THE SPOTLIGHT

U.S. Department of Health and Human Services
Administration for Children and Families
Dallas, Texas

Volume VI, Issue 1 **Quarters I & II, 2005**

Rural America Struggles with Meth

From Join Together On Line—1/27/2005

Rural communities across the U.S. are struggling to cope with the growing problems of methamphetamine production, sales, and use, Reuters reported Jan. 27.

California, Indiana, Iowa, Kansas, Oregon, Washington, Texas, Oklahoma, and Missouri lead the nation in meth-lab seizures, according to federal officials. Local officials are dealing with a drug problem unlike any previous, where $100 in chemicals can quickly and easily be turned into $1,000 of meth.

"It's the first drug in the history of the United States we can make, distribute, sell, take, all here in the Midwest," said Detective Jason Grellner, of the Franklin County (Mo.) Sheriff's Department. "You can't grow a coca plantation or an opium plantation here to get your heroin or cocaine, and marijuana takes four or five months to grow a good plant. With methamphetamine you can go out and for a couple hundred dollars you can make your drugs that day."

The meth problem in rural America has exploded over the past five years. In Clay County, Iowa, for instance, no meth labs were found in 1999. By 2001, county police had seized and destroyed 56. Nationwide, 16,800 meth labs were uncovered between September 2003 and September 2004, up from 15,300 in 2001-02.

"This is the most serious law-enforcement problem we've ever faced in the history of our state, because this substance is so addictive and so easy and cheap to make," said North Dakota Attorney General Wayne Stenehjem.

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$500,000 TO HELP COUNSEL CHILDREN EXPOSED TO DOMESTIC VIOLENCE

December 8, 2004– Oklahoma City, Oklahoma

The Oklahoma Department of Mental Health and Substance Abuse Services has implemented a $500,000 legislative appropriation to provide trauma counseling for children being served through domestic violence programs.

The appropriation is being used to fund child trauma counseling through 10 programs statewide, said Jackie Shipp, ODMHSAS director of children's services.

The programs are:

Ardmore – Family Shelter of Southern Oklahoma
Clinton – ACTION Association
Duncan – Women's Haven
Enid – YWCA
Guymon – Northwest Domestic Crisis Services, Inc.
Hugo and Idabel – Carl Albert Community Mental Health Center, partnering with Southeastern Oklahoma Services for Family Violence Intervention, Inc.
Muskogee – Women in Safe Home (WISH), Inc., which is partnering with Green Country Behavioral Health Services, also based in Muskogee.
Oklahoma City – Latino Community Development Agency
Ponca City – Domestic Violence Program of North Central Oklahoma
Tulsa – Domestic Violence Intervention Services, Inc.

"This is a huge step forward in our domestic violence program offerings," said Julie Young, ODMHSAS Deputy Commissioner for Domestic Violence/ Sexual Assault Services. "Children exposed to domestic violence have trauma issues specific to witnessing violence in

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TOP NEW YORK COURT LIMITS REMOVING CHILD WHEN MOTHER IS ABUSE VICTIM

New York Times- October 27, 2004
By LESLIE KAUFMAN

New York State's highest court ruled yesterday that child welfare authorities cannot take children from parents and place them in foster care merely because they have been exposed to domestic abuse at home.

The court formalized specific standards for removing children from homes where domestic abuse occurs, requiring that authorities exhaust alternatives and insisting that the possible threat to the child's health or welfare be imminent.

The seven-member New York State Court of Appeals, in a unanimous decision, said it simply was not acceptable to take children out of their homes solely because they had seen the mother being beaten, suggesting that it would unfairly punish innocent women and even harm the children themselves. Instead, it said the authorities would have to show that the mother was indifferent to the psychological harm that repeated exposure to beatings caused the child in order to justify asking the courts to consider a removal.

Further, it ruled that removing children from such homes without prior court approval - emergency actions that a federal court found the city had used for years - should be contemplated only in the rarest of instances.

City child welfare officials called yesterday's ruling thoughtful, but said it would have little effect on day-to-day practice. John B. Mattingly, the city's commissioner for children's services, said the city stuck by the argument it

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METH LABS

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"When we look at our prison population, 10 years ago nobody had even heard of it. Now, 60 percent of our male inmates are users, and we're building a brand new prison for female users." Few rural states have the facilities or money needed to provide treatment for their meth-addicted population, however.

Mom-and-pop meth operations are common, but the DEA estimates that most meth sold in the U.S. comes from "super labs" in Mexico and California, run by organized-crime groups.

In addition to addiction and crime, rural states also are grappling with the cleanup of toxic meth-lab sites. Each pound of meth produced yields up to six pounds of toxic waste.

Rural states are trying to address the meth problem by better controlling the precursor chemicals used to create meth, notably cold tablets.

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the home and, in some cases, being victims of violence themselves. By contracting with programs in various parts of the state, we will be able to address an issue that previously has not been addressed. As additional funding becomes available, we want to expand these services to even more programs statewide."

Shipp said counseling services will extend to family counseling, focusing on the needs of children, with an emphasis on parenting skills. All services will be provided by licensed professionals trained in trauma work with children.

"Domestic violence programs also will work with local child abuse programs to provide trauma counseling for abused children,"she added.

For more information, contact Shipp at (405) 522-4142.

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LOCAL COALITION FORMED TO FIGHT HUMAN TRAFFICKING

October 23, 2004, -Seattle Post-Intelligencer

A campaign to help identify human-trafficking victims kicked off yesterday with federal officials announcing the creation of a local coalition of social service groups and law enforcement agencies devoted to combating the problem.

"All of us should be reaching out to rescue and restore victims," said Wade Horn, the U.S. Department of Health and Human Service's assistant secretary for children and families.

Federal officials estimate that between 14,500 and 17,500 victims are brought into the United States each year to become forced laborers or sex slaves.

But few victims have so far been identified despite new laws that allow trafficking victims to apply for special immigration visas and despite assurances from President Bush and Attorney General John Ashcroft that this is a national priority.

In this state, about 14 victims have obtained special visas from the Department of Homeland Security, Horn said. About 550 have qualified for those visas nationwide.

Seattle is one of 10 cities in the country targeted for the public awareness campaign because as a port city it is believed to be a potential hot spot for trafficking.

The federal government has set up a 24-hour toll-free hot line to assist victims. That number is 888-3737-888, and operators can arrange for translators in up to 150 languages.

The Refugee Women's Alliance in Seattle will coordinate the local anti-trafficking coalition, which includes 19 social service organizations that work with immigrants.

Federal financing for four other programs was also announced yesterday: $50,000 to the Refugee Women's Alliance to help Russian and Somali domestic violence survivors; $75,000 to Seattle Children's Home to work with street youths who are victims of abuse; and nearly $50,000 to the Washington State Coalition Against Domestic Violence, to help disabled victims of domestic violence.

The fourth grant of $1 million was awarded to Pioneer Human Services of Seattle to pay for a 16-bed secure shelter for children who are detained by immigration officials because they are illegal aliens and have no adult supervision.

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SEDAPA AWARDS FOR DRUG ABUSE AWARENESS

May 13, 2005 - From Join Together OnLine

The National Institute on Drug Abuse's (NIDA) Science and Education Drug Abuse Partnership Awards (SEDAPA) encourage alliances between educators, scientists, and health-care professionals to develop model programs for raising awareness and generating interest in the science and biology of drug-abuse addiction. Partnerships should be formed within the K-12 school system, among healthcare practitioners, and with the community at large.

Maximum funding is $250,000 per year for four years. Applications are

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it had made in federal court—that its practice for dealing with children in violent households was already "nuanced and very sound," and already met the standards set by the court.

City officials said they regarded the court's determination that, at least in some domestic violence cases, emotional trauma could be severe enough to warrant removal of children as a validation of the city's position.

But some child welfare experts, as well as many lawyers with experience in the state's Family Court system, quickly predicted that the ruling could have profound implications for how the city handles the full range of child welfare cases, even those not directly involving domestic violence. They said that the court's standard for when children can be taken into foster care, as laid out in its decision, might be applied in a wide array of other instances.

In particular, they pointed to language in the ruling saying that child welfare officials would have to balance the risk of leaving children in potentially dangerous homes with the possible trauma caused by being separated from their parents. Many said it was the first time such a standard had been spelled out by a court.

"I definitely think this will go beyond the context of domestic violence," said Karen Freedman, executive director of Lawyers for Children, a local nonprofit group that represents children in foster care.

A spokesman for the Court of Appeals would not comment on whether the ruling might be applied in cases not involving domestic violence.

The ruling, written by Chief Judge Judith S. Kaye, grew out of a federal class action suit, Nicholson v. Scoppetta, that has challenged the city's practice of removing children from homes where there is domestic violence. A district court found in 2002 that the city, by placing children in foster care, routinely violated the rights of mothers whose only crime had been to be beaten by their husband or lover. Judge Jack B. Weinstein wrote that the city's failure to train its child welfare caseworkers in domestic violence matters, and the inappropriate placements in foster care that resulted, amounted to "widespread and unnecessary cruelty by agencies of the city."

The city appealed to the United States Court of Appeals for the Second Circuit. Before ruling, the circuit court asked the state's top court to clarify New York law on removing children from possibly dangerous homes, especially as it pertained to witnessing domestic violence.

The question of how to deal with children in homes where domestic violence exists has bedeviled experts, social workers and city officials for years. And the Court of Appeals decision broadly acknowledged that caring for children who live in homes with domestic violence is fraught with perils; such homes are extremely volatile and children in such homes can wind up being killed.

But in yesterday's decision, the court spelled out what child welfare workers and the state's family courts must do in deciding whether to remove children from such homes.

In response to the request from the circuit court, the Court of Appeals ruled that a parent's inability to prevent a child from witnessing domestic abuse did not amount to formal neglect, a standard used for taking a child into foster care. To conclude that a mother had been neglectful, the court held, the authorities would have to prove that the mother had failed to exercise a basic level of care in shielding the child as best she could from the scenes of abuse.

