New Hampshire **V**iolence **A**gainst **W**omen State Plan: A Framework for Action

Department of Health and Human Services
Division of Public Health Services
Maternal and Child Health Section

June 2006

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Injury Prevention Program

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JOHN A. STEPHEN
COMMISSIONER

March 7, 2006

I am pleased to present the Department of Health and Human Services' Violence Against Women State Plan. The scope of Violence Against Women (VAW) as a public health issue in New Hampshire is reflected in the approximately 6,531 primary victims of domestic violence and over 1,000 primary victims of sexual assault reported annually[i]. Additionally, from 1990 to 2003, 48% of all homicides in New Hampshire were related to domestic violence and women represented 82% of all victims of partner homicides[ii].

While New Hampshire has made significant progress in initiating policies, services, and prevention programs to reduce violence against women, we know that more can be done. As a former prosecutor who has tried a number of cases involving domestic abuse, this is an issue that I know is serious and requires our attention. This state plan provides a framework for action to address further needs and invites potential partners to participate in an inclusive process to achieve the goals outlined in this plan.

I would like to commend the Division of Public Health Services, Bureau of Community Health Services and the Maternal and Child Health Section for their time and effort in putting together this comprehensive review of the status of violence against women in New Hampshire and how we can take steps to prevent it.

Sincerely,

John A. Stephen

John A. Stephen
Commissioner

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[i] *2002 Statewide Statistics. Referrals by Crime Category Report, Statewide Statistics.*

[ii] NH Domestic Violence Fatality Review Committee (2004) Fourth Annual Report.

Acknowledgements

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Introduction

The scope of Violence Against Women (VAW) as a public health issue in New Hampshire is reflected in the approximately 6,531 primary victims of domestic violence and over 1,000 primary victims of sexual assault who contact the New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV) member agencies annually. NHCADV agencies serve more than ten female primary sexual assault victims for each male victim (NHCADSV, 2002). Between 1999 and 2002, 25% of women ages 18 years and older who visited New Hampshire Emergency Departments for assault injury related causes indicated that their injuries resulted from assaults including intimate partner violence, abuse by family members or rapes (Burns, E., 2004). Additionally, from 1990 to 2003, 48% of all homicides in New Hampshire were related to domestic violence and women represented 82% of all victims of partner homicides (NH Domestic Violence Fatality Review Committee Report, 2004).

While New Hampshire has made significant progress in initiating VAW policies, services and prevention programs, there is also acknowledgement that gaps in knowledge and services continue. For example, there are a number of activities within the state that have sought to raise public awareness and develop an understanding of VAW. However, there is widespread acknowledgement among providers of prevention services that the scope of these activities does not meet the needs in the state. Additionally, there are multiple sources that collect and report VAW statistics, but there is a lack of integration and consistency among the data sources, which prevents a comprehensive understanding of the prevalence of VAW in New Hampshire.

New Hampshire experiences specific gaps related to VAW prevention, data and surveillance. These include the need to determine the extent and type of intentional injuries seen in ambulatory, emergency, and inpatient health care settings that result from violence against women; assessing how to better capture and describe VAW cases across multiple governmental and service provider agencies; and compiling an inventory and analysis of current prevention programs. The Maternal and Child Health Section, Injury Prevention Program, Division of Public Health Services, New Hampshire Department of Health and Human Services received funding from the Centers for Disease Control and Prevention (CDC) to develop a statewide plan to address unmet needs related to VAW prevention programs, surveillance and data in the state.

This state plan provides a framework for action to address these needs. Rather than presenting a mandate for moving forward, the plan invites potential partners to participate in an inclusive process to achieve prevention and data goals that were created through a year-long planning process that included participation from VAW stakeholders from governmental, private and not-for-profit agencies.

The Maternal and Child Health Section

The Maternal and Child Health Section (MCH) administers a broad array of programs providing direct health care and population-based services to New Hampshire residents. Our staff works with a wide variety of partners to improve the health of all children and families in our state. The mission of MCH is to improve the availability of and access to high quality preventive and primary health care for all children and their families, regardless of income. It is our goal that every child in New Hampshire has the opportunity to grow up healthy.

The MCH Injury Prevention Program's (IPP) mission is to reduce death and disabilities resulting from intentional and unintentional injuries. Injuries are not "accidents" but are predictable and preventable. Decreasing injuries requires the combined efforts of health, education, transportation, law, engineering, and safety science professionals, community leaders, families, and individuals. Major activities of the IPP include: educating professionals and the public on the scope and major causes of injury-related death and disability, identifying and implementing effective programs and strategies, collaborating with private and public sector stakeholders to increase the effectiveness of our work, and developing more effective public policies to reduce injuries.

Injury and violence prevention are a focus of Healthy New Hampshire 2010 (HNH 2010), the state's disease prevention and health promotion agenda. The HNH 2010 VAW-related objectives, and major IPP activities to address those objectives are:

- Reduce firearms deaths. The IPP participates in the NH Firearms Safety Coalition, a nationally recognized coalition that seeks to increase the safe storage and use of firearms. The Coalition produced and distributes a video geared to pre-teens on firearms safety.
- Reduce physical assault injury. The IPP provides funding to the NH Coalition Against Domestic and Sexual Violence and their members statewide for community education programs on preventing and responding to sexual and domestic violence. The IPP also chairs the NH Coalition Against Media Violence, which seeks to educate parents and communities on the effects of media violence on children.

Goals and Activities of the Planning Project: A Framework for Action

The goal of this planning project was to develop a state plan focused on VAW prevention, surveillance and data to increase understanding and reduce the incidence of VAW in New Hampshire. This was accomplished through an examination of VAW data and the development of a shared knowledge of current prevention activities within the state.

While MCH facilitated this planning project, a contractor with expertise in VAW coordinated a participatory process that involved convening a statewide VAW Advisory Board to provide leadership in carrying out the objectives and activities of the planning project, including the development of a state plan. The Advisory Board identified members for two workgroups, one focused on prevention and the other on data collection. The workgroups gathered information on VAW prevention, surveillance and data and produced reports related to their activities. The information presented in the workgroup reports serves as the basis for this state plan.

The VAW planning project included the following activities:

- Conducting and analyzing a survey to identify existing VAW prevention programs being conducted in New Hampshire, including the types of agencies offering programs, target populations, program characteristics, evaluation measures used in these programs, gaps in programs, and the training and technical assistance needs of current and potential prevention providers;

- Producing a surveillance report describing the extent of injuries resulting from violence against women in New Hampshire 1999 to 2002;

- Identifying and assessing data sources for VAW related data and the completeness of the available data collected by multiple governmental agencies and the statewide Coalition Against Domestic and Sexual Violence; and

- Publishing a state plan that provides recommendations to increase the effectiveness of VAW surveillance and prevention activities.

Each activity is described in the following sections.

Goals of the VAW State Plan

The goal of the VAW state plan is to provide a framework and suggest next steps for the development of an action plan to implement recommendations to:

- Increase VAW prevention providers' capacity to evaluate prevention activities
- Implement VAW prevention programs that are based on sound theoretical models
- Expand the populations who participate in VAW prevention activities
- Expand the completeness of VAW data
- Explore possible links between VAW data sources

The recommendations in the state plan are products of the data and prevention workgroups' activities. Five key issues, with rationales, provide the context for seven prevention recommendations and four data recommendations:

1. Evidence-based practices including the use of VAW prevention curricula that are based on successful prevention models and implementation of evaluation strategies can increase the effectiveness of prevention activities.

2. Programs and services that take into account the unique cultural values and practices of groups who traditionally have not accessed services, including but not limited to, those from new immigrant communities can increase access to prevention activities.

3. In order to reduce VAW, prevention programs need to reach all potential bystanders and perpetrators, including men and boys.

4. Integrating VAW prevention in a number of prevention and educational settings will help to reinforce VAW prevention messages for people at all various stages of life.

5. Expanding the completeness of VAW data will provide a more comprehensive understanding of the prevalence of VAW in New Hampshire.

The VAW Advisory Board and workgroup members have identified next steps for implementing each recommendation. Rather than outline specific steps for implementation, the state plan provides a framework for the development of agency-specific action plans to implement the recommendations.

The state plan will be disseminated throughout the state to all stakeholders - individuals, organizations, policy makers and legislators - interested in reducing the incidence of VAW in New Hampshire. The New Hampshire Injury Prevention Program (IPP) will monitor the implementation of the state plan.

VAW Advisory Board

A statewide advisory board provided leadership to the VAW planning project and developed the state plan to increase the effectiveness of surveillance and prevention activities. The advisory board was involved in all levels of the planning process including recommending data and prevention workgroup members, developing the prevention survey, identifying VAW data sources, monitoring progress of the workgroup activities, reviewing workgroup reports and developing the state plan. Members included representatives from public health, sexual and domestic violence services, researchers, child protective services, secondary and post-secondary education, the justice system, health care providers, mental health, substance abuse, and public safety.

VAW Prevention Workgroup

A multidisciplinary workgroup developed the prevention goals outlined in the VAW planning project. Members included a diverse group of professionals from prevention and intervention services, education, minority health and family planning. The prevention workgroup met seven times between April 2003 and March 2004. In addition to their work on the prevention workgroup report, members participated in the development of the state plan.

Prevention Workgroup Activities

Prevention workgroup activities entailed the distribution and analysis of a survey to identify existing VAW prevention programs being offered in New Hampshire. The survey included questions on the types of agencies offering programs, target populations, program characteristics, evaluation measures used in these programs, gaps in programs, and the training and technical assistance needs of current and potential prevention providers.

The target audiences for the prevention survey were:

- sexual and domestic violence provider agencies,
- crisis centers,
- academic institutions,
- adolescent and women's health centers,
- counseling and mental health centers,
- family support centers,
- batterer intervention programs,
- prenatal centers,
- public safety agencies,
- correctional facilities,
- juvenile justice programs,
- primary and secondary schools,
- substance abuse programs,
- developmental disability agencies,
- racial/ethnic minority service organizations and
- agencies serving sexual minorities.

For the purposes of the survey, the prevention work group defined VAW as intimate partner abuse/violence, sexual violence by any perpetrator, sexual harassment, hate crimes and other forms of assault committed by acquaintances or strangers. The workgroup defined intervention programs as prevention activities provided in response to an identified VAW incident, past or current, with primary or secondary victim(s) and/or perpetrator(s). Likewise the group defined prevention programs as prevention activities not delivered in response to an identified VAW incident.

The workgroup offered the survey through a web-based interface during a seven-week time frame from mid August to the end of September 2003. One hundred and fourteen people responded to the VAW prevention survey. A relatively low response rate, approximately 10% and some limitations of the sample limit the degree to which findings can be generalized. Nonetheless, the data provide important insight into the prevention activities of providers who responded to the survey.

During the survey period, the VAW Planning Project Coordinator sponsored two focus groups to learn more about the extent and type of prevention activities offered by two specific types of organizations. Education Coordinators from domestic violence and sexual assault crisis centers throughout New Hampshire made up the first focus group. This group was held in August 2003. The crisis centers are part of the New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV). Peer Educators from the New Hampshire Minority Health Coalition (NHMHC) participated in a second focus group held in September 2003. The Peer Educators work with the *Woman to Woman* program, a home-based health promotion and disease prevention education program which provides one-on-one and small group education to minority women in the Manchester and Nashua, NH areas.

Data from the surveys and focus groups were aggregated and analyzed and serve as the basis of recommendations in the state plan. Key findings are listed below.

VAW Prevention Workgroup Key Findings

- The majority of survey respondents indicate that the goal of their prevention activities is to increase awareness of VAW and support services. Programs place the greatest emphasis on individuals who are or may become victims of violence.

- Prevention activities are least likely to have a skills based focus that includes what to do if you are victimized by someone, bystander intervention, oppression, internet safety, media literacy, and self defense.

- Only a small percent of prevention providers base their VAW prevention activities on the established structure of a formal curriculum. Instead, providers are more likely to base their prevention activities on their own materials or to modify the structure of another curriculum.

- The majority of prevention activities are aimed at teachers, medical professionals or health care providers, victims, community members or organizations, and middle, junior high and high school students.

- There is a shortage of prevention and intervention programs for already marginalized populations, including refugees, immigrants, elderly, sex offenders, other perpetrators of VAW, institutionalized individuals - juveniles and adults, individuals with developmental disabilities, and individuals with mental illness.

- While prevention activities are presented to all sexes, providers are more likely to present prevention activities to women and girls

- English is the only language used in nearly three-fourths of prevention activities. This acts as a barrier to non-English speakers and people whose first language is not English.

- Prevention providers are most likely to evaluate participant satisfaction with the program presented and participants' assessment of the presenter. Providers are least likely to evaluate attitudes, knowledge and behaviors.

- One third of respondents indicate that their staff members who provide VAW prevention activities need information on effective presentation skills and strategies for developing effective programs. Slightly less than 20% report needing skills on developing effective ways to evaluate their programs.

- Prevention providers are most likely to include the following aspects of VAW in their prevention activities: sexual harassment, sexual assault and intimate partner abuse/violence.

- Providers offer a limited number of "trainings of trainers" on VAW prevention.

VAW Data Workgroup

A multidisciplinary data workgroup developed the data and surveillance goals outlined in the VAW planning project. Members included a diverse group of professionals from criminal justice, not-for-profit, direct service, government and educational settings. The workgroup met five times between May 2003 and September 2004. Additionally, data workgroup members participated in the development of the state plan.

VAW Data Workgroup Activities

The data workgroup identified VAW data sources and assessed the completeness of available data collected by multiple governmental agencies and the statewide Coalition Against Domestic and Sexual Violence. This involved the development of an inventory of existing data sources containing information related to VAW (see APPENDIX V). The data included, but were not limited to: public health, safety, justice, and providers of services to victims of

sexual violence; assessment of the completeness of available data; development of recommendations to improve data currently collected; and production of a report describing VAW related data in New Hampshire, with recommendations for improvements. Additionally, the data workgroup provided guidance on the development of a VAW injury surveillance report (see APPENDIX I).

The CDC funding for this project is limited to VAW, thus the workgroup examined data related only to women as victims. The workgroup considered VAW data for inclusion into the inventory that encompassed the following parameters:

- victims of any age,
- physical abuse,
- sexual abuse,
- emotional and psychological abuse,
- active and passive violence,
- person to person abuse,
- any relationship of offender to victim (i.e. stranger, acquaintance, family members, etc), and
- violent crimes including muggings, and homicides.

The data inventory included seventeen data sources identified by the workgroup. For each source, workgroup members gathered information regarding agency description, description of the database, key VAW related variables, demographic variables, availability of the data, and limitations of the data. The workgroup summarized the data by completing an inventory template for each data source.

With the exception of the injury surveillance report, it is important to note that the workgroup did not collect nor report on actual data on VAW. Rather, the data inventory records data sources and provides contact information on how to access the data. To get the VAW data, readers of this report should contact data sources directly.

The data workgroup's assessment of VAW data serves as the basis of recommendations in the state plan. Key findings are listed below.

VAW Data Workgroup Key Findings

- Seven types of VAW data are available in New Hampshire including criminal justice, direct service, education, employment, injury, mandatory reporting and survey. VAW data are lacking in the behavioral health and substance use fields.

- VAW data are collected for a variety of purposes ranging from case management, mandatory reporting, public awareness, legislative mandate, and law enforcement. The usefulness of the data outside of the purpose of each specific data source can be very limited.

- The majority of VAW data report incidences of physical violence and sexual assault. Data are limited on child sexual abuse, sexual harassment, emotional abuse, stalking, and bullying.

- Many of the data sources contain a limited number of demographic variables; the most relevant in this analysis is the gender of the victim.

- There is a lack of consistency in the definitions used to characterize incidences of VAW among the data sources.

- With the exception of the J-ONE project, none of the 17 data sources are linked in any way.

- It is not possible to identify overlaps in VAW data. Thus, there is a high probability that there is duplication in VAW reporting.

- The majority of data sources provide data on the aggregate level and only a handful of sources will provide raw data upon special request.

- While the majority of data sources report the incidence of VAW on a regular basis, approximately one-third make this information available to the public.

- During 1999-2002, 3,956 women ages 18 years and older visited New Hampshire Hospital Emergency Departments for assault injury related causes. Twenty-five percent of these women indicated that their injuries resulted from assaults such as intimate partner violence, abuse by family members and rapes.

- While women may seek medical assistance for assault related injuries, improper hospital coding presents challenges in accurately understanding the cause of injury and relationship between the victim and perpetrator.

- The quality of VAW data is often adversely affected by claims coding inaccuracies, reluctance of victims to disclose information and insurance reimbursement practices that encourage reporting of medical diagnoses rather than victim status.

- Women who are in the 15-24 year age group (1999-2002) had the highest rate of assault injury-related ED visits, 500 discharges per 100,000 females.

VAW Planning Project

Key Issues and Goals for Violence Against Women Prevention, Surveillance and Data

Key Issue: Evidence-based practices including the use of VAW prevention curricula based on successful prevention models and implementation of evaluation strategies can increase the effectiveness of prevention activities.

Rationale:
Based on responses to the VAW prevention survey, prevention providers are most likely to evaluate participant satisfaction with the prevention activity and the presenter. They are least likely to evaluate participant knowledge of VAW and outcomes of the prevention activity. Such evaluation strategies indicate whether participants liked the presentation and the presenter, but they don't measure the effectiveness of the program or if the providers successfully accomplished prevention activity goals.

Successful evaluation strategies allow programs to demonstrate effectiveness to funders, improve the implementation and effectiveness of programs, better manage limited resources, document program accomplishments, justify current program funding, and document program development and activities to help ensure successful replication (Puett, 2003). As such, prevention providers would benefit from training, resources, and the application of evaluation methods to measure the effectiveness and outcomes of prevention activities.

One-fourth of providers who responded to the prevention survey do not base their prevention activities on any formal curriculum. Only a small percent (5%) of providers base their VAW prevention activities on the structure of a formal curriculum. Instead, providers are more likely to base their curriculum on either their own materials or on the structure of another curriculum, with modifications. While this may provide the flexibility to tailor prevention programs to meet the perceived needs of specific populations, it does not ensure the use of successful prevention models to guide prevention activities. This leaves open the possibility for dissemination of inaccurate information and potentially harmful messages about VAW and VAW prevention.

A number of VAW prevention programs work to reduce VAW in specific populations. Despite the lack of formal evaluation for many of these programs, they often use successful prevention models as the basis of their intervention strategies. The workgroup encourages prevention providers to utilize the suggested resources, program components and curricula outlined in Appendix IV. The use of these resources, along with the implementation of evaluation strategies, will help to ensure the effectiveness of prevention programs.

The majority of respondents require their prevention providers to have appropriate educational and professional backgrounds. Given the large number of providers who receive in-state training on issues related to VAW as well as the low number of train the trainer opportunities, it seems appropriate to utilize state and local conferences to disseminate information on successful VAW prevention models and methods to evaluate prevention programs. Additionally, the New Hampshire Coalition Against Domestic and Sexual Violence can provide resources to help with the implementation of VAW prevention activities in schools and community organizations.

