about reproductive coercion, and posters for reproductive health care settings.

In addition to their technical assistance, HRCDV coordinates a number of special projects including a multi-year project in Indian country to improve health care to American Indian/Alaska Native survivors of abuse; a comprehensive reproductive health campaign designed to help health care providers and advocates reduce risk for unintended pregnancy, exposure to sexually transmitted diseases and improve reproductive health through violence prevention; and finally conducts a biennial National Conference on Health and Domestic Violence.

> "The Albuquerque Indian Health Clinic Advocacy Project connects with other community providers to best meet the needs of patients. One such patient is a deaf woman who requested to see the only Native Advocate in this area, although she lives approximately an hour's drive from Albuquerque. The AIHC was able to connect her with services through the Community Outreach Program for the Deaf with funding for payment of the interpreter. With the assistance of these collaborative parties we are able to provide support, advocacy and education to patients whose needs are great and for whom having a safe, nurturing and healing environment is primary."

In FY 2009, HRCDV launched a new program to improve education for healthcare providers and to promote partnerships between public health providers and prevention advocates in seven states across the U.S. The goal of the initiative is to improve health and safety by integrating violence prevention and responses into maternal child health programs, family planning programs, home visitation and adolescent health programs.

Every year HRCDV reaches thousands of providers through training and technical assistance and works to promote partnerships between health and public health professionals and domestic violence advocates.

In addition to their training, HRCDV continues to lead their national reproductive health campaign designed to help healthcare providers and advocates reduce risk for unintended pregnancy, exposure to sexually transmitted diseases and improve reproductive health through violence prevention. HRCDV partners with major health associations to help them integrate violence prevention into efforts to promote wellness and prevention as part of any effort to decrease chronic health care costs.

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

The Family Violence Department of the National Council of Juvenile and Family Court Judges provides leadership and assistance to consumers and professionals dealing with the issue of child protection and custody in the context of domestic violence. The RCDVCC provides access to the best possible sources of information and tangible products to those working in the field of domestic violence, child protection, and custody. RCDVCC provides training throughout the country designed to increase the expertise and capacity of professionals in the field and improve the quality of services on issues relevant to child protection and custody in the context of domestic violence. RCDVCC also provides technical assistance, training, policy development, and other resources that increase safety, promote stability, and enhance the well-being of battered parents and their children.

In FY 2009, to promote the development of sound domestic violence policies in the child welfare system, the Family Violence Department hosted the Child and Family Services Review (CFSR) Strategic Planning Meeting in Washington, DC. Representatives from the National Resource Center on Domestic Violence, the Family Violence Prevention Fund, national child welfare resource centers, state domestic violence coalition directors, child welfare administrators, the judiciary, and federal agencies met to discuss ways to increase the number of states with effective domestic violence policies in the child welfare system.

The CFSR Strategic Planning Meeting resulted from decade-long dialogues between the child welfare and domestic violence communities and from discussions between ACF's Division of Family Violence Prevention and the

Children's Bureau, which uncovered a greater need for structured and coordinated efforts to address the overlap of domestic violence and child maltreatment. The CSFR Strategic Development Meeting was an important step toward the goal of promoting policy that will help children and families experiencing domestic violence to achieve positive outcomes.

In July of 2009, RCDVCC collaborated with the Domestic Violence and Mental Health Policy Initiative to explore the development of resources to improve court practices involving mental health and trauma related allegations against battered women. Staff from the Special Issue Resource Centers discussed issues facing survivors experiencing the mental health effects of abuse and how to work with their attorneys, as well as with judges and other legal system representatives. Additionally, both Special Issue Resource Centers looked at: systems' practices related to batterers; the neuroscience in this context; how judges respond to mental health diagnoses to guide interventions; the traumatic effects of exposure to domestic violence on children as well as factors that promote resilience; how judges, prosecutors, lawyers, and others can support resiliency; and, how stakeholders can prevent abusers from using commitment laws against their partners as a tool of abuse. At the end of the meeting, participants had created a draft action plan for further development.

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

NCDVTMH leads comprehensive, accessible, and culturally-relevant responses to the range of trauma and mental health-related issues faced by domestic violence survivors and their children.

NCDVTMH is designed to cultivate a deeper understanding of the mental health and advocacy needs of survivors of domestic violence and their children and the impact of trauma on individual healing and social change. NCDVTMH facilitates collaboration among domestic violence advocates, mental health professionals, disability rights organizations and a variety of community-based service providers, as well as state domestic violence coalitions, state agencies, and other policy organizations at the state and national levels. NCDVTMH focuses on improving the response of domestic violence programs, mental health systems, and the criminal justice and civil legal systems to domestic violence survivors and their children who are experiencing the traumatic effects of abuse and/or psychiatric disabilities with the goal of ensuring access to the services survivors need to enhance their safety and well-being.

NCDVTMH technical assistance includes offering information about current practice, model approaches and policies, and successful collaborations as well as individualized training, capacity-building assistance, and consultation.

NCDVTMH focuses its programming in 3 main arenas: promoting dialogue among domestic violence and mental health organizations, policy-makers, and survivor/advocacy groups; helping local agencies, state coalitions, and state mental health systems increase their capacity to provide effective assistance to survivors of domestic violence who are experiencing the traumatic effects of abuse and/or living with mental illness; and improving policy affecting the complex life circumstances of domestic violence survivors and their children, particularly in relation to trauma and mental health.

In FY 2009, NCDVTMH worked with the National Domestic Violence Hotline to enhance their capacity to work with survivors with a range of mental health concerns, including needs assessment, planning and training. The needs assessment identified a number of additional areas for ongoing work with the Center, including: 1) using hotline call data to track shelter eligibility exclusions related to mental health and developing strategies to respond to this information; 2) compiling information about commitment laws in each state to better inform advocates about talking with survivors whose abusive partners have threatened them with commitment proceedings; 3) generating information about what Adult Protective Services in each state can and cannot do for people with mental health problems when abuse is emotional or financial; and 4) providing information on the relationship between battering and mental health diagnoses among batterers.

NCDVTMH has made significant contributions to the domestic violence field by providing tools and trainings for state and local advocates on creating welcoming, accessible, trauma-informed services. NCDVTMH also informs capacity-building for organizations and has held a national symposium on domestic violence, trauma, and mental health. Additionally, NCDVTMH has: created and disseminated tip sheets for domestic violence shelters; a compendium of federal anti-discrimination laws; a matrix of state statutes on mental health confidentiality; and, a matrix of state statutes on firearms and mental health.

In FY 2009, NCDVTMH produced a series of brief documents for advocates with practical tips about how to make domestic violence programs more welcoming and accessible to survivors of domestic violence who are experiencing the mental

health consequences of abuse.

- Tips for Enhancing Emotional Safety in DV Programs
- Tips for Making Connections with Survivors who have Psychiatric Disabilities
- Tips for Discussing a Mental Health Referral with DV Survivors
- Practical Tips for Creating a Welcoming DV Advocacy Environment

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

NRCDV's primary goal is to improve societal and community responses to domestic violence and, ultimately, prevent its occurrence. NRCDV employs three key strategies to enhance domestic violence intervention and prevention efforts – technical assistance and training, developing and disseminating specialized resource materials, and designing and implementing special projects that allow the NRCDV to focus more deeply on a particular issue or constituency group.

NRCDV has four main projects:

- The Domestic Violence Awareness Project (DVAP) supporting community awareness and educational efforts of domestic violence programs which also includes that national coordination of Domestic Violence Awareness Month Campaign every October;
- The Women of Color Network promoting and supporting the leadership of women of color activists on local, statewide, and national levels;
- Building Comprehensive Solutions to Domestic Violence promoting holistic programming and policy responses to domestic violence;
- VAWnet: The National Online Resource Center on Violence Against Women—NRCDV's website initiative connecting individuals to research on emerging issues relating to domestic violence, sexual violence, public policy, funding, and primary prevention.

VAWnet is supported by the Centers for Disease Control and Prevention and receives an average of over 800,000 visitors annually and averages over 2,300 document downloads daily. NRCDV continues to develop and widely disseminate publications and resources, as well as those of the Domestic Violence Resource Network partners and others in the field.

The Women of Color Network, a project of the NRCDV, provides expert technical assistance, training, and support on issues relating to communities of color, domestic violence, community activism, and leadership. The Women of Color Network seeks to build the capacity of women of color activists through their Call to Action conference by uniting women of color, allies, young women of color advocates, and intergenerational advocates of color.

Through NRCDV's technical assistance, training, resource development and special projects, each year thousands of practitioners, policymakers, individuals and organizations have access to comprehensive, high quality, resources and support for their domestic violence intervention and prevention efforts. NRCDV's collaborative approach allows them to extend and enhance both their efforts and those of their partners as they identify, organize and disseminate a wide range of materials and resources.

In FY 2009, NRCDV completed 17 Applied Research Papers on a range of priority domestic and sexual violence topics including: *Domestic Violence Awareness: Action for Social Change Part II* and the *2009 DVAM Resource Packet*. It also completed development and planned dissemination of the Building Comprehensive Services for Domestic Violence Project's *A Leadership and Organizational Guide*, and *Advocacy Beyond Leaving: Helping Battered Women in Contact with Current or Former Partners* (developed in partnership with the Family Violence Prevention Fund).

Also in FY 2009, NRCDV developed 7 new online special collections (Immigrant Women and Domestic Violence, Violence in the Lives of Persons Who are Deaf or Hard of Hearing, H1N1 Information, American Recovery and Reinvestment Act Funding Information, Preventing and Responding to Teen Dating Violence, Conflict Resolution for Domestic Violence Program Staff, and Online Learning Tools), and significantly updated 5 policy online special collections.

National and Special Issue Resource Centers and Culturally Specific Institutes Technical Assistance (TA) and Training Statistics

	TA Request Responses FY 09	Trainings FY 09	Training Participants FY 09
APIIDV	215	10	575
BWJP	4783	69	4203
ELNIFV	13	12	120
HRCDV	2125	45	4568
IDVAAC	2100	39	7653
IFVI	286	59	2412
NCDVTMH	75	23	3000
NRCDV	2025	37	4440
RCDVCC	851	15	1609
SACRED CIRCLE	5673	45	969
TOTALS	**18146**	**354**	**29549**

Sacred Circle: National Resource Center to End Violence Against Native Women – www.sacred-circle.com

Sacred Circle is the national resource center for Tribal domestic violence and sexual assault organizations. One of the main goals of their work is to increase Indian Nations' capacity to provide direct services and advocacy to women and their children victimized by battering and sexual assault through technical assistance, model programming, training and information that is culturally relevant.

In FY 2009, Sacred Circle, in collaboration with Mending the Sacred Hoop Technical Assistance Project and Clan Star, Inc., reached 193 Native Tribes and countless Native and non-Native organizations. These collaborative efforts created support for several Tribal domestic violence programs by successfully developing and providing information to the elected and informal Tribal leaders. Examples of technical assistance provided include the following trainings:

- Establishing and Implementing an Effective Tribal Coordinated Community Response;
- Sexual Violence in the Lives of Native Women;

- Law Enforcement Response in PL 280 States (States with enforcement authority in Tribal lands);
- Response of Law Enforcement;
- Batterers: Parenting, Visitation and Custody Issues;
- Connections: Chemical Dependence and Battering;
- Women Who Use Violence; and
- Probation: Tribal Systems Approach to Domestic Violence.

Sacred Circle Technical Assistance (TA) and Training Statistics

	TA Request Responses[1] FY 09	Trainings FY 09	Training Participants FY 09
Sacred Circle	5,673	45	969

Other Discretionary Grants (approximately 1.25% of total)

The remaining half of the 2.5% of appropriated funds reserved for discretionary grants has supported collaborations within and beyond HHS, generally to respond to emerging issues. The Division of Family Violence Prevention awarded discretionary Open Doors to Safety grants, designed to increase the capacity of State Domestic Violence Coalitions and local domestic violence programs to reach underserved populations. Five grants were awarded, three to expand accessibility of services to victims who are mentally ill, suffering from trauma or abusing substances, and two to serve incarcerated and formerly incarcerated victims. To address these hard-to-serve populations, Coalitions and local programs are building relationships with mental health providers, working closely with FVPSA-funded resource centers and institutes, and sharing information with each other. Best practices developed through these grants will be disseminated nationally.

National Domestic Violence Hotline

The Hotline is funded with its own line-item appropriation and is not part of the formula that funds all other FVPSA grants. Appropriations for the Hotline were $3.2 million in both FY 09 and FY 10.

The National Domestic Violence Hotline (NDVH) provides a live and immediate response to thousands of victims of domestic violence and their families. In FY

08, the Hotline received 250,119 calls. Call volume increased 8% in FY 09 to 269,125 calls. The Hotline directly connects callers to a seamless referral system of over 5,000 community programs in response to the needs of women, men, youth and children accessing the hotline. The Hotline operates 24 hours a day, 7 days a week and is available in 170 languages. Over 80% of callers report that this is their first call for help.

On September 30, 2008, the Hotline received its 2 millionth call. The Hotline averaged 22,000 calls per month in FY 09. Current growth rates project the Hotline will receive its 3 millionth call in 2011, which is less than half the amount of time it took to reach the first million. Demand for Hotline services continues to climb steadily due to effective outreach through mass media and community-based public awareness campaigns, and improved access for multi-lingual callers.

Not only have total calls increased, but calls have become more complex. The average length of a call rose 35 percent from FY 06 to FY 09, from 6.79 minutes to 8.32 minutes, while resources diminished. The number of calls requiring use of translation services provided through the AT&T Language Line increased 32 percent between FY 07 and FY 09. The Hotline reported that response time was affected by call spikes experienced when the Hotline was featured on nationally syndicated television shows, such as the Oprah Winfrey Show and Spanish-language television.

For example, on two days on which the Hotline number was aired on Oprah and on Despierta America, a popular Spanish-language morning show, call volume increased over 130 percent. In addition, call volume spiked repeatedly in FY 09 due to media coverage of the Rihanna/Chris Brown incident. In the Hotline's review of these calls they further noted that in the approximate twelve week period of February 8, 2009 (the date of the Chris Brown incident) through May 5, 2009, NDVH advocates documented a 115% increase in calls from those under 13 and a 13% increase in calls from those between the ages of 13-17 over the same period in 2008.

Research

The Division of Family Violence Prevention funded *Meeting Survivors ' Needs: a Multi-State Study of Domestic Violence Shelter Experiences*. The study was administered by the National Institute of Justice, and conducted by the University of Connecticut's Institute for Violence Prevention and Reduction at the School of Social Work in conjunction with the National Resource Center on Domestic

Violence. The final report is available at www.vawnet.org. This unprecedented study surveyed 3,410 shelter residents in 215 programs across 8 states and was offered in 11 languages.

Nearly 99% of shelter residents described shelter as helpful, 91% reported they now have more ways to plan for and stay safe after leaving the shelter, and 85% know more community resources to help achieve safety. These positive outcomes are associated with longer-term improved safety (less violence) and well-being in experimental, longitudinal studies. These outcome measures are being used in a new program evaluation and data collection plan that began in FY 09.

In addition to data about the efficacy of FVPSA-funded shelter programs, the study reveals details about domestic violence shelters and the experiences of domestic violence survivors utilizing their services. Qualitative data from the study is telling; one victim replied that if shelter hadn't been available, "Probably I would have been killed. Cause I had nowhere else to go."

Collaboration

Indian Health Service (IHS) Collaboration

The Division of Family Violence Prevention partnered with the Indian Health Service and two FVPSA-funded domestic violence national resource centers to improve health care offered through tribal health clinics for those experiencing domestic violence. In 2008, the initiative expanded from 27 to 42 pilot sites.

Runaway and Homeless Youth

In partnership with the Runaway and Homeless Youth Program in FYSB, the Division of Family Violence Prevention funded efforts in 17 States and local communities to develop collaborative services for runaway and homeless youth experiencing or at risk of experiencing dating violence. The collaboration led to the development and implementation of the Runaway and Homeless Youth Dating Violence Toolkit being used by service providers across the country and by youth experiencing dating violence - www.nrcdv.org/rhydvtoolkit.

Intra-agency and Interagency Efforts to End Domestic Violence

The Division of Family Violence Prevention has been an active member of and leader within five collaborative workgroups, ranging from an internal HHS network to an advisory council of experts in the field. The workgroups focus on addressing systems' change and collaboration among federal entities as well as interoperability within HHS. The subject matter of the workgroups include: child abuse, teen dating violence, batterers intervention, child support and TANF.

ADMINISTRATION ON AGING (AoA)

According to the 1998 National Elder Abuse Incidence Study, women make up 71 percent of the victims of domestic elder abuse. AoA has a strong commitment to protecting seniors from elder abuse. Our community-based long-term care programs allow millions of seniors to age in place with dignity. AoA also supports a range of activities at the state and local level to raise awareness about elder abuse. These activities include training law enforcement officers and medical professionals in how to recognize and respond to elder abuse cases, conducting public awareness and education campaigns, and creating statewide and local elder abuse prevention coalitions and multi-disciplinary teams.

AoA funds the National Center on Elder Abuse (NCEA) to serve as a resource for the public and for professionals. The NCEA is a multi-disciplinary consortium of equal partners with expertise in elder abuse, neglect, and exploitation. NCEA provides elder abuse information to the public and to professionals; offers technical assistance and training to elder abuse agencies and related professionals; conducts short-term elder abuse research; and assists with elder abuse program and policy development. It manages an elder abuse list serve for professionals in the field, and it produces a monthly newsletter. NCEA's website contains many resources, including a list of the state elder abuse hotlines and information on publications, community coalitions, and upcoming conferences. For more information, please see the NCEA website at: http://www.elderabusecenter.org.

OPA did not provide an update for 2009-2010, therefore the information included is from the previous report.

Domestic Violence in Later Life

Some experts view late life domestic violence as a sub-set of the larger, elder abuse problem. Elder abuse, broadly defined, includes physical, sexual and emotional abuse, financial exploitation, neglect and self-neglect, and abandonment. The distinctive context of domestic abuse in later life is the abusive use of power and control by a spouse/partner or other person known to the victim. As the “baby boom” generation born between 1946 and 1964 ages, it is likely more victims of late life violence and abuse will seek out or be referred to the specialized services provided by domestic violence programs. This potential calls for increased

collaboration between aging and domestic violence networks to assure maximum support and safety for victims and survivors of abuse in later life.

No matter what the victim's age, abusers' tactics are remarkably similar. Abusers frequently look for someone they can dominate, people believed to be weak, people unlikely or unable to retaliate. With respect specifically to abuse in later life, the aggressors include spouses and former spouses, partners, adult children, extended family, and in some cases caregivers. Domestic abuse in later life and elder abuse often go hand in hand, and the consequences on lives are very similar.

To be of greatest help to victims, members of the domestic violence community and the aging network need to know more about the support and programs each network offers for victims of late life violence in their respective states, common indicators of abuse in late life, potential victim reactions, and areas where there is potential for interagency collaboration. To begin building the bridges between the two networks, the NCEA and Wisconsin Coalition Against Domestic Violence/National Clearinghouse on Abuse in Later Life (WCADV/NCALL) developed issue briefs to encourage expanded dialogue and connections with allied partners:

- *Domestic Violence in Later Life: A guide to the Aging Network for Domestic Violence and Victim Service Programs* (http://elderabusecenter.org/pdf/publication/nceaissuebrief.agingnetworkguideDV.pdf)

- *Late Life Domestic Violence: What the Aging Network Needs to Know* (http://elderabusecenter.org/pdf/publication/nceaissuebrief.DVforagingnetwork.pdf).

In addition, AoA and the HHS Office of Women's Health supported an effort by the WCADV/NCALL to promote collaboration and information sharing between domestic violence and elder abuse advocates and practitioners. WCADV/NCALL worked with aging advocates, including the AARP Foundation, to develop a culturally competent Domestic Violence in Later Life Curriculum, including a Trainers' Guide. WCADV/NCALL has posted a downloadable version on a newly created NCALL website http://www.ncall.us/resources.html#NCALLPUBS.

AoA's Long-Term Care Ombudsman Program

The Long-Term Care Ombudsman Program helps prevent abuse of the residents of nursing homes and similar facilities, the vast majority of whom are older women. Begun in 1972 as a demonstration, the program today operates in all states and in 572 regional/local areas of the country. Program representatives investigate and resolve complaints, many of which involve abuse through neglect and some of which involve outright abuse. Volunteer ombudsmen inform residents of their rights and provide a regular community presence in facilities, which helps prevent abuse. In FY 2005, ombudsmen regularly visited 82 percent of all nursing homes and 42 percent of all licensed board and care and assisted living facilities. Approximately 1300 paid and 14,000 volunteer staff (9,100 of these certified to help with complaints) investigated over 307,000 complaints made by about 194,000 people. About 80 percent of the complaints were resolved or partially resolved to the satisfaction of the complainant or resident. Ombudsmen provided information to more than 342,000 people on a myriad of topics. To support and enhance state and local efforts, AoA funds the National Long-term Care Ombudsman Resource Center (www.ltcombudsman.org).

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

CDC's violence prevention activities are guided by four key principles:

- *An emphasis on primary prevention of violence perpetration.* CDC emphasizes efforts that focus on preventing violence before it occurs. CDC's primary prevention emphasis focuses on reducing the factors that put people at risk for perpetration while increasing the factors that protect people from becoming perpetrators of violence.
- *A commitment to a rigorous science base.* Monitoring and tracking trends, researching risk and protective factors, rigorously evaluating prevention strategies, programs and policies, and learning how best to implement them adds to the base of what is known about violence and how to prevent it.
- *A cross-cutting perspective*. The public health sector encompasses many disciplines and perspectives, making its approach well suited for examining and addressing complex problems like violence against women.
- *A population approach*. Part of a broad public health view is emphasis on population health—not just an individual's health.

CDC's strategic direction for intimate partner violence prevention is promoting respectful, nonviolent intimate partner relationships through individual, community, and societal change. Additional information about CDC's programs and activities to prevent intimate partner and sexual violence is available at www.cdc.gov/violenceprevention.

Key Partners

Preventing intimate partner and sexual violence requires the support and contributions of many partners: federal agencies, state and local health departments, nonprofit organizations, academic institutions, international agencies, and private industry. Partners help in a variety of ways, including collecting data about violence, learning about risk factors, developing strategies for prevention, and ensuring that effective prevention approaches reach those in need.

Monitoring, Tracking, and Researching the Problem

Measuring the Incidence and Prevalence of Intimate Partner Violence and Sexual Violence

CDC supported two optional modules on intimate partner violence and sexual violence for inclusion in the 2005, 2006, and 2007 Behavioral Risk Factor Surveillance System (BRFSS). The intimate partner violence module included seven questions and the sexual violence module included eight questions. State-level statistics on the prevalence of intimate partner violence and sexual violence enabled participating state health officials and policy makers to better understand the magnitude of the problems in their state and provided information that may be used to guide policy development and evaluation.

National Intimate Partner and Sexual Violence Surveillance System

CDC developed the National Intimate Partner and Sexual Violence Surveillance System (NISVSS) in collaboration with the National Institute of Justice and the U.S. Department of Defense. Beginning in 2011, NISVSS will provide national and state-level data, producing frequent, consistent, and reliable information on the magnitude and nature of intimate partner violence, sexual violence and stalking. Using consistent definitions and survey methods over time, NISVSS will provide improved prevalence of lifetime and 12-month estimates to monitor trends and to guide and evaluate intervention and prevention efforts.

National Electronic Injury Surveillance System—All Injury Program

The National Electronic Injury Surveillance System – All Injury Program (NEISS-AIP) is operated by the U.S. Consumer Product Safety Commission in collaboration with the National Center for Injury Prevention and Control. It provides nationally-representative data about all types and causes of nonfatal injuries treated in U.S. hospital emergency departments. CDC uses NEISS-AIP data to generate national estimates of nonfatal injuries, including those related to intimate partner violence and sexual violence.

National Violent Death Reporting System

State and local agencies have detailed information from medical examiners, coroners, police, crime labs, and death certificates that could answer important, fundamental questions about trends and patterns in violence. However, the information is fragmented and difficult to access. Eighteen states are currently part of the National Violent Death Reporting System (NVDRS)— Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, Michigan, New Mexico, North Carolina, New Jersey, Ohio, Oklahoma, Oregon, Rhode Island, South

Carolina, Utah, Virginia, and Wisconsin. These states gather, share, and link state-level data about violence. NVDRS enables CDC and states to access vital, state-level information to gain a more accurate understanding of the problem of violence. This will enable policy makers and community leaders to make informed decisions about violence prevention strategies and programs, including those that address intimate partner and sexual violence.

A Study of Minority Women's Experiences of Sexual Violence

CDC is using a comprehensive sexual violence survey instrument to learn more about sexual violence victimization prevalence, characteristics, circumstances, and help-seeking behavior among English- and/or Spanish-speaking adults from different racial/ethnic minority populations. The findings from this study will provide important information about the incidence, type, frequency, characteristics, and context of sexual violence in American Indian, Hispanic, and African American communities. Currently, we know very little about sexual violence in these communities.

Assessing Links Between Various Forms of Violence

CDC has conducted a study to identify the links between different forms of interpersonal and self-directed violent behaviors among adolescents. The study will help scientists understand the prevalence and consequences of different types of aggressive behaviors; the association between dating violence and other forms of peer violence; and the manner in which these types of violent behaviors vary by sex, developmental stage, and other factors. A survey of more than 4,000 students was conducted in 2004, and data analyses have been published with more currently underway.

IPV Perpetration Study

CDC has conducted a study of risk factors for different types of intimate partner violence perpetration among a sample of men court mandated for assault of an intimate partner. Results of the study will help scientists determine the best way to prevent different types of IPV perpetration. Information was collected from men in the court system to identify factors that lead to different types of intimate partner violence perpetration. One paper is in press with more data analyses and paper preparation currently underway.

Understanding Risk and Protective Factors for Sexual Violence Perpetration and the Overlap with Bullying Experiences

CDC is funding a study to examine the association between bullying experiences and co-occurring and subsequent sexual violence perpetration and victimization

among middle school students to inform sexual violence prevention strategies for schools. The study explores the risk, promotive, and protective factors for bullying and sexual violence and examines the ways adolescent behavior is shaped by family, peers, and school environments. Approximately 3,500 middle school students in 140 classrooms across two school districts are participating. Data collection is completed and analysis and paper writing is ongoing.

Roots of Sexual Abuse

CDC is funding researchers at the University of Minnesota to examine the factors that distinguish sexual abuse perpetration from delinquent behavior. The study will focus on male adolescents and their caregivers. A major obstacle to developing prevention programs for child sexual abuse is lack of information about its causes and correlates, especially in young offenders.

Perpetration of Partner Violence Among Adolescents from Violent Homes

CDC is funding researchers at Southern Methodist University to explore partner violence among adolescents exposed to violence at home. Findings will offer insight into risk and protective factors of adolescent partner violence and inform the development of targeted prevention programs for adolescents from violent homes.

Etiologic Frameworks to Prevent Gender Based Violence Among Immigrant Latinos

CDC is funding George Washington University School of Public Health and Health Services to examine the etiology of gender-related violence among immigrant Latino populations. Working with the SAFER Latinos project, researchers are assessing the community problem solving capacity in an immigrant Latino neighborhood, identifying gaps in available prevention programming, and developing an etiological model and best practices approach that can provide the foundation for a community-based intervention.

Mapping Etiological Pathways to SV Perpetration from Childhood to Young Adulthood

CDC is funding Internet Solutions for Kids, Inc. to extend the follow-up of the Growing Up with Media cohort. Growing Up with Media is a national, longitudinal survey of adolescents designed to identify the associations between exposure to violence in new media and the subsequent expression of seriously violent behavior. Findings from the extended study will provide insight into the

etiology of sexual violence perpetration as youth transition from adolescence into adulthood.

Development and Intergenerational Paths to Partner Violence and Child Maltreatment

Researchers for the University of Colorado at Boulder are examining intimate partner violence and child maltreatment in a longitudinal, intergenerational context. The core objective of the CDC funded study is to identify the developmental pathways and social circumstances that lead to perpetration and to identify protective factors that generate resilience in the face of risk.

Developing and Evaluating Prevention Strategies

Raices Nuevas: Intimate Partner Violence Prevention for Latino Men

CDC is working collaboratively with researchers at the Community Health and Social Services Center in Michigan are testing the efficacy of a culturally-tailored, primary prevention intervention for intimate partner violence among under-served Latino men at-risk for perpetration.

Effectiveness of a Housing Intervention for Battered Women

CDC is funding the Department of County Human Services in Multnomah County, Oregon, to evaluate the effectiveness of an existing housing intervention of Volunteers of America (VOA). The study will examine whether, when provided rent assistance toward permanent housing, women and their children report lower revictimization rates, increased quality of life, reduced short- and long-term negative health outcomes, and increased use of health care and other community services. Methods will include in-depth interviews with survivors at regular intervals; review of case files from VOA and emergency shelters; and analysis of the costs of additional services sought and provided, including law enforcement, child welfare, health care, housing, and financial assistance.

An Enhanced Nurse Home Visitation Program to Prevent IPV

Researchers from Portland State University, Johns Hopkins University, and Multnomah County Health Department are conducting a randomized trial of an enhanced version of the Nurse Family Partnership (NFP) intervention. The enhanced version assesses for intimate partner violence, has an intervention for women who report IPV, and has a prevention curriculum for all women enrolled in the experimental NFP group. Women who enrolled in NFP in Multnomah County from until October 2008 were randomized to receive the enhanced version of NFP or NFP as usual. Prior research has shown that the standard Nurse Family

Partnership (NFP) intervention is not as effective in homes that experience intimate partner violence (IPV). The study will examine whether women who received the enhanced version of NFP experienced lower rates of IPV, better health, and better child and maternal outcomes than women receiving the standard NFP intervention.

Teen Dating Violence Prevention Initiative

CDC is developing a teen dating violence prevention initiative to implement and evaluate a comprehensive approach to promoting respectful, nonviolent dating relationships. The initiative will target 11 to 14 year olds in high-risk, inner-city communities. An overall goal of the initiative is to create community environments that foster and support healthy adolescent relationships.

Enhancing and Making Programs Work to End Rape (EMPOWER II)

The EMPOWER project began in 2005 as a three-year prevention planning, implementation and evaluation capacity building project supporting Colorado, Massachusetts, North Carolina, North Dakota, Kentucky, and New Jersey. Using an empowerment evaluation approach, CDC works intensively with states to build individual and sexual violence prevention system capacity and to develop program planning, implementation, evaluation and sustainability tools and training. Under EMPOWER I the six states developed statewide sexual violence prevention plans. Under EMPOWER II the states will be developing evaluation and sustainability plans and building state and local evaluation capacity.

Preventing Sexual and Intimate Partner Violence within Racial/Ethnic Minority Communities

CDC is working with the Migrant Clinicians Network and the National Indian Justice Center to build organizational capacity and develop a program model that is culturally relevant and focused on engaging men and boys in the primary prevention of Sexual Violence and Intimate Partner Violence. The aim of this initiative is to promote change in men's knowledge, attitudes, beliefs, and behaviors that support or allow violence against women. The grantees are developing, pilot testing, and evaluating prevention strategies within their communities.

Effectiveness of Screening for IPV in Primary Care

CDC is working with the Research Collaborative Unit of John H. Stroger Hospital in Chicago to conduct a randomized controlled trial to establish the impact of screening for IPV on health and quality of life. The pilot test for this study has been completed and the full study has enrolled over 2700 participants and has begun collecting the one-year follow-up data.

Effectiveness and Implementation Trial of the Safe Dates Program

CDC is evaluating the intervention effectiveness, economic cost, and implementation of Safe Dates, a school-based adolescent dating violence prevention program aimed at preventing violence perpetration and victimization. Scientists are evaluating the effectiveness of Safe Dates with a diverse group of adolescents, as well as gathering information about the conditions under which the program can be implemented in new settings or with new populations most effectively and efficiently.

Family-based Prevention of Conduct Problems to Prevent IPV Development

Researchers from the John Jay College of Criminal Justice and New York University are examining the impact of a family-based intervention aimed at children with early conduct problems on later perpetration and victimization of dating violence. Early conduct problems have been identified as one of the most robust risk factors for IPV. Findings from the study may inform a novel approach to preventing IPV in youth who would be most resistant to standard IPV interventions when they reach adolescence.

Dyadic, Skills-Based Primary Prevention for Partner Violence in Perinatal Parents

Researchers from the State University of New York at Stony Brook are conducting a randomized trial to assess the effectiveness of *Couple CARE for Parents* in the primary prevention of intimate partner violence among couples who have just had a baby. The intervention addresses interpersonal processes within relationships and promotes skills-based changes in behavior among couples with a newborn. It focuses on helping individuals and couples adjust to their new lives with their babies and helping couples use both parenting and relationships skills that will enhance their relationships with their partners and their babies and help them to cope with some of the new stresses of parenthood.

PTSD-Focused Relationship Enhancement Therapy for Returning Veterans and Their Partners

CDC is funding Boston Veterans Affairs Research Institute to develop and test a couples-based, group intervention for married or partnered Operation Enduring Freedom /Operation Iraqi Freedom veterans to prevent the perpetration of intimate partner violence. The program will incorporate

components of several interventions for post traumatic stress disorder and intimate partner violence.

Telephone Care Management to Prevent Further Intimate Partner Violence

Researchers from the Children's Research Institute are investigating the acceptability, safety, efficacy, and cost of Telephone Care Management (TCM) intervention to prevent further IPV. TCM provides women who have reported IPV with education about the impact of violence, referral assistance, and problem solving for common barriers to receiving advocacy services.

Enhancing Bystander Efficacy to Prevent Sexual Violence: Extending Primary Prevention to First Year College Students

Researchers at the University of New Hampshire are implementing and evaluating a bystander approach to preventing sexual violence. The study includes a multi-session prevention program and a social marketing campaign. Approximately 700 participants from two college campuses will participate.

Green Dot Across the Bluegrass: Evaluation of a Primary Prevention Intervention

CDC is working with researchers from the University of Texas to evaluate the Green Dot program, a statewide bystander intervention program for the primary prevention of sexual violence. Green Dot empowers students to actively question peer support for sexual violence and to become agents for change. The evaluation is being conducted in Kentucky high schools.

Multi-site Evaluation of Second Step: Student Success Through Prevention

CDC is working with researchers from the University of Illinois to conduct an evaluation of the Second Step: Student Success Through Prevention program, a middle school intervention targeting the shared risk and protective factors for bullying, sexual harassment, and dating aggression. Sixth graders from 32 schools in Illinois and Kansas are participating.

A Randomized Controlled Trial of an Adolescent IPV/SA Perpetration Prevention

CDC is funding researchers from the University of California, Davis to examine the effectiveness of a primary prevention program for intimate partner violence and sexual assault. The Coaching Boys into Men program aims to reduce perpetration and promote bystander intervention by engaging coaches as positive role models to

high school age male athletes. Male athletes in fourteen large urban high schools are participating.

Supporting and Enhancing Prevention Programs

Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA)

CDC is funding 14 state domestic violence coalitions to implement and evaluate prevention strategies that can be integrated into Coordinated Community Responses (CCRs) or similar community-based collaborations. The DELTA Program adds a significant primary prevention focus to the existing CCR model by funding state domestic violence coalitions that act as intermediary organizations, providing prevention-focused technical assistance, training, and funding to local communities. Funded state coalitions are Alaska, California, Delaware, Florida, Kansas, Michigan, Montana, New York, North Carolina, North Dakota, Ohio, Rhode Island, Virginia, and Wisconsin. CDC is also funding an evaluation of the DELTA project that assesses the DELTA Program's success in building capacity to implement and evaluate primary prevention strategies throughout each funded state and within funded CCRs.

DELTA-PREP Program

Building on the successes of the DELTA Program, CDC, in collaboration with the CDC Foundation and the Robert Wood Johnson Foundation, has developed the DELTA-PREP Program. This 3-year project provides training, technical assistance and funding to non-DELTA state domestic violence coalitions to support their efforts to build organizational, state and community-level capacity for primary prevention of intimate partner violence (IVP). There are 19 state coalitions in the DELTA PREP project, including: Alabama, Connecticut, Idaho, Indiana, Iowa, Kentucky, Massachusetts, Minnesota, Missouri, Nebraska, New Hampshire, New Jersey, Oklahoma, Oregon, Pennsylvania, South Carolina, Texas, Washington, and Washington, DC. DELTA PREP coalitions receive training and technical assistance from project staff and coaching from current DELTA Program grantees on primary prevention concepts and principles. Through participation in DELTA PREP, state coalitions will improve their organizational capacity to support IPV primary prevention efforts, and be better positioned to serve as catalysts for primary prevention programs, policies and practices at the state and community level. DELTA PREP additionally seeks to disseminate primary prevention tools and lessons learned to other state and local partners addressing primary prevention of IPV.

Rape Prevention and Education (RPE) Program

CDC administers and provides technical assistance for the Rape Prevention and Education (RPE) program to help health departments and sexual assault coalitions more effectively use funds provided through the Violence Against Women Act. The funding—designed to enable states to educate communities about sexual violence and develop prevention initiatives—supports educational seminars, hotlines, training programs for professionals, the development of informational materials, and special strategies for underserved communities as well as coalition building, community mobilization and policy and norms change. All 50 states have developed state sexual violence prevention plans that will direct their primary prevention work for the next 5-8 years.

Providing Prevention Resources

Choose Respect

CDC's Choose Respect initiative is a national effort to help youth form healthy relationships to prevent dating abuse before it starts. Choose Respect provides information and educational tools to challenge harmful beliefs about unhealthy relationship behaviors and to reinforce positive attitudes about respectful relationships. The initiative targets adolescents ages 11 to 14 and also connects with parents, teachers, youth leaders and other caregivers who influence the lives of young teens.

Prevention Connection

Prevention Connection: The Violence Against Women Prevention Partnership integrates web-based technology and promotes web conferences to build the capacity of local, state, national, and tribal agencies and organizations to develop, implement, and evaluate effective violence against women prevention initiatives. Prevention Connection provides a vehicle for ongoing analysis and discussion of domestic and sexual violence prevention efforts. Online forums feature a variety of prevention experts who explore and discuss approaches and comprehensive solutions to domestic and sexual violence. Prevention Connection is a project of the California Coalition Against Sexual Assault.

National Sexual Violence Resource Center

The National Sexual Violence Resource Center (NSVRC) identifies and disseminates information, resources, and research on all aspects of sexual violence prevention and intervention. Staff provides customized technical assistance, collaborate with other national and local organizations, and specialize in offering resources for underserved communities. Additional activities include coordinating

national sexual assault awareness activities; identifying emerging policy issues and research needs; issuing a biannual newsletter; and recommending speakers and trainers. The NSVRC website features links to resources, including information about conferences, funding, jobs, research, and special events. The Center serves state sexual assault coalitions, rape crisis centers, government agencies, U.S. Territories and tribal entities, colleges and universities, service providers, researchers, allied organizations, policymakers, media, and the public.

Violence Against Women Electronic Network

The National Online Resource Center on Violence Against Women (VAWnet) provides support for the development, implementation, and maintenance of effective violence against women intervention and prevention efforts at national, state, and local levels. VAWnet provides a collection of full-text, searchable electronic resources on domestic violence, sexual violence and related issues to state domestic violence and sexual assault coalitions, allied organizations, and the public. It offers useful links; monitors news coverage of violence against women issues; provides calendars of trainings, conferences and grant deadlines; presents interpretations of current research on violence against women, and provides information about Domestic Violence Awareness and Sexual Assault Awareness Months.

