

CVS Committee: A focus on evidence-based programs

A report by the Criminal Justice Analysis Center at
the Governor's Crime Commission

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Summary

The following document is intended to be a research guide for the Crime Victims’ Services Committee (CVS) members as they make grant funding decisions in the state of North Carolina. Ideally, the state wants to fund programs and services that will effectively help our citizens. Such programs need to be supported by objective data demonstrating the extent to which they are helping the victims in the state. Wherever possible, existing evidence-based programs (EVPs) should be faithfully replicated. If no evidence-based programs are available, only programs with solid evaluation plans should be funded, so that North Carolina may itself ascertain effectiveness. The following summary chart demonstrates what the staff of the Criminal Justice Analysis Center found regarding various victim-related issues.

Table 1.

The findings of the Criminal Justice Analysis Center on various victims’ topics.

Victim group/topic	Do evidence-based programs (EBPs) exist?	Do EBPs currently exist in North Carolina?	Do other programs exist in North Carolina?	CJAC recommendation
Legal services for DV/SA victims	No	No	Yes	The Governor’s Crime Commission has awarded funding to a number of agencies that provide legal support and court advocates for victims of sexual assault and domestic violence. There have been no evaluations of these programs; however, crime victims’ services planners indicate that legal services and court advocacy are a critical part of the wrap-around services these victims need. As an evaluation measure, most grants refer to the number of clients served or the number of volunteer hours provided. A more detailed evaluation would help in assessing the cost/benefits of these programs and help indicate the processes that are most cost effective which would help in maximizing the limited funds available.
Transitional housing for DV/SA victims	No	No	Yes	Transitional housing is a critical need for DV/SA victims. To date, there have been a limited number of grants that address transitional housing needs (GEMS, 2013). As noted earlier, most housing for both DV and SA victims is provided through local domestic violence shelters. However, there is a shortage of housing available. Also, many shelters are not available to male victims and cannot accommodate families. Additional research on the efficacy of transitional housing would assist in identifying replicable transitional housing models to address the needs of both DV and SA victims and their families. It would also help in recognizing

				collaborative programs to determine how well they meet the needs of victims. A thorough evaluation would need to be conducted on the number of individuals served, the types and costs of services provided.
Sexual Assault Nurse Examiner (SANE) services	No (one is promising)	No	Yes	While no evidence-based programs exist, the SANE program in Albuquerque, New Mexico was seen as promising. This program could be replicated in North Carolina and carefully evaluated.
Supervised visitation centers	No (some guidelines exist)	No	Yes	It is recommended that North Carolina follow the Safe Havens model and uses Maryland's recommendations when considering programs for funding.
Specialized mental health services – trauma informed	Yes	Yes	Yes	Given that the PE, TARGET, TF-CBT, and CBITS programs have all shown to be effective and are highly rated in crimesolutions.gov, they should be seen as model programs for North Carolina to implement.
Batterers' intervention	No	No	Yes	Given the great variance in program approach, implementation, and effects on recidivism, no batterer's intervention programs should be elevated to the title of evidence-based. Indeed, some programs were shown to increase the chances of further domestic violence. No effective, clearly articulated programs have even been implemented. Therefore, no existing programs can be recommended by the CJAC.
Electronic protection orders	No	No	Yes	The pilot program in Alamance County should be carefully evaluated to determine its impact.
Legal Aid of North Carolina	No	No	Yes	At this time, it remains unclear if LANC's services do reach every county in the state. Additionally, more information is needed to assess the effectiveness of the current programs they are running.
DV and SA Coalitions – services provided	Unclear	Unclear	Yes	The statewide data collection system will allow both service providers and the CJAC to better assess the impact of the interventions and services being provided in the state. The CJAC could survey the service providers to ensure that NCCADV and NCCASA are meeting their needs.
Immigrant victims	No	No	Yes	There are no evidence-based programs to recommend. However, North Carolina could consider looking into the Southern Arizona Battered Immigrant Women Project (BIWP) and determining if it could be implemented here.

Legal Services for Domestic Violence and Sexual Assault Victims

Are there any evidence-based programs involving this topic?

While some program evaluations and assessments of program effectiveness have been conducted there have been no evidence-based studies completed on programs that provide legal services to domestic violence and sexual assault (DV/SA) victims. The lack of research underscores the need for studying programs to establish evidence-based practices, the effectiveness of programs and the ability to replicate programs to better assist DV/SA victims (Macy, Giattina, Sangster, Crosby & Montijo, 2009). While the focus on services for these victims has increased, there is a lack of comprehensive knowledge about how the programs work, what services are provided and how to best integrate services to address each side of the issue (Macy, Johns, Rizo, Martin, & Giattina, 2011).

Have there been any studies conducted looking at the outcomes of these?

Little research has been conducted to determine the effectiveness of community-based domestic violence programs or what services they provide (Iyengar & Sabik, 2009). One study noted that 59 percent of women who left shelters were working on legal issues such as confirming child custody, obtaining divorces and child support, and resolving housing issues (Hartley, Renner, & Mackel, 2013). One challenge in evaluating programs is the difficulty involved in an individual agency being able to either obtain the services and personnel to assist DV/SA victims, especially since addressing the needs of each requires different skill set. The needs of DV victims are different from the needs of SA victims, even when they are both served by the same agency (Macy, Giattina, Sangster, Crosby & Montijo, 2009).

Costs of the programs

Funding is a consistent issue in providing legal services to DV/SA victims, along with sustainability and the lack of support for sexual assault victims (Macy, Giattina, Parish & Crosby, 2010). It can be difficult for services providers to access effective and affordable legal assistance (Westbrook, 2009). While many agencies provide support to both DV and SA victims, each has different needs when it comes to support services and legal services in particular. Agencies have difficulty in obtaining and keeping qualified legal staff because of limited funding and the high burn-out rate of staff (Macy, Giattina, Parish & Crosby, 2010)

Costs to run legal service programs vary widely. In a search of the Grant Enterprise Management System (GEMS), costs for programs ranged from \$346,224.72 for 8 attorneys and 4 legal assistants (for one year) to \$57,720 for a court advocate and a court advocate assistant (Grant Enterprise Management System, 2013). None of the research articles reviewed provided information on the cost of operating programs to provide legal services for DV/SA victims. Macy, Johns, Rizo, Martin, and Giattina (2011) noted not only did survivors have different needs, but that needs varied greatly between urban, suburban and rural communities. In a state