The court ruled that there could be no "blanket presumption" favoring removing a child who had merely witnessed a parent being abused.

The court did say there could be instances in which city officials could seek to remove a child from an abusive household. But it listed specific stages that would have to be followed before the removal was allowed, including seeking approval of a family court judge.

The judge "must do more than identify the existence of risk of serious harm," the decision said, adding that the court "must balance that risk against the harm removal might bring, and it must determine factually which course is in the child's best interest."

"Additionally, the court must specifically consider whether imminent risk to the child might be eliminated by other means, such as issuing a temporary order of protection or providing security services to the victim."

As for the city, the court said, it could remove a child without a court order only in circumstances so dire they were hard to imagine. "While we cannot say, for all future time, that the possibility can never exist, in the case of emotional injury caused by witnessing domestic violence," the court wrote, "it must be a rare circumstance."

Lawyers who represent children in foster cases said that they would use the court's language dealing with emergency removals to mount challenges in cases not involving domestic violence where children had been removed.

Of the 2,651 child removals the city says it did in the first nine months of the year, 54 percent were done on an emergency basis without a court order, something the lawyers say they would like to stop.

"It is now routine practice to do emergency field removals," said Ms.

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PUBLIC-PRIVATE PARTNERSHIP TO FIGHT THE DOMESTIC VIOLENCE EPIDEMIC: MARY KAY, DALLAS COUNTY DA JOIN TO COMBAT DOMESTIC ABUSE

DALLAS – Jan. 25, 2005 – Press Release

Mary Kay Inc. has underwritten a landmark grant designed to enhance efforts to prosecute domestic violence cases in Dallas County.

The two-year grant – the first of its kind in the nation – will fund the addition of a fourth felony investigator for the family violence section of the Dallas County District Attorney's Office and will combine with other funds to create an additional caseworker position for the section. The positions will allow better quality handling of each case. Dallas County commissioners were briefed about the $200,000 grant this morning during their regular meeting.

"We are very grateful to Mary Kay Inc. for this generous grant that will provide us with key tools in the fight against domestic violence – a crime that has reached epidemic proportions in Dallas County," said District Attorney Bill Hill. "We hope this pioneering step will encourage other corporations throughout the nation to consider new ways to help their local law enforcement agencies combat domestic violence."

One woman in three will experience at least one physical assault by a partner during her lifetime. The case volume for felony prosecutors and investigators in the Dallas County DA's family violence section has more than doubled since 1999, with prosecutors now handling about 325 cases per year and investigators handling about 542 cases per year. These cases include murder, sexual assault, kidnapping, and aggravated assault.

"Mary Kay is making this grant as part of our overall efforts to enrich women's lives," said Anne Crews, vice president of government relations for Mary Kay Inc. "We think it's time for businesses to partner with law enforcement in prosecuting violence against women and children, so we're making this grant to the exemplary program developed by the Dallas County District Attorney. We hope companies in other jurisdictions around the nation will do likewise."

The Mary Kay grant is the first to focus on enhancing prosecution of family violence offenders. In receiving it, the Dallas County DA's Office joins those in San Diego, CA and Kings-Brooklyn County, NY as pioneers in forging partnerships with corporate and community citizens against domestic violence.

Family violence has long been a priority for Dallas County, which began a unique program in 1994 to represent victims of family violence in securing protective orders – a project that has helped the county issue more protective orders than any other county in the state. Dallas County was also among the first in the U. S. to prosecute domestic violence cases even if victims recanted.

The contribution from Mary Kay Inc. will be paired with a 2-year, $700,000 federal grant awarded to Dallas County effective this month. This is the second time the Dallas County DA's Office has secured the competitive federal grant, which will fund the addition of a felony prosecutor and a caseworker in the family violence section. The federal grant will also pay for a Dallas police detective who will be housed at Frank Crowley Courts Building, a case manager for The Family Place in Dallas, and a legal aid attorney for the Lawyers Against Domestic Violence program of Legal Aid of North West Texas.

Mary Kay Inc. funds will support an additional felony investigator and combine with money from the federal grant to support an additional caseworker. The

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Freedman, "and that practice needs to change to be consistent with this ruling."

Now that the Court of Appeals has answered its inquiries, the Second Circuit is expected to swiftly formulate its own decision on the federal lawsuit. Potentially, the court could find a constitutional violation in New York's practices that would immediately affect cases involving domestic violence in other states, including Vermont and Connecticut.

But Jill Zuccardy, a lawyer involved in the suit against the city, said progress for victims of domestic violence and their children had already been achieved. She said the federal lawsuit, and yesterday's state ruling, amounted to a wake-up call for child welfare agencies across the country.

"It says you'd better listen to domestic violence agencies or you will wind up being sued," she said.

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WHEN DOMESTIC VIOLENCE AND CHILD MALTREATMENT CO-OCCUR

From The Children's Bureau Express-May 2005

When families experience child maltreatment and domestic violence, child welfare agencies, domestic violence service providers, and dependency courts typically respond to individual victims in isolation. The *Greenbook* initiative, however, provides communities with guidelines and recommendations that focus on collaboration among these three entities to address these problems in a systemic way.

Federal funding was provided to six communities to implement the *Greenbook* recommendations. Now at the halfway point of the 5-year funding cycle,

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additional positions will enable Dallas County to continue building on the collaboration between law enforcement and non-profit organizations that has long served as a model for family violence programs in Dallas and throughout the nation.

Curbing family violence is a crucial element of building safer communities because family violence engenders other types of crimes, said Cindy Dyer, chief of the family violence section and a leading national authority on domestic violence prosecution and prevention.

"Violence in the home begets violence in the street," said Dyer, who wrote both the 1997 and 2004 federal grants. "Children who grow up witnessing domestic violence are more likely to become abusers themselves. Removing batterers from the home can have a staggering effect in stifling the crime rate."

About Mary Kay

Mary Kay Inc., one of the largest direct sellers of skin care and color cosmetics in the world, achieved another year of record results in 2004, exceeding $1.8 billion in wholesale sales. The company's independent sales force includes more than 1.3 million Mary Kay Independent sales force includes more than 1.3 million Mary Kay Independent Beauty Consultants in more than 30 markets worldwide. Mary Kay Inc. has averaged double-digit annual growth since the company's founding in 1963 and celebrates 41 years of enriching women's lives.

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REACHING FREEDOM FROM ADDICTION

Lee Ann Prescott -Smyth County News (Va.) Wednesday, January 26, 2005

Treating methamphetamine addiction may be one of the most difficult challenges in the field of substance abuse recovery. The drug's complex array of severe effects, coupled with a changing health care industry, have left treatment professionals seeking new answers.

Health insurance providers have rejected the 28-day Minnesota Model programs originally designed for alcohol treatment, according to 1999 Methamphetamine and Cocaine Treatment Improvement Protocol (TIP).

Some insurance companies cover inpatient programs lasting up to seven days, but only for initial detox.

"Meth users need at least 90 days to six months [for withdrawal]," according to Dr. Edmund Cavazos III, network medical director of Rivendell Behavioral Health Services in Bowling Green, Ky. "We can't keep them in treatment long enough. … They relapse 100 percent of the time without long-term treatment."

Joe Jones, a substance abuse counselor and treatment program manager with The Laurels in Lebanon, agrees with Cavazos. True recovery, Jones said, takes about two years for the addict "to get well enough to function and begin making good decisions."

Getting into treatment that works may take even longer. According to Lloyd Sheets, program manager for The Laurels, "It usually takes an average of eight treatment contacts before someone decides to change their life." He said people who are trying to leave domestic abuse situations and people with addiction problems tend to average the same number of attempts at recovery before succeeding.

The Laurels is a 24-bed state-supported facility within the Cumberland Community Services Board (CSB) region. It cannot always accommodate the numbers of people the Mount Rogers CSB would like to send from Smyth County. If The Laurels is full, Mount Rogers CSB counselors attempt to find space for clients at a treatment center in Galax, Jones said.

Smyth County has no inpatient treatment center for methamphetamine addicts. Transitions, an outpatient counseling center in Marion, offers individual and group therapy through the Mount Rogers CSB.

"Transitions is fully outpatient substance abuse [treatment]," said Kris Payne, a Certified Substance Abuse Counselor with Mount Rogers CSB. "It formerly was inpatient." The Transitions building occupies a former house across from the Smyth County Courthouse. The only inpatient detox facility in Smyth County is within the Southwest Virginia Mental Health Institute; however, the hospital provides detox only when a patient arrives for mental health treatment and substance abuse appears to be a factor in that mental illness.

Sheets said The Laurels is designed to provide crisis intervention and stabilization. "Then we refer back onto community services, AA and NA [Narcotics Anonymous], … other resources in the community. If they don't do something after they leave us, we don't expect a whole lot. This is just a start. Detox usually takes seven to 10 days. We offer everybody an opportunity to stay up to 14 days. [With] those who stay a little bit longer – it takes six or seven days before you're talking to the person rather than talking to the drug."

"It takes a while to get their head clear," Jones said. "When you're looking at people on meth, you're looking at being malnourished, lack of sleep. I

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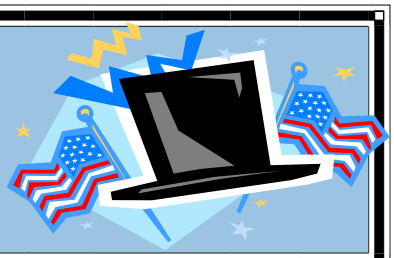

METH ADDICTION

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think that's even greater in that population with meth than cocaine, or any type of [stimulant], because they're just running, they're not eating, they're not sleeping, and they're using this drug. They're fogged in for three to five days and sometimes even longer than that. You're looking at general health and who knows what other things are in the product they're using. There are so many impurities they have in their system."