Publications

Intimate Partner Violence Compendium of Measures

Measuring Intimate Partner Violence Victimization and Perpetration: A Compendium of Assessment Tools provides researchers and prevention specialists with a set of assessment tools with demonstrated reliability and validity for measuring the self-reported incidence and prevalence of Intimate Partner Violence victimization and perpetration. Although the compendium includes more than 20 scales, it is not intended to be an exhaustive listing of available measures. The information is presented to help researchers and practitioners make informed decisions when choosing scales to use in their work.

Screening Inventory for Use in Health Care Settings

Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings is a compilation of existing tools for assessing intimate partner violence and sexual violence victimization in clinical/healthcare settings. The compilation provides practitioners and clinicians with the most current inventory of assessment tools for determining IPV and/or SV

victimization and informs decisions about which instruments are most appropriate for use with a given population.

Evaluation Guide for Sexual and Intimate Partner Violence Prevention Programs

The *Sexual and Intimate Partner Violence Prevention Programs Evaluation Guide* presents an overview of the importance of evaluation and provides evaluation approaches and strategies that can be applied to programs. Chapters provide practical guidelines for planning and conducting evaluations; information on linking program goals, objectives, activities, outcomes, and evaluation strategies; sources and techniques for data gathering; and tips on analyzing and interpreting the data collected and sharing the results. The Guide discusses formative, process, outcome, and economic evaluation.

Preventing Intimate Partner Violence and Sexual Violence in Racial/Ethnic Minority Communities

Recognizing the need for programs that address intimate partner violence and sexual violence prevention in minority populations, CDC funded 10 demonstration projects in 2000 to develop, implement, and evaluate culturally competent intimate partner and sexual violence prevention strategies targeted for specific racial/ethnic minority groups. *Preventing Intimate Partner Violence and Sexual Violence in Racial/Ethnic Minority Communities: CDC's Demonstration Projects* summarizes the work of the funded projects. The publication describes the approaches developed by the projects and highlights challenges and lessons learned in the development, implementation, and evaluation of programs.

Uniform Definitions and Recommended Data Elements

In 1999, CDC published *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements* to improve and standardize data collected on intimate partner violence. Similar standards for sexual violence, *Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements*, were published in 2002. Uniform definitions and recommended data elements are important because they provide consistency in the use of terminology and standardization in data collection. Consistent data allow researchers to better gauge the scope of the problem, identify high-risk groups and monitor the effects of prevention programs.

CDCynergy Violence Prevention Edition

CDCynergy is designed to help violence prevention program planners conceptualize, plan, and develop health communication programs. This edition of

CDCynergy is ideal for those interested in developing prevention programs on the issues of child abuse, intimate partner violence, sexual violence, and youth violence.

Preventing Child Sexual Abuse With in Organizations Serving Children and Youth

http://www.cdc.gov/ncipc/dvp/PreventingChildSexualAbuse.pdf

CDC has developed *Preventing Child Sexual Abuse Within Youth-serving Organizations: Getting Started on Policies and Procedures* to assist youth-serving organizations as they begin to adopt prevention strategies for child sexual abuse. The guide identifies six key components of child sexual abuse prevention for organizations and includes prevention goals and critical strategies for each component. Suggestions for addressing challenges and tools to help organizations get started are also provided.

Estimating the Incidence and Costs of Violence Against Women

Recognizing the need to better measure the scope of the problem of intimate partner violence and the resulting economic costs, Congress funded CDC to conduct a study to obtain national estimates of the occurrence of IPV-related injuries, to estimate their costs to the health care system, and to recommend strategies to prevent IPV and its consequences. The resulting report, *Costs of Intimate Partner Violence Against Women in the United States*, describes the development of the study; presents findings for the estimated incidence, prevalence, and costs of nonfatal and fatal IPV; identifies future research needs; and highlights CDC's research priorities for IPV prevention.

Evaluation for Improvement: A Seven-Step Empowerment Evaluation Approach

Evaluation for Improvement: A Seven-Step Empowerment Evaluation Approach is designed to help violence prevention organizations hire an empowerment evaluator who will assist them in building their evaluation capacity through a learn-by-doing process of evaluating their own strategies. It is for state and local leaders and staff members of organizations, coalitions, government agencies, and partnerships working to prevent violence. Some parts of the manual may also be useful to empowerment evaluators who work with these organizations.

Note: For information on DVP's international work related to intimate partner and sexual violence, see www.cdc.gov/violenceprevention/globalviolence/index.html.

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

Background

Since 1991, the Health Resources and Services Administration (HRSA) has been working to address the devastating consequences of intimate partner and family violence effecting women, men, children, and elderly populations through policy development, training, technical assistance, service delivery, education, and research. From clinical domestic violence services at community-based primary healthcare sites, to demonstration grants that improve the identification and treatment of victims of domestic violence during pregnancy, to training of healthcare professionals, HRSA supports culturally competent cutting edge interventions to address this epidemic.

Education, Training, and Outreach

National Women's Health Week. HRSA Office of Women's Health coordinates activities across the agency on an annual basis for this observance to empower women to make their health a top priority. Violence prevention information is included in activities.

Intersection of Violence and HIV/AIDS. HRSA/HIV/AIDS Bureau (HAB) is currently working on a CARE Action Newsletter focused on the intersection of violence and HIV/AIDS. The Newsletter is due out early summer 2009.

Addressing Interpersonal Violence in the Wake of Disaster: Opportunities for Action in Disaster Preparedness and Response. A white paper was completed Spring 2009 to address how sex, gender, and lifespan perspectives influence disaster preparedness and system response to surges in interpersonal violence in the short- and long-term aftermath of disaster. This was a collaboration between the HRSA Office of Women's Health (OWH) and the SAMHSA Center for Mental Health Services, and CMHS' National GAINS Center.

*Take A Stand. Lend A Hand. Stop Bullying Now! Campaign***.** HRSA launched the Stop Bullying Now (SBN) campaign in March 2004, to educate Americans about how to prevent bullying and youth violence. Print and web-based campaign materials available at www.stopbullyingnow.hrsa.gov, were designed to provide tips and strategies to stop bullying. The campaign was developed by MCHB in

partnership with more than 70 health, safety, education, and faith-based organizations and a Youth Expert Panel. This campaign was also recognized and served as the foundational theme for National Child Health Day in 2005. Thirty-nine states have legislation addressing bullying up from nine when the SBN! Campaign began. The SBN! interactive web site averages over 67,000 visitors per month. SBN! DVD Tool Kits have been sent to more than 66,000 U.S. public elementary and middle schools, 17,000 libraries, all state Injury and Violence Prevention Directors, and all state Home Extension Services Offices. PSAs from the DVD Tool Kit are aired on military bases worldwide more than 70 times per week on the American Forces Network.

Grants

Advanced Practice Program in Forensic Nursing, FY 08 – FY11

William F. Connell School of Nursing Boston College will incorporate a new focus within the existing curricula by creating an 18 credit Advanced Practice Program in Forensic Nursing. Forensic nursing is a newer specialty that prepares nurses to assess and mange the physical and mental health needs of individuals affected by violence and crime and to provide forensic assessment, evidence collection, forensic documentation, and court testimony. This program provides an additional specialty to advanced practice nurse. The goals of the forensic program are to: 1) develop, implement and evaluate a new Master of Science program focus in forensics and to prepare graduates as Advanced Practice Forensic Nurses (APFN); 2) expand upon and develop new linkages with community agencies and institutions that provide forensic services to victims, their families, and perpetrators; 3) develop and utilize theoretical and empirical knowledge that advances excellence in forensic nursing practice, education and research and 4) develop a program component that addresses cultural competence and sensitivity (**BHPr Goal 1, 3, 4, Linkages)**. Graduates will be eligible to undergo the portfolio credentialing process for the APFN offered by the American Nurses Credentialing Center.

The proposed project responds to the societal need generated by increasing numbers of individuals whose lives are affected by violence and crime and addresses the goals of **Healthy People 2010** [1]. The purpose of this project is to offer a comprehensive program that will develop advanced practice nurses' skills in forensics thereby increasing the number of nurses who can provide forensic care. As this program increases the capacity to help underserved individuals and meets a public health need, we are requesting a **funding preference**. Targeted applicants include individuals who are already Nurse Practitioners/Clinical Nurse

Specialists, or pursuing a dual specialty. The curriculum emphasizes: primary, secondary, and tertiary prevention of violence, crime, and traumatic injury; forensic assessment and evaluation; forensic documentation and court testimony; leadership and administration of forensic nursing; advancement of forensic nursing science; policy and influence legislation; collaboration with healthcare, social services, and criminal justice system professionals to enhance the care of victims and perpetrators of violence; and biopsychosocial needs of individuals, families, communities, and populations.

A major initiative of the program is care provided to ethnic/racial minority and immigrant individuals. This will be accomplished using an interdisciplinary approach with key linkages to community organizations to respond to the multifaceted needs of individuals affected by violence and crime (**Linkages)**. A growing body of research demonstrates that minorities and immigrants are particularly vulnerable to violence and have few resources. Understanding the cultural, racial, and ethnic context of violence will assist the APFN to provide relevant health care. The APFN can play a significant role in assisting these individuals to access services within the healthcare and social service systems.

Advanced Practice Program in Forensic Nursing, FY 07 – FY10

University of Illinois at Chicago, College of Nursing will add a new specialty concentration to prepare advanced practice nurses to assist victims of crime in urban, rural and all medically underserved areas (MUAs). The American healthcare system often fails to provide appropriate care to people of all ages who deal with violence. An enormous need exists today to help victims of all ages and their families deal with the physical, psychological, and legal implications of violent crimes. Nurses in hospitals and correctional facilities may be the first to gather evidence and/or care for the alleged perpetrator. There are currently only 21 graduate and certificate forensic nursing programs in the U.S. UIC is dedicated to preparing advanced practice nurses to provide comprehensive, culturally appropriate, evidence-based, and coordinated care to individuals who are victims of violent crimes. Illinois requires advanced practice nurses (APNs) to improve the quality of and access to healthcare, especially in rural and medically underserved areas (MUA) (25 of 102 Illinois counties are MUAs; 25 are Health Professional Shortage Areas [HPSAs]; 5 are both MUAs and HPSAs). UIC, offering Illinois's only APFN program, is challenged to prepare MUA, urban and rural providers who will meet the physical and psychological needs of victims and their families, as well as all others whose lives are affected by violence. **Objectives** for this project are to: 1) develop and implement an APFN program focused on social issues related to violence, criminal psychopathology, unintentional injury within

and outside healthcare settings, prison populations, domestic abuse, sexual assault, child and adolescent abuse, elder abuse, death investigation, and legal standards and practices; 2) recruit, admit, and retain 24 APFN students with particular attention to underrepresented students and students planning practice in rural areas or with underserved populations; 3) recruit and develop clinical preceptors in a variety of sites throughout Illinois, paying particular attention to those in underrepresented groups and medically underserved areas; 4) establish and strengthen linkages among faculty, clinical agencies, other healthcare provider groups and leaders in the field of forensics (for curricular refinement, clinical practicum venue expansion, and employment positions). We propose a comprehensive set of strategies to meet the four objectives within the 3-year project. Comprehensive, systematic **evaluations** will be implemented to assess: 1) APFN program process, 2) student outcomes using pre-/post-assessment strategies (formative), and 3) APFN program outcomes based on analysis of three student cohorts (summative). Upon completion of the program, students will be prepared for certification in their own specialty and be eligible to apply for SANE certification through the International Association of Forensic Nurses (IAFN). Students will also be eligible for Correctional Health Professional (CCHP) certification by the National Commission on Correctional Healthcare (NCCHC). Eligibility for Legal Nurse Consultant Certification (LNCC) will depend on required hours of legal nurse consulting experience by the American Legal Nurse Consultant Certification Board.

Advanced Practice Program in Forensic Nursing, FY 07 – FY10

University of Tennessee Health Science Center College of Nursing was funded to counter extensive community violence. Since then Doctorally prepared advances practice nurses have been trained to prevent and treat the effects of injury of all kinds. Tennessee outranks all national incidence rates in every category of violent crime. Shelby County, where the University of Tennessee Health Science Center (UTHSC) College of Nursing (CoN) is located, ranks highest of all Tennessee counties in violent crimes and lies in the heart of the Mississippi Delta region where poverty is twice the national average, high school dropout rates are over 26% greater than the rest of the U.S., and all counties/parishes within the region are designated as medically underserved areas (MUA). Since 1997, the Delta region has experienced an increase in violence crimes and violence and its sequelae rank as one of the top 10 environmental factors that significantly effects it population. Acknowledging the effects of violence on these populations, the UT CoN, will expand its current and successful Doctor of Nursing Practice Degree (DNP) Forensic Nursing Program applicant pool from post-Master's applicants to include baccalaureate prepared nurses seeking the DNP degree. This expansion

builds on the success of the current program and is responsive to Commission on Collegiate Nursing Education's mandate that requires doctoral preparation for Advanced Practice Nurses (APN) by 2015.

Geriatric Education Centers (GECS), FY07

Geriatric Education Centers (GECs) facilitate the interdisciplinary training of health professional faculty, students and practitioners in the diagnosis, treatment, prevention of disease, disability, and other health problems of the elderly, including abuse and neglect. Of the 48 FY 2007 funded Geriatric Education Centers, 29 grantees addressed preparing health care providers on elder abuse as part of their continuing education activities. These activities included implementation of evidence based protocols; a proceeding based on an Ethics in Elder Mistreatment conference; use of a Center of Excellence in Elder Abuse and Neglect as a clinical training site for the University of California, Irvine; and Grand Rounds on elder abuse. Three of the eleven Geriatric Training for Physicians, Dentists, and Behavioral and Mental Health Professionals address elder abuse or mistreatment.

HRSA/Bureau of Health Professions is funding the California Geriatric Education Center to develop a 2-day conference on the Medical Aspects of Elder Abuse. Components of this work include:

1) Developing the conference content for up to 200 participants from health and social services and law enforcement;
2) Designing and providing a 1-day Training of the Trainer workshop on Forensic Skills in Elder Mistreatment for 60 elder abuse program leaders;
3) Convening up to 18 elder abuse experts for a 2-day consensus conference on ethics of elder mistreatment;
4) Developing a proceedings/publication based on the Ethics in Elder Mistreatment conference and evaluate training.

Advanced Nursing Education, FY08

The Advanced Education Nursing Program (AEN) provides support for primary care nurse mid-wifery and nurse practitioners, clinical nurse specialists (CNS), including psychiatric mental health CNS or nurse practitioner, administration, and community/public health nursing and other programs that prepare nurses at an advanced level to care for women's unique health care needs across the lifespan. These educational programs lead to masters or doctoral degrees or post-master's certificate. Several of the programs include content on domestic violence, rape, other traumas, child abuse, elder abuse, school violence, suicide post-traumatic

stress disorder and specialized content on forensics. In FY08, 152 new and non-competing continuation grants were awarded. One AEN grantee, Boston College, specifically prepares the advanced education nurse to assess victims of violence; several other advanced education nursing programs have addressed abuse or violence in their activities related to enhancing the education or skills of the advance practice nurse. Examples other AEN grants are below.

The *Trustees of Boston College* prepares the advanced practice nurse to assess and manage the physical and mental health needs of individuals affected by violence and crime and to provide forensic assessment, evidence collection, forensic documentation, and court testimony.
The University of Medicine and Dentistry of New Jersey prepares the advanced community health nurse to practice in urban underserved areas where there is a high level of violence and abuse.

Wayne State University prepares advanced practice psychiatric nurses (APPN) and advanced practice public health nurses (APPHN) to work collaboratively in urban and rural federally designated and health provider shortage areas to improve public health and health care systems in efforts to meet a Healthy People 2010 objective of reducing suicide and illness resulting from alcohol and illicit drug related violence.

The University of Mississippi Medical Center prepares advanced practice nursing leaders to improve access to quality health care and reduce health disparities in rural, medically underserved, vulnerable populations, older adults and persons with mental health problems by offering courses in the curriculum that educate the advanced practice nurse on abuse and violence within the family.

The Regents of the University of California prepares graduate-level psychiatric nurses to improve clinical care for persons with depression in a variety of health care settings. Their research and experience has found that depression was a common outcome associated with traumatic experience and that there was significant co-morbidity between post-traumatic stress disorder and depression and that there is a preoccupation with suicide in trauma survivors.

Currently, 26 *HRSA/Bureau of Primary Health Care* Federally Qualified Health Center Program grantees in 20 states offer Health Center services through domestic violence shelters. In total, services are provided at 40 domestic violence shelters. Most of these grantees offer these services as a part of a Health Care for the Homeless Program. Services provided include medical, mental health, and

enabling services such as eligibility assistance. The need for health services is particularly acute for women and families in domestic violence shelters, who often have been forced to sever all connections with their home communities, and sometimes with their healthcare providers.

HRSA/HIV/AIDS Bureau will be funding a new SPNS portfolio of 10 grants and 1 Technical Assistance center in FY2009 for their Women of Color Initiative. The purpose of the Initiative is to improve access and retention for women of color living with HIV/AIDS in the U.S. Violence prevention will be part of the integration of services for women served under these grants.

HRSA/Bureau of Health Professions is funding 5 awards (9/07-8/10) under the *DNP Degree Gears Grads to Put Prevention into Practice* program is to expand the availability of highly qualified, culturally competent, and diverse advanced education nurses prepared to practice at the highest level and with full accountability to respond to a wide range of preventive care needs, particularly among disadvantaged and vulnerable populations. Project period is June 2006-June 2009.

HRSA/Maternal and Child Health Bureau funded "Technical Assistance for Domestic Violence Assessment and Intervention for the Healthy Start Population" (09/2006-02/2009). The purpose of the Healthy Start Domestic Violence Technical Assistance Project, was to "develop and provide domestic and family violence technical assistance to [18] Healthy Start programs [per annum] ... tailored to the specific community and program needs of each Healthy Start site and is provided to enhance the capacity of providers to screen for and educate their clients about family violence and to improve linkages between screening sites and community-based intervention programs for women experiencing family violence during or around the time of pregnancy."

HRSA/Office of Rural Health Policy funded District III Area Agency on Aging (5/2005-4/2008) to improve access to primary health care and social support services by using an integrated network of local providers. The project incorporated community education and outreach approaches to connect the population to a network of local health and social support services. Activities addressed include disease prevention and mental health topics, with a special emphasis on domestic violence and child abuse. The project includes outreach to seasonal migrant workers. The target audience included medically underserved and uninsured residents of Lafayette County, Missouri.

HRSA/Office of Rural Health Policy funded Butte Silver Bow Primary Health Care Clinic, Inc. (5/2005-4/2008) to address child sexual abuse through prevention education for preschool and young children, evaluating suspected victims at the Child Evaluation Center, and professional therapeutic support services for the victims and their families as well as children at risk. Partners included Butte Silver Bow Primary Health Care Clinic, St. James Healthcare, Butte Silver-Bow Law Enforcement Detectives, Butte Silver-Bow County Attorneys Office, Butte Office of Department of Family Services, and Dr. Ken Graham (a private pediatrician)

Established in 1991, the *MCHB Healthy Start Initiative* is designed to reduce infant mortality and disparities in perinatal health in high-risk communities by improving the quality of health care for women and infants. A contract was awarded in September 2007 to provide technical assistance to a total of 18 Healthy Start grants to improve provider capacity to conduct family violence screening for all perinatal clients and to link screening sites with effective community-based intervention programs.

Other Information

A new portal on the National Maternal and Child Oral Health Resource Center (OHRC) webpage is now available with links to web resources on domestic violence and oral health. Please see http://www.mchoralhealth.org/AZ.html and click on "D" and look for "Domestic violence and oral health. This is a collaboration between the Health Resources and Services Administration (HRSA) Office of Women's Health, in collaboration with HRSA/Maternal and Child Health Bureau Oral Health Program staff and Indian Health Service (I.H.S.) colleagues.

In FY2010, HRSA Office of Women's Health will partner on a new contract to address teen dating violence prevention. The purpose of the contract is to assist the National Institute of Justice and the Federal Interagency Workgroup on Teen Dating Violence in the facilitation of two phases of activities. Phase I will constitute conduct of the Concept Mapping exercise and analysis of the results. will help a Concept Mapping exercise and analysis of the results. Phase II shall include 1) focused interviews with key leaders in the federal government and non-governmental sector to clarify and expand on the statements and concepts generated from the Concept Mapping activity; 2) a review of the literature that will reflect the most current research supporting (or challenging) the mapped domains; 3) facilitated discussions with Federal agency and public sector representatives to better define the scope of the concept mapping results; and 4) data aggregation

using the concept mapping framework. The results of these six tasks will be aggregated to produce an enhanced, more comprehensive concept map and recommendations for how the results can be incorporated into planning of programmatic activities and research agendas in the area of teen dating violence.

INDIAN HEALTH SERVICES (IHS)

Background

American Indians and Alaska Natives experience some of the highest rates of domestic violence and sexual assault of any population in the United States. In addition to physical injuries, victims of abusive relationships also suffer emotional, mental, and abuse. The experience of abuse is also linked to adverse health outcomes among AI/AN people. Programs to break the cycle of abuse and repetitive trauma are limited, and few culturally appropriate models of care are available.

The funds appropriated by Congress allow IHS to directly target two specific crisis areas to help develop pilot programs and from that experience develop potential larger scale interventions for Indian Country. These funds represent an opportunity to address the crises of domestic violence and sexual assault.

Domestic Violence and Sexual Assault Crises

The incidence of domestic violence and sexual assault in Indian Country is increasing. According to the U.S. Department of Justice (DOJ) and the Centers for Disease Control and Prevention (CDC), AI/AN women suffer disproportionately high rates of sexual assault and intimate partner violence:

- AI/AN women are 2.5 times more likely to be raped or sexually assaulted than other women in the United States (Bureau of Justice Statistics, 2004);
- Approximately 40% of AI/AN women have experienced intimate partner violence at some time during their lifetime (Morbidity and Mortality Weekly Report, 2009);
- More than 1 in 3 AI/AN women will be raped and 6 in 10 will be assaulted in their lifetimes (Bureau of Justice Statistics, 2004);
- Rates for intimate-partner homicide are higher for the AI/AN population, 2.3 per 100,000 (Morbidity and Mortality Weekly Report, 2009), and;
- AI/AN population (33.0 per 100,000) are more likely to experience stalking and harassment than other races (Bureau of Justice Statistics, 2009).

Domestic Violence Prevention Initiative

Congress appropriated $7.5 million to the Indian Health Service (IHS) in the Omnibus Appropriations Act 2009, Public Law 111-8 to implement a nationally-coordinated Domestic Violence Prevention Initiative (DVPI). For FY 2010, Congress added an additional $2.5M for a total of $10M for this initiative. The purpose of the initiative is to support a national effort by the IHS to address domestic violence and sexual assault (DV/SA) within American Indian and Alaska Native (AI/AN) communities. With these funds, the IHS is encouraged to further expand its outreach advocacy programs into Native communities, expand the Domestic Violence and Sexual Assault Pilot project, and provide funding for training and the purchase of forensic equipment to support the Sexual Assault Nurse Examiner (SANE) program.

The DVPI is a nationally coordinated demonstration pilot program, focusing on providing targeted domestic violence and sexual assault prevention and intervention resources to regions in Indian Country with the greatest need for these programs. This initiative promotes the development of evidence-based and practice-based models that represent culturally-appropriate prevention and treatment approaches to domestic violence and sexual assault from a community-driven context.

Three major categories of Domestic Violence Prevention Initiative (DVPI) funding are:

1. **National Management** (evaluation, epidemiology, and national coordination) at $950,000;
2. **Domestic Violence Prevention Initiative** (Tribal and Urban Outreach) at $2,521,750. Of this funding, $262,000 will be used for urban Indian health programs, and;
3. **Sexual Assault Projects Expansi**on (Sexual Assault Nurse Examiner (SANE) programs, Sexual Assault Forensic Examiner (SAFE) programs, Sexual Assault Response Teams (SART), and Area/Urban funding) at $4,028,250. Of this funding, $2,400,000 will be directed to SANE, SAFE, and SART program development while $1,628,250 will be for community-developed models of collaboration and intervention. The $2.4M directed to SANE, SAFE, and SART program development will not be a part of the Area distribution. This funding will be competed nationally and targeted to Tribal and IHS hospitals and clinics that provide 24/7 emergency care. Of the $1,628,250 directed to community-developed models, $262,000 will be used for urban Indian health programs.

The DVPI funding represents an opportunity for IHS to address the dual crises of domestic violence and sexual assault in Indian Country. Accomplishments currently include Tribal engagement in the project which has been extensive and has resulted in the support of Tribal leaders. The Director decided to allocate the funding via a competitive process to ensure funds will be targeted to communities with the greatest need. All of the Area Directors will distribute the FY 2009 funds to approved programs which reflect Congressional intent, utilizing self-determination contracts, self-governance compacts, and related funding agreements. These funds will also be used for projects awarded to federally operated programs and urban Indian health programs. The awarded projects will meet established guidelines and will demonstrate intent to adhere to reporting requirements established by the Agency. Award recipients will report on data and evidence-based outcome measures designed to help IHS determine the most effective means for combating these issues in Tribal communities. The completion of a national, independent evaluation of the DVPI will also allow IHS to identify successful evidence-based and practice-based programs that can be replicated across the Indian health system.

Next Steps

DVPI funds will be used to expand and strengthen current Tribal and Urban responses to domestic violence and sexual assault crises and to establish new domestic violence and sexual assault prevention and treatment programs. This initiative supports individual programs and/or communities in their efforts to develop or enhance evidence-based or practice-based prevention, treatment, and educational services, allowing communities to develop their own focused programs. All twelve (12) Areas will consult with the Tribes in their Areas, solicit and evaluate Tribal proposals, and submit to IHS Headquarters the Tribal programs they recommend for funding with DVPI dollars.

The Domestic Violence Prevention Initiative consists of four phases:

Phase I: Proposal Development and Selection, and Distribution of Awards (January 2010 – May 2010)

During this initial phase, each of the 12 IHS Areas will solicit proposals from Tribes, Tribal organizations, and Federally-operated programs. With the assistance of IHS Headquarters staff, each Area will develop a proposal evaluation process based on the seven DVPI guidelines, Congressional intent, ability to demonstrate

the greatest need, ability to meet program requirements, ability to implement and evaluate these services, and ability to collect and report on all applicable outcome measures. Once Area-level evaluations are complete, each Area will submit copies of the prioritized list of recommended projects for approval. The approval of proposals will be made by the Director, IHS. It is expected that the DVPI funds will be distributed to all of the IHS Areas by May 31, 2010.

Urban Indian health programs and Sexual Assault Projects Expansion grant programs will be reviewed and awarded by August 31, 2010.

Phase II: DVPI Implementation (June 2010 – Ongoing)

The Phase II portion of DVPI will focus on:

- Providing the awardees/grantees technical assistance as they begin implementing their 3-year plan;
- Providing technical assistance as they develop or enhance their local evaluation process;
- Creating a database and listserv of DVPI awardees/grantees to facilitate communication, and;
- Holding DVPI orientation sessions as needed to provide guidance and give the DVPI recipients an opportunity to collaborate and share information.

Phase III: Data Collection and Problem-Solving, Evaluation (Ongoing)

Program activities will be carried out and IHS will continue to provide technical assistance and guidance for all funded projects. Programs will collect required data on outcome measures.

Phase IV: Harvesting of Data, Evaluation (Ongoing)

In order to ensure its effectiveness and apply promising practices in efforts across Indian Country, the DVPI will be outcomes-based and have both internal and external evaluation(s) of programs.

Performance data will be collected from funded sites only. Data from this initiative will be utilized to develop best practices and may lead to national performance measures.

National Institutes of Health (NIH)
Violence-Related Research Funding

The National Institutes of health (NIH) supports research relating to Violence against Women (VAW) across several institutes, centers and offices. The following report describes the research activities and brief summaries for the key projects funded by NIH, including National Institute on Aging, National Institute on Alcohol Abuse and Alcoholism, Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institute on Drug Abuse, National Institute of Mental Health Supported Research, The National Institute of Nursing Research, Office of Behavioral and Social Sciences Research and the Office of Research on Women's Health (ORWH). The ORWH coordinates VAW-related research on behalf of the NIH, and actively works with the Department of Health and Human Services, and the Department of Justice. The fiscal years covered by this report include FY 2009 and FY 2010, but projects and activities are also included that were covered in earlier reports but which remain active.

National Institute on Aging (NIA)

The NIA supports research on issues of violence, abuse and maltreatment in older Americans, including projects relating to violence against older women. Research studies that were ongoing in 2009 include a study of breast cancer in the context of intimate partner violence; a study aimed at gaining a better understanding of how childhood and adult adversity, including exposure to violence, contributes to early midlife adult health outcomes; a study to explore the underlying neural mechanisms that are associated with the pathway leading from anger to aggression; and a study of the frequency and nature of resident-to-resident mistreatment in long term care settings.

In addition, several NIA publications contain brief discussions of elder abuse. Materials written for older people explain the various forms this problem can take and offer resources for help. Others aimed at family and/or caregivers address fraud and caregiver violence and neglect. Those for health professionals help them explore this sensitive topic with their older patients.

On June 22, 2010, NIA and the National Academy of Sciences held a meeting on "Research Issues in Elder Mistreatment and Abuse and Financial Fraud." This meeting was a follow-on to the 2003 NAS report "Elder Mistreatment: Abuse,

Neglect, and Exploitation in an Aging America," which resulted in two NIA research solicitations on developmental research on elder mistreatment.

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)

The NICHD is dedicated to understanding the processes governing growth and development upon which the health of infants, children, youth, mothers, and families depend. One aspect of this research seeks to understand the antecedents and developmental consequences of a range of problem behaviors, including violent behavior. To that end, the NICHD funds several ongoing and new studies concerning violence against women, especially in the area of women's reproductive health. But, the NICHD's interest extends beyond violence towards women. Recognizing that violence against one family member can have far-reaching and long-term impact within the entire family unit, the Institute also funds research that examines the antecedents and consequences of intimate partner violence and how it affects child development.

The Institute is supporting studies designed to better understand the factors underlying violence in the family and against women. For example, researchers are assembling and analyzing a comprehensive database of domestic violence incidents from the National Incidence Based Reporting System (NIBRS). Study findings will begin to fill gaps in knowledge about the environmental factors that contribute to family violence. In addition, scientists will use the NIBRS data to examine how unexpected emotional triggers affect family violence. In another study, researchers are determining how developmental risk, stress, and romantic relationship affect (both negatively and positively) stress-sensitive biological systems, health habits, and health outcomes. The findings may shed new light on factors that lead to poor health in adulthood. Among college women, investigators are determining which attitudes and behaviors are linked with reporting dating violence. By determining such factors, future interventions strategies may be developed to facilitate and increase reporting of dating violence. In a separate study of adolescents, researchers are assessing dating violence perpetration and victimization, as well as modifiable risk factors for and protective factors against dating violence. Findings from these and other studies will inform violence prevention and intervention efforts in diverse communities.

The NICHD also supports studies that contribute to the development of interventions aimed at reducing violence against women and in the family. For example, to improve care for victims of family violence, researchers are

developing a management tool that can be used in women's health centers and domestic violence agencies. A computerized assessment is being developed to help healthcare providers, social workers, and counselors determine a woman's mental health state, personal strengths and resilience that can help with recovery, and determine if a woman needs an immediate intervention for her or her family. In another study, researchers are pilot testing an intervention to reduce risk for intimate partner violence (IPV) and sexual assault among young adult women attending urban, publicly funded family planning clinics. Researchers are also developing an intervention model to address the needs of aging victims of IPV who are living in rural communities. The study findings will enable researchers to develop a tailored community-based intervention program that meets the needs of women in rural settings.

In addition to research aimed at improving outcomes for women, the Institute supports research on how exposure to violence affects child health and development. By examining the enduring effects of childhood adversity and resilience in adults who were previously exposed to violence, abuse, and neglect, future acts of violence against women may be prevented. For example, researchers are investigating the mechanisms that link childhood abuse with high-risk behaviors that adversely affect intimate relationships in adulthood. The study will help to clarify how the detrimental effects of abuse are processed and maintained in adulthood, enabling researchers to develop potential strategies to disrupt the cycle of violence. In another study, investigators are focusing on whether marital conflict is transmitted across generations. The study examines if children who were exposed to continued and high levels of conflict and low marital quality are more likely to have conflict ridden relationships as adults, compared to children whose parents divorced or who remained in low conflict marriages. Researchers are also investigating the relationships among: violence as a chronic stressor, obesity, and reproductive health outcomes in adolescents and young adults. The study results will begin to fill a research gap of how exposure to violence may alter developmental pathways in children and put them at increased risk for obesity and reproductive disorders.

Other NICHD-supported research addresses the link between adverse childhood experiences (neglect, physical abuse, or sexual abuse) and high rates of teen pregnancy. Identifying the mechanisms that lead to pregnancy and motherhood among teens will inform intervention strategies for adolescents at particularly high risk for engaging in high-risk sexual behaviors, becoming pregnant, or becoming a teenage parent. The Institute also supports research that addresses how long term exposure to IPV during pregnancy affects early childhood health. For example,

researchers are examining fetal health and behavior in pregnant women with post-traumatic stress disorder (PTSD) and the role of gene-based vulnerabilities and gene-and-environment interactions. The study results may shed light on the individual differences in the basic mechanisms underlying the risk of prematurity. In a pilot study, researchers are seeking to determine whether exposure to IPV affects emotional, behavioral, and physiological regulation in infants at age 1, compared to infants born to mothers who were not exposed to intimate partner violence. Findings from these and other studies will inform interventions for abused women and their children.

The NICHD supports research that examines the causes and reproductive consequences of domestic violence internationally**,** particularly in regions characterized by the low status of women and high levels of violence within marriage. For example, researchers are conducting a study that may yield new insights about the factors for domestic violence in northern India. The findings may provide data on the implications of domestic violence for child survival and women's reproductive health and well-being. In another study, researchers are characterizing women's power (economic power or preventing gender-based violence) and identifying aspects of gender-based power (including men's perspectives and practices) that are linked to: susceptibility to HIV and sexually transmitted infections (STIs); choice, use, and continued use, after counseling, of contraception; and infection with STIs and HIV (among those willing to test for these outcomes). The findings may be used to develop context-appropriate interventions aimed at enhancing women's power and promote contraceptive use to improve women's health outcomes. Researchers are also developing better methodological tools for understanding individual attitudes—for both women and men—about IPV and conventional perceptions about IPV in communities, in Bangladesh. The goal is to examine the social acceptability of IPV in which individual attitudes can be distinguished clearly from the conventional perceptions of the community. Findings from these and other studies will inform the development of contextually appropriate interventions to reduce the prevalence and consequences of different types of violence against women.

The NICHD also supports a variety of funding opportunity announcements that encourages research that examines aspects of violence against women, in addition to other NICHD mission areas. For example, the NICHD, NIDA, NIAAA, and ORWH are encouraging behavioral and/or biomedical research aimed at better understanding the etiologies and precursors for, reducing risk for, and incidence of, teen dating violence (TDV). Research areas may include those that examine the linkages and gaps among perceptions of appropriate responses to TDV from

service providers, the criminal justice system, teens themselves, victims, perpetrators and bystanders.

In addition, the Institute is encouraging academic and community partnership conferences that address health disparities. The goal of this program is to establish academic-community partnerships, identify community-research priorities, and develop long term collaborative agendas. Areas of focus may include violence prevention, techniques for outreach and information dissemination, pediatric and maternal HIV\AIDS prevention, among other areas. Based on this academic and community partnership conference program, the NICHD plans to support an initiative that implements developmental community based participatory research projects that have been planned and developed by existing partnerships.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

The NIAAA grant portfolio includes a number of grants that are relevant to the issue of alcohol-related violence against women. Studies investigate the relationship between alcohol use and violence in adolescents and college age women; the effects of childhood sexual abuse on later-life re-victimization and risk behaviors among women; the psychological effects of sexual assault on women survivors; as well as the effects of intimate partner violence on women's services utilizations. NIAAA also funds human research investigating the awareness of cues to potential violence after administration of various levels of alcohol (as well as placebo). Recently published findings from these research grants include the following:

Advances in understanding the links between alcohol and aggression

The purpose of this study (Giancola et al., 2009) was to examine the acute effects of alcohol on aggressive behavior in men and women in a laboratory setting. Participants were 526 healthy social drinkers between 21 and 35 years of age, who were randomly assigned to either an alcohol or a placebo group. Aggression was measured using a modified version of the Taylor Aggression Paradigm in which electric shocks are received from--and delivered to--a same-gender fictitious opponent during a supposed competitive interpersonal task. Aggression was operationalized as the intensity and duration of shocks that participants administered to their "opponent." Overall, men were more aggressive than women. Alcohol increased aggression for both men and women but this effect was stronger for men. This is one of the first laboratory studies to demonstrate that alcohol increases aggression in women.

Sexual victimization experience as a factor in subsequent heavy drinking
A study by Ullman and Najdowski (2009) examined psychosocial factors, problem drinking, and revictimization in women adult sexual assault (ASA) survivors. Community-dwelling urban women (n = 555) who had experienced an ASA completed a mail survey at Time 1 (T1) and were resurveyed 1 year later to examine how revictimization between survey waves moderated the effects of coping strategies, social reactions to assault disclosures, and traumatic life events on problem drinking at Time 2 (T2). The findings showed that recent revictimization that occurred between surveys was related to increased problem drinking at T2, after T1 problem drinking was controlled for. Moderated hierarchical multiple regressions showed that survivors who engaged in drinking to cope with distress, who received negative social reactions in response to recent assault disclosures, or who experienced additional traumatic events had increased T2 problem drinking only if they were revictimized since T1. Hence, it appears that psychosocial factors relate to increases in problem drinking for sexually revictimized women but not for nonrevictimized women. Interventions to reduce problem drinking in women ASA survivors should target drinking to cope with assault-related symptomatology, informal social networks to improve their supportiveness, and safety issues through risk-reduction education and self-defense training for women when appropriate.

In a community sample of female adult sexual assault victims, Ullman et al. (2009) examined the unique effects of child sexual abuse simultaneously with post-traumatic stress disorder symptom clusters, problem drinking, and illicit drug use in relation to sexual revictimization. Participants (N=555) completed two surveys a year apart. Child sexual abuse predicted more post-traumatic stress disorder symptoms in adult sexual assault victims. Posttraumatic stress disorder numbing symptoms directly predicted revictimization, whereas other post-traumatic stress disorder symptoms (reexperiencing, avoidance, and arousal) were related to problem drinking, which in turn predicted revictimization. Thus, numbing symptoms and problem drinking may be independent risk factors for sexual revictimization in adult sexual assault victims, particularly for women with a history of childhood sexual abuse.