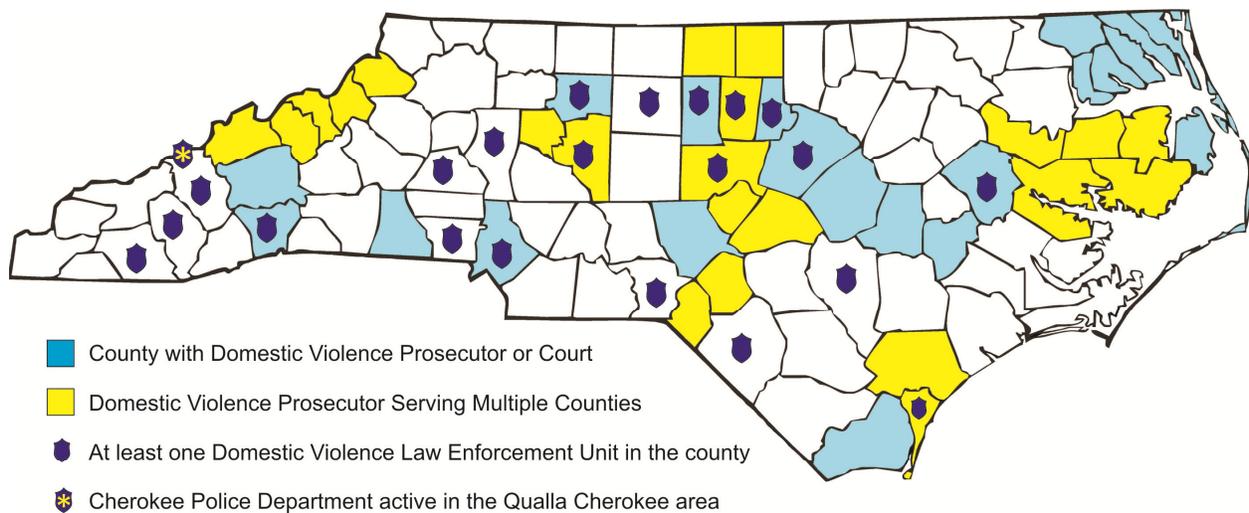
as geographically diverse as North Carolina, this can compound the problem of both providing and financing legal assistance for DV/SA victims.

Prevalence of issue in North Carolina

According to the annual report produced by the Victim’s Assistance Grant Program, in 2012, 23,732 victims of domestic violence were served by the agency. Services were also provided to 3,731 child sexual abuse victims and 3,279 adult victims of sexual assault.

The North Carolina Council for Women/Domestic Violence Council indicated that services were provided to 51,563 domestic violence clients (43,823 Female, 7,740 male) in 2011-2012. Advocacy services were provided to 87,453 victims (type of advocacy was not specified) and court assistance was provided to 41,160 victims. In 2012, the agency reported that services were provided to 13,214 sexual assault clients (11,669 female, 1,545 male). NCCW/DVC indicated that 13,214 sexual assault clients (11,669 female, 1545 male) advocacy services were provided to 30,546 clients and court assistance was provided to 4,559 clients (North Carolina Council for Women/Domestic Violence Council, 2013).

While some judicial districts have domestic violence prosecutors available and some counties have designated domestic violence units within law enforcement agencies to assist victims, the services tend to be geographically restricted. Lack of legal and law enforcement personnel dedicated to DV/SA victims in the outlying areas may restrict the ability of victims to obtain the specialized legal services they need.



Note: The map does not include all law enforcement domestic violence units. There is no way to completely track those department of offices with dedicated domestic violence units without contacting each individual agency.

Figure 1.
Domestic Violence Prosecutors and Domestic Violence Law Enforcement Units Statewide

CJAC recommendations

The Governor's Crime Commission has awarded funding to a number of agencies that provide legal support and court advocates for victims of sexual assault and domestic violence. The costs of these programs vary greatly, from less than \$40,000 to approximately \$1.2 million to 'provide services to thousands of victims throughout N.C.' (GEMS, 2013). There have been no evaluations of these programs; however, crime victims' services planners indicate that legal services and court advocacy are a critical part of the wrap-around services these victims need. As an evaluation measure, most grants refer to the number of clients served or the number of volunteer hours provided. A more detailed evaluation would help in assessing the cost/benefits of these programs and help indicate the processes that are most cost effective which would help in maximizing the limited funds available.

Transitional Housing for Victims of Domestic Violence or Sexual Assault

Are there any evidence-based programs involving this topic?

A search of the Crime Solutions.gov data base indicated no evidence-based practices related to transitional housing for victims of domestic violence or sexual assault. A review of research literature did not provide any information on transitional housing for victims of sexual assault; information on transitional housing focused on housing provided to victims of domestic violence.

Have there been any studies done looking at the outcomes of these?

According to Weinreb and Rossi only 33 percent of the 646 family shelters surveyed in their study were designated as transitional shelters (as cited in Fischer, 2000). Long-term housing is critical for victims of domestic violence; however, 25 percent of programs only offer short-term emergency housing (Iyengar & Sabik, 2009). What research is available is insufficient to come to any conclusions about the effectiveness of transitional housing programs. In particular, there is no information on the status of women or families after they have left programs (Fischer, 2000). The results of one study suggest that transitional housing programs provide an essential service to victims of domestic violence that should be expanded. The study emphasized the importance of transitional housing in preventing victims from having to return to abusive homes (Melbin, Sullivan, & Cain, 2003).

The North Carolina Coalition against Domestic Violence (NCCADV) is in the final stages of developing a statewide data collection system – the WS Database – to obtain information about the types of services provided by domestic violence and sexual assault service providers, including shelters and transitional housing. The system, funded through the Governor's Crime Commission, will also provide methods for measuring data to determine the impact and

effectiveness of services provided to victims. The final roll-out of the project should assist in more effective evaluation and assessment of victims' services programs.

Costs of the programs

No information on the cost of programs or funding sources was included as part of the research literature. Information on funding concentrated on the difficulties in obtaining and maintaining funding, but no specific costs were provided.

Prevalence of issue in North Carolina

According to the annual report produced by the Victim's Assistance Grant Program, in 2012 they served 23,732 victims of domestic violence. Services were also provided to 3,731 child sexual abuse victims and 3,279 adult victims of sexual assault.

The North Carolina Council for Women/Domestic Violence Council indicated that services were provided to 51,563 domestic violence clients (43,823 Female, 7,740 male) and that 12,297 were housed in shelters and an additional 1,802 were referred to other shelters because the requested shelter was full. (No data on transitional housing provided.) While the agency reported that 13,214 sexual assault clients (11,669 female, 1545 male) were served in the state in 2012, there was no information on shelter or transitional housing provided to these victims (North Carolina Council for Women/Domestic Violence Council, 2013).

As indicated in the map below, most counties in the state have access to domestic violence or sexual assault services and emergency shelter. In the eastern region of the state and one western location, a few key counties provide services for a number of neighboring counties. The services provided by each agency vary according to the agency and resources available in the area.

