

# Nebraska's State Plan Addressing Domestic Violence and Sexual Assault 2012-2013



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## **XIV. Preventative Health and Health Services Sexual Assault Plan 28**

### **I. Introduction:**

#### **A. The State Plan**

The Family Violence Prevention and Services Act (FVPSA), originally passed in 1984, was the first federal funding source for domestic violence programs and shelters. The FVPSA provides life-saving programs for victims of domestic violence. Administered by the federal Department of Health and Human Services (HHS), FVPSA is the only federal funding source dedicated to emergency domestic violence shelters.

The FVPSA funds support approximately 2,000 emergency domestic violence shelters and programs in this country. These funds are primarily distributed through formula grants to states. In addition to lifesaving emergency shelter, FVPSA-funded programs provide counseling, legal assistance, crisis intervention, and services for children.

The Nebraska Department of Health and Human Services contracts with 21 non-profit entities to provide and operate 24-hour domestic violence and sexual assault hotline. Services include responding to crisis calls; information and referral assistance; emergency shelter services; outreach; community education; assistance in developing safety plans; individual and group counseling; transportation and other supportive services for adults (men and women) and children in the shelters; including transition planning and follow-up services for domestic violence survivors exiting the shelter. In addition, the Department contracts with the Nebraska Domestic Violence Sexual Assault Coalition to provide technical assistance and oversight to Nebraska's network of programs, community organizations and the Department itself.

The Department of Health and Human Services believes cooperation is vital to the delivery of services by the domestic violence programs and collaboration is a fundamental part of the US Department of Health and Human Services (HHS) commitment to protecting victims of domestic violence across America. The FVPSA grant award process fosters strong collaboration and information sharing across program lines and supports implementation of more integrated education, shelter, and counseling program activities at the State and local levels. The State plan describes how each State will meet program goals within the context of each of their unique communities. The plan makes stakeholders aware of innovative strategies developed locally, demonstrates how States leverage community partnerships and resources to meet the goals of the FVPSA program, and provides a wealth of information on best practices for other grantees seeking to develop approaches to deal with the challenges service providers face every day.

This document constitutes the State of Nebraska's first formal Domestic Violence Plan. It is the result of input from the Nebraska Domestic Violence Sexual Assault Coalition, the State's network of domestic violence programs, and the Department of Health and Human Services. It provides an overview of our approach to meeting the needs of those affected by domestic violence in the communities we serve.

## **B. Mission**

The Nebraska Department of Health and Human Services, Division of Children and Family Services is the State's administering agency for the Family Violence Prevention and Services Act Program. The Division of Children and Family Services, (DCFS) envisions a community where people independently support themselves and their families and where individuals are safe from abuse and neglect. The Department's mission is to provide the least disruptive services when needed, for only as long as needed in order to give children the opportunity to succeed as adults, help the elderly and disabled live with dignity and respect, and to help families care for themselves, resulting in healthier families and more safer and prosperous communities.

The Nebraska Domestic Violence Sexual Assault Coalition is a statewide advocacy organization committed to the prevention and elimination of sexual and domestic violence. The organization's mission is to enhance safety and justice by changing the beliefs that perpetuate domestic violence and sexual assault. The Coalition envisions a world where domestic violence and sexual assault are a distant memory and healthy relationships prosper. The Coalition's values include Safety, Prevention, Accountability, Diversity/Equality, Collaboration, Education, Empowerment/Autonomy and Leadership.

The Coalition provides information, support and guidance through training on the local and statewide level, dissemination of a variety of education materials, and works to ensure laws and public policy initiatives support victims and hold offenders accountable. The Coalition strives to increase public awareness, community involvement, and to encourage local community leaders and other key service providers to support efforts to change the institutional policies and cultural practices that perpetuate violence against women and children.

## **C. Background and History**

Paralleling a national movement to address domestic violence, volunteers from across the state formed the Nebraska Task Force on Domestic Violence in 1976. The Task Force, together with the Nebraska Commission on the Status of Women, worked to pass the Protection from Domestic Abuse Act in 1978. This legislation remains the basis for state-level funding provided to Nebraska's domestic violence and sexual assault programs.

The Task Force continued to work to increase funding for organizations providing shelter and assistance to battered women. This group voluntarily provided trainings, assisted programs in applying for funding, and published resources and articles for battered women. As the number of women seeking help increased, it became apparent that the survival of the services depended on reorganizing and finding funding to open a state office.

The Task Force changed its name to the Nebraska Domestic Violence Sexual Assault Coalition after being awarded a \$7,500 Statewide Coalition Building Project grant in December 1985. The Coalition opened an office with one full-time staff in 1987 due to a grant from the Nebraska Department of Social Services, and continued to provide training to local boards and recruit individual members. The next few years were spent networking with law enforcement, attorneys, and other service providers to strengthen domestic violence and sexual assault laws.

The state has seen dramatic improvement in the response to domestic violence and sexual assault since the Task Force inception in 1976. The commitment continues to support the local domestic violence/sexual assault programs that provide services throughout Nebraska, as well as partnering with state agencies, community organizations and funders.

The Coalition supports the philosophy that abuse is a choice and a practice by which persons achieve power, gratification or financial advancement through the abuse of another person by abrogating that person's human right to dignity, equality, autonomy and physical and mental well being. Therefore, we must work to eliminate racism, homophobia, anti-Semitism, classism and oppression of all traditionally silenced groups. These oppressions are perpetuated by the same systems that profit from violence against women and children and cannot be separate from the overall mission of the Coalition, for the oppression of one is the oppression of all.