Testa and colleagues (2007) examined whether sexual victimization contributes to subsequent heavy drinking among a community sample of women, 18-30 years of age (n=927). Using three waves of data, 12 months apart, they examined the impact of Time 1 (T1) sexual victimization on T2 heavy drinking, and of T2 sexual victimization on T3 heavy drinking. There were significant bivariate differences between sexually victimized and non-victimized women on heavy drinking, both

concurrently and prospectively. However, after controlling for prior heavy drinking and demographic variables, most differences disappeared. The team also tested the hypothesis that Post-Traumatic Stress Disorder (PTSD) Symptoms would mediate the relationship between T2 sexual victimization and T3 heavy drinking. Although T2 sexual victimization predicted T2 PTSD symptoms, PTSD did not contribute to subsequent heavy drinking. Findings suggest that heavy drinking is relatively stable over time and that sexual victimization does not make a substantial independent contribution to heavy drinking among women in the general population. Hence, despite the substantial prevalence of sexual victimization among young women in the general population and the traumatic impact of these experiences, the prospective impact of these experiences on heavy drinking appears limited. Because of the absence of other prospective studies of the impact of sexual victimization on later heavy drinking, it is difficult to know whether these findings are an aberration or whether, indeed, there is little relationship between sexual victimization and subsequent heavy drinking within general population samples of women. Among clinical samples, the substantial comorbidity of PTSD and substance abuse, and extremely high rates of prior sexual assault among women in substance abuse treatment (e.g. Dansky, Saladin, Brady, & Kilpatrick, 1995; Miller, Downs, & Testa, 1993), have led to research aimed to understand the underlying processes and to the development of integrated treatments. The present findings do not negate the importance of these trauma processes in alcohol or drug dependent women; however, they point out the danger in extrapolating from clinical to household samples. More research is needed to determine whether sexual victimization influences heavy drinking among the general population of women.

Drinking and risk for victimization in women

Two studies (Davis et al., 2009) examined the effects of alcohol and relationship type on women's sexual assault risk perception. Study 1 participants (N = 62) consumed a moderate alcohol dose or nonalcoholic beverage, then rated their awareness of--and discomfort with--sexual assault risk cues in a hypothetical encounter with a new or established dating partner. Study 2 (N = 351) compared control, placebo, low, and high alcohol dose conditions using a similar scenario. Intoxicated women reported decreased awareness of, and discomfort with, risk cues. An established relationship decreased discomfort ratings. Findings indicate that alcohol may increase women's sexual victimization likelihood through reduced sexual assault risk perception.

A review of the literature on women's substance use and sexual victimization (Testa and Livingston, 2009) points to women's heavy episodic drinking as a

proximal risk factor, particularly among college samples. At least half of sexual victimization incidents involve alcohol use and the majority of rapes of college women occur when the victim is too intoxicated to resist ("incapacitated rape"). Despite the importance of women's heavy episodic drinking as being a risk factor, existing rape prevention programs have rarely addressed women's alcohol use and have shown little success in reducing rates of sexual victimization. It is argued that given the strength of the association between heavy episodic drinking and sexual victimization among young women, prevention programs targeting drinking may prove more efficacious than programs targeting sexual vulnerability.

Parks et al (2008a) assessed women's risk for victimization during the first year at college, based on changes in drinking during the transition from high school to college. They compared continued abstainers with women who began drinking ("new" drinkers) and women who continued drinking but either decreased, increased, or did not change their level of weekly drinking. Data were collected using a Web-based survey each fall for the first 2 years at college with one cohort (N = 886) of incoming freshmen women at a large NY state university. Women reported on their alcohol and other drug use, psychological symptoms, number of sexual partners, and experiences with physical and sexual victimization for the year before entering college (Year 1 survey) and for the first year at college (Year 2 survey). Abstainers were found to be significantly less likely to experience physical or sexual victimization during the first year at college, compared with drinkers. Logistic regression indicated differences in the predictors of physical and sexual victimization during the first year at college, including history of victimization, psychological symptoms, and number of sexual partners, as well as the type of change in drinking over the transition. Thus, in comparison with abstainers, having a history of physical victimization, greater psychological symptoms, and being a "new" drinker increased the odds of physical victimization, whereas having a greater number of current psychological symptoms, sexual partners, and increasing weekly drinking increased the odds of sexual victimization during the first year at college. These findings suggest that later onset of drinking may be protective against patterns of heavy episodic drinking, although additional longitudinal data are needed to determine whether new drinkers continue to drink at lower rates or whether their drinking trajectory follows that of women who increased their drinking over the transition to college. College prevention programs need to continue to stress the risks of drinking and heavy drinking in social situations for women. Women with a history of drinking before entering college are at greatest risk for escalating their drinking and experiencing more negative consequences and sexual assault. The findings of greater psychological symptoms as a predictor of physical victimization and greater number of sexual partners as a

predictor of sexual victimization suggest that campus health services may provide another way in which prevention messages could be disseminated to first-year students.

Parks et al (2008b) assessed temporal relationships among alcohol use, aggression, and mood using daily data from 179 college women. Participants called an interactive voice response system over an 8-week period. The odds of experiencing verbal, sexual, and physical aggression (odd ratios = 2.25, 19.44, and 11.84, respectively) were significantly higher on heavy drinking days (M = 7.46 drinks) compared to non-drinking days. Both a history of victimization and greater psychological symptom severity influenced the odds of involvement in verbal aggression. The odds of alcohol consumption were 3 times higher during the 24 hr following verbal aggression compared with days in which verbal aggression did not occur. On the day immediately following involvement in either verbal or physical aggression, positive mood decreased and negative mood increased. During the week (2-7 days) following sexual aggression, women's positive mood was decreased. These findings reinforce the need for interventions aimed at reducing heavy episodic drinking on college campuses.

Drinking and victimization in middle- and high-school students

Young et al (2008) used a Web-based, self-administered survey to collect data on 7th- through 12th-grade students (n = 1,037) in a large metropolitan area in the Midwest. A modified version of the Sexual Experiences Survey was used to ask students about their sexual victimization experiences so as to examine the involvement of alcohol within specific assault events. The sample was equally distributed by biological gender and ethnicity (white vs. black) and was, on average, 14 years of age. Findings indicate that alcohol was involved in approximately 12%-20% of the assault cases, depending on age and gender of the respondent. For females, the presence of alcohol during assault differed significantly based on the location at which the assault occurred, ranging from 6% (at the survivor's home) to 29% (at parties or someone else's home). Furthermore, alcohol-related assault among females was more likely to involve physical force than non-alcohol-related assault.

Thompson and colleagues (2008) investigated the longitudinal associations between problem alcohol use and victimization, and whether these associations varied by gender. Data from the National Longitudinal Study on Adolescent Health were used to investigate the prospective associations between alcohol use and victimization over three time points spanning 7 years. For boys, results indicated that problem alcohol use was a risk factor for subsequent violent victimization. For

girls, support was found for problem alcohol use as a risk factor for, rather than a consequence of, violent victimization. Findings suggest that interventions that reduce the likelihood of problem alcohol use among adolescents can minimize the short-term risk of victimization.

Drinking and sexual aggression in young men

The goal of a study by Abbey et al. (2009) was to examine predictors of men's willingness to use coercive strategies to obtain sex without a condom. Male college students (n = 72) completed a survey that assessed past sexual assault perpetration, hostility, past misperception of women's sexual cues, usual alcohol consumption, and usual condom use. One month later, they participated in an alcohol administration study and watched a video about a couple in a consensual sexual situation. Participants were asked to evaluate how justified they would be in using a variety of coercive strategies to make the woman have unprotected sex. In hierarchical multiple regression analyses, there was a significant main effect of past perpetration such that men who had previously committed sexual assault felt more justified using coercive strategies to obtain unprotected sex than did non-perpetrators. Acute alcohol consumption did not have a main effect; however, it interacted with hostility and misperception. Among participants who consumed alcohol prior to watching the video, the greater their preexisting hostility, the more justified they felt in using coercion. Similarly, the more frequently drinkers had misperceived women's sexual intentions in the past, the more justified they felt in using coercion.

Mumford et al. (2009) surveyed young American men traveling to Tijuana, Mexico from San Diego, California for a weekend night out, collecting responses both southbound at the outset of the evening and northbound, upon return at the end of the evening. The relationship between sexual histories and attitudes and alcohol use, both historically and on their night in Tijuana, were examined in 650 male respondents. Those with a history of coercing sex drank more in Tijuana and were more likely to binge drink. Although estimating sexual assaults committed by these males on the evening in question was not possible, this research establishes a link between a history of sexual assault and the blood alcohol concentration of young men resulting from an evening in a “timeout” environment.

Noel et al (2009), in a laboratory analogue experiment, tested a disinhibition versus alcohol myopia explanation of alcohol's role by investigating effects of acute alcohol administration, expectations, and individual differences (drawn from Malamuth's Confluence Model of Sexual Aggression) on young men's acceptance of sexual aggression. Young adult heterosexual men (n=334) attended two

laboratory sessions. In the first, they completed screening and individual differences measures; in the second, they were assigned randomly to consume one of four beverages: Control, Placebo, Low Dose Alcohol (0.33 ml alcohol/kg body weight) or Moderate Dose Alcohol (0.75 ml/kg), as well as view one of two video-delivered scenario conditions: "Anti-Force Cues" (scenario of a couple on a date with embedded explicit cues mitigating against forced sex) or "No Cues" (identical scenario with no anti-force cues). Participants then judged: 1) should the man continue to force the woman to have sex? 2) Would they force the woman? and, 3) who was responsible for the outcome? Results supported a disinhibition versus alcohol myopia model. Consuming alcohol increased acceptance of sexual aggression. Furthermore, higher Need for Sexual Dominance and Acceptance of Interpersonal Violence scores were associated with acceptance of forced sex, but only after alcohol consumption. Overall, findings showed that key individual difference factors from Malamuth's Confluence Model enhance precision of predicting sexual aggression risk by young men under the influence of alcohol.

Davis et al (2008) assessed the frequency of sexual assault perpetration, alcohol use, and condom use during sexual assault in a community sample of young, heterosexual male social drinkers. Participants completed measures of their sexual assault perpetration. More than 50% reported sexual assault perpetration; 60% of these reported repeat perpetration. Almost one half of perpetrators reported alcohol consumption prior to every sexual assault incident. Never having used a condom during penetrative sexually aggressive acts was reported by 41.2% of perpetrators. Alcohol use and condom nonuse were positively correlated for acts of forcible rape. Findings provide information about the infrequent use of condoms during sexual assault incidents and support prior evidence of the association between alcohol and sexual assault.

Parkhill et al (2009) examined the effects of alcohol on sexual assault perpetrators' behavior in a sample of 107 Caucasian and African American men who reported perpetrating some type of sexual assault since the age of 14. The characteristics of the sexual assaults described by men who drank heavily during the incident significantly differed from those described by light drinkers and nondrinkers on a variety of measures, including their use of physical force and perceptions of the seriousness of the incident. In contrast, there were few significant differences between light drinkers and nondrinkers. This pattern of results suggests that the amount of alcohol consumed is an important factor in the characteristics and consequences of sexual assault incidents. These findings highlight the importance of sexual assault prevention programs that target men's heavy drinking.

Drinking and intimate partner violence in newlyweds

Schumacher et al (2008) examined hostility, coping, and daily hassles as moderators of the associations between excessive drinking and intimate partner violence across the first 4 years of marriage in a sample of 634 newly-married couples. Excessive drinking was a significant cross-sectional correlate, but it did not emerge as a unique longitudinal predictor of intimate partner violence perpetration in this sample. However, alcohol was longitudinally predictive of husband violence among hostile men with high levels of avoidance coping. Findings generally supported the moderation model, particularly for men. These findings implicate hostility, coping, and daily hassles--as well as alcohol use--as potentially important targets for partner violence prevention strategies for young married couples.

Drinking, child sexual abuse history, nonverbal social behavior, and sexual assault risk

Parks et al (2008c) examined the social behavior of 42 women under two alcohol conditions (high dose and low dose) in a bar laboratory. Women were videotaped interacting with a man they had just met. Women in the higher dose condition engaged in more open body position and talked, stood, and walked more than women in the lower dose condition. These behaviors are consistent with signs of intoxication or romantic interest. The women in the high-dose condition also frowned more than women in the low-dose condition. An increase in frowning could indicate less comfort or may be considered consistent with an increase in animation during the social interaction given the concomitant increase in other behaviors. Thus, the nonverbal behavior of women in the high-dose condition could be interpreted as mixed signals. Childhood sexual abuse (CSA) victims exhibited fewer head movements (e.g., nods), were less animated, and frowned more than non-CSA victims. These behaviors convey reticence or possibly even anxiety or discomfort during the social interaction. Thus, the nonverbal behavior of women with a history of CSA may convey an unease that could be viewed by a potential perpetrator as vulnerability. These findings suggest that both acute alcohol consumption and history of CSA may influence nonverbal social behavior and may influence risk for sexual assault by sending mixed cues of romantic interest or signs of vulnerability to potential perpetrators.

Drinking, intimate partner violence and emergency department and alcohol treatment utilization

Lipsky et al. (2009) sought to examine racial and ethnic disparities in police-reported intimate partner violence (IPV) and hospitalization rates and rate ratios among women with police-reported IPV relative to those without such reports.

This retrospective cohort study linked adult male-to-female IPV police records of non-Hispanic Black, Hispanic, and non-Hispanic White women residing in a south central US city with regional hospital discharge data. Rates and incidence rate ratios (IRR) were calculated and age-adjusted where the data allowed. Police-reported IPV rates were found to be 2-3 times higher among Black and Hispanic women compared with White women. Overall, hospitalization rates were higher among Black and White victims and lower among Hispanic victims than their counterparts in the comparison group (age-adjusted IRR [aIRR], 1.23; 95% confidence interval [CI], 1.08-1.41; aIRR, 1.46; 95% CI, 1.19-1.79; and aIRR, 0.68; 95% CI, 0.54-0.86, respectively). Rate ratios were significant for victims among 1) White women for any mental disorder (aIRR, 2.02; 95% CI, 1.30-3.13) and for episodic mood/depressive disorders in particular (aIRR, 2.18; 95% CI, 1.33-3.59); 2) Black and White women for any injury-related diagnosis (aIRR, 2.46; 95% CI, 1.48-4.10 and aIRR, 3.20; 95% CI, 1.65-6.19, respectively); and 3) all women for intentional injury (IRR, 10.45; 95% CI, 3.56-30.69) and self-inflicted injury (IRR, 4.91; 95% CI, 2.12-11.37). Hence, it appears that exposure to IPV (as reported to police) increases the rate of hospital utilization among Black and White women, but lowers the rate for Hispanic women. Screening for IPV in hospitals may identify a substantial number of IPV-exposed women. Primary and secondary prevention efforts related to IPV should be culturally informed and specific.

Lipsky and Caetano (2008b) examined the relationship between intimate partner violence (IPV) perpetration, risk-taking, and emergency department (ED) utilization among men in the general U.S. population. This cross-sectional study utilized data from the 2002 National Survey on Drug Use and Health, focusing on non-Hispanic white, non-Hispanic black, and Hispanic male respondents 18-49 years of age cohabiting with a spouse or partner. Approximately 38% of IPV perpetrators reported ED use in the previous year, compared to 24% of non-perpetrators. Several risk-taking factors (e.g., perception of risk-taking, transportation-related risk-taking, and aggression-related arrest), alcohol and illicit drug use and abuse or dependence, and serious mental illness were positively associated with IPV perpetration. Men reporting IPV were 1.5 times (AOR 1.47, 95% CI 1.01-2.13) more likely than non-perpetrators to utilize the ED, after taking all factors into account. Drug abuse or dependence, transportation-related risk behaviors, and serious mental illness also were independently associated with ED use. These results indicate that men who perpetrate IPV are more likely than non-perpetrators to use ED services, and suggest that screening for IPV, as well as risk-taking and mental illness, among men accessing ED services may increase opportunities for intervention and referral. Screening for IPV victimization is

recommended by many professional organizations, but few, if any, policies or programs have been instituted to address screening for IPV perpetration in the ED. Screening in a busy setting such as the ED can be problematic for providers, but innovative methods, such as computer-assisted screening, and other strategies (e.g., chart prompts) that have been implemented for routine medical problems as well as IPV victimization, may be helpful in facilitating screening for perpetration.

Lipsky and Caetano (2007) examined the relationship between intimate partner violence victimization among women in the general population and emergency department use, seeking to discern whether race/ethnicity moderates this relationship and to explore these relationships in race/ethnic-specific models. They used data on non-Hispanic White, Non-Hispanic Black, and Hispanic married or cohabiting women from the 2002 National Survey on Drug Use and Health. Results indicate that women who reported intimate partner violence victimization were 1.5 times more likely than were nonvictims to use the emergency department, after accounting for race/ethnicity and substance use. In race/ethnic-specific analyses, only Hispanic victims were more likely than their nonvictim counterparts to use the emergency department (AOR = 3.68; 95% CI = 1.89, 7.18), whereas substance use factors varied among groups. These findings suggest that the emergency department is an opportune setting to screen for intimate partner violence victimization, especially among Hispanic women. Future research should focus on why Hispanic victims are more likely to use the emergency department compared with nonvictims, with regard to socioeconomic and cultural determinants of health care utilization.

Lipsky and Caetano (2008a) examined (1) the prevalence of alcohol treatment use by intimate partner violence (IPV) type (any IPV, victimization, and perpetration) among problem drinkers and (2) the relationship between alcohol treatment use and IPV, by IPV type, in the general population. The sample was drawn from the 2002 National Survey on Drug Use and Health. Black, Hispanic, and non-Hispanic white cohabiting respondents 18-49 years of age and who reported one or more alcohol problems in the past year were included in the analysis. The prevalence of alcohol treatment use was found to be significantly greater among individuals exposed to IPV, regardless of IPV type (7.4%, 7.8%, and 6.9% among those with any IPV, victimization, and perpetration, respectively) compared with those without reported IPV (2.8%, 2.8%, and 3.0%, respectively). Any IPV (adjusted odds ratio [AOR] = 1.97, 95% confidence interval [CI]: 1.06-3.65) and IPV victimization (AOR = 1.93, CI: 1.00-3.73), but not perpetration, were associated with alcohol treatment use. Male gender, alcohol abuse/ dependence, illicit drug abuse/dependence, and serious mental illness were positively and significantly

associated with alcohol treatment in all three models. The findings from this study that individuals who have experienced recent IPV are more likely than those without IPV to access treatment suggest that alcohol treatment may reduce relationship violence as well as alcohol use.

Effects of alcohol treatment on partner violence

A study by Schumm et al. (2009) examined partner violence before and in the 1st and 2nd year after behavioral couples therapy (BCT) for 103 married or cohabiting women seeking alcohol dependence treatment with their male partners. A demographically matched nonalcoholic comparison sample was used. The treatment sample received M = 16.7 BCT sessions over 5-6 months. Follow-up rates for the treatment sample at Years 1 and 2 were 88% and 83%, respectively. In the year before BCT, 68% of female alcoholic patients had been violent toward their male partner, nearly 5 times the comparison sample rate of 15%. In the year after BCT, violence prevalence decreased significantly to 31% of the treatment sample. Women were classified as remitted after treatment if they demonstrated abstinence or minimal substance use and no serious consequences related to substance use. In Year 1 following BCT, 45% were classified as remitted, and 49% were classified as remitted in Year 2. Among remitted patients in the year after BCT, violence prevalence of 22% did not differ from the comparison sample and was significantly lower than the rate among relapsed patients (38%). Results for male-perpetrated violence and for the 2nd year after BCT were similar to the 1st year. Results supported predictions that partner violence would decrease after BCT and that clinically significant violence reductions--to the level of a nonalcoholic comparison sample--would occur for patients whose alcoholism was remitted after BCT. These findings replicate previous research among men with alcoholism.

Drinking, social reactions, and sexual assault disclosure

Ullman et al (2008) explored the correlates of sexual assault disclosure and social reactions in female victims with and without drinking problems. An ethnically diverse sample of sexual assault survivors was recruited from college, community, and mental health agencies. Ethnic minority women were less likely to disclose assault, while women with a greater number of traumatic life events disclosed assault more often. Although there were no differences in disclosure likelihood by drinking status, of those disclosing, problem drinkers told more support sources and received more negative and positive social reactions than nonproblem drinkers. Correlates of receiving negative social reactions were similar for normal and problem drinkers; however, negative social reactions to assault disclosure were related to more problem drinking for women with less frequent social interaction. These results indicate that women's experiences of disclosure and receipt of

negative reactions may be affected by their drinking status. Given the high prevalence of sexual victimization among female drinkers and the clear links between alcohol problems and both sexual assault and social support factors, these findings suggest that more attention be given to studying modifiable social factors that may enhance treatment and prevention of negative assault-related sequelae for all victims. Social network interventions that address negative social reactions commonly experienced by women with both of these problems may be needed to help women recover from sexual assault and problem drinking.

Predictors of different types of sexual assault perpetration in a community sample

Abbey and colleagues (2007) examined predictors of different types of sexual assault perpetration in a community sample. Computer-assisted self-interviews were conducted with a representative sample of 163 men in one large urban community. As hypothesized, many variables that are significant predictors of sexual assault perpetration in college student samples were also significant predictors in this sample, including empathy, adult attachment, attitudes about casual sex, sexual dominance, alcohol consumption in sexual situations, and peer approval of forced sex. For most measures, the strongest differences were between nonassaulters and men who committed acts that met standard legal definitions of rape. Men who committed forced sexual contact and verbal coercion tended to have scores that fell in between those of the other two groups. Almost a quarter of these men reported that they had committed an act since the age of 14 that appeared to meet standard legal definitions of attempted or completed rape. As compared to nonassaulters, rapists were lower in empathy and adult attachment. Rapists had expectations for sex at an earlier stage in a relationship and more casual attitudes about sex. Rapists also were more motivated to have sex as a means of achieving power over women, more frequently consumed alcohol in sexual situations, and reported greater peer approval of forcing sex on women.

As has been noted in past reviews, self-reports of sexual assault victimization and perpetration vary dramatically based on the precise questions asked. Providing more examples of types of forced sex may aid recall and willingness to disclose past forced sexual experiences. The use of computer-assisted interviewing may also have contributed to the high rates of self-reported perpetration.

NOTE: References for this section have been placed at the end of the document.

National Institute on Drug Abuse (NIDA)

NIDA supports both quantitative and qualitative studies that examine the relationship between drug use and violence against women and girls. These studies aim to enhance our knowledge concerning the health and social consequences of drug use and violence against females. A wide range of topics are addressed, including the bi-directionality of drug abuse and violence (i.e., exposure to violence and abuse as risk factors for later drug abuse, and drug use as a risk factor for violence and abuse); the linkages between violence, drug use, and HIV risk behavior; as well as research on promising intervention programs. Below is a brief description of NIDA grants active between June 1, 2009, and June 1, 2010, that focus on, or are related to, violence against women and girls, along with relevant recent publications, meeting activities, funding opportunity announcements, and future plans.

I. NIDA Grants on Violence against Women & Girls

The following section provides descriptions of NIDA's funded grants that were active between June 2009 and June 2010. The focus of these grants falls into the following categories: (A) Violence, Abuse, and Trauma as Risk Factors for Drug Abuse & Drug Abuse as a Risk Factor for Violence, Abuse, and Trauma, (B) Violence, Victimization, & HIV/AIDS Risk, (C) Violence, Victimization, & HIV/AIDS Interventions, and (D) Prevention and Treatment Interventions and Services.

A. Violence, Abuse, and Trauma as Risk Factors for Drug Abuse and Vice Versa

Development of Substance Use in Girls (R01DA012237-10, Rolf Loeber, PI) – This study follows and assesses the Pittsburgh Girls Study sample (N=2,451, 52% African-American, 41% Caucasian) to investigate the development of antisocial behavior and delinquency, examining factors associated with girls' early substance use as they age from 10 to17. Starting at age 12, dating violence and witnessing domestic violence are assessed.

Child abuse, violence, and PTSD in early substance use (R01DA019482-05, Cynthia Larkby, PI) – This longitudinal study on prenatal substance use and child outcomes consists of 404 low-income teenage mothers and their children. This cohort has been followed since the fourth prenatal month through the age of 10 years. Data were collected on the children's development, the home environment, and the social and emotional status of the mother during pregnancy, at birth, and at child ages 6 and 10 years. At the 14- and 16-year assessments, measures will be taken of the presence, timing, and characteristics of childhood maltreatment, and the onset, rates, and patterns of substance use among the offspring. Current characteristics of the children, their mothers, and their environments, including exposure to violence, will also be measured. Analysis of the data will help identify risk factors for adolescent substance use, and evaluate the roles that exposure to violence and PTSD may play in substance use. Data will be analyzed by gender.

Trajectories of adverse childhood experiences and adolescent substance abuse (K01DA21674-05, Laura Proctor, PI) – This is a five-year Mentored Career Development Award (K01) for training in the study of substance use and problem behaviors (e.g., delinquency and sexual risk behaviors) in adolescence and emerging adulthood. The primary goal of this research is to examine pathways from multiple forms of maltreatment and co-occurring childhood adversities to subsequent substance use and problem behaviors, using data from the five-site Consortium of Longitudinal Studies of Child Abuse and Neglect (LONGSCAN). Child ethnicity, gender, and behavioral characteristics will be examined as potential moderators of hypothesized relationships.

Perception of childhood maltreatment: implications for early adult substance abuse (R36 DA24778-01, Laura Elwyn, PI) – The purpose of this study is to clarify pathways that lead to adult substance use. The project uses data from the longitudinal Rochester Youth Development Study to investigate: (1) whether an adult perception of having been maltreated in childhood is associated with early adult substance use problems over and above reported events of childhood maltreatment; (2) whether parent-adolescent attachment is associated with the relationship between childhood maltreatment, adult perception of maltreatment, and substance use problems; and (3) gender differences in the pathways from childhood maltreatment to adult substance use problems.

Long-term consequences of exposure to family violence (R01DA20344-04, Carolyn Smith, PI) – The objective of this research is to identify the extent to which and the mechanisms through which exposure to violence in the family might

disrupt individual development in adolescence, with consequences that traverse the life course to affect a subsequent generation. Exposure to family violence is conceptualized broadly to include domestic violence, child abuse, family conflict, and other exposure. Key outcomes include public health targets of drug use, HIV/AIDS risk, and violence. Guided by a developmental life-span model, the study will employ prospective data from three generations of subjects in the Rochester Youth Development Study.

Informal social control of partner violence in drug users (K01DA020774-07, Victoria Frye, PI) – This K01 award focuses on developing the expertise of the PI in social ecology, stigma, and multilevel social and environmental factors that influence intimate partner violence (IPV) against women who use drugs and who also experience disproportionate risks for HIV/AIDS, other infectious diseases, and traumatic stress disorders.

Women's substance use and IPV (1RC1DA028344-012, Alan Feingold, PI) – This research will improve our understanding of (1) the contribution of substance use and dependence to the initiation of IPV among women in their twenties, (2) the association between women's substance use problems and their male partners' victimization of them, and (3) whether women commit less IPV when they are abstinent from substances versus when they are using, which has important implications for the effectiveness of substance use treatment as a violence reduction intervention.

The temporal relationship of partner violence and drug use (K23DA019561-05, Tami Sullivan, PI) – This mentored training award is to facilitate Dr. Sullivan's development as an independent investigator of the relationships among IPV, posttraumatic stress disorder, and substance use. His broad, long-term career development objectives are: to be a leader in the field of IPV, trauma, and co-occurring substance use research and to develop targets for prevention and intervention programs. Phase I of the award focused on didactic training, mentoring, self-directed instruction, and refinement of Dr. Sullivan's research plan. Phase II focuses on the conduct of research, manuscript development, and grant writing. The research plan highlights a feasibility study that examines three methods of data collection among a community sample of abused women: (1) paper diaries; (2) monthly, retrospective, semi-structured interviews; and (3) telephone data collection methods. Specific aims are to gather pilot data on the temporal relationship of substance use and IPV, examining the relative effectiveness of these three vehicles.

Effects of stressors on drug use in young, poor women (R01DA20058-04S2, Helen Wu, PI) – The purpose of this prospective cohort study is to examine the contribution of stressors (including rape and exposure to violence) to drug abuse and dependence, as modified by the coping styles of young, low-income women. The primary aims of this study are to: (1) examine the epidemiology of stress exposure, particularly operant stressors (defined as the occurrences and accumulation of recent and ongoing stressors), in young, low-income women over time; (2) understand and examine the relationships between operant stressors and onset of DSM-IV abuse/dependence over time through theory-driven hypotheses (e.g., self-medication); and (3) examine whether an individual's coping style modifies the relationships of different operant stressors with abuse/dependence.

Etiology of sexual risk, substance abuse, and trauma: a bioecological systems model (5R01DA023858-03, Laura Otto-Salaj, PI) – This study, over a 6-month interval, will examine factors corresponding to the four levels of the Bronfenbreener's Biomedical Systems Theory (BST)—individual, interpersonal, community, and sociocultural—as they relate to the interaction of sexual risk behavior, substance use, and violence in women of lower socioeconomic status. Specific aims are to: (1) recruit 396 inner-city women 18–45 years old living in urban housing developments, (2) perform multiple assessments on factors pertaining to the levels of the BST model, (3) perform similar follow-up assessments at 6 months and 12 months, and (4) analyze the above variables in relation to occurrence and severity of sexual risk behavior, substance use, and interpersonal violence. Findings will provide important new information about the dynamics and complexity of sexual risk behavior, substance use, and trauma history in at-risk women. This knowledge will help derive prevention interventions responsive to the multiple risk issues in this population and will evaluate the applicability and validity of BST in the context of women's sexual risk behaviors, substance use, and trauma history.

B. Prevention, Treatment and Services

Prevention of post-rape drug abuse: replication study (R01DA023099-02, Heidi Resnick, PI) – This study examines the efficacy of an easily administered evidence-based preventive intervention for drug abuse and mental health problems: the Prevention of Post Rape Stress (PPRS) video. The study allows for replication of results obtained in an initial NIDA-funded study comparing use of the video to standard care. Findings indicated reduced frequency of marijuana use among pre-rape recent marijuana users and reduced frequency of PTSD and depression symptoms among recent female rape victims with history of prior rape.

Risk reduction for drug use and sexual revictimization (K23DA018686-05, Carla Kmett Danielson, PI) – This grant is aimed at the grantee's development as an expert in the area of risk reduction for drug use and sexual revictimization in adolescent sexual assault victims. The research project will include: (1) Developing an early intervention—Risk Reduction through Family Therapy (RRFT) program—for adolescent sexual assault victims by adapting and integrating empirically supported interventions that target substance abuse, trauma-related symptoms, and revictimization risk; (2) testing RRFT feasibility through a pilot feasibility trial; and (3) Evaluating the efficacy of RRFT by conducting a small randomized clinical trial.

Case management alternatives for highly vulnerable women (R01DA013131-10, James Inciardi, PI) – This study aims to: (1) assess the nature and extent of mental, physical, and other health service needs and barriers to service utilization among a sample of 500 drug-involved, indigent, African-American sex workers recruited from inner city Miami; (2) implement two robust case management conditions designed to increase linkages to, and engagement with, appropriate health services by randomly assigning participants to an intervention; (3) evaluate the effectiveness of the two conditions by conducting 3- and 6-month follow-ups with clients and providers to determine extent of service linkages and engagement, as well as changes in risk behaviors as they relate to increases in service access; (4) examine the effects demographics, violence, mental health, homelessness, current sexual behaviors and drug use, treatment experience, and other life events in predicting service linkage and engagement; and (5) estimate and compare the cost and cost-effectiveness of the case management conditions for increasing service access and use.

Co-occurring disorders and violence in women: moderators of services use and cost (F31 DA022815-01, Allison Gilbert, PI) – This is a predoctoral fellowship award. The study aims to understand how different baseline symptom severity and service use profiles moderate the effect of integrated treatment versus usual care on female patients' use of follow-up services and on service costs. Study participants are patients suffering from co-occurring substance abuse and mental health disorders, including histories of interpersonal violence and consequent post-traumatic stress.

Behavioral couples therapy for female drug abusing patients (R01DA025618-02 Timothy O'Farrell, PI) – This clinical trial involves married or cohabiting

female drug abusing patients and examines whether Behavioral Couples Therapy (BCT) produces more positive outcomes for the women (e.g., reduction in sexual violence), their male partners, and their children than standard individual counseling for the patient alone.

Opioid patients: behavioral family counseling and naltrexone (R01DA015156-05, **Timothy O'Farrell, PI)** – This study involves a randomized clinical trial to test whether family treatment conditions are more effective than individual drug counseling and whether family counseling with daily observed naltrexone is more effective than family counseling without such observation on: (1) abstinence from opioids; (2) naltrexone compliance and retention in treatment; and (3) abstinence from drugs other than opioids; (4) family and psychosocial functioning, and (5) HIV risk behaviors. Outcome data will be collected from patients and family members. Violence against women is addressed in the family counseling condition and is measured before and after treatment.

Translation of interventions for rural Mexican-American adolescent women (R01DA026776-02, Jane Dimmit Champion, PI) – This study examines the effectiveness of translated versions of behavioral interventions previously tested in randomized controlled trials (RCTs): "Behavioral Intervention for Minority Adolescent Women" and "Modifying Risk Behavior of Minority Women" (Project SAFE). A community-based RCT will be conducted to focus on reducing rates of STI/HIV, unintended pregnancy, and sexual or physical abuse and substance use among rural Mexican-American adolescent women by changing high-risk sexual behaviors, decreasing substance use, and encouraging contraceptive use.

Integrated treatment for fathers who perpetrate domestic violence (K23 DA023334, Carla Stover, PI) – This K23 award will aid the candidate in developing independent skills in: (1) substance abuse and violence assessment, (2) the stage model of psychotherapy development, (3) treatment evaluation (including longitudinal, multisite data collection and analysis, and (4) qualitative and treatment fidelity measurement. The goal of the research program is to develop and evaluate an integrated treatment for fathers with comorbid substance abuse and domestic violence, targeting their roles as fathers.

A therapy approach for substance abuse and domestic violence (R01DA018284-03, Caroline Easton, PI) – In this Stage 1 project, the PI proposes to: (1) develop and pilot test a Substance Abuse-Domestic Violence (SADV) Individual Therapy Intervention for offenders of IPV; and (2) conduct an initial randomized trial evaluating the feasibility and efficacy of adding a SADV

intervention for IPV offenders versus a standard Individual Drug Counseling (IDC) approach. The major goal of this project is to recruit an ethnically diverse sample of 80 substance dependent male IPV offenders at a substance abuse treatment facility, evaluate the efficacy of these manualized treatment modalities as well as their durability and/or delayed emergence of treatment effects by providing 3-, 6- and 9-month follow-ups.

Motivating substance abusing batterers to seek treatment (2-R01-DA017873-04A2, Lyungai Mbilinyi, PI) – The goal of this trial is to evaluate a Motivational Enhancement Therapy (MET) intervention with untreated and non-adjudicated substance abusing men who are IPV perpetrators. One hundred and forty (140) participants will be assessed on-line and assigned randomly to receive either two telephone-delivered enhanced MET sessions or mailed educational information concerning IPV and SA. Participants in both conditions subsequently will be afforded the opportunity to attend an optional intake assessment at a state-certified domestic violence treatment agency that concurrently offers or supports substance abuse and dependence treatment. Attendance at this session will be one primary indicator of a successful outcome in the context of this early work on the intervention's feasibility and likely efficacy in prompting movement toward treatment self-referral. Follow-up online assessments will assess post-intervention change in pertinent attitudes, beliefs, intentions, behavior, and treatment engagement.

C. Violence, Victimization, & HIV/AIDS Risk

Correlates of sexual risk for HIV/STI among women who use methamphetamine
(R01 DA021100-03, Alex Kral, PI) – This study among 400 female methamphetamine (MA) users in San Francisco aims to determine: (1) individual factors (e.g., patterns of MA use, polydrug use, psychological morbidities); (2) interpersonal factors (e.g., partner type, intimate relationship characteristics, dependent children); (3) structural factors (e.g., homelessness, incarceration, venues of sex and drug use) ; and (4) cultural factors (e.g., race/ethnicity, gender norms, religion) associated with sexual risk behaviors.

HIV risk among homeless mothers (R01DA019399-03, Carol Canton, PI) – This study will apply qualitative and quantitative approaches to address the information gap on HIV risk in this fast-rising subgroup of the adult homeless in the United States. The study will examine the relationship between HIV prevalence, STI prevalence, and HIV drug and sexual risk behaviors and

homelessness, probing the extent to which risk behaviors are influenced by persistent residential instability. Guided by an integrated ecological framework, the study will investigate the relationship of multiple levels of risk and protective factors (e.g., childhood sexual and physical abuse, mental illness, substance abuse, domestic violence, HIV knowledge and attitudes, and social support) to drug and sexual HIV risk behaviors and chronic homelessness. The study will inform the design of HIV risk behavior preventive interventions appropriate to the life circumstances of homeless mothers.

Effects of housing and HIV on risk behavior and victimization of indigent women
(R01DA15605-08, Elise Riley, PI) – This study assesses the impact of housing type, drug use, social isolation, PTSD, dissociation, depression, manic episodes, and HIV serostatus on risk behavior and victimization of poor and marginally housed women. The investigator plans to identify whether victimization and risk behavior patterns differ between women who are at risk to become HIV-infected and those who are already infected; whether predictors of victimization differ between women who do and do not report a history of childhood sexual abuse; whether the impact of PTSD and dissociation on victimization are modified by depression, manic episodes, or housing status; and whether variables that predict victimization are the same variables that predict drug use and sexual risk behavior.

Women, methamphetamine, and sex (K01DA017647-05, Alison Brown, PI) – This grant is aimed at the grantee's development as a mixed-methods researcher specializing in substance abuse and the emotional and physical health of women, with an emphasis on the interactions of MA use and histories of sexual abuse and violence on women's sexual decision-making and HIV risk behaviors over the life course. The aims of this research are to: (1) investigate qualitatively the ways in which women MA users relate their sexual experiences to their drug use and/or their life experiences, and (2) to analyze quantitatively the longitudinal relationships between sex-risk behaviors, substance abuse, and life experiences among women MA users.

Impulsivity related to cocaine dependence and trauma (K23DA018718-05, Angela Waldrop, PI) – This grant is intended to prepare the grantee to independently design and conduct research on substance abuse, PTSD, and risky behaviors, with an emphasis on their relationships to impulsivity. The specific aims are to (1) investigate impulsivity among women with and without cocaine dependence and with and without at least subthreshold PTSD related to sexual trauma, and (2) examine the relationships among HIV risk behaviors and self-

report measures of impulsivity. Findings will be used to inform future research on impulsivity among women with comorbid substance use disorders and PTSD.

Drug abuse and risky sex in borderline personality (R01DA020130-05, Ulrike Feske, PI) – This study examines the associations among borderline personality disorder (BPD), substance use disorders, and sexual risk taking and adverse reproductive outcomes in women. The investigator hypothesizes that neurocognitive competence (executive cognitive function) and risk judgment will mediate the relationships. The study aims to recruit and assess 500 psychiatric outpatients: 300 women with BPD and 200 without, including 200 low-income African-American women. The assessments include partner violence. Modeling the association between BPD, substance use, and sexual risk taking in relation to substance use disorder and adverse reproductive outcomes will document the importance of individual differences in a high-risk population, underscoring the need to screen women for BPD who come to substance use treatment programs.

D. Violence, Victimization, & HIV/AIDS Interventions

Computer-based HIV/STD prevention for high-risk women (R43DA021425-03, Douglas Billings, PI) – This project will involve the initial development and feasibility testing of a computer-based HIV/sexually transmitted disease (STD) prevention program specifically designed for women who have sex with men (WSM). The SafeSistah program will have three main foci: (1) development of gender-specific prevention skills, including training in refusal skills and how to avoid physical violence; (2) treatment and prevention of STDs; and (3) enhancement of empowerment and ethnic identity.