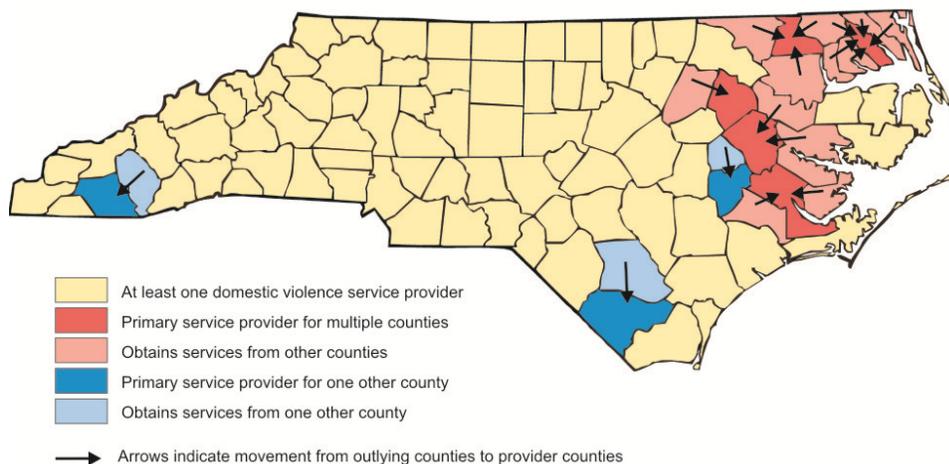


Figure 2.

Domestic Violence Services Available in North Carolina, by County

While transitional housing is available in the state, a limited number of programs work with domestic violence victims. Based on information from NCCADV, three service providers have had to drop transitional housing programs due to funding cuts. Only 11 agencies in the state currently provide transitional housing to victims of domestic violence or sexual assault (NCCADV, 2013). The map below indicates current transitional housing programs available to victims of domestic violence. Those programs that have or will be closing in the future are indicated.

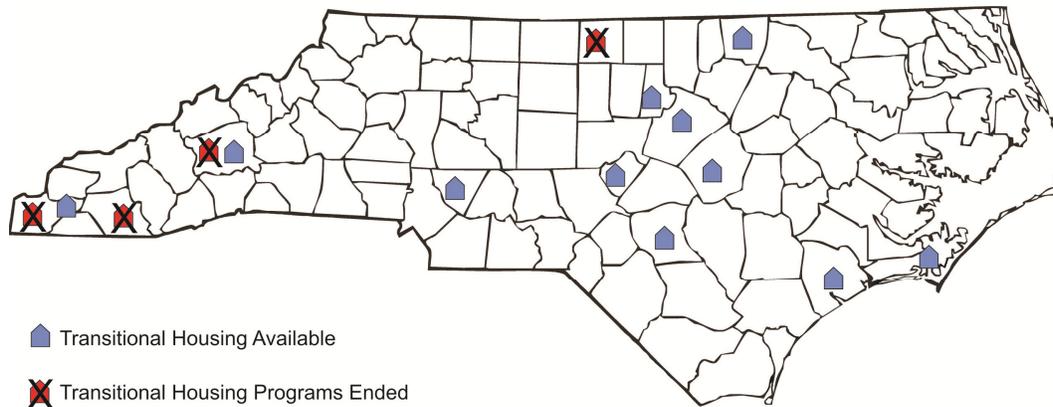


Figure 3.
Transitional Housing Available in North Carolina, by County

Fifty-five percent of identified domestic violence agencies in North Carolina responded to the 2012 National Census of Domestic Violence Services conducted on September 12, 2012. (The census uses a one-day ‘snapshot’ approach to obtain an unduplicated count of people served by each agency.) The survey collected data on services provided by each agency over a 24-hour period. Of the services provided on that day, 86 percent of the requests were for emergency shelter, which included hotels and safe housing. The survey noted that there were 138 requests that were not met, which included 85 requests for safe housing. It also noted that emergency shelter and transitional housing were the most requested unmet needs reported (N.C. Department of Administration, 2013).

CJAC recommendations

Transitional housing is a critical need for DV/SA victims. To date, there have been a limited number of grants that address transitional housing needs (GEMS, 2013). As noted earlier, most housing for both DV and SA victims is provided through local domestic violence shelters. However, there is a shortage of housing available. Also, many shelters are not available to male victims and cannot accommodate families. Additional research on the efficacy of transitional housing would assist in identifying replicable transitional housing models to address the needs of both DV and SA victims and their families. It would also help in recognizing collaborative

programs to determine how well they meet the needs of victims. A thorough evaluation would need to be conducted on the number of individuals served, the types and costs of services provided.

Sexual Assault Nurse Examiner (SANE) Programs

Sexual Assault Nurse Examiner (SANE) programs aim to provide specialized and coordinated services to victims of sexual assault during their initial contact with health care providers. The goal of the program is to provide safe and privacy-conscious treatment to very recent victims of sexual assault in a response that coordinates health care with counseling services, forensic collection, law enforcement, and prosecution (Office of Justice Programs, 2013).

Are these programs evidence-based?

According to the Office of Justice Programs' website on effective programming, CrimeSolutions.gov, the SANE program in Albuquerque, New Mexico received a promising evidence rating as there is indication that the program is achieving its intended outcomes. To be considered effective by the Office, further research is needed to better understand outcomes.

Have there been any studies done looking at the outcomes of these?

Crandall and Helitzer (2003) found the following outcomes specific to the Albuquerque SANE program:

- **Referrals** -- The treatment group patients (SANE program) had significantly more referrals than the control (pre-SANE) sample group. The average number of referrals for the pre-SANE group was 1.7, compared with 4.0 in the SANE group;
- **Time in Treatment** -- The amount of time that victims in the treatment group spent at SANE was significantly less than the time that the victims in the control group spent in the emergency department. The amount of time spent in receiving treatment was 49 minutes shorter on average for the SANE intervention group;
- **Medical Treatment** -- SANE patients more often accepted pregnancy tests (88 percent), pregnancy prophylaxis (87 percent), and treatment for sexually transmitted infections (97 percent) compared to the pre-SANE control group (79 percent, 66 percent, 89 percent);
- **Evidence Collection** -- The treatment group had significantly higher levels of forensic examinations completed, as consent for forensic sample collection occurred in more SANE cases (98 percent) than pre-SANE cases (47 percent). Additionally, vaginal photography was also significantly higher (88 percent) in the treatment group than in the control group (8 percent);
- **Reports to Police** -- The rate of reporting to police was significantly higher among SANE patients (67 percent) versus just 46 percent in the control group;

- **Prosecution** -- The number of charges per cases, the proportion of cases presented to the grand jury, and the proportion of charges resulting in an indictment were all significantly higher for the treatment sample (SANE). Also, the conviction rate increased significantly, from 59 percent before SANE to 69 percent after SANE. Lastly, a significantly greater percentage of SANE cases resulted in jail time (55 percent) in comparison to pre-SANE cases (46 percent).