Specific information surrounding the numbers of individuals served by the Coalition and the network of programs can be found in the most recent Annual Report:

[http://ndvsac.org/wp-content/uploads/2010/06/Annual\\_Rep\\_2011\\_FINAL1.pdf](http://ndvsac.org/wp-content/uploads/2010/06/Annual_Rep_2011_FINAL1.pdf)

## II. Domestic Violence Program Directory

### A. Program Listing

Nebraska provides a network of 21 domestic violence agencies, ensuring that a safety-net of services are available across the entire state. The agencies are listed below, with a corresponding map to reflect the location of the program.

<b>Program Name</b>	<b>Crisis Line Number</b>
1. DOVES Program (Gering)	(866) 953-6837
2. North Central Quad County (Valentine)	(877) 376-2080
3. Domestic Abuse/Sexual Assault Services (McCook)	(877) 345-5534
4. Rape/Domestic Abuse Program (North Platte)	(888) 534-3495
5. Parent-Child Center (Lexington)	(800) 215-3040
En Espanol:	(866) 351-9594
6. Sandhills Crisis Intervention Program (Ogallala)	(308) 284-6055
7. Healing Hearts and Families (Broken Bow)	(800) 942-4040
8. SAFE Center (Kearney)	(877) 237-2513
9. The Crisis Center (Grand Island)	(866) 995-4422
10. Spouse Abuse/Sexual Assault Crisis Center (Hastings)	(877) 322-7272
11. Center for Survivors (Columbus)	(800) 658-4482
12. Haven House (Wayne)	(800) 440-4633
13. Bright Horizons (Norfolk)	(877) 379-3798
14. Voices of Hope (Lincoln)	(402) 475-7273
15. Friendship Home (Lincoln)	(402) 437-9302
16. Project Response (Auburn)	(800) 456-5764
17. Hope Crisis Center (Fairbury)	(877) 388-4673
18. Crisis Center for Domestic Abuse/Sexual Assault (Fremont)	(888) 721-4340
19. Heartland Family Service – Domestic Abuse/ Sexual Assault Program (Papillion)	(800) 523-3666
20. Catholic Charities – The Shelter (Omaha)	(402) 558-5700
21. Women’s Center for Advancement (Omaha)	(402) 345-7273
En Espanol:	(402) 672-7118

Statewide Spanish Crisis Line  
Linea de Crisis  
1-877-215-0167

## B. Map of Nebraska's Programs



### **III. Core Program Services**

The network of domestic violence/sexual assault programs offers a range of services for both adults and children who are victims of domestic and sexual violence. Although supplemental services vary, each program provides the following seven core services:

**1. 24 Hour Crisis Line**

Confidential support, information and access to services are available 24 hours a day by calling the program in your area.

**2. Legal Referrals & Assistance with Protection Orders**

Programs cannot give legal advice, but they can provide assistance with obtaining a domestic abuse protection order, provide emotional support through court proceedings, and make referrals to local attorneys.

**3. Emergency Shelter**

Providing a safe place to stay is an important service of the programs. Shelters, hotels and private homes offer people a place to escape further violence.

**4. Ongoing Support & Information**

Individual ongoing support is provided to survivors and their children. Support groups for survivors of domestic violence and sexual assault are available in many communities. Some programs offer groups for teens experiencing violence, children's groups, and educational groups for men who batter.

**5. Transportation**

Emergency transportation to shelter is available 24 hours a day. Programs may also provide transportation to court proceedings, medical services or to other community agencies.

**6. Education & Prevention Programs**

Prevention programs are provided for children and young adults on topics such as child sexual abuse, sexual assault, dating violence, sexual harassment, and other forms of gender-based violence. Staff and volunteers are also available for presentations to church and civic groups, and for trainings and presentations to other area agencies who work with survivors of domestic and sexual violence.

**7. Medical Advocacy & Referrals**

Staff and volunteers are available upon request to accompany survivors to hospital emergency rooms and local medical offices for treatment of injuries or an exam after a sexual assault.

## IV. Program Standards

Since 2001, the Coalition has worked in conjunction with the network of local domestic violence/sexual assault programs to create and implement Program Standards. These Standards are a set of mutually agreed upon basic services and policies for the network. The goals of the Program Standards are to:

- Maintain high quality services provided across the state by local domestic violence/sexual assault programs.
- Provide consistent services across Nebraska for victims and survivors of domestic violence, sexual assault, and stalking.

The Program Standards contain the following sections.

1. Organizational structure
2. Program administration
3. Volunteer education and awareness, and primary prevention
4. Program core services
5. Shelter services
6. Supplemental services
7. Outcome measurements

The original Program Standards were finalized in 2001. The standards are meant to be a fluid document, updated regularly to reflect the changing needs of the programs and the survivors that are served. The program standards were most recently updated in June 2011 and are the basis for the Peer Reviews of the local domestic violence/sexual assault programs.

Each program has a Peer Review conducted once every four years. The reviews are coordinated by the Coalition's Domestic Violence Program Coordinator. A team of reviewers are used to conduct the peer reviews, consisting of Coalition staff members and two representatives from local programs. The peer review lasts approximately two days. Training is offered periodically for those interested in being a Peer Reviewer. Approximately five Peer Reviews are completed each year. Programs submit materials prior to the visit so that the reviewers have time to familiarize themselves with program documents. After each review, a report is generated to describe the strengths of the program as well as potential areas for growth. A copy of the report is provided to the program for use by the staff members and board of directors as they strive for continuous improvement of the agency. A copy is also provided to DCFS as a funder, as they have a statutory responsibility to ensure that a system of domestic violence services is available. Additional materials, such as sample policies and procedures, may also be provided to the program.