Multilevel HIV prevention for pregnant drug abusers (**R01DA021521-05, Robert Malow, PI)** – This study targets pregnant drug abusers in treatment. It is a randomized trial comparing Enhanced- Behavioral Skills Training (E-BST) to a time- and attention-matched Health Promotion Comparison (HPC) condition. E-BST is designed to strengthen the original BST's relationship-based social competency skills, crucial in sustaining adherence to protective behavior. The E-BST emphasizes negotiation/communication skills with sexual partners/significant others and social ecological skills of help- seeking and service utilization. Participants will be 320 culturally diverse (30% Hispanic, 60% African American) pregnant drug abusers in treatment, with random assignment to the E-BST and HPC. The PI will seek to answer how intervention effects are influenced by theoretically relevant Individual cognitive-behavioral and contextual factors and by key background factors such as cognitive functioning and traumatic abuse history.

Woman Focused HIV Prevention with African-Americans (R01DA11609-10, Wendee Wechsberg, PI) – This study will examine the long-term effects of the Women's CoOp intervention with regard to drug and sexual risk for HIV, self-sufficiency, and a woman's ability to sustain change within her social context. The study will evaluate the long-term effectiveness of a culturally specific, woman-focused intervention and the booster follow-up intervention. The study condition will be compared with the NIDA standard intervention and booster follow-up offered biannually to sustain reductions in crack use and sexual risk and improve self-sufficiency (e.g., employment, housing). The study will assess the mediating effects of employment and housing, along with age, abuse history and psychological distress, on the effectiveness of the intervention at changing HIV risk behaviors at 6, 12, and 18 months post-reenrollment. Estimates will be made of the cost and cost-effectiveness of a culturally specific, woman-focused intervention relative to the NIDA standard in terms of crack use and sexual risk behaviors.

Woman-focused HIV prevention with pregnant African-Americans in treatment (R01DA020852-03, Wendee Wechsberg, PI) – This study aims to: (1) adapt the culturally specific, manualized woman-focused intervention to specifically address issues of pregnancy and substance abuse, relationships with men, social support, parenting, HIV status, living with HIV, antiretroviral (ARV) treatment, and HIV risk-reduction methods for pregnant and postpartum women; (2) compare the relative efficacy of the woman-focused intervention for pregnant women with standard substance abuse treatment in sustaining reductions in substance abuse and sexual risk behaviors, maintaining retention in drug treatment, reducing violence, and improving prenatal care and ARV treatment adherence (as needed); and (3) explore the intervention's potential mechanisms of action (e.g., by examining the mediating effects of changes in knowledge about HIV risk behaviors, psychological distress, and readiness for change) and moderating factors (e.g., HIV status, age, stage of pregnancy, and relationships with men) that may influence treatment response.

HIV prevention groups for AOD using SMI women (R01DA018916-05, Robert Malow, PI) – This study is a gender- and culturally specific adaptation and randomized trial of a group-formatted Motivational-Enhanced, Brief Behavioral Skills Intervention (BBSI-A) for reducing HIV risk among 320 predominantly Hispanic and African American women. This sample represents a target population of the substance abusing, seriously mentally ill community treatment population in the HIV epicenter of Miami. A key focus is how group processes (e.g., group alliance, engagement, cohesion, and climate) may influence change.

The intervention is derived from Information Motivation Behavior theory and is evidence-based and archived by scientific consensus for dissemination. The BBSI-A adaptation will be compared with a time-matched, video-based treatment as usual educational condition.

Prevention for impoverished young women in shelters (R21DA019183-02, Suzanne Wenzel, PI) – This qualitative study is conducted among poor homeless young women to elucidate contexts for and barriers to intervening to reduce drug abuse, HIV transmission, and victimization.

Behavioral intervention for minority adolescent women (R01DA019180-05, Jane Dimmitt Champion, PI) – The AIDS Risk Reduction Model (ARRM) was modified and piloted for minority, sexually/physically abused girls (14-18 years) with an STD, a group not helped by the original ARRM. Two groups of girls will be randomly assigned to either (1) workshop/support group/individual sessions program or (2) physical care/counseling only.

Reducing HIV and domestic violence risk in women offenders (R01DA012572-05, Mike Stark, PI) – This RCT will test two interventions to reduce women offenders' HIV-related risk behavior and exposures to domestic violence. Seventy (70) HIV-negative female offenders at risk of HIV infection will be recruited at existing county jail HIV testing sites. After their release from jail, participants will be randomly assigned to one of three study conditions: (1) control condition, in which women will receive standard-of-care referrals for needed services; (2) HIV prevention condition providing 3-month case management and an intensive HIV risk-reduction intervention; and (3) HIV and domestic violence prevention condition providing the same intervention as in the second condition, plus assessment and intervention for preventing domestic violence and coerced risk activity. All participants will complete face-to-face assessment interviews measuring their drug-related behaviors, sexual risk behaviors, domestic violence experiences, psychological well being, behavioral self-efficacy, and relationship processes.

Multimedia HIV/STI prevention for drug-involved female offenders (R01DA025878-02, Nabila El-Bassel, PI) – This study addresses a gap in our understanding of evidence-based HIV prevention interventions among drug-involved female offenders under community supervision. It will conduct a randomized controlled trial (RCT) to test the efficacy of a multimedia version of four-session, gender-specific, integrated drug use and HIV/STI prevention intervention (Multimedia WORTH) in increasing condom use and decreasing

sexually transmitted infections (STIs) among 420 drug-involved female offenders in a large Alternative-to-Incarceration Probation Program in New York City. The intervention will be compared with a non-media version of the same intervention (Traditional WORTH) and to a four-session NIDA standard HIV prevention control condition, which is not gender-specific (NIDA Control). The Traditional WORTH intervention was conceived as a group-based, integrated drug use and HIV prevention intervention for low income, urban female offenders. It addresses IPV and other gender- specific risk factors for HIV. Multimedia WORTH contains the same content as Traditional WORTH, but employs multimedia interactive tools and culturally tailored animation and video enhancements.

Barriers to treatment-based HIV prevention for IDU couples (R21DA022960-01, Janie Simmons, PI) – This qualitative study of IDU couples and treatment providers focuses on two sets of barriers to drug treatment and treatment-based HIV risk reduction among African American and Latino heterosexual IDU couples in NYC: (1) the relationship dynamics among partnered IDUs that deter treatment entry, retention or the maintenance of outcomes; and (2) couples-specific structural barriers in the treatment system that further inhibit treatment entry, retention, and the maintenance of outcomes. The PI is also investigating how the above mentioned barriers interact. Findings from the proposed research will inform subsequent work to quantify these barriers and develop and evaluate programs to overcome them.

Recovery management checkups for women offenders (RMC-WO) experiment (R01DA021174-03, Christy Scott, PI) – This study is designed to test the effectiveness of recovery management checkups for women offenders (RMC-WO) released from jail, providing continuity of care immediately upon release and helping them manage their long-term recovery. The specific aims are to examine the impact of: (1) RMC-WO on accessing and staying in community-based treatment during the first 90 days after release from jail and over the course of 3 years; (2) RMC-WO and substance abuse treatment on substance use and HIV risk behaviors over 3 years; and (3) RMC-WO, substance abuse treatment, and reductions in substance use and HIV risk behaviors on psychiatric comorbidity, interpersonal violence, illegal activity, and arrest and re-incarceration over 3 years.

HIV/AIDS and women of color: roles of drug use, violence, and insurance in HAART use (R21DA022971-02, Marsha Lillie-Blanton, PI) – This study uses data from the Women's Interagency HIV Study (WIHS) to: (1) assess whether the roles of race and drug use on HAART are moderated by the effects of health insurance coverage, and (2) examine longitudinal differences in HAART use

among HIV-positive female drug users and investigate the extent to which individual latent states (as defined by clusters of psycho-social or behavioral risk factors like drug use or drug using partners) influence racial/ethnic disparities. Study results will help clarify the roles of drug use, physical or sexual abuse, and insurance coverage in observed racial disparities of HAART use among HIV-positive women. Findings could ultimately improve interventions aimed at reducing racial and other disparities in HIV/AIDS medical care among women, and will inform development of systems for monitoring quality of care among HIV-positive women.

II. Recent NIDA-Supported Publications on Violence against Women and Girls

The following section provides descriptions of publications based on NIDA-funded research published between June 2009 and June 2010. The publications are focused on the following scientific areas: (A) Stress, Abuse, Trauma and Violence during Childhood, Adolescence and Adulthood, (B) Intimate Partner Violence, and (C) HIV/AIDS.

A. Stress, Abuse, Trauma and Violence during Childhood, Adolescence and Adulthood

The case for examining and treating the combined effects of parental drug use and interparental violence on children in their homes. This review examines what have been, to this point, generally two divergent lines of research: (1) effects of parental drug abuse on children and (2) Effects of children's exposure to interparental violence. A small but growing body of literature has documented the robust relationship between drug use and IPV. Despite awareness of the relationship, little attention has been paid to the combined effect of these deleterious parent behaviors on children. The authors argue for the need to examine the developmental impact of these behaviors on children and for treatment development to reflect how these parent behaviors may affect children of substance abusers. Kelley ML, Klostermann K, Doane AN, Mignone T, Lam WK, Fals-Stewart W, Padilla MA. (2010). The case for examining and treating the combined effects of parental drug use and interparental violence on children in their homes. *Aggress Violent Behav.*, 15(1):76-82.

Impact of adolescent exposure to IPV on substance use in early adulthood. Youth exposure to IPV has been theorized to increase the risk of adverse outcomes in adulthood, including substance use problems. However, the limited research on the association between early IPV exposure and later alcohol- or drug use problems is inconclusive. Using a prospective design, this study investigates whether adolescent exposure to IPV increases the risk for problem substance use in early adulthood and whether this relationship differs by gender. The study uses a subsample (n = 508) of participants from the longitudinal Rochester Youth Development Study of urban, largely minority adolescents that oversampled youth at high risk for antisocial behavior and drug use. Results reveal that exposure to severe IPV as an adolescent significantly increases the odds of alcohol-use problems in early adulthood for young women but not for young men. In addition, IPV exposure did not increase the odds of other substance use indicators for either gender. IPV-exposed girls may be at increased risk for alcohol problems in adulthood and should be a target for prevention and intervention efforts. Overall, however, the association between IPV exposure and later substance use problems was less than anticipated in this high-risk community sample. Smith CA, Elwyn LJ, Ireland TO, Thornberry TP. (2010). Impact of adolescent exposure to IPV on substance use in early adulthood. *J Stud Alcohol Drugs*. Mar;71(2):219-30.

Living in partner-violent families: developmental links to antisocial behavior and relationship violence. Links between living in a partner-violent home and subsequent aggressive and antisocial behavior are suggested by the "cycle of violence" hypothesis derived from social learning theory. Although there is some empirical support, to date, findings have been generally limited to cross-sectional studies predominantly of young children, or retrospective studies of adults. The article addresses this issue with prospective data from the Rochester Youth Development Study (RYDS), an ongoing longitudinal investigation of the development of antisocial behavior in a community sample of 1,000 urban youth followed from age 14 to adulthood. The original panel was 68% African American, 17% Hispanic, and 15% Caucasian, and was 72.9% male, and 27.1% female. The measures used stemmed from a combination of sources, including parent and youth interviews and official records. Researchers tested the general hypothesis of a relationship between living in partner-violent homes during adolescence, and later antisocial behavior and relationship violence. The researchers found a significant relationship between exposure to parental violence and adolescent conduct problems. This relationship dissipates in early adulthood; however, exposure to severe parental violence is significantly related to early adulthood violent crime and IPV. Ireland TO, Smith CA. (2009). Living in

partner-violent families: developmental links to antisocial behavior and relationship violence. *J Youth Adolesc.* Mar;38(3):323-39.

Does typography of substance abuse and dependence differ as a function of exposure to child maltreatment? The authors investigated the link between child maltreatment, including child sexual assault (CSA) and child physical assault (CPA), and addiction-related symptomatology in a subsample of adolescents from the National Survey of Adolescents, all of whom met DSM-IV criteria for substance abuse or dependence (n=281). Over 60% of the sample reported a history of CSA and/or CPA. Results indicated significant differences in typography of substance abuse and dependence symptoms and rates of comorbid lifetime PTSD based on assault history, specific assault incident characteristics, and sex. Clinical implications for substance abusing youth with maltreatment histories are discussed. Danielson CK, Amstadter A, Dangelmaier RE, Resnick HS, Saunders BE, Kilpatrick DG. (2009). Does typography of substance abuse and dependence differ as a function of exposure to child maltreatment? *J Child Adolesc Subst Abuse.,* Jan 1;18(4):323.

Risky behaviors and depression in conjunction with--or in the absence of--lifetime history of PTSD among sexually abused adolescents. Posttraumatic stress disorder (PTSD) is often considered the primary problematic outcome of child sexual abuse (CSA). However, a number of other, relatively understudied negative sequelae appear to be prevalent as well. Data from the National Survey of Adolescents-Replication Study of 269 adolescents with a CSA history were therefore used to examine the prevalence of risky behaviors (e.g., problematic alcohol and drug use, delinquent behavior) and depression. The frequencies of these problems in youth with and without a history of PTSD also were examined. Results indicated that risky behaviors and depression were reported as or more frequently than PTSD. Among youth with a history of PTSD, depression and delinquent behavior were more common than among those without a history of PTSD. However, no differences emerged between adolescents with and without a history of PTSD in reported problematic substance use. Findings highlight the need for comprehensive trauma-informed interventions for CSA-exposed adolescents. Danielson CK, Macdonald A, Amstadter AB, Hanson R, de Arellano MA, Saunders BE, Kilpatrick DG. (2010). Risky behaviors and depression in conjunction with--or in the absence of--lifetime history of PTSD among sexually abused adolescents. *Child Maltreat.* Feb;15(1):101-7.

Trajectories of behavioral adjustment following early placement in foster care: predicting stability and change over 8 years. This study seeks to identify trajectories of behavioral adjustment from age 6 through 14 years for youth placed in early foster care, and to examine links between trajectories and early cognitive ability and social competence, caregiver stability, and frequency, timing, and type of maltreatment. Participants were 279 youth from the Southwest site of the Consortium for Longitudinal Studies of Child Abuse and Neglect (LONGSCAN). All had spent at least 5 months in out-of-home care before age 4 because of substantiated reports of maltreatment. Behavioral adjustment was assessed using caregiver reports on the Child Behavior Checklist at ages 6, 8, 10, 12, and 14. Trajectories of stable or increasing adjustment were predicted by social competence, cognitive ability, placement stability, and low frequency of physical abuse from ages 6 through 14. Many youth who spent time in early out-of-home care show stable, long-term positive behavioral adjustment. Trajectories reflecting more positive adjustment are associated with early child cognitive ability and social competence, long-term caregiver stability, and low frequency of physical abuse in middle childhood and adolescence. Proctor LJ, Skriner LC, Roesch S, Litrownik AJ. (2010). Trajectories of behavioral adjustment following early placement in foster care: predicting stability and change over 8 years. *J Am Acad Child Adolesc Psychiatry*. May;49(5):464-73.

Childhood maltreatment and antisocial behavior: Comparison of self-reported and substantiated maltreatment. Although accurate assessment of maltreatment is critical to understanding and interrupting its impact on the life course, comparison of different measurement approaches is rare. The goal of this study is to compare maltreatment reports from official Child Protective Services (CPS) records with retrospectively self-reported measures. Research questions address the prevalence and concordance of each type of measure, their relationship to social disadvantage, and their prediction to four antisocial outcomes in adolescence and early adulthood including arrest, self-reported violence, general offending, and illegal drug use. Data to address this comparison come from the Rochester Youth Development Study (RYDS), a longitudinal panel study of 1,000 adolescents. Findings indicate that self-reported retrospective maltreatment is somewhat more prevalent (29%) than official substantiated maltreatment (21%). In general, both sources suggest that maltreatment is associated with a higher prevalence of antisocial behavior. It is not clear that combining sources of information improves prediction. Smith, C.A., Ireland, T. O., Thornberry, T. P., & Elwyn L. (2009). Childhood maltreatment and antisocial behavior: Comparison of self-reported and substantiated maltreatment. *American Journal of Orthopsychiatry*. Apr;78(2), 173-186.

Trauma-related risk factors for substance abuse among male versus female young adults. Clinical efforts to reduce risk for substance use disorders (SUDs) among young adults rely on the empirical identification of risk factors for addictive behaviors in this population. Exposure to traumatic events and posttraumatic stress disorder (PTSD) have been linked with SUDs in various populations. Emerging data, particularly from adolescent samples, suggest that traumatic event exposure increases risk for SUDs for young women, but not young men. The purpose of the current study was to examine trauma-related risk factors for alcohol and drug abuse among a national sample of young adults and compare such risk factors between men and women. Participants were 1,753 young adults who participated in the 7-8 year follow-up telephone-based survey to the original National Survey of Adolescents. In the full sample, 29.1% met criteria for substance abuse. Trauma-related risk factors for alcohol and drug abuse differed for men and women. Clinical implications of these results are discussed. Danielson CK, Amstadter AB, Dangelmaier RE, Resnick HS, Saunders BE, Kilpatrick DG. (2009). Trauma-related risk factors for substance abuse among male versus female young adults. *Addict Behav.* Apr;34(4):395-9.

The causal impact of childhood-limited maltreatment and adolescent maltreatment on early adult adjustment. This study involves full-matching propensity score models to test whether developmentally specific measures of maltreatment—in particular, childhood-limited maltreatment versus adolescent maltreatment—are causally related to involvement in crime, substance use, health-risking sex behaviors, and internalizing problems during early adulthood. The design of this study includes 907 participants (72% male) in the Rochester Youth Development Study, a community sample followed from age 14 to 31 using 14 assessments, including complete maltreatment histories from Child Protective Services records. The results revealed that after balancing the data sets, childhood-limited maltreatment is significantly related to drug use, problem drug use, depressive symptoms, and suicidal thoughts. Maltreatment during adolescence had a significant effect on a broader range of outcomes: official arrest or incarceration, self-reported criminal offending, violent crime, alcohol use, problem alcohol use, drug use, problem drug use, risky sex behaviors, self-reported STD diagnosis, and suicidal thoughts. In sum, the results of this study reveal that the causal effect of childhood-limited maltreatment is focused on internalizing problems, whereas adolescent maltreatment has a stronger and more pervasive effect on later adjustment. Increased vigilance by mandated reporters, especially for adolescent victims of maltreatment, along with provision of appropriate services, may prevent a wide range of subsequent adjustment problems. Thornberry TP, Henry KL,

Ireland TO, Smith CA. (2010). The causal impact of childhood-limited maltreatment and adolescent maltreatment on early adult adjustment. *J Adolesc Health*. Apr;46(4):359-65.

Substance use, childhood sexual abuse, and sexual risk behavior among women in methadone treatment. The current study investigates how complex relationships among drug use and childhood sexual abuse (CSA) may contribute to unprotected sexual occasions (USOs). The researchers employed a Generalized Linear Mixed Model to examine the interaction between current cocaine/stimulants and opioid use and CSA on number of USOs in a sample of 214 sexually active women in outpatient methadone maintenance treatment. The results reveal that for women with CSA, an increase in days of cocaine/stimulant use was associated with a significant increase in USOs. In contrast, an increase in days of opiate use was associated with a significant decrease in USOs. In addition, for the group of women who did not report CSA, there was a significant increase in USOs with increased opiate use. Overall, the findings indicate that CSA is related to unprotected sexual occasions, depending on drug type and severity of use. Cohen LR, Tross S, Pavlicoa M, Hu MC, Campbell AN, Nunes EV. (2009). Substance use, childhood sexual abuse, and sexual risk behavior among women in methadone treatment. *The American Journal of Drug and Alcohol Abuse.* 35(5):305–310.

Intergenerational transmission of multiple problem behaviors: prospective relationships between mothers and daughters. Much of the research examining intergenerational continuity of problems from mother to offspring has focused on homotypic continuity (e.g., depression); despite the fact that different types of mental health problems tend to cluster in both adults and children. It remains unclear whether mothers with multiple mental health problems compared to mothers with fewer or no problems are more likely to have daughters with multiple mental health problems during middle childhood (ages 7 to 11). Six waves of maternal and child data from the Pittsburgh Girls Study (n = 2,451) were used to examine the specificity of effects of maternal psychopathology on child adjustment. Child multiple mental health problems include disruptive behavior, ADHD symptoms, depressed mood, anxiety symptoms, and somatic complaints, while maternal multiple mental health problems consisted of depression, prior conduct problems, and somatic complaints. Generalized estimating equations were used to examine the prospective relationships between mothers' single and multiple mental health problems and their daughter's single and multiple mental health problems across the elementary school-aged period (ages 7-11 years). The results show that multiple mental health problems in the mothers predicted

multiple mental health problems in the daughters even when demographic factors, childrearing practices, and earlier mental health problem of the daughters were controlled. Maternal low parental warmth and harsh punishment (hitting, spanking) independently contributed to the prediction of multiple mental health problems in the daughters, although mediation analyses showed that the contribution of parenting behaviors to the explanation of girls' mental health problems was small. Loeber R, Hipwell A, Battista D, Sembower M, Stouthamer-Loeber M (2009). Intergenerational transmission of multiple problem behaviors: prospective relationships between mothers and daughters. *J Abnorm Child Psychol*. Nov;37(8):1035-48.

Girls' disruptive behavior and its relationship to family functioning: a review. Although a number of reviews of gender differences in disruptive behavior and parental socialization exist, the authors extend this literature by addressing the question of girls' differential development and by placing both disruptive behavior and parenting behavior (harsh parenting such as hitting and spanking) in a developmental framework. Clarifying the heterogeneity of development in girls is important for developing and optimizing gender-specific prevention and treatment programs. In this review, the authors describe the unique aspects of the development of disruptive behavior in girls and explore how the gender-specific development of disruptive behavior can be explained by family-linked risk and protective processes. Based on this review, the authors formulate a gender-specific reciprocal model of the influence of social factors on the development of disruptive behavior in girls to steer further research and better inform prevention and treatment programs. Kroneman LM, Loeber R, Hipwell AE, Koot HM (2009). Girls' disruptive behavior and its relationship to family functioning: A Review. J Child Fam Stud. Jun 1;18(3):259-273.

Are there stable factors in preadolescent girls' externalizing behaviors? Relatively little is known about the factor structure of disruptive behavior among preadolescent girls. This study reports on exploratory and confirmatory factor analyses of disruptive girl behavior over four successive data waves as rated by parents and teachers in a large, representative community sample of girls (N = 2,451). Five factors were identified from parent ratings (oppositional behavior/conduct problems, inattention, hyperactivity/impulsivity, relational aggression, and callous-unemotional behaviors), and four factors were derived from teacher ratings (oppositional behavior/conduct problems/callous-unemotional behaviors, inattention, hyperactivity/impulsivity, and relational aggression). A high degree of consistency characterized equivalent factors across parent and teacher ratings. Year-to-year stability of factors between ages 5 and 12 was high

for parent ratings and slightly lower for teacher ratings. These findings are discussed in terms of possible adjustment to the criteria for children's disruptive behavior disorders found in the *Diagnostic and Statistical Manual for Mental Disorders*. Loeber R, Pardini DA, Hipwell A, Stouthamer-Loeber M, Keenan K, Sembower MA (2009). Are there stable factors in preadolescent girls' externalizing behaviors? *J Abnorm Child Psychol.* Aug;37(6):777-91.

Perspectives on oppositional defiant disorder, conduct disorder, and psychopathic features. This paper presents a few perspectives on oppositional defiant disorder (ODD), conduct disorder (CD), and early forms of psychopathy, especially for girls, as associated with harsh parenting practices like hitting and spanking. The developmental changes and stability of each, and the interrelationship between the three conditions are reviewed, with correlates and predictors highlighted. The paper also examines effective interventions for each of the three conditions and makes recommendations for future research. Loeber R, Burke J, Pardini DA. (2009). Perspectives on oppositional defiant disorder, conduct disorder, and psychopathic features. *J Child Psychol Psychiatry*. Jan;50(1-2):133-42.

Peer deviance, parenting and disruptive behavior among young girls. This study examined concurrent and longitudinal associations between peer deviance, parenting practices, and conduct and oppositional problems among young girls ages 7 and 8. Participants were 588 African American and European American girls who were part of a population-based study of the development of conduct problems and delinquency among girls. Affiliations with problem-prone peers, both males and females, were apparent among a sizeable minority of the girls. Although peer delinquency concurrently predicted disruptive behaviors, the gender of these peers did not contribute to girls' behavior problems. Harsh parenting and low parental warmth showed both concurrent and prospective associations with girls' disruptive behaviors. Similar patterns of association were seen for African American and European American girls. The findings show that peer and parent risk processes are important contributors to the early development of young girls' conduct and oppositional behaviors. Miller S, Loeber R, Hipwell A. (2009). Peer deviance, parenting and disruptive behavior among young girls. *J Abnorm Child Psychol.* Feb; 37(2): 139-52.

Pilot prevention program for homeless women in the transition to adulthood. Among young women who are impoverished and homeless, the transition to adulthood (ages 18-25) is associated with alcohol and drug use, risky sexual activity, and increased risk of being victimized by IPV. "The Power of YOU," a

program using motivational interviewing, was designed to address these problems. This program was piloted with 31 homeless women (ages 18-25) in 7 focus groups. Women completed questionnaires assessing background characteristics and satisfaction at the end of each, followed by a feedback session that was audio-recorded and transcribed. Results from this pilot study suggest that this program may hold promise in helping homeless young women in the transition to adulthood and that the approach of motivational interviewing appeared appropriate for this population. Wenzel SL, D'Amico EJ, Barnes D, Gilbert ML. (2009). A pilot of a tripartite prevention program for homeless young women in the transition to adulthood. *Women's Health Issues*. May-June;19 (3): 193-201.

Cigarette smoking following rape. Although prior research has identified increases in cigarette smoking following trauma exposure, no studies have examined smoking following rape. This study identified and characterized longitudinal trajectories (< 3 months, 3-6 months, and > 6 months post-assault) of smoking (N=152) following a rape in a sample of 268 female sexual assault victims participating in a forensic medical exam. Of participants endorsing smoking post-rape, two trajectories were identified, with the majority of participants (74.6%) slightly decreasing their smoking over time and the remaining heavy-smoker participants slightly increasing over time (25.4%). Heavy smokers consumed more than twice as many cigarettes as moderate smokers at 3 months post-rape, evidencing increased smoking over time. Additionally, having sustained an injury during rape increased the likelihood of being in the heavy- smoking group. The association between injury and smoking may be related to attempts at pain management or due to restricted activity levels. Early identification and efforts to reduce smoking in these subsets of rape victims are warranted. Amstadter AB, Heidi RS, Nugent NR, Acierno R, Rheingold AA, Minhinnett R, Kilpatrick DG. (2009). Longitudinal trajectories of cigarette smoking following rape. *J Trauma Stress*, Apr; 22 (2): 113-121.

Mental health and rape history in relation to nonmedical use of prescription drugs in a national sample of women. The current study examined prevalence and correlates of nonmedical use of prescription drugs (NMUPD), with particular emphasis on lifetime history of rape and PTSD as risk associates. Interviews conducted via telephone, using Computer-Assisted Telephone Interviewing technology, resulted in a nationally representative sample of 3,001 noninstitutionalized, civilian, English or Spanish speaking women 18–86 years old. Demographic characteristics, rape history, general health/mental health, and substance abuse variables were assessed. NMUPD was assessed by asking if, in the past year, participants had misused a prescription drug, with multivariable logistic

regressions conducted for each theoretically derived predictor set. NMUPD was endorsed by 5.5% of the sample (n=164). Final multivariable model showed that lifetime PTSD, other forms of substance use/abuse, and a history of drug or alcohol-facilitated rape were significantly associated with increased likelihood of NMUPD. Risk reduction efforts targeting nonmedical prescription drug use among women who have experienced traumatic events and/or abuse substances are warranted. Trauma-focused interventions for drug- or alcohol-facilitated rape victims should include treatment or prevention modules that specifically address NMUPD. McCauley JL, Amstadter AB, Danielson CK, Ruggiero KJ, Kilpatrick DG, Resnick HS. (2009). Mental health and rape history in relation to nonmedical use of prescription drugs in a national sample of women. *Addict Behav.* Aug;34(8):641-8.

B. Intimate Partner Violence

Testing posttraumatic stress as a mediator of physical, sexual, and psychological IPV and substance problems among women. This study examined whether IPV-related posttraumatic stress mediated relationships between types of IPV and drug and alcohol problems among 212 women currently experiencing IPV. Six-month prevalence was high for drug use (48%) and alcohol use (59%). Structural equation modeling revealed that the frequency of physical, sexual, and psychological IPV was significantly and positively correlated to greater IPV-related posttraumatic stress, which in turn was significantly and positively related to drug problems. Further, IPV-related posttraumatic stress mediated the relationships between physical IPV and drug problems and psychological IPV and drug problems. Findings suggest that prevention and intervention efforts targeting posttraumatic stress among IPV-exposed women may reduce drug problems in this population. Sullivan TP, Cavanaugh CE, Buckner JD, Edmondson D. (2009). Testing posttraumatic stress as a mediator of physical, sexual, and psychological intimate partner violence and substance problems among women. *J Trauma Stress.* Dec;22(6):575-84.

Do differing types of victimization and coping strategies influence the type of social reactions experienced by current victims of IPV? This study examines whether differing types of victimization and coping strategies influence the type of social reactions experienced by 173 current female IPV victims. Indirect relationships between victimization and social reactions differed by types of coping strategies examined (social support, problem solving, and avoidance). Implications are discussed regarding the development of interventions with women's support networks and the augmentation of services to help victims modify

their coping strategies. Sullivan TP, Schroeder JA, Dudley DN, Dixon JM. (2010). Do differing types of victimization and coping strategies influence the type of social reactions experienced by current victims of intimate partner violence? *Violence against Women*. Jun;16(6):638-57.

IPV and consistent condom use among drug using heterosexual women in New York City. This study examined the associations of relationship factors, partner violence, relationship power, and condom use with a main male partner among drug using women. Over two visits, 244 heterosexual drug using women completed a cross-sectional survey. Multivariate logistic regression models indicated that women who expected positive outcomes and perceived lower condom-use barriers were more likely to report condom use with their intimate partners. The findings suggest that future interventions to reduce HIV risk among drug using women should focus on women's subjective appraisals of risks based on key relationship factors in addition to the occurrence of partner violence. Panchanadeswaran S, Frye V, Nandi V, Galea S, Vlahov D, Ompad D. (2010). Intimate partner violence and consistent condom use among drug using heterosexual women in New York City. *Women Health*. Mar;50(2):107-24.

IPV perpetration and condom use-related factors: Associations with heterosexual men's consistent condom use. IPV victimization has been linked to sexual HIV risk behavior among heterosexual women. The unique role of IPV perpetration in sexual risk behavior among men has not been studied as well. Based on interviews with 518 heterosexual men recruited via street intercept between 2005 and 2007 in New York City, the authors assessed the relationship between perpetration of IPV against a main female partner and inconsistent condom use with that same partner, while controlling for factors related to condom use. Controlling for sociodemographic, condom use and other factors, multivariate logistic regression revealed that men who perpetrated physical IPV were half as likely to report consistent condom use compared with men who did not use violence. Designing interventions for heterosexual men that simultaneously address both IPV and sexual risk behaviors is critical. Frye V, Ompad D, Chan C, Koblin B, Galea S, Vlahov D. (2010). Intimate partner violence perpetration and condom use-related factors: Associations with heterosexual men's consistent condom use. *AIDS Behav*. Jan 13, Epub ahead of print.

Does the inclusion criterion of women's aggression as opposed to their victimization result in samples that differ on key dimensions of IPV? This study is among the first attempts to address a frequently articulated, yet

unsubstantiated claim that sample inclusion criteria based on women's physical aggression or victimization will yield different distributions of severity and type of partner violence and injury. Independent samples of African American women participated in separate studies based on inclusion criterion for either women's physical aggression or women's victimization. Between-group comparisons showed that samples did not differ in physical, sexual, or psychological aggression, victimization, or in inflicted or sustained injury. Therefore, inclusion criteria based on physical aggression or victimization did not yield unique samples of "aggressors" and "victims." Sullivan TP, Titus JA, Holt LJ, Swan SC, Fisher BS, Snow DL. (2010). Does the inclusion criterion of women's aggression as opposed to their victimization result in samples that differ on key dimensions of intimate partner violence? *Violence Against Women*. 16(1):84-98.

The resource utilization of women who use violence in intimate relationships. Studies have found high rates of help seeking among domestic violence victims. However, little research has investigated the help-seeking patterns of women who use violence (many of whom are also abused). Understanding the resources utilized by women who are violent toward their partners may aid in designing interventions that will reduce the women's violence, as well as their victimization. This study examines the resource utilization of 108 women who used violence against a male partner (94% of whom also experienced victimization). Findings revealed that (1) almost all of the women utilized community resources in an attempt to manage the violence in their relationships; (2) victimization was related to resource utilization via self-defense motives, avoidance coping, and posttraumatic stress symptoms; and (3) greater resource utilization was related to lower levels of women's violence against their partners. Findings suggest that community resources may help prevent women's violence. Swan SC, Sullivan TP. (2009). The resource utilization of women who use violence in intimate relationships. *J Interpers Violence*. Jun;24(6):940-58.

Violence and substance use among female partners of men in treatment for IPV. To improve understanding of the complex dynamics of IPV in heterosexual relationships, the authors explored violence and substance use among the female partners of men entering treatment for both IPV and substance-related problems. All male participants (n = 75) were alcohol dependent and had at least one domestic violence arrest. Results showed that female partners were as likely as men to engage in substance use the week before treatment; however, according to reports by the men, the female partners were more likely than men to use substances during the last week of treatment, due to a reported increase in use during the men's treatment. Regarding violence, 59 percent of female IPV victims

reported engaging in some form of mild violence against their male partners, and 55 percent reported engaging in some form of severe violence. By contrast, only 23 percent of male batterers reported that their female partners had engaged in mild violence, and only 19 percent reported that their partners had engaged in severe violence. Regardless of whether the violence was defensive in nature, the data suggest that women in relationships involving substance abuse and IPV are in need of treatment. Wupperman, P., Amble, P., Devine, S., Zonana, H., Fals-Stewart, W. & Easton, C. (2009). Violence and substance use among female partners of men in treatment for intimate-partner violence. Journal of the American Academy of Psychiatry and Law. 37(1): 75-81.

Relationships among women's use of aggression, their victimization, and substance use problems: a test of the moderating effects of race/ethnicity. This study examined whether relationships among women's aggression, their victimization, and substance use problems were moderated by race/ethnicity. Four hundred and twelve (412) community women (150 African Americans, 150 Latinas, and 112 Whites) who recently were aggressive against a male partner completed a 2-hour computer-assisted interview. ANOVA and path analysis revealed that (1) for all women, victimization and aggression were strongly related; (2) race/ethnicity moderated the relationships between victimization and alcohol and drug use problems; and (3) no groups evidenced a relationship between alcohol or drug use problems and aggression. Findings suggest that it is essential to develop culturally relevant, gender-specific interventions to reduce both women's aggression and victimization, as well as related negative behaviors such as alcohol and drug use. Sullivan TP, Cavanaugh CE, Ufner MJ, Swan SC, Snow DL. (2009). Relationships among women's use of aggression, their victimization, and substance use problems: A test of the moderating effects of race/ethnicity. *J Aggress Maltreat Trauma*. Sep 1;18(6):646-666.

The efficacy of a police-advocacy intervention for victims of domestic violence: 12 month follow-up data. The Domestic Violence Home Visit Intervention (DVHVI) provides advocate/police officer team home visits following a domestic dispute. Women (52 DVHVI and 55 controls) were interviewed at 1, 6, and 12 months following a police-reported domestic incident to assess repeat violence, service utilization, and symptoms. Women who received the DVHVI were more satisfied with the police and likely to call them to report a nonphysical domestic dispute in the 12 months following the initial incident than women in the comparison group. DVHVI participants were significantly more likely to use court-based services and seek mental health treatment for their children. Stover, C.S., Berkman, M., Desai, R. & Marans, S. (2010). The efficacy of a police-

advocacy intervention for victims of domestic violence: 12 month follow-up data. *Violence Against Women*. Apr;16(4), 410-425.

Traditional male ideology and service system involvement among drug-involved men who perpetrate IPV: A longitudinal study. The purpose of this study is to examine the extent to which drug-involved men who perpetrate male-to-female IPV are engaged with various formal service systems as well as whether adherence to traditional male ideologies thought to drive perpetration of male-to-female IPV affects help-seeking behavior. This study also seeks to redress a gap in the research literature stemming from the general reliance on batterers intervention programs to acquire samples of IPV perpetrators. A sample of 126 men receiving methadone maintenance treatment who reported perpetrating IPV against a female partner participated in this longitudinal study. Using generalized linear modeling, researchers found that greater endorsement of traditional male ideologies significantly predicted lower subsequent service utilization overall, except for legal services, for which there was a significant positive association. These findings suggest targeted assessment and engagement strategies may be required to involve a greater number of drug-involved men who perpetrate IPV in treatment. Wu E, El-Bassel N, Gilbert L, O'Connor M, Seewald R. (2010). Traditional male ideology and service system involvement among drug-involved men who perpetrate intimate partner violence: A longitudinal study. *J Interpers Violence*. May 25. Epub ahead of print.

Evaluating the impact of IPV on the perpetrator: The perceived consequences of domestic violence questionnaire. Surprisingly little is known about how IPV perpetrators perceive the consequences of their violent behavior. This article describes the development and evaluation of the Perceived Consequences of Domestic Violence Questionnaire (PCDVQ). The PCDVQ is a 27-item self-report instrument designed to assess the consequences of IPV as perceived by the male perpetrator. Data from 124 nontreatment-seeking, male, IPV perpetrators recruited from the community provided support for the internal consistency of the PCDVQ. Participants reported an average of 9.97 consequences. Scores on the PCDVQ significantly predicted motivation for both change and treatment seeking. Clinical implications of this instrument are discussed. Walker, DD, Neighbors C, Mbilinyi LF, O'Rourke A, Zegree J, Roffman RA, Edleson JL (2010). Evaluating the impact of intimate partner violence on the perpetrator: The perceived consequences of domestic violence questionnaire. *Journal of Interpersonal Violence*, Feb 5. Epub ahead of print.

Normative misperceptions of abuse among perpetrators of IPV. This research was designed to evaluate the applicability of social norms approaches to interventions with male IPV perpetrators. Participants included 124 nonadjudicated IPV-perpetrating men recruited from the general population who completed assessment of their own IPV behaviors via telephone interviews and also estimated the prevalence of behaviors in other men. Results indicated that IPV perpetrators consistently overestimated the percentage of men who engaged in IPV and that their estimates were associated with violence toward their partner over the past 90 days. Findings provide preliminary support for incorporating social norms approaches into clinical applications. Neighbors C, Walker DD, Mbilinyi LF, O'Rourke A, Edleson JL, Zegree J, Roffman RA (2010). Normative misperceptions of abuse among perpetrators of intimate partner violence. *Violence Against Women*. Apr;16(4), 370-386.

C. HIV/AIDS

Fear, trust, and negotiating safety: HIV risks for black female defendants. Through in-depth interviews, this study examined the relational context of sexual HIV risk for 10 African-American women 18–30 years old who were defendants in a community court setting. A qualitative data analysis identified themes of actual and feared IPV and the expectations of demonstrating trust in a relationship as obstacles to negotiating the use of condoms. The findings speak to broader structural factors and to consequences of IPV and drug use. The article discusses the implications for HIV prevention for African-American women involved in the criminal justice system. Epperson MW, Platais I, Valera P, Barbieri R, Gilbert L, El-Bassel N. (2009). Fear, trust, and negotiating safety: HIV risks for black female defendants. *Affilia*. Aug 1;24(3):257-271.