Furthermore, in a review of literature pertaining to SANE outcomes Campbell, Greeson, Karim, Shaw, and Townsend (2013) found that:

- Medical assistance is far more comprehensive for SANE programs than what has been found in studies of traditional emergency department care;
- Case study and empirical data suggest SANEs are better forensic examiners than physicians and nurses who have not completed extensive forensic training;
- Case studies suggest that SANE programs increase prosecution;
- Conviction rates for charged SANE cases are significantly higher and often carry longer average sentences;
- SANE programs increase the efficiency of law enforcement officers by reducing the amount of time spent waiting at medical facilities; and
- SANE programs improve working relationships and communication between medical and legal professionals.

Costs of programs

A review of literature does not clearly define the costs to run a Sexual Assault Nurse Examiner program. However, the CVS committee of the GCC has funded these types of projects in past years and can provide more-detailed cost information on components of SANE projects in North Carolina.

Prevalence of issue in North Carolina

Statewide, in FY 2011-12, there were just over 5,000 victims of adult, date, or marital rape and almost an additional 3,000 child victims of a sexual offense (NC Council for Women, 2012). As of July 18, 2013, there were 10 SANE programs statewide (NC Board of Nursing, 2013).

CJAC recommendation

While no evidence-based programs exist, the SANE program in Albuquerque, New Mexico was seen as promising. This program could be replicated in North Carolina and carefully evaluated.

Supervised Visitation Providers in North Carolina

Are there any evidence-based programs in effect?

Most of the literature seems to do little more than provide information on what supervised visitation is (Womans Divorce, 2013), why it is needed (Lippman & Lewis, 2008) and where the programs are (Supervised Visitation Directory, 2013). Very little in evaluation of these

programs is offered. Outcome evaluation seems to be lacking in this area of victim services. The majority of the current literature indicates that this is a means to provide family connectivity even when there is a parent who is violent or been deemed a sexual predator.

While there are many programs that claim to be effective or offer evidence, the Office of Violence against Women (2007) stated that:

Supervised visitation and exchange services provide parents who may present a risk to their children or to another parent the opportunity to have parent-child contact monitored by an appropriate third party. Long recognized as a service crucial for families whose children have been removed from the home because of child abuse or neglect allegations, visitation centers have begun to emerge as a service for some families engaged in child custody disputes, and for families with histories of domestic violence and other allegations of parental misconduct.

Advocates have long called for the use of supervised visitation services in domestic violence cases to reduce the risks to child(ren) and adult victims and to mitigate the effects of such violence on all members of the family. Although safer than unsupervised contact, traditional child welfare-based supervision has vastly different goals, security issues, and staffing issues than those necessitated by domestic violence cases.

The United States Congress acknowledged the need for available and appropriate supervised visitation and exchange services for child(ren) and adult victims of domestic violence and established the Safe Havens: Supervised Visitation and Safe Exchange Grant Program (Supervised Visitation Program) as part of the Violence Against Women Act of 2000. This program is designed to increase supervised visitation and exchange services for victims of domestic violence, sexual assault, stalking, dating violence, and child abuse. The Supervised Visitation Program seeks to shift the focus of supervised visitation and exchange in domestic violence cases in an important way: where the traditional purpose of supervised visitation was to keep the children safe while allowing continued access by the parents, Supervised Visitation Program grantees, funded by the United States Department of Justice, Office on Violence Against Women (OVW), must consider as their highest priority the safety of both children and adult victims.

Have any studies looked at the outcomes of the programs?

Following the blueprint of the Safe Haven program, the Maryland Administrative Office of the Courts (Babb, Danziger, Moran & Mack, 2009) supports the following recommendations for consideration when implementing such programs:

- (1) Undertake empirically-based research to test long-term outcomes associated with supervised visitation programs.

- (2) Institute a pilot program to establish a more family-friendly supervised visitation center employing fewer confrontational procedures and devices to ensure participant safety.
- (3) Expand access to supervised visitation services by pursuing federal grants to fund increased collaboration between the courts and local nonprofits.
- (4) Institute mandatory standards for supervised visitation centers governing staff training (time and content), communications with the court, and minimum provisions for safe operation.
- (5) Prepare and distribute a judicial training manual on supervised visitation that addresses in depth access orders in child sexual abuse and domestic violence cases and the overall purpose and operation of supervised visitation centers.
- (6) Perform a formal study of the state's judicial branch court support services division, looking at the structure and implementation of the Family Civil Intake Screen for adaptation in the state's courts, giving particular attention to the opportunities afforded by the screening tool for early assessments and assignments of specific services in high-conflict family disputes.
- (7) Form partnerships with the local law school and universities to create standards, collect data, and administer the delivery of supervised visitation services throughout the state.

These are the elements needed to be able to empirically evaluate any supervised visitation program that would be thought of as an evidence-based program.

North Carolina Administrative Offices of the Courts Access and Visitation Program

Along with the above mentioned Safe Havens: Supervised Visitation and Safe Exchange Grant Program, is the **NCAOC Access and Visitation Program**. In North Carolina, the Division of Social Services (DSS) Child Welfare Services Section, Community-Based Programs, administers the Federal Access and Visitation Program grant. Currently, the NC DSS contracts with the NC Administrative Office of the Courts (NCAOC) to operate six access and visitation programs in judicial districts where a unified family court has been established¹.

Prevalence of issue in North Carolina

The extent to which these services are needed is difficult to measure. Behaviors that are criminal, volatile, violent, sexually deviant and mental illness related are always going to be an element of child custody and safety where courts will dictate supervision in visitation. The best evidence of the need for this type of program is the numbers of such programs in NC. Determining an actual cost per client for such programs is difficult as each program has differing

¹ For more information, see <http://www.nccourts.org/Citizens/CPrograms/AVisitation/Documents/NCmodel.pdf>

employee expertise and number of clients. Also, some are supported by local governmental agencies and some are strictly non-profit organizations and their fee structures may differ².

CJAC recommendations

It is recommended that North Carolina follow the Safe Havens model and uses Maryland’s recommendations when considering programs for funding.

Specialized Mental Health Services for Victims of Crime

Are there any evidence-based programs involving this topic?

Yes, there are numerous evidence-based programs concerning specialized mental health services for victims of crime. The following four treatment interventions have been noted by the Office of Justice Programs as effective:

Table 2.

Specialized mental health treatment services for victims of crime.

Title	Evidence Rating	Summary
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	Multiple effective programs	A cognitive and behavioral therapy group intervention for reducing children’s symptoms of posttraumatic stress disorder and depression caused by exposure to violence.
Prolonged Exposure Therapy	Multiple effective programs	A cognitive–behavioral treatment program for individuals suffering from posttraumatic stress disorder.
Trauma Affect Regulation: Guide for Education and Therapy (TARGET)	1 effective program	A trauma-focused psychotherapy for the concurrent treatment of posttraumatic stress disorder and substance use disorders.
Trauma-Focused Cognitive Behavioral Therapy (TF–CBT)	Multiple effective programs	A treatment intervention designed to help children and their parents overcome the negative effects and emotional distress of traumatic life events such as child sexual or physical abuse.