To access the Program Standards:

<http://ndvsac.org/resources-2/program-standards/>

## **V. Outreach to Underserved Populations**

The Nebraska Domestic Violence Sexual Assault Coalition worked in partnership with the network of domestic violence sexual assault programs across the state and the Department of Health and Human Services to create the following plan to provide outreach to underserved populations in our state.

### **Domestic Violence/Sexual Assault Services Outreach Plan - State of Nebraska**

#### **Issue:**

Three communities of individuals have been identified as underserved victims of domestic violence and sexual assault in Nebraska. These communities include those living in rural areas; those with unique cultural and/or language barriers; and those who identify as Gay, Lesbian, Bi-sexual, or Transgender (GLBT). It is a challenge to reach underserved victims of domestic violence and sexual assault in Nebraska due to the rural nature of the state which adds to the isolation of victims from available services. Also, many of the residents in Nebraska are English-speaking, adding to the barriers encountered by those who do not speak the English language. The lack of understanding of cultural differences contributes to the difficulties in reaching GLBT individuals as well, as they may not seek services from agencies that do not seem to provide services to meet their specific needs. It is complicated to adequately meet the needs of underserved populations due to the underserved populations' lack of knowledge of available services and the lack of program staff knowledge regarding the specific needs that these underserved populations may have.

#### **Purpose:**

The Nebraska Domestic Violence Sexual Assault Coalition's network of 21 programs desire to provide outreach to identified underserved individuals and groups throughout our state. Outreach allows the network of programs to:

1. Create awareness among underserved populations about the network of programs, specifically the program nearest the individual in need;
2. Provide a working knowledge of the existing services that are available for victims of domestic violence and sexual assault; and
3. Make the services accessible and effective.

#### **Target Audience Objective 1:**

Victims/survivors of domestic violence and sexual assault living in **rural areas**

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- **Message:**  
The network of domestic violence/sexual assault programs in the state of Nebraska provides services that meet the unique needs of victims/survivors of domestic violence and sexual assault who live in **rural areas** of our state.
- **Desired Outcome:**  
Victims of domestic violence and sexual assault who live in **rural areas** will be aware of services offered throughout the state, and will be able to access those services as needed.

- **Outreach Tools:**

**Print:**

Network brochures distributed throughout service areas to partnering agencies.  
Maps of the programs made available throughout the state to illustrate locations.  
Newsletters circulated to community partners/agencies to highlight services available.

Newspaper articles focus on program services and availability of services.

**Electronic:**

Posts to Facebook and Twitter featuring rural services/challenges.  
Email signatures visible on outgoing emails for staff promoting rural awareness.  
Webinars advertised & offered to promote outreach services.  
Website space dedicated to rural programs and services.  
Radio and TV interviews are held to promote services and awareness.

**Visual:**

Displays are assembled at County Fairs across Nebraska.  
Program service information is displayed at Health Fairs across the state.  
Yard signs are strategically placed in rural areas.  
Materials displayed at organizations providing related services.

**Personal Contact:**

Program staff is available at County Fairs across Nebraska.  
Program staff interacts with individuals at Health Fairs across the state.  
Satellite offices are available in rural service areas.  
Information regarding program services is presented in schools.  
Volunteer trainings are conducted throughout the state.  
Presentations are provided for community groups.  
Outreach events are highlighted during awareness months.

**Other:**

Attorneys are recruited to provide services in rural areas.  
Partnerships are created with women's centers to provide services through those locations.

**Target Audience Objective 2:**

## Victims of domestic violence and sexual assault with unique **cultural and language barriers**

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- **Message:**

The network of domestic violence/sexual assault programs in the state of Nebraska provides services that meet the unique needs of victims/survivors of domestic violence and sexual assault who have unique **cultural and language barriers**.

- **Desired Outcome:**

Victims of domestic violence and sexual assault who have unique **cultural and language barriers** will be aware of services offered throughout the state, and will be able to access those services as needed.

- **Outreach Tools:**

**Print:**

Materials are displayed in various languages.  
Statewide Spanish Crisis Line number advertised in Spanish newspapers.  
Immigration relief services advertised in Spanish newspapers.  
Culturally specific services are highlighted in newsletters.  
Brochure distributed in strategic areas that explains cultural services.  
Curriculum from Casa De Esperanza promoted.

**Electronic:**

Cultural services are highlighted on website.  
Statewide Spanish Crisis Line is available.  
Promotion of National Domestic Violence hotline with access to multiple languages.

**Visuals:**

Posters are displayed in various languages.  
Promote awareness regarding videos available in various languages.  
“I Speak” cards displayed to allow survivors to show staff which language they speak  
“Victim’s rights” cards are visually displayed.

**Personal Contact:**

Services are taken directly to cultural centers  
Immigration clinics are held in areas serving large populations specific to cultural groups.  
Speakers take information regarding cultural services to community groups/schools.  
Cultural Outreach meetings held quarterly in various communities.

**Other:**

Partnership has been created with FBI victim services regarding Trafficking concerns

Nebraska Network Against the Trafficking of Humans.

Coordinated efforts with Lutheran Family Services regarding Immigration relief efforts

**Target Audience Objective 3:**

Victims of domestic violence and sexual assault who identify as Gay, Lesbian, Bi-sexual, or Transgender (GLBT)

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- **Message:**

The network of domestic violence/sexual assault programs in the state of Nebraska provides services that meet the unique needs of victims/survivors of domestic violence and sexual assault who identify as GLBT.

- **Desired Outcome:**

Victims of domestic violence and sexual assault who identify as GLBT will be aware of services offered throughout the state, and will be able to access those services as needed.