"It's not uncommon for people to sleep for three to four days at a time because the body can only go so long," Payne said. "Once you take the drug away, the body's going to crash on you. The withdrawal is from 30 to 90 days – a long time."

Withdrawing users experience "suicidal and homicidal ideations … a lot of depression, anhedonia – anhedonia is the inability to experience pleasure," Payne said. "It's hard for folks to get excited about anything. …That feeling of emptiness – if you don't find any way to deal with that in a healthy way, you're going to return to using."

Payne said 93 percent of the people who use methamphetamine "will return to using if they don't treat it somehow.

Traditional treatment typically does not work. There are so many other things in this other than 'stop drinking' or 'stop using the drug.' There's the environment (drug-using friends or family members); most people have legal problems, occupational problems, lost relationships – there's just so many other things. It takes a lot of wrap-around services with this population. Most folks, by the time they get to the treatment stage, have lost everything."

Jones said The Laurels is beginning to see more clients who need meth addiction services. When they arrive, he said, they are exhausted and "very malnourished" with a "sunken face, black rings around the eyes. … Usually they come into our place, [and the] first three days, we don't see them. They just go get their meds and go back to bed, wrung out. Just completely wrung out." He said addicts spend about a week before they can tolerate a regular schedule of nutritious meals. "It takes them a while to get their stomach back," he said.

"Our goal is to keep them alive until they're ready to change their lives," Sheets said. "It all depends on what people do when they leave here."

Jones said he sometimes tells people, "Recovery is simple. All you've got to do is change everything."

While his statement may appear to oversimplify the problem, he said, by no means is it an exaggeration.

"[Drug addiction is] the first thing you do in the morning and the last thing you do at night, 24-seven, all day long," he said. "That becomes your life. That's it. Nothing else. The day in the life of an alcoholic or drug addict … consists of getting high, acting like you're not, and getting high again. That's just a day in the life."

Once a person succumbs to addiction, he said, "[You are] trying to find who you've got to get money off of, who you've conned, who you can manipulate, who you've got to get away from, who you ripped off last night, who ripped you off, and all this other stuff that's going on. … [The addict thought process deteriorates to] 'I've got to stay away from my mom, I can stay over here, I know some furniture we can steal' – then it gets really sad. It's unfortunate to see people get caught up in that stuff. That's what they do every day, all day long."

When addicts enter treatment, Jones said, "Their families are alienated, they've got legal stuff hanging over their head, their kids are taken out of the whole picture, abusive relationships – whatever. They come here and the first thing we have to do is get them to stay here long enough to get them detoxed and thinking a little bit. …

They've got such a good defense system set up, all this denial." He said addicts tell themselves, "It's not that bad. I can quit any time I want to. I just don't want to quit."

But the truth about addiction is obvious, he said. "People come to treatment when everything goes wrong. Nobody ever comes to a place like this when things are going good."

Most of the people who enter addiction treatment, Jones said, still carry beliefs that sabotage recovery. He said they often believe they can still find a way to use the drug and function. As soon as they begin feeling better, they minimize the problem, telling themselves and counselors, "It's not that bad." Many have unrealistic expectations that they can "just go home and everything will be fine," and that all the problems associated with addiction will magically disappear.

Instead, treatment begins with 10 to 14 days of inpatient withdrawal, then addicts can begin attending outpatient counseling. During the first few days, Jones said, counselors work to establish the idea, "Let's try to make a safe, sane, reasonable thing you can do to get better. Stay away from people who use drugs. We sit and rehearse what you're going to say when you see these people on the street."

With meth, often the first thing a female addict must accomplish is "telling [her] boyfriend not to come around anymore," Jones said, because their partners may be the drug sources.

"We try to get them into NA and AA Meetings, we try to get them where so-

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ber people, or recovering people, are going to be," he said. "It's a problem in small communities [because] everybody knows you use drugs. So you're going to have to go right back out and face these people."

Establishing new habits, a new environment with new friends can be a huge undertaking, Jones said. "You kind of climb out of the nest like a bird," breaking off drug-oriented relationships and starting fresh.

Once a person finishes the first week or two of initial withdrawal and sets up support services within his or her community, someone like Kris Payne can begin providing counseling. He said most of his new clients are referrals from probation officers who must secure substance abuse treatment for people convicted of drug-related crimes.

"We found, over the years, that group therapy is the best way to treat addicts and alcoholics," said Payne, who has 22 years of experience in the field. "If you were my therapist and I saw you once a month, or once a week, I could show up at your office, look good, talk good, sound good, smell good, give you a story a mile long, tell you: 'Man, I'm doing great! I'm sick and tired of being sick and tired! I don't drink and drug anymore, I'm working every day.' And I could walk out of your office, jump in my car, roll up a joint and fire it up, and you'd never know the difference. I can't come in here with a group of my peers and pull that off. Because somebody's going to call me to task on it. Because I'm going to see it. Because we're both addicts."

Payne said group therapy offers positive peer pressure, especially when "some folks get irate when they find out someone's been showing up high. It's like it's a violation. It's like, 'Here I am putting out all this effort and you're just skirting in here and you're not taking it serious!'"

The paranoia meth can generate in users creates yet another hurdle for the group therapy process. Payne said every alcoholic and addict shares a common concern: "Who's going to know about this?" For meth users, the worry can be even more prominent.

"One of the group rules is anonymity," he said. "What's said here, stays here. Who you see here, stays here." Meth has pushed the substance abuse treatment industry to find new ways to address addiction. The collapse of the 28-day model and the reluctance of health insurance providers to cover sufficient treatment for meth addiction are tough enough to handle. But medical researchers have begun questioning whether meth causes permanent damage to the human body.

"Methamphetamine causes increased heart rate and blood pressure and can cause irreversible damage to blood vessels in the brain, producing strokes," according to the National Institute on Drug Abuse. "Other effects of methamphetamine include respiratory problems, irregular heartbeat, and extreme anorexia. Its use can result in cardiovascular collapse and death. … Animal research going back more than 20 years shows that high doses of methamphetamine damage neuron cell-endings. Dopamine- and serotonin-containing neurons do not die after methamphetamine use, but their nerve endings 'terminals') are cut back and re-growth appears to be limited."

"Psychotic symptoms may sometimes persist for months or years after use has ceased," according to the meth treatment protocol. "Some of the most frightening research findings about MA [methamphetamine] suggest that its prolonged use not only modifies behaviors, but literally changes the brain in fundamental and long-lasting ways.

Animal studies have shown that chronic use of MA can significantly reduce brain dopamine levels for up to [six] months after last use, with less significant reductions persisting for up to [four] years. … There is some speculation that some types of damage may be permanent. Finally, these impairments may underlie the cognitive (thinking) and emotional deficits seen in many MA users. … One of the outcomes of chronic MA use is psychosis." Payne said traditional treatment does not work very well with meth addicts because the drug affects all the senses. "We're finding that, in treatment, you almost have to include all the senses in your treatment process, too," he said.

After relying on meth to trigger dopamine release in the brain, users have stopped experiencing pleasure in natural ways. He said therapy must include re-learning how to experience life with enjoyment.

"Music and art therapy are very effective," he said. "Progressive relaxation, where you're involving all of the senses" also works for some clients.

"You've got to somehow experience it. It can't be a spectator thing." According to the TIP, effective meth treatment must include the development of new activities for the former user.

"Many stimulant users have spent a good portion of the years leading up to treatment entry with their lives revolving around substance use," the treatment protocol says. "Frequently, during the initial [six] to 12 months of abstinence they have little idea what to do with their lives. In particular, they often have very poor social and recreational behavior repertories. The creation of new, positively reinforcing activities and interests is an important part of this period of treatment."

Jones said a person's quality of life after addiction depends on "how much

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energy and effort they put into the recovery process. One of the things you'll see when they get out: If it's not the drug, it's going to be work, food, gambling or sex. It's going to be one of those things replacing [drug addiction], usually. They'll overcompensate and work all the time instead of balancing [different parts of their lives]. We talk about some balance – so much work, so much rest, and so much play.

"We'll see some who go out and work for six months, nine months, even a year, just work, work, work," he said. "Then they'll hit a point where they'll say, 'Oh, I'm exhausted.' Then you're a prime candidate for relapse because what you've done is keep yourself busy, tried to stay ahead of it. And you're gaining money and feeling good about yourself, but then you ask, 'Is this all there is to life?' You get paid on Friday and you see your buddies, you have a pocketful of money …. Some people get out and they just want to work, but that's not it. It's *part* of the solution, but it's not the whole solution."

Like anyone recovering from a health crisis, addicts complain, Jones said. The most common complaints, he said, are: "I'm bored." -"It's too hard." - "It's not exciting." - "It takes all the fun out of life."

But Jones responds by saying,

"You'll have to work as hard at staying straight as you did at getting high

Meth's dirty little secret

"It's the sleeping tiger. ... that tiger's clawing at your back."

– meth user

By LEE ANN PRESCOTT/Staff

Police officers know it, but hesitate to say it publicly: many people begin using methamphetamine because they like what it does to their sexuality.

"Women follow meth," a local police officer admitted, asking to keep his name private.

Earlier this month, a public official called meth an aphrodisiac. At a Chattanooga meeting of a Tennessee drug task force, Assistant U.S. Attorney Paul Laymon said people are drawn to the drug because it causes weight loss and boosts sex drive.

Smyth County resident John Smyth (not his real name) agreed to talk about the experience of using methamphetamine, under condition of anonymity.

"I've been dry three weeks," he said during the interview. The last time he used meth, he said, "I didn't sleep for 10 days."

The impact upon a user's sex drive during the early stages of use, Smyth said, is nearly impossible to describe. Because methamphetamine is a powerful stimulant, it keeps the user awake. The sexual arousal can last for a day or two at a time.

"A man can go eight hours without [climaxing]," Smyth said. "But *she* will. Oh, boy, will she! It turns her sex drive into maximum overdrive. … If you start messing around [foreplay] when you first take it, it's [prolonged intercourse] for hours."