Source: Office of Justice Programs (Retrieved from CrimeSolutions.gov)

Have there been any studies done looking at the outcomes of these?

Yes, each of the four program interventions recognized as effective by the Office of Justice Programs has had one or more studies showing strong evidence indicating they achieve intended outcomes when implemented with fidelity.

² A list can be found at: <http://www.svdirectory.com/state.htm?st=nc>

- 1) **Cognitive Behavioral Intervention for Trauma in Schools (CBITS)**, designed for use in schools for children ages 10–15 that have had substantial exposure to violence or other traumatic events and have symptoms of posttraumatic stress disorder (PTSD), has been shown to:
 - Reduce PTSD symptoms (86 percent) and depressive symptoms (67 percent) after three months of receiving intervention for a large portion of students, including immigrant children, in comparison to those that had not undergone the intervention (Stein, Jaycox, Kataoka, Wong, Tu & Elliot, 2003; Kataoka, Stein, Jaycox, Wong, Escudero, Tu, Zaragoza & Fink, 2003); and
 - Reduce psychosocial dysfunction among students after receiving the intervention for three months (Stein et. al, 2003).

- 2) **Prolonged Exposure (PE) Therapy**, a cognitive–behavioral treatment program to reduce the symptoms of posttraumatic stress disorder (PTSD), depression, anger, guilt, and general anxiety, has been shown to:
 - Reduce the severity of PTSD and depression (Foa, Dancu, Hembree, Jaycox, Meadows & Street, 1999; Foa, Hembree, Cahill, Rauch, Riggs, Feeny, & Yadin, 2005; Resick, Nishith, Weaver, Astin, & Feuer, 2002);
 - Significantly improved results in post-treatment anxiety and follow-up global social adjustment (Foa et. al, 1999);
 - Significantly improved social functioning among those who completed therapy (Foa et. al, 2005); and
 - Significantly improved trauma-related guilt measurements (Resick et. al, 2002).

- 3) **Trauma Affect Regulation: Guide for Education and Therapy (TARGET)**, a trauma-focused psychotherapy for the concurrent treatment of posttraumatic stress disorder (PTSD) and substance use disorders (SUDs) in adolescents and adults, has been shown to:
 - Reduce PTSD symptoms of participants by 33 percent after 12 weekly sessions and by 50 percent or more at the 3- and 6-month follow-up assessments (Ford, Steinberg, Halback, Moffitt, & Zhang, 2008);
 - Decrease negative moods among treatment participants in comparison to the control group (Ford et. al, 2008);
 - Significantly reduce trauma-related beliefs among participants compared to the control group (Ford et. al, 2008). Improvements were sustained through the 6-month follow-up;
 - Significantly reduce distress stemming from PTSD among participants in comparison to the control group. (Ford et. al, 2008). Improvements were sustained through the 6-month follow-up;
 - Significantly reduce depression among treatment participants with declines seen through the 6-month follow-up period; and

- Significantly reduce anxiety among program participants with improvements being sustained through the 6-month follow-up.
- 4) **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**, designed to help 3- to 18-year-olds and their parents overcome the negative effects of traumatic life events such as child sexual or physical abuse, has been shown to:
- Reduce PTSD symptoms in children (Deblinger, Lippman, & Steer, 1996; Cohen, Deblinger, Mannarino & Steer, 2004);
 - Improve parenting skills of parents (Deblinger et. al, 1996; Cohen et. al, 2004);
 - Reduce depression and externalizing behaviors among children. Improvements maintained through a 2-year follow-up period (Deblinger et. al, 1996; Cohen et. al, 2004);
 - Lower levels of problematic and inappropriate sexual behavior was seen among participating children in comparison to a control group (Cohen et. al, 1996)

Costs of programs

Unfortunately, there is no program cost information available regarding the PE, TARGET, or TF-CBT therapies. However, start-up for Cognitive-Behavioral Intervention for Trauma (CBITS) which includes training and ongoing supervision or consultation by a CBITS expert is estimated to cost approximately \$4,000 for the training of 12–15 participants, plus any related travel expenses. The cost of implementation can be calculated based on the salary of one full-time, school-based, mental health professional who is devoted to delivering CBITS. On average, one professional can screen and deliver services to about 210 students in the general school population. Given an estimated annual cost of a full-time social worker at \$90,000, this would result in a cost of \$430 per participant. Lastly, the CBITS manual costs approximately \$45.

CJAC recommendations

Given that the PE, TARGET, TF-CBT, and CBITS programs have all shown to be effective and are highly rated in crimesolutions.gov, they should be seen as model programs for North Carolina to implement.

Batterer's Intervention

Batterer's intervention is a court-mandated domestic violence treatment program for the perpetrators of domestic violence. Judges order this treatment program to hold the offender accountable for his or her actions and to hopefully reduce the chances of future abuse (Miller, 2013). As was stated earlier in the report, domestic violence is a common occurrence in the state. According to the annual report produced by the Victim's Assistance Grant Program, in 2012, they served 23,732 victims of domestic violence. The North Carolina Council for Women/Domestic Violence Council indicated that services were provided to 51,563 domestic violence clients (43,823 Female, 7,740 male) in 2011-2012.

Are there any evidence-based programs for batterer's intervention?

Probably the most common model implemented is the Duluth Model, so named because it was started in Duluth, Minnesota. It uses a "feminist psychoeducational" approach, in which men are taught that battering is part of male behavior to control women (Feder & Wilson, 2005). Some key components of the Duluth Model are that it requires a coordinated community response and offenders that violate any of the terms of probation or program requirements must either return to the program or go to jail (Paymar & Barnes, 2007).

Another program was implemented in Pittsburgh, PA called Culturally Focused Batterer Counseling, which was aimed specifically at addressing cultural issues in African American men arrested for battering.

Have there been any studies done looking at the outcomes of these?

There have been a number of criticisms of batterer's intervention programs, including the Duluth model. Miller (2013) examined six rigorous evaluations of programs using the Duluth model and found that participation in the program was not related to a decrease in domestic violence recidivism. Miller also examined five other rigorous evaluations of non-Duluth intervention programs and found that overall they lowered recidivism by 33 percent. However, these programs were so varied in their approach that no common methods could be gleaned to propose a "model" program.

Feder and Wilson (2005) performed a meta-analysis of ten separate studies that had evaluated court-ordered batterer intervention programs, with mixed results. Some programs showed modest effects at reducing battering, while others showed no effects or were related to increased battering. They also noticed that programs were shown to have more of a positive effect when the researcher only looked at official records of battering, versus asking the battering victim directly if the abuse had continued. Ultimately, they concluded that while further research is needed, the results suggest that these programs as they are currently run are not an effective solution.

Gondolf (2005) found that participation in the Culturally Focused Batterer Counseling program overall was unrelated to rearrest for assault; however, the outcomes did show that men who participated in the culturally focused counseling option were twice as likely as men who participated in the racially mixed counseling option to be rearrested for domestic violence. However, this is the only evaluation of this program that has been conducted.