- **Outreach Tools:**

**Print:**

Brochure distributed regarding GLBT individuals and intimate partner violence. Two curriculums circulated to programs regarding GLBT Intimate partner violence.

Article shared in newsletters to reach these populations.

**Electronic:**

Webinars are held to focus on services for GLBT populations.

Services for GLBT populations are addressed through Facebook & Twitter posts.

Promotion of website focus on services for GLBT individuals.

**Visuals:**

Share information regarding videos available at the Coalition office.

Pink Triangle signs displayed at service locations.

Posters displayed highlighting these populations.

**Personal Contact:**

Unisex bathrooms are available at service sites.

**Other:**

Existing partnership with Outlinc to increase staff and volunteers awareness of services

**Resources:**

The staff and volunteers from the 21 domestic violence/sexual assault agencies across Nebraska will be involved in this outreach effort, as will the staff and board members of the Nebraska Domestic Violence Sexual Assault Coalition. The funds used for this project are provided by the State of Nebraska Department of Health and Human Services as well as the Family Violence Prevention and Services Act.

**Distribution:**

Outreach messages and materials will be distributed across the entire state of Nebraska by the network of 21 programs as well as the Coalition.

**Implementation of Results:**

The network of domestic violence/sexual assault programs in the state of Nebraska will implement results with the assistance of the Nebraska Domestic Violence Sexual Assault Coalition.

**Timeframe:**

This outreach project is an ongoing effort.

## VI. Outcome Measurements

The network of programs in Nebraska values the impact that services are having in the lives of survivors of domestic violence. It is important to evaluate the services that are being provided in order to determine how to best adjust time and resources to meet the needs that are being presented. Each domestic violence agency has created a plan for collecting Outcome Evaluation Data. The plan development is structured by the network's Program Standards to ensure a unified approach to the process. Each agency develops and implements Outcome Assessment Surveys that must evaluate the following two outcomes:

- I now know more ways to plan for my safety
- I now know more about community resources

These outcomes originated from the FVPSA Outcomes Project Center, a part of the VAWnet project of the National Resource Center on Domestic Violence and the Pennsylvania Coalition Against Domestic Violence and are now federally required measurements. This outcome data is gathered from surveys distributed to a "sampling" of the clients to ensure that respondents included are as reflective as possible of the whole group of people receiving services from the agency. The sample includes survivors of varying ages, races, cultural groups, sexual orientations, religious preferences and abilities. Surveys are distributed to survivors who have participated in shelter services, support groups, counseling sessions, and various forms of general advocacy. Clients are able to return the completed survey in an anonymous manner such as placing it in a secured lock box or returning it in the mail. Surveys are not collected during a time when a survivor is in the height of a crisis situation, and there is no *requirement* for a survivor to complete a survey. It is a completely voluntary process.

### **The goals are as follows:**

#### Outcome #1: Increased strategies for enhancing victim safety

65% of domestic violence survivors served will report that they know more ways to plan for safety.

#### Outcome #2: Increased knowledge of available community resources

65% of domestic violence survivors served will report that they know more about community resources

## **VII. Native American Tribes**

To support outreach for the Native American population, DCFS has provided state funding to the four tribes with a presence in Nebraska: Omaha Tribe of Nebraska, Santee Sioux Nation, Winnebago Tribe of Nebraska and, Ponca Tribe. Three of these tribes have reservations: the Winnebago, the Omaha, and the Santee Sioux. The Omaha and Winnebago reservations are contiguous to one another and are situated 80 miles north of the city of Omaha, Nebraska. The Santee Sioux Tribe is located 190 miles northwest of the city of Omaha and 115 miles west of the Winnebago and Omaha reservations.

The Santee Sioux tribe has recently secured a seven bedroom house to serve as a Woman's Shelter for Tribal Women, entitled the "Otokahe Teca Tipi" or "New Beginnings House." The Winnebago Domestic Violence Intervention & Family Preservation Program assists victims and their families to escape violence with a newly renovated shelter where they assist women and children strengthen self-sufficiency and secure long-term independence. The Omaha Nation's Crisis Response Team has The Ten clans Domestic Violence Initiative which employs two family advocates who are available 24 hours to respond to domestic violence incidents and victim referrals.

The Ponca Tribe of Nebraska has a population of slightly over 3,100 nationwide and does not have a reservation. Although the Ponca Tribe lacks a land base in Nebraska, the Tribe does have 15 designated "Service Delivery Area" counties; in Nebraska with 1,100 members.

The staff of the tribal-based service providers works with the Coalition and the community based domestic violence programs in their areas to coordinate training and public awareness initiatives. The Ponca tribe has a representative that is a member of the Coalition Board of Directors, which aids in the collaboration process. One shared project consists of a Native American Advisory Board which was created to receive input from Native American women for program planning purposes. This joint initiative also created materials in collaboration with the Ponca tribe to provide outreach to the Native American women. Tribal program representatives attend training programs sponsored by the Coalition, particularly those designed for program advocates. The tribal programs, local programs and Coalition also work closely on training and technical assistance related to sexual assault and stalking.