Prevention Goal 1: Develop a common set of measurable goals and objectives for VAW prevention programs that incorporate elements of evidence based curricula.

Next Steps for Implementation:

- Identify evidence based VAW curricula that are grounded in best practice and successful prevention models.
- Provide resources to assist the NH Department of Education in considering regulations, including *Safe and Drug Free Schools* and *No Child Left Behind*, that would support implementation of VAW curricula in schools.
- Develop mechanisms to measure and track VAW prevention programs.

Potential Partners:

- Maternal and Child Health Section, DHHS
- National Programs, including the Family Violence Prevention Fund, etc.
- New Hampshire Coalition Against Domestic and Sexual Violence
- New Hampshire Department of Education
- New Hampshire Division of Children, Youth and Families and contracting agencies
- New Hampshire Schools
- New Hampshire School Board's Association
- New Hampshire Superintendent's Association

Prevention Goal 2: Increase the capacity of prevention providers to evaluate prevention activities.

Next Steps for Implementation:

- Develop evaluation resources.
- Develop standardized evaluation plan that includes pre, interval and post-tests to measure effectiveness.
- Identify statistical packages to support evaluation tools.
- Create evaluation tool kit for prevention providers.
- Provide training for prevention providers at state and local conferences on how to collect and analyze data.

Prevention Goal 2: Continued

Potential Partners:

- Domestic Violence Coordinating Councils
- Endowment for Health
- New Hampshire Bureau of Health Statistics and Data Management
- New Hampshire Charitable Fund
- Maternal and Child Health Section, DHHS
- New Hampshire Coalition Against Domestic and Sexual Violence
- Researchers and evaluators

Prevention Goal 3: Provide educational opportunities in the area of VAW prevention.

Next Steps for Implementation:

- Explore the possibility of creating a summer institute (for academic credit) on VAW prevention.
- Provide VAW prevention workshops and train the trainer opportunities at local and state conferences.
- Offer a state conference on VAW prevention.
- Seek train the trainer models from other states.

Potential Partners:

- Area Health Education Centers
- Adolescence Resource Center - UNH
- Cooperative Education Extension Educators
- Gender Equity in Education Task Force – NH Commission on the Status of Women
- Faith Based Communities
- Family Resource Centers
- Maternal and Child Health Section, DHHS
- New Hampshire Coalition Against Domestic and Sexual Violence
- New Hampshire Department of Education
- New Hampshire Department of Justice
- New Hampshire Division of Children, Youth and Families and contracting agencies

Prevention Goal 3:
Continued

Potential Partners:

- New Hampshire School Nurses' Association
- New Hampshire Schools
- State organizations having VAW train the trainer model

Prevention Goal 4: **Encourage locally supported partnerships between New Hampshire schools and domestic and sexual violence crisis centers to integrate currently available VAW prevention programs, which are based on best practice, into schools' curricula.**

Next Steps for Implementation:

- Initiate conversation with NH Department of Education about incorporating VAW prevention into schools' health curriculum framework.
- Provide resources to assist local school systems in exploring the possibility of adding VAW prevention principles into schools' health tests.
- Revisit bullying statute.
- Look at successful partnerships (i.e. Seacoast Coalition) that have identified books, videos and resource materials that schools can integrate into their curricula.
- Track incidence of VAW that students report in the YRBS and TAP surveys.

Potential Partners:

- New Hampshire Coalition Against Domestic and Sexual Violence
- New Hampshire Department of Education
- New Hampshire Schools
- New Hampshire School Board's Association
- New Hampshire Superintendent's Association
- Seacoast Coalition
- UNH Cooperative Education Educators

Key Issue: Programs and services that take into account the unique cultural values and practices of groups who traditionally have not accessed services, including but not limited to, those from new immigrant communities can increase access to prevention activities.

Rationale:
Peer Educators from the New Hampshire Minority Health Coalition (NHMCH) note that the lack of prevention and intervention programs in languages other than English serve as a major barrier to accessing services for refugee and immigrant populations in the state. While these populations often use the Language Line for interpretation services, this service is cumbersome and impersonal. This is particularly problematic because of the private and personal nature of VAW. The lack of interpretation availability in VAW intervention and prevention services also puts additional pressure on NHMHC Peer Educators to provide assistance for services that they do not have the capacity to provide. Programs and services that take into account the unique cultural values and practices of groups who traditionally have not accessed services make it more likely that these populations will receive appropriate support services.

Additionally, intervention and prevention programs are lacking for refugees, immigrants, the elderly, sex offenders, other perpetrators of VAW, institutionalized individuals – juveniles and adults, individuals with developmental disabilities, mentally ill individuals and youth and adults who use alcohol/drugs. Many of these populations are at high risk for being both victims and offenders of VAW. Increasing prevention activities for these populations will not only ensure that these populations receive prevention, but also help to reduce the incidence of VAW.

Prevention Goal 5: Expand the audiences to which VAW prevention activities are targeted to include marginalized populations such as refugees, immigrants, elderly, institutionalized individuals – juveniles and adults, individuals with developmental disabilities, mentally ill individuals and youth and adults who use alcohol/drugs.

Next Steps for Implementation:

- Identify specific cultural concerns of different groups and resources – i.e. community networks.
- Assess the needs of populations and develop strategies to best serve their needs.
- Develop tool kit for working with diverse populations.
- Develop prevention resources and programs in languages other than English.

Prevention Goal 5:
Continued

Next Steps for Implementation:

- Expand outreach efforts to increase awareness among underserved populations of crisis center services and prevention programs.

Potential Partners:

- Area Health Education Centers
- Area Agencies
- Anti-Defamation League
- Co-cultural Organizations in Manchester and Nashua
- Department of Behavioral Health, DHHS
- Easter Seals
- Home Visiting Organizations
- Hospital Based Domestic Violence Coordinating Councils
- International Institute
- Lutheran Social Services
- Maternal and Child Health Section, DHHS
- National Association for the Advancement of Colored People
- NAMHI
- New Hampshire Association for the Blind
- New Hampshire Association for the Deaf and Hard of Hearing
- New Hampshire Coalition Against Domestic and Sexual Violence
- New Hampshire Minority Health Coalition
- Office of Minority Health, DHHS
- Public Health Departments in Manchester and Nashua
- Southern Poverty Law Center
- Task Force on Women and Addiction

Key Issue: In order to reduce VAW, prevention programs need to reach all potential bystanders and perpetrators, including men and boys.

Rationale:
Prevention providers indicate that men and boys are less likely than women and girls to participate in prevention activities. Intervention and prevention programs seldom are designed to meet the needs of men and boys. Programs for sex offenders and other perpetrators of VAW are also scarce. Activities designed for these populations will broaden the scope of prevention efforts with the potential benefit of involving more individuals and groups in efforts to stop violence against women.

Prevention Goal 6: Develop VAW prevention messages that are directed at potential bystanders and perpetrators.

Next Steps for Implementation:

- Use UNH study (Banyard, Plante., & Moynihan. 2004) on bystander intervention as a resource in the development of a curriculum that incorporates prevention messages for men and boys.
- Utilize sports and extracurricular activities as avenues to present VAW prevention message to boys.
- Look at existing prevention models (i.e. MVP), which tailor messages toward men and boys.
- Tap into national anti-discrimination groups for review of curricula.
- Educate teachers and school administrators regarding appropriate responses to and consequences for gender specific bullying, sexual harassment and dating violence.

Potential Partners:

- Batterer Intervention Providers
- Boy Scouts
- Diversion Programs
- Division for Juvenile Justice Services
- Fraternities at New Hampshire Colleges and Universities
- MVP, Jackson Katz
- New Hampshire Athletics' Association
- New Hampshire Coalition Against Domestic and Sexual Violence
- New Hampshire Commission on the Status of Men
- New Hampshire Department of Education
- New Hampshire Schools
- Sex Offender Treatment Providers

Key Issue: Integrating VAW prevention in a number of prevention and educational settings will help to reinforce VAW prevention messages for people at various stages of life.

Rationale:

Data from the prevention survey indicate that the majority of respondents provide prevention in settings where the primary purpose is VAW prevention. However, information gathered during focus groups with Peer Educators and Education Coordinators suggest that VAW

prevention occurs in diverse environments where the primary focus is health education and prevention. These settings include, but are not limited to homes, family support centers and health care settings and target populations vary across the life course. These prevention educators have the opportunity to present VAW prevention messages and resources in conjunction with their prevention education on other issues.

Prevention Goal 7: Look for ways to build connections within prevention communities to ensure that VAW prevention messages are incorporated into existing services and programs.

Next Steps for Implementation:

- Contact agencies and organizations that are providing prevention and determine what they are already doing regarding VAW prevention.
- When opportunities arise, integrate VAW prevention messages into existing programs.
- Ensure that screening for VAW is incorporated into regular screening and assessment of all clients.
- Provide training for prevention providers on how to respond when clients disclose VAW.

Potential Partners:

- Alcohol and Drug Program that provide service to adolescents
- Bureau of Maternal and Child Health Programs
- Division of Juvenile Justice Services
- Elderly and Adult Services and Caregiver Communities
- Family Support Centers
- Faith Communities
- Head Start
- Home Health Care Agencies and Service Providers
- New Hampshire Minority Health Coalition
- Parent Groups
- Senior Citizen Centers
- UNH Cooperative Education Educators
- Visiting Nurses Associations

Key Issue: Expanding the completeness of VAW data will provide a more comprehensive understanding of the prevalence of VAW in New Hampshire.

Rationale:
There is a lack of consistency in the terms and definitions used to characterize the incidence of VAW. While several data sources may refer to the same type of incident, the terms used to describe the incident vary tremendously. For example, there are four labels to denote physical violence: assault, domestic violence, physical violence, and physical abuse. None of the data sources utilize the term intimate partner violence. This is important to note because this term is frequently used within the VAW field to characterize physical violence that occurs between intimate partners. It is difficult to make meaningful comparisons between VAW data sources when there is a lack of consistency in the use of terms and definitions to describe VAW.

None of the VAW data sources examined are linked by any common variables or offender/victim identifiers. This is problematic because the variables don't provide for integration among the various data sources. It is very likely that there are overlaps in data and there is currently no way to know if one victim is represented in more than one database. Linking databases has the potential to provide a more comprehensive assessment of the prevalence of VAW in New Hampshire. However, while linking data may be desirable, it might not be appropriate for some databases. Because of the personal nature of VAW and confidentiality considerations it may be impractical to link VAW data. For example, within the health field, new federal regulations protect patient confidentiality and this is an important consideration when sharing data. Also, confidentiality provisions for victims contacting NHCADSV crisis centers would prohibit linking of any data that identifies victims. Thus, rather than advocate for linking databases, it is first important to determine whether such connections are possible and appropriate.

Additionally, several of the data sources offer a limited number of demographic variables. The most relevant variable to this analysis is the gender of the victim. In order to accurately capture the scope of violence against women it is important that VAW databases at least include gender as a variable. Consistent VAW definitions and a common set of variables would provide a more comprehensive understanding of the prevalence of VAW.

A variety of sources include VAW data including court records, surveys, hospital discharge records, insurance claims, medical billing records, crisis center intake forms, law enforcement cases and abuse case files. As with the range of sources, the characteristics of the samples and the accuracy of the data vary tremendously. Only two of the data sources in the VAW data inventory include representative samples. Instead, the majority of data include populations that are specific to the data source and do not represent a cross section of women who have been victimized. To inform prevention and intervention efforts, organizations in New Hampshire need more precise data on the prevalence of intimate partner violence and sexual assault.

Finally, the quality of VAW data in health and medical settings is often adversely affected by claims coding inaccuracies, reluctance of victims to disclose information and by insurance reimbursement practices that encourage reporting of medical diagnoses rather than victim status. For example, while women may seek medical assistance for assault related injuries, improper hospital coding presents challenges in accurately understanding the cause of injury and relationship between the victim and perpetrator. Coding manuals instruct that the injury codes be primary and that the E-code, which indicates 'agency' (assault, homicide, etc.) and the relationship of the perpetrator should be secondary. However, there are not enough spaces on forms to allow for proper coding of secondary codes. Additionally, insurance companies typically encourage coders to use diagnosis codes rather than victim codes because the former often have higher reimbursements.

Data Goal 1: **Develop a mechanism to ensure that consistent VAW definitions can be applied to various databases throughout the state.**

Next Steps for Implementation:

- Assemble a workgroup.
- Workgroup examines VAW definitions that are in use throughout the state.
- Conduct a financial impact study to review costs of changes to existing databases.
- Explore ways to link the current VAW data.
- Look for ways to leverage grant mechanisms (i.e. guidelines, reporting, etc.) to develop standardized VAW definitions and formats to report VAW data.
- Workgroup develops a VAW glossary.

Potential Partners:

- Administrative Office of the Courts
- Bureau of Health Statistics and Data Management
- Endowment for Health
- Grants Management offices that provide VAW funding
- Health insurance Companies
- Maternal and Child Health Section, DHHS
- New Hampshire Coalition Against Domestic and Sexual Violence
- New Hampshire Department of Education
- New Hampshire Department of Justice
- New Hampshire Department of Safety
- New Hampshire Division of Children, Youth and Families
- New Hampshire Division of Public Health Services

- New Hampshire Governor's Commission on Domestic and Sexual Violence
- New Hampshire Hospitals' Association/Foundation for Healthy Communities

Data Goal 2: **Work with partners to include gender as a variable in all VAW databases.**

Next Steps for Implementation:

- Identify databases that do not include gender as a variable.
- Engage partners in finding ways to include gender as a variable.

Potential Partners:

- Administrative Office of the Courts
- Bureau of Health Statistics and Data Management
- Endowment for Health
- Grants Management offices that provide VAW funding
- Health insurance Companies
- Maternal and Child Health Section, DHHS
- New Hampshire Coalition Against Domestic and Sexual Violence
- New Hampshire Commission on the Status of Men
- New Hampshire Commission on the Status of Women
- New Hampshire Department of Education
- New Hampshire Department of Justice
- New Hampshire Department of Safety
- New Hampshire Division of Children, Youth and Families
- New Hampshire Division of Public Health Services
- New Hampshire Governor's Commission on Domestic and Sexual Violence

Data Goal 3: **Expand the administration of statewide surveys that measure intimate partner violence and sexual assault in NH.**

Next Steps for Implementation:

- Develop inventory of survey(s) that have been done.
- Determine the type(s) of survey that are needed.
- Look to implement surveys where needed.

Potential Partners:

- Endowment for Health
- Maternal and Child Health Section, DHHS
- Members of the VAW Data Workgroup
- New Hampshire Coalition Against Domestic and Sexual Violence
- New Hampshire Department of Justice, Grants Management
- New Hampshire Hospital Association/Foundation for Healthy Communities
- University of New Hampshire

Data Goal 4: **Improve hospital coding by adding a secondary e-code field and offering training to staff members who code medical records.**

Next Steps for Implementation:

- Talk with New Hampshire Hospital Association/Foundation for Healthy Communities about adding secondary e-code field.
- Institute regular training for hospital coders.
- Use the Family Violence Prevention Fund's national standards campaign as a resource.
- Remove coding disincentives.

Potential Partners:

- Bureau of Health Statistics and Data Management
- Domestic Violence Councils
- Family Violence Prevention Fund – National Standards Campaign
- Health Insurance Companies
- Hospital Based Task Forces
- Maternal and Child Health Section, DHHS
- New Hampshire Coalition Against Domestic and Sexual Violence
- New Hampshire Division of Public Health Services
- New Hampshire Hospital Association/Foundation for Healthy Communities

Appendices

APPENDIX I: New Hampshire Violence Against Women Surveillance Report, 1999-2002[1]

Data Collection

Assault Injury-Related Death (Homicide)

For the purposes of this report, an injury-related assault death (homicide) is defined as a New Hampshire resident with an assault injury "Underlying Cause of Death" or contributing cause of death during the years 1999 through 2001. Beginning in 1999, a revised coding manual was implemented for mortality data – the International Statistical Classification for Diseases and Related Health Problems, Revision 10 (ICD-10). Using this manual, an assault-related death case has an underlying cause of death code of X85-Y09, Y87.1 or U01-U02.

Assault Injury-Related Inpatient Hospitalizations and Emergency Department (ED) Visits

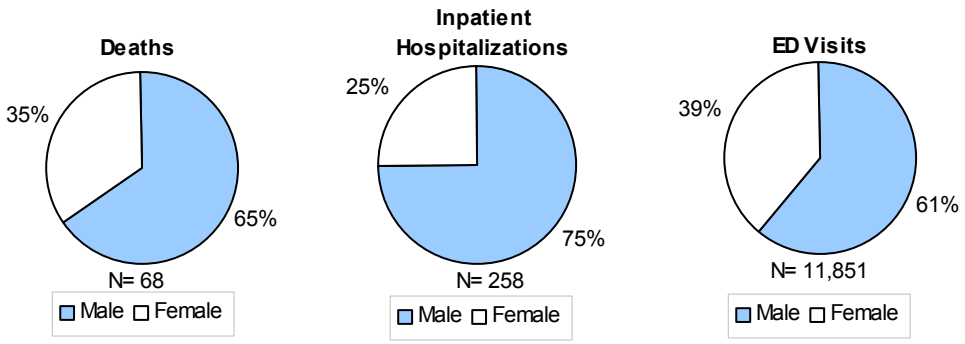
An assault injury-related inpatient hospitalization or ED visit is defined as an admission of a New Hampshire resident to a New Hampshire hospital with a principal or secondary diagnosis of an injury and an assault external cause of injury code (E-code) for the cause of injury, during the years 1999 through 2002. Deaths that occurred in the hospital were excluded from the inpatient hospitalization and ED visit totals because they are already captured in the death database analysis. For all hospitalizations, the coding manual in use is the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM). A principal or secondary diagnosis of an injury is a code of 800-904.9 or 910-999.9. An E-code for the assault cause of injury is E960-E969, E979.

Data Analysis

In general, the population of assault-injured patients is predominantly male. Males account for 65% of the homicides, 75% of the inpatient hospital discharges, and 61% of the emergency department (ED) visits from assault.

[1] Burns, E., New Hampshire Violence Against Women Surveillance Report, 1999-2002; Concord, NH: New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Health Statistics and Data Management, 2004 (Data from New Hampshire Bureau of Vital Records death certificate and Bureau of Health Statistics and Data Management hospital discharge databases).

Figure 1. Assault Injury-Related Deaths (1999-2001), Inpatient Hospitalizations (1999-2002), and ED Visits (1999-2002) by Gender, NH Residents



The number of female homicides and inpatient hospital discharges are distributed across the age groups. Due to the small number of female homicides and inpatient hospitalizations (Tables 1 and 2), rates cannot be calculated by age group.