Day, Chung, O'Leary, and Carson (2009) suggest that many batterers' intervention programs are not implemented with fidelity, and the reason is that the logic behind the program is not articulated clearly. They urge that the social context in which domestic violence takes place needs to be recognized; this is one of several factors that can decrease program effectiveness. They caution that it is dangerous to implement such programs if they are unlikely to be effective,

as it could lead women into thinking that a partner that had been through such a program is less likely to batter, when this could not be the case at all.

CJAC recommendations

In sum, given the great variance in program approach, implementation, and effects on recidivism, no batterer's intervention programs should be elevated to the title of evidence-based. Indeed, some programs were shown to increase the chances of further domestic violence. No effective, clearly articulated programs have even been implemented. Therefore, no existing programs can be recommended by the CJAC.

Electronic Protection Orders

Prevalence of issue in North Carolina

In FY 2011-12 alone, over 33,000 domestic violence protective orders were filed in district courts throughout North Carolina, equating to roughly 342 filings per 100,000 residents. In 2012, there were 122 domestic violence related homicides in North Carolina, up 15 percent from the previous calendar year. Of those 122 homicide victims, seven had received protective orders from a court at some point in time. In three of those seven instances, a protective order was current at the time of homicide (North Carolina Department of Justice, 2013).

Civil protection orders are the predominant legal remedy used by those victimized by a domestic partner. Studies have shown that the process and act of receiving an order often ends the threat of violence by their perpetrator. Orders are effective at decreasing the severity and frequency of violence against the victim even when perpetrators violate orders. However, inconsistent enforcement of protective orders may create a false sense of security for victims and provide little disincentive for perpetrators to violate an order. Therefore, the presence of an integrated and consistent protection order system that coordinates the issuance and enforcement of orders is critical (Logan & Walker, 2009).

Protection orders are a significant tool to help protect victims of domestic violence, but as was mentioned, court orders are in large ineffective unless information reaches law enforcement officers who are responsible for enforcing them. To help alleviate potential enforcement issues, Alamance County recently implemented a program concerning eFiling of domestic violence protective orders on June 24, 2013. The pilot project includes features such as the ability to directly enter orders into NCAWARE once signed by a judge and allows for video testimony capabilities as well. Anecdotally, thus far the project has garnered praise among staff in Alamance County. One staff member estimates that it takes only four minutes to process orders after a judge signs them. While still in pilot stages, the hope is to expand the functionality for Alamance and other counties throughout the state if the budget allows. Initial contracting with

the eFiling vendor cost \$365,700 to add functionality and counties to the eFiling pilot project. This includes current piloting in Wake, Chowan and Davidson for foreclosure cases and in Alamance County for domestic violence cases. Lastly, support and maintenance fees amount to about \$60,000 annually.

Have there been any studies done looking at the outcomes of these?

Many states have implemented systems that use eFiling of protective orders, including Indiana, Georgia, and California. Systems using eFiling processes are touted as highly effective because of their ability to accelerate information-sharing by providing complete records in a timely fashion, improving data accuracy and consistency, and enhancing state data sharing systems (Indiana Judicial Technology and Automation Committee, 2013). While no evaluation has been conducted on the impacts of these systems, anecdotally, they are thought to improve both the protection order filing and enforcement processes, whereby better outcomes pertaining to victim safety should be noticed.

CJAC recommendations

The pilot program in Alamance County should be carefully evaluated to determine its impact.

Legal Aid North Carolina

As listed on their website, Legal Aid North Carolina (LANC) is:

“A statewide, nonprofit law firm that provides free legal services in civil matters to low-income people in order to ensure equal access to justice and to remove barriers to economic opportunity. We help individuals, families and communities with legal problems affecting basic human needs, such as family, housing, employment and income.”

LANC has 18 regional offices throughout the state. Each regional office is assigned a number of surrounding counties, with the end result being reported coverage of all counties in the state. In addition to providing free legal assistance to those in the state, LANC has several special statewide and regional projects in effect.

Statewide projects (LANC, 2013)

- Advocates for Children’s Services (ACS) provides free legal representation for children who are in need of medical, psychiatric, special education and foster care/adoption services to which they are entitled under state and federal law (office in Durham).
ACS has two special projects:
 - The Push Out Prevention Project (POPP) focuses on school push out issues in Wake County, such as suspensions and wrongful placement in alternative schools.

- The Juvenile Reentry Action Project (J-RAP) focuses on students who are on juvenile court probation or who have been in a secure out-of-home placement (e.g., youth detention center, youth development center, psychiatric residential treatment facility) and who face barriers when trying to return to school, such as denied enrollment or placement in an alternative program.
- Battered Immigrant Project (BIP) provides comprehensive and culturally appropriate legal services to battered immigrants across the state of North Carolina, such as legal assistance with domestic violence protective orders, family law issues, public benefits and immigration issues. (offices in Charlotte, Durham and Raleigh)
- Domestic Violence Prevention Initiative (DVPI) provides legal assistance to battered women and/or domestic violence victims and strives to strengthen the working relationships between legal services and domestic violence programs throughout the state. (DVPI attorneys are located in LANC offices across state.)
- Fair Housing Project (FHP) provides education and outreach, research, investigation, and free legal assistance to individuals who have experienced housing discrimination in North Carolina. The FHP's office is in Raleigh, but the project provides legal assistance through various LANC offices throughout North Carolina.
- Farmworker Unit (FWU) (División para los Trabajadores Agrícolas) provides free legal assistance to migrant workers who are working in North Carolina.(office in Raleigh)
- Mortgage Foreclosure (Prevention) Project (MFP) provides quality legal representation in foreclosure actions involving low-income families who live in North Carolina. The MFP team members are located in various LANC offices and act on referrals from Legal Aid of North Carolina offices and community organizations throughout North Carolina. The MFP also collaborates with other organization to save homes and reduce foreclosures through the Home Defense Project (HDP).
- Senior Law Project (SLP) specifically serves clients that are 60 years of age or older. Special priority is given to the population consisting of those seniors with the greatest economic or social need; however, clients who are age 60 or older are exempt from income limitations and eligible for our services. The SLP team members are located in various LANC offices.

Regional Projects:

- Low-Income Tax Clinic (LITC) provides low-income North Carolina taxpayers with representation in federal and state tax controversies and educates individuals about their rights and responsibilities as U.S. taxpayers. The Clinic serves low-income individuals in 61 counties of Eastern North Carolina, the Triad Area and the Triangle Area. The LANC LITC is based in the LANC-Greenville Office.
- Legal Aid of North Carolina's Medical-Legal Partnership (MLP) program brings together physicians, nurses, social workers, attorneys and paralegals to address the social and environmental determinants of health, including: substandard housing conditions; domestic violence; food, income and housing insecurity; improper denials of Medicaid and other public

benefits; and failure to provide children special education services to which they are entitled. LANC's MLP program operates in several locations throughout the state and partners with a wide range of hospitals and clinics. In some locations, LANC partners with other legal services providers to assist patients/clients who are referred by local medical partners.