## **Tribal Services:**

- The Santee Sioux Nation of Nebraska – Dakota Tiwahe Service Unit provides services in Knox County and wherever Santee Sioux Tribal members reside. The program name is Otokahe Teca Tipi. For assistance with advocacy, call 402-857-2361.
- The Winnebago Domestic Violence Intervention & Family Preservation Program has a shelter available. The Woska-pi program is designed for children between the ages of 3 and 18 years to build confidence, self-esteem, and decision making. The agency can be reached at **402.878.4308**. [www.winnebago-tribe.com](http://www.winnebago-tribe.com)
- The Omaha Nation Abuse Intervention Program provides collaborative holistic support services to victims of domestic violence and sexual assault. This program can be contacted at 402-837-5010.
- The Ponca Tribe of Nebraska has 15 designated “Service Delivery Area” counties in Nebraska with 1,100 members. For services for domestic violence, stalking, sexual assault in Lincoln call 402-438-9222 #204, in Omaha call 402-734-5275 #3168, in Norfolk call 402-371-8834 or in Niobrara call 402-857-3341. [www.ponca-tribe-ne.org](http://www.ponca-tribe-ne.org)

## **VIII. Batterer's Intervention Programs**

There are several programs in Nebraska that help batterers explore the consequences of the violence that they have perpetrated, not only for themselves, but for their partner and their children. The programs are court-ordered for a time-specific duration that varies by program, with the maximum being 52 weeks. Through these efforts, the accountability for the abuse is placed directly with the offender, removing blame from the victim. Priority is also placed on victim safety, as the voices of the victims are central to informing this work.

The Coalition participates on the Batterer's Intervention Program Standards Review Committee, which is charged with the monitoring and review of offender intervention programs. This committee includes representatives from domestic violence/sexual assault programs, probation departments and offender programs. Involvement with this committee includes on-going meetings, on-site reviews of each Program every three years and "paper" reviews of each program every other year. The Domestic Violence Offender Program Standards are used for each review, and a summary report is created as follow-up for each agency reviewed. The report documents the success of the agency in meeting the Program Standards, explains if there are changes that the program is expected make, and serves as documentation of the review.

A list of Batterer's Intervention Programs is provided below:

### **Bellevue:**

- The Equality Group  
7511 South 36th Street, Suite #9  
Bellevue, NE 68147  
402 813 2487

### **Columbus:**

- Center for Survivors  
3103 13<sup>th</sup> Street  
Columbus, NE 68601  
402 564 2155

### **Fremont:**

- Crisis Center for Domestic Abuse and Sexual Assault  
114 East Military Avenue  
Fremont, NE 68025  
402 721 4340

**Grand Island:**

- The Crisis Center  
2251 North Webb Road  
Grand Island, NE 68801  
308 382 8250

**Hastings:**

- SASA Crisis Center  
220 S. Burlington, Suite 4  
Hastings, NE 68901  
402 463 5810

**Kearney:**

- Domestic Violence Intervention Program  
P.O. Box 32  
Kearney, NE 68848  
308 440 1341

**Lincoln:**

- Bryan LGH Medical Center  
2300 South 16th  
Lincoln, NE 68502  
402 481 4119
- Orr Psychotherapy  
5600 South 59<sup>th</sup> Street, Suite 104  
Lincoln, NE 68516  
402 484 0595
- Nebraska Mental Health Centers  
4545 S. 86<sup>th</sup> Street  
Lincoln, NE 68526  
402 483 6990
- Associates in Counseling Services  
2110 South 38<sup>th</sup> Street  
Lincoln, NE 68506  
402 261 6667
- Cornhusker Place  
721 K Street  
Lincoln, NE 68508  
402 477 3951

**North Platte:**

- Community Domestic Violence Intervention Program  
102 East 3<sup>rd</sup>, Suite 204  
North Platte, NE 69101  
308 534 5879

**Omaha:**

- WCA-Women's Center for Advancement  
222 South 29th Street  
Omaha, NE 68131  
402 345 6555
- Beneficial Behavioral Health  
4732 S 131st St, Omaha NE 68137  
Omaha, NE  
402 697 9323
- JLS Counseling  
P.O. Box 12213  
Omaha, NE  
402 457 4254

**Papillion:**

- Heartland Family Service Domestic Abuse/Sexual Assault Program  
302 American Parkway  
Papillion, NE 68046  
402 552 7067
- Shaul Mediation  
120 North Washington Street  
Papillion, NE 69046  
402 933 5300

Domestic Violence Offender Program Standards: <http://ndvsac.org/dv/batter-intervention-program/>

## **IX. Domestic Violence Coordinated Response Teams**

Several Coordinated Response Teams (CRTs) exist in Nebraska. The CRT teams are created with the goal of holding offenders accountable and embracing victim safety through a victim-centered response to violence. CRTs bring together key players in the community who are engaged in the development of policies and strategies to create a system-wide response to domestic violence. Advocates engage in dialogue with law enforcement, probation, school systems, mental health providers, faith communities, medical professionals and other related groups to create a wide network of support for survivors. A more inherent goal of a CRT is to engage the community as a whole in the work to change the attitudes that contribute to domestic violence, and to challenge the accepted social norms that perpetuate these beliefs. Some CRTs provide cross-training opportunities that allow the various participants to learn about the work of each participating agency. This shared education allows for a more harmonized approach to services, as each agency increases their understanding of the role that each must play. CRTs may also coordinate public awareness activities, identify gaps in services and develop additional resources for victims. Coordinated Response Teams in Nebraska can be located by contacting the victim service agencies listed on page 6 of this document.

## **X. Nebraska Coalition for Victims of Crime**

The Nebraska Coalition for Victims of Crime (NCVC) is dedicated to the development of networking experiences between agencies and individuals; training for professionals and volunteers, and development of future strategies that will improve the criminal justice response to crime victims. The NCVC offers technical assistance services to agencies and programs within Nebraska through drafting new legislation, providing training and designing conferences. The NCVC advocates for expanded and improved services, multi-disciplinary teams, and coordinated services to all crime victims in Nebraska. Conferences and workshops serve as forums to exchange knowledge and experiences. The NCVC provides speakers upon request. In addition, the NCVC provides public awareness and education by developing public services announcements for television, radio, and newspapers. The NCVC provides a public awareness campaign during Victim Rights Week in April of each year to increase awareness and to strengthen local direct service resources.