Table 1. Assault Injury-Related Deaths among Females by Age Group, 1999-2001

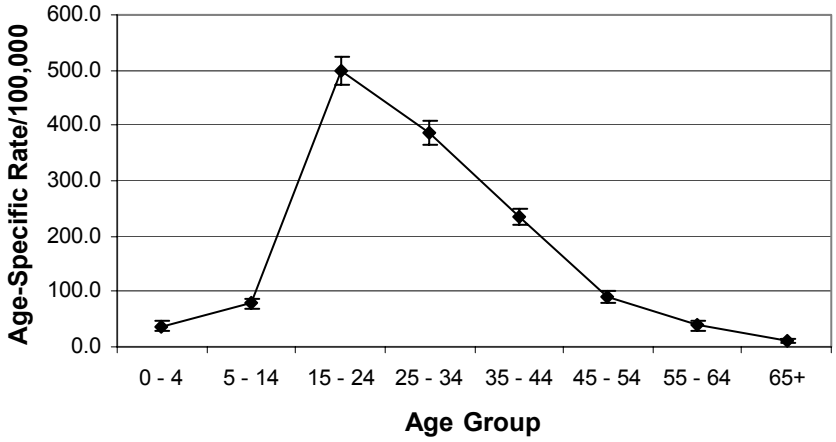
Age Group	Number
0 - 4	4
5 - 14	0
15 - 24	2
25 - 34	4
35 - 44	4
45 - 54	3
55 - 64	2
65 - 74	2
75 - 84	1
85 +	2
Total	24

Table 2. Assault Injury-Related Inpatient Hospitalizations among Females by Age Group, 1999-2002

Age Group	Number
0 - 4	9
5 - 14	1
15 - 24	13
25 - 34	6
35 - 44	15
45 - 54	7
55 - 64	1
65 - 74	4
75 - 84	4
85 +	5
Total	65

The female assault injury-related ED visit rates show significant differences between age groups (Figure 2). The age groups of 15-24, 25-34, and 35-44 have much higher rates than the other age groups. The 15-24 year age group has the highest rate of assault injury-related ED visits, 500 discharges per 100,000 female population (95% C.I.: 475 – 525).

Figure 2. Assault Injury-Related ED Visits among Females by Age Group, 1999-2002



The leading means of homicide in NH females are by "Firearm" and "Cut/pierce". The two "All Transport" homicides were from the September 11, 2001 terrorist attack.

Table 3. Assault Injury-Related Deaths among Females by Mechanism/Cause, 1999-2001

Mechanism/Cause	Number
Firearm	8
Cut/pierce	6
Poisoning	2
All Transport	2
Struck by or against	1
Suffocation	1
Other/Unspecified	4
Total	24

The most common mechanism/cause of assault-related hospitalizations and ED visits for females is "Struck by/against" (Tables 4 and 5). Examples of "Struck by/Against" assaults are unarmed fights or brawls or striking with a blunt object.

Table 4. Assault Injury-Related Inpatient Hospitalizations among Females by Mechanism/Cause, 1999-2002

Mechanism/Cause	Number
Struck by or against	22
Cut/pierce	3
Firearm	2
Fall	1
Fire/burn	1
Poisoning	1
Other specified	30
Unspecified	5
Total	65

Table 5. Assault Injury-Related ED Visits among Females by Mechanism/Cause and Age Group, 1999-2002

	Age Group			
Mechanism/Cause	<18	18-64	65+	Total
Struck by or against	347	1708	10	2065
Cut/pierce	9	52	1	62
Suffocation	4	14	0	18
Fire/burn	0	11	0	11
Fall	1	8	0	9
Poisoning	3	6	0	9
Motor vehicle traffic	0	6	0	6
Firearm	0	1	0	1
Other specified classifiable/not classifiable	298	1715	26	2039
Unspecified	49	394	4	447
Total	711	3915	41	4667

Table 5a. Assault Injury-Related ED Visits among Women (18 years and older) by Mechanism/Cause and Age Group, 1999-2002

	Age Group
Mechanism/Cause	18+
Struck by or against	1718
Cut/pierce	53
Suffocation	14
Fire/burn	11
Fall	8
Poisoning	6
Motor vehicle traffic	6
Firearm	1
Other specified classifiable	1125
Other not classifiable	616
Unspecified	398
Total	3956

There are a large number of "Other specified classifiable/not classifiable" and "Unspecified" assaults. The "Other specified classifiable/not classifiable" category is a group of multiple mechanisms of injury. Examples of "Other specified classifiable" categorized assaults are rapes, child or adult abuse, assaults by air gun, or human bite.

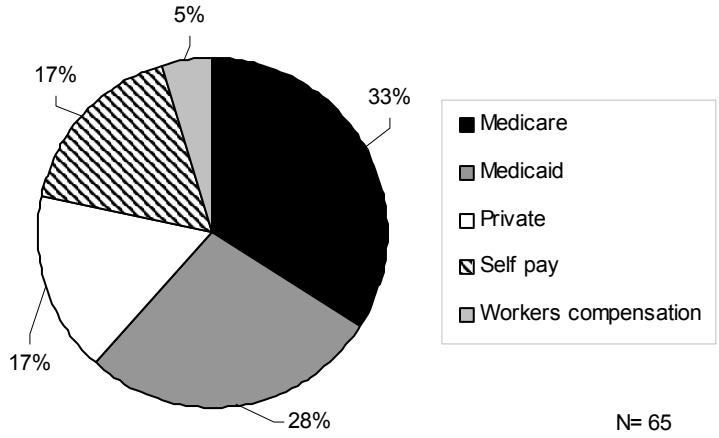
Table 6 is a grouping of the "Other specified classifiable" injuries. A majority of these injuries are categorized by the perpetrator responsible for the assault. For the perpetrator cases in this table, the mechanism of the injury is not known. These perpetrator codes should actually be used as a supplementary code to describe more about an injury.

Table 6. Breakdown of Assault Injury Cause *Other Specified Classifiable* for Women (Related to Partner/Family Abuse and Rape) ED Visits by Group, 1999-2002

Other Specified Classifiable (related to family/partner abuse)	Number
Perpetrator-coded records	
Batter by spouse/partner	491
Abuse by father/stepfather/boyfriend	190
Abuse by other specified/unspecified	109
Battering by child	32
Abuse by mother/stepmother/girlfriend	23
Batter by other relative	15
Battering by sibling	14
Battering by grandparent	4
Other specified mechanisms	
Rape	129
Total	1007

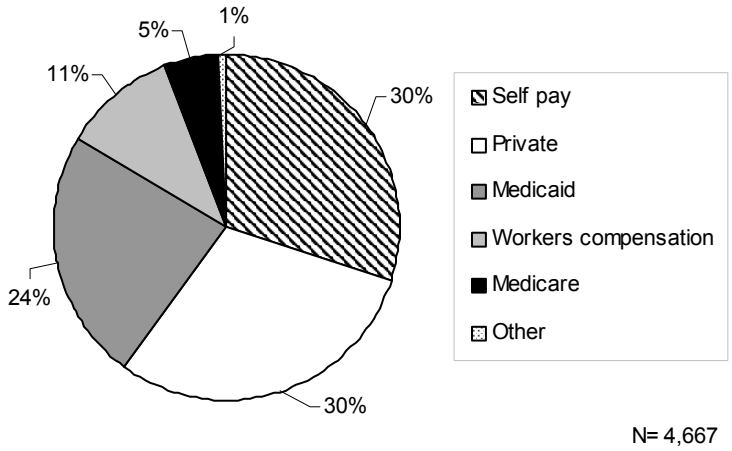
The most common payers for inpatient hospitalizations are the government programs, Medicare (33%) and Medicaid (28%). "Private" (commercial insurance) and "Self pay" are each responsible for 17% of the cases (Figure 3).

Figure 3. Assault Injury-Related Inpatient Hospitalizations among Females by Payer-Type, 1999-2002



"Self pay" and "Private" (commercial insurance) are the most common payers for female assault injury-related ED visits (Figure 4). The relatively high percentage of "Self pay" payer-type may be partly explained by the fact that young adults have the highest rate of assault ED visits and are traditionally the group with the lowest percent of health insurance coverage. Additionally, insured victims may be reluctant to claim the visit because the subscriber may find out when the Explanation of Benefits statement arrives in the mail.

Figure 4. Assault Injury-Related ED Visits among Females by Payer-Type, 1999-2002



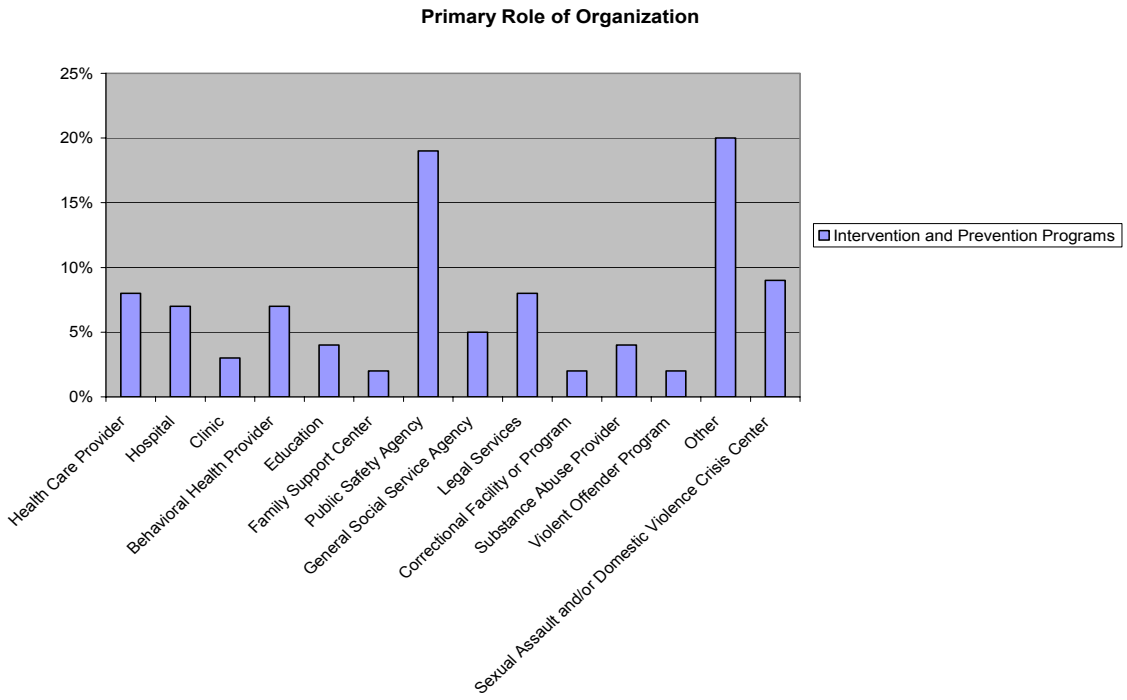
APPENDIX II: Prevention Survey Results

Characteristics of the sample

One hundred and fourteen people responded to the VAW prevention survey. Respondents were asked to indicate if they provide intervention and/or prevention programs. Twenty-four percent of respondents indicate that they provide both intervention and prevention programs, 55% provide only prevention programs and 21% provide only intervention programs.

Slightly over 50% of respondents work for not-for-profit agencies or organizations, 19% represent state agencies, 12% municipal agencies or organizations, 3% for-profit agencies or organizations and 14 % represent other organizations including schools, hospitals, and colleges.

Chart I illustrates the primary role of respondents' organizations. Public safety agencies, legal services and sexual assault and domestic violence crisis centers represent the primary role of 36% of respondents. While we do not know the primary role of 20% of respondents, "other", the majority of respondents do represent organizations from the intended target audiences.



Information included in prevention activities

Respondents were asked to indicate the topics that they include in their VAW intervention/prevention programs. Over 40% of programs include information on cultural diversity and cultural competency, sexual orientation, age and socio-economic status. Providers also indicate that they include, although not to the extent that the above

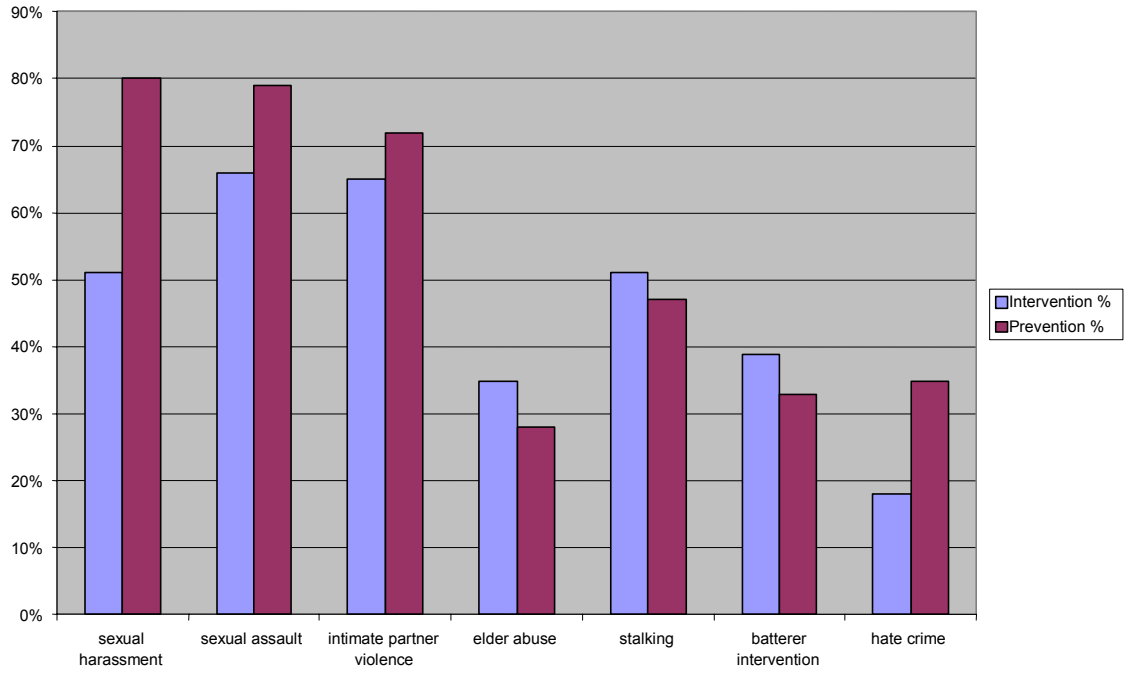
topics are included, information on gender expression, race and ethnicity. Respondents note that they include the following other topics in their prevention activities: immigration and public benefits for battered immigrants, disability, marital status, religion, mental illness, nationality, referral information and gender neutral language.

Prevention activities are most likely to include information on referrals, VAW definitions, dating violence, myths and facts, what to do if you are victimized, how to avoid high risk situations, how to help a friend, warning signs of an abusive person, healthy relationships, state and federal laws, confidentiality, and mandatory reporting. Far less attention is focused on what to do if you victimize someone, bystander intervention, oppression, internet safety, media literacy, self-defense, and train the trainer.

Only a small percent (5%) of providers base their VAW prevention activities on the structure of another curriculum. Instead, providers are more likely to base their curriculum on either their own materials or on the structure of another curriculum, with modifications. One-fourth of providers do not base their prevention activities on any curriculum.

Programs are most likely to include the following aspects of VAW in their prevention activities: sexual harassment, sexual assault and intimate partner abuse/violence. Chart II illustrates the percent of programs that indicate that they include various aspects of VAW in their intervention and prevention programs.

Chart II: Aspects of VAW Included in Intervention and Prevention



Methods of delivery

Overall, providers are most likely to present prevention activities through one on one interventions, lecture/formal presentations, small group discussions, videos, and informational flyers or posters and handouts. Significantly fewer providers utilize less traditional delivery methods including drama, art work, activities and games. Respondents also note that they use e-mail updates, role modeling, scenarios, action plans, and pledges to convey prevention information. Intervention programs are more likely to utilize one on one interventions and group counseling while prevention programs are more likely to rely more on presentations in an organized group setting.

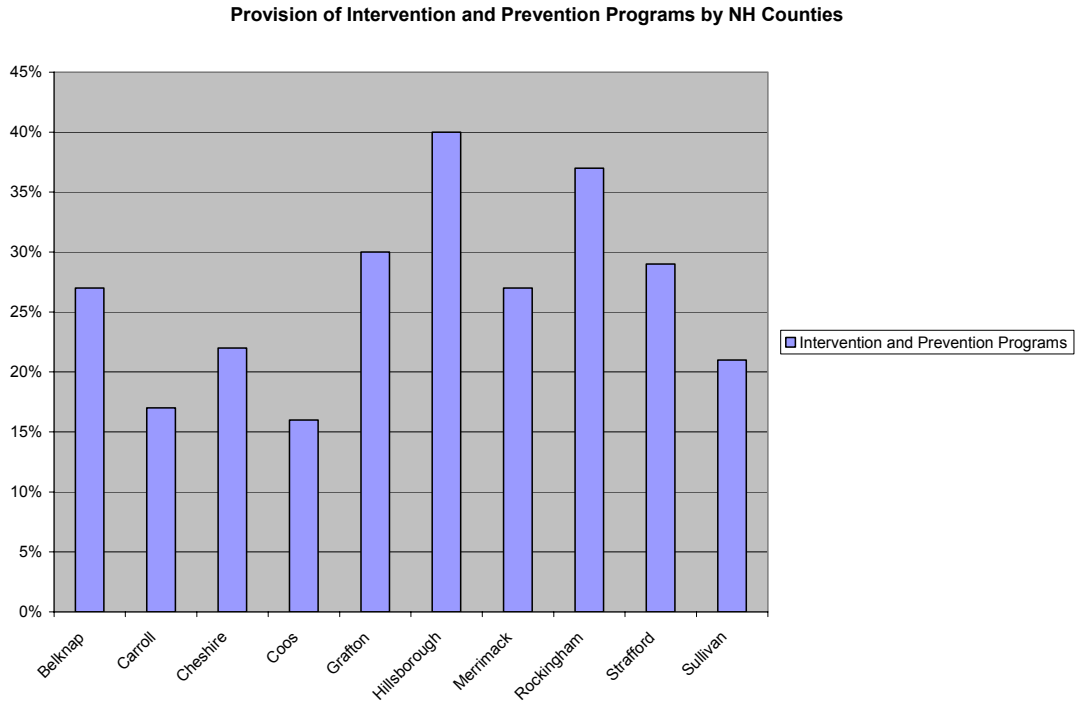
Nearly three-fourths of intervention/prevention programs are offered exclusively in English. Information from the focus group with Peer Educators from the NHMHC indicate that this is a barrier to non-English speakers and people whose first language is other than English. Of those prevention providers that do offer prevention activities in more than one language, French, Spanish, and Serbo-Croatian are provided. Several respondents indicated that they offer these languages through the use of the Language Line.

Slightly less than one-third of prevention activities are comprised of one session. Likewise, 30% are comprised of two to four sessions. One fourth are comprised of eight or more sessions.

Word of mouth is the most common way that providers recruit participants to attend their VAW prevention activities. One fourth of participants are required to attend by their schools and nearly 20% are court mandated to attend prevention activities. Additionally, people learn about prevention activities through advertising and outreach. Social service and behavioral health providers and doctors, nurses or other health professionals are most likely to refer people to attend prevention activities. Respondents indicate that crisis center staff and law enforcement also assist in referring people to attend prevention activities.