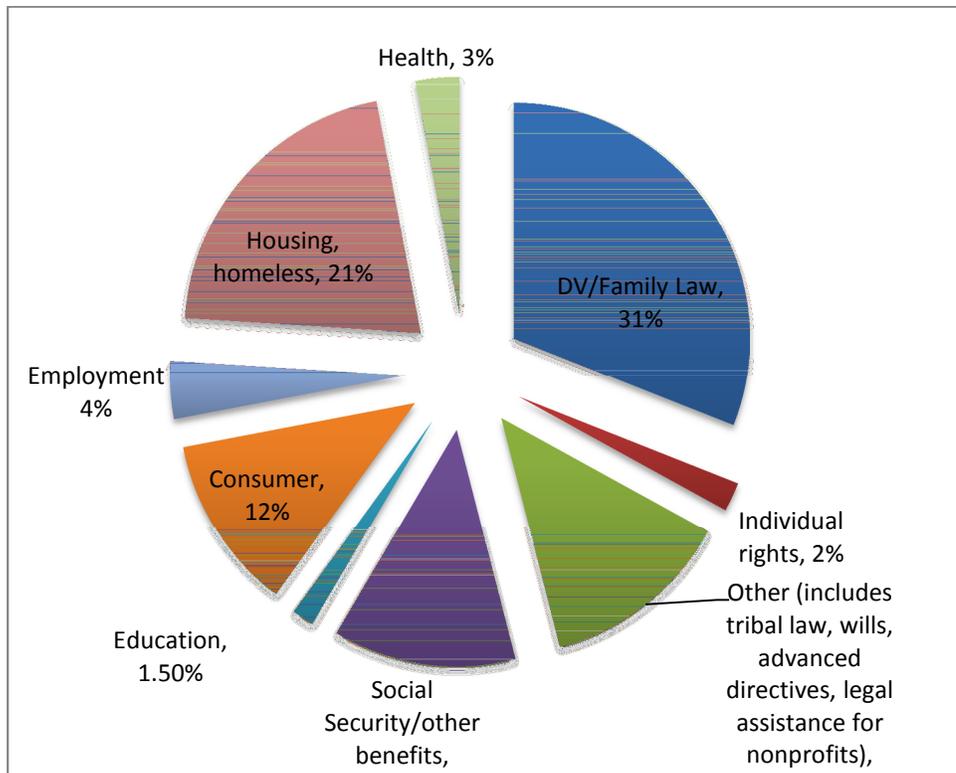


Figure 4.
Legal Aid of North Carolina Case types in 2011 (LANC, 2012)

Are there any evidence-based programs in effect?

Although LANC has several specialized programs, it remains entirely unclear if any of them are evidence-based.

Have any studies looked at the outcomes of North Carolina Legal Aid?

While none have been conducted in North Carolina, some preliminary work is being conducted in Massachusetts with the cooperation of the Harvard Legal Aid Bureau (HLAB). Greiner and Pattanayak (2011) worked with the HLAB to randomly assign people seeking assistance with unemployment benefits to receive the help of the HLAB or not. They found that people who had received their assistance were no more likely to be successful in their cases and in fact, they had to wait longer for their cases to be resolved than those who had not received help.

Greiner also found that although legal aid services were in place across the country, they worked independently, never sharing information about who was coming to them for help and what kinds of services were most needed. Additionally, no one had done any rigorous testing to determine if the people in most need of help were in fact being helped (Neyfakh, 2012).

Costs of programs

LANC's total 2011 operating expenses were \$20,631,141 (LANC, 2012). It is unclear what the cost is for LANC to run each of their programs.

Prevalence of issue in North Carolina

In 2011, 17.8 percent of North Carolina residents were living below the poverty line (USDA, 2013). Below are the numbers of people in different categories that LANC assisted in 2011.

Table 3.

People served by LANC in 2011. (LANC, 2012)

Number of households with children that LANC served	11,993
Number of households with veterans that LANC served	733
Number of people attending <i>pro se</i> workshops or clinics	4,022
Number of people receiving self-help printed materials	2,858
Number of Community Legal Education (CLE) attendees	500
Number of Community Legal Education (CLE) trainings held	20
Number of legal education brochures distributed	6,559

CJAC recommendations

At this time, it remains unclear if LANC's services do reach every county in the state. Additionally, more information is needed to assess the effectiveness of the current programs they are running.

Domestic Violence and Sexual Assault Coalitions in North Carolina

What services do they provide?

The mission of the North Carolina Coalition against Domestic Violence (NCCADV) is to create social change through the elimination of the institutional, cultural, and individual oppressions that contribute to domestic violence. NCCADV seeks to empower all North Carolina communities to build a society that prevents and eliminates domestic violence (NCCADV, 2013).

NCCADV provides a variety of information and technical assistance to those working in the field of domestic violence and allied professions. They list 108 member agencies covering all of North Carolina. Some programs are local to one county, some are more regional covering several counties and others provide services statewide. NCCADV (2013) notes that their technical assistance includes:

- Answering questions over the phone or by email
- Providing information packets prepared on specialized topics
- Surveying the research in a selected field

- Designing assistance tailored to requester's need
- Program materials
- Statewide trainings for their membership that is free or affordable and located in multiple sites across the state.

The North Carolina Coalition against Sexual Assault (NCCASA) is the statewide coalition that works to end sexual violence through education, advocacy, and legislation. Issues such as North Carolina legislation that pertains to sexual violence, human trafficking, and stalking are covered by this organization. They serve children, communities of color, domestic violence victims, immigrants, low income, nonprofits, persons with disabilities, state residents, women, human trafficking, limited English proficiency, military personnel who are victims or to prevent victimization (NCCASA, 2013).

NCCASA offers resources to sexual assault victims service providers such as an extensive webinar series geared towards helping agencies provide quality services to underserved populations. They also provide a training institute that offers programs designed to improve services for sexual violence victims and survivors that are free and offered in several locations (NCCASA, 2013). These programs are:

- Basic Skills Training – including (a) beginning skills based training for advocates working with sexual violence victims and survivors, including training on initial client contact; (b) intermediate skills based training for advocates leading and organizing support groups and volunteers; and (c) knowledge-based training as an intermediate refresher course for sexual violence victim advocates.
- SART Training – local comprehensive training for Sexual Assault Response Teams (SARTs) ready to begin fully functioning responses to investigation with a community collaborative approach.
- Special Training – national and local guest speakers for advocates and professionals who work with sexual violence victims and survivors on specialized and advanced topics.
- Joint Training – cross-training by NCCASA in cooperation with other agencies to improve services for clients with multiple concerns, to expose advocates and other professionals to a combination of fields of expertise, and to forge productive relationships with other organizations in North Carolina for a united front against the epidemic of sexual violence in our state. (NCCASA, 2013)

Do service providers use them for training?