Victim/Witness Programs are supported by the work of the NCVC, and are available across Nebraska. These agencies provide free services to victims of crime in the form of crisis intervention and advocacy in relation to the criminal justice process; information and assistance in filing crime victims' compensation forms; court advocacy and referrals; and assistance with protection order applications.

A listing of Victim Witness Programs across the state can be accessed at the following link:

<http://nebraskacoalitionforvictimsofcrime.typepad.com/nebraska-coalition-for-vi/victim-assistancewitness-programs.html>

## **XI. Nebraska's Protection from Abuse Act**

Nebraska's Protection from Domestic Abuse Act was passed in 1978 in Nebraska Rev. Statutes § 42-901 to 42-931.

The Legislative intent of the Act (Nebraska Rev. Statutes § 42-902) states: "The Legislature hereby finds and declares that there is a present and growing need to develop services which will lessen and reduce the trauma of domestic abuse. It is the intent of the Protection from Domestic Abuse Act to provide abused family and household members necessary services including shelter, counseling, social services, and limited medical care and legal assistance."

The Act places the Department of Health and Human Services in the responsible role of "establishing and maintaining comprehensive support services to aid victims of domestic abuse and to provide prevention and treatment programs to aid victims of domestic abuse, their families, and abusers." (Nebraska Rev. Statutes § 42-904)

The full Protection from Domestic Abuse Act can be accessed at:

[http://www.womenslaw.org/statutes\\_detail.php?statute\\_id=1311#statute-top](http://www.womenslaw.org/statutes_detail.php?statute_id=1311#statute-top)

## **XII. Nebraska's Violence Against Women Act STOP Plan**

The Nebraska Commission on Law Enforcement and Criminal Justice coordinates a statewide effort to create the Violence Against Women Act S.T.O.P. (Services, Training, Officers, Prosecutors) Implementation Plan. This plan evaluates domestic violence problems in Nebraska by engaging individuals and groups to aid in the identification of gaps in services, the assessment of community needs, and the recommendation for the future use of funds.

The Nebraska Violence Against Women Act STOP plan can be viewed at the following:

[http://www.ncc.ne.gov/pdf/strategic\\_plans/20102012\\_VAWA\\_State\\_Implementation\\_Act.pdf](http://www.ncc.ne.gov/pdf/strategic_plans/20102012_VAWA_State_Implementation_Act.pdf)

### **XIII. Sexual Assault Prevention Plan - State of Nebraska**

Sexual violence affects everyone in Nebraska, but its impact on young people and underserved populations is of special concern. In Nebraska several populations are underserved by sexual violence prevention efforts: Native Americans, immigrants, disabled individuals, and those living in rural areas. Nebraska's Sexual Violence Prevention Advisory Committee (SVPAC) developed the Nebraska Sexual Violence Prevention Plan to focus the efforts of government agencies and community-based organizations on the underserved populations. The plan's objective is primary prevention of sexual violence; it focuses on preventing first-time perpetration of sexual violence, as opposed to intervening with perpetrators and victims after violence has occurred. The SVPAC recommends prevention efforts focus on the universal population of young people ages 11-17 and on the selected population of youth living in rural areas.

This plan identifies the critical need for collaboration among community agencies to overcome shortages of staff and financial resources before prevention strategies can be pursued. The SVPAC recommends several highly promising avenues for collaboration, such as partnering with professional organizations to deliver sexual violence prevention education to adults—teachers, administrators, school nurses, law enforcement personnel, and others—at their existing professional education conferences. These professionals can then advocate for collaborative prevention efforts in their workplaces.

The full plan can be found at:

[http://www.stepupsspeakout.org/resources/dyn/files/267291z40bb8e57/\\_fn/State+Sexual+Violence+Prevention+Plan.pdf](http://www.stepupsspeakout.org/resources/dyn/files/267291z40bb8e57/_fn/State+Sexual+Violence+Prevention+Plan.pdf)

## IV. Preventive Health and Health Services Block Grant –

**Sexual Assault Set-aside** Federal funding from the Preventive Health and Health Services Block Grant (PHHSBG) allows Nebraska to address their own unique public health needs and challenges with innovative and community driven methods. Public Law 102-531 mandated that the PHHSBG be solely devoted to *Healthy People 2000/2010*, the nation's health objectives. *Healthy People 2020* provides science-based, 10-year national objectives for improving the health of all Americans. The PHHS block grant requires the states to submit a state health plan with selected health outcome objectives, descriptions of the health problems, identified target and disparate populations, and activities to be addressed. The Block Grant is the primary source of flexible funding that provides states the latitude to fund any of 265 national health objectives available in the nation's *Healthy People 2020* health improvement plan. Reducing rape is one of the health objectives in the *Healthy People 2020* health improvement plan chosen by Nebraska to support.

**National Health Objective: HO 15-35 Rape or attempted rape**

**State Health Objective(s):**

Between October, 2012 and September, 2016, the percent of total respondents who report that they were forced to have sex when they did not want to will decrease from 8% to 7% as reported using the Youth Risk Behavior Survey (YRBS).

The Nebraska Domestic Violence Sexual Assault Coalition (NDVSAC) will continue to use the YRBS as its primary data source for this objective. The YRBS is a random sample survey that targets public high school students, grades 9 – 12 in Nebraska. It is the only state level source of information on sexual violence among Nebraska high school students. 2011 marks the eleventh administration of the YRBS. The Nebraska Departments of Education and Health and Human Services administers the survey in the fall of even calendar years and releases the findings the following year. The 2011 YRBS had an overall response rate of 66%. For the first time since 2005, the Center for Disease Control was able to weigh the data to be representative of all public high school students in Nebraska.