Location of prevention activities

Hillsborough and Rockingham counties have the highest concentration of VAW prevention activities and Coos and Carroll counties have the lowest. When comparing intervention and prevention programs, respondents indicate that there are more intervention than prevention programs available in all New Hampshire counties. Chart III illustrates the breakdown of prevention activities in each county:

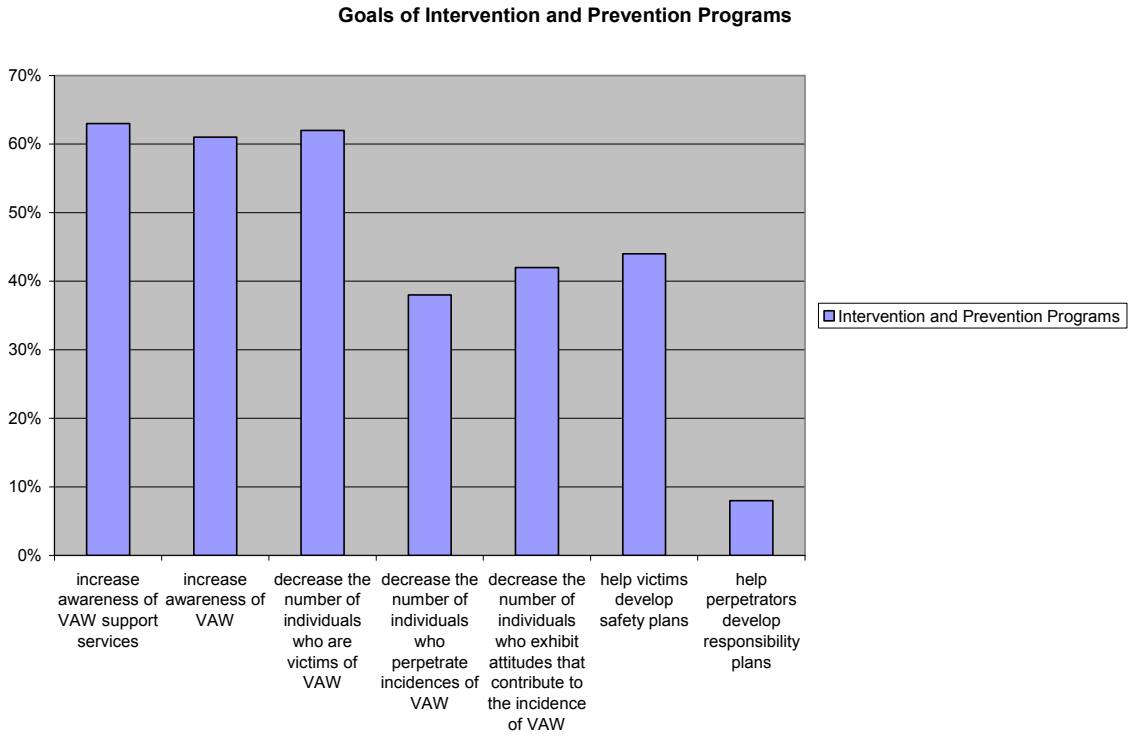


Goals of prevention activities

The majority of providers indicate that the goal of their prevention activities is to increase awareness of VAW and support services. While prevention activities aim to increase awareness of both potential victims and perpetrators, more emphasis is placed on individuals who are or may become victims of violence. Likewise, prevention activities are least likely to be directed at bystanders. Chart IV illustrates that prevention activities are more likely to focus on increasing awareness rather than building skills to decrease VAW. Other goals include:

- advocating public policy change
- accountability of offenders
- justice for victims and community
- providing information about available services
- increasing appropriate health care response to VAW
- train the trainer
- identifying abuse
- providing safety plan
- making appropriate referrals
- increasing officer and workplace safety

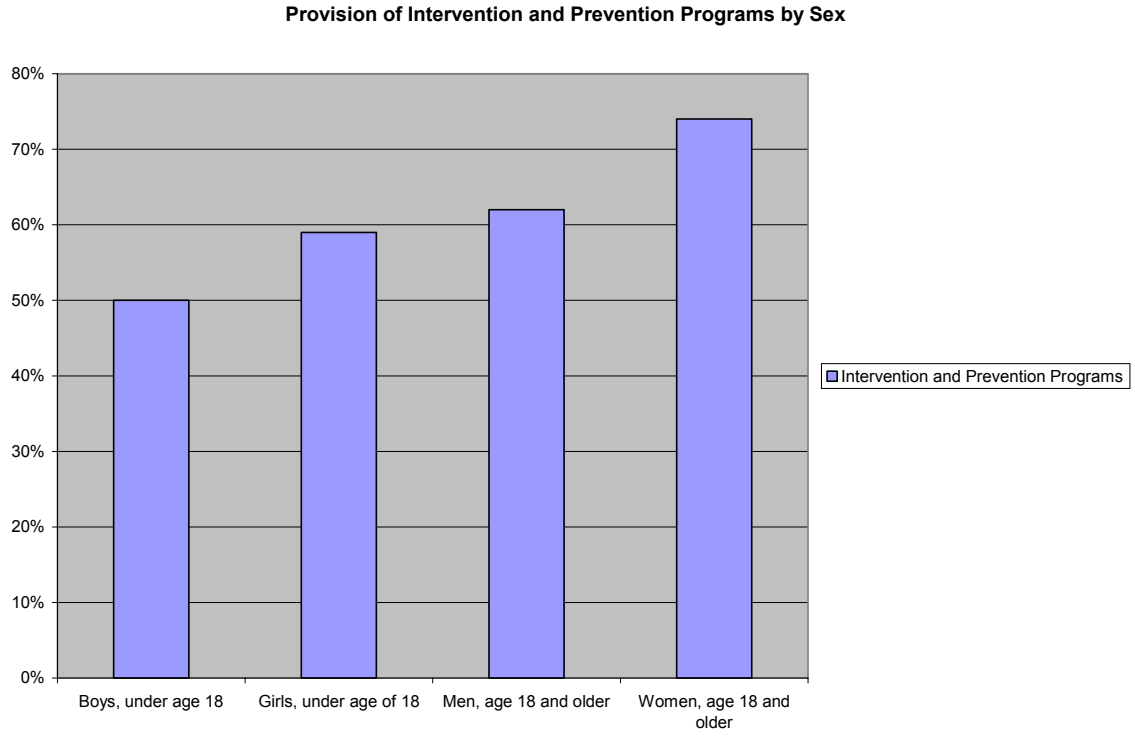
- instilling respect for all persons



Target audiences

The majority of prevention activities are aimed at teachers, medical professionals/health care providers, victims, community members/organizations, and middle, junior high and high school students. Prevention activities are lacking for refugees, immigrants, elderly, sex offenders, other perpetrators of VAW, institutionalized individuals – juveniles and adults, individuals with developmental disabilities and mentally ill individuals.

While prevention activities are provided to all sexes, providers are more likely to present prevention activities to women and girls. Chart V illustrates the breakdown of the provision of intervention/prevention programs by sex.



Forty-seven percent of prevention providers do not collect demographic information from individuals who participate in VAW prevention activities. Of those who do collect demographic information, they are most likely to collect information on race, gender, age, and educational level.

Nearly three-fourths of respondents indicate that their organization tracks the number of individuals who participate in VAW prevention activities. Of those organizations that record this information, approximately 36,318 individuals attended prevention activities in the last year. Because it is difficult to distinguish if one person attended more than one prevention activity, it is important to note that this number may not accurately reflect the number of individuals who attended prevention activities. Instead, this number indicates the number of prevention contacts and may include people who participated in several prevention activities.

Prevention providers

Respondents indicate that staff members are most likely to provide the VAW intervention/prevention programs. Nineteen percent of respondents utilize mental health professionals and 17% utilize volunteers and guest speaker's form outside their organizations respectively. Thirteen percent rely on peer educators, law enforcement and medical professionals.

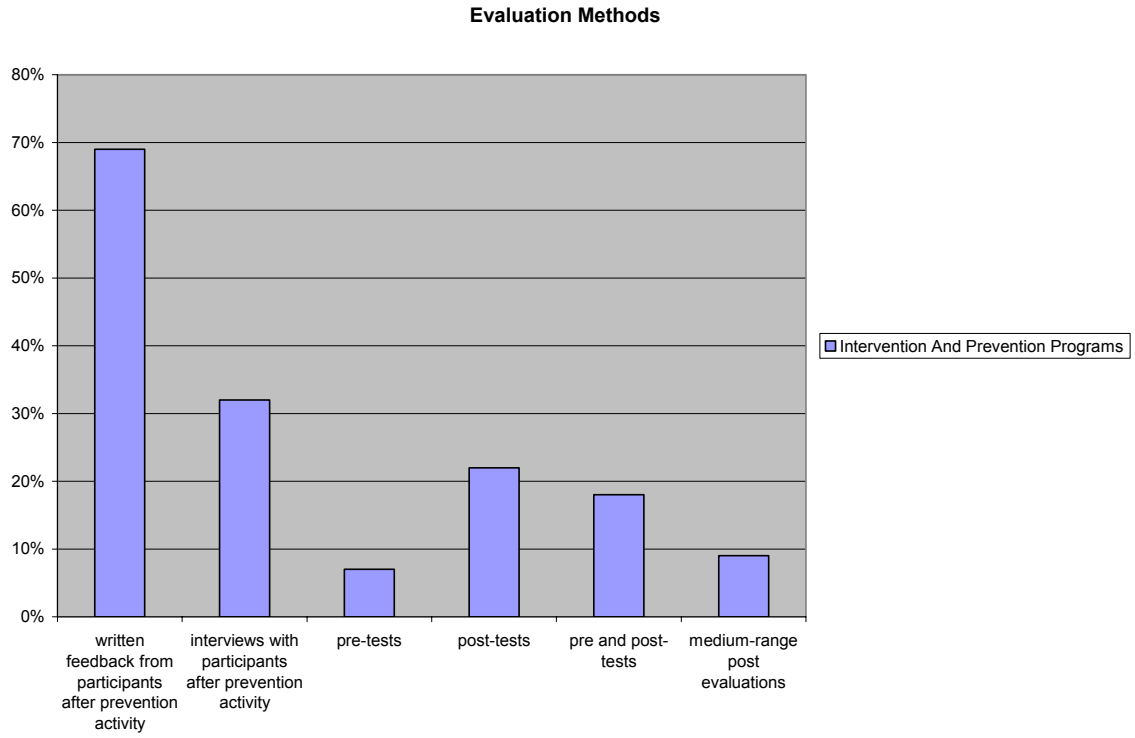
Three-fourths of organizations require that prevention providers have appropriate educational/professional backgrounds. Nearly half of providers attend local and in-state

conferences and trainings. Slightly over one-third attend regional or national conferences and trainings and in-house trainings.

Respondents indicate that staff members who provide VAW prevention activities need the following skills: effective presentation skills, 32%; skills on developing effective programs, 31%; skills on developing effective ways to evaluate their programs, 17%; and skills to assist them in understanding and using statistics, 12%. Other skills that are needed include effective interpersonal skills, knowledge of community resources, increased awareness and sensitivity to the issue, and legal issues related to violence against women.

Evaluation

Providers are most likely to evaluate participant satisfaction and the presenter. Likewise, programs are least likely to evaluate participant knowledge of VAW and outcomes. Chart VI illustrates the evaluation that prevention providers utilize.



APPENDIX III: Focus Group Findings

The VAW Planning Project Coordinator sponsored two focus groups with Education Coordinators from New Hampshire domestic and sexual violence crisis centers (see APPENDIX IV for a listing of crisis centers) and Peer Educators from the NHMHC. The groups were held in August and September of 2003; a total of twelve individuals, including eight Education Coordinators and four Peer Educators, participated.

The Peer Educators work with Spanish-speaking women, through the *Woman to Woman* program, from a variety of Latin American countries. *Woman to Woman* is a home-based health promotion and disease prevention education program that provides one on one and small group education to minority women in the Manchester and Nashua, NH areas. Education Coordinators work predominantly with English speakers in larger group settings in K-12 schools and with community organizations throughout New Hampshire's ten counties.

While there were several common themes in the two focus groups, there were also significant differences between the two. These differences are most likely due to differences in populations served, settings in which prevention activity are provided and resources which support the prevention activities. Key findings from the focus groups are discussed below. Findings are characterized into three categories: 1) resources, including challenges to and support for prevention activities; 2) motivation(s) of those who seek prevention activities; and 3) types of prevention activities.

Resources

"Women are more likely to disclose that they have been victimized or request prevention information once they have developed trust with the educator. Once this trust has been developed, they are also more likely to encourage their friends and family members to seek VAW intervention and prevention." Peer Educators

Crisis centers receive federal funding, through the Rape Prevention Education Grant (RPEG) and the Family Violence Prevention Services Act (FVPSA), specifically for VAW prevention activities. Additionally, some crisis centers designate other funds to support their prevention activities. All crisis centers have Education Coordinators who administer prevention activities and many utilize both staff and volunteers to deliver prevention programs.

On the other hand, the NHMHC does not receive funding that is earmarked specifically for the provision of peer support and education on VAW prevention. Rather, funding for *Woman to Woman* supports outreach and education on a variety of health related topics including, but not limited to arthritis, asthma, birth control, breast and cervical cancer, child immunizations, diabetes, osteoporosis, substance abuse and tuberculosis. While not funded to work exclusively on issues related to VAW, Peer Educators indicate that they often provide domestic violence prevention and intervention with their clients. The provision of these services is often administered in conjunction with education on the health issue listed above. Given this, NHMHC provides Peer Educators with training on

domestic violence to ensure that they have the essential information and resources on domestic violence.

- Peer Educators and Education Coordinators note that networking and having allies within intervention and prevention settings allow them access to populations that would otherwise be hard to reach.
- Both types of prevention providers experience attitudes such as "domestic violence doesn't happen in my community". These attitudes often act as barriers in the provision of prevention activities.
- Peer Educators note that the lack of programs and services in languages other than English, specifically Spanish, serve as a major barrier to their clients. While their clients may be offered the Language Line form interpretation services, Peer Educators note that this service is cumbersome and impersonal. This is particularly problematic because of the private and personal nature of VAW. The lack availability of interpretation in VAW intervention and prevention services also puts additional pressure on Peer Educators to provide assistance for services that they do not have the capacity to provide.
- Many of *Woman to Woman's* clients are concerned about how their immigration status might be jeopardized if they seek VAW prevention and intervention services. While special considerations are allowable in instances of domestic violence, immigration exemptions take time and money, something that non-residents often do not have a lot of. Additionally, Peer Educators also note that their clients need a range of services and assistance, from job skills to driver's licenses. These daily living skills and services are essential for their clients and their presence in a woman's life is likely to assist them in seeking both VAW prevention and intervention support.
- Peer Educators and Education Coordinators emphasize that additional funding would allow them to increase their capacity to provide VAW prevention activities.

<u>Motivation(s) of those who seek prevention activities</u>

"We didn't come to our jobs because we wanted to be teachers, it just happened that this is part of our job. Schools want us to have teaching credentials. Even though we don't have these credentials, we do have strong presentation skills and have much to offer students and schools about VAW prevention." Education Coordinator

In providing prevention activities, both Peer Educators and Education Coordinators are more likely to be responding to an incident of violence, intervention, rather than providing prevention that is not in response to a specific incident. Because of this, prevention providers are limited in the scope of information that they can provide. One Education Coordinator noted that the in this situation, you are entering with a different mindset and it illustrated by *"what could happen – prevention, versus what did happen – intervention"*.

- Education Coordinators report that community organizations, schools, individuals and others are most likely to call them to request prevention activities. While

they might not always indicate it, many times these calls are motivated by a VAW incident. Whether they are aware of a specific incident or not, Education Coordinators note that they enter the prevention activity with the assumption that VAW occurs in the setting.

- Peer Educators also indicate that they often provide intervention support that is in response to an incident of VAW. Women are more likely to seek intervention and prevention when their partners, either husbands or boyfriends, and family members are not present.

- Education Coordinators report that some schools and teachers are reluctant to invite them into their classrooms because they are not certified teachers. Additionally, they note that more and more schools have staff members who have either served as a crisis center volunteer or received advanced training on VAW prevention and intervention. As such, schools are beginning to rely more and more on these "in-house" experts to deliver VAW prevention activities. While Education Coordinators note their support for these types of presentations and the presenters, they are worried that students lose out on valuable information regarding community resources when schools decide not to utilize crisis centers in the delivery of prevention activities.

Types of prevention activities

While Education Coordinators provide VAW prevention in small and large group settings with schools and community organizations, Peer Educators are more likely to provide prevention activities on a one on one basis in women's homes.

- Presenting VAW prevention within the context of a larger health issue has allowed Peer Educators and Education Coordinators to present prevention information in non-threatening ways to populations that might otherwise think that this issue isn't relevant to them.
- Education Coordinators note that the concept of the "cycle of violence" serves as the basis of many of their prevention activities. Additionally, when working with high school students in particular, they often place the discussion of intimate partner violence within the context of healthy relationships.
- When a woman indicates that she has been victimized, Peer Educators spend significant time and energy trying to find her culturally competent support within the Manchester and Nashua areas. This is challenging to do and often discourages women from seeking support beyond *Woman to Woman*. For example, one Peer Educator noted that there is only one therapist in Manchester who is bi-lingual (English and Spanish) and has expertise in working with women who have been victimized.