Doctors familiar with meth's effects have said intravenous (IV) users are more likely to experience the unmatched sexual high, but all users are subject to it. Female users may experience overpowering orgasms lasting 30 minutes or more. Meth works by creating extreme feelings of pleasure and power by releasing the brain's neurological pleasure transmitters. The process exacts a high price, however. After meth uses chemicals to artificially rob dopamine from the brain's supply, the user ends up unable to experience pleasure.

"If you've been on [meth] for days, [the human sexual response] won't work," Smyth said. "It's just limp. You could [stimulate the genitals] until you get blisters and it won't do anything." According to the Crystal Meth Recovery Treatment Improvement Protocol (TIP), "Some clients with stimulant use disorders develop significant stimulant-induced compulsive sexual behaviors. These can include compulsive masturbation, compulsive or impulsive sex with prostitutes, and compulsive pornographic viewing."

Treating compulsive sexual behaviors, the TIP says, "involves asking clients to agree to a temporary sex abstinence plan for [two to four] weeks. Next, clients should be made aware that sexual feelings, thoughts, and fantasies are conceptualized as very high-risk triggers that will be acted out if they are not talked out. For people who have this problem, even normal, routine sexual thoughts and contacts can quickly become major triggers.

Also, clients should be educated about reciprocal relapse, in which one compulsive behavior is inextricably involved with another, and therefore, engaging in the behaviors associated with one condition can cause one to act out behaviors associated with the other condition."

Withdrawal from meth is unlike withdrawal from opiates, alcohol and other pain-dulling substances, the TIP says. Coming down from meth usually involves sleeping for several days. "For stimulant users, the trick is not in stopping, but in staying off, or avoiding relapse," the treatment protocol says.

"Clinical observations show that there are significant biological and psychological symptoms that continue to hamper the functioning of stimulant users 90 to 120 days after discontintion of substance use. The symptoms

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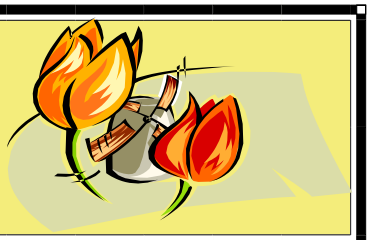

METH ADDICTION

(Cont'd from page 8)

described include … difficulty concentrating, anhedonia (inability to experience pleasure), lack of energy, short-term memory disturbance, and irritability."

"It's the sleeping tiger," John Smyth said. "You can put it down, but if someone cuts a line out in front of you, that tiger's clawing at your back. … I've done it; I've put it down."

Once the user begins taking meth again, Smyth said, "You can't sleep. If you lay down, all you do is listen to your heart beat and stare at the ceiling. Then the next night you lay down and listen to your heart beat and stare at the cracks in the ceiling again." When the drug finally begins wearing off, he said.

"Then you sleep 14 hours, and when you get up tired, the first thing you think about is getting through the day, so you think, 'Take some more.'"

At first, the user enjoys the high, he said. But days of sleeplessness combined with frenetic energy can lead to hallucinations. The hallucinations begin mildly, he said.

"It's like you see something out of the corner of your eye," he said, and turn your head to see it more clearly, but can't quite catch it. "When you're on [meth], you're not in your right mind."

Within six months of the first dose, most meth users are firmly hooked, according to several substance abuse counselors. In fact, most are hooked within a month or two of taking that first experimental hit.

At that point, Smyth said, "You sell things, decide what you can sell and what you want to keep just to get 50 bucks to get the stuff. … Everything needed to make it is legal.

You can make it in your kitchen. You don't have to depend on Columbians to bring it across the border."

He said the ease of manufacturing meth has let illegal drug users become their own suppliers in numbers lawmakers never imagined possible before meth labs became almost commonplace in Southwest Virginia.

"[Police] haven't found 10 percent of them yet," he said. "Some are just small, making it for personal use, but a few are making a lot of it to sell." He said fighting meth is an uphill battle for law enforcement because Internet access has put drug recipes and other subversive materials into the hands of "anyone who knows how to surf the net. … But I could build a bomb from stuff I could get from Wal-Mart that'd blow half of Marion up. There's always going to be a way to make it. I mean, think about [convicted domestic terrorist Timothy] McVey. What did he use? Fertilizer."

lprescot@wythenews.com | 276-783-5121

####

STARS BACK DOMESTIC VIOLENCE WEBSITE FOR CHILDREN

BYLINE: *David Barrett, PA Home Affairs Correspondent (UK)*

Pop Idol Will Young will launch the first national domestic violence website for children today.

The singer is backing the project - called The Hideout - which helps children spot if domestic violence is taking place in their own home and offers advice.

It also aims to help youngsters who have been victims of domestic violence themselves, whether at home or by boyfriends or girlfriends.

Developed by domestic violence charity Women's Aid, the website has special security features so young people can read it more safely at home.

There is a "panic button" which instantly switches the computer's web browser to another site - such as the BBC's CBeebies or MTV.com - if youngsters are disturbed while looking at The Hideout.

The site also explains how they can delete the history of visited pages on their browser, in case an abusive relative tries to follow their tracks.

Will, who works as an ambassador for the Women's Aid charity, said: "Violence needs to stop.

"All of us - men and women - need to speak up and teach our children that violence is never the solution.

"Together we can all make a difference."

The launch was also backed by celebrity chef and Hell's Kitchen star Gordon Ramsay, whose mother Helen became a victim of domestic violence at the hands of his late father.

"It is shocking that so many children still live in fear as a result of violence in the home, and don't know who to turn to for support," he said.

"As a child survivor of domestic violence I can remember the fear and isolation.

"I am delighted to support The Hideout. I know it could have made a real difference to me and will provide great comfort and support to thousands of children."

The website, which is supported by BT and Children in Need, has also been backed by Cold Feet star Fay Ripley, author of the Tracey Beaker children's stories Jacqueline Wilson, singer Beverley Knight and TV presenters June Sarpong and Fearne Cotton.

Research published last month revealed nearly one in five teenage girls had been hit by a boyfriend and a third had experienced domestic abuse at home.

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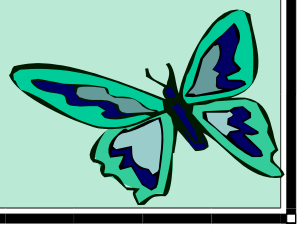

DV WEB SITE

(Cont'd from page 9)

The survey of 2,000 girls with an average age of 15 by Sugar magazine and the NSPCC also found more than 40% said they would "consider giving a boy a second chance" if he hit them. Women's Aid chief executive Nicola Harwin said: "Last year over 20,000 children stayed in refuges in England and we know that many more live with the daily fear of domestic violence.

"Children and young people can be enormously affected by domestic violence, whether as witnesses of violence in the home, direct abuse from a parent or in their very first relationships.

Children and young people often feel powerless or guilty at being unable to stop domestic violence and The Hideout will play a vital role in providing information and helping them find the support that they desperately need."
The website is at www.thehideout.org.uk.

####

DV AND CHILD MALTREATMENT

(cont'd from page 4)

the Greenbook National Evaluation Team has published an interim report on the demonstration initiative. The participating communities have identified activities that both promote collaboration among agencies and treat the entire family, not just individual victims. These include:

- Strengthening collaborations through activities such as cross-training
- Identifying co-occurring issues
- Sharing information among agencies and courts
- Ensuring batterer accountability
- Improving access to services, including multidisciplinary case planning
- Improving advocacy, including co-located advocates in multiple systems

Interim results showed that systems changes were occurring in several areas. For instance, child welfare agencies were beginning to implement new screening procedures that allowed them to screen for domestic violence. To further their advocacy efforts, some communities had begun to work on changing State-level policies. Overall, staff at all levels reported that the changes had raised community awareness about child maltreatment and domestic violence, and staff were beginning to think about their cases in the context of all family members and all family strengths and needs.

The next phase of the project will focus on quantitative evaluations to determine system changes. It is expected that such changes will result in improved safety and well-being for children and families.

The full interim report, *The Greenbook Demonstration Initiative: Interim Evaluation Report*, was prepared by the Greenbook National Evaluation Team (Caliber Associates, Education Development Center, Inc., and the National Center for State Courts) and funded by the U.S. Department of Health and Human Services and the U.S. Department of Justice. The report is available at www.thegreenbook.info/documents/Greenbook_Interim_Evaluation_Report-2_05.pdf..

####

Pregnant Drug Users Face Sanctions Under Ark. Bill

From Join Together Online-February 15, 2005

A bill under consideration in the Arkansas legislature would require doctors to report mothers who give birth to drug-addicted babies as neglect cases, the Arkansas News reported Feb. 15.

The Senate Public Health, Welfare and Labor Committee this week approved the measure introduced by Sen. Tim Wooldridge (D-Paragould) after hearing testimony both for and against the bill. Supporters claimed that illicit-drug users are more likely to abuse their children than individuals who use alcohol or tobacco at home.

A woman with two grandchildren born addicted to drugs spoke in favor of the legislation. "This is not about revenge," said Betty Stahl. "This is about other babies who are out there."

But David Deere of the Pulaski County Community Action Group said, "My heart wants to support this bill. My head says we have to be careful about the unintended consequences." Deere said the fear of neglect charges might frighten addicted mothers away from seeking health care.

"You're giving them the alternative to either stop using drugs or stop going to get health care," said Rita Sklar of the Arkansas chapter of the American Civil Liberties Union. "Do we really want babies born in homes, alleys and hotel rooms?"

The bill passed and has become law. Editor

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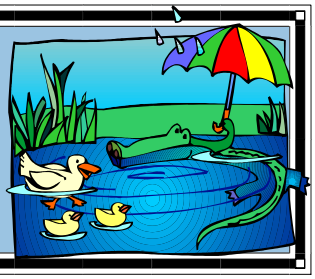

METH LABS ARE RISK TO CHILD ADVOCATES

Aiken, S.C. - Gas cans with hoses. Shredded lithium batteries. Mason jars filled with thousands of cold tablets. They are a few telltale signs of clandestine methamphetamine labs.