The NDVSAC will also use the National Intimate Partner and Sexual Violence Survey (NISVS) to inform its efforts towards this objective. The Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control launched the NISVS in 2010 with the support of the National Institute of Justice and the Department of Defense. The survey is an ongoing, nationally representative telephone survey that collects information about sexual and intimate partner violence and stalking among women and men aged 18 or older

in the United States. While respondents are older than the 11 – 17 target age ranges for this particular objective, the survey asks respondents about their experiences with violence throughout their lifetime, including childhood. The CDC breaks down the data by state. NDVSAC uses the state specific information and data to gain knowledge regarding the representation of intimate partner violence and to allow for the tracking of information on a larger level.

**Baseline:**

8 % of the 3,832 YRBS respondents reported that someone forced them to have sex when they did not want to.

**Data Source:**

Youth Risk Behavior Survey (2011), un-weighted

**State Health Problem:**

**Health Burden:**

According to the NISVS, nearly 1 in 5 women and 1 in 71 men in the United States have been raped in their lifetimes (CDC, 2011). About 1 in 2 women and 1 in 5 men have experienced some other form of sexual violence sometime in their lives. The lifetime prevalence of sexual violence for men and women in Nebraska mirrors these proportions, although the exact prevalence of rape and sexual violence is slightly higher among Nebraskans. Ultimately, approximately 129,000 women in Nebraska have been raped, and 325,000 otherwise sexually victimized, sometime in their lives. These categories are not mutually exclusive and as a result there may be some duplicate counts. Some women may have reported both rape and sexual violence other than rape, which would place them in both categories. An additional 174,000 Nebraska males have experienced sexual violence other than rape in their lifetimes. Estimates on the prevalence of rape among Nebraska men could not be made due to the small number of men who reported rape. Such small numbers result in unreliable estimates.

The NISVS also reveals that approximately one-third (29.9%) of female victims of rape experience their first rape between 11 and 17 years or age, with 37.4% going on to experience their first rape between the ages of 18 and 24 years (CDC, 2011). Over one-quarter (27.8%) of men experienced their first rape at or before the age of 10. (Due to the small number of men who reported being raped, the CDC was unable to calculate an estimate for any other age categories for male victims.)

Data from the YRBS further support these findings. The YRBS indicates that 11% of female students in grades 9 – 12 and 5% of male students in grades 9 – 12 reported being forced to have sex. (Please note that the YRBS measures only physical force to have sex, while the NSVIS includes other nonconsensual acts such as when the person is a victim of drug facilitated rape.)

**Target Population:**

Number: 175,005

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 12 - 19 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

The *Target Population* consists of females and males between the age of 12 and 19. They may be of Hispanic ethnicity or Non-Hispanic. This population may be African American or Black; American Indian or Alaska Native; Asian; Native Hawaiian or Pacific Islander; or White. The Target Population may reside in either a rural or urban area, and may be from any income level.

**Disparate Population:**

Number: 85,329

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 12 - 19 years

Gender: Female and Male

Geography: Rural

Primarily Low Income: No

Location: Specific Counties

Target and Disparate Data Sources: U.S Census Data, 2010 Ages 12 to 18;

Rural includes all counties, except Douglas, Sarpy and Lancaster

The *Disparate Population* consists of those living in rural areas. Health disparities are preventable differences in the burden of violence or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Populations can be defined by factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural or urban), or sexual orientation. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources.

There is a health disparity between urban and rural areas that is experienced by rural victims due to the unequal distribution of resources as evidenced by providers who must serve many counties that cover a large geographic area. This is compounded by the isolation experienced by victims as they have greater distances to travel and less access to resources.

## **Evidence Based Guidelines and Best Practices Followed in Developing Interventions for sexual assault prevention:**

Bystander engagement is a strong promising practice in sexual violence prevention. The bystander engagement approach shifts the responsibility of preventing sexual violence to include friends, family, teachers, clergy, and any other witnesses of abuse. The approach offers an opportunity for people to intervene before sexual violence occurs.

According to Darley and Latane (1968), there are five steps through which an individual must progress before taking action. They must:

1. Notice the event along a continuum of actions.
2. Consider whether the situation demands their action.
3. Decide if they have a responsibility to act.
4. Choose what form of assistance to use.
5. Understand how to implement the choice safely.

Additional factors, such as victim and perpetrator demographics, the bystander's relationship to the victim and perpetrator, and the bystander's skills, experience, feelings, and attitudes also affect the bystander's likelihood to act (Tabachnick, 2008). Prevention programming cannot easily change some of these factors. However, there are some promising programs that have shown success in changing bystander's feelings and attitudes on sexual violence and their skills in intervening in potentially violent situations.

The bystander engagement approach is structured to fit within the Social Ecological Model (SEM) that was developed by the CDC. According to the SEM, there is interdependence or interrelationships between ourselves, others, community, and society. A successful prevention program must address the risk and protective factors that exist at all levels. For that reason, many programs across the country have paired school education sessions (individual) with peer support groups (relationships), school collaborations (community), and social marketing campaigns (society).

## **Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$42,000

Total Prior Year Funds Allocated to Health Objective: \$42,000

Funds Allocated to Disparate Populations: \$30,000

Funds to Local Entities: \$42,000

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for the Health Objective Rape or attempted Rape is a partial source of funding for the overall sexual assault prevention project.