APPENDIX IV: Overview of VAW Data

	Source of the data	Characteristics of the sample	Dissemination of data	Who can access the data
Administrative Office of the Courts: *Case Management Database*	Trial court personnel record data in SUSTAIN	All cases from NH District and Superior Courts	Data are not disseminated in report form	Data are not accessible to public
Anthem Blue Cross Blue Shield: *Claims Database*	Claims data	All members of Anthem BCBS	Data are not disseminated in report form	Aggregate data available through contractual agreement
Health Statistics and Data Management Section: *Behavioral Risk Factor Surveillance System*	Telephone-based survey of NH adults	Random, anonymous survey of adults 18 years and older	Data are reported annually	Available upon request
Health Statistics and Data Management Section: *Death Data*	NH Vital Records	Deaths to NH residents and deaths occurring in NH	Data are submitted to HSDM on a daily basis and analysis is made available to a wide audience throughout the state once data is complete	Available upon request
Health Statistics and Data Management Section: *Hospital Discharge Data*	Medical billing records, upon discharge, from the NH Hospital Assoc.	Data are reported for all acute care hospitals in NH	Data are reported annually	Available upon request
New Hampshire Coalition Against Domestic and Sexual Violence: *Statewide Statistics*	Service records from 14 domestic violence/sexual assault crisis centers in NH	Self selected group of people who seek services at crisis center	Data are reported on quarterly basis and reported annually	Data are not accessible to public
New Hampshire Commission for Human Rights: *Statistics on Sexual Harassment Charges*	Formal complaints filed to the NH Commission for Human Rights	Self selected group of people who file formal charges with the NH Commission for Human Rights	Data are reported to the public on an annual basis and biennially to the NH legislature	Available upon request
New Hampshire Department of Corrections	Automated Prison Information System	Individual Offender Record Based	Aggregate data, monthly reporting varies	Special Request, with Research Agreement, to access individual offender records
New Hampshire Department of Education: *School Profiles*	All NH public school districts	Self reports from all NH public school districts	Data are reported annually to the NH Department of Education	Aggregate level data available through school profiles

	Source of the data	Characteristics of the sample	Dissemination of data	Who can access the data
New Hampshire Department of Education: *Youth Risk Behavior Surveillance System*	Students' responses to the YRBS survey	Weighted sample of NH high school students	Data are reported approximately 8-10 months after the survey administration	Available upon request
New Hampshire Department of Justice: *Homicide Statistics*	DOJ case files	All homicide cases in NH	Data are reported annually in the DV Fatality Review Committee Report to the Governor	Data are not accessible to public, but aggregate data reported to public regularly
New Hampshire Department of Safety: *Uniform Crime Reporting*	NH law enforcement agencies	The majority of NH law enforcement agencies report data	Data are reported monthly to the FBI	Available upon request
New Hampshire Division for Children, Youth and Families: *National Child Abuse and Neglect Data System*	Active DCYF cases	All children involved in a child abuse/neglect investigation that was completed within a calendar year	Report is produced annually and verified by the US Administration for Children and Families	Data are not accessible to public
New Hampshire Division of Elderly and Adult Services: *Adult Protective Services Database*	Reports of alleged emotional abuse, physical abuse, sexual abuse, neglect, exploitation and/or self neglect	All reports that have been made to the Adult Protection Program	Data are available in established report formats	DEAS Supervisors, Managers and Social Workers
Office of Post Secondary Education: *Security Statistics*	Title IV eligible colleges and universities	Criminal offenses that have been reported to campus police/security	Data are reported annually (October 1)	Aggregate data available on OPE website. Access to raw data varies from institution to institution
Sexual Assault Nurse Examiner Program: *SANE Database*	Medical/forensic examinations by SANE nurses	Self selected group of people who seek medical/forensic exam with SANE nurse	Data are reported annually to the SANE Advisory board	Data are not accessible to public
University of New Hampshire: *Teen Assessment Project*	Students' responses to the TAP survey	Self selected group of communities that choose to participate in TAP survey	Report is give to community 4 months after survey. Data are compiled every 2 years if there is sufficient sample size	Requests for data must be approved by UNH Institutional Review Board

APPENDIX V: VAW Data Inventory

Administrative Office of the Courts (AOC)
Case Management Database

Contact Information:

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Agency Description

The Administrative Office of the Courts (AOC) is located within the Supreme Court of the New Hampshire Judicial Branch and provides support service to judges, clerks, and support staff of New Hampshire's 66 courts. Presently, the AOC is involved in the modernization of the Supreme Court and trial court automated case management systems. The goals of this project are to 1) support the management needs of Judicial Branch users and policy makers; 2) support the information needs of other government policy makers; and 3) provide the foundation for the electronic exchange of information with other government agencies. In the area of fiscal management, the AOC prepares the Judicial Branch budget, pays authorized obligations and accounts for revenue. AOC staff members also administer the Judicial Branch unified personnel system. The AOC security manager oversees the training and deployment of security personnel in all courts, in cooperation with the county sheriffs in superior courts. Finally, the AOC works closely with the Bureau of Court Facilities to provide the public with appropriate and functional court facilities.

Database Description

The AOC collects data for case management purposes. Data is currently entered into SUSTAIN. The AOC is currently in the process of developing a new system for the management of cases. Given the civil nature of domestic violence, SUSTAIN provides the ability to track information of civil protection from abuse orders.

SUSTAIN data is stored locally in the facility of the court. Even where two courts share the same facility the data remains separated. It is not centralized. Extracts are done periodically with the data being combined in a central location for statistical reporting purposes.

Source of the data	Trial court personnel record case data in SUSTAIN.
Time frame	Data are collected on an ongoing basis.
Purpose(s) that data are collected	Data are collected for the purposes of case management.
Characteristics of the sample	Data include information on all cases from NH District and Superior Courts.
Links with other data sources	No

Key Violence Against Women Related Variables

- Issuance of Emergency Protective Order
- Issuance of Temporary Protective Order
- Issuance of Final Protective Order
- Withdrawal of Petition for Domestic Violence Protective Order
- Extension of Domestic Violence Protective Orders
- Expiration of Protective Order

Demographic Variables

Identification number	There are no unique numbers given to the person. Each protective order is given a unique 10-digit number.
Age of victim	Not recorded in SUSTAIN.
Birth date of victim	Not recorded in SUSTAIN.
Gender of victim	Not recorded in SUSTAIN.
Race/Ethnicity of victim	Not recorded in SUSTAIN.
County of victim's residence	Yes, petitioner's address reported. The address may not be the legal residence.
Age of perpetrator(s)	Not recorded in SUSTAIN.
Birth date of perpetrator(s)	Not recorded in SUSTAIN.
Gender of perpetrator(s)	Not recorded in SUSTAIN.
Race/Ethnicity of perpetrator(s)	Not recorded in SUSTAIN.
County of perpetrator's residence	Yes, respondent's address reported. The address may not be the legal residence.
Location of incident	No
Date of incident	Yes, recorded as date petition filed. The petition date may not correspond with the date that the underlying incident occurred.
Injury related to incident	No
Death(s) related to incident	No
Additional variables	Names of petitioner and respondent.

Availability of Data

Dissemination of data	Data are not disseminated in report form, but rather are used for internal, case management purposes. Key data elements are placed in the NCIC Protective Order File or the State of NH Protective Order File.
Who can access the data	Data are used for internal case management purposes only and is not available for public access.
Availability at state level	Yes, data are collected for the entire state. But that data is stored locally in each court and only extracts are brought to a statewide view.
Availability at the county level	No, data are not broken down by county. That might be done by parsing the state version of the data into county data based on one of the addresses in the case (plaintiff/respondent) or by court location.

Limitations of the Data

- Data is collected for case management purposes only. Therefore, the usefulness of the data outside of these purposes is limited.
- While additional data – including demographic and key VAW variables - may be available as part of case information, this data is not entered into the case management system.
- When court staff collects additional data, data collection consistency and quality are significantly decreased.
- New Hampshire does not have a criminal statute for domestic violence, therefore in the absence of a way to determine if a case is domestic violence related, the AOC has not developed a comprehensive way to track criminal cases that are related to domestic violence.
- The database contains a limited number of demographic variables.

Anthem Blue Cross Blue Shield
Claims Database

Contact Information

John H. Robinson, MD
Medical Director
Anthem Blue Cross and Blue Shield
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Manchester, NH 03111
603-695-7394
www.anthem.com

Agency Description

Anthem's mission is to improve the health of the people they serve by providing the best health care coverage that helps people stay healthy. Anthem encourages members' wellness by:

- Offering large networks of some of the region's best physicians, specialists and hospitals.
- Reminding members to have important preventive screenings.
- Providing programs and information to help manage chronic health conditions.
- Offering related services including dental coverage, life insurance and pharmacy benefits management.

Anthem works with physicians, hospitals and other providers to help ensure that care is accessible, coordinated, and timely and provided in a manner and setting that promotes positive patient-provider relationships.

Database Description

The Anthem BCBS database contains claims data based on services provided to Anthem members.

Source of the data	Claims data.
Time frame	Data are collected on an ongoing basis.
Purpose(s) that data are collected	Data are collected for payment of claims and quality reporting.
Characteristics of the sample	All members of Anthem BCBS NH are included in the database.
Links with other data sources	No, but efforts are underway to try to correlate member data with other data sources.

Key Violence Against Women Related Variables

- Claims for services related to domestic violence.

- ICD-9 and service codes (see page 11 for relevant codes) related to Violence Against Women.

Demographic Variables

Identification number	Member identification number.
Age of victim	Yes
Birth date of victim	Yes
Gender of victim	Yes
Race/Ethnicity of victim	No
County of victim's residence	Yes - indirectly by ZIP analysis
Age of perpetrator(s)	No
Birth date of perpetrator(s)	No
Gender of perpetrator(s)	No
Race/Ethnicity of perpetrator(s)	No
County of perpetrator's residence	No
Location of incident	No
Date of incident	No, but date of service is recorded.
Injury related to incident	Yes, including claims history for related service.
Death(s) related to incident	No

Availability of Data

Dissemination of data	Data are primarily used for internal purposes. Efforts are underway to try to correlate member data with other databases.
Who can access the data	Aggregate data may be made available through special contractual agreement.
Availability at state level	Yes
Availability at the county level	No, but community level data can be determined based on PCP provider or by ZIP analysis.

Limitations of the Data

- The data only represents individuals who are members of Anthem BCBS NH.
- Accuracy of data is based on accurate coding by providers, disclosure by members and reimbursement disincentives.
- There is no way to link this database to other databases, including law enforcement, criminal justice system and crisis centers.
- Because of the confidential nature of member information, the data are only available on the aggregate level.
- The database contains a limited number of demographic variables.

Health Statistics and Data Management Section (HSDM)
Behavior Risk Factor Surveillance System (BRFSS)

Contact Information:

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http://www.dhhs.state.nh.us/DHHS/HSDM/default.htm

Agency Description

The mission of the Health Statistics and Data Management Section is to collect, store, analyze and disseminate NH health-related data, including birth, death, hospital, cancer and behavioral risk factor surveillance information. As steward of the data, HSDM is responsible to ensure the data is used appropriately and that the confidentiality and privacy of individuals are protected and maintained without exception.

HSDM performs custom analysis of data for NH Department of Health and Human Services (DHHS) and community customers and produces annual reports. HSDM also develops new surveillance systems for DHHS programs in order to better assess the burden of disease and injury in NH and advises programs on proper and appropriate study design and analysis through HSDM's knowledge of biostatistics and epidemiology.

Database Description

In 1984 the Centers for Disease Control and Prevention (CDC) began measuring health-related behaviors through the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a random, anonymous telephone-based survey of adults (aged 18 years and older). Currently, the Behavioral Surveillance Branch (BSB) of the CDC and individual states collaborate to perform the BRFSS. BRFSS allows health professionals to compare NH with other US states and territories and should help direct resources to areas of demonstrated need. BRFSS has been performed in NH since 1987.

While parts of the BRFSS survey vary from year to year, all questions in any given year measure topics in four general areas:

- Health related behaviors such as smoking, physical activity, fruit and vegetable consumption and use of health care;
- Prevalence of chronic diseases not measured elsewhere such as asthma, diabetes and arthritis;

- Public awareness and perception of important health issues such as HIV education and radon exposure; and
- Demographic and socioeconomic information such as sex, race, age, education and income.

In NH sample sizes (the number of adults interviewed) change from year to year; 4,000 and 5,000 interviews were conducted in NH in 2001 and 2002, respectively. BRFSS data is typically released to states from CDC within six months of the close of the calendar year. Data become available for analysis approximately one month after delivery to BHSDM. The most recent data set available for analysis by BHSDM is from the year 2003. BRFSS in NH has only been used to evaluate health behavior at the state-level, but should be available for sub-state analysis as the sample size of the survey continues to grow.

An annual report of the data collected through BRFSS is prepared by BHSDM and is distributed to a wide audience. Additionally, many other health promotion programs, including the Healthy New Hampshire 2010 initiative, rely heavily on BRFSS data.

Source of the data	The BRFSS is telephone-based survey of NH adults.
Time frame	The data are collected on an annual basis.
Purpose(s) that data are collected	BRFSS measures health related behaviors that allow health professionals to compare NH with other US states and territories and should help direct resources to areas of demonstrated need.
Characteristics of the sample	The BRFSS is a random, anonymous telephone-based survey of adults (aged 18 years and older).
Links with other data sources	No

Key Violence Against Women Related Variables

The following were added to the 2001 and 2002 BRFSS questions:

- During the past 12 months have you been subject to any physical violence? Possible responses are yes, no, raped and hit or struck, raped but not hit or struck, don't know, and refused. If the person answered affirmatively to this question, they were asked to indicate the relationship of the person who did this.
- During the past 12 months, how many different occasions have you been subject to physical violence? *(not asked in 2001)*
- During the past 12 months, how many times did these incidents result in an injury that required a nurse, doctor, dentist or other health care provider for treatment?
- During the past 12 months when these incidents occurred, were you drinking or using drugs?

- During the past 12 months, did a spouse/partner/or ex-partner force you to have sexual relations (or intercourse) that you did not want?
- Do you think that it is ok for a man to hit a wife, partner, girlfriend, to discipline or keep her in line? *(not asked in 2002)*
- Were you subject to physical violence as a usual means of punishment when you were a child of 12 or under?

Demographic Variables

Identification number	No
Age of victim	Yes
Birth date of victim	No
Gender of victim	Yes
Race/Ethnicity of victim	Yes
County of victim's residence	Yes
Age of perpetrator(s)	No
Birth date of perpetrator(s)	No
Gender of perpetrator(s)	No
Race/Ethnicity of perpetrator(s)	No
County of perpetrator's residence	No
Location of incident	No
Date of incident	No
Injury related to incident	Yes
Death(s) related to incident	No

Availability of Data

Dissemination of data	Data are reported to the CDC on an annual basis and made available to a wide audience in the state.
Who can access the data	Requests for data can be made to BHSDM.
Availability at state level	Yes
Availability at the county level	No

Limitations of the Data

- The data only represents individuals who disclose victimization during the survey.
- There is no way to link this database to other databases, including law enforcement, criminal justice system and crisis centers.

Health Statistics and Data Management Section (HSDM)
Death Data

Contact Information

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http://www.dhhs.state.nh.us/DHHS/HSDM/death-data.htm

Agency Description

The mission of the Health Statistics and Data Management section is to collect, store, analyze and disseminate NH health-related data, including birth, death, and hospital discharge. As steward of the data, HSDM is responsible to ensure the data is used appropriately and that the confidentiality and privacy of individuals are protected and maintained without exception.

HSDM performs custom analysis of data for NH Department of Health and Human Services (DHHS) and community customers. HSDM also assists with the development of new surveillance systems for DHHS programs and advises programs on proper and appropriate study design, analysis, and interpretation.

Database Description

Department of State, Division of Vital Records Administration, is responsible to collect information on deaths to NH residents and deaths occurring in NH as mandated by NH State Law (RSA 5-C) and Administrative Rules. Funeral home directors and the medical examiner report the information to Vital Records. Information about out-of-state deaths to NH residents is collected by the state where the death occurs and reported to NH through an interstate exchange agreement. DHHS is provided complete access to the data for its use through NH State Law (RSA 126:24-c). Health Statistics & Data Management is responsible for stewarding the data set for DHHS.

Source of the data	Data are abstracted and coded for cause of death by the Division of Vital Records. DHHS has access to the data on a continuous basis.
Time frame	Data are collected on an ongoing basis. The most recent period for which data is currently available is calendar year 2002.

Purpose(s) that data are collected	DHHS and others outside the department use the data to plan, administer and evaluate health and other programs.
Characteristics of the sample	Data are reported for all deaths in New Hampshire and for all NH residents.
Links with other data sources	Birth data for infant deaths.

Key Violence Against Women Related Variables

- ICD-10 VAW injury code in any cause of death field = *X85-Y09, Y87.1 or U01-U02*

Demographic Variables

Identification number	Yes
Age of victim	Yes
Birth date of victim	Yes
Gender of victim	Yes
Race/Ethnicity of victim	Yes
County of victim's residence	Yes
Age of perpetrator(s)	No
Birth date of perpetrator(s)	No
Gender of perpetrator(s)	No
Race/Ethnicity of perpetrator(s)	No
County of perpetrator's residence	No
Location of incident	Yes (town)
Date of incident	Yes
Injury related to incident	Yes
Death(s) related to incident	Yes
Additional variables	Contributing cause of death fields and text description of cause of death are reported by funeral director or medical examiner.

Availability of Data

Dissemination of data	Data are submitted to HSDM on a daily basis and analysis is made available to a wide audience throughout the state once data is complete.
Who can access the data	Data are available upon request.
Availability at state level	Yes
Availability at the county level	Yes

Limitations of the Data

- Accuracy of data is based on correct recording of information by funeral directors and medical examiners and correct coding to cause of death by software/hand coding. Careful inspection of underlying cause of death field along with manner of death field, contributing cause of death fields and the text fields describing the death and the injury can sometimes leads to different interpretations as to how the underlying cause of death should have been coded.
- Race and ancestry coding is inconsistent.

Health Statistics and Data Management Section (HSDMS)
Hospital Discharge Data

Contact Information

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http://www.dhhs.nh.gov/DHHS/HSDM/hospital-discharge-data.htm

Agency Description

The mission of the Health Statistics and Data Management Section is to collect, store, analyze and disseminate NH health-related data, including birth, death, hospital, cancer and behavioral risk factor surveillance information. As steward of the data, HSDM is responsible to ensure the data is used appropriately and that the confidentiality and privacy of individuals are protected and maintained without exception.

HSDM performs custom analysis of data for NH Department of Health and Human Services (DHHS) and community customers and produces annual reports. HSDM also develops new surveillance systems for DHHS programs in order to better assess the burden of disease and injury in NH and advises programs on proper and appropriate study design and analysis through HSDM's knowledge of biostatistics and epidemiology.

Database Description

The Health Statistics and Data Management Section analyzes information from the reported hospital discharge records and distributes statistical reports to government agencies and other requesting public and private organizations. The data is used to plan, administer and evaluate health and other programs. The hospital data are abstracted from medical billing records upon patient discharge and submitted electronically to the NH Hospital Association, which is under contract with DHHS to collect the data. Data is collected from the two main levels of hospital service as described below:

- Inpatient Data: The inpatient data set contains discharge records on all admissions for stays at NH acute care hospitals of 24 hours or more. The data are available for analysis approximately 10 months after the close of the calendar year.
- Outpatient Data (Ambulatory Surgery, Emergency Department, Observation): The outpatient data set contains discharge records for hospital visits for scheduled ambulatory surgeries, all visits for medical services when the patient is released from the emergency department and all observation stays in

the emergency department after illness or injury. The data are available 14 months after the close of the calendar year.

Source of the data	Data are abstracted from medical records upon patient discharge and submitted electronically to the NH Hospital Association, which is under contract with the Department of Health and Human Services to collect the data.
Time frame	Data are collected on an ongoing basis. The most recent period for which data is currently available is calendar year 2002.
Purpose(s) that data are collected	BHSDM uses the data to plan, administer and evaluate health and other programs.
Characteristics of the sample	Data are reported for all acute care hospitals in New Hampshire.
Links with other data sources	No

Key Violence Against Women Related Variables

- ICD-9 and E-codes relevant to VAW ICD-9-CM injury code in any diagnosis field = 800-904.9, 910-999.9 and
- E-code of an assault = E960-E969, E979

Demographic Variables

Identification number	No
Age of victim	Yes
Birth date of victim	Yes
Gender of victim	Yes
Race/Ethnicity of victim	Yes
County of victim's residence	Yes
Age of perpetrator(s)	No
Birth date of perpetrator(s)	No
Gender of perpetrator(s)	No
Race/Ethnicity of perpetrator(s)	No
County of perpetrator's residence	No
Location of incident	No
Date of incident	No, but admission and discharge dates are recorded.
Injury related to incident	Yes
Death(s) related to incident	No
Additional variables	Charge, payer, discharge disposition (to home, to another hospital, to a nursing home, etc.), and hospital where stay took place.