Correlates of HIV testing among South African women with high sexual and substance use risk behaviors. Despite its importance in raising awareness of HIV risk behavior and in linking HIV-positive individuals to care and treatment, research findings indicate that the HIV antibody testing rate in the general South African population remains relatively low, although knowledge of HIV testing services is high. The identification of important correlates of testing behavior can be used to improve HIV testing campaigns by refining messages that target individuals at highest risk for infection. This study uses data from an ongoing prevention intervention study in Pretoria, South Africa, to identify factors that may have a greater influence on facilitating or hindering HIV testing among South African women at high risk for infection. The data for this study (n=425) are derived from the baseline interviews and HIV test results collected between June

2004 and January 2007. HIV testing for this study was significantly associated with education level, alcohol and cannabis use, sex trading, number of STI symptoms, physical abuse and number of visits to a clinic for medical treatment. Results suggest that more focused efforts are needed to provide HIV testing to women who report substance use behavior, experience violence, and report high-risk sexual behavior. Interventions also need to address denial of HIV infection and fear of testing for HIV. Luseno, W. K., Wechsberg, W.M. (2009). Correlates of HIV testing among South African women with high sexual and substance use risk behaviors. *AIDS Care*. Feb;21(2), 178-184.

Transactional sex among men and women in the south at high risk for HIV and other STIs. Transactional sex refers to selling sex (exchanging sex for money, drugs, food, shelter, or other items) or purchasing sex (exchanging money, drugs, food, shelter, or other items for sex). These activities have been associated with a higher risk of HIV and other sexually transmitted infections in a variety of populations and settings. This paper examines correlates of purchasing and selling sex in a large sample of drug users, men who have sex with men, and sex partners of these groups. Using respondent-driven sampling, participants were recruited between 2005 and 2008 in two urban and two rural counties in North Carolina. The authors used multiple logistic regression analyses to examine separate models for selling and purchasing sex in men and women. Using structural equation models, they also estimated direct and indirect associations between independent variables in the logistic regression models and transactional sex. The analysis shows that factors associated with women selling and buying sex include being homeless, use of stimulants, bisexual behavior, and neighborhood disorder. For men, the factors associated with selling and buying sex include being homeless, bisexual behavior, and not being in a relationship. Although neighborhood violence and disorder show significance in bivariate associations with the outcome, these associations disappear in the structural equation models. Bobashev GV, Zule WA, Osilla KC, Kline TL, Wechsberg WM. (2009). Transactional sex among men and women in the south at high risk for HIV and other STIs. *J Urban Health*. Jul;86 Suppl 1:32-47.

Age and HIV sexual risk among women in methadone treatment. This study examines the relationship between age and HIV sexual risk behaviors among a random sample of 372 women in methadone treatment in New York City. Logistic regression results indicate that women of all ages are at risk for HIV through inconsistent condom use. Exposure to IPV, alcohol use, and HIV-negative status are associated with inconsistent condom use during vaginal sex. Age (35-44), IPV, alcohol use, and having a main sexual partner with an HIV risk factor are

associated with using crack or cocaine during sex. Similarly, age (35-44), having a main sexual partner with an HIV risk factor, IPV, and drug use are associated with consuming four or more drinks prior to sex. The findings highlight the importance of age-appropriate HIV prevention and intervention strategies, as well as the need to address IPV, mental health, polysubstance use, and relational factors associated with HIV sexual risk behaviors among women in methadone treatment. Engstrom, M., Shibusawa, T., El-Bassel, N., Gilbert, L. (2009). Age and HIV sexual risk among women in methadone treatment. *AIDS Behavior. Nov 20.* Epub ahead of print.

Assessing criminal justice involvement as an indicator of human immunodeficiency virus risk among women in methadone treatment. This study examines the relationship between criminal justice involvement and high-risk sexual partnerships (including violent relationships) among a random sample of 416 women in methadone treatment in New York City. Logistic regression models were used to estimate the associations between recent criminal justice involvement and recent high-risk partnerships (e.g., multiple sex partners, sex trading, or sex with a risky partner). Women with recent criminal justice involvement demonstrated higher odds of engaging in high-risk sex partnerships. Although regular drug use was a significant confounder of several of these relationships, recent arrest or incarceration remained significantly associated with multiple sex partnerships, sex with a risky partner, and engaging in unprotected sex and a high-risk partnership, even after controlling for regular drug use and other social stressors. This study highlights the vulnerability of drug-involved women offenders to HIV risk and points to the need for investigating the role of arrest and incarceration as contributors to HIV infection. Epperson MW, Khan MR, Miller DP, Perron BE, El-Bassel N, Gilbert L. (2010). Assessing criminal justice involvement as an indicator of human immunodeficiency virus risk among women in methadone treatment. *J Subst Abuse Treat*. Jun;38(4):375-83.

An effective HIV risk-reduction protocol for drug using female sex workers. Female sex workers are especially vulnerable to HIV infection, particularly those who use drugs and engage in street-based sex exchange. This study examines the risk behaviors and HIV serostatus of 806 drug using female sex workers in Miami, and assesses the relative impact of two HIV and hepatitis prevention interventions on changes in risk behavior. Drug using sex workers were recruited using targeted sampling strategies and randomly assigned to the NIDA standard intervention or to an innovative Sex Worker Focused (SWF) intervention. Outcome analyses indicate that both groups benefited from participation in the trial. However, the SWF intervention was found to be more effective in reducing unprotected oral sex and

sexual violence. Surratt HL, Inciardi JA. (2010). An effective HIV risk-reduction protocol for drug using female sex workers. *J Prev Interv Community*. Apr;38(2):118-31.

Reducing HIV and partner violence risk among women with criminal justice system involvement. Women with histories of incarceration show high levels of risk for HIV and IPV. This RCT with women at risk for HIV and with recent criminal justice system involvement (n = 530) evaluated two interventions based on motivational interviewing to reduce either HIV risk or HIV and IPV risk. Baseline and follow-up assessments measured unprotected intercourse, needle sharing, and IPV. Generalized estimating equations revealed that the intervention groups had significant decreases in unprotected intercourse and needle sharing, and significantly greater reductions in the odds and incidence rates of unprotected intercourse compared to the control group. No significant differences were found in changes in IPV over time between the HIV and IPV groups and the control group. Motivational Interviewing–based HIV prevention interventions delivered by county health department staff appear helpful in reducing HIV risk behavior for this population. Weir, B.W., O'Brien, K., Bard, R.S., Casciato, C.J., Maher, J.E., Dent, C.W., Dougherty, J.A., & Stark, M. (2009). Reducing HIV and partner violence risk among women with criminal justice system involvement: A randomized controlled trial of two motivational interviewing-based interventions. *AIDS Behav*., 13(3), 509-22.

Examination of an interventionist-led HIV intervention among criminal justice-involved female prisoners. The purpose of this study was to examine the implementation, adherence and protocol fidelity for the Reducing Risky Relationships for HIV (RRR-HIV) study. The RRR-HIV study is a phase III randomized trial of an intervention to reduce HIV risk behaviors among incarcerated women in four U.S. states: Connecticut, Delaware, Kentucky, and Rhode Island. The intervention consists of five interventionist-led prison-based group sessions and a sixth individual community-based session. Data on adherence, implementation, acceptability, and fidelity of the intervention were obtained from forms completed by the interventionist and participants following the five prison-based sessions. Data from the sixth session were collected by the interventionist. Of the 363 women recruited to date, 173 (47.6%) have been randomly allocated to the experimental RRR intervention, for which implementation measures were available for 162 (93.6%). Interventionists indicated that more than 95% of the women were engaged/involved, interested, and understood the materials. These and other results suggest that the RRR-HIV study is being successfully implemented across multiple study sites. Protocol adherence,

fidelity, and acceptability, were strong and essential to establish prior to examining outcome data. Havens JR, Leukefeld CG, Oser CB, Staton-Tindall M, Knudsen HK, Mooney J, Duvall JL, Clarke JG, Frisman L, Surratt HL, Inciardi JA. (2009). Examination of an interventionist-led HIV intervention among criminal justice-involved female prisoners. *J Exp Criminol*. Sep 1;5(3):245-272.

Sustainability of intervention effects of an evidence-based HIV prevention intervention for African American women who smoke crack cocaine. HIV prevention efficacy is often assessed in the short term. These researchers conducted a long-term (mean 4.4 years) follow-up of a woman-focused HIV intervention for African American crack smokers, for which they had previously observed beneficial short-term gains. The study involved 455 out-of-treatment African American women in central North Carolina who participated in a randomized field experiment and were followed up to determine sustainability of intervention effects across three conditions: the woman-focused intervention, a modified NIDA intervention, and a delayed-treatment control condition. The authors compared these groups in terms of HIV risk behavior at short- (3–6 months) and long-term follow-up (average 4 years). At short-term follow-up, women in the woman-focused intervention were more likely to be in the low HIV risk group than the women in control conditions, but this effect was not statistically significant at long-term follow-up. However, low-risk participants at short-term follow-up were less likely to be retained in the long term, with this retention rate lowest among women in the woman-focused intervention. In sum, short-term intervention effects were not observed 4 years later, possibly due to differential retention across conditions. The retention of the highest risk women presents an opportunity to extend intervention effects through booster sessions. Wechsberg WM, Novak SP, Zule WA, Browne FA, Kral AH, Ellerson RM, Kline T. (2010). Sustainability of intervention effects of an evidence-based HIV prevention intervention for African American women who smoke crack cocaine. *Drug Alcohol Depend*. Jun 1;109(1-3):205-12.

III. Meetings/Events

- NIDA participates in the Federal Partner Teen Dating Violence Workgroup. The workgroup includes staff from NIH/ORWH, NICHD, NIMH, DOJ/NIJ, DOJ/OVW, HHS/ACF, USDA, and DOD.
- NIDA participates in the HHS Steering Committee on Violence Against Women.

- NIDA participates in the Think Tank Committee of the National Partnership to End Interpersonal Violence across the Lifespan (NPEIV), and is a member of the Executive Committee of NPEIV.
- NIDA held a symposium at the Society for Prevention Research annual meeting, May 26-29, 2009, Washington DC. The symposium, "Problematic Relationships as Shared Risk Factors for Adolescent Dating Violence," included the following presentations: "Developmental Associations between Adolescent Substance use and Dating Violence Perpetration," "Longitudinal Associations Between Dating Violence and Substance Use Among Early Adolescents: Moderating Roles of Family, Peer, and School Factors," and "Chronicity of Drug and Alcohol Use and Intimate Partner Violence in Young Adulthood."
- NIDA held a symposium at the American Psychological Association annual meeting, August 6-9, 2009, in Toronto, Canada, entitled, "Making Health Care and Treatment Services Work for Abused Women."
- NIDA participated in planning the Second Annual Trauma Spectrum Disorders Conference: "A Scientific Conference on the Impact of Military Service on Families and Caregivers," December 10-11, 2009, Natcher Conference Center, National Institutes of Health, Bethesda, MD. The conference was jointly sponsored by the Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury, NIH, Department of Veterans Affairs, and other collaborative Federal partners.
- For the National Summit on Interpersonal Violence and Abuse across the Lifespan: Forging A Shared Agenda, February 24-26, 2010, Dallas, TX, NIDA provided a plenary presentation entitled, "Intersecting Problems of HIV, Partner Abuse, and Trauma Among Drug-involved Women: Implications for Prevention and Treatment." NIDA also held a panel entitled, "Violence, Abuse, and Trauma: Are they Risk Factors for Drug Abuse." In addition, a NIDA staff person chaired a panel entitled, "Gender Issues in Intimate Partner Violence."
- NIDA held a seminar entitled, "Women-Focused HIV Prevention for Women Who Use Drugs: Domestic and Global Perspectives," April 20, 2010, Bethesda, MD. Speakers were Drs. Claire Sterk, Nabila El-Bassel and Wendee Wechsberg.
- NIDA held a seminar by Dr. Shelly Greenfield entitled, "Women and Addiction Treatment: New Findings," May 4, 2010, Bethesda, MD.

IV. Funding Opportunity Announcements (FOAs)

- On July 19, 2007, NIDA, NIMH, NIAAA, and NICHD released PA-07-409 (R01) entitled "Health Research with Diverse Populations," calling for applications to include studies focusing on the mechanisms by which experiences of stigmatization, discrimination, and violence affect health, disease, and resiliency among Lesbian, Gay, Bisexual, and Transgender Intersex (LGBTI) populations. This program announcement, which can be viewed at http://grants.nih.gov/grants/guide/pa-files/PA-07-409.html, will expire on September 8, 2010.
- On April 17, 2009, NIDA, NIAA, and ORWH released PA-09-169 (R01) and PA-09-170 (R21) entitled, "Research on Teen Dating Violence," calling for research applications aimed at facilitating better understanding of the etiologies and precursors for reducing the risk for and incidence of teen dating violence (TDV). In addition, it calls for research that examines the linkages and gaps among perceptions of appropriate responses to TDV from service providers, the criminal justice system, teens themselves, victims, perpetrators, and bystanders. The program announcements can be viewed at: http://grants.nih.gov/grants/guide/pa-files/PA-09-169.html (R01), and http://grants.nih.gov/grants/guide/pa-files/PA-09-170.html (R21). Expiration date for both program announcements is September 8, 2012.
- On July 29, 2009, NIDA, NCI, NIAAA and VA released RFA-DA-10-001(R01), and RFA-DA-10-002 (R21) entitled, "Substance Use and Abuse among U.S. Military Personnel, Veterans and their Families," calling for applications focused on the epidemiology, etiology, screening and identification, prevention, and treatment of substance use and abuse (including alcohol, tobacco, and illicit and prescription drugs) and associated problems (e.g., post-traumatic stress disorder, traumatic brain injury, depression, anxiety, sleep disturbances, chronic pain, interpersonal violence) among U.S. military personnel, veterans and their families. These announcement can be viewed at: http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-10-001.html (R01) and http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-10-002.html.

V. Future Plans

- NIDA will continue to solicit and support high quality research on violence against women and girls.
- NIDA will continue to participate in the Think Tank Committee of the National Partnership to End Interpersonal Violence across the Lifespan (NPEIV) and its Executive Committee.

- NIDA will continue to participate in the Federal Partner Teen Dating Violence Workgroup.

National Institute of Mental Health Supported Research (NIMH)

NIMH funded over forty research and research training grants in Fiscal Year (FY) 2009 that relate to psychiatric disorders and violence against women (VAW). Research on violence against women is part of a larger NIMH portfolio of research focused on understanding and addressing the mental health consequences of many different types of violence and trauma. NIMH research investments related to VAW are diverse; some projects are small, pilot studies being conducted by investigators who are new to the field of research, while other projects are large-scale studies, including center grants that are targeting multiple scientific and public health issues. These research efforts can be grouped into four areas: 1) studies that attempt to understand the effects of trauma, including domestic violence and abuse, on physical and mental health; 2) studies that examine the relationship between interpersonal violence and HIV status; 3) studies that seek to understand the development and course of post-traumatic stress disorder (PTSD) and other mental health disorders following trauma, as well as studies on the etiology of violent behavior; and 4) studies of prevention, intervention, and services, comprising the largest number of NIMH studies on this topic. Examples of funded studies include the following:

Studies that attempt to elucidate the effects of trauma and violence on physical and mental health, as well as neural circuitry, include “Rape-related PTSD and Immune Functioning” (5K23MH071837-04), “Posttraumatic Stress Disorder, Relationship Abuse, and Physical Health” (5K08MH073117-04), and “Neural Circuits in Women with Abuse and PTSD” (5R01MH056120-10).

Among the funded studies examining the relationship between interpersonal violence and HIV are “HIV Risk Among Women with a History of Childhood Sexual Abuse” (5R21MH083502-02), “PTSD and Risk Behavior in HIV + Female Adolescents” (5K01MH070278-07), “HIV Risk Reduction for Women Reporting Intimate Partner Violence” (1K01MH080660-01A2), “Violence Exposure and HIV Risk in Adolescent Women of Color” (1R03MH086361-01A1), and “Role of IPV, HIV and Substance Abuse in Mental Health of African American Women” (5F31MH084716-02).

Not all individuals who are exposed to trauma develop PTSD or other mental health disorders and, thus, not all women and children who are exposed to violence develop these disorders. For that reason, it is important to study risk factors, protective factors, the effects of personal and organizational responses to trauma, and the course of mental health disorders that follow trauma exposure. Funded research in this area includes "Mental Health Prevention Science for Child Maltreatment" (5K01MH070378-05), "Genetic Determinants of PTSD in Women" (5R01MH078928-03), and "Risk and Protective Factors for Adjustment of College Women After a Mass Shooting" (5R21MH085436-02). The etiology of violent behavior is also complex and multifactorial. NIMH is funding studies that seek to understand some of the early causative factors that may have relevance to future intervention and prevention planning; for example, "Uncovering and Confirming Gene-environment Interactions in Psychopathology" (5R01MH077874-03) and "Mental Health, Domestic Violence and Economic Insecurity" (5K01MH072827-05).

Several studies examine teen dating violence in the realm of prevention: "Dating Violence and HIV Prevention in Girls: Adapting Mental Health Interventions" (1K23MH086328-01), "HIV Prevention and Partner Abuse: Developing an Intervention for Adolescent Girls" (5K01MH080649-02), and a small business grant, "A Stage-Based Expert System for Teen Dating Violence Prevention" (5R44MH086129-03). One study, "Encouraging Safe Dates: Reducing Intimate Partner Violence in South African Youth" (5R34MH081792-02) reflects the increasing awareness that intervention models from other countries, and research conducted globally, may have great relevance for a number of cultures and countries. Some intervention studies examine whether specific treatments show promise, such as "A First-Line Community-Based Mindfulness Trauma Intervention" (5R34MH077066-03), while others test specific treatments for specific populations, including "Group Interventions for Abused, Suicidal Black Women" (5R01MH078002-03), and "Effectiveness of Inter-Personal Therapy (IPT) Adapted for Depressed Women with Trauma Histories in a Community Mental Health Center (CMHC)" (5R01MH076928-03). NIMH continues to fund a large center grant, "The Collaborative Center for Trauma and Mental Health Disparities" (5 P50 MH073453-04) at UCLA, that promotes interdisciplinary research examining the prevalence and impact of traumatic experiences on PTSD, depression and concomitant cognitive/emotional, behavioral, psychological and biological processes in ethnic minority populations. A noteworthy subproject is: "Intimate Partner Violence and Mental Health Outcomes among Latinas". Funded intervention research also includes studies focused on systems of care treatment and determining an effective approach or point of entry for intervention, such as

"Integration of Prevention Services into a System-Of-Care" (5R01MH074610-05), "Court-Based Mental Health Screening and Service Referrals for IPV Victims" (5K01MH075965-04), and "Engaging Victims of Partner Violence in Services" (5K01MH065454-05).

NIMH participated in planning, sponsoring, and/or funding several large meetings that relate to violence against women in FY 2009 and early FY 2010, including:

"Trauma Spectrum Disorders: The Role of Gender, Race, and Other Socioeconomic Factors", October 01, 2008 – October 02, 2008 in Bethesda, M.D., sponsored by the Department of Defense-Defense Centers of Excellence (DoD-DCoE), the NIH Office of Research on Women's Health (ORWH), and the Department of Veterans Affairs (VA). This was the first collaborative meeting among these federal agencies on this topic, with over 400 researchers and clinicians in attendance. Staff from the NIMH Women's Program and Office for Special Populations helped plan the meeting. NIMH Director Thomas Insel, M.D., and NIMH Program Chief Farris Tuma, Sc.D., spoke on what is known about PTSD as well as research gaps, and a number of NIMH grantees presented material on risk factors for developing trauma spectrum disorders, the impact of trauma on family partners, and research on the effectiveness of current treatment approaches. The meeting reviewed existing science on trauma spectrum disorders related to military deployment, such as PTSD and traumatic brain injury (TBI). Speakers and discussants examined gender and other factors specific to: a) psychological health needs of populations exposed to high stress, traumatic events, and deployment; b) TBI; and, c) treatment outcomes. The conference underscored the need for improved evidence-based strategies to assess better and treat psychological health issues and TBI.

"Posttraumatic Stress Disorder (PTSD) in Women Returning from Combat", Dec. 8, 2008 in Washington, D.C., organized by the Society for Women's Health Research (SWHR), and sponsored by the NIMH Women's Mental Health Team, Magellan Health Services, Inc., DynCorp International, and The Goodyear Tire & Rubber Company. The Department of Defense and the Department of Veterans Affairs also participated in the meeting, which brought together experts in the field to review sex and gender differences in PTSD, identify gaps in research, and generate ideas for new research approaches and initiatives. A number of NIMH grantees discussed the neurobiology of sex and gender differences and the trajectories of female and male PTSD over time. Speakers presented the latest data on the differing incidence and prevalence of PTSD in males and females, including those exposed to combat trauma and sexual trauma, and presented relevant data on

both civilian and military populations. Speakers also elucidated existing systems of care, including both private sector and military systems. Participants identified strategies for advancing research, with guidance from NIMH Program Chief, Farris Tuma, and identified specific practical knowledge needed by clinicians in the field.

"The Second Annual Trauma Spectrum Disorders Conference: A Scientific Conference of the Impact of Military Service on Families and Caregivers", Dec. 10, 2009 in Bethesda, M.D., sponsored by the Department of Defense-Defense Centers of Excellence (DoD-DCoE), the NIH Office of Research on Women's Health (ORWH), and the Department of Veterans Affairs (VA). The meeting included sessions on the impact of deployment upon families, and NIMH introduced stakeholders to the Army STARRS - "Army Study to Assess Risk and Resilience in Service Members", a collaboration with NIMH to identify modifiable risk and protective factors related to mental health and suicide. The study will oversample military women to be able to examine trauma in military women among other research elements. Relevant sessions included "Family Functioning Problems and Deployment/Trauma Issues", "Post-Traumatic Stress Disorder and Intimate Partner Violence Perpetration", and "Mechanisms of Risk and Resilience in Military Couples".

The National Institute of Nursing Research (NINR)

NINR supports clinical and basic research to build the scientific foundation for clinical practice, prevent disease and disability, manage and eliminate the symptoms caused by illness, enhance end-of-life and palliative care, and train the next generation of scientists. Consistent with this mission, NINR supports programs of research in women's health related to health promotion, as well as the reduction and ultimate elimination of health disparities. Examples of recent NINR-supported efforts in these areas include studies to: (1) test a culturally relevant, community-oriented intervention among resettled refugee women who have experienced war trauma and its associated adverse psychosocial effects; (2) assess the long-term behavioral and physiological outcomes of women experiencing post-traumatic stress disorder resulting from domestic violence; and (3) facilitate the development of improved forensic techniques that are equally sensitive to detecting assault-related injuries in women of all skin colors.

Office of Behavioral and Social Sciences Research (OBSSR)

OBSSR does not have grant making authority, but does support research on violence against women by providing funds to the NIH Office of the Director (OD), Fogarty International Center (FIC) and the National Institute on Drug Abuse (NIDA). Specifically, OBSSR is providing three years of co-funding (2009-11) to support a study led by Dr. Gayle Wyatt (University of California-Los Angeles). The study examines the short and long-term effects of rape and coerced sexual behavior in women in the Republic of South Africa. OBSSR is also providing one year of co-funding (2009) to support a study led by Dr. Linda Teplin (Northwestern University). This longitudinal study extends the Northwestern Juvenile Project to examine the dynamic relationships among patterns of drug use and disorder, risk and protective factors for drug use and disorder, and adult social role performance (especially, relationship functioning and intimate partner violence) as juvenile justice youth age from adolescence to emerging adulthood and young adulthood. Finally, OBSSR is providing co-funding to the National Academies of Science's Board on Children, Youth and Families to produce a workshop on the science of families. This workshop examines the methodology of family research, including the assessment of violence against women in the context of families.

Office of Research on Women's Health (ORWH)

ORWH is part of the Office of the NIH Director and therefore does not have grant-making authority to directly fund research so it partners with the NIH institutes and centers to fund all areas of women's health, including research on VAW. For FY 2009 and FY 2010, ORWH has served as the Trans-NIH coordinator for VAW research, and works collaboratively with the HHS and the Department of Justice on joint programs and activities. ORWH is also the lead contact/collaborator for an innovative trans-Federal partnership relating to military service members and veterans who have served in the Iraq and Afghanistan wars.

*The Second Annual Trauma Spectrum Disorders Conference: A Scientific Conference of the Impact of Military Service on Families and Caregiver*s, was held on Dec. 10, 2009 in Bethesda, M.D., sponsored by the Department of Defense, Defense Centers of Excellence (DoD-DCoE), the NIH, and the Department of Veterans Affairs (VA). Through this conference, research collaborations have been expanded across most of the HHS agencies, including the OS, ACF, AoA, AHRQ, CDC, HRSA, IHS, in order to leverage the many programs in these areas of health. The conference consisted of plenary sessions and concurrent break-out

sessions that focused on topics such as the impact of deployment upon families, Family Functioning Problems and Deployment/Trauma Issues, Post-Traumatic Stress Disorder and Intimate Partner Violence Perpetration, Mechanisms of Risk and Resilience in Military Couples, care-giving, and the impact of deployment on children. The 3rd annual conference is scheduled for December 7-8, 2010.

References from the section submitted by the National Institute on Alcohol Abuse and Alcoholism

Abbey A, Parkhill MR, Jacques-Tiura AJ, Saenz C. Alcohol's role in men's use of coercion to obtain unprotected sex. Subst Use Misuse. 2009;44(9-10):1329-48.

Abbey A, Parkhill MR, Clinton-Sherrod AM, Zawacki T. A comparison of men who committed different types of sexual assault in a community sample. J Interpers Violence. 2007 Dec;22(12):1567-80.

Davis KC, Stoner SA, Norris J, George WH, Masters NT. Women's awareness of and discomfort with sexual assault cues: effects of alcohol consumption and relationship type. Violence Against Women. 2009 Sep;15(9):1106-25.

Davis KC, Schraufnagel TJ, George WH, Norris J. The use of alcohol and condoms during sexual assault. Am J Mens Health. 2008 Sep;2(3):281-90.

Giancola PR, Levinson CA, Corman MD, Godlaski AJ, Morris DH, Phillips JP, Holt JC. Men and women, alcohol and aggression. Exp Clin Psychopharmacol. 2009 Jun;17(3):154-64.

Lipsky S, Caetano R, Roy-Byrne P. Racial and ethnic disparities in police-reported intimate partner violence and risk of hospitalization among women. Womens Health Issues. 2009 Mar-Apr;19(2):109-18.

Lipsky S, Caetano R. The role of race/ethnicity in the relationship between emergency department use and intimate partner violence: findings from the 2002 national survey on drug use and health. Am J Public Health. 2007 Dec; 97(12):2246-52.

Lipsky S, Caetano R. Is intimate partner violence associated with the use of alcohol treatment services? Results from the National Survey on Drug Use and Health. J Stud Alcohol Drugs. 2008a Jan;69(1):30-8.

Lipsky S, Caetano R. Intimate Partner Violence Perpetration among Men and Emergency Department Use. J Emerg Med. 2008b Nov 6.

Noel NE, Maisto SA, Johnson JD, Jackson LA Jr. The effects of alcohol and cue salience on young men's acceptance of sexual aggression. Addict Behav. 2009 Apr;34(4):386-94.

Mumford EA, Kelley-Baker T, Romano E. Sexual Assault Histories and Evening Drinking Among Young American Men in a High-Risk Drinking Environment. J Sex Res. 2009 Dec 29:1-9.

Parkhill MR, Abbey A, Jacques-Tiura AJ. How do sexual assault characteristics vary as a function of perpetrators' level of intoxication? Addict Behav. 2009 Mar;34(3):331-3.

Parks KA, Romosz AM, Bradizza CM, Hsieh YP. A Dangerous Transition: Women's Drinking and Related Victimization From High School to the First Year at College. J Stud Alcohol Drugs. 2008a Jan;69(1):65-74.

Parks KA, Hsieh YP, Bradizza CM, Romosz AM. Factors influencing the temporal relationship between alcohol consumption and experiences with aggression among college women. Psychol Addict Behav. 2008b 22(2):210-8.

Parks KA, Hequembourg AL, Dearing RL. Women's social behavior when meeting new men: the influence of alcohol and childhood sexual abuse. Psychol Women Q. 2008c 32(2):145-158.

Schumacher JA, Homish GG, Leonard KE, Quigley BM, Kearns-Bodkin JN. Longitudinal moderators of the relationship between excessive drinking and intimate partner violence in the early years of marriage. J Fam Psychol. 2008 Dec;22(6):894-904.

Schumm JA, O'Farrell TJ, Murphy CM, Fals-Stewart W. Partner violence before and after couples-based alcoholism treatment for female alcoholic patients. J Consult Clin Psychol. 2009 Dec;77(6):1136-46.

Testa M, Livingston JA. Alcohol consumption and women's vulnerability to sexual victimization: can reducing women's drinking prevent rape? Subst Use Misuse. 2009;44(9-10):1349-76.

Testa M, Livingston JA, Hoffman JH. Does sexual victimization predict subsequent alcohol consumption? A prospective study among a community sample of women. Addict Behav. 2007 Dec;32(12):2926-39.

Thompson MP, Sims L, Kingree JB, Windle M. Longitudinal associations between problem alcohol use and violent victimization in a national sample of adolescents. J Adolesc Health 2008; 42:21-7.

Ullman SE, Najdowski CJ, Filipas HH. Child sexual abuse, post-traumatic stress disorder, and substance use: predictors of revictimization in adult sexual assault survivors. J Child Sex Abus. 2009 Jul-Aug;18(4):367-85.

Ullman SE, Najdowski CJ. Revictimization as a moderator of psychosocial risk factors for problem drinking in female sexual assault survivors. J Stud Alcohol Drugs. 2009 Jan;70(1):41-9.

Ullman SE, Starzynski LL, Long SM, Mason GE, Long LM. Exploring the Relationships of Women's Sexual Assault Disclosure, Social Reactions, and Problem Drinking. J Interpers Violence. 2008 Sep;23(9):1235-57.

Young A, Grey M, Abbey A, Boyd CJ, McCabe SE. Alcohol-related sexual assault victimization among adolescents: prevalence, characteristics, and correlates. J Stud Alcohol Drugs. 2008 Jan;69(1):39-48.

OFFICE OF POPULATION AFFAIRS (OPA), OFFICE OF FAMILY PLANNING (OFP)

OPA Prevention of VAW Activities

Office of Family Planning Title X Overview

The Title X program is the only Federal program devoted solely to the provision of family planning and reproductive health care. The program is designed to provide access to contraceptive supplies and information to all who want and need them with priority given to low-income persons. A broad range of effective and acceptable family planning methods and related preventive health services are available on a voluntary and confidential basis. In addition to contraceptive services and related counseling, Title X supported clinics also provide a number of preventive health services such as: patient education and counseling; breast and pelvic examinations; cervical cancer, STD and HIV screenings; and pregnancy diagnosis and counseling. For many clients, Title X clinics provide the only continuing source of health care and health education.

The Title X program also supports three key functions aimed at assisting clinics in responding to clients needs: (1) training for family planning clinic personnel through general training programs; (2) information dissemination and community-based education and outreach activities; and (3) data collection and research to improve the delivery of family planning services.

The program supports a nationwide network of more than 4,500 clinics and provides reproductive health services to approximately 5 million persons each year. Title X service funds are allocated to the ten DHHS Regional Offices. The Regional Offices manage the competitive review process, make grant awards and monitor program performance. In fiscal year 2008, Title X provided Federal funds for service delivery grants to 88 public and private organizations to support the provision of comprehensive family planning services and information. Services are delivered through a network of

community-based clinics that include State and local health departments, hospitals, university health centers, Planned Parenthood affiliates, independent clinics, and public and non-profit agencies. In nearly 75 percent of U.S. counties, at least one provider of contraceptive services is funded by the Title X family planning program.

Title X funds are critical to maintaining and operating clinics which ensure the availability of family planning services to low-income and uninsured individuals in the United States. Over the last thirty years, the network of Title X family planning clinics has played a critical role in ensuring access to confidential family planning services for millions of low-income or uninsured women at no cost or at a reduced cost. Title X also provides access for many under-insured women who do not have coverage for contraceptive services, devices or drugs.

For many women, Title X serves as an entry point into the health care system, as well as a source of primary health care services. Title X-funded services, available regardless of ability to pay, help ensure access to reproductive health care for low-income and uninsured persons, a population which is disproportionately composed of racial and ethnic minorities. More than two-thirds of Title X clients have incomes at or below 100 percent of the poverty level and 91 percent have incomes at or below 200 percent of the poverty level.

The contraceptive counseling and services available in Title X-funded clinic settings help couples space births and plan intended pregnancies, an important element in ensuring positive birth outcomes and a healthy start for infants. Each year, publicly subsidized family planning services help women avoid an estimated 1.3 million unintended pregnancies. Title X services assist individuals in preventing sexually transmitted infections including HIV and concomitant complications and also play a major role in the early detection of breast and cervical cancer.

OPA did not provide an update for 2009-2010, therefore the information included is from the previous report.

Background Information on Title X and Prevention of Intimate Partner Violence Prevention in Title X supported Clinics:

Battelle Centers for Public Health Research and Evaluation: Family and Intimate Partner Violence Prevention in Title X-supported Clinics – Summary Report

Project Summary

In 2003, the Office of Population Affairs (OPA) contracted with the Battelle Centers for Public Health Research and Evaluation to conduct a study of family and intimate partner violence (FIPV) prevention activities in Title X-supported family planning clinics. The study included several research activities including visits to nine Title X-supported clinics, key informant interviews with clinic directors and clinic health care providers, key informant interviews with state and federal staff, a literature review and an evaluation of a FIPV resource guide that was developed to help integrate FIPV prevention programs into family planning clinics. These research activities were in support of three objectives:

- To assess the extent to which strategies used to implement FIPV integration have been acceptable to program providers, and whether program staff perceive them to be effective and sustainable.
- To identify the impact of FIPV prevention activities on the implementing organizations, and arrive at implications for the program on wider integration of FIPV activities in Title X clinics, including some measures of cost of the program to the clinic.
- To identify specific strategies that the OPA and collaborating agencies can utilize to raise awareness about FIPV and to achieve better integration of FIPV prevention activities into public family planning services.

This summary provides an overview of the study including background information regarding the impetus for this study, the data collection and data analysis methods used for the study and the findings from each evaluation activity. Finally, the findings across research activities are synthesized into

conclusions regarding FIPV prevention activities in Title X-supported clinics and recommendations for facilitating the further integration of FIPV prevention into family planning clinics. The attached reports provide detailed information about each of the activities undertaken for the study.

Background

In 2001, the Centers for Disease Control and Prevention contracted with Battelle to conduct a nationally representative survey of clinic directors and clinicians at Title X-supported clinics regarding their FIPV prevention activities. The sample was stratified by Department of Health and Human Services (DHHS) region. A response rate of 93% for clinic directors and 78.4% for clinicians was obtained, with 843 clinic directors and 666 clinicians responding to the survey. Results from the clinic directors included:

- 83.3% of the clinics routinely screen for FIPV.
- 86.2% of the clinics provided brochures to clients on FIPV
- 55.5% of the clinics had written protocols about FIPV
- 45% of the clinics offered FIPV training during the previous 2 years and 36.7% provided FIPV training opportunities elsewhere

The intriguing results of this survey provided the impetus for the present study to develop a more in-depth understanding of FIPV prevention activities in selected Title X-supported clinics.

Design and Methods

To conduct a more in-depth study of FIPV prevention activities in Title-X supported clinics, OPA contracted with Battelle to undertake five research activities. These included:

- A literature review of peer-reviewed journals, published books and articles, documents produced by professional organizations, and web-based documents published from 1999 to 2005, with seminal documents published prior to 1999 included in the review. The focus was on FIPV and reproductive health, including contraception, pregnancy, sexually transmitted diseases and human immunodeficiency

virus (HIV), with an emphasis on clinic considerations and documents. In particular, four types of clinical documents were sought out – protocols and guidelines for clinicians, tools for screening and prevention, clinical training methods, and programs and evaluated interventions for FIPV prevention. In total, 166 documents were included in the literature review set.

- Open-ended, unstructured, in-person interviews with staff from Title X-supported clinics including 9 clinic directors, 17 clinicians, 2 health educators, and a vice president in charge of training. Seven of the clinic directors were also clinicians. The clinicians interviewed were primarily nurse practitioners, but also included three physicians and several registered nurses and social workers. The interviews lasted between 20 minutes and two and one-half hours. Clinician interviews were usually shorter than clinic director interviews. Though unstructured, the interviews covered four primary areas of interest: clinic policies and protocols, routine screening procedures for FIPV, health care provider and staff training programs and collaboration with community organizations. Challenges and facilitators to identifying and responding to FIPV were also discussed.
- Visits to nine Title X-supported clinics with tours of the facilities. Clinics were selected and invited to participate in the study so that the final group achieved a mix of location, organization type and community type. The clinics are located in 9 of the 10 DHHS regions and included four county health departments, three Planned Parenthood clinics, and two community health centers. Five clinics served primarily urban or suburban populations and four clinics served primarily rural populations. All of the clinics were receiving Title X funds at the time of the visit. Two members of the research team visited each clinic. The clinic director conducted a tour of the facility, and the research team observed the waiting rooms, examination rooms, consultation rooms, restrooms, laboratories, and offices. The research team noted the clinic experience from the patient's point of view, looked for information (posters, brochures, flyers) about FIPV in clinic locations, and considered the privacy of each location where clients might disclose FIPV in writing or verbally. A description of each

participating clinic as well as a summary of each clinic's FIPV practices is included in the attached report.

- Open-ended, unstructured telephone interviews with nine state employees who oversee the Title X program in their state and eight federal employees who are Program Consultants for DHHS regions across the United States. The state employees were chosen because they represent the same states where visits and tours of Title X-supported clinics were conducted and where the health care providers and clinic directors are employed. One state in each of 9 of the 10 DHHS regions was represented. The federal Regional Program Consultants represented 8 of the 10 DHHS regions. Clinic policies and protocols, routine screening procedures for FIPV, health care provider and staff training programs, and collaboration with community organizations were discussed with the state and federal employees. In addition, they were asked about the challenges and facilitators to identifying and responding to FIPV.
- An assessment of a Resource Guide for integrating FIPV services into family planning clinics. The Resource Guide was produced by JSI/Denver for OPA and distributed by OPA to all state Title X grantees. The grantees in turn distributed the guide to Title X-supported clinics in their states. To evaluate the Resource Guide, telephone interviews were conducted with six state grantees (drawn from states where clinic visits were conducted) and two clinicians (drawn from clinics where visits were conducted), as well as a communications expert with experience in developing FIPV products. Respondents were asked about the content and comprehensiveness of the Resource Guide and how they would use the guide. Respondents were also asked to make recommendations about improvements to the next version of the Resource Guide. The findings from this assessment do not directly relate to project objectives but are summarized because they relate to integrating FIPV prevention programs into Title X-supported clinics.

All interviews were conducted using interview guides and were recorded and later transcribed for analysis. With the exception of those conducted for the Resource Guide interviews, all transcripts were content analyzed using qualitative analysis software.

Office of Family Planning Activity from the Regions:

Region I

Domestic and Dating Violence

All Region I Grantees include assessment and counseling on intimate partner and dating violence in their approach to care for their clients. In order to do this, most of the Grantees offer regular training to their providers. Grantees also maintain up to date referral lists and referral plans to assure that women in need of help have access to providers. A number of clinics across the region are collocated with intimate partner violence programs.