Michelle Prince knows that because she has seen it firsthand.

Mrs. Prince, a child protective service worker for Aiken County's Department of Social Services, removed children from two Aiken County households this year after authorities discovered their parents cooking meth.

Unlike Mrs. Prince, many social service workers don't know how to identify meth labs because they've never been trained to.

Michael Miller, the director of Anderson-Oconee's Regional Forensics Laboratory, is working to change that.

On Wednesday afternoon, he was in Aiken training social workers from around the region to identify home-based meth-manufacturing operations.

The number of workshops he conducts is growing, as is South Carolina's methamphetamine epidemic. Authorities raided 254 meth labs in South Carolina last year, up from six in 2000.

Many of those drug labs were operating within reach of children who were malnourished, physically abused or exposed to toxic meth ingredients, he said.

"Momma's cooking meth under the baby's crib, and they're even using the baby's bottle to cook the meth." he said. "(The children) also have the mental abuse from living in an area where there is no love."

The purpose of Mr. Miller's workshops is twofold. While he wants to see children rescued from meth homes, he also hopes the education will prevent social workers from putting themselves at risk.

"When you're walking up to a house with one of these meth labs, the first breath you take could kill you," he said. "Don't become a victim due to your curiosity."

Social workers also may be endangered by meth addicts who are paranoid and delusional under the influence of the drug.

"It sets off unprovoked violence," he said. "You knock on the door and say hello, and they're looking for a baseball bat to take your head off with."

####

OPA PRODUCES FIPV RESOURCE GUIDE

The CDC estimates almost 5.3 million intimate partner victimizations occurs each year among U.S. women aged 18 and over. In 2000, the Office of Population Affairs (OPA) and the U.S. Centers for Disease Control (CDC) in the U.S. Department of Health and Human Services (DHHS) began a collaboration to address family and intimate partner violence (FIPV) through Title X family planning clinics. Providing reproductive health services to almost 5 million women each year (many of whom because of age and economic status are at greater risk of victimization), Title X clinics could play a key role in identifying and assisting victims of FIPV.

Based on advisory panel recommendations, OPA compiled a resource guide of materials and training information on FIPV for Title X grantees, delegates, and clinics. The guide was designed to support a multi-faceted approach to FIPV, including staff education and training, clinic protocols and policies, screening and response strategies, clinic environment, and referral.

Developed to meet the reader's individualized needs, each section includes a key that outlines the specific materials and tools contained in the chapter, allowing tools to be selected according to current needs.

John Snow Inc. (JSI) produced the guide under a grant from OPA and provided copies to all Title X grantees as well as the Title X regional offices. A limited number of copies may be available from the Region VI Office of the Regional Health Administrator/Office of Family Planning. Interested parties can also request a copy from Reesa Webb (rwebb@jsi.com) at JSI Research and Training Institute, Inc., 1860 Blake Street, Suite 320, Denver, CO 80202, 303-262-4313.

Liese Sherwood-Fabre, PhD
Public Health Advisor
Office of Family Planning, Region VI
U.S. Department of Health and Human Services
Dallas, TX 75202

####

INDIANA CHILD PROTECTIVE SERVICES TO SCREEN FOR ADDICTION

From Join Together Online—1/14/2005

On January 1, case managers with the Indiana Child Protective Services started screening children at risk for addiction or mental health problems, Tri-State Media reported on January 5.

The Indiana Family and Social Services Administration expanded a nine-county pilot project to all 92 counties. Case managers were trained to recognize behavioral health and addiction risk factors in youth and are partnered with local agencies to coordinate assessment and treatment. They will screen children who are in foster care or identified as children in need of services.

"This early screening, assessment, and treatment initiative supports our goal of protecting the welfare of all

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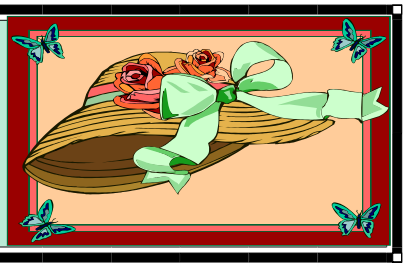

CPS TO SCREEN FOR ADDICTION

(cont'd from page 11)

Indiana children and facilitating positive social outcomes for them and their families," said Jane Bisbee, Deputy Director of FSSA's Division of Family and Children, Bureau of Family Protection and Preservation.

The program will be monitored by CPS and evaluated by Indiana University's Department of Sociology. For more information, visit Indiana Family and Social Services Administration at: www.IN.gov/fssa.

####

ONLINE TOOL HELPS WOMEN ASSESS DOMESTIC-VIOLENCE RISK

By Jan Jarvis-Ft. Worth Star Telegram, Ft. Worth, Texas -March 29, 2005

Many of the more than 1,200 women who are killed by their intimate partners each year are unaware that their lives are in danger.

Based on information from people who knew the victims, only 47 percent of women accurately predicted their risk, according to Dr. Jacquelyn Campbell, associate dean of the Johns Hopkins University School of Nursing.

But a newly revised online tool can help women measure their domestic-abuse risks. Campbell created the system in 1986 to help law enforcement, health care professionals and others identify women who are in the most danger. She recently updated it to include new research.

The online tool gives women a calendar and asks them to mark the days when they are physically abused. The women are also asked to rank the severity of each incident. Next, a series of questions helps women identify danger in the relationship. Women are asked, for example, if the man owns a gun.

Women are encouraged to take the test results to a nurse, counselor or victim-abuse expert. The results are best interpreted by someone who is certified to use the system. But the questions can help women better understand their risks.

You can download the free measurement tool by going to www.dangerassessment.org. If you feel you're in danger, you can also call the National Domestic Violence Hotline at (800) 799-7233 or go to www.ndvh.org to find a shelter.

####

STUDY LINKS CHILDHOOD STRESS AND HEALTH

Ann Arbor, Mich., March 8 , 2005

A Michigan study finds children who suffer post-traumatic stress disorder after exposure to violence are more likely to have other health problems. Two researchers from the University of Michigan interviewed the mothers and teachers of 160 children in **Head Start programs**.

They found 65 percent of the children had been exposed to violence in the community and 47 percent within their family.

Most of the children who had witnessed at least one violent incident were found to have likely shown signs of trauma, such as bed-wetting and thumb-sucking, while 20 percent appeared to be at risk of PTSD.

The study found children with stress reactions were more likely to suffer asthma, allergies or attention deficit disorder.

Researchers Sandra Graham-Bermann and Julia Seng say it is not clear whether PTSD causes health problems or vice versa. But they suggest helping low-income mothers protect their children and early treatment for children with stress disorders is likely to improve their physical health.

The study was published in the March issue of the Journal of Pediatrics.

####

AS TEEN PREGNANCY DROPPED, SO DID CHILD POVERTY

Study Looks At Decline Over 10-Year Period

By Ceci Connolly-Washington Post Staff Writer-April 14, 2005

A decade of declining teenage birth rates has led to a notable reduction in the number of U.S. children living in poverty, according to a new analysis.

Building on research by two congressional committees, the National Campaign to Prevent Teen Pregnancy released a state-by-state report this week identifying how many more children would be living in poverty or growing up in a household with one parent in 2002 if the teenage pregnancy rate had remained at 1991 levels.

Nationally, the teenage birth rate fell 30 percent from 1991 to 2002, the most recent year for which such statistics are available.

If the rate had not dropped during the decade, 1.2 million more children would have been born to teenage mothers in the United States. Of those, 460,000 would have been living in poverty and 700,000 would have grown up in a single-parent household, according

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TEEN PREGNANCY DROP

(Cont'd from page 12)

to the analysis. The federal poverty level in 2002 was a $14,494 gross annual income for a parent and two children.

"The data show the power of prevention and how prevention can make a measurable contribution to reducing poverty in children," said Sarah S. Brown, director of the campaign, a nonpartisan, nonprofit research organization.

But at least one advocacy group cautioned that it may be an oversimplification to credit the decline in teenage pregnancy for improvements in poverty levels.

"During the economic boom of the 1990s, there was more opportunity for teens and others to improve their economic situation through employment," said Deborah Cutler-Ortiz, director of the family income division at the Children's Defense Fund. Additionally, government initiatives such as job training, tax credits and health care helped lift some families out of poverty during the period, she said.

Researchers at the teenage pregnancy group agreed that many factors contribute to poverty rates, saying their study was intended only to compute the numbers of poor youngsters who would have been born if pregnancy rates had not decreased.

"People love to argue about how to prevent teen pregnancy, but sometimes we fail to shine enough light on the basic problem," Brown said. "Teen pregnancy is a major contributor to poverty, single parenthood, and limited futures for adolescents and their children."

Not every teenage mother is poor, "but bearing a child as a teenager increases the chances of a mother and child living in poverty," she said.

Adolescents who become pregnant are more likely to drop out of school, which in turn leads to lower-paying jobs. And often young mothers are less likely to marry, which means their children are raised in a home with one income. All those factors mean teenage mothers and their infants are "not finding a way out from what is often a low-income community to begin with," she said.

Locally, the positive impact was seen most dramatically in the District. Were it not for the 10-year reduction in teenage birth rates, the number of children living in poverty in the city would have been 21 percent higher than it was in 2002. In Maryland, the poverty rate for children would have been nearly 13 percent higher, and in Virginia it would have been about 8 percent higher.

Despite the encouraging developments, Brown and Cutler-Ortiz warned that the nation still faces enormous challenges. "Even with all these declines — in every single state — the U.S. still has the highest teen pregnancy rates in the fully developed world," Brown said. One in three American women conceives by the time she is 20.

And although pregnancy data were available only through 2002, Cutler-Ortiz noted that poverty rates have been increasing since 2000, raising concern the improvements may be short-lived.