Availability of Data

Dissemination of data	Data are submitted to BHSDM on an annual basis and analysis is made available to a wide audience throughout the state.
Who can access the data	Data are available upon request.
Availability at state level	Yes
Availability at the county level	No

Limitations of the Data

- Accuracy of data is based on correct coding of medical record information submitted by providers (requires accuracy on the part of the provider and coder), disclosure by patients and reimbursement disincentives.
- Often times assault injuries that would be considered VAW do not get coded properly. In the current form where data is recorded, there isn't a secondary e-code field; therefore, the mechanism/cause of the assault injury should be in the e-code field and the perpetrator information should be recorded in one of the secondary diagnosis fields. This is not usually how the charts are coded.
- Currently, there is no way to link this database to other databases, including law enforcement, criminal justice system and crisis centers.

New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV)
Statewide Statistics

Contact Information

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New Hampshire Coalition Against Domestic and Sexual Violence
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http://www.nhcadsv.org/index.cfm

Agency Description

Founded in 1977, the Coalition is an umbrella organization for a statewide network of 14 independent member programs committed to ending domestic and sexual violence. These crisis centers provide a variety of services to survivors of domestic and sexual violence. The services are free, confidential, and available to all victims of domestic or sexual violence regardless of age, race, gender, religion, or sexual orientation. Services include 24-hour, toll-free support and information hotlines; access to emergency shelter; legal advocacy; and hospital and court accompaniment. NHCADSV seeks to

- ensure that quality services are provided to victims/survivors of domestic and sexual abuse;
- prevent future violence by educating the public; and
- encourage accountability and the provision of services for perpetrators

The Coalition supports its network by providing community education, coordination, training, resource sharing, and advocacy for public policy changes that affect victims of domestic and sexual violence.

Database Description

NHCADSV collects data from its 14 member programs regarding support services provided to victims throughout the state.

Source of the data	Data are reported from the 14 crisis centers, member programs of the Coalition, and include information on services provided to victims.
Time frame	Data are reported on a quarterly basis. Data reports are available since 1981; electronic reporting began in 1998.
Purpose(s) that data are collected	Data are collected for reporting purposes, including reporting to funders and for public awareness about the extent of sexual assault and IPV in the state.

Characteristics of the sample	Individuals included in the database are a self selected group of people who have sought service at one of the Coalition's member programs.
Links with other data sources	No

Key Violence Against Women Related Variables

- Primary victims of domestic violence, child victim and child witness.
- Primary victim of sexual assault, child incest/child sexual assault, adult survivor of incest and sexual harassment.
- Primary victims of stalking.
- Secondary victims of domestic violence, sexual violence and stalking.
- Housing-shelter/safehomes for battered women, men and children.

Demographic Variables

Identification number	No
Age of victim	Yes, broken down by domestic violence, sexual assault and stalking.
Birth date of victim	No
Gender of victim	Yes, for primary victims of domestic violence, sexual assault, stalking and housing-shelter/safehome. Gender not reported for secondary victims.
Race/Ethnicity of victim	Yes, reported when known.
County of victim's residence	Yes, reported when known.
Age of perpetrator(s)	No
Birth date of perpetrator(s)	No
Gender of perpetrator(s)	No
Race/Ethnicity of perpetrator(s)	No
County of perpetrator's residence	No
Location of incident	No
Date of incident	No
Injury related to incident	No
Death(s) related to incident	No

Availability of Data

Dissemination of data	Annual report of data.
Who can access the data	Raw data is stored by the NHCADSV and is not available for public access. Individual crisis centers retain data specific to their programs and services. Data reports are available to the public on request.
Availability at state level	Data are representative of victims who seek

	services at domestic violence and sexual assault crisis centers in New Hampshire.
Availability at the county level	Data are available broken down by county.

Limitations of the Data

- The data only represents individuals who seek support services at one of the 14 domestic violence and sexual assault centers in the state. Victims who do not seek support services are not included in the database.
- There is no way to link this database to other databases, including law enforcement and criminal justice system.
- The demographic variables in the database are limited by the nature of crisis intervention work. When available, demographic data is recorded. However, many victims have only brief, crisis line contact with crisis centers and limited demographic data is available.

New Hampshire Commission for Human Rights (NHCHR)
Statistics on Sexual Harassment Charges

Contact Information:

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New Hampshire Commission for Human Rights
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Katharine.Daly@NH.Gov

Agency Description

The New Hampshire Commission for Human Rights was established by the NH legislature in 1965 to eliminate and prevent discrimination in employment, housing and places of public accommodation because of age, sex, race, color, marital status, physical or mental disability, religious creed, national origin, or sexual orientation (RSA 354). The Governor, with the consent of the Executive Council, appoints seven volunteer Commissioners to oversee the Commission's operations. The Commissioners supervise investigations, preside over public hearings and adopt agency policy. A small professional staff is responsible for the Commission's work associated with the investigation and conciliation of complaints, the educational outreach program and the implementation of policy.

Database Description

As part of its legislative mandate, the New Hampshire Commission for Human Rights serves as the agency that receives formal complaints of discrimination in employment, housing and places of accommodation. The Commission retains a database of complaints filed and reports the status of charges filed and closed on an annual basis.

Source of the data	Data are collected from formal complaints filed to the Commission for Human Rights.
Time frame	Data are reported on an annual basis, July 1 – June 30.
Purpose(s) that data are collected	Data are reported for public awareness purposes. Additionally, the Commission for Human Right is required by law, RSA 20:7, to report data as part of the Commission's biennial report to the NH legislature.
Characteristics of the sample	Data represent only those cases that have been formally filed with the Commission for Human Rights.
Links with other data sources	No

Key Violence Against Women Related Variables

- Sexual harassment

Demographic Variables

Identification number	No
Age of victim	No
Birth date of victim	No
Gender of victim	Yes
Race/Ethnicity of victim	No
County of victim's residence	Yes
Age of perpetrator(s)	No
Birth date of perpetrator(s)	No
Gender of perpetrator(s)	No
Race/Ethnicity of perpetrator**(s)**	No
County of perpetrator's residence	No
Location of incident	Yes
Date of incident	Yes
Injury related to incident	No
Death(s) related to incident	No
Additional variables:	Resolution of cases, although this is not broken down by type of discrimination and type of business within which the incident is occurring.

Availability of Data

Dissemination of data	Data are reported on an annual basis to the public and biennially to the NH legislature.
Who can access the data	Availability of data is based on EEOC and internal NHCHR regulations, as well as NH RSA 91-A, the "right to know law".
Availability at state level	Yes, data are collected for the entire state.
Availability at the county level	Yes, data can be broken down by county level.

Limitations of the Data

- Data are based on self reports and do not necessarily reflect the scope of sexual harassment in the state.
- There is no way to link this database to other databases, including law enforcement, criminal justice system or crisis centers.
- The database contains a limited number of demographic variables.

New Hampshire Department of Corrections (DOC)
Automated Prison Information System

Contact Information

Name of Agency/Organization: NH Department of Corrections Attn: Bob Ness
Address: 105 Pleasant St., Box 1806
Address: Concord, NH 03301
Phone: 271-5621
Website: http://www.nh.gov/nhdoc/

Agency Description

The NH Department of Corrections (DOC) is responsible for the supervision of offenders with sentences that exceed one year, who are housed at one of the state's 4 prison facilities. In addition, the DOC is responsible for offenders under supervision in the community, including those residing at halfway houses or who are on probation or parole.

Database Description

Source of the data	Automated Prison Information System
Time frame	Last 10 years to present
Purpose(s) that data are collected	Offender Management and Reporting
Characteristics of the sample	Individual Offender Record Based
Links with other data sources	No

Key Violence Against Women Related Variables

- Crimes related to sexual and domestic violence. No gender information on victim is available electronically. These data may be available in "Offender Records" (paper-based).

Demographic Variables

Identification number	Individual IDs are given to offenders
Age of victim	Not available electronically, if at all
Birth date of victim	Not available
Gender of victim	Not available electronically, if at all
Race/Ethnicity of victim	Not available
County of victim's residence	Available electronically
Age of perpetrator(s)	Available electronically
Birth date of perpetrator(s)	Available electronically
Gender of perpetrator(s)	Available electronically
Race/Ethnicity of perpetrator(s)	Available electronically

County of perpetrator's residence	Available electronically
Location of incident	Available, but not electronically
Date of incident	Available, but not electronically
Injury related to incident	Possibly Available, but not electronically
Death(s) related to incident	Available electronically, for some crimes

Availability of Data

Dissemination of data	Aggregate data, monthly reporting, varies
Who can access the data	Special Request, with Research Agreement, to access individual offender records
Availability at state level	Special Request, if not part of the monthly reports
Availability at the county level	Special Request

Limitations of the Data

- Accessing special reports requires approximately 6 week notification, and justification or rationale of need.
- Limited resources to obtain the data in report form in a timely fashion.
- Much of the detailed data regarding the crime and victims exist in (paper-based) individual offender records.
- The database contains a limited number of demographic variables.

New Hampshire Department of Education (DOE)
School Profiles

Contact Information

Ginny St. Martin
Safe and Drug-Free Schools Coordinator
NH Department of Education
101 Pleasant Street
Concord, NH 03301
(603)271-3928
http://www.measuredprogress.org/nhprofile/

Agency Description

The mission of the Department of Education is to provide educational leadership and services that promote equal educational opportunities and quality practices and programs that enable New Hampshire residents to become fully productive members of society. Department members work with policy makers, administrators, groups of educators, and others to strengthen and improve education in New Hampshire:

- Technical support and assistance in complying with state and federal law
- Administration of state and federal funds Certification of educators
- Statistical and information services
- Direct services to constituencies
-

Database Description

Since April 1, 2000, each school district is required (RSA 193-E:3) to report to the DOE its data for the previous 12 months on its school and district performance indicators. The requirements for data keeping and the form of the report have been established in accordance with rules adopted by the state board of education. Data in the profile should include performance indicators in the following areas: (1) attendance and drop-out rates; (2) school environment indicators, such as safe-schools data, (3) proportion of graduating students going on to post-secondary education, military service, and the workplace; and (4) performance on state tests administered pursuant to RSA 193-C and other standardized tests administered at local option.

The purpose of the School District profile is to help anyone involved with education in their local community - parents, professional educators, school board members, students, business and community leaders - to learn more about their schools.

Source of the data	Data represent self reports from all NH school districts.
Time frame	Data are reported on an annual basis (September – June).

Purpose(s) that data are collected	State law requires the collection and reporting of data.
Characteristics of the sample	While all school districts are required to report performance indicators, including safe school information. Data are self reported.
Links with other data sources	No

Key Violence Against Women Related Variables

- Bullying
- Physical assault

Demographic Variables

Identification number	No
Age of victim	No
Birth date of victim	No
Gender of victim	No
Race/Ethnicity of victim	No
County of victim's residence	No
Age of perpetrator(s)	No
Birth date of perpetrator(s)	No
Gender of perpetrator(s)	No
Race/Ethnicity of perpetrator(s)	No
County of perpetrator's residence	No
Location of incident	No
Date of incident	No
Injury related to incident	No
Death(s) related to incident	No

Availability of Data

Dissemination of data	Data are reported on an annual basis and reported on the DOE website. Some school districts may publish reports in their communities.
Who can access the data	Aggregate level data are available through individual school profiles. Individual school districts may provide raw data upon request.
Availability at state level	Yes, data are collected for the entire state.
Availability at the county level	No, data cannot be broken down by county.

Limitations of the Data

- The scope of VAW data is limited. Although state law requires schools to report information on school environment, such as safe school data, only data on bullying and physical assaults reported to the principal are reported.
- There is no way to link this data to other databases, including law enforcement criminal justice system or crisis center.
- The school profiles do not contain demographic variables.
- Data are based on self reports from schools and the data reported only represents those incidents reported to principals. Thus, the data most likely do not reflect the scope of VAW, specifically bullying and physical assaults in schools.

New Hampshire Department of Education
Youth Risk Behavior Surveillance System (YRBS)

Contact Information

HIV/Health Education Consultant
NH Department of Education
101 Pleasant Street
Concord, NH 03301
(603) 271-3889
http://www.ed.state.nh.us/education/doe/organization/instruction/HealthHIVAIDS/SchoolHealth.htm

Agency Description

The mission of the Department of Education is to provide educational leadership and services that promote equal educational opportunities and quality practices and programs that enable New Hampshire residents to become fully productive members of society. Department members work with policy makers, administrators, groups of educators, and others to strengthen and improve education in New Hampshire:

- Technical support and assistance in complying with state and federal law
- Administration of state and federal funds Certification of educators
- Statistical and information services
- Direct services to constituencies

Database Description

The YRBS was developed in 1990 by the Centers for Disease Control (CDC) to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. These behaviors, often established during childhood and early adolescence, include

- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity
- Alcohol and other drug use
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection
- Behaviors that contribute to unintentional injuries and violence

The YRBS includes national, state, and local school-based surveys of representative samples of 9th through 12th grade students. These surveys are conducted every two years, usually during the spring semester. The national survey, conducted by the CDC, provides data representative of high school students in public and private schools in the United States. The New Hampshire survey is administered by the DOE and provides data representative of the state.

Source of the data	Data are based on student responses to the YRBS.
Time frame	The YRBS is administered every two years. The survey is typically administered in March.
Purpose(s) that data are collected	The DOE receives funding from the CDC for HIV prevention programs. As part of this grant, the CDC expects states to administer the YRBS.
Characteristics of the sample	The DOE uses a CDC program to generate a sampling plan that will assist in getting a weighted sample. While the 2001 sample is not weighted, the 2003 sample is weighted.
Links with other data sources	No

Key Violence Against Women Related Variables

- During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- Have you ever been physically forced to have sexual intercourse when you did not want to?
- Have you been in a physical fight one or more times during the past 12 months?
- Have you been injured in a physical fight and had to be treated by a doctor or nurse one or more times during the past 12 months?
- Have you been in a physical fight on school property one or more times during the past 12 months?

Demographic Variables

Identification number	No
Age of victim	Yes
Birth date of victim	No
Gender of victim	Yes
Race/Ethnicity of victim	Yes
County of victim's residence	No
Age of perpetrator(s)	No
Birth date of perpetrator(s)	No
Gender of perpetrator(s)	No
Race/Ethnicity of perpetrator**(s)**	No
County of perpetrator's residence	No
Location of incident	No
Date of incident	No
Injury related to incident	Yes, as it relates to a physical fight.
Death(s) related to incident	No

Availability of Data

Dissemination of data	The DOE publishes a report of the YRBS approximately 8-10 months after the survey administration.
Who can access the data	Data are available upon request.
Availability at state level	Yes
Availability at the county level	No

Limitations of the Data

- There is no way to link this data to other databases, including law enforcement criminal justice system or crisis center.
- The YRBS database contains few demographic variables.
- Data are based on self reports from students and do not necessarily reflect actual incidence of VAW.
- Additionally, the depth of questions that measure VAW are limited and do not reflect the broad range of acts associated with VAW.

New Hampshire Department of Justice (DOJ)
Homicide Statistics

Contact Information

Sandra Matheson, Director
State Office of Victim Witness Assistance
NH Department of Justice
33 Capitol Street
Concord, NH 03301
(603) 271-3671
http://doj.nh.gov/victim/index.html

Agency Description

The Office of Victim/Witness Assistance, within the Attorney General's Office, now known as the Department of Justice, was created in 1987 to provide support and direct services in cases prosecuted by the Attorney General's Office, including all of the state's homicide cases. The office's goal is to ensure that the rights of victims of crime are protected and to reduce the impact that crime and the resulting involvement in the criminal justice system has on the lives of victims and witnesses. Services are provided from death notification throughout the entire judicial process.

Database Description

The DOJ compiles homicide statistics for the state. In conjunction with the Domestic Violence Fatality Review Committee, the DOJ tracks all DV related fatalities.

Source of the data	DOJ case files.
Time frame	Data are compiled on an ongoing basis since 1990.
Purpose(s) that data are collected	Data are collected for internal purposes to better understand the incidence, including DV relationship, of homicide in the state. Data are also collected for the Domestic Violence Fatality Annual Report.
Characteristics of the sample	All homicide cases in the state.
Links with other data sources	Formally, this database is not linked to other data sources. However, because of demographic data collected- specifically date of birth of defendant- this database could be linked to police data.

Key Violence Against Women Related Variables

- Relationship between defendant and victim. Relationships include married, cohabiting, acquaintance, boy/girlfriend, household member, child, divorced, ex-cohabiting partner, stranger, ex boy/girlfriend, and other.
- Relationship to domestic violence is noted. This data includes information on history of domestic violence between the defendant and victim, history of domestic violence of the defendant, history of domestic violence of the victim, existence of protective order against defendant at the time of the homicide, existence of protective order against victim at the time of the homicide, past protective orders against defendant, past protective orders against victim, involvement of crisis center and family's involvement with the Division of Children, Youth and Family Services (DCYF).
- Type of weapon and method used.

Demographic Variables

Identification number	Identification and case numbers used.
Age of victim	Yes
Birth date of victim	Yes
Gender of victim	Yes
Race/Ethnicity of victim	No
County of victim's residence	No
Age of perpetrator(s)	Yes
Birth date of perpetrator(s)	Yes
Gender of perpetrator(s)	Yes
Race/Ethnicity of perpetrator**(s)**	No
County of perpetrator's residence	No
Location of incident	Yes, including shared residence, victim's residence, defendant's residence and victim's workplace.
Date of incident	Yes, including day, month, year and time of day.
Injury related to incident	Yes
Death(s) related to incident	Yes, including type of weapon and method used.

Availability of Data

Dissemination of data	Data are reported annually in the DV Fatality Annual Report.
Who can access the data	The database is not available to the public. However, aggregate homicide data is reported to the media on a regular basis and is available to state agencies on a case by case basis.

Availability at state level	Yes, data are collected for the entire state.
Availability at the county level	Yes, data can be broken down by county.

Limitations of the Data

- Formally, this database is not linked to other data sources. This database could be linked to police data using date of birth of defendant. However, this has not been done to date.

New Hampshire Department of Safety (DOS)
Division of State Police Criminal Records
Uniform Crime Reporting (UCR) Data

Contact Information

Karen Lamb, UCR Program Manager
NH Dept of Safety, Division of State Police – UCR Unit
33 Hazen Drive, Concord, NH 03305
Phone: (603) 271-2509
http://www.state.nh.us/safety/nhsp/cr.html#contact

Agency Description

The New Hampshire State Police is a division of the New Hampshire Department of Safety (DOS). Criminal Records is a department within the State Police and is responsible for the collection and dissemination of fingerprint, court record and UCR statistical information. The DOS enforces and promotes the following: motor vehicle and highway safety laws, criminal laws, commercial vehicle regulations, fire safety, building and equipment safety, and boating safety. In addition, it is the Department's task to provide for the security and physical safety of every citizen in New Hampshire. To accomplish this goal, the Department of Safety provides unified programs and procedures that seek ways to efficiently and conveniently increase effectiveness in the administration of public safety programs.