The Massachusetts Department of Public Health has worked with all Title X Grantees in Massachusetts, as well as other providers who they fund, to help in revising the approaches used in asking about domestic violence and staff from family planning clinics attended two statewide training during the past year with Rebecca Levenson from the Family Violence Prevention Fund.

At Action For Boston Community Development – Boston Family Planning, in the Summer of 2006 Elizabeth Miller, MD, a pediatrician who works at a family planning delegate agency and who has significant expertise in domestic violence offered a compulsory training for family planning counselors on health relationships, intimate partner violence (IPV) and sexual coercion including birth control sabotage. The program has had a special emphasis on teens. Since then, ABCD has worked with both national and regional organizations to design and implement guidelines to assess intimate partner violence, raise awareness of local providers of IPV services and to train family planning providers, specifically on the impact of IPV on reproductive and sexual health including the ability to use a contraceptive method and avoid STD/HIV. ABCD uses materials from the Family Violence Prevention Fund and continues to work with Dr. Miller who is conducting qualitative research with young men and women. The Guidelines which ABCD developed are attached.

The Region I Training Center has developed, "**Counseling Teen Clients Experiencing Sexual Coercion."** The video, developed for family planning

providers and counselors, demonstrates client-centered approaches for counseling teens experiencing sexual coercion. The video features two scenarios representative of the types of situations faced by Title X clients. The accompanying guide provides discussion questions and resources to enable viewers of the video to learn from one another, and to build upon their past experience working with teenage clients in difficult situations. The guide includes the complete script for each scenario, annotated to draw attention to counseling techniques, questions or statements that may be helpful in raising the issues, responding to the strong emotions that may arise, and providing support and assistance to the client. The discussion questions following each script can be used when viewing the video in a group setting such as a staff meeting or training session, or can be provided to individuals viewing the video on their own. This resource is widely used in training programs at Title X clinics in Region I.

Region II

NEW YORK STATE FAMILY PLANNING
June 2009

New York State Family Planning Programs include a confidential screening for abuse, sexual coercion and dating or domestic violence as part of the initial and annual assessment for all clients. Most agencies utilize the American College of Obstetricians and Gynecologists RADAR screening guidelines when assessing clients for domestic violence. RADAR represents an approach clinicians can use to assess whether the patient has been a victim of domestic violence by:

R: Routinely screening about violence and victimization
A: Asking direct questions regarding abuse
D: Documenting findings in the medical record
A: Assessing the patient's immediate safety
R: Reviewing options and making appropriate referrals

If positive indicators are documented through screening or observation, a determination is made about whether or not imminent danger exists and, if so, appropriate action is taken. All agencies have referral sources for shelter,

educational materials to give to clients with the hotline number, and referral resources for counseling and follow up.

Cicatelli Associates, the Title X Region II Family Planning Training Center has developed and made available on their web site, a fact sheet manual with information for mandatory reporting in Title X funded family planning settings. This information is specific to New York State and is current as of September, 2008.

The purpose of the manual is to help program staff understand if reportable activity has occurred; whether it should be reported, to whom and how; and the consequences of reporting. The manual emphasizes that program staff must be familiar with two sets of laws: criminal and civil codes, of New York State and the federal government. The web site address to access a copy of the manual is: www.cicatelli.org/titlex/home.htm. Some of our family planning contractors have added the Cicatelli Fact Sheet on Intimate Partner Violence to their policy manual since it has specific information relevant to New York State.

Many Family Planning provider agencies have Domestic Violence Coordinators, and all post information on domestic violence, including the hotline number, in all patient care areas and, in particular, in patient rest rooms. Family Planning agencies offer innovative approaches to educating clients about domestic and dating violence. Examples from the most recent annual reports are:

- **The Chautauqua County Health Department** started a new sexual health education program called Smart Girls for females ages 8-12. The program included training on puberty, sexuality, and decision-making skills with an emphasis on refusal skills.

- **Planned Parenthood of New York City (PPNYC)** entered into a collaboration with the Columbia University, Mailman School of Public Health in 2003, to identify the prevalence and incidence of Intimate Partner Violence (IPV) with young women 15 to 24 in PPNYC's clinical setting. The aim of the project was to develop a screening instrument that would more effectively identify IPV in this

population. This project, funded by Columbia University through a CDC grant, included an anonymous survey of 625 clients, followed by a pilot of screening instruments for 700 PPNYC patients, gathering of feedback from clinicians and training of clinical staff. As a result of this project, PPNYC modified the IPV screening questions on the current medical history form and improved IPV screening protocols. This work has been published and presented at numerous scientific conferences. Through a new Robert Wood Johnson Senior Consultant Grant, PPNYC is continuing to study the impact of IPV on clients and the effectiveness of evidenced-based screening and interventions. PPNYC will use the results to continue the improvement of training, protocols and policies.

- **The LIJ Medical Center's Family Planning Program** believes that helping young people and adults understand the qualities of healthy relationships is a key element to preventing intimate partner violence. As a result of this philosophy, the agency has developed two educational workshops that address this topic. For youth, the educational messages are centered on friendship and help young people identify the qualities of good friends. For teens and adults, the focus shifts from friendship to intimate partners. The program emphasizes that a healthy relationship - with a friend or an intimate partner - shares the same qualities, and program participants are taught to seek honesty, trust, respect, and equality in their relationships. These workshops strive to encourage individuals who feel they are in an unequal, unhealthy or abusive relationship to seek the assistance they need.

- **Yates Family Planning Services** offers a program called R.E.A.L., Responsible for Every Action in Life, a teen pregnancy prevention program. It includes curricula on healthy relationships which address intimate partner violence/domestic violence in broad terms and allow for more detailed discussion about coercion, etc. when suitable. Clients are referred to Rape & Abuse Crisis Services of the Finger Lakes when appropriate. Yates collaborates with this respected community based organization to provide staff training on domestic violence issues.

- **The Livingston County Department of Health** continues to implement activities and programs related to domestic violence. To improve the general health of women and improve birth outcomes, the Pregnancy Risk Assessment Monitoring System (PRAMS) initiative focuses on early identification of risk behaviors including the use of alcohol, tobacco and other drug use, and domestic violence risk. Objectives of the PRAMS initiative include decreasing the incidence of low birth weight, infant mortality, pregnant women who smoke, women using alcohol, tobacco and other drugs; and increasing awareness of domestic violence. All women who are entering any of the preventive health services are screened for alcohol, tobacco and other drug use, and domestic violence risk via a health assessment screening form. All clients receive counseling and educational information on risks and available assistance, and if necessary, referral to the appropriate services. Additionally, educational materials regarding domestic violence are available to clients. The Department works closely with Chances and Changes, a local domestic violence shelter, to provide educational programs in the schools. Topics include dating violence, domestic violence and rape issues.

- **Community Healthcare Network (CHN)** is committed to ensuring that that patients receive education, screening, and where indicated, intervention, support, referrals and resources. All CHN centers have trained social workers on site who are skilled in performing intimate partner violence screening; Policy mandates that all teenagers and pregnant women are seen by the social workers for this purpose. There is an annual mandated training for all clinical staff facilitated by the Social Work Department to present best practices for screening, identifying and offering interventions, especially with special populations such as immigrants and teenagers. CHN's Health Education team presents workshops on healthy relationships to teens, and provides a larger 21 workshop sexuality education curriculum that is offered free of charge to NYC schools and community-based organizations. In addition, this summer, the Health Education team

will be adding additional lessons on healthy relationships so that the agency may offer a "Healthy Relationships" mini-series.

- **Stony Brook University Hospital**-As part of Stony Brook University Hospital Cody Center's reproductive health care program and its developmental disabilities clinical program, families and patients are questioned separately regarding intimate partner violence during initial and annual exams. In addition, education about partner violence recognition and prevention for patients and their families is offered as part of the sexuality education program that all patients with disabilities attend as part of the reproductive health care program. Any cases of possible intimate partner violence are addressed with specific counseling and referrals.

- **Children's Aid Society's (CAS)** Milbank Health Center and the Bronx Family Center screen all patients for Intimate Partner Violence (IPV) as part of a structured psychosocial screening conducted during every annual health care supervision visit. All patients are interviewed about domestic violence (both IPV and family domestic violence) as well as sexual/physical abuse and assault. Additionally, any patients presenting with suspicious physical findings or chief complaints are evaluated by a health care provider for possible domestic violence or abuse. All patients admitting to IPV or suspected IPV but who are unable to disclose are referred to a primary care social worker on-site, or for evaluation, intervention and triage at time of visit. For patients requiring referrals for IPV issues, CAS is able to refer those patients (female or male), any children, and the violator (if he/she is willing) to the CAS Family Wellness Program at several locations in Manhattan and The Bronx. This program offers a wide range of counseling, case management and advocacy services for victims of domestic violence and their family members. In addition, CAS provides a group counseling intervention for men who have used abusive behavior in intimate relationships. All services are provided free-of-cost and in both English and Spanish.
  The Family Planning Program Health Educators also provide educational workshops for adolescents on comprehensive sexual health topics including "healthy relationships". This workshop

includes interactive, thought provoking activities that) help identify some of the early warning signs of potentially abusive relationships and) teach communication skills that help teens build healthy and safe relationships.

- **Planned Parenthood Hudson-Peconic** has a "Smart Wheels" mobile outreach van that participates with other community based organizations "Domestic Violence Awareness Month" events in October. Last year the agency co-sponsored an event at the YWCA around this issue.

- **Planned Parenthood Mid-Hudson Valley's** Health Educators provide workshops on healthy relationships in many area schools and as part of the 20-hour peer educator training. Intimate partner violence takes on the youth-friendly name of CE teen dating violence and is addressed in the context of behaviors that constitute an unhealthy relationship. Information about sexual assault programs, resources and support are provided. PPMHV also participates in the annual Take Back The Night community events in their service area.

- **Upper Hudson Planned Parenthood's** education, outreach, marketing and public affairs events and programs address intimate partner and dating violence in relationships in a variety of ways throughout the year. Each year UHPP participates in the area's "Take Back the Night Rally". UHPP also participates in college outreach, tabling and education about domestic violence with the New York State Coalition Against Sexual Assault (NYSCASA). UHPP honors and celebrates "Intimate Violence Prevention Month" with a month-long web-based presence and theme, including appropriate links and referrals. UHPP educators provide over 30 educational programs each year about the topic of relationships, decision-making and intimate partner violence (DV) in middle schools, high schools and college settings. UHPP educators are also welcome experts on domestic violence issues at youth-serving community based organizations throughout UHPP's four-county service area. The UHPP Seriously Talking About Responsible Sex (S.T.A.R.S.) peer educators are trained on DV/intimate partner violence, and they

incorporate the topic in many diverse and creative classroom and community presentations. UHPP's "Teen Choices" after school program for Albany middle school girls includes the issue and topic in the semester's curricula at each school. UHPP educators provide educational materials on the issue at all outreach and education at health fairs, neighborhood activities and area community events. UHPP also includes information and education on healthy relationships at all weekly Teen Clinics. Finally, UHPP educates stakeholders and elected officials about the importance of supporting bills and providing funding to prevent domestic violence/intimate partner violence.

University of Puerto Rico, Title X Family Planning Program
Violence against Women (VAW) Activities 2007 – 2009
Progress Report

During the past Calendar Years (2007- 2009), the UPR - Title X Family Planning Program has focused its efforts & resources on orientation/education regarding federal regulations and protocols on VAW. The UPR-TXFPP has developed & delivered to all UPR-Delegate Agencies (DA) a culturally correct/ comprehensive sexual and reproductive health services directives regarding sexual abuse and violence.

The following is a breakdown of the activities and materials developed and delivered to DA during this period:

1- An updated Patient/Providers Educational Curriculum for adolescents and adults clientele of the UPR-TXFPP. Included topics related to prevention of VAW: Family Relationships and Healthy Partnering Relationships as a tool for the prevention of VAW, legislative mandates and legal aspects reviews directed to UPR-TXFPP providers for further management &understanding of the current laws and guidance on VAW both locally & federally. (October, 2008).

This curriculum for the patient education was revised 2008-09 and integrated in the UPR – TXFPP Clinical Manual. The program staff has been instructed to utilize a structure guide of family/social questionnaire to explore the clinic

client past experiences if any regarding sexual abuse, violence of any sort, sexual coercion or aggression ect. The Client sexual partners age is verify also the type of relationship they have (sexual coercion) if any experience of physical, verbal or psychological aggression in the past year of the clinical visit.

All patients that had an affirmative response to one of the violence predictors previously mentioned, the staff of UPR – TXFPP immediately refer the client to a social services collaborative agency, where they are assisted by a professional counselor or psychologist. Also the UPR-TXFPP DA clinic refers simultaneously to the Commonwealth of Puerto Rico "Centro de Ayuda a Víctimas de Violación" (Assist Center for sexual assault Victims or Violence survivors).

2- Work shops on the Updated guidelines for the management of women survivors of sexual aggression (ex. sexual abuse, domestic violence, etc.) Provided to all UPR – Title X Family Planning clinical Providers during CY 07, 08, 09.

3- Violence Prevention Related Trainings: UPR-TXFPP Grantee: The Clinical & Educational Grantee Staff has participated in:

- Updating the Clinical and Educational Manual VAW prevention (protocols and guidelines) for the UPR – Title X Family Planning Program (October 2008).

- Development & implementation of the Clinical Institute II conference for the UPR – TXFPP providers with the collaboration of Cicatelli Associates Training Center (June 11 & 12, 2009). One of the Main topics will be "Domestic Violence in Women & Its management".

4- Establishment of collaborative agreements with specialized community based organization CBO's and other gubernamental agencies that works with women survivors of domestic violence: Some examples are:

- Centro de la Mujer Dominicana (CMD), Inc. (Center for Dominican Women) – dedicated to the provision of legal, psychological

evaluation, health services, social Services & referrals to immigrant females of the Dominican Republic who are living in Puerto Rico with their families. This CBO devotes a special interest to women who are survivors of domestic violence, afflicted by substance abuse and / or infected with or affected by HIV / AIDS.

- Hogar Nueva Mujer, Santa María de la Merced, Inc. – organization that provides shelter and counseling to puertorrican women and their children survivors of domestic violence.

- Hogar Santa María de los Angeles en Cupey - Shelter for pregnant adolescents' single mothers that are victims of sexual aggression, sexual abuse and sexual coercion by their parents or family relatives.

- Child Protection Unit, Department of Family Services, Commonwealth of Puerto Rico (Local Offices in Rio Piedras, Ponce, Mayaguez, Aguadilla, Arecibo & Carolina)

- Family Services Adolescent Division – Adolescents (16-21 years old) who are enrolled in the Independent Live Project, these are adolescents who are remove of their home due to Violence, sexual abuse or coercion.

- Correctional Department, Drug Court Program – participants with cases of sexual abuse, domestic violence, minor's negligence and others.

The UPR-TXFPP is a member of the Puerto Rico National Planning Committee for the Prevention of Sexual Violence , Commonwealth of Puerto Rico Health Department (Centro de Ayuda a Víctimas de Violación –CAVV).
Newly accepted collaborative agreement with the UPR-TXFPP Grantee CY 2009:
Hogar Albergue Ruth- provides shelter and legal counseling for women survivors of domestic violence and her kids.

5- Educational Services related to prevention of VAW provided by the UPR-TXFPP Island wide administrative, educational & clinical staff (Current CY2009):

A total of 1,176 face to face educations were carried out in the UPR Title X Family Planning Clinics about the sexual coercion and domestic violence prevention. A total of twelve (12) educational activities related to the prevention violence were carry out in different community, primary care facilities, schools and university scenarios. The principals topics delivered were: violence prevention, co – dependence relationships and sexual coercion.
The number of directly impacted & refer clientele afflicted by any type of suspected VAW (191) persons.

NJFPL Intimate Partner Violence Information Request

League training efforts we have done targeting our provider staff as follows:

- NJ State Ambulatory Care Licensure Regulations require that all clinic staff receive training at least annually regarding identification and reporting of child abuse, sexual abuse and domestic violence.

- League delegate agencies provide educational workshop sessions on Dating Violence Prevention to adolescent and adult audiences. We partner with agencies, including high schools, alternative schools, community-based organizations, and faith-based youth groups.

  The learning activities in our Dating Violence Prevention program include:
  - Defining types of abuse – physical, psychological, sexual, and verbal
  - Identifying signs and symptoms of abusive behaviors/situations
  - Identifying strategies for avoiding abusive relationships
  - Comparing characteristics of healthy relationships and unhealthy/abusive relationships

- Throughout our workshops, we employ a variety of learning strategies, including:
- Interactive small and large group discussions
- Values clarification activities
- Communication skill-building activities
- Role-play
- Multi-media presentations

- NJFPL/NJSDH&SS – Addressing Adolescent Patients and Sexual Coercion, April, 2008 – Presenter, Angela Nuzzi, Consultant – 39 provider participants

In addition to the League Grantee efforts a description of specific delegate agency provider efforts is provided below:

- **<u>Planned Parenthood Greater Northern New Jersey-</u> Information on June 2007 - 2009 Intimate Partner Violence Activities**

1. In-service Sessions:
   a. Center Supervisors' Meeting
      (In attendance: Agency-wide representatives from the clinical setting, including the members of the Department of Medical Administration)

      Date: Tuesday, February 10, 2009
      In-service Provider: Morris County Assault Center
      Morristown, New Jersey 07960

   b. In-service Programs in Each Center
      (In attendance: Center staff and clinicians)

      In-service Provider: PPGNNJ Quality Assurance/Training Coordinator, utilizing resources available within the catchment area of each center.

      <u>Center:</u> <u>Date:</u>

Dover Center	January 20, 2009
Elizabeth Center	January 23, 2009
Englewood Center	January 14, 2009
Hackensack Center	January 21, 2009
Hunterdon County Center	February 9, 2009
Morristown Center	January 12, 2009
Plainfield Center	January 26, 2009
Phillipsburg Center	January 27, 2009
Somerset County Center	January 8, 2009
Sussex County Center	February 11, 2009

2. Updated brochures and pamphlets available in all centers and posters mounted on the walls.

3. Referral manual in each center updated to include the latest resource information.

4. Screened for intimate partner abuse during clinical visit, referrals made and documented.

5. Observation checklist, used to evaluate clinical personnel, includes an intimate partner violence section.

We have presented the following educational workshops on dating/relationship violence.

2009
31 programs for 473 participants
2008
34 programs for 591 participants
June 2007-Dec 2007
9 programs for 56 participants
Grand Total since June 2007
74 programs for 1,120 participants

- **<u>Planned Parenthood Central New Jersey-</u>**
  Summary of Dating Violence Prevention Programs- June 2007 – June 09

Planned Parenthood of Central New Jersey provides educational workshop sessions on Dating Violence Prevention to adolescent and adult audiences. Between June 2007 and June 2009 we have delivered **77** single-session workshops to over **1,800** individuals on this topic. To reach these individuals we partnered with more than **30** agencies, including high schools, alternative schools, community-based organizations, and a faith-based youth group. Since September 2008, we have also delivered a 4-session teen dating violence prevention program to all eighth graders (approximately **100** students) in Keansburg's Bolger Middle School. The learning activities in our Dating Violence Prevention program include:

- Defining types of abuse – physical, psychological, sexual, and verbal
- Identifying signs and symptoms of abusive behaviors/situations
- Identifying strategies for avoiding abusive relationships
- Comparing characteristics of healthy relationships and unhealthy/abusive relationships

Throughout our workshops, we employ a variety of learning strategies, including:

- Interactive small and large group discussions
- Values clarification activities
- Communication skill-building activities
- Role-play
- Multi-media presentations

In addition to the educational workshops discussed above, PPCNJ delivers a professional development workshop on Intimate Partner Violence. The presentation was made to all staff (including clinicians, all health center staff, educators and administrative staff) of Planned Parenthood of Central New Jersey in March 2009. The workshop will also be presented at the New Jersey Obstetrical and Gynecological Society Annual Meeting on June 8, 2009.
The presentation includes:

- Defining Intimate Partner Violence (IPV)
- Incidence/Statistics
- Contributing Factors/Risk Factors for being a victim and a perpetrator of IPV
- Warning Signs/Indicators of IPV
- Assessing/Screening for IPV
- Treatment and Prevention of IPV

Another Group PPCNJ has been involved with is MANAVI – (MANAVI is a New Jersey-based women's rights organization that works to end all forms of violence against South Asian women living in the U.S. South Asians are the largest ethnic minority in one PPCNJ's congressional districts)- 37 provider participants

- **Planned Parenthood Metropolitan New Jersey**

Date/Acquaintance rape prevention programs have been utilized in FLI. On an annual basis approximately three - hundred thirty hours (330) of delivery on the topic of "Intimate Partner Violence" and fifty – six (56) hours of professional staff training. Current data demonstrates that juveniles under eighteen account for twenty (20) percent of all rapes and 30 – 50 % of child molestation committed in this country each year. Most young people who abuse in intimate settings and come to the attention of the system are found to have a history of previous sexual "acting out" behavior. The offenders have experienced some form of childhood trauma and become violent during dating encounters.

Training Sessions:

- Topic: Sexual Assault, Assault Reporting and SART Team Efforts -Presenter: Wendy Cubano –Essex County Rape Centers-Participants -43 staff
- Topic: Gay and Lesbian Client Issues- Presenter Blanche Duke, MSW- 43 Participants

- **Women's Health & Counseling Center**

The Sexual Assault Support Services program holds a 40 hour training for volunteer advocates (usually held twice a year). Part of the

curriculum addresses acquaintance rape, date rape, and marital rape. The advocates are also informed of domestic violence services available in the community as part of the referrals that they may need to make when answering the rape hotline.

Working with Adolescent Patients Presentation, Shannon Evans, MSW, LSW- Staff training session on how to work with adolescent patients who disclose sexual coercive situations/coercion and dating violence. Questions came from the Adolescent Patient Assessment form.

- **Hoboken Family Planning**
  2008 update on child/elder abuse, which also included domestic violence-Presenter: Nitza Morales, RN. NPC

Region II RTC Training Programs Related to IPV for the Period of June 2007 - June 2009

In the past five years, Cicatelli Associates Inc., as the Region II Training Center for Family Planning, has delivered three onsite training programs and one audio conference on Medical Issues for Domestic Violence. These programs are aimed at helping family planning clinicians to recognize the red flags for domestic violence (DV) as well as provide the necessary referral and support to family planning patients/clients experiencing DV. Approximately 100 participants have attended the training programs including: physicians, physician assistants, nurse practitioners, nurse midwives, nurses and other clinical staff.

Additionally, CAI will deliver a one-day training program to 45 family planning clinicians (MDs and nurses) in Puerto Rico entitled, “Domestic Violence Training for Family Planning Clinicians.” This program is scheduled to take place on June 11, 2009 in San Juan, Puerto Rico. The goal of this training is to provide family planning clinicians with a conceptual framework for domestic violence, including signs to look for, as well as knowledge regarding resources and referrals. Continuing Medical Education credits will be made available for training attendees.

New Jersey Department of Health and Senior Services (DHSS)
Reproductive and Perinatal Health Services, Family Planning
June 2007-June 2009

In keeping with the OPA Priority to partner with CBOs, FBOs and community health in order to work with vulnerable and at risk populations and addressing the Legislative Mandate for notification of child abuse, sexual abuse, rape or incest, the DHSS delegate agencies have employed various initiatives to educate both their staff and the public they serve. Our delegate agencies have policies and referral resources regarding reporting child and sexual abuse, rape and incest which are presented during the orientation process and reviewed administratively and with staff annually. Our Planned Parenthood affiliate delegates have used a specific initiative to encourage staff awareness of the issue through prepared scripts, "mystery shopper" patients, videos and staff discussion.

All DHSS Title X agencies provide an annual in-service program for staff on the topic, often inviting speakers from community agencies who work with vulnerable populations such as sexual assault prevention and treatment agencies, and hospital social workers. Additionally, the agencies send staff to programs on various topics.

DHSS Family Planning staff meets three times yearly with our delegate agencies (clinical and education staff) to provide education through speakers on various relevant topics.

December 2007 (Clinical Services meeting) A speaker from a Monmouth County sexual abuse and assault counseling program presented a program on "Domestic and Sexual Assault-Support and Response" including domestic violence, sexual abuse & assault, different population (Latina, African descent, survivors with disabilities, Lesbian, Gay, Bisexual & Transgender) survivors, drug facilitated sexual assault, and crisis intervention

September 2008, joint meeting of clinical services staff and health educators from all agencies in collaboration with the New Jersey Family Planning League where the invited speaker presented a day long program, "Addressing

the Unique Needs of Adolescents" which included social development, risk factors, sexual coercion, statutory rape and tips for working and techniques for working with sexual assault victims. We distributed information regarding domestic violence including the county rape crisis centers and web information for teens to access

October 2008 "Intimate Partner and Dating Violence" presented in by the Regional Perinatal Consortium of Monmouth and Ocean Counties. Information provided to delegate agencies, many sent staff.

Staff appointments to Boards/Councils:

Ms Renee Booze Westcott, Program Development Specialist who provides oversight of the adolescent and the education and outreach components of the Title X delegates was appointed as the Department representative to the Advisory Council Against Sexual Violence. This Council is within the Office of Prevention of Violence Against Women.

Ms Booze Westcott represents the Department at the Juvenile Justice Commission committee, "Young Women's Action Alliance" also known as the Gender Specific Committee.

Ms. Kathleen Mackiewicz, Supervising Program Development Specialist serves as the Department representative on the New Jersey Youth Suicide Prevention Advisory Council. The Council is currently working on a statewide prevention plan across the age spectrum.

Ms. Sandra Schwarz, Program Manager, is co-chair of the steering committee for the New Jersey Maternal Mortality Review that reviews all deaths of New Jersey residents within 365 days of a pregnancy. (including homicides)

Ms. Judith Woerhle, Public Health Consultant, Nursing was recently assigned as staff to the New Jersey Maternal Mortality Case Review Team.

Public Health Solutions
June 12, 2009

Program Activities Related to Intimate Partner Violence by Delegate

The following details program activities related to intimate partner violence on behalf of Public Health Solutions' five delegates in New York City. All delegates screen for intimate partner violence and make referrals as necessary. In addition, they all provide staff training on the topic.

Public Health Solutions, as the grantee, requires that each delegate screen for intimate partner violence. The work plan and reports of all delegates are required to include benchmarks and performance measures of each agency's activities in screening all patients and making referrals for those reporting violence. Public Health Solutions also incorporates discussion of screening for intimate partner violence into grantee meetings and provides information, screening models and assistance where necessary.

Planned Parenthood of New York City (PPNYC), Bronx, NY

As a result of collaboration with Columbia University on a CDC-funded study to identify IPV for women ages 15 to 24, PPNYC developed and implemented a new standard of practice for all Planned Parenthood affiliates for assessing and screening for IPV. The results of the collaboration have been published and presented at numerous scientific conferences. In June of 2008, PPNYC received a one-year, $50,000 grant from the Robert Wood Johnson Foundation to measure the effectiveness of the new IPV screening questions as compared to previous practice. This second phase has included an assessment of staff interest and practice with screening for IPV, as well as a meeting with community partners to discuss the issue and facilitate referrals.

The Door Adolescent Health Center, NY, NY

The Door Adolescent Health Center (The Door) provides intimate partner violence counseling and information regarding healthy relationships during a clients' psychosocial interview with health education staff and the medical history component of their clinical visit. Intimate partner violence has been a topic of interest in the Door's health education programming for the past

two years. Feedback gleaned from teachers, school social workers and the adolescent community prompted the creation of numerous workshops that focus on abusive and unhealthy relationships. Through role playing, mock decision making and group discussions, health and peer educators provide audience participants with the tools to identify relationships that are or have the potential of being abusive. Coed, male, female and LGBTQ groups are targeted; counseling and referral resources are provided to youth who disclose partner violence.

Workshop topics include the use of internet chatting and social networking sites as a means of spying in relationships; the creation of dating contracts that discuss the rights of partners in intimate relationships and the identification and classification of healthy and unhealthy characteristics of partners. Program participants are often enlisted in lively discussions regarding appropriate behavior and preferred outcomes. Staff have also conducted targeted intimate partner violence/healthy relationship programming at The Door. Visual presentations have been useful in promoting awareness. Peer educators created a large, interactive relationship decision-making wheel on a bulletin board in the lobby at The Door. Potentially viewed by over 11,000 adolescents annually, the board also identifies counseling resources and emergency telephone numbers.

MIC – Women's Health Service, NYC (5 sites in 3 boroughs)
MIC Women's Health Services provides routine domestic violence and teen relationship abuse screening, referrals, and social work services to all patients utilizing the Behavior Risk Factor (BRF) screen. This tool, created by Public Health Solutions through a grant from HRSA screens patients for six risk factors including exposure to violence throughout the lifespan. If a patient reports that they are currently in a violent situation whether in the home or within a relationship outside of the family system, an assessment of the situation is conducted to determine what steps should be taken in the best interest of the patient. Individual supportive counseling on site and referrals are also available for those patients who desire this service. The Social Work department participated in a teen relationship abuse and intimate partner violence training and workshop in April and May 2009. MIC Social Work staff will also be trained in the Relationship Abuse Prevention Program Curriculum to provide workshops to patients on site and in the community.

Individuals will be taught to identify warning signs of potentially violent relationships. In the community, MIC's Outreach and Education staff conduct presentations on domestic and intimate partner violence at organizations and schools. IPV information is included in the decision making and healthy relationship workshops conducted in youth based organizations, high schools, colleges, and community based organizations.

Charles B. Wang Community Health Center, NY, NY

At Charles B. Wang Community Health Center, adult users are screened for intimate partner violence by the provider through a series of verbal questions; adolescent users are given a self administered survey that include a series of questions related to sexual coercion and intimate partner violence. Patients who have been identified as high risk for possible intimate partner violence are referred for social work assessment and support. Patients can also receive individualized one-on-one counseling. Bilingual health education material related to intimate partner violence, sexual coercion, and healthy relationships is available for patients. In 2009, through an internal collaborative effort among the Teen Clinical Health Committee (composed of Pediatric medical providers), the Teen Advisory Committee (composed of adolescent community members), and the Electronic Medical Records team (composed of Health Center staff and providers), revisions to the IPV and sexual coercion screening tools for adolescents were implemented.

In 2008, the Teen Advisory Committee was asked to focus on Healthy Relationships in order for the Teen Resource Center to develop educational activities and materials about the subject matter. The committee identified topics that they thought would be relevant to their peers as well as ways of educating their peers. The Teen Resource Center also published a Healthy Relationships Newsletter in February 2008.

Program staff receive training from a variety of sources internally and externally. Annual intimate partner violence / domestic violence in-service training is provided by the Health Center to the entire clinical team ensuring that each staff member receives IPV/DV training update yearly. Staff also have the opportunity to attend external trainings ("Human Trafficking Training" or "Practicing the NYS Domestic Violence Screening Protocol")

such as those offered by Cicatelli Associates Inc., the regional training grantee.

Callen-Lorde Community Health Center, NY, NY
Callen-Lorde Community Health Center, a new Title X delegate serving the Lesbian, Gay, Bisexual and Transgender (LGBT) adolescent population, displays materials on intimate partner violence, hate-based violence and sexual violence in waiting areas and exam rooms. These materials are also distributed to LGBTQ clients who may disclose partner violence. The Health Outreach to Teens (HOTT) program providers consistently engage patients in conversations regarding the safety of their relationships with their partners. These conversations cover a range of topics from sexual coercion and negotiating safer sex to physical violence and emotional abuse. HOTT's philosophy is based on building a long term rapport with young people that ensures trusting and meaningful discussions are possible around sensitive topics such as intimate partner violence. It is the practice of the HOTT program to case conference young people who have been identified to be in unsafe relationships with their partners. Callen-Lorde works closely with the New York City Gay and Lesbian Anti-Violence Project and other anti-violence service providers to ensure smooth referrals of any patient who reports violence in their relationships. IPV is a topic included in the agency's annual employee training calendar – so staff get trained and retrained every year.

As required by Callen-Lorde's policies and procedures, all staff are required to attend annual staff training on intimate partner violence and child abuse. This training is followed by a quiz, which assesses staff knowledge post training and also identifies areas for future training needs. Additionally, when available, staff attends external trainings on intimate partner violence and intimate partner violence, especially as it relates to the LGBT population.

USVI Department of Health
June 2009

As part of our counseling sessions, clients are asked to answer the question, "Has your partner punched you? Are you afraid of your partner?" Have you ever been forced to have sexual intercourse or have you ever been touched against your will? These questions serve as a bases to initiate that conversation with our clients. Other than than that, there are no specific activities in this regard. We do support our local groups such as Women's Coalition. They have referred women and teens to our program and likewise we have done the same.

Region III

From Pennsylvania:

Philadelphia Area:
The Family Planning Council recently completed the development of its comprehensive policy on Intimate Partner Violence (IPV) screening and referral. This policy complements our Coercive Sex Prevention Policy as the two are closely related. In a related area, the Council participates in a 5-county coalition on Human Trafficking and has been proactive in providing training, information and referral resources on Human Trafficking to our Title X clinic staff.

Several years ago (2004), the Council received HHS 1% Evaluation Funds awarded through the Region III Office to complete a thorough examination of the barriers and opportunities for integrating screening for coercion and IPV. Since that time, FPC has used the results to guide its planning around an IPV initiative, but has not been successful with identifying resources to effectively implement the findings from the study.

The study revealed several barriers to implementing a meaningful IPV screening effort. These included resources for staff training and increased counseling and follow-up time needed to address violence issues once they are disclosed. Most importantly, the family planning provider agencies

involved in the assessment strongly felt that if family planning were to systematically screen for IPV, it is crucial that there be services readily available in the community for women to access. This is not always the case and where they exist there are often gaps in the referral agency's ability to address cultural and language needs of diverse populations.

According to the study, family planning agencies were not comfortable with or even clear on "how much" counseling or support they could provide compared with what a trained domestic violence counselor could provide. Family planning staff with IPV screening experience felt that once trust is established (and this takes repeated discussions) and the client discloses, there is an expectation and need to offer something right away. Family planning staff articulated a dilemma: They are not adequately skilled nor have the time to address in-depth counseling issues that arise with disclosure. Further, with rare exceptions, staff expressed concern that local community referral resources for IPV were not sufficient. Staff were similarly concerned that clients would be tenuous about following through on a referral to an agency that is unknown to them.

In the years since the OPA-funded study, the Council has researched referral resources and consulted with IPV experts to develop its policy. However, we know that there are interventions and collaborations between FP and domestic violence (DV) service providers that can improve the effectiveness of our IPV screening activities. The Council has past experience with two of these models and would like to see funding that replicates, expands and evaluates each.

In both these models, the DV agencies received funding directly from the PA Department of Public Welfare to establish these collaborations. The model in the FP clinic (Model 1) is still operational but has not expanded to other locations. The funds ended for the model in the school-based Health Resource Center (HRC) program (Model 2). To do either model requires funding. Either funds could flow through family planning to contract for this service, or alternatively funds could be earmarked in the domestic violence programs to provide this service for family planning delegates. The Council remains very interested in expanding these models, but has not identified resources to accomplish this collaboration.

Model 1: Partnerships in Family Planning Service Settings

A highly successful model in our family planning network is an arrangement between one of our Planned Parenthood (PP) delegates and a local DV agency in Bucks County. In this model, a staff person from the DV agency is available to come to any of PP's four clinic sites to meet with and provide in-depth counseling to family planning clients who have been or are currently exposed to IPV. These counseling sessions continue to be held at the family planning clinic until the client is comfortable with receiving services directly through the DV site. This same DV staff person routinely visits each of the four PP clinic sites to provide staff in-services, replenish materials and provide technical assistance to the family planning staff with respect to screening and disclosure issues.

In addition to expanding this model to other family planning clinics in our service area, we'd also like to see this partnership implemented in our reproductive health programs offered in youth detention facilities and county prison settings. Research has shown that the majority of incarcerated individuals have experienced personal violence in their relationships, particularly if they have also had a history of substance use.

Model #2. Partnerships in School-based Programs

Another successful model was piloted in our Title X funded high school-based Health Resource Center program. The HRCs are staffed by family planning delegates and provide counseling on abstinence, safe sex behaviors and distribute condoms to students whose parents have not opted them out of receiving condoms. Some of the HRCs also provide urine screening for Chlamydia and Gonorrhea following Title X and the IPP Region III guidelines. A few years ago, the HRCs experimented with a co-sited service model similar to the one described above. A staff person from a local DV agency gave "assembly programs" in the HRC schools, exposing large groups of high school students to IPV prevention strategies. The assemblies addressed the topic of IPV and stressed prevention strategies and available resources for both the victim and the abuser. That same DV staff person also spent time in the HRC where he/she would counsel students one-on-one to address personal IPV situations. This service was a successful complement to the HRC program in the fact that students were more comfortable with disclosing IPV or seeking advice on preventing IPV in their relationships in a

setting that already provided a confidential service. We also learned that in some schools, particularly those with large Latino populations, IPV was not an easy topic to address and students required greater time to build trust in order to voluntarily disclose. We also learned that students will seek advice to assist a "friend" who might be in a difficult relationship.

Other Initiatives

The Council has also addressed the issue of IPV in two of its publications, one for younger teens and the other for parents of teens. Both publications were funded by Title V block grant funds from the PA Department of Health. "Puberty's Wild Ride" is a book designed for younger teens. In addition to addressing physical and social changes that occur during puberty, the book covers many other issues of concern to young teens including safety issues. Under safety issues, "Puberty's Wild Ride" explains different types of abuse (physical, emotional, sexual); how to recognize an abusive situation; and what to do about it. The book contains referral resources for national and local hotlines. The second publication for parents is called "Parent Probe" and includes an article called "Love Should not Hurt" about how violence that can occur in adolescent relationships. It provides parents with information about how to determine if their child is being abused in a relationship and how to determine if their child is an abuser in a relationship. Hotline referral resources for both parents and adolescents are included. As an added resource, the Council's Web site www.familyplanning.org includes links to other Web sites that provide additional information and referral sources on intimate partner violence and other abusive relationships.

In the past, the Council's Regional Training Center, TRAINING 3, has provided cross-training throughout DHHS Region III to staff from community-based organizations on reproductive health issues, particularly addressing HIV risks among their service populations. Under this activity, funded by the Centers for Disease Control and Prevention, TRAINING 3 worked to educate and raise awareness of the reproductive health needs and HIV risk of abused women who seek services in domestic violence shelters. For the most part, DV provider agencies do not integrate information about family planning and reproductive health services with their services. This effort to train DV staff received national attention and an informational brochure was developed for IPV staff by TRAINING 3.

Child abuse prevention is another focus for training and for the Title X service providers. This year the Council used Title X funding to train 135 family planning staff on the topic of "Working with Minors." The trainings produced by TRAINING 3 address sexual coercion, legal reporting requirements, and family involvement.

Resources Needed

The Council would like to see initiatives by OPA and the Office on Women's Health to support IPV prevention and screening activities that cement programmatic linkages and expand funding for partnerships between FP grantees and DV service providers.

Programmatically, the Council would like to see funding be made available to:

- Replicate the clinic-based program as described above and evaluate this model in comparison to the traditional screening/referral model.

- Restart the HRC program collaboration with DV agencies and evaluate its effectiveness.

- Obtain supplies of attractive materials in diverse languages for family planning clinics to publicize the issue in family planning clinics, provide hotline options and safety cards, and normalize the clinic as a place where IPV can be discussed and identified.