####

ATTORNEY GENERAL ABBOTT APPLAUDS PROTECTIVE ORDER KIT FOR DOMESTIC VIOLENCE VICTIMS

Step-by-step materials improve access to legal services for crime victims *News release April 12, 2005*

Austin—Texas Attorney General Greg Abbott today joined First Lady Anita Perry, Texas Supreme Court Justice Harriet O'Neill and the Texas Equal Access to Justice Foundation in unveiling a new kit that will enable victims of domestic violence to better access the court system by filing their own applications for protective orders.

The self-help protective order kit, created by a Texas Supreme Court task force, was announced today as part of National Crime Victims' Rights Week, which is observed April 10-16. The kit will make it possible for victims to better access the legal system so they can protect themselves and their children, including compelling the abuser to leave the home, if necessary.

"Domestic violence has reached alarming levels in Texas, and often victims are too frightened or too financially strapped to get the help they need," Attorney General Abbott said. "This kit addresses both of those problems by empowering victims to file their own court papers and get out of danger as quickly as possible."

The free, step-by-step protective order kit comes with detailed instructions for filling out the paperwork, having a temporary order signed by a judge and requesting a hearing date to grant the protective order. The kit also provides tips for victims on how to prepare for the hearing.

The protective order kit can be accessed at the Attorney General's Web site (www.oag.state.tx.us). Materials will also be available through law enforcement agencies, domestic violence shelters and hospital emergency rooms.

At a news conference to announce the kits, Attorney General Abbott and the other participants were joined by Thomasina Olaniyi-Oke, a survivor of domestic violence. Her husband physically abused her often during their 13-year marriage. Ms. Olaniyi-Oke obtained a temporary protective order

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PROTECTIVE ORDER KIT

(Cont'd from page 13)

against her husband, but after the order expired he started harassing her again.

"I was so frustrated after the temporary order lapsed," she said. "I didn't know what to do."

Finally, with the help of Legal Aid services Ms. Olaniyi-Oke was able to obtain a permanent protective order against her husband. She said if the protective order kit had been available when she was being abused, she would have used it.

"If I had had more information, I would have filed for a permanent protective order myself," she said.

The Attorney General's Crime Victim Services Division serves victims of crime by administering the Crime Victims' Compensation Fund and related grants, as well as offering training and outreach programs.

Last year, the Attorney General provided almost $73 million from the Fund to help many of these victims shoulder medical and other expenses related to the crimes committed against them.

The Attorney General also provides $2.5 million annually to the Texas Equal Access to Justice Foundation to help provide civil legal aid to victims of crime.

More than 185,000 incidents of domestic violence were reported in Texas in 2003.

More information about the Attorney General's Crime Victim Services Division is available at the Attorney General's Web site: www.oag.state.tx.us.

####

ABORTION AND DOMESTIC VIOLENCE CLOSELY LINKED CANADIAN STUDY SHOWS

Same study also reveals contraceptive mentality contributes to abortion rates - *LifeSiteNews.com*

LONDON, March 21, 2005 - A new survey by researchers from the University of Western Ontario, the London (Ontario) Health Sciences Centre and the University of Colorado have again shown a link between abortion and domestic violence. The new research coincides with findings from the US and Britain that have consistently shown a strong correlation between violence and abortion and between the use of contraceptives and repeat abortion.

1127 women completed a 65-item questionnaire at a hospital abortion facility in London, Ontario. The results showed that overall 20% had experienced physical abuse by a male partner, and 27% had a history of sexual abuse.

Similar research in the US has shown that 31% of women seeking an abortion have experienced physical or sexual abuse at some time in their lives and, of these, more than half have witnessed domestic violence as children. The British study showed that the risk of domestic violence more than doubled during pregnancy. The authors of the Canadian research suggest that a motive for some women who abort in a situation of violence do so out of a misguided desire to protect future children from living in the disrupted or violent environments that they themselves face.

The study also revealed that a significant percentage of the women who were seeking second or repeated abortions were using artificial contraception at the time they became pregnant. 90% of women seeking repeat abortions had used contraception sometime in their lives and at the time of the current conception 60% were using condoms and 40% were using an oral contraceptive.

Pro-life activists have for many years pointed out the danger of widespread chemical contraceptive use and its relation to high incidences of abortion. Their argument is that a woman engaging in sexual relations and using the pill is more disposed to using abortion as a 'back-up' form of birth control should it fail.

The British survey cited above also found that despite the high incidence of abuse only 2% of the women seeking abortion were pregnant as a result of rape. This is despite the fact that the so-called 'rape exception' is often cited as a justification for legal abortion-on-demand. The effect of the widespread use of contraception in creating what is called the 'contraceptive mentality' and the evidence that such a mentality leads to abortion has been documented more than once by the medical community.

Read the article from the Canadian Medical Association Journal:
http://www.cmaj.ca/cgi/content/full/172/5/653?etoc

####

SUBSTANCE ABUSE VOUCHER PROGRAM OPENS DOORS TO FAITH-BASED PROVIDERS

Publisher: The Roundtable on Religion and Social Welfare Policy—By: Claire Hughes, Roundtable Correspondent– March 29, 2005

With $100 million in federal funding, several states and a tribal organization have begun implementing President Bush's plan to let drug addicts use public dollars to seek treatment from a variety of sources, including religious organizations.

In all, 14 states and the California

(cont'd on page 15)

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VOUCHER PROGRAM

(*Cont'd from page 14)*

Rural Indian Health Board have received a total of $100 million in federal funding to implement the Access to Recovery program, which allows people to use government vouchers to seek treatment for substance abuse. Treatment providers range from those in clinical settings with a purely medical perspective, to faith-based organizations that consider religious conversion part of the cure for addiction.

The program was first announced by President Bush in his 2003 State of the Union address, and he has proposed increasing funding for the program by $50 million next year to expand the program to seven additional states or tribal organizations.

In mid-December, Wisconsin became the first state to launch the new federal program. However, the concept is not entirely new there. For a decade, people seeking treatment for substance abuse in Milwaukee have been able to use public vouchers to pay for services through a state-sponsored program. Like the federal program, it has also allowed clients to choose among an array of providers -- including large, faith-based organizations (FBOs) like Lutheran Social Services and Catholic Social Services.

But state officials in charge of the program said those large, long-standing FBOs -- which provide substance abuse treatment in a largely secular environment -- weren't meeting the needs of everyone in the city who needed service. So the state applied for, and received, a federal grant to expand its offerings to a wider variety of groups, including smaller churches and church-affiliated organizations that wanted to provide support services for people seeking substance abuse treatment.

"In the past, the choices were limited," said John Easterday, Wisconsin's associate administrator for Mental Health and Substance Abuse Services, and the Access to Recovery project director. He said Wisconsin hopes to serve some 8,000 state residents over the next three years using the $22.8 million dollar federal grant it received. Meanwhile, Connecticut, Florida, Louisiana, New Jersey, New Mexico and Washington have also started Access to Recovery programs. The other eight grantees now in the process of doing so are California, Idaho, Illinois, Missouri, Tennessee, Texas, Wyoming and the California Rural Indian Health Board. All are expected to have their programs up and running by May, said Stephenie Colston of the federal Substance Abuse and Mental Health Services Administration.

Many other states have also shown intense interest in re-applying for the next round of grants according to Colston, who serves as the primary adviser on the program to SAMHSA Administrator Charles Curie. The 15 initial grantees are among 60 states and tribal organizations that applied for the first block of funding under the Access to Recovery program.

Among those states that were not selected in the first round of funding was Alabama. Terri Hasdorff, executive director of the Governor's Office of Faith-Based & Community Initiatives said the need for Access to Recovery in Alabama is "huge" and that the state will reapply -- especially since many faith-based organizations are operating programs with proven success, but don't have the resources to expand their work. She said the state itself is unable to offer additional funding because it is operating under budget constraints.

"We're very interested in trying to go after that [funding] for Alabama this year," Hasdorff said.

Opponents of Access to Recovery, including civil liberties groups and some medical professionals, have raised concerns that drug rehabilitation programs operated by religious organizations might be lacking in the quality of their care or effectiveness. Some also object that such programs may cross the constitutional line separating church and state.

Theresa Thompson, senior legislative analyst for Americans United for Separation of Church and State, said she is concerned that people seeking treatment services may not receive all the information they need before choosing an approved service provider. She said that could result in clients being forced to experience religious indoctrination in order to get treatment.

"Beneficiaries should have the right to know that they have the right not to be discriminated against, that they have the right not to participate in religious exercises, they have the right to choose their provider, and get their voucher back," Thompson said.

Easterday said he didn't think Thompson's concerns would be an issue in his state.

"What they're describing as a possible problem with the program is something we wouldn't tolerate," he said. Treatment providers in Wisconsin, including faith-based organizations, must meet requirements including that they refrain from proselytizing, Easterday noted. And he added that clients can always quit the program and use the amount remaining on their vouchers elsewhere.

Nationwide, SAMHSA requires that states and tribal organizations that implement Access to Recovery follow strict guidelines, Colston said. They

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SNAPSHOTS FROM THE FRONT LINES

From the Spring 2005 newsletter of The National Campaign to Prevent Teen Pregnancy

There is lots of exciting teen pregnancy prevention work going on around the country. Here we highlight just a few examples of new resources and initiatives.

The **Louisiana** State Department of Education used TANF funds to begin a $6.5 million teen pregnancy prevention program in 2003 and awarded performance-based contracts to over 30 organizations serving more than 17,000 teens statewide. A recent evaluation report contains interesting data on the characteristics, attitudes, and experiences of program participants. The report also contains needs assessment results from program administrators and teen pregnancy program information. *Evaluation of the State of Louisiana TANF Initiatives Teen Prevention Program* was written by Berkeley Policy Associates for the Louisiana Department of Education and is available online at http://www.berkeleypolicyassociates.com.