Both of these coalitions are used as resources by agencies providing services to the victims of crimes related to domestic violence and sexual assault. These two agencies are in the best position to provide statewide resources for these local and regional programs offering a standard of training and implementation for programs.

Are they meeting the needs of the service providers?

The short answer is yes, they meet the needs of the service providers. These agencies do seek feedback from service providers and provide training in many locations across the state in efforts to meet the limited travel budgets of organizations.

What benefit are they to service providers?

With limited budgets, service agencies seek to have a level of standard practices that benefit their clients. These coalitions offer service providers training and support to promote quality services that meet their guidelines. They also support special projects that help provide data to support the need for the programming they offer. With diminishing public funding, it has become important for service providers and the coalitions to be able to demonstrate the extent of services being provided to these victims.

NCCADV and NCCASA have identified and begun the implementation of a state wide data collection system that will be used by domestic violence and sexual assault service providers across the state. A data collection tool has both short and long-term benefits. In the short-term, it has the potential to dramatically ease the reporting process for agencies, while increasing the consistency of the data that is collected and reported. Better reporting mechanisms also increase opportunities for funding and strengthen an agency's ability to advocate for more resources to support their services. Additionally the data collection system will provide the long-term benefit of aggregate, statewide data that will facilitate the evaluation of what interventions and services have the greatest impact on improving services for domestic violence and sexual assault survivors and reducing rates of violence. This tool is provided at no cost to any provider agency in North Carolina. Mandatory statewide reports are built into the system to ease reporting requirements and burdens. The system is user friendly and easily customizable. North Carolina advocates spent substantial time ensuring that the system was modified to fit the needs of North Carolina survivors, programs and advocates.

CJAC recommendations

The statewide data collection system will allow both service providers and the CJAC to better assess the impact of the interventions and services being provided in the state. The CJAC could survey the service providers to ensure that NCCADV and NCCASA are meeting their needs.

North Carolina's Immigrant Victims of Crime

Prevalence of issue in North Carolina

The United States Census Bureau (2012a) estimates that around 42,000 individuals moved to North Carolina from a foreign country in 2011. Of the state's total population, seven percent or about 665,000 of the people living in North Carolina in 2011 were foreign born. Of those born

abroad, roughly 222,000, were naturalized U.S. citizens, and an estimated 365,750 (55 percent) entered the country before the year 2000. The remaining forty-five percent entered the country in 2000 or later.

Immigrant women experience significantly higher rates of both domestic violence and sexual assault (Gonzalez, 2005). According to Orloff (2011), it is estimated that lifetime domestic abuse rates for immigrant women in the United States ranges between 33 and 50 percent. Furthermore, Latina immigrant women stay with their abuser longer and have fewer resources leading to more severe physical and emotional consequences of the abuse. Orloff (2011) notes that Latina immigrant women and girls experience higher rates of sexual assault victimization compared to the national rate. Orloff (1999) also notes that immigrants are more susceptible to violent crime as perpetrators assume these victims will not report the crime to authorities. Furthermore, undocumented immigrant women survivors face challenges beyond those experienced by other women in the United States such as isolation in a foreign country, constant fear of deportation, and believing they are at the mercy of their spouse to gain legal status.

On the other hand, a separate study (Wheeler, Zhao, Kelleher, Stallones & Xiang, 2010) notes the prevalence of nonfatal victimization among immigrants is comparable to that of U.S.-born adults. However, the authors note that immigrant workers in farming and forestry industries are at higher risk of victimization when compared to their U.S.-born peers.

What are the numbers and where are they from? According to the Migration Policy Institute (2012), the largest growth in North Carolina over the last decade, in terms of count, has been seen among immigrants born in Latin America (171,564) and Asia (66,764). Of note, while only comprising about six percent of the state’s foreign-born population, the number of African-born immigrants has doubled over the last decade with a gain of 20,866 persons.

	1990		2000		2011	
	Number	Percent	Number	Percent	Number	Percent
Foreign-Born Population of North Carolina	110,539	100.0	430,000	100.0	708,350	100.0
Born in Europe	35,764	32.4	60,222	14.0	78,920	11.1
Born in Asia	38,854	35.1	93,133	21.7	159,897	22.6
Born in Africa	5,269	4.8	20,369	4.7	41,235	5.8
Born in Oceania	838	0.8	1,825	0.4	1,018	0.1

Born in Latin America	22,823	20.6	239,853	55.8	411,417	58.1
Born in North America	6,991	6.3	14,598	3.4	15,863	2.2

Figure 5.

Trends in North Carolina's Foreign-Born Population (1990, 2000, and 2011)

(Source: Migration Policy Institute)

Have any evidence-based programs been created?

After a review of literature, there are no known evidence-based programs that serve immigrant crime victims specifically. However, it is noted that programs providing a variety of services such as language classes, employment assistance, driving classes, or that partner with programs that offer such services, may over time, have a better chance at building that trust. Yoshihama (2011) reports that very few studies have focused exclusively on immigrants or refugees, as opposed to specific population groups identified by race or ethnicity (e.g., Latinas and Asian/Pacific Islanders). The vast majority of literature is descriptive, documenting the prevalence, scope, dynamics, risk protective factors and consequences of intimate partner violence.

A promising initiative in the Southwestern United States appears to be the Southern Arizona Battered Immigrant Women Project (BIWP) housed under the University of Arizona, Center for Rural Health. BIWP helps to identify and develop resources and provide outreach and training to organizations that interact with immigrant women who may be victims of domestic violence or sexual violence. The project has helped train thousands of community service providers including law enforcement, health care professionals, educators, victim advocates, legal service providers and community members regarding rights and proper response to victims and survivors. The task forces have brought together key individuals from multiple sectors of their communities to develop and implement effective mechanisms for coordinated response and support for immigrant victims of violence, as well as for conducting provider training and building awareness regarding battered immigrant women's rights. Most recently, their efforts have culminated in the development of a coordinated community response protocol specifically addressing the unique needs of battered immigrant women.

A review of literature fails to demonstrate any evidence-based programs in North Carolina that specifically serve immigrant crime victims. However, the CVS committee of the GCC has funded past projects that aid underserved victim populations. A large portion of awarded grants for the underserved funding priority have been used to support direct services (support, education and advocacy) to Spanish-speaking crime victims. Much of the time, these funds support services that are added on in addition to existing service components of a well-established agency. Although not subjected to evaluation yet, Legal Aid of North Carolina provides comprehensive and culturally appropriate legal services to immigrant survivors of violence needing assistance with immigration through its Battered Immigrant Project (BIP).

Cost of programs

No cost data was found.

CJAC recommendations

There are no evidence-based programs to recommend. However, North Carolina could consider looking into the BIWP and determining if it could be implemented here.

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