## **ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES CONDUCTED BY THE NDVSAC FOR THE SEXUAL ASSAULT PREVENTION CAMPAIGN**

Preventive Health and Health Services Sexual Assault set aside funds are used to achieve the following Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

### **Essential Service 8 – Assure competent workforce**

#### **Objective 1:**

##### **Education and Training of Personnel**

Between 10/2012 and 06/2013, Nebraska Domestic Violence/Sexual Assault Coalition (NDVSAC) staff will conduct 1 two day conference/planning session for the network of programs and representatives from the Nebraska Department of Health and Human Services.

#### **Annual Activities:**

##### **1. Invite experts in the field of prevention to provide technical assistance**

Between 10/2012 and 06/2013, The NDVSAC will research national prevention experts to meet the specific need of the local programs. Make all the arrangements and organize the event.

##### **2. Create a five year plan of prevention efforts for the State of Nebraska**

Between 10/2012 and 06/2013, NDVSAC will recruit a planner to facilitate the strategic planning process to guide prevention efforts. Member programs will be invited to be active participants in the plan. This planning process will complement the Rape Prevention and Education evaluation capacity assessment.

#### **Objective 2:**

##### **The NDVSAC will maintain the sexual assault primary prevention social marketing components**

Between 10/2012 and 09/2013, NDVSAC staff will maintain 1 Social marketing campaign.

#### **Annual Activities:**

##### **1. Step Up Speak Out Website**

Between 10/2012 and 09/2013, based on the premise that youth utilize social networking sites, the Coalition has created the Step Up Speak Out (SUSO) website to educate youth, parents, teachers, and community members about bystander engagement and healthy relationships.

The Coalition will maintain the website in order to:

- a. attract new hits and traffic to the website

- b. provide education about engaging bystanders in sexual violence prevention
- c. include information about the available services at the local programs

## **2. Step Up Speak Out Facebook, Twitter and You Tube Sites**

Between 10/2012 and 09/2013, To complement the Step Up, Speak Out (SUSO) website, the Coalition will maintain Facebook, Twitter, and YouTube sites to leverage communication about healthy relationships and bystander engagement. The videos from the Youth Video Project will be posted on these sites as well.

Effectiveness of this component is measured by number of site visits and followers.

During the last year, the number of visits to the site was 1,737.

Facebook: 85 likes

Twitter: 65 followers

### **Goals for grant year:**

Visitors- 2,000

Facebook: 110 likes

Twitter: 90 followers

## **3. Youth Video Project**

Between 10/2012 and 05/2013, NDVSAC will sponsor a youth video project, which will be structured as a joint project between programs and their local schools. Up to four schools will receive \$800 worth of video equipment purchased during a previous grant period. Students will use the equipment to create at least one public service announcement video per school. Students will use the bystander approach to discuss healthy relationships. The intent of the project is to increase collaboration between programs and schools, provide schools with a creative avenue in which to teach about healthy relationships, allow students the chance to be creative and develop their own message about relationships, and of course provide the NDVSAC with youth-oriented public service announcements to post online and to promote during Dating Violence Awareness Month (and throughout the year).

## End Notes

The impact sexual violence can have on victims' mental health is complex and unique to each individual (Briere & Jordan, 2004). However, research suggests that sexual violence carries a potentially significant impact on victims. For example, studies show that sexual violence can increase the risk for victims to experience post-traumatic stress disorder, depression, anxiety, and suicide (Coid, Petruckevitch, Chung, Richardson, Moorey, & Feder, 2003; Dickinson, Gruy, Dickinson, & Candib, 1999; Rothbaum, Foa, Riggs, Murdock, & Walsh, 1992; Saunders, Kilpatrick, Hanson, Resnick, & Walker, 1999; Stratham, Heath, Madden, Bucholz, Beirut, Dinwiddie, Slutske, Dunne, & Martin, 1998).

People who experience sexual violence are more likely to use and abuse substances than those who have not experienced sexual violence (Gidycz, Orchowski, King, & Rich, 2008; Hankin, Skinner, Sullivan, Miller, Frayne, & Tripp, 1999; Irwin, Edlin, Wong, Faruque, McCoy, Word, Schilling, McCoy, Evans, & Holmberg, 1995; Kaukinen & DeMaris, 2005; Skinner, Kressin, Frayne, Tripp, Hankin, Miller, & Sullivan, 2000).

Women who have experienced sexual violence are more likely to engage in unsafe sex practices, such as having multiple sex partners, not negotiating condom use with partners, having unprotected sex, trading sex for money or drugs, and having sex with an HIV-infected partner (Gidycz et al., 2008; Irwin et al., 1995; Wingood & DiClemente, 1998). Additionally, victims of sexual violence can experience gynecologic injuries (Golding, Wilsnack, & Learman, 1998; Sugar, Fine, & Eckert, 2004). Research has consistently found that women who experience sexual violence have an elevated prevalence of sexually transmitted infections such as chlamydia, syphilis, gonorrhea, herpes simplex virus, human papilloma virus, and human immunodeficiency virus (Kalichman, Sikkema, DiFonzo, Luke & Austin, 2002; McFarlane & Malecha, 2005; McFarlane, Malecha, Gist, Watson, Batten, Hall, & Smith, 2005; Reynolds, Peipert, & Collins, 2000; Zierler, Witbeck, & Mayer, 1996). Of course, sexual violence may also result in pregnancy.

Given these outcomes it seems logical that sexual violence has been found to be the costliest crime, costing a minimum of 127 billion dollars annually (United State Department of Justice, 1996). While the impact of sexual violence on victims and on their friends and families alone provides sufficient grounds to work to prevent sexual violence, these figures frame sexual violence as a public health issue that affects us all and serve as yet another reason to prevent sexual violence.

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