- In order to facilitate routine IPV screening and referral practices in the family planning program, the following components are desirable:

    - On-going training for family planning staff that not only provides the information and skills needed to do screening, but also clarifies and supports the counseling expectations/protocols for family planning staff when IPV is disclosed. These trainings also need to address cultural practices and norms so family planning staff know and understand how to elicit information in a sensitive and non-judgmental manner.

- A video or panel presentation that could be part of staff training. The presentation would show survivors telling their story of what motivates disclosure and what it takes to leave an abusive situation. Ideally, these survivors will have disclosed to a medical professional or have an experience where a medical professional was instrumental in motivating and supporting disclosure. In that manner, the information will be directly relevant to the family planning audience. Through the video, survivors will share their experience, describing who or what circumstance was instrumental in their decision to take action, and what they expected from others at the time of disclosure.
- Better integration of the issue and repetition of skills-development into related training programs such as Contraceptive Counseling, Options Counseling, STD/HIV Counseling
- Job aids that family planning staff can use to remind themselves of critical elements covered in the trainings
- Materials to post in the clinics and "safety planning" cards to use one-on-one with clients
- Funds to revise and reprint history forms to include screening questions
- Compensation in recognition of the screening activities. Delegates are asked to do more with fewer resources; there is no funding stream for which to invoice screening, education and counseling services related to IPV.
- Better linkages between family planning and DV agencies such as staff visiting each other's programs and sharing information.
- Increased capacity of the DV agencies in the community (particularly in our suburban counties) to provide services in various languages and visit/provide in-service to family planning delegates
- Data systems to track and monitor screening activities and outcomes

Central PA Area:

Family Health Council of Central PA does not have any HHS-funded projects on domestic violence that target health care providers. In the last five years FHCCP offered training sessions at quarterly provider forums on Sexual Assault exams and counseling around domestic violence. FHCCP also collaborated with the Pennsylvania Coalition Against Domestic Violence (PCADV) on the provision of emergency contraception, but the emphasis of

this collaboration was to ensure that EC remain over-the-counter (it was not targeting HCP).

From Maryland:

The Maryland State Family Planning Program is one of the funding sources for the Rape Crisis Program of the Maryland Department of Human Resources, Office of Victim Services. The Office of Victim Services focuses on the special needs of individuals in crisis to address domestic violence, rape and sexual assault, and to provide general assistance to crime victims. The Office of Victim Services, an agency within the Community Services Administration, is aligned with the Department's objectives of caring, prevention and self-sufficiency. This funding in part supports local efforts to counsel and educate young people who are at-risk of sexual coercion. By forming partnerships with community-based organizations and county governments throughout Maryland, the Office of Victim Services is able to use crisis intervention and preventive measures to reduce risky behaviors and promote self-sufficiency. Activities are also carried out through collaboration with DHMH's Center for Health Promotion. This office provides community and health provider education on the topics, informational materials, and provides consultation to training programs for Sexual Assault Forensic Examiner nurses.

The 27th Annual Reproductive Health Update (conference)

- statewide conference attended by approximately 300-320 health care professionals providing family planning/reproductive health care in Maryland and the region (physicians, nurse clinicians, nurses, social workers, counselors)
- To be held May 8, 2009 in Clarksville, MD – this year featuring, as one of 5 presentations, an hour long segment, "***Intimate Partner Violence: The Silent Epidemic***" presented by Jacquelyn Campbell, PhD, RN of Johns Hopkins University (lecture, PowerPoint, discussion)
- Goal of this presentation: Discuss effective techniques to identify victims of intimate partner violence and appropriate interventions
- Sponsored by MD Department of Health and Mental Hygiene/Center for Maternal and Child Health, Howard Community College, TRAINING 3

- Presented through a $25,000 Memorandum of Understanding with Howard Community College and CMCH/DHMH, registration charge is $35 for the all-day conference with nursing, nurse-midwife, and social work continuing education credits provided
- In addition, invited exhibitors include representatives from local Maryland domestic violence and sexual assault prevention centers

Virginia:

Virginia Department of Health: Initiatives for HCP and Domestic and/or Dating Violence

Initiative	Date	Target Audience	Geographic Location	Program Goals and Objectives	Methodology	Funding Source	Program Status
Statewide regional training offerings on: "Violence Against Women"	2001	VDH Family Planning Staff, Community Health Care Providers	Richmond Norfolk Winchester Fairfax Wytheville	Raising the awareness among health care workers to understand the dynamics of violence against women. Discuss the social implications of violence against women Describe the cycle of violence Discuss assessment techniques Identify health care interventions Identify local resources	Didactic Sessions held in five geographical locations in Virginia	Joint Partnership initiative between the VDH Family Planning Program, VDH Department of Injury and Violence Prevention (DIVP), and the University of Virginia Contracted with the University of Virginia	Trainings completed during calendar year 2002

Development of the training video “ “A Single Moment of Decision – Preventing Sexual Coercion” and curriculum	2001	VDH Family Planning Staff	34 Health Districts Statewide	Identifying sexual coercion among minors in the family planning clinic setting Techniques for counseling minors on resisting sexual coercion	Train the Trainer	Joint Partnership with VDH Family Planning and the VDH DIVP Contracted with local media company	Video distributed statewide – Video Updated in 2004 and remains in use “Crossing the Line- When a Sexual Relationship is Coerced”
Statewide training on Mandated Reporting and Sexual Coercion	2004 2008	VDH Family Planning Providers	Charlottesville Norfolk Wytheville Roanoke	Development of a training DVD for health districts Identify state laws and regulations Identify resources Developing a plan for integrating sexual coercion counseling in the clinic setting	Didactic Sessions and Train the Trainer	Joint Partnership with Training 3 VDH Family Planning and VDH DIVP Contracted with local media company	Live trainings completed DVD distributed to all 34 health districts. Annual update required of all VDH family planning staff.
Live Satellite Training on the Project Radar Intimate Partner Violence Initiative	10/2007	VDH Family Planning Providers	34 Health District Statewide	Define intimate partner violence Perform specific screening, assessment and intervention	Didactic Session Presentation via polycom satellite to all 34	Collaboration with VDH Family Planning and VDH DIVP	Virginia Department of Health providers and other health care workers have access to Program materials at: http://www.project

strategies for clients Identify and formulate responses to challenges specific to the OB/GYN setting Direct victims of Intimate Partner Violence to appropriate resources	health districts	RadarVA.com

Region III

ADAGIO HEALTH, INC. -
Initiatives on Domestic Violence and IPV

I. Domestic Violence Screening Project

In 1999, Adagio Health, Inc. received $95,000 in funding from the FISA (Federation of Independent School Alumnae) Foundation to conduct a two-year pilot project to train clinical staff to screen clients for domestic violence and to provide appropriate referrals for victims of domestic violence. This project took place in four family planning offices in rural western PA—Uniontown (Fayette County), New Castle (Lawrence County), Seneca (Venango County), and Indiana (Indiana County).

RADAR was selected as the model for intervention. RADAR was developed by the Massachusetts Medical Society (1992) in response to the Joint Commission on Accreditation of Healthcare Organizations requirement that emergency rooms and hospital ambulatory care services have written procedures and staff training for identification and referral of victims of violence. RADAR stands for:

R – Routinely screen female patients
A – Ask direct questions
D – Document your findings
A – Assess patient safety
R – Review patient options and referrals

Staff in the four project sites participated in a five-hour workshop on the cycle of violence, power and control in a relationship, why women stay in abusive relationships and how to screen for domestic violence. One staff member also received training to serve as a Domestic Violence Coordinator. Additionally, in Venango and Lawrence Counties, the local domestic violence shelters provided medical advocacy services to victims of domestic violence at the Adagio Health medical offices.

This project had two objectives:

a. To provide basic training for all staff at the four project sites in order to implement RADAR and to create a climate of awareness for all Adagio Health staff in western PA;
b. To provide ongoing support and training for nurse practitioners, registered nurses and domestic violence coordinators in the four project sites about the identification and management of domestic violence in the clinic setting for two years.

The target audience was low-income women living within these rural counties receiving both family planning services and prenatal services. In contrast to the comparison period in 1999, there was documentation in 86.1% of the medical records showing clients had been screened for domestic violence, indicating that use of RADAR was a useful tool for identifying family planning patients who were experiencing abuse. This project was included in a study of domestic screening projects in health care settings across the county by the Centers for Disease Control and Prevention. The primary investigator, Patricia M. Ulbrich, Ph.D., was a member of the panel of the experts to help the CDC develop their research agenda on *Violence and Reproductive Health: Health Care Practice*. While funding for this evaluation project ceased in 2000, its interventions continue. In 2001, Adagio Health implemented a network-wide policy on screening for intimate partner violence and providing appropriate referrals and interventions. A copy of the Adagio Health policy on IPV screening is attached.

adagioHEALTH

INTIMATE PARTNER VIOLENCE POLICY

It is the policy of Adagio Health to screen all patients for potential violence, abuse, or neglect and to provide appropriate intervention.

GENERAL INFORMATION

Intimate Partner Violence is a pattern of assaultive and coercive behaviors, including physical violence, sexual violence, threat of physical or sexual violence, and psychological or emotional abuse against a woman by her family members or other intimates. Commonly referenced behaviors included within the broad category of violence against women include: homicide, domestic violence, partner abuse, psychological abuse, dating violence, spousal abuse, woman battering, elder abuse, courtship violence, sexual assault, date rape, acquaintance rape, and marital rape, as well as economic coercion that adults or adolescents use against their intimate partners. Key elements of domestic violence:

1. Occurs in the context of a current or former intimate relationship.
2. A pattern of assaultive and coercive behaviors, including physical, sexual, psychological, or economical abuse.
3. A pattern of purposeful behavior, directed at achieving compliance from, or control over a person.

Intimate Partner Violence presents unique challenges and requires specialized responses from health care providers.

1. Identification of and intervention with the victim of Intimate Partner Violence are guided by the following principles:

   a. Safety of the victim (and any children) is a priority.
   b. Respecting the integrity and authority of each battered woman over her own life choices.
   c. Recognizing that perpetrators are responsible for their abusive relationships and for stopping the behaviors.
   d. Advocating on behalf of the victim.
   e. Acknowledging the need to improve the health care response to Intimate Partner Violence.

STAFF TRAINING

Intimate Partner Violence is a national health priority but health care providers need education and experience in detection, evaluation, treatment, and prevention of this type of violence. A clinician's attitudes, knowledge, and skills in evaluating violence may influence whether a woman discloses abuse and is subsequently treated. In order to facilitate the Adagio Health response, education and training needs are assessed and implemented at the following levels:

1. Non-professional staff: Awareness Level. Raising awareness of the issue of Intimate Partner Violence and how to access services.
2. Professional staff: Professional level. This targets licensed professional staff and provides training in both the concepts and techniques used to provide intervention.
3. Resource staff: Expert level. This targets licensed professional staff whose roles require expertise in specialized areas of Intimate Partner Violence

Licensed and allied health professionals will receive ongoing training on the dynamics of intimate partner violence protocol and procedures with an emphasis on staff roles and the coordination of the care of the patient.

Region V

Indiana Family Health Council

Johnson Nichols Health Center in Greencastle, Indiana:
"I have attended a program initiated by the ISDH on sexual assault. I also attended two evening meetings on Sexual Assault that was facilitated by Family Support Services in Putnam County. They essentially provided education on the issue surrounding Sexual Assault and want to create a task force in our community to deal with sexual assault issues. I do not know who funded either of these initiatives."
Ruth Ralph/Johnson Nichols Health Clinic

IFHC requires that all sites have a referral for sexual assault. Each site also has information on domestic violence posted in the patient rest room.

Title X Project Director, Gayla Winston serves on the Sexual Violence Primary Prevention Advisory Committee of the Indiana Office of Women's Health. The group is developing the plan for Indiana in response to a CDC grant. I'm having mixed results in having them accept family planning's role in this.

Michigan Department of Community Health:

All MDCH delegate agencies are required to screen for, assess, provide education, counseling and referral to clients of Title X clinics regarding sexual coercion and sexual violence. All delegate agencies have referral relationships with community agencies that provide services to women who are victims of sexual or domestic violence. All teen clients are provided with education and counseling regarding sexual coercion. Clinic staff are trained in sexual violence and domestic violence. Most agencies incorporate sexual violence into their community education programming. Many collaborate closely with community agencies and coalitions that focus on violence against women. Several programs have developed a business size card that provides resources and escape plan information made available to women in the clinics. Many agencies have representation on community Domestic Violence/Sexual Assault prevention and Support services coalitions

Several delegate agencies supplied information on additional their activities:
- Planned Parenthood of West and Northern Michigan has developed brochures, incorporated skill training in it's peer education program
-- Planned Parenthood of East Central Michigan does the following programming in the community which includes a section on domestic/dating violence: a program for incarcerated males in Genesee County, a wellness class on relationships for HIV positive adults, A sexuality class for homeless youth, and for chemically dependent women in a long term residential treatment facility.
--Luce, Mackinac, Alger and Schoolcraft County District Health Department program works closely with other health department units on a project for Sex Offender Group services funded through Michigan Prisoner Re-Entry Initiative. LMAS has provided a 26 week program "Batter's Intervention" group in the past, not currently funded.
--The Benzie-Leelanau DHD is having an Intimate Partner Violence training this week for all staff
-Saginaw County incorporates Dating violence and sexual coercion information in it's community trainings in the youth correctional facility, and to Middle and High school students at Saginaw Public schools.
--Allegan Family Planning Program includes training on sexual violence and coercion in the Allegan County Schools called "Health Relationships" these activities are funded by private foundation.
--Health Department of Northwest Michigan has worked with a local Women's Resource Center to develop a brochure on dating violence and sexual Coercion. Brochure is attached:
--Genesee County Health Department Family Planning program in collaboration with their local coalition has developed funding and is holding a conference which includes as a focus domestic violence sessions. Brochure is attached.

Planned Parenthood of Northeast Ohio
444 W. Exchange Street
Akron, OH 44302
(330) 535-2674
www.ppneo.org

Violence Against Women Steering Committee – Query HCP

- Date: 1/11/09
  Number of Participants: 25
  Title of Program: Healthy vs. Unhealthy Romantic Relationships"
  Target audience: teen girls and their mothers/guardians – TACKLE (Teaching Accountability Changes Kids Lives Everyday) group program participants are from North High School in Akron, OH 44310. The TACKLE program is a teen pregnancy prevention group. Planned Parenthood outreach educators meet weekly with the girls at their high school.
  Methodology: Direct service
  Goal: To teach teens how to recognize the signs of an unhealthy relationship
  Objective: Assess current/future romantic relationships by applying relationship smart scale to your love life
  Expected Outcomes and Organizations: At the end of the single session, the teens will complete a Relationship Check scale to assess a relationship in their life. The expectation is that each girl will discuss her score with her mother/guardian present and they will continue to talk at home about the assessment tool and use it any kind of relationships.
  Planned Parenthood of Northeast Ohio collaborated with the Rape Crisis Center of Medina & Summit Counties. Jennifer Jeter, community educator from the Rape Crisis Center provided the keynote speech on domestic violence.

- Date: 5/16/09 and 10/09 – (the exact date has not been determined for the second event later in the Fall)
  Number of Participants: 60
  Title of Program: Personal Power for Girls conference

Target audience: Pre-teen girls (middle school ages 11-13 yrs.) living in Summit County, OH

Methodology: Direct service – education activities centered on women's health concerns. The conference will feature sessions facilitated by Planned Parenthood of Northeast Ohio, the Rape Crisis Center of Summit and Medina Counties and the Girl Scouts of Northeast Ohio. The conference will include sessions about puberty, reproductive health, and reproductive anatomy, violence against women, self-defense, and self-care/hygiene.
Organizations: Planned Parenthood of Northeast Ohio in partnership with Area Health Education Center and the Ohio Department of Health, Bureau of Health Promotion and Risk Reduction, Sexual Assault and Domestic Violence Prevention Program
Goal: To provide a comfortable environment for pre- and early-adolescent girls to explore feelings about their changing bodies, improve decision-making skills, learn self-defense techniques, and discover knowledge about their cultural heritage.
Objective: Recognize constructive and destructive elements in relationships

> Describe self-care activities for female reproductive health
> Practice self-defense techniques

Expected Outcomes: Each girl will increase her knowledge and decision making skills. Each girl will develop insights concerning relationships and responsibilities to others.
Hosted a teleconference, "Teen Relationships, Pregnancy and Marriage: Making a Love Connection sponsored by the Title X Region V Family Planning Training Program. The date for this teleconference was 8/17/06.
Other training include "Breaking the Cycle of Domestic Violence sponsored by Akron Children's Hospital Adolescent Health Department on 11/7/05.

Office of Family Planning Region V

CCADV Brown Bag Schedule for 2009
Held in Methodist Conference Room DG 422 B
Thursdays 11:30am – 1:30pm

Domestic Violence is a serious problem that affects people from all walks of life. Domestic Violence is recognized as both a criminal and public health concern of women, men and children presenting for healthcare. Recognition and intervention by health care providers can reinforce that abuse is not acceptable and provide resources to assist patients or fellow employees identified as victims of domestic violence. Clarian Coalition Against Domestic Violence (CCADV) provides training and education on domestic violence to staff and the public in an effort to provide resources and enlightenment with the monthly brown bag lunch series, quarterly manager trainings, and computer-based training modules.

SAVE THE DATES:

- **January 22 – Changing Paradigms of DV**
- **February 26 – Human Trafficking**
- **March 19 – Men's Perspective**
- **April 23 – Legal Options**
- **May 21 – Parent/Teen Panel**
- **June 16 – Health Impact**
- **July 9 – Policies & Procedures**
- **August 13 – Elder Abuse**
- **September 10**
- **October 15***—DG 422 A & B—Day Long Conference*
- **November 19 – Suicide Prevention**
- **December 15**

Contact Hours (CEUs) will be offered.
All Clarian staff and the public are welcome.
Light refreshments will be provided.

Methodist Hospital is at 1701 Senate Blvd, Indianapolis, IN 46202--located right off Exit 115 (21st St.) and I-65. Please park in Parking Garage 2. From the first floor entrance go straight and take a left towards the Library. By the library there is a staircase which leads directly to the Conference Rooms in

the basement. If you have any questions, please call Kira Hudson at 317-962-6100.

Region VIII

Family Planning Program
Upper Missouri District Health Unit

June 10, 2009

Char R. Reiswig, Director
North Dakota Family Planning Program

Title X activities related to intimate partner violence

State wide the program had twenty-one referrals to a rape crisis center and eight referrals to a domestic abuse center.

The delegates reported activities:

1. We are involved with Domestic Rape Crisis Violence Center, Dickinson Clinic, Great Plains Clinic, SW Dist. Health Unit and the Healthy 8 network, Stark Co. Social Services, DSU Student Health.

Carrie Decker, Nurse Educator
Community Action Family Planning

2. Staff are on the Sexual violence prevention committee; meets 6 times a year.

Diane Ruhland, RN
Fargo Cass Family Planning Program

3. I am part of the Board of Directors for Three Rivers Crisis Center since 1999. Shannon, RN is an advocate for Abuse Resource Network since September 2009.

Betty Zimmerman, RN CNM
Richland County Family Planning Program

4. UMDHU is involved on child protection teams in the four counties. I was involved for a year on a rape prevention coalition. We work with the domestic violence center when they need services for women.

Evonne Hickok, RN
Family Planning Program
Upper Missouri District Health Unit

Planned Parenthood Association of Utah

In Utah during 2008 and 2009 the following activities took place related to the prevention of violence against women.

- PPAU's Community Educator participated in the Teen Dating Violence Task Force, coauthored a lesson for UT High School students on Healthy Relationships that will be part of the Utah State Office of Education Prevention Dimensions Curriculum for all high school students. She trained over hundred teachers, police officers and other professionals on presenting the lesson in Spring of 09
- PPAU partnered with the Utah Coalition Against Sexual Assault to conduct primary prevention activities in the area of sexual violence. These included presenting a Healthy Girls Strong Women Conference in a Salt Lake City Elementary School that reached 47 girls age 9-13 and over 20 caregivers. Presentations covered the rights girls have in different aspects of their lives, Parent Child Communication around sex and sexuality, Boundaries: Discovering Yours, Respecting Others and Sticking Up for Everyone's, as well as Body Respect and Media Awareness
- PPAU updated our Healthy Relationship Lesson and it is one of four lessons in the Be Smart Be Safe Be You Teen Sexuality Education Program. This lesson has been presented to adolescents in four high

schools, two middle schools, and five community agencies regularly multiple times in 2008-2009 reaching over 200 youth.

- Adult Healthy Sexuality Education in Women's Jail and Women's Treatment programs includes Healthy Relationship Lessons. During 2008-2009 over 200 women received these classes from PPAU Educators.
- PPAU presents the male sexual responsibility curriculum Wise Guys as an 8 series class. This includes lessons on consent and healthy relationships in addition to sexual health. In August of 2008 PPAU was awarded a Rape Prevention Education Grant from Utah Department of Violence and Injury Prevention to offer Wise Guys in Spanish to teen males. With the funds come an opportunity to work more closely with the state coordinating agency, Utah Coalition Against Sexual Assault, local shelters and community agencies focused on the prevention of sexual violence through biannual network meetings.
- PPAU is participating in a community effort to educate the Latino community in UT about the Age of Consent. This is a partnership with the Children's Justice Centers, Salt Lake County Government, state legislators, and other Latino Agencies.

Annabel Sheinberg, MM
Education Director
Planned Parenthood Association of Utah

Montana's Title X Family Planning Clinics

Following are some activities--we don't have the information compiled in this format going back to 2007, so this is just for this FY. Hope this is what you wanted--let me know!

During SFY 2009, the health educators in Montana's Title X Family Planning clinics completed educational trainings with various audiences on topics relating to the prevention of intimate partner violence. During the months of October through December 2008, the health educators conducted 8 presentations regarding communicating with your partner. They also

instructed on healthy relationships in 17 different presentations across the State. Education and conversations regarding values were discussed at 10 presentations.

During the months of January through March 2009, the family planning health educators presented 26 times on the topic of healthy relationships. Communication with your partner was addressed in 20 different presentations, and values were discussed during 14 separate educational trainings that occurred across Montana.

The Montana Title X family planning clinics also participated in Sexual Health Awareness Month during February 2009. This educational campaign promoted discussing healthy sexual relationships between parents and teens, and between intimate sexual partners.

Many family planning clinicians received sexual coercion counseling training at the Spring 2009 Family Planning Training Conference that took place in Helena, Montana on May 14-15, 2009.

Wyoming Health Council

Wyoming Health Council has conducted the following activities targeted toward education/raising awareness of intimate partner violence and providing resource materials to agencies. The majority of this work has been done by Susie Markus, Project Manager, Education and Outreach.

- Title X Service Delivery Meeting presentation in January 2009 using online Ahler's intake numbers that demonstrated that some clients were reporting they were in relationships that harm them.
- Distributed Handouts of Wyoming Coalition Against Domestic Violence community clinic brochures at the January meeting.
- Served on Sexual Violence Prevention Strategic Planning Committee of Attorney General's Office, Division of Victim Services; developed a needs assessment and a statewide strategic plan for sexual violence prevention.

- Invited to present at Wyoming Sexual Assault Conference on April 22, 2009 – Presented on "Empowering the Disempowered: Frameworks for Understanding Marginalized Populations and Providing High Quality Care" – 3 hour workshop for 160 people
- Purchased several materials for lending library using Healthy Mothers/Healthy Babies grant money and speaker honorarium for Sexual Assault Conference. These will be available on WHC website for lending.
    - Expressing Anger: Healthy vs. Unhealthy
    - NO! The Rape Video
    - The Ten Signs of Relationship Abuse
    - Open Arms? Open Eyes! Power, Control, and Abuse in Teen Relationships
- "Can We Talk?" workshops statewide – prevention of violence and bullying at early age

At the delegate agency level, all clinics have solid working/referral relationships with

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REGION X

State of Oregon Dept of Human Services (DHS) grantee

1) State of Oregon SAFE (Sexual Assault Forensic Evidence) Project, $50,000 supplemental award in 2007 to train nurses at six family planning delegate clinics to be certified in the Sexual Assault Nurse Examiner (SANE) program. Each delegate established pilot SANE programs. A workgroup among the initial six and the remaining 31 delegates increased awareness and participation in SANE training.

2) DHS' Adolescent Sexual Coercion Initiative in 2005 provided technical assistance for Title X clinics' development of mandatory reporting policies and protocols, developed and distributed educational materials for health care providers' use at family planning clinics, and developed and provided staff training on adolescent coercion (Identification, Prevention and Response). Updated in 2008, training programs continue and education materials are available for all grantee and delegate staff.

Curriculum was developed for adolescent sexual coercion screening and counseling, and training was provided to family planning agency and school staff, domestic violence agencies, state child protective services, probation and police officers, and therapists in 15 Oregon counties and video conference training for 10 counties. I developed Adolescent Sexual Coercion: Identification, Prevention and Response guidelines for family planning agencies.

State of Washington Dept of Health grantee
Pertinent trainings were reported from Planned Parenthood of Western Washington/Planned Parenthood of the Great NorthWest (PPGNW).

2008 PPWW/PPGNW LICENSED STAFF PRESENTATIONS REGARDING

DOMESTIC VIOLENCE OR DATING VIOLENCE

Date	Organization	Location	**Target Audience**	**Participants**	**Hours**
Dec 2007	Planned Parenthood	Seattle	Clinicians	90	2
Nov 2008	PPFA	Audio Conference	Clinicians	unknown	2
10/21/2008	Planned Parenthood	Seattle	All new Staff	7	2.5

2008 PPWW/PPGNW ALL STAFF PRESENTATIONS REGARDING MANDATORY REPORTING AS IT RELATES TO DOMESTIC VIOLENCE AND SEXUAL VIOLENCE

Date	Organization/School	Location	**Target Audience**	**Participants**	**Hours**
6 Times per year	Planned Parenthood	Seattle	All new staff	90	1 per session

Additional Information:

1. A WA DOH grantee member sits on the Washington State Department of Health's Family Violence Workgroup. It meets once a quarter.

2. WA DOH nurse practitioner sends out information to delegate staff about domestic violence and dating violence when available, e.g., Intimate Partner Violence and Sexual Violence screening.

3. Grays Harbor County Public Health and Social Services Department (WA delegate)Beyond Survival and Domestic Violence Center Presentation

-target audience: Entire Public Health and Social Services Staff, 40 participants

-site/location: Grays Harbor County Public Health and Social Services Department

- Date: Completed on 1/6/08

- Amount of HHS funds (if known): No specific amount of funds needed because part of routine staff training at delegate site.

This presentation was an informational presentation about services that are available in our community for DV victims, and ways to communicate with clients.

Office of Adolescent Pregnancy Title XX Overview:

The AFL program supports demonstration projects to develop, implement and evaluate program interventions to promote abstinence from sexual activity among adolescents and to provide comprehensive health care, education and social services to pregnant and parenting adolescents. The program supports two basic types of demonstration projects: (1) prevention demonstration projects to develop, test, and use curricula that provide education and activities designed to encourage adolescents to postpone sexual activity until marriage, and (2) care demonstration projects to develop interventions with pregnant and parenting teens, their infants, male partners, and family members in an effort to ameliorate the effects of too-early-childbearing for teen parents, their babies and their families. The AFL program also funds grants to support research on the causes and

consequences of adolescent premarital sexual relations, adolescent pregnancy and parenting.

The Title XX funds not only help the teens and families they serve directly, but also provide valuable information and evaluation findings that can serve as a basis for future strategies. Every program that receives AFL grant funds is required to include an independent evaluation component. This ensures that the lessons learned by each community will benefit others in the future.

Office of Adolescent Pregnancy Title XX Overview of Activities:

During 2007-2008, the Office of Adolescent Pregnancy Programs (OAPP) coordinated a series of technical assistance workshops for all AFL Care and Prevention grant recipients, specifically the program staff. Two net-conferences were held on the sexuality in the media. The first net-conference examined the ways young girls are exploited through various media and identified strategies health practitioners could use to address the issue within the AFL projects. This net-conference was held on March 12, 2008. The second workshop held on July 10, 2008 discussed how boys receive sexual images in the media and provided program strategies to successfully address the issue. In addition to the net-conferences, a face-to-face workshop was provided to enhance the understanding of healthy relationships and relationship exercises to use with teens. This training was held on May 29-30, 2008 in Denver, CO.

In addition to the regional training, the National Prevention Grantee Conference held on December 8-11, 2008 in Vienna, VA. This conference was for program directors and program evaluators. A workshop session on adolescent intimate partner violence was offered. The workshop increased the awareness of adolescent intimate partner violence (IPV) and provided skills on how to talk about IPV with youth.

By introducing the topic to both program directors and their staff, they are more informed about the healthy and unhealthy behaviors. In consecutive years, OAPP is committed to sharing information with AFL Care and Prevention grantees about combating the abuse of women and exploitation through the regional training series and/or the national annual conference.

DHHS OFFICE ON WOMEN'S HEALTH (OWH)

The U.S. Department of Health and Human Services' Office on Women's Health (DHHS/OWH) is the focal point for women's health within the Department of Health and Human Services (HHS). The mission of OWH, under the direction of the Deputy Assistant Secretary for Health (Women's Health), is to provide leadership to promote health equity for women and girls through gender specific approaches. To that end, OWH has established public/private partnerships to address critical women's health issues nationwide.

Violence against Women is a major public health problem for American women. More than 2.5 million women are victims of violence each year. Therefore, OWH works to stimulate programmatic and policy activity within HHS in order to advance the work of eliminating and preventing violence against women (VAW) and girls in the United States and the world. OWH is the point of contact for DHHS on VAW issues and in that role directs citizens, colleagues, and organizations to the appropriate office or agency to respond to inquiries and provide resource information. OWH coordinates partnerships within the department and with other federal, state, and local agencies, in part, through the coordination of the DHHS Steering Committee on Violence Against Women and staffing for the National Advisory Committee on Violence Against Women, a presidential council.

Through the work of the ten (10) Regional Women's Health Office, OWH has impacted the field of domestic violence, sexual assault, and violence against girls throughout the country. The Regional Women's Health Coordinators have done groundbreaking work on the issues faced by incarcerated women, tribal women, and women in the territories. In past years, some of the work has focused on how violence affects women with disabilities, men as partners in prevention, and enhancing college and university curriculums to include domestic violence and sexual assault issues. OWH has- supported community-based immigrant women serving organizations in both urban and rural environments.

To address this major public health problem, the OWH is involved in the following activities:

- **National Advisory Committee on Violence Against Women (VAW)**

  OWH collaborates with the Department of Justice-Violence Against Women's Office in working with the National Advisory Committee on VAW.

  The National Advisory Committee on Violence against Women ("the Committee") is a joint effort between the United States Departments of Justice and Health and Human Services, which was chartered by Attorney General Gonzales on January 31, 2006 to provide policy advice to the Attorney General and Secretary of Health and Human Services concerning the implementation of the Violence Against Women Act, raising public awareness regarding violence against women, and facilitating cooperation among members of the criminal justice system and our communities. This committee has been charged by the Attorney General to address the following issues: children exposed to violence, dating violence, expanding the reach of victim services and outreach to faith based and community services.

- **DHHS Violence Against Women Act (VAWA) Steering Committee**

  The DHHS Violence against Women (VAWA) steering committee is chaired by Office on Women's Health (OWH). The Committee has the responsibility for coordinating the Health and Human Services (HHS) response to issues related to violence against women and their children and also coordinates HHS violence related activities with those of other Federal agencies. Selected departmental initiatives include:

  - Maintaining the national domestic violence hotline.
  - Funding grants for coordinated community responses to domestic violence.
  - Studying the economic and personal costs of violence against women.

- Establishing links with professional societies in the health and social service fields to increase attention to women's health and violence issues, and coordinating programming with the Department of Justice.
- Developing joint HHS-DOJ grant announcements on family violence.

The members of the DHHS Steering committee serve as resource experts for the National Advisory Committee on VAW.

- **NWHIC's Violence Against Women Web Site**

  The Office on Women's Health in the Department of Health and Human Services (HHS) announced the addition of a special section on Violence against Women as part of the expanding National Women's Health Information Center (NWHIC). The violence section was launched to offer information and resources to women concerning domestic violence, intimate partner violence, sexual assault, and elder abuse.

Central Office-Based Initiatives

In August 2009, the OWH sponsored ***The National Conference on HIV and Violence Against Women*** to promote and enhance understanding of how women's health and well-being are influenced by two highly-stigmatized and gendered national issues: HIV/AIDS and VAW and to stimulate a federal and community response. Over 300 domestic violence, sexual assault and HIV/AIDS service providers attended.

Project Connect*: *A Coordinated Public Health Initiative to Prevent Violence against Women

In collaboration with the Family Violence Prevention Fund, OWH is identifying and partnering with statewide teams to develop policy and public heath responses to domestic and sexual violence in public health programs. This initiative is a result of funding from the Violence against Women and Department of Justice Reauthorization Act of 2005.

Mission:

- Develop policy and public heath responses to domestic and sexual violence in the following public health programs: reproductive and sexual health, home visitation, adolescent health, and other maternal child health and perinatal programs
- Provide basic health and reproductive health services in select domestic and sexual violence (DV/SA) programs

Program Objectives:

- Educate providers and public health professionals on the impact of domestic and sexual violence and coercion on health, and how to assess and respond in reproductive and sexual health, home visitation, adolescent health, and other maternal child health/perinatal programs
- Promote education for patients accessing those public health services about the connection between domestic and sexual violence, reproductive coercion and their health
- Change program policy to support assessment of and coordinated responses to victims of abuse
- Strengthen strategies to improve data collection and monitoring of the prevalence and health impact of violence and reproductive coercion in your state
- Develop and support model programs to offer primary care, reproductive health and preventive health services on site in domestic and sexual violence programs
- Identify sustainable funding that can support the work at the state, tribal or territorial level
- Disseminate models for integration to other states and service settings

Family Violence Prevention Fund- Point of Contact

Lisa James
Director of Health
383 Rhode Island Street
San Francisco, CA 94103
415 252 8900 ext. 27
415 252 8991 fax
lisa@endabuse.org

The FVPF, in collaboration with the OWH, will provide technical assistance and monitor the grantees selected for *Project Connect*. Ten grantees were selected through a competitive process and were awarded $200,000 for implementation. The grantees are:

1. **Arizona Coalition Against Domestic Violence**
   301 E. Bethany Home, Suite C-194
   Phoenix, AZ 85012

   Allie Bones, M.S.W.
   Executive Director
   Phone: 602-279-2900 x213
   Fax: 602-279-2980
   E-mail: execdir@azcadv.org

2. **Georgia Coalition Against Domestic Violence**
   114 New Street, Suite B
   Decatur, GA 30030

   Jan Christiansen
   Associate Director
   Phone: 404-209-0280 x13
   Fax: 404-766-3800
   E-mail: jchrsitiansen@gcadv.org

   Nicole Lesser, L.C.S.W.
   Executive Director
   Phone: 404-209-0280 x14
   Fax: 404-766-3800
   E-mail: nlesser@gcadv.org

3. **Iowa Department of Public Health**
   321 E. 12th Street
   Des Moines, IA 50319-0075

   Binnie Le Hew, M.S.A.
   Project Director
   Phone: 515-281-5032
   E-mail: blehew@idph.state.ia.us

   Juli Montgomery
   Phone: 515-242-5933
   E-mail: jmontgom@idph.state.ia.us

4. **Kima:w Medical Center**
   P.O. Box 1288, 1200 Airport Road
   Hoopa, CA 95546

   Marilyn Powell, R.N., B.S.N., P.H.N.
   Outreach Manager

Phone: 530-625-4261 x289
E-mail: hupanurse@yahoo.com

5. **Maine Center for Disease Control and Prevention**
   286 Water Street
   Augusta, ME 04330

   Kelly Jackson
   Project Coordinator
   Phone: 207-287-5136
   E-mail: kelly.jackson@maine.gov

6. **Michigan Department of Community Health**
   P.O. Box 30195
   Lansing, MI 48909

   Jessica Grzywacz
   Director, Rape Prevention and Education Program
   Phone: 517-335-8627
   Fax: 517-335-9669
   E-mail: grzywaczj@michigan.gov

7. **Ohio Domestic Violence Network**
   4807 Evanswood Drive, Suite 201
   Columbus, OH 43229

   Nancy Grigsby
   Economic Empowerment Director
   Phone: 614-781-9651
   Fax: 614-781-9652
   E-mail: nancyg@odvn.org

   Rebecca Cline, L.I.S.W.-S, A.C.S.W.
   Prevention Programs Director
   Phone: 330-725-8405
   Fax: 330-721-2472
   E-mail: rclineodvn@aol.com, rebeccac@odvn.org

8. **Southern Indian Health Council**
   4058 Willows Road
   Alpine, CA 91901

   Charity White Voth, M.S.W.
   Kumeyaay Family Services Director
   Phone: 619-445-1188 x383
   Fax: 619-659-9782
   E-mail: cwhite@sihc.org

   Jacqueline Manley, M.A.
   Domestic Violence Coordinator
   Phone: 619-445-1188 x206
   E-mail: jmanley@sihc.org

9. **Texas Council on Family Violence**
   P.O. Box 161810
   Austin, TX 78716

Gloria Aguilera Terry
President, Texas Council on Family Violence
Phone: 512-794-1133;
Cell phone: 512-627-5295
Fax: 512-794-1199
E-mail: gterry@tcfv.org

10. **Virginia Department of Health**
109 Governor Street, 8th Floor
Richmond, VA 23218

Laurie K. Crawford, M.P.A.
Medical Outreach Coordinator, Division of Injury and Violence Prevention
Phone: 804-864-7705
Fax: 804-864-7748
E-mail: laurie.crawford@vdh.virginia.gov

End Violence Against Women on College/University Campuses

Mission: Develop and implement programs and policy to address Violence Against Women (VAW) on college/university campuses across the United States

Objectives:

- Educate and engage students in the primary prevention of VAW
- Educate faculty, staff and campus security/police concerning critical issues associated with VAW
- Establish on-campus task forces to enhance the sustainability of the program
- Develop and implement policy standards and protocols to address the specific needs of the college/university related to VAW

Contractors

1. **ENSYNC Diversified Management Services, Inc.**
Christine McMillon
225 Waymont Court - Suite 111
Lake Mary, FL 32746
Phone: 407-936-1515
E-mail: ensyncdms@aol.com

School Locations: Bethune-Cookman University-Daytona Beach; Florida, Edward Waters College-Jacksonville, Florida and Savannah State University-Savannah, Georgia

2. **The Wright Group**
   Amelia J. Cobb
   1001 Pennsylvania Avenue, NW - Suite 600
   Washington, DC 20004
   Phone: 202-904-6824
   E-mail: acobb@twgstrategies.com
   http://www.twgstrategies.com
   School Locations: Howard University-Washington, DC; Xavier University-New Orleans, LA; LeMoyne-Owen College-Memphis, TN and Morehouse College-Atlanta, GA.
3. **Men Can Stop Rape**
   Joseph Vess
   Director of Training and Technical Assistance
   1003 K Street, NW - Suite 200
   Washington, DC 20001
   Phone: 202-534-1836
   Fax: 202-265-4362
   Email: jvess@mencanstoprape.org
4. **Voices of Men**
   Ben Atherton-Zeman Consultant
   7 Riverview Ave.
   Maynard, MA 01754
   Phone: 978-897-3619
   Email: benazeman@hotmail.com

AIDS-Related Services for Survivors of Domestic Violence

Mission: To provide leadership on the integration of services related to domestic violence and HIV/AIDS

Objectives:

- Address the intersection between domestic violence and the increased risk for contracting HIV/AIDS through the cross-training of domestic violence and HIV/AIDS service providers

- Develop comprehensive health services for female survivors/victims of domestic violence
- Train domestic violence counselors to incorporate HIV/AIDS risk reduction strategies in to their service delivery and train HIV/AIDS service providers to identify, screen and refer for issues related to domestic violence
- Change policy related to support the assessment of and coordinated response to the survivors/victims of domestic violence

Contractors

1. **ENSYNC Diversified Management Services, Inc.**

   Christine McMillon

   225 Waymont Court - Suite 111

   Lake Mary, FL 32746

   E-mail: ensyncdms@aol.com

2. **Messages of Empowerment Productions**

   Quinn M. Gentry

   280 Highland Lake Trace

   Atlanta, GA 30349-3916

   E-mail: QuinnGP@aol.com

3. **Susan B. Spencer, Inc**

   Susan B. Spencer

   8016 Flourtown Avenue

   Wyndmoor, PA 19038-7920

   Email: sbspencer@comcast.net

4. **The Wright Group**

   Amelia J. Cobb

   1001 Pennsylvania Avenue, NW - Suite 600

   Washington, DC 20004

   E-mail: acobb@twgstrategies.com

   http://www.twgstrategies.com

Special Projects and Pilot Initiatives

Women of Faith Advocacy Initiative
In 2009, the US Department of Health and Human Services Office on Women's Health (OWH) launched the Women of Faith Advocacy Initiative to explore how Faith-Based Organizations (FBOs) can better serve victims and survivors of domestic violence and sexual assault. Each participating organization is taking a unique approach to helping churches foster and practice greater advocacy for individuals affected by VAW.