New Mexico Governor Bill Richardson has proposed doubling the number of school-based health care centers from 34 sites to 68 throughout the state. These centers will provide services to prevent teen pregnancy in addition to screenings and treatment for substance abuse, depression and risk of suicide, diabetes, obesity, asthma, and immunization services. Some centers may provide services and education for parents. Find out more at http://www.governor.state.nm.us/press2004/dec/120904_1.pdf.

The United Way of Central **Oklahoma** has a new research brief on older teens and teen pregnancy. The six page fact sheet reviews the negative consequences of teenage childbearing, presenting data on health, poverty, education, and local teen births, as well as information on current programs in the state. The brief makes a strong case for focusing energy and resources on 18-19 year-olds in order to make additional progress in reducing teen pregnancy rates. The research brief is available online at http://www.unitedwayokc.org/RESEARCH/research_briefs.htm.

The **South Carolina** Campaign to Prevent Teen Pregnancy conducted a poll of registered voters asking their opinions about sex education and program messages. The report, *South Carolina Speaks 2004*, is available online at http://www.teenpregnancysc.org/pdf/SC_Speaks.pdg.

If you have news on teen pregnancy prevention that you would like to share with the National Campaign to Prevent Teen Pregnancy, please contact Kristen Tertzakian at 202-478-8556 or ktertzakian@teenpregnancy.org.

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SEDAPA AWARDS

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expected to vary widely in range and scope, but should focus on unaddressed or underdeveloped areas within the field. Non-profit and for-profit organizations, institutes of higher learning, and state and local governments are eligible to apply.

Due to the flexible nature of this funding opportunity, deadlines vary. For more information on application and eligibility, view the full announcement online. (http://grants.nih.gov/grants/guide/pa-files/PAR-05-105.htm)

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VOUCHER PROGRAM

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include establishing standards that apply to both faith-based and secular providers, and approving only providers that are qualified to offer treatment. In addition, she stated that grantees must make detailed quarterly reports to the federal government to ensure the rules are being followed.

"Our standards are broad so that we can work with grantees," Colston said, "but they're very clear."

The President and other Bush administration officials have emphasized that consumers will have true, independent, and genuine choice under the program. Those points were critical elements in a U.S. Supreme Court decision that upheld the use of publicly-funded vouchers for private, religious schools.

"The idea in the Access to Recovery program was to direct resources to the individual - there's some 100,000 a year who aren't able to get help for their alcohol and drug issues - to let them make the choice about the program that suits their needs," President Bush told an audience at the White House Faith-Based and Community Initiatives Leadership Conference on March 1.

"See, that's how it works. It says, we will fund you. And you choose," the President continued. "If you think a kind of the classical clinical approach will work for you, give it a shot. If you think the corner synagogue will work for you - like the synagogue I saw in Los Angeles that's saving life after life because of a belief in the Almighty -- give it a shot. But you get to make the choice."

Federal officials have also stressed that states and tribal organizations will

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maintain flexibility in how they design and implement Access to Recovery - including who is eligible for the vouchers, and whether a public or private agency operates the programs in partnership with the state. In Louisiana, the program will focus on women with dependent children, while in Texas it will be on drug offenders. Meanwhile, the California Rural Indian Health Board will include traditional native spiritual services among its Access to Recovery treatment choices.

All states will be required to provide the federal government with data on their results, SAMHSA Administrator Charles Curie told White House Faith-Based and Community Initiatives Leadership Conference attendees. States are to use seven outcome measures to assess effectiveness, rather than reporting the numbers of people that have been helped or cured, as in the past, Curie said. Those measures include abstinence, access to services, retention of service, sustaining treatment, education, employment, crime reduction, housing and community connectiveness.

Attempting to meet the performance tracking requirements of the federal grant has been the biggest challenge in implementing Access to Recovery, Wisconsin officials said. They cited technological hurdles, as well as the fact that the federal government continues to change what data it wants and how it wants it.

"It's still a challenge for us," Easterday said. "And for other states that never had it (a voucher program), it's huge."

President Bush has also indicated he wants to expand the use of vouchers in the future for services other than just substance abuse treatment.

"What I want to do is apply this concept of individual choice beyond just the alcohol and drug rehabilitation programs - such as mentoring programs, or housing counseling, or ... transitional housing programs or after-school programs or homeless services," President Bush said at the White House Faith-Based and Community Initiatives Leadership Conference earlier this month.

"And so I've asked the Cabinet officers and their Faith-Based and Community Offices to come up with ways to expand individual choice into how their departments can implement this philosophy," he said.

Roundtable Washington Correspondent Anne Farris contributed to this report.

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MENTAL HEALTH PATIENTS TO BE TREATED FOR SUBSTANCE ABUSE

By TEDDYE SNELL, Press Staff Writer – Tahlequah Daily Press, Talequah, Ok.– May 26, 2005

Tahlequah area mental health and substance abuse providers may be well on their way to offering a better form of treatment to their clients.

Staff from Bill Willis Community Mental Health and Substance Abuse Center in Tahlequah attended a workshop Tuesday on the topic of co-occurring disorders, which involves people who suffer from both mental health and substance abuse problems.

The full-day workshop featured two nationally recognized speakers, Dr. Christie Cline and Dr. Kenneth Minkoff, as well as Oklahoma Department of Mental Health Services and Substance Abuse Services co-occurring Program Specialist L.D. Barney. Barney was enthused about the implementation of the grant program in Oklahoma.

"I think we're doing some innovative things with the grant," said Barney. "The model services the infrastructure already in place in Oklahoma. We're not adding new programs on top of old programs; we're improving the programs already in place, using the personnel already working within the system."

The five-year grant totaled a little more than $3 million, and services three sites in Oklahoma.

"The first year of the grant is being used to kick off the program in Norman, which has six service centers," said Barney. "The second year, we will implement the program in Tulsa, which includes five agencies, followed by the third year in which northeast, rural Oklahoma areas based in Vinita will begin service."

Barney said the training was being conducted in advance to prepare each area for implementation.

"I encourage everyone attending the training today to begin integrating this model into their normal practices immediately," said Barney. "Once the grant funding becomes available in this area, providers will already have a solid background in the program."

Minkoff is a board-certified addiction psychiatrist who has provided teaching, training, program development, clinical treatment and system consultation in the area of co-occurring disorders since the mid-1980s. He has experience in both the public and private sectors, and inpatient, residential, intensive outpatient and outpatient treatment, with all types of people - both adults and adolescents - with co-occurring disorders.

"The Comprehensive, Continuous, Integrated System of Care model for organizing services for people with co-occurring psychiatric and substance disorders is designed to improve treatment in systems of any size and complexity, ranging from entire states, to regions or counties, networks of agencies, individual complex agencies or

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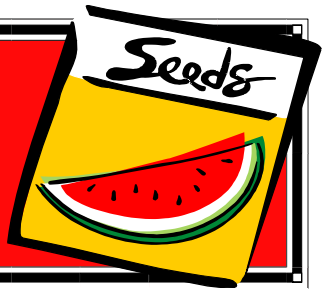

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MENTAL HEALTH

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or even programs within agencies," said Minkoff. "What we're trying to do with the CCISC model is, quite simply, change the world."

The model includes four basic characteristics: system level change, efficient use of existing resources, incorporation of best practices and an integrated treatment philosophy.

According to Minkoff, dual diagnosis within care agencies should be an expectation, not an exception.

"People with co-occurring psychiatric and substance abuse disorders are frequently treated in both substance abuse and mental health service systems, and are associated with poorer outcomes and higher costs in number of treatment situations," said Minkoff. "These individuals have historically been poorly served in both systems, both because of a lack of information on effective treatment programs and because of significant systemic barriers in both systems. These system barriers are alarming in that these individuals - in spite of poor outcomes and high costs - are not only not prioritized and specifically welcomed, they are treated as misfits at every level in terms of regulations, information systems, funding mechanisms and clinical credentialing and certification. Which is why we're here today, to help change that."

Minkoff has described a "12-step Program for Implementation of a CCISC," defining the process sequentially. In collaboration with Dr. Christie Cline, he has organized a CCISC Implementation Toolkit that promotes the successful accomplishment of many specific steps.

"Implementation of the CCISC happens gradually, over time, in complex systems and is characterized by the establishment of program objectives reflecting fidelity to the overall model," said Minkoff.

Minkoff said the state of Oklahoma is committed to completing CCISC model implementation as an overall system change for mental health and substance abuse care.

"It's a lot of work and it takes time, but it is a proven model with a long track record," said Minkoff.

Cline, doing business as ZiaLogic, a professional corporation in Albuquerque, N.M., is a board-certified psychiatrist who served as the medical director of the Behavioral Health Services Division of the New Mexico Department of Health from 1998-2003. She is largely responsible during her tenure for strategic planning and implementation of the New Mexico Co-occurring Disorders Services Enhancement Initiative, along with other best practice initiatives such as the New Mexico Pharmacotherapy Initiative, built on the Texas Medication Algorithm Project.

During the past four years, she and Minkoff have worked as a team on statewide co-occurring disorder program enhancement, curriculum development and staff and trainer training.

"We travel all over the country," said Cline. "We have helped train people in over 30 different systems in the CCISC Model, which is quickly becoming recognized as a national phenomenon. The federal government is finally helping states in a different way, by allotting the grant money to fund training for model implementation rather than creating new, unnecessary programs."

Cline was impressed at Oklahoma's level of commitment in the area of mental health.

"Oklahoma has positioned itself nicely," said Cline. "The state has substantial resources earmarked for the improvement of mental health services, as well as the personnel to see successful implementation of the model."

To find out more about co-occurring disorders, visit the National Mental Health Association's Web site at www.nmha.org/substance/factsheet.cfm.

To learn more about Dr. Kenneth Minkoff, visit www.kenminkoff.com.

For information about Dr. Christie Cline and ZiaLogic, visit www.zialogic.com.