Database Description

The New Hampshire UCR program is part of a nationwide, cooperative crime collection system administered by the U.S. Federal Bureau of Investigation (FBI). Final data is sent to the FBI and added to a national UCR report. UCR is a city, county and state law enforcement program that provides a nationwide view of crime based on the submission of statistics by law enforcement agencies throughout the country.

Since 1977, NH local law enforcement agencies have voluntarily submitted crime report data to the State Police. Statistical data are collected and compiled from 128 state, county and local law enforcement agencies in New Hampshire for juvenile and adult offense and arrests. Currently, not every law enforcement jurisdiction in NH contributes data. However, 70% of the state's population is covered in what is currently reported.

Source of the data	Data are reported from local law enforcement agencies.
Time frame	Data are collected on a monthly basis.
Purpose(s) that data are collected	Data are collected for federal reporting requirements. The FBI collects and compiles UCR data to use in law enforcement administration, operation, and management, as well as to indicate

Purpose(s) that data are collected	fluctuations in the level of crime in the United States.
Characteristics of the sample	50% of NH law enforcement agencies report.
Links with other data sources	No

Key Violence Against Women Related Variables

- Rape
- Forcible rape
- Sodomy
- Statutory rape
- Sexual assault with an object
- Homicide
- Assault
- Incest
- Kidnapping

Demographic Variables

Identification number	Yes
Age of victim	Yes
Birth date of victim	No
Gender of victim	Yes
Race/Ethnicity of victim	Yes
County of victim's residence	Yes via town
Age of perpetrator(s)	Yes
Gender of perpetrator(s)	Yes
Race/Ethnicity of perpetrator**(s)**	Yes
County of perpetrator's residence	Yes via town
County of victim's residence	Yes via county
Location of incident	Yes, location code (i.e. residence) not physical address.
Date of incident	Yes
Injury related to incident	Yes
Death(s) related to incident	Yes

Availability of Data

Dissemination of data	Data are reported monthly to the FBI**.** Data are reported monthly in the State of New Hampshire UCR Unit.
Who can access the data	Data are available upon request.
Availability at state level	No, only 70% of the state's population is covered in what is currently reported.
Availability at the county level	No

Limitations of the Data

- There are no codes for domestic violence or violence against women in either the UCR or NIBRIS databases. However, NH does report the relationship between victim and offender.
- There is no way to link the UCR data to protection from abuse petitions, courts and crisis centers.
- The database contains a limited number of demographic variables for victims.
- Currently, not every law enforcement jurisdiction in NH contributes data. However, 70% of the state's population is covered in what is currently reported.

New Hampshire Division of Children, Youth and Families (DCYF)
National Child Abuse and Neglect Data System (NCANDS)

Contact Information

Melissa Correia, Research Analyst
New Hampshire Division for Children, Youth and Families
129 Pleasant Street
Concord, NH 03301-3857
(603) 271-7317
http://www.dhhs.state.nh.us/DHHS/DCYF/default.htm
email: mlcorreia@dhhs.state.nh.us

Agency Description

The New Hampshire Division for Children, Youth and Families (DCYF) operates under the administration of the New Hampshire Department of Health and Human Services (DHHS). DCYF provides services for children, youth, and families in areas that address:

- abuse and neglect
- child care and child development
- domestic violence

DCYF manages protection and child development programs on behalf of New Hampshire's children, youth and families. This is accomplished with a staff of approximately 370 and a budget of $122 million. DCYF staff provides a range of family-centered services with the overall goal of meeting the needs of parents and children and strengthening the family system.

DCYF is organized into eleven functional areas: Child Protection; Child Care; Head Start; Family and Community-Based Services; Administrative Support; Clinical Services; Fiscal Services; Information Systems and Policy; Legal Services; Staff Development and Training; and, Quality Improvement. Services are located in the Administrative Offices and the 12 district offices located throughout New Hampshire's ten counties.

Database Description

DCYF reports information on completed assessments to the Administration for Children and Families through the National Child Abuse and Neglect Data System (NCANDS).

Source of the data	Data are abstracted from completed DCYF assessments.
Time frame	Data are reported on an annual basis October 1 – September 30.
Purpose(s) that data are collected	Data are collected for Federal reporting.

Characteristics of the sample	All Children involved in a child abuse/neglect investigation (whether founded or unfounded) that was completed within a calendar year.
Links with other data sources	No

Key Violence Against Women Related Variables

- Domestic violence in the family.
- Child maltreatment, including Physical Abuse, Sexual Abuse, and Psychological/Emotional abuse.

Demographic Variables

Identification number	State, report and child identification numbers are used.
Age of victim/alleged victim	Yes.
Birth date of victim/alleged victim	Yes
Gender of victim/alleged victim	Yes
Race/Ethnicity of victim/alleged victim	Yes.
County of child's residence	Yes.
Age of perpetrator(s)	Yes, in the case of child victimization if available.
Birth date of perpetrator(s)	No
Gender of perpetrator(s)	Yes, in the case of child victimization.
Race/Ethnicity of perpetrator(s)	Yes, in the case of child victimization.
County of perpetrator's residence	No
Location of incident	Yes, location of county where incident occurred is noted.
Date of referral/report	Yes
Injury related to incident	No
Death(s) related to incident	Yes
Additional variables:	For child victimization: prior victimization, military family, living arrangement, relationship of perpetrator(s) to child victim.

Availability of Data

Dissemination of data	Report is produced annually and verified by the US Administration for Children and Families.
Who can access the data	Raw data is stored by DCYF and is not available for public access.
Availability at state level	Yes, data are collected for the entire state.
Availability at the county level	Yes, data can be broken down by county.

Limitations of the Data

- Database is not linked with other databases, i.e. law enforcement, criminal justice system and crisis centers.
- Data is principally available for federal reporting purposes. DCYF is beginning to use some of the data for public awareness purposes and demonstration grant reporting.
- The database contains missing data, including blank or "missing" variables – especially higher level details on perpetrators and families.

New Hampshire Division of Elderly and Adult Services
Adult Protective Services Database

Contact Information

Lynn Koontz
NH DHHS Division of Elderly & Adult Services
Community Services
129 Pleasant Street
Concord, NH 03301-3857
(800) 852-3345, ext. 4409
lkoontz@dhhs.state.nh.us
http://www.dhhs.nh.gov/DHHS/BEAS/adult-protection.htm

Agency Description

The Division of Elderly and Adult Services provides a variety of social and long-term supports to adults age 60 and older and to adults between the ages of 18 and 60 who have a chronic illness or disability. These services range from home care, meals on wheels, care management, transportation assistance and assisted living to nursing home care.

The Adult Protection Program is part of the Division of Elderly and Adult Services. It carries out the legal requirements of the Protective Services to Adults Law. The purpose of the law, which is civil and not criminal, is to provide protection for incapacitated adults who are abused, neglected, exploited, or self-neglecting.

Adult Protection Program activities include:

- The receipt and investigation of reports of alleged emotional abuse, physical abuse, sexual abuse, neglect, exploitation, and/or self-neglect, referral to law enforcement agencies as necessary;
- The determination of the validity of the report and the need for protective services; and
- The provision of and/or arrangement for the provision of protective services when necessary, and when accepted by the adult who has been determined to be in need.

Database Description

The Adult Protection Program compiles data from reports of alleged emotional abuse, physical abuse, sexual abuse, neglect, exploitation, and/or self-neglect.

Source of the data	Data are based on reports of alleged emotional abuse, physical abuse, sexual abuse, neglect, exploitation, and/or self-neglect.

Time frame	Data are collected on an ongoing basis.
Purpose(s) that data are collected	The Adult Protection Law requires any person who has a reason to believe that an incapacitated adult has been subjected to abuse, neglect, exploitation or self-neglect to make a report to the appropriate state agency or office. The data are entered into an automated tracking system, "Options," and in addition to tracking the progress on each report, provides statistical information for planning, management and quality assurance purposes.
Characteristics of the sample	All reports that have been made to the Adult Protection Program.
Links with other data sources	No

Key Violence Against Women Related Variables

- Emotional abuse
- Physical abuse
- Sexual abuse
- Exploitation

Demographic Variables

Identification number	There is a system-assigned identification number.
Age of victim	Yes
Birth date of victim	No
Gender of victim	Yes
Race/Ethnicity of victim	No
County of victim's residence	No. However, the system data is retrievable by DEAS District Office area.
Age of perpetrator(s)	Yes
Birth date of perpetrator(s)	No
Gender of perpetrator(s)	Yes
Race/Ethnicity of perpetrator**(s)**	No
County of perpetrator's residence	No. However, the system data is retrievable by DEAS District Office area.
Location of incident	Yes
Date of incident	No
Injury related to incident	No
Death(s) related to incident	No

Availability of Data

Dissemination of data	Data is available in established report formats; reports may also be requested on an ad-hoc basis. Data reports are disseminated internally to DEAS Managers and Adult Protective Services staff; statistical data may also be provided to others who request it.
Who can access the data	Data are not made available to the public. DEAS Supervisors, Managers and Social Workers, based on established system privilege level, have access to the data.
Availability at state level	Data can be provided on a statewide basis or by DEAS district office/offices basis.
Availability at the county level	No. However, the system data is retrievable by DEAS District Office area.

Limitations of the Data

- There is no way to link this database to other databases, including the criminal justice system and crisis centers.

Office of Postsecondary Education (OPE)
Security Statistics

Contact Information

Office of Postsecondary Education
U.S. Department of Education
1990 K Street, NW
Washington, DC 20006
http://www.ope.ed.gov/security/

Agency Description

The Office of Postsecondary Education (OPE) formulates federal postsecondary education policy and administers programs to improve access to quality postsecondary education in the United States.

Database Description

The OPE database reports criminal offenses for over 6000 colleges and universities in the United States. The establishment of this database was authorized by Congress with the 1998 amendment to the Higher Education Act of 1965 (HEA) to help potential college students and their parent's research criminal offenses on college campuses. The Department of Education is committed to assisting schools in providing students with a safe environment in which to learn and to keep parents and students well informed about campus security.

By October 1 of each year, a school that is Title IV eligible, that is, meet eligibility requirements for federal financial aid, is required to publish and distribute an annual campus security report to all current students and employees. In addition to the required annual campus security report, schools are required to provide timely warning of the occurrences of crimes that are reported to campus security authorities and local police agencies. The timely warning information is to be provided in an appropriate manner so as to prevent similar crimes from occurring and to protect the personal safety of students and employees.

Source of the data	Title IV eligible colleges and universities.
Time frame	September 1 – August 31
Purpose(s) that data are collected	Federal law requires reporting of crime statistics. Reporting is intended to inform students, parents, and employees about campus security and criminal offenses on campus.
Characteristics of the sample	All colleges and universities that are Title IX eligible are required to publish and distribute an annual campus security report to all current students and employees.

Characteristics of the sample	Criminal offenses in the database are those that have been reported to campus police/security.
Links with other data sources	No

Key Violence Against Women Related Variables

- Forcible sex offenses (including forcible rape).
- Nonforcible sex offenses.
- Aggravated assault.

Demographic Variables

Identification number	No
Age of victim	No
Birth date of victim	No
Gender of victim	No
Race/Ethnicity of victim	No
County of victim's residence	No
Age of perpetrator(s)	No
Birth date of perpetrator(s)	No
Gender of perpetrator(s)	No
Race/Ethnicity of perpetrator**(s)**	No
County of perpetrator's residence	No
Location of incident	Yes, reported as on-campus, on-campus residence hall and non-campus.
Date of incident	No
Injury related to incident	No
Death(s) related to incident	No

Availability of Data

Dissemination of data	Annual report of the data – October 1.
Who can access the data	Raw data are stored by individual colleges and universities. Access to data varies from institution to institution.
Availability at state level	The OPE database is searchable by state.
Availability at the county level	No

Limitations of the Data

- Only Title IV eligible colleges and universities are included in the database.
- Only those criminal offenses that are reported to campus police/security are reported in the database.
- Very little demographic information is available on victims and perpetrators.
- There is no way to link this database to other databases, including the criminal justice system and crisis centers.
- While the incidence of aggravated assault is included in the database, there is no way to determine the relationship between victim and offender.

Sexual Assault Nurse Examiner Program (SANE)
SANE Database

Contact Information

Jennifer Pierce-Weeks, RN, SANE Program Director
New Hampshire Coalition Against Domestic and Sexual Violence
P.O. Box 393
Concord, NH 03301
(603)-224-8893 extension 307
http://www.nhcadsv.org/sane.cfm

Agency Description

A Sexual Assault Nurse Examiner is a Registered Nurse who has been specially trained to provide comprehensive care to sexual assault survivors, who demonstrates competency in conducting a medical/forensic examination and the ability to be an expert witness. The mission of the SANE Program is to:

- avoid further trauma to all sexual assault survivors in the health care environment.
- provide a compassionate and sensitive approach;
- provide timely medical/forensic examination and treatment;
- provide referral for follow-up care and counseling; and
- provide testimony as needed.

Hospitals with SANE nurses include:

- Alice Peck Day
- Cheshire Medical Center
- Concord Hospital
- Elliot Hospital
- Franklin Memorial Hospital
- Frisbie Memorial Hospital
- Littleton Regional Hospital
- Monadnock Community Hospital
- Parkland Medical Center
- Portsmouth Regional Hospital
- Speare Memorial Hospital
- St. Joseph Hospital
- Valley Regional Hospital
- Weeks Medical Center
- Wentworth-Douglass Hospital

The SANE program receives funding from the NH Department of Justice (DOJ) and is coordinated through the New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV).

Database Description

SANE nurses collect data on all medical/forensic examinations that they administer.

Source of the data	Data are collected by SANE nurses based on medical/forensic examinations in the 15 hospitals that have SANE nurses.
Time frame	Data have been collected since 1998, month of assault is recorded.
Purpose(s) that data are collected	Data are collected for reporting purposes; DOJ requires data collection as part of SANE nurses' certification.
Characteristics of the sample	The data include self reports of sexual assault victims who seek a medical/forensic examination at one of the 15 hospitals that have SANE nurses.
Links with other data sources	No

Key Violence Against Women Related Variables

- Number of sexual assault victims who seek medical/forensic examinations at one of the 15 hospitals that have SANE nurses
- Number of evidence collection kits used
- Relationship between perpetrator(s) and victim - reports if victim was related to, acquainted with or intimately involved with perpetrator(s)
- Number of perpetrator(s)
- Suspect use of "date rape" drug
- Crime reported to law enforcement

Demographic Variables

Identification number	Yes, SANE identification number assigned
Age of victim	Yes
Birth date of victim	No
Gender of victim	Yes
Race/Ethnicity of victim	Yes
County of victim's residence	No
Age of perpetrator	No
Birth date of perpetrator	No
Gender of perpetrator	Yes
Race/Ethnicity of perpetrator	No
County of perpetrator's residence	No
Location of incident	Yes, state and county are reported
Date of incident	No, but time between assault and exam is recorded

Injury related to incident	Yes, reports genital and other physical trauma
Death(s) related to incident	No
Additional variables:	Sexual and gender orientation, primary language of victim, developmental disability of victim, victim's incarceration status at time of assault, services provided to secondary victims,

Availability of Data

Dissemination of data	Annual report to SANE Advisory Board
Who can access the data	Raw data is stored by the SANE Program Director at the New Hampshire Coalition Against Domestic and Sexual Violence and is not available for public access.
Availability at state level	Data are only reported from the 15 hospitals that have SANE nurses.
Availability at the county level	Data are only reported from the 15 hospitals that have SANE nurses.

Limitations of the Data

- Data only captures victims who seek medical/forensic examinations at one of the 15 hospitals that have SANE nurses.
- Data are not linked with other data sources, i.e. law enforcement and the criminal justice system. This make it difficult to determine overlaps in data.

APPENDIX VI: Suggested Prevention/Education Program Components and Curricula[2]

Most programs aim to educate communities about violence against women in four ways: school-based curricula, community education programs aimed at adults, media campaigns/efforts, and community coalition building/ organizing. Although there has been a recent increase in the number of evaluated educational programs, programs have largely been based on theoretical understandings of how to best address violence against women, rather than on evaluation findings. Both sexual violence and domestic violence prevention programming usually have focused on educational presentations, and programs based in a school setting account for the majority of empirically based programs in the literature. The research literature tends to evaluate programs targeting youth and college students.

Listed below are programs and curricula suggested by national experts and national and state resource centers as being model efforts. There are also suggestions for working with minority communities and developing coordinated community efforts to help broaden the scope of prevention programming across our communities. Please see "A Review of VAW Prevention Programs and Recommendations for Future Program Design" (MDCH, 1999) for more detailed information about curricula and evaluation. A copy of this document can be obtained from the Michigan Resource Center on Domestic and Sexual Violence.

Suggested program components: Educational efforts among minority groups

Efforts targeting communities of color need to be developed within a context of developing community institutions and support systems, public consciousness raising, and education. Efforts need to be designed with an intimate knowledge of the local community/culture and the underlying factors related to abuse. (Klein et al., 1997: 85)

By focusing on traditional values of family and community and challenging values that perpetuate and condone partner violence, programs can avoid putting forward one issue at the expense of another (e.g. women's issues over race issues) and instead address their intersection (Klein et al., 1997: 86)

Church and community leaders are considered to be in an ideal position to provide support as well as to change social norms regarding violence (Hyman et al., 2000)

[2] Adopted and reprinted with permission from the Michigan Coalition Against Domestic and Sexual Violence, "A Vision for Prevention: Key Issues and Statewide Recommendations for the Primary Prevention of Violence Against Women in Michigan". 2003

Suggested Program Components

Efforts to prevent and reduce the occurrence of domestic violence among African Americans must occur within the context of a comprehensive prevention agenda that is culturally sensitive and competent (Oliver, 2000: 546)

Recast popular black culture (e.g. hip-hop, black radio, gospel plays or musicals) in interventions to help the community claim ownership of domestic violence as a significant social problem in the African American community (Oliver, 2002)

Suggested program components: Coordination of services/community

Coordinated and highly publicized community-wide events are recommended for making a lasting impression and raising awareness within a community. Use AIDS and MADD campaigns as examples (e.g. AIDS rides, court monitoring) (Klein et al., 1997)

Look to other prevention efforts that have utilized the public health approach (not necessarily the model) successfully (e.g. California Tobacco Control Initiative, MADD). The success of such programs has been credited to their comprehensive approaches (Chekal & Sorenson, 1998). For example, tobacco use in California was targeted using all of the following strategies in a coordinated manner:

- Assistance to and the establishment of local agencies
- Statewide media campaign
- Competitive grants that mainly targeted fostering prevention and organizing in ethnic minority communities
- School education programs
- Medical care programs
- Tobacco tax

Most programs using a public health approach share the following general activities in common (adapted from Chekal & Sorenson, 1998):

- Implementing/changing policies
- Changing social norms
- Advocacy
- Health education
- Targeting industry
- Local approaches/activism
- Emphasize and require diversity
- Media advocacy
- Public information (media) campaigns

Corporate investment is a good way to get community-wide involvement and raise awareness (e.g. Marshall's Domestic Peace Prize) (Klein et al., 1997)

Information vehicles must be expanded beyond the domestic and sexual violence community: PTAs, men's and youth groups, community health clinics, etc. must be included in providing and promoting community-based responses to violence.