1. Ann Arbor Community Center, Inc.
   Yolanda Whiten, M. Div.
   Executive Director
   625 North Main Street
   Ann Arbor, MI 48104
   Phone: 734-662-3128
   Fax: 734-662-1099
   E-mail: ywhiten@aacc1923.org
   http://www.annarbor-communitycenter.org
2. **Alabaster Place, Inc. (Training and Development Center)**
   Arlene Crump Peebles
   CEO and Executive Director
   Mailing Address: P. O. Box 73
   Winston-Salem, NC 27102-0073
   Physical Address: 4265 Brownsboro Road – Suite 206
   Winston-Salem, NC 27106
   Phone: 336-896-1367
   E-mail: alabasterplace@gmail.com
3. **Garden of Hope, Inc. Community Development Center**
   Sharon D. Houston, MSW
   Deputy Director
   1317 E. Brambleton Ave
   Norfolk, VA 23504
   Phone: 757-622-0760
   Fax: 757-662-1099
   E-mail: Sharon.Houston@gcfbaptistchurch.org

Regional Violence Against Women Activities

The United States Department of Health and Human Services (DHHS), Office on Women's Health (OWH), supports the Prevention of Violence Against Women and Girls Initiative to respond to the problem of violence against women and girls in the United States. Through this nationwide Initiative, the Regional Offices on Women's Health funded community level projects to conduct activities and events that educate and bring awareness to aspects of violence against women and girls. These Regional OWH project emphasize that violence encompasses intimate partner violence, domestic violence, sexual assault, sexual abuse, stalking, emotional and verbal abuse; as well as teen violence, bullying, human- trafficking, and other forms of trauma or abuse. Violence against women and girls is perpetrated in all types of personal and family relationships and crosses economic, educational, cultural, racial, age, and religious lines. This work is directed the Regional Women's Health Coordinators (RWHC).

Participant Gender Breakdown

Total females served	21,741
Total males served	11,365
Total served	**33,106**

Total females/males served by region										
Region	**I**	**II**	**III**	**IV**	**V**	**VI**	**VII**	**VIII**	**IX**	**X**
Females served	684	2,485	4,465	1,851	2,365	632	1,823	5,422	1,135	875
Males served	301	1,577	1,986	781	221	148	946	4,194	383	827

Region III has funded three violence against women projects in FY 2010 that target adolescents. The projects were awarded $5,000 each and include:

- **The Primary Prevention of Intimate /Interpersonal Partner Violence** is located in Dover, Delaware. On May 19, 2010, 100 Delaware Bureau of School-Based Wellness Centers school employees and directors convened a workshop to educate and raise awareness among participants on the importance of the prevention of intimate and interpersonal partner violence among adolescent girls through awareness of primary prevention strategies. The audience developed strategies to address primary prevention of IPV in their schools in the school year 2010-1011.

- **"Meet DaVE" (Dating Violence Education)** is located in Lynchburg, Virginia. Approximately 1000 women and girls ages 12 – 24 years from the inner city participated in educational and theatrical workshops and an essay contest to address bullying, stalking, sexual assault, rape, gang activity, and emotional and sexual abuse through educational workshops from February 11, 2010 to July 24, 2010.

- **Hampton University- Fighting Violence Against Women** is located in Hampton, Virginia. High school and college aged girls participated in three educational workshops in February, March, and June 2010 to address sexual assault, signs of abusive relationships and stalking, dating violence, gangs and bullying. Additionally, the workshops trained university first responders and a student task force on appropriate response to sexual assault victims and aspects of sexual violence.

Region IV based in Atlanta, Georgia collaborates with the Women's Center of Jacksonville, Inc. in Jacksonville, FL in a variety of planned events to recognize Sexual Assault Awareness Month. The theme for the scheduled activities was Prevent Sexual Violence on Our Campuses. The activities included: a college campus kick-off with the

Walk-a-Mile and Clothesline Project, a community kick-off with representatives from the Mayor's office, criminal justice system and victim serving agencies, an educational film screening with discussion panel, and survivor art exhibit.

Partnerships were inclusive of University of North Florida Women's Center, Jacksonville Sheriff's Office, State Attorney's Office, Jacksonville University and Florida State Community College. A diverse target population of 600+were reached.

South Carolina HIV/AIDS Council along with multiple partners across the spectrum of government, community based organizations and partnership with the Palmetto Health Alliance hosted the 2nd Annual Midlands Women and Girls Symposium in Columbia, SC. The theme for the one-day event was Saving the Next Generation and included: a plenary with panels comprised of survivors and experts, luncheon with a keynote speaker, small group breakout sessions for both the women and girls. Overall goal was to engage 300+ adolescent females and adult women to educate them about the issues of teen dating violence, sexual assault, child sexual abuse, HIV and other STI's and teen pregnancy.

Additional VAWG projects funded for the 2010 fiscal year through the JSI Mega contract includes: Center for Women and Families, Knox County Health Department, KIDDS Dance Project, Inc., Mississippi Gulf Coast Black Nurses Association, Inc., and the University of Miami Miller school of Medicine.

Region VIII OWH supported several initiatives to prevent violence against women in FY 2010, principally through mini-contract funding administered by the national Mega contract with JSI.

1. OWH Region VIII (OWHR8) continues support of the Domestic Violence Research and Action Coalition (DVRAC) that is housed at the Center on Domestic Violence at the School of Public Affairs, University of Colorado at Denver. OWHR8 contributed funding and support to the bi-annual research luncheon hosted by the Center on

Domestic Violence in September 2009. The luncheon titled "Current Intimate Partner Violence Research in Colorado" brought together over 70 professionals and students working in the varied fields of violence prevention to listen and learn from speakers presenting on their research conducted through the auspices of several universities in the state of Colorado. In addition, OWH staff supported DVRAC through collaboration in the organization of the research track to be held at the bi-annual National Coalition Against Domestic Violence conference and by review of workshop presentation proposals for the conference.

2. OWH Region VIII supported 4 organizations through the FY 2010 Mega contract that provided mini-contract funding. A brief description of each of the projects is below. The funding amounts for the projects ranged from $2,355-$5,000.

    - **Operation Reach Out – Promoting Crime Victims Awareness and Prevention.** Central Valley Health District of Jamestown North Dakota received funding for a project aimed towards increasing community awareness and knowledge about crimes against women and girls, about the local and national resources available to address this issue, and to teach women and girls personal safety skills. In addition, community law enforcement personnel, educators, health professionals, athletes, counselors, clergy and other community leaders and personnel were included in the outreach to increase awareness of these crimes and how to recognize and assist victims. The project consisted of using National Crime Victims Rights week to partner with law enforcement in the organization of a free to the public Stop Violence Conference featuring presentations by Jackson Katz, Patrick Atkinson and Nona Woods; a free Personal Safety Awareness Seminar featuring presentations by Becky Dunker, survivor and co-founder of the Living On Project - Support Network for families and friends of domestic violence and homicides, and Kay Mendick, Director of the University of North Dakota Women's Center and a certified Impact Personal Safety Instructor ; a "Rockumentary" presentation, and a media campaign to raise awareness. Through these diverse events the

organizers provided safe ways to obtain local and national resource information. A billboard was displayed for 1 month on the main street of Jamestown, a locally-designed poster was placed in public locations across the city , informational cards were placed in restaurants, on grocery shopping carts and other locations, and PSAs were run on TV and radio through out the month of the project.

- **YES: Youth Empowerment Series.** The Sexual Assault Victim Advocate (SAVA) Center of Fort Collins, CO used the funds supplied by OWH to complement other funds that run their programs for youth. The project used several methods to provide sexual violence prevention education to middle school students, high school students, parents and staff within Poudre School District (PSD). This goal was accomplished through peer education, staff led presentations and performances of the theatrical prevention education performance of the play "Until Someone Wakes Up." The second goal of the YES Program is to empower and enable youth to become productive, engaged and strong contributors to the betterment of their community. Two additional methods were used in schools. 1. SuperGirls Empowerment Running Program: SuperGirls is a running/empowerment program for girls ages 7-12, presented at Outreach sites such as after school and summer programs, like the Boys & Girls Clubs. SuperGirls provides developmentally appropriate lessons on topics such as self-image, healthy relationships, gender violence, bullying and body awareness. Super Girls pairs the participants with adult women to provide mentorship and on-going support while training to run a 3.1 race. Through this community engagement the YES program can expand prevention education to community youth in non-traditional educational settings to the benefit of peer educators and community youth alike. 2. Speak OUT! Clubs: During the 2009-2010 school year, SAVA is piloting Gender Violence Prevention Clubs at Poudre High School and Lesher Middle School. The club is a by-kids and for-kids lunchtime project to increase awareness of sexual violence within the school. Based

on the input that the kids who had completed Speak UP! wanted to do more, SAVA created the club concept to let the kids use the information they have learned to lead other students. The students are creating their own club name, mission, goals and projects with adult advisors from SAVA. The clubs are already working on all school awareness programs, potentially bringing in speakers, and April Sexual Assault Awareness.

- **Crossroads Safehouse's Teen Dating Violence Institute (TDVI).** The domestic violence shelter in Fort Collins, CO conducts outreach to teens to prevent teen dating violence. TDVI dialogues with teens about healthy relationships and the warning signs of domestic violence. This information is neither intuitive nor part of any mandatory curriculum in Larimer County. Because the dynamics of dating violence include ambiguous behaviors such as "quick involvement" (e.g., saying "I love you" early in the relationship) and jealousy, which can seem charming and protective, teens too often become entangled in abusive relationships. These presentations allow teens to talk to teens, under the guidance of trained professionals, about abusive relationships and provide an avenue for teens to explore behaviors within a relationship to better understand the impact of abuse and the ways in which abuse can manifest. Funds from OWH were used to train teen peer educators, coordinate 17 peer-instructed educational presentations throughout the Poudre and Thompson Valley School Districts, meetings with school personnel from more rural areas of Larimer County to expand TDVI program; and to get ready to provide the program in schools in the fall of 2010.

- **Domestic Violence Prevention Workshops for Teens and Women at Mercy Housing Colorado's Holly Park Apartments.** Mercy Housing collaborated with Rape Assistance and Awareness Program (RAAP) to offer training curricula to residents and other community members through evening courses that included: 1. Together Keeping Children Safe – presentations for caregivers, parents and resident service staff on child sexual

abuse and tips for keeping children safe; 2. Harassment Ends by Respecting Others (HERO)- teaches middle school aged youth about harassment and abusive behavior; 3. Sexual Assault Free Environment (SAFE)- teaches high school aged women about healthy dating and relationship decisions and to interpret abusive behavior ; and 4. Self-protection and Empowerment Training (SET) for women- women learn how to convey boundaries and learn self-protection techniques to fend off an attack.

OWH Region VIII will continue to support efforts to end violence against women through other means throughout the fiscal year.

Region IX has funded a number of projects under the Prevention of Violence Against Women and Girls funding opportunity in FY 2010, including:

- **Proyecto Cambio (Project Change)** located in La Clinica de la Raza in Oakland, CA. Proyecto Cambio is a comprehensive intimate partner violence (IPV) prevention and intervention program designed to reduce the incidence of IPV among mono-lingual Spanish-speaking Latino immigrants in Contra Cost county. It uses promotoras (lay health workers) to promote health education as it related to domestic violence to underserved, low-income Latino women. The promotoras will use the ACT Against Violence Curriculum facilitated by staff from John F. Kennedy University which addresses domestic violence, risk factors for child violence in the family and its consequences, positive conflict resolutions, discipline vs. child punish and how children experience violence in the media and the home.

- **Young Women are Sacred** is promoted by My Brothers and Sisters House in Arizona. The goal is to prevent teen violence, including dating violence, on the Tohono O'odham Reservation. Young Women are Sacred workshops are geared to pre-teen and teenaged girls and help them to understand that they own their bodies and are responsible for the decisions they make regarding their bodies. The girls learn about risk behaviors for abuse, where to go for support, how to increase healthy choices in terms of partners, where to go for support, etc. Female elders provide the history of their villages and the historical and contemporary roles of women in the Nation.

- **Safe Embrace** is a community-based organization dedicated to stopping the cycle of violence in families by providing intervention and prevention services. The project will focus on female at-risk youth involved with Washoe County Juvenile Services who are residents of the McGee Center. The teens will be organized into a support group to educate them about healthy choices to prevent their being violent to others and from being victims of violence themselves.

- **The Southern Indian Health Council, Inc.** will be hosting a youth wellness conference. The goal is to educate tribal youth and tribal leaders on issues related to domestic and dating violence, stalking, sexual assault, substance abuse, depression, and other mental disorders using culturally relative strategies and techniques.

- **Wesley Community Center has been funded to support its Solamente Mujeres (Women Only) project**. The organization's goals are to raise awareness among staff and clients about violence against women and girls and empower staff to respond appropriately to victims of violence, educate women and girls about the services and resources available to them, and empower the females to recognize violence in their own lives and in their families and to access services as appropriate.

Region X continues to provide funding to community organizations for projects to prevent violence against women and girls. In FY2010 regional projects have been carried out by several organizations. These organizations include: Domestic Violence and Sexual Assault Services of Whatcom County in Bellingham, WA; NE Coalition of Neighborhoods in Portland, OR; Oneida Crisis Center, Inc in Malad City, ID; and SafePlace in Olympia, WA.

The regional staff has established on-going relationships with the Washington State Coalition Against Domestic Violence and the Oregon Coalition Against Domestic and Sexual Violence and provided information and support for trainings and annual conferences in Washington and Oregon.

In addition, Region X is partnering with the Washington State Coalition Against Domestic Violence to hold a training for domestic and sexual violence service providers and emergency management officials on responding to the needs of women and children affected by natural or man-

made disasters. Women are often at increased risk of domestic and sexual violence in the aftermath of a disaster. The training will be facilitated by Dr. Elaine Enarson who is an American disaster sociologist, a co-founder of the Gender & Disaster Network, and former executive director of the Nevada Network Against Domestic Violence.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES (SAMHSA)

Center for Mental Health Services (CMHS)

During the past decade, it has become widely recognized that trauma plays a major role in the lives of people served by mental health and human services. Research shows that anywhere from 85-95% of people served have experienced severe trauma in their lives, that childhood trauma causes neurological damage and the adoption of health risk behaviors, and that trauma contributes to health problems in adulthood and early mortality. Disasters such as hurricanes Katrina and Rita and the present Deep Water Gulf Oil Spill take a huge toll on people with histories of abuse, causing retraumatization, the re-emergence of severe symptoms and dysfunctional behaviors, and relapse from recovery. Trauma causes untold personal, financial and social costs.

Recognizing and responding effectively to trauma can provide solutions to some of the most challenging issues facing mental health and human services today. Addressing trauma is therefore one of the most effective strategies a state can use in transforming their systems of care. Trauma provides a unifying framework for transformation, and it represents a fundamental shift in beliefs and attitudes – a shift from hopelessness to hope, from consumer passivity to consumer voice, from custodial care to individualized planning and goals.

The Importance of a Gender Lens: Women and Violence and Trauma

It has become clear at CMHS over the past ten years that the production and application of knowledge on the topic gender – beginning with an examination of women and violence and trauma in the mental health, substance abuse, and criminal justice system – indeed, across the public health system - cuts in many directions that cross many sites, systems and moral boundaries.

Women who have been abused in childhood may later appear in the criminal justice system as offenders. Women who are abused as children by family members may experience continuing abuse as adults from others in her environment. These same women may be the mothers of children who are currently experiencing abuse, and who also may also enter the juvenile or criminal justice system. Women offenders with histories of abuse are most likely to be diverted from the criminal justice system into the community corrections system

that refers them to the same community-based services that exist for women with abuse histories who have never appeared in the criminal justice system.

Furthermore, all abuse is not equal or equally deserving of support or compensation in the eyes of society. Victims of rape and domestic violence have established some dominion, victims of incest have not. Victims of reported crime merit compensation, but victims of unreported crime do not. "Innocent" victims of crime deserve our sympathy and succor; victims who are viewed as having somehow precipitated the crime do not. Victim compensation exists only to redress immediate and damaging impacts of the act of violence itself, and does not exist for those whose prior histories have yielded a host of problems needing treatment (such as co-occurring disorders), and treatment for these disorders typically is not be supported through crime victim compensation counseling.

Interventions designed to address the impacts of violence are often experienced as revictimizing by the victims they are intended to help. Coercive institutional practices are most frequently identified as significant carriers and multipliers of the original violence and its impacts. Practices of seclusion and restraint in jails, prisons, and mental hospitals, and echoes of these practices in community programs are often experienced as profound setbacks. The "second injury" dealt to a victim of crime through the trained detached professionalism of their helpers, which is an emblem of good professional practice, is often felt by the victim to be as, or more, traumatizing than the original crime.

Given this diversity of statuses, experiences, and responses to different types of women experiencing trauma, a broad range of technical assistance opportunities have been established by the Center for Mental Health Services in the area of gender-specific adult violence and trauma across the spectrum of public health and multiple human service systems. These include the following:

I. CMHS's National Center for Trauma-Informed Care (NCTIC), CMHS/SAMHSA, 2004 Present, Scheduled to 2013)

This technical assistance program is designed to address the issue that, unlike traditional mental health services or public health services, trauma-informed care (TIC) recognizes trauma as a central issue in the lives of those seeking services. Knowledge about the prevalence and impact of trauma has grown to the point that it is now universally understood that almost all of the women and a majority of the men seeking services in the public health system have trauma histories. The percentages for women are estimated to be close to 100%. TIC provides a new

paradigm under which the basic premise for organizing services is transformed from "what is wrong with you?" to "what happened to you?"

TIC is initiated through an organizational shift from a traditional "top down" environment to one that is based on collaboration with consumers and survivors. Incorporating TIC values and gender-specific services into existing organizations is therefore central to improving program efficacy and supporting the healing and recovery process. Since a wide range of programs and systems have a felt need to integrate trauma-informed practices, NCTIC provides extensive and intensive technical assistance and education and consultation toward agency transitions to help these programs and services to incorporate gender specificity while they take this revolutionary step forward. NCTIC undertakes the following:

> 1) organizes facilitated learning opportunities (i.e. education, training, and consultation) for candidate organizations and systems interested in implementing TIC, and provide follow-through implementation assistance;
> 2) establishes TIC implementation "mentor" sites to demonstrate TIC in action, and to stimulate and broker implementation by potential users; and
> 3) engages in TIC alliance building through the purposeful cultivation of various types of potential user and user networks of program and consumer experts, organizations, and systems –
> 4) formation of leadership cadres of program and consumer "trauma champions" to sustain TIC change and implementation at all levels of service systems.
> 5) develops and supports a series of "TIC Organizational Change Practicum" are planned for representative public health teams demonstrating readiness for change at the state and local level.

To date, requests for NCTIC consultation have far outstripped response capacity. In the past year, over 250 programs have been served directly. Currently, over 45 State Mental Health Authorities have established TIC within their state systems. Interest in trauma-informed care in the consumer/survivor communities has grown rapidly, not only in the service delivery end of peer support, but also in the role of peers in effecting trauma-informed systems change. Numerous requests for consultation also come, not only from mental health services, but from human service organizations across the public health spectrum. Current plans involve testing and further refining of knowledge about effective gender specific models for implementing trauma-informed care and integrating perspectives and voices of consumers/survivors in the organizational implementation process across the range of public health and human services delivery systems.

The core focus for NCTIC FY10 activities are: (1) provision of strategic TA support to all State mental health authorities/systems (including executive, regulatory, advisory) in implementation of TIC; and (2) provision of TA support to consumer/survivors and peer groups (coalition-building, strategic partnership, planning, and peer support) to establish leadership toward developing, monitoring, and evaluating TIC implementation into each state's transformation goals and objectives. An NCTIC will be held in the spring of 2011.

At present, a number of Mental Health Transformation State Incentive Grantees have initiated TIC implementation. To meet this challenge, TIC knowledge is organized in a variety of ways, at different levels of complexity, to meet different needs of various target audiences and mesh with different learning styles and capabilities of stakeholders using the most cost effective approaches that yield the most successful results. TIC concepts and organizational change practice learnings will be systematically presented in a TIC Video Training Series that will be based upon NCTIC's Trauma Informed Systems of Care Resource Center Toolkit For Training Mental Health Administrators and Providers.

This Toolkit, developed under contract to CMHS by NASMHPD's NTAC Program is designed as a one (or more) day training for state mental health system administrators and providers. It has been used in trainings for groups as small as 25 and as large as 4000. It can be adapted for many types of settings, and a self-study version of this is under development.

A. NCTIC's Women's Trauma-Informed Peer Leadership and Engagement Program

The National Center for Trauma-Informed Care (NCTIC) will expand it's efforts to develop sustained leadership for trauma-informed systems change and collaboration among women to enhance strategic planning for the prevention of violence and abuse, for the promotion of health and wellness and for the effective delivery of integrated and coordinated care. Goals are to create empowerment strategies for women survivors and consumers and to build opportunities for leadership. Specifically, NCTIC will provide for the integration of their perspectives within TIC systems/organizational changes activities; to provide a forum for professionals and peers to share dynamically in leadership activities and mentoring relationships; and to promote concepts of healing and recovery for women.

To accomplish the above, a peer engagement guide for women is being developed to contextualize nature and impact of traumatic experiences for women and their implications for peer support relationships and work. The guide will be piloted in at least two peer communities for audience testing to gauge ease of use and effectiveness of content. The establishment of a women's learning community will be implemented to (1) identify promising peer practices across the country, (2) refine strategies for meaningful peer involvement in TIC systems change, (3) recommend further product development and training necessary for the empowerment of women survivors, (4) enhance mentoring relationships and best practices, and (5) develop a framework for developing a national leadership institute for women trauma survivors and allied partners. Within the learning community, special attention will be paid to women who have been involved with the criminal justice system or may have been homeless, and to the issues faced by women of color.

II. CMHS Federal Partners for Mental Health Transformation Inter-Agency Committee on Women and Trauma

On April 29, 2010 SAMHSA's Intergovernmental Federal Agency Committee on Women and Trauma sponsored a "Federal Roundtable" focused on the development of a shared "common ground" of knowledge among Federal Partners and collaborators regarding the prevalence and behavioral impacts of trauma in the lives of women and girls. This was an invitation-only meeting targeting more than 80 Federal, state, local, tribal, private, and community stakeholders and trauma survivors who are working with and/or represent diverse groups of women and girls affected by trauma across multiple service sectors and settings.

The program included a series of five Panels of expert presenters on why and how the behavioral impacts of trauma in the lives of women and girls constitutes an urgent public health crisis that involves every services area provided in the public health system. Both the White House Council on Women and Girls and the White House Office on Women and Violence provided compelling personal presentations regarding the magnitude and significance of women and trauma throughout our country, and their planning underway to address various aspects of this issue. Following each panel of expert presenters, the participants broke into small groups to develop recommendations for next steps to be taken to address these issues through intergovernmental collaborations and partnerships.

From the meeting emerged a coalesced call for action to address the issues of women, girls and trauma, including the following areas for action:

- A National Action Plan for leadership, public education, outreach, and local community involvement.
- Federal legislation and policies that prioritize and invest in capacity building, knowledge synthesis, federal collaboration, and funding mechanisms that allow for a cohesive, coherent strategy for prevention, early intervention, and response across service sectors and agency mission.
- Practice improvements that incorporate effective organizational change strategies, common cross-sector guidelines and standards that are adaptable to different settings, prevention and early intervention approaches, and effective workforce and human resources development approaches.
- Effective incorporation and enhancement of the voices of women and girls affected by trauma in the development of policies, funding priorities, practices, TIC implementation, and approaches for prevention, outreach, and public education efforts.

By all accounts, this was a remarkably galvanizing meeting for participants that stimulated multiple new collaborations right at the meeting itself, and has continued at an ever increasing pace. A monograph of the meeting is currently under development and will be disseminated by the end of the summer 2010. SAMHSA's Intergovernmental Federal Agency Partnership on Mental Health Transformation is in the process of planning a dissemination strategy for the Roundtable monograph and a broader strategy for addressing some of the monograph recommendation. In the spring of 2011, NCTIC will build on the partnerships and momentum generated by the Roundtable by hosting a conference on Women and Trauma.

III. SAMHSA Trauma Informed Care Guidebook

This is under development through NCTIC to provide a resource for system and organizational leaders to use as a decision tool to identify and use key principles and change strategies fundamental to creating TIC systems of care for people with mental health and substance use disorders who have experienced traumatic events. Traumatic events include physical, sexual and emotional abuse, witnessing traumatic events, and natural disasters, institutional racism, trauma rooted in historical catastrophic events such as war and captivity, terrorism and genocide.

System change to a TIC paradigm promotes a public health wellness approach that requires mental health and substance abuse prevention and treatment systems of care to be trauma-informed. The TIC paradigm:

- Ensures that all levels throughout the system of care (including leadership, policy and administration, services provision and maintenance, and evaluation) are trauma informed.
- Ensures that cultural and environmental factors are addressed (geographic location, institutional history and status, resource shortfalls, etc.) in a trauma informed manner
- Ensures well-defined consumer leadership and integration into every phase of developing a trauma informed system of care

The TIC Guidebook will serve as a decision tool to use in assisting systems to become trauma informed. The TIC Guidebook will include general principles for TIC systems, implementation strategies, and cataloging of expert resources.

IV. After the Crisis: Retraumatization from Disasters Technical Assistance Initiative (CMHS/NCTIC/GAINS) 2004 until 2013

Considerable work has been done over the past thirty years concerning the role of mental health systems in disaster response. State and federal governments and national disaster response organizations have provided leadership in addressing mental health needs in both disaster preparedness and response. Some attention has been paid to the needs of people diagnosed with mental illnesses, who may be at higher risk for distress following disasters, and whose stress symptoms may manifest in ways that mimic exacerbation of psychiatric illness. In particular, they may be at risk for developing post-traumatic stress symptoms over time. This increased risk may be due in part to lack of resources or to characteristics associated with the diagnosis, e.g., an increased sensitivity to stress.

A growing body of evidence suggests that increased vulnerability probably reflects the high rates of previous forms of trauma, especially childhood physical and sexual abuse, which can range up to 90% or more among this population. Higher rates of post-disaster distress among people with psychiatric diagnoses may also be related to the increased risk of victimization (particularly interpersonal violence) following a disaster. In addition, disasters pose unique problems for people with mental health problems and abuse histories residing in psychiatric facilities and in correctional settings, and those who experience violent crimes in the aftermath of a disaster.

Despite this evidence of increased vulnerability, people with mental health problems and abuse histories often rise above the immediate distress of a disaster to provide leadership and support to others. In the past few years, some of the most exciting and innovative approaches to mental health disaster response have been peer-run and peer-delivered services. Peer-run programs are inherently consistent with established principles of disaster response, since they emphasize outreach, occur in natural community settings, emphasize people's strengths, avoid mental health labels, and are likely to be culturally sensitive because they are delivered by people who are themselves community members. However, information about peer-run programs is not widely available and is only beginning to be integrated into mainstream disaster response.

The significant retraumatizing impact of terrorism and natural disasters has recently come to public attention. Since trauma has a cumulative and repeating impact across the lifespan, it can be anticipated that people with prior trauma histories will be especially vulnerable to the impact of a disaster and that they will be more likely than others to be revictimized in the aftermath. It can also be anticipated that responding to people with prior trauma histories may pose special difficulties. NCTIC working collaboratively with the GAINS Center synthesized emerging knowledge about this issue into a series of written issue briefs, brochures and other materials. NCTIC will collaborate with GAINS and work with states, consumer and advocacy groups, and disaster response systems to respond to the retraumatization of hurricane Katrina and Rita and others to better prepare for similar disasters in the future.

V. Integrating Services for Female Victims of Crime: Bringing Together Mental Health, Criminal Justice, and Victims Services through Collaboration by CMHS's NCTIC, GAINS, and Council of State Governments (CSG) through 2010

Women with mental illness are over 40% more likely to be victims of violent crime than other women. Mental health service providers, victim advocates, and other policymakers and practitioners generally know little about women with mental illness and trauma who have experienced violence. Furthermore, state and local government officials and advocates have few, if any, resources available to them—resources that can be tapped to help protect, inform, serve, and treat this population and minimize the likelihood that they are victimized again.

In order to improve response to women diagnosed with mental illness and trauma who have been victims of crime, NCTIC, GAINS and CSG is coordinating a multi-year project focused on this population of women. An Issue Brief that summarizes the latest research regarding this issue, identifies some programs and resources that serve women with mental illness and trauma who are recent victims of crime, and recommends an action agenda for the federal government. Based on the issue brief and input from mental health and victim services experts, policy and practice recommendations have been drafted to serve this population of crime victims, and recently coordinated a meeting of key leaders in the fields of mental health, criminal justice, and victim services to respond to these recommendations. These recommendations will serve as a foundation from which mental health and victim service providers can build new, collaborative responses to women with mental illness who have been victims of crime.

VI. The Role of Religion and Spirituality in Trauma-Informed Care (NCTIC and CMHS's Office of Refugee Mental Health) through 2013

The role of religion and spirituality in trauma healing has long been recognized. The experience of violence may raise fundamental questions about good and evil, and the transformation of self and relationships that trauma survivors undergo is frequently experienced as a deep spiritual or religious journey. Many treatment programs work to include faith, prayer and religious practices in their interventions and/or develop relationships with organized religions.

Religious institutions can be a resource for trauma survivors, but they need education about mental health and trauma issues in order to respond effectively. In addition, there are significant concerns about how to address this important component of people's lives while honoring separation of church and state, and while maintaining a commitment to evidence-based practices. The mental health system has a great deal to learn from other countries and other cultures regarding new approaches to healing from trauma and violence – and many of these approaches include a religious dimension. When under stress, people often revert to the most basic aspect of their identity, their religion, and mental health workers will increasingly need to know how to respond to suffering in religiously appropriate ways. Trauma-informed systems recognize that there are multiple and complex paths to healing, are sensitive to cultural context, and display an ability to learn from the experience of the people they serve. Religion and spirituality form an important and growing aspect of cultural context.

This project will convene stakeholders who represent a wide variety of roles, cultures and religions in an effort to take a broad and systemic look at the issues. Participants will be drawn from state, federal and local government, faith-based offices and initiatives, refugee and immigrant communities, religious and spiritual institutions, trauma treatment programs, advocacy groups, and the scientific community. The project will have a public health framework, using a strengths-based approach and focusing on prevention, resilience and community interventions as well as individual treatment.

VII. Special Panel Series: Trauma Informed Care for Female Genital Circumcision (Office of Women's Health, HHS/CMHS/NCTIC) through 2013

CMHS's National Center for Trauma Informed Care (NCTIC), under leadership from the DHHS Office of Women's Health (OWH), sponsored an expert panel meeting in February 2008 focused on trauma-related issues with regard to female genital circumcision (FGC). Objectives for the meeting included : 1) review scope of problem and history of legislation and activities that address FGC work in US; 2) develop initial guiding principles to in support of societal and cultural values and familial principles to address FGC trauma challenges that may vary from community to community; 3) develop strategic plan to address FGC healthcare issues for women and girls in their communities based a human rights and trauma-informed approach; and 4)
develop template for trauma-informed TA plans to respond to FGC needs of a community through actionable consultation strategies

VIII. Creating New Ethical Standards for Promoting the Integration of Trauma Informed Care in Healthcare Reform

The CMHS National Center for Trauma-Informed Care (NCTIC) is launching an effort to develop ethical standards for engaging trauma-informed approach across systems of care. These standards will promote self-determination, hope and commitment to change that can be applied to any setting, system and level of health and human services. Trauma-informed ethics will further the course of peer leadership and empowerment, while creating a culture of practice committed to change. Ethical standards yield opportunities for improvement and establish new ways of thinking that move beyond complacency with the status quo and challenge providers to stretch to a new standard that supports wellness. Using a public health approach, these standards will serve to prevent trauma and retraumatization, while supporting the healing process for trauma survivors and communities.

Ambassadors for change must be engaged in the development of ethical standards that are responsive to diverse community needs. NCTIC anticipates establishing pathways to hope and healing for trauma survivors. A commitment to change involves engaging in dialogues with resource experts from public, private and non-profit sectors of local, state and federal agencies. This will also include all levels of healthcare providers, from local outpatient physical health, behavioral health and substance abuse providers, to inpatient hospital, residential and rehabilitation services providers who treat individuals that have survived trauma.

XI. Under Development: Key Issues Regarding Gender Specific Men's Trauma Services (CMHS/NCTIC/Community Connections) through 2013

Recent federal initiatives have highlighted the pervasiveness and widespread impact of women's experiences of trauma, especially of women who have mental health and/or substance use problems. When trauma studies have focused on the experiences of men, military-related trauma has often been the primary area of interest, resulting in a considerable research and clinical literature as well as a broad range of interventions for combat-related PTSD.

However, both research studies and gender-specific trauma recovery services have much less frequently addressed other forms of interpersonal violence involving boys and men, including childhood physical and sexual abuse and community or institutional violence. Further, the attention paid to such experiences as male sexual abuse has usually neglected men who receive publicly funded mental health, substance abuse, or other community-based services. Finally, male gender role stereotypes and expectations often constitute barriers to recognizing the prevalence and impact of trauma among men.

Involving men with lived experiences of trauma in all activities, some key goals in this domain are: 1) to expand, consolidate, and disseminate our understanding of the unique needs and resources of men who are trauma survivors; 2) to enhance gender-sensitivity in both trauma-informed and trauma-specific services; and 3) to assist in making trauma recovery services both accessible and engaging for men.

Key Issues:

- Many of the sequelae of trauma are similar for men and women. However, differences in gender role expectations often affect both the experience of trauma and survivors' responses.

- Because “being a man” and “being a victim” are so frequently seen as incompatible, men who are trauma survivors face a dilemma, disconnecting from either a sense of masculinity (and strength) or one of victimization (and weakness).

- Service providers may have a similar, culturally-shaped difficulty recognizing victimization among men.

- For these and other reasons, it is often difficult for men to seek out and engage in trauma recovery services.

- When men do seek services, there is a relative paucity of gender-specific approaches for male survivors.

- There is a need to raise awareness of the prevalence of trauma among men as a step toward reducing the stigma of male victimization.

- There is a current need to develop models that take into account the experiences of male trauma survivors, both in trauma-informed and trauma-specific arenas.

- There is also a need for services that address frequently marginalized men with multiple vulnerabilities, reflected in mental health problems, substance abuse, homelessness, and/or criminal justice involvement.

Publications

“The Damaging Consequences of Violence and Trauma.” Jennings, A. (2004). This document is a collection of evidence compiled to help inform state mental health officials and the federal government’s Substance Abuse and Mental Health Services Administration (SAMHSA) about trauma and to generate interest in this daunting public health and public policy issue. A uniquely valuable publication that combines elements of a technical report, literature review, and a de facto call-to-action under one cover.

“The Story of a Child's Path to Mental Illness and Suicide.” Jennings, A. (2006).

"It's My Time to Live – journeys to healing and recovery." Heckman, J. and Veysey, B., with Markoff, L., Mazelis, R., Russell, L., (2006), SAMHSA, CMHS.

This monograph is a groundbreaking, in-depth look at recovery from trauma and co-occurring disorders from the perspective of women who are themselves trauma survivors. Based on interviews with ten women who were participants in the Women, Co-occurring Disorders and Violence Study (WCDVS), the first large-scale research study to address the effects of trauma in a comprehensive fashion, the monograph presents an emerging model of recovery that goes well beyond current formulations. The conceptual framework presented stresses the inner nature of the journey, difficulties and set-backs faced along the way, and the importance of three components of healing: the moment when the woman first believes that recovery is possible; some external event that gives her a reason to recover; and concrete changes in behavior that help to sustain her recovery. Everyone who has ever worked in the mental health or substance abuse fields, anyone who has ever confronted interpersonal violence and its sometimes devastating aftereffects – in fact, anyone who cares about the strength and dignity of the human spirit – will be moved and changed by this monograph. DRAFT for review and comment only.

"Creating Trauma Services for Women with Co-occurring Disorders." Moses, D. J., Reed, B. G., Mazelis, R., and D'Ambrosio, B. (August 2003), SAMHSA, CMHS

Creación de Servicios de Trauma para Mujeres con Trastornos Concurrentes Moses, D., Reed, B.G., Mazelis, R., D'Ambrosio, B. (Spanish translation: Amaro, H. and Cabrera, M.) (2003). Spanish translation of one of the key documents coming out of the Women, Co-occurring Disorders and Violence Study, Creating Trauma Services for Women with Co-Occurring Disorders. This monograph describes how systems and services can be redesigned to be appropriate and effective for women who have experienced violence and outlines the challenges and lessons learned by project sites as they implemented their trauma-specific and trauma-informed service interventions. The final section offers a list of resources for the interested reader. Now available for the first time for Spanish-speaking audiences.

"Understanding and Responding to People in the Criminal Justice System Who Live with Self-Inflicted Violence." Mazelis, R. (April 2007), SAMHSA, CMHS.

Developing Trauma-Informed Behavioral Health Systems: Report from NTAC's National Experts Meeting on Trauma and Violence, August 5-6, 2002, Alexandria, VA (pdf)

Responding to Childhood Trauma: The Premise and Practice of Trauma Informed Care (pdf)

Organizational Stress as a Barrier to Trauma-Sensitive Change and System Transformation (pdf)

To obtain an electronic version of these documents and others, please visit: www.mentalhealth.samhsa.gov/nctic

Publications from GAINS Center (www.prainc.com)

And So I Began to Listen to Their Stories . . . Working With Women in the Criminal Justice System

Addressing the Needs of Women in Mental Illness/Substance Use Disorder Jail Diversion Programs

The Special Needs of Women with Co-Occurring Disorders Diverted From the Criminal Justice System (Training Material)