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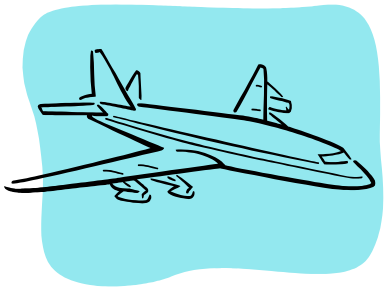
CONFERENCES



Building Bridges from Victim to Survivor– Oklahoma Coalition Against Domestic Violence and Sexual Assault-Dates: June 8-10, 2005- **Location:** Tulsa, Oklahoma-Holiday Inn Select-www.selecttulsa.com/ocadvsa-Phone: 918-622-7000; Contact: Oklahoma Coalition Against Domestic Violence and Sexual Assault-Phone: 405-524-0700.

Real-Life Heroes: Rebuilding Attachments with Traumatized Children– Richard Kagan, Ph. D. Training provides tools that practitioners can use to help parents and children rebuild fragile or disrupted attachments, change patterns of destructive behavior and implement safety plans to prevent neg glect, abuse and trauma. **Date:** Friday,

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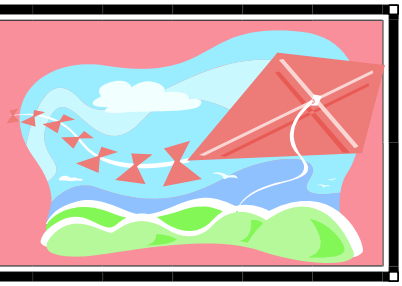

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June 10, 2005—**Location:** Los Angeles, CA.; **Date:** Saturday and Sunday, June 11-12, 2005—**Location:** San Diego, CA. Additional presenter: Robert Geffner, Ph.D. Contact: Carolyn Smyth-csmyth@alliant.edu

Multi-disciplinary Training Institute on Serious Physical Child Abuse and SIDS—Topics covered: Sudden Infant Death Syndrome; Medical aspects of burn injuries, broken bones, abdominal injuries & head injuries; Investigative aspects of a SIDS or Serious Physical Child Abuse Investigation; Legal aspects of Serious Physical Child abuse. **No registration fee. Funded by grant from the Children's Justice Act Program.** Coordinated in partnership by the following agencies: Tarrant County College Child Abuse Intervention Training Project; The Shaken Baby Alliance; Children's Justice Act of the Texas Department of Family and Protective Services; U.S. Department of Health and Human Services—Administration for Children and Families; Tarrant County Child Fatality Review Team; Children's Advocacy Centers of Texas; Grapevine Police Department; Tarrant County District Attorney's Office; Cook Children's Medical Center; Crossroads Consulting. **Location and Dates:** June 10, 2005 in Houston, Tx.; July 8, 2005 in Abilene, Tx.; August 5, 2005 in Dallas/Ft. Worth, Tx. Contact: http://www.shakenbaby.com.

Moving Towards Violence Prevention - This workshop will define and introduce concept of violence prevention as well as introducing program planning and evaluation technique to approach the work. **Date**: June 21-23, 2005-**Location:** Chapell Hill, NC. Contact: Email:prevent@unc.edu

Family Violence Conference– Postpartum Emotional Disorders: Intervention, Treatment, & Risk Assessment-A Training Designed for Family Violence Professionals, Mental Health Providers, CPS, Medical/Legal Personnel, Social Workers & Educators-**Date:** June 24, 2005-**Location Highland Oaks Church of Christ-10805 Kingsley Road, Dallas, Texas 75238**– Contact: www.galaxycounseling.org. Phone: 972-272-4429.

Smart Marriages-Happy Families-Date: June 23-26, 2005**—Location:** Adams Mark Hotel, Dallas, Texas. Conference will include workshops on domestic violence. Contact: smartmarriages.com.

Infant Mortality Prevention Education: Understanding SIDS & Shaken Baby Syndrome—Sponsored by The Shaken Baby Alliance and Parkland Health & Hospital System's Dallas Healthy Start Program & Dept. of Nursing Education. **Date:** June 24, 2005; **Location:** Dallas, Texas—Center for Community Cooperation, 2900 Live Oak. **Time:** 8:00 a.m.-12:30 p.m. Contact: Dept. Nursing Education at 214-590-8535,

Domestic Violence: Current Issues in Research and Treatment—Dates: June 24, 2005-Location: Los Angeles, CA; **June 25, 2005–** San Diego, CA. Workshop focuses on dynamics of spouse/partner abuse, assessment techniques and intervention approaches. Presented by Rebecca Gaba and Robert Geffner. Contact: Carolyn Smyth–csmyth@alliant.edu.

9th International Family Violence Research Conference –Date: July 10-13, 2005; **Location:** Portsmouth, NH. Contact: Carolyn Smyth-smyth@alliant.edu.

Building Bridges to Safety: Tools for the Task—New Mexico Coalition Against Domestic Violence—Date: July 27-29, 2005—**Location—**Marriott Hotel, Albuquerque, NM. Contact: www.nmcadv.org/events.htm. Phone: 505-246-9240

Texas Council on Family Violence Annual Conference– Date: September 11-14, 2005; **Location:** Westin Galleria, Houston, Tx. Contact: www.tcfv.org/training_calendar.htm.

Policy Academy on Improving Services for Youth with Mental Health and Co-Occurring Substance Use Disorders Involved with the Juvenile Justice System—Dates: September 13-15, 2005– **Location: Bethesda, MD.** Contact: Dana Herbert—866-962-6455, ext. 244—email: ncmhjj@prainc.com.http://www.ncmhjj.com/pdfs/PA2_Announcement.pdf. Download application at http://www.ncmhjj.com/Application.doc—due June 24, 2005.

10th International Conference on Family Violence—Date: September 16-21, 2005 **Location:** San Diego, CA. Contact: Family Violence & Sexual Assault Institute at: http://www.fvsai.org

Expert Witness Training—National Center on Domestic and Sexual Violence—For domestic violence service providers and professionals with advanced degrees who are interested in being considered as expert witnesses in court cases involving domestic violence. Contact: www.ncdsv.org or email Vickie Smith at vsmith@ncdsv.org. **Date:** October 6-7, 2005– **Location:** Austin, Texas.

Fifth Annual Trapped by Poverty/Trapped by Abuse Conference— Sponsored by University of Texas at Austin School of Social Work, Institute on Domestic Violence and Sexual Assault; the University of Michigan School of Social Work; and the DePaul College of Law, Schiller, DuCanto & Fleck Family Law Center. **Date: October 7-9, 2005; Location:** Austin, Texas. Contact: www.utexas.edu/ssw/ceu/trapped.

Second Annual SBA Ride to Action—All proceeds will benefit the

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Shaken Baby Alliance's mission to fight child abuse and serve the fictims and family members who are affected. **Date:** Saturday, October 15, 2005, 8:00 a.m. **Location:** Albuquerque, NM. Contact: http://www.shakenbaby.com/aboutride.html.

A Community Problem. A Community Solution—CCCFV's 3rd Annual Facing Family Violence Conference– Date: October 20 & 21, 2005- **Location:** Plano, Texas. Contact: Collin County Council on Family Violence at: www.ccc-fv.org; Phone: 972-769-1142.

Nuestras Voces/Our Voices: Empowerment and Healing in la Communidad-National 2 day capacity-building institute for improving outreach and promoting partnerships with

marginalized Latina/o victims of sexual and intimate partner violence. **Dates:** November 3 & 4, 2005 **Location:** St. Edward's University-Austin, Tx. Contact: artesanando@yahoo.com.

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WEB SITES

U.S. Department of Justice Violence Against Women Office: http://www.usdoj.gov/vawo.

Office of Women's Health: http://www.healthfinder.gov/justforyou/women/default.htm.

Centers for Disease Control and Prevention: http://www.cdc.gov/od/owh/home.htm.

Family Violence Prevention Fund: http://www.Endabuse.org.

National Coalition Against Domestic Violence: http://www.ncadv.org/

National Center for Victims of Crime: http://www.ncvc.org/

State Domestic Violence Coalitions: http://www.usdoj.gov/vawo.state.htm.

U.S. Department of Health and Human Services: http://www.hhs.gov.

Federal grants: http://www.fedgrants.gov.

National Training Center on Domestic and Sexual Violence—www.ncdsv.org.

Oklahoma Coalition Against Domestic Violence and Sexual Assault—www.ocadvsa.org.

Family Violence and Sexual Assault Institute—www. Fvsai.org.

Arkansas Coalition Against Domestic Violence—www.domesticpeace.com

New Mexico Coalition Against Domestic Violence—www.nmcadv.org

Texas Council on Family Violence—www.tcfv.org.

Louisiana Coalition Against Domestic Violence—www. Lcadv.org.

Family Violence Prevention Fund—www.fvpf.org.

National Center for Victims of Crime—www.ncvc.org.

American Bar Association—www.abanet.org/domviol/home.html,

Minnesota Center Against Violence & Abuse: www. Mincava.umn.edu.

Toolkit to End Violence Against Women—toolkit.ncjrs.org.

FEDERAL GRANTS: All Federal Grants, including Hispanic Healthy Marriage; African-American Healthy Marriage; http://www.fedgrants.gov.

THE SPOTLIGHT is a quarterly publication of the U.S. Department of Health and Human Services, Administration for Children and Families, Region VI, Dallas, Texas. THE SPOTLIGHT communicates information on Domestic Violence, Substance Abuse and Teen Pregnancy Prevention programs, services, conferences and other activities to our Region VI State, Tribal, local and federal partners. Region VI is comprised of the States of Arkansas, Louisiana, New Mexico, Oklahoma and Texas.

Please send articles or items of interest to:

Carol Beth Sedanko
Administration for Children and Families
1301 Young Street, Room 945
Dallas, Texas 75202
Fax: (214) 767-8890
Email: csedanko@acf.hhs.gov
Phone: (214) 767-1833.

THE SPOTLIGHT
U.S. Department of Health and Human Services
Administration for Children and Families
1301 Young St., Room 945
Dallas, Texas 75202