Traditional coordinated community responses (CCRs) need to expand beyond the justice system to other community agencies, including health care providers, child protective services, clergy and community-based providers, drunk driving and other chemical dependency programs, the business community and batterer intervention programs. By being more inclusive of the variety of agencies that come into contact with persons experiencing abuse, early intervention is more likely and CCRs become more prevention oriented (Clark et al., 1996)

Consider using Community Action Teams (CATs): more information can be found at http://www.transformcommunities.org (Transforming Communities)

Require a school curriculum, taught to every grade, every year instead of a program offered only once every couple of years (National Sexual Violence Resource Center (NSVRC), personal contact, 2002)

Create an awareness campaign and hold town meetings. Make sure local agencies are able to respond to increased awareness among community (NSVRC, personal contact, 2002)

Involve a variety of community organizations, including faith-based organizations and children's groups: 4-H Clubs, Boy/Girl Scouts, Big Brother/Big Sister, sports clubs/teams, etc. (NSVRC, personal contact, 2002)

Work to establish local tax incentives for agencies that are involved.
If they want lower crime, help fund it (NSVRC, personal contact, 2002)

Listing of suggested programs and curricula

Listed below are some of the model programs and curricula suggested for use by national violence against women prevention experts and national and state resource centers. While not all have been formally evaluated, these efforts are seen as incorporating the elements that are assumed to be successful in preventing violence against women.
Some of these resources may be available through the Michigan Resource

Resource Centers for Prevention Education

Michigan Resource Center on Domestic and Sexual Violence
www.mcadsv.org/mrcdsv
Provides comprehensive information, resources and technical assistance on issues related to domestic and sexual violence. A collection of over 3500 books and 350 videos are available to borrow free of charge. The collection is available for all of Michigan's citizens to utilize free of charge. Staff is available to assist patrons in person, via phone or e-mail. Resources can also be mailed to patrons anywhere in Michigan. Please call (517)

381-4663 to apply for borrowing privileges or visit the Resource Center online at the address above. The Resource Center is a collaboration of the Michigan Domestic Violence Prevention and Treatment Board and the Michigan Coalition Against Domestic and Sexual Violence. The Resource Center is a valuable resource for educators, administrators, and parents dedicated to understanding and preventing violence against Michigan's young adults and children.

National Resource Center on Domestic Violence
http://www.nrcdv.org/

Provides comprehensive information and resources, policy development and technical assistance designed to enhance community response to and prevent domestic violence. The National Resource Center in conjunction with community organizations has published information on model prevention programs that are downloadable from the Web. The NRC also has information packets available to download on different topics, including "Children Exposed to Intimate Partner Violence." Applied Research paper topics include working with young men who batter and the overlap of violence against women and child abuse.

National Sexual Violence Resource Center
www.nsvrc.org
Suggested Program Components
Provides comprehensive information, materials, and technical assistance on issues involving sexual assault. Serving as a central clearinghouse for voluminous resources and research, the NSVRC provides a place to turn to for information, help and support.

General prevention programming resources

Sexual Violence Prevention: A Catalog of Educational Materials.
The Massachusetts Department of Public Health. Boston, MA 1997.
http://www.vahealth.org/civp/sexualviolence/SVP_Resource_Catalog.pdf
Synopsis: This catalog gives a brief description and ordering information for 383 curricula covering young children, pre-teens and teenagers, young adults, older adults, adult survivors, and health and human service professionals. It also includes 45 pages of internet, poster, and video resources.

Listings of evaluated prevention programs have been compiled by:

National Violence Against Women Prevention Research Center
http://www.vawprevention.org/research/college_sa_eval.pdf

Arizona Rape Prevention Education Project
http://www.u.arizona.edu/~sexasslt/arpep/

Prevention researchers have outlined the following characteristics of effective preventive initiatives (adapted from Felner et al., 2000):

1. Comprehensive rather than narrowly focused; comprised of an integrated "package" of approaches; based on multicausal/complex pathway understandings of developmental outcomes and reflecting multisystem-multilevel perspectives.

2. Combine enhancement/promotion and prevention/risk reduction approaches.

3. Based on ecological/developmental analysis of target problems and issues; first-order targets of change are risk reduction and protective-factor enhancement; second-order targets are reduction of acquired vulnerabilities and enhancement of competencies/strengths.

4. Recognize scarce/limited resources and delivery system difficulties; when possible, interventions first consider/are aimed at changing institutions, policies, and settings (e.g. schools, welfare system), rather than individuals.

5. Congruent with/attentive to other agendas of settings/communities in which they are mounted

6. Timing of interventions is critical, with developmental appropriateness and continuity (e.g. strengths acquired at earlier stages affect possible impacts of later prevention efforts).

7. Do not expect "one-shot" or short-term interventions to have enduring effects. Dosage and fidelity levels need to receive careful consideration.

8. Are theory and research based (as are their evaluations); are "intentional"; can articulate how intervention components are linked to hypotheses about causes of problem.

Model Curricula[3]

Community-based (primary) prevention programs:

Stop It Now!
http://www.stopitnow.com

Synopsis: STOP IT NOW!'s mission is to call on all abusers and potential abusers to stop and seek help, to educate adults about the ways to stop sexual abuse, and to increase public awareness of the trauma of child sexual abuse.

[3] Compiled by Jennifer Hoffman, National Sexual Violence Prevention Resource Center.

From Darkness to Light
http://www.darkness2light.org

Synopsis: A primary prevention program aimed at reducing the incidence of child sexual abuse by increasing public awareness of the prevalence and consequences of the problem. We encourage adult survivors to break the cycle of abuse, and we offer educational programs to provide hope, healing and healthy lifestyles for abused children and their families.

Generation Five
http://www.generationfive.org

Synopsis: Our vision is to end child sexual abuse within five generations. Generation Five is committed to creating sustainable plans for a multi-generation change in public systems, community values, and personal practices. We see this transformation taking place through five cycles of change: leadership, community, accountability, systems, and restoration. Each generation will build on these five cycles to interrupt and mend the intergenerational impact of child sexual abuse.

Hero Project
http://www.hero-project.org

Synopsis: The HERO Project is a group of organizations in Westmoreland County, Pennsylvania, U.S.A., that have joined together to encourage the heroes in our community — parents, relatives, caregivers and acquaintances — to intervene, protect children and report suspicions of child sexual abuse. You can be a hero today. If you suspect that a child is being sexually abused, get help. Please contact your local children and youth agency.

Three Kinds of Touches
Three Kinds of Touches serves as an excellent resource in conveying important information about touching. This outstanding book sensitively portrays different cultures and abilities in a context to be embraced by all. While designed with pre-schoolers in mind, this book is perfect and extremely valuable for children of all ages. It is available in English, Spanish, English Braille, and Spanish Braille.

Men's Programs:

Men Can Stop Rape
http://www.mencanstoprape.org

Synopsis: Men Can Stop Rape (formerly Men's Rape Prevention Project) empowers male youth and the institutions that serve them to work as allies with women in preventing rape and other forms of men's violence. Through awareness-to-action education and community organizing, we promote gender equity and build men's capacity to be strong without being violent.
**Similar Men's Programs from around the country can be found on their website.

Media/Awareness Campaigns:

PCAR's Xpose, Gonna Make It and Related Materials
Synopsis: Xpose contains 10 powerful songs, all performed by young PA artists. This impressive compilation of music includes rap, hip hop, alternative and rock. Tracks focus on self-esteem, healthy relationships, statutory rape/sexual violence awareness and prevention. It appeals to both males and females. Gonna Make It: The Music Video is a track from Xpose that addresses incest and drug facilitated rape and sends an important prevention message to males. It contains information and a resource guide.

CDC's Preventing Sexual Assault: A Sampling of Existing Media Campaigns
Synopsis: This CD-ROM collection compiles information on a variety of media campaigns designed to prevent and raise awareness of sexual violence. While the CD-ROM is not an exhaustive collection, it provides a starting point for programs that are interested in developing a media campaign.

Community Organizing:

Transforming Communities
http://www.vawnet.org

Synopsis: The Transforming Communities project mobilizes volunteer community members into Community Action Teams (CATs) around specific areas of interest. The CAT members design and implement strategies to transform institutions, behaviors, and belief systems in ways that hold violent men accountable and that create safety and justice for women and girls. This document is intended to encourage and guide domestic violence organizations in adapting this theory, rationale and methodology of social change for their own communities.

Model Curricula:

Sexual Violence Prevention: A [150 Page] Catalog of Materials
http://www.vahealth.org/civp/sexualviolence/SVP_Resource_Catalog.pdf

Synopsis: This catalog gives a brief description and ordering information for 383 curricula covering young children, pre-teens and teenagers, young adults, older adults, adult survivors, and health and human service professionals. It also includes 45 pages of internet, poster, and video resources.

Listings of evaluated curricula have been compiled by:

National Violence Against Women Prevention Research Center
http://www.vawprevention.org/research/college_sa_eval.pdf
Arizona Rape Prevention Education Project http://www.u.arizona.edu/~sexasslt/arpep/

School-Based Elementary School:

Building Healthy Relationships: Sexual Harassment Prevention and Relationship Skills Curriculum (K-5th).
There is also a curriculum for 6th-12th. This curriculum provides students with concrete information and allows them to practice building the sills necessary to develop and maintain respectful peer relationships that are free from bullying, harassment and sexual violence. There are evaluation components for students, parent/guardians and teachers.

Middle & High School:

Statutory Rape: Strategies for Empowering Middle School Students
This curriculum was designed to be utilized by sexual assault centers as part of their prevention education programming in middle schools to provide comprehensive information and materials related to statutory rape, without duplicating information that is generally applicable to all forms of sexual assault.

RELATE
http://www.vahealth.org/civp/sexualviolence/index.htm#curricula

Synopsis: Alternatives, Inc. developed, pilot-tested and evaluated this five session curriculum for middle and high school age youth. The purpose of the RELATE Project is to prevent sexual violence and peer violence among teens in Virginia by educating them about healthy relationships and building their skills to resist violence. The project reaches youth all over Virginia because various agencies participate in the project as RELATE sites. Each RELATE site consists of adults who coordinate the project on their local level and young people who are trained as peer educators. The peer educators facilitate the RELATE training sessions for other youth in their area of Virginia. The greatest strength of the RELATE Project is the focus on peer education and youth involvement. This focus is made possible through a planning, implementation and training process that is a product of youth and adult partnerships. Youth were involved in the creation of the curriculum and other project materials as well as training the peer educators and adult coordinators across the state of Virginia.

PeaceLine
http://www.vahealth.org/civp/sexualviolence/index.htm#curricula

Synopsis: The Women's Resource Center of the New River Valley developed this curriculum in accordance with the Standards of Learning in 1998. Peaceline is a violence prevention education curriculum for middle and high school aged youth. It is designed with three lesson plans - dating violence, sexual assault and sexual harassment - for each grade level, 6th - 12th. Lessons can be used in school or community settings. Each lesson includes definitions, activities, handouts and resource information.

VIVA Peer Education Manual
http://www.vahealth.org/civp/sexualviolence/index.htm#curricula

Synopsis: Voices for Interpersonal Violence Alternatives (VIVA) is an organization that provides a forum for awareness, discussion and education regarding the issues of dating violence, sexual assault and harassment. VIVA members present a play about dating and sexual violence. Members then lead small group discussions with the audience. This manual contains teen dating violence and sexual violence information developed for teen educators in 1999. It covers statistics, definitions, special topics, how to facilitate discussions and more. Also available via consultation with VIVA is a Training Manual and a Teacher's Guide.

The Youth Violence Prevention Project
http://www.vahealth.org/civp/sexualviolence/index.htm#curricula

Synopsis: The Sexual Assault Response Program of the Crisis Line of Central Virginia, Inc. created the Youth Violence Prevention Project. The overall goal of the project is to address the culture of rape and sexual violence by implementing a sexual assault preventative education program utilizing behavioral and empowerment/education approaches. The Objective is to have at risk youth recognize potential victim and perpetrator behaviors, attitudes, and beliefs and to promote healthy relationships.

Teen Voices
http://www.vahealth.org/civp/sexualviolence/index.htm#curricula

New Directions of Staunton developed this eight session educational group. Teen Voices encourages a small group of teenage girls to become leaders within themselves and in the community. The group is held during school hours and at varied class times for a total of eight forty-five minute sessions. The participants are referred by parents, school counselors, and through self-referrals. The objective is to develop an abuse- prevention counseling group with high school girls who have concerns about dating relationships and about preventing physical, sexual, and emotional abuse; to provide information and education about healthy/ unhealthy relationships, the impact on self- esteem, typical patterns of abuse, and sexual harassment; to help group members increase their self-awareness of their own values, standards, and what is important to them in relationships; to help members experience sharing and mutual support in the context of a small and safe group; and to develop an awareness of their potential for leadership in preventing abuse in their school and community.

Expect Respect
http://www.videolibrarian.com/cgi-bin/GetKey.pl?KEY=5311_
or http://www.austinsafeplace.org

Synopsis: Its goal is to encourage community-based programs and schools to join forces in providing comprehensive prevention and intervention services that address the problems of abuse in students' lives. This document is a "snapshot" of the Expect Respect program. It has sections on teenage dating violence, sexual harassment and bullying, the need for school-based programs, Expect Respect program history, Expect Respect overview, program components, implementation and replication issues, and future directions.

Making the Peace
http://www.videolibrarian.com/cgi-bin/GetKey.pl?KEY=5311_

Synopsis: MAKING THE PEACE (MTP) is a comprehensive curriculum, training and organizing program designed by staff of the Oakland Men's Project to prevent male-to-female family and dating violence among youth ages 14-19. The MTP curriculum, published in 1997, includes an organizers' manual, teachers' guide, 15-session curriculum and handout packages for educators, administrators and family violence community-based organizations on preventing family/relationship violence in an entire school district.

Green Ribbon Week Campaign Packet: A Tool for Youth Educators to Address Sexual Harassment in schools. (There's No Excuse for Abuse.) Texas Association Against Sexual Assault.

College/University:

Tough Guise: Violence, Media & the Crisis in Masculinity
http://www.videolibrarian.com/cgi-bin/GetKey.pl?KEY=5311_

Synopsis: While the social construction of femininity has been widely examined, the dominant role of masculinity has until recently remained largely invisible. Tough Guise is the first educational video geared toward college and high school students to systematically examine the relationship between images of popular culture and the social construction of masculine identities in the U.S. at the dawn of the 21st century.

Mentors in Violence Prevention
http://www.sportinsociety.org/mvp.html

Synopsis: The Mentors in Violence Prevention (MVP) Program is a gender violence prevention and education program based at Northeastern University's Center for the Study of Sport in Society. The multiracial, mixed gender MVP team is the first large-scale attempt to enlist high school, collegiate and professional athletes in the effort to prevent all forms of men's violence against women. Utilizing a unique bystander approach to gender violence prevention, the MVP Program views student-athletes and student leaders not as potential perpetrators or victims, but as empowered bystanders who can confront abusive peers. Program participants develop leadership skills and learn to mentor and educate younger boys and girls on these issues.

Organizing College Campuses Against Dating Abuse
http://www.vawnet.org/NRCDVPublications/TAPE/Papers/NRC_camp-full.php_

Synopsis: This publication is designed to provide information and assistance to staff in higher education and/or domestic violence programs who are interested in developing a comprehensive response to dating abuse as it affects students on college campuses.

Special Populations:

Kid & Teen Safe: An Abuse Prevention Program for Youth with Disabilities
http://www.vawnet.org/NRCDVPublications/TAPE/Papers/NRC_KTSafe-full.php)
or http://www.austin-safeplace.org

Synopsis: A project of SafePlace's Disability Services ASAP (A Safety Awareness Program), its goal is to encourage community-based programs and schools to join forces in providing comprehensive prevention and intervention services that address the problems of abuse in students' lives. The program is sensitive to all disabilities, serving children with mental retardation, cerebral palsy, muscular dystrophy, autism, Downs syndrome, pervasive developmental disorder, attention deficit hyperactive disorder, traumatic brain injury, deaf, blind, visually impaired, behavioral or emotional disorder, and speech impairment.

Assert Project
http://www.vahealth.org/civp/sexualviolence/index.htm#curricula

Synopsis: The project's primary focus is the risk reduction of sexual assault to special populations. This curriculum is designed as a 12 week course for adults with mental retardation and/or serious mental illness. However, after careful review and assistance from allied professionals that work with this special population on a regular basis, this program is most often presented as a 4-8 week course, by combining several of the topics. The ASSERT project is also available in a 4-week program for middle and high school youth with special needs, such as developmental disabilities and/or physical limitations. Based on the level of functioning for each group, the program will provide risk reduction skills, education, safety skills and printed materials to meet the learning styles and needs of the participants. The multiple sessions allows opportunities for participants to master skills through role-plays, repetition, praise and accurate information.

For Educators:

Virginia Responds
http://www.vahealth.org/civp/sexualviolence/index.htm#curricula

Virginia Responds is a facilitator's guide to assist educators in presenting sexual violence and teen dating violence information to middle and high school age youth. This 209 page color guide includes: Experiential activities that address the issues of interpersonal relationships, violence in relationships, sexual harassment and sexual assault; One full unit on general facilitator training and specific facilitator training preceding each specific unit; Timed activities with specific intended audiences and detailed objectives; Appendices including forms for evaluations, legal advocacy information, resources and poetry and prose by teens; and Graphics, layout and information written by teens for teens.

Drawing the Line: A Guide to Developing Effective Sexual Assault Programs for Middle School Students
http://www.acog.com/from_home/publications/drawingtheline/index.htm

Synopsis: Drawing the Line: A Guide to Developing Sexual Assault Prevention Programs for Middle School Students is designed to help you: Create sexual assault prevention programs that are most likely to have a positive impact on middle school students' attitudes and behaviors; Implement programs that involve entire communities in the work of preventing sexual assault; Measure the relative comprehensiveness of the sexual assault prevention programs currently being offered for middle school students in your own community; and Determine how evaluation efforts will be designed and implemented.

Sexual Assault Risk Reduction Curriculum: A Comprehensive Guide for the Classroom Teacher or Community Educator
http://www.mysati.com/curriculum.htm

Synopsis: This manual will assist school personnel, police and community agency staff in the implementation of sexual assault prevention programs. The lessons contained in this guide can be used as a stand-alone curriculum, as an enhancement to an existing health education program or as a component of an integrated curriculum. This manual can be used in either school or non-school settings such as health clinics, after-school programs, youth centers and camps. We encourage other communities to collect data and to customize these lessons and presentations to reflect their findings. Existing community coalitions and networks that share resources and advocate for youth services may provide a vehicle for establishing programs to increase the awareness and reduce the incidence of sexual assault.

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