



Crime Victims Advocacy Council

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NEWSLETTER

Volume III, 3



Brooks K. Hunnicutt - Executive Director & Victim Advocate

In the past Ms. Hunnicutt worked for a young CVAC as therapist wherein she completed interviews and assessments in order to determine victims' needs, levels of depression, suicidal ideation, and difficult life situations. She determined the level of risk for each situation and collaborated with a variety of service providers to meet these needs. She conducted multiple therapy, crisis intervention, and psycho-educational support groups and offered individual therapy sessions for victims of all types of violent crime, as well as support groups for family, friends, and significant others so that they could better cope with the issues and more effectively help the victim. Crime victims were educated as to the benefits and resources available to them and of their legal rights in the State of Georgia. Ms. Hunnicutt has worked with victims in hospitals and at their homes in order to conduct therapy, complete assessments and make appropriate referrals. She has attended parole board hearings, debriefed professionals, created aftercare and case management plans.

As prior Program Director of CVAC, Ms. Hunnicutt helped develop yearly plans and goals in conjunction with the Board of Directors and conducted marketing and fund raising events. She assisted in grant writing and budgeting; designed quality assurance and accountability instruments; supervised and trained staff, interns, and volunteers and offered seminars on crime victims and their issues and educational presentations to other human service providers and community organizations.

Among her other career achievements, Ms. Hunnicutt served as Director of Admissions for charter Lake Hospital. In that capacity she upgraded the Needs Assessment Department by redesigning and upgrading documentation and paper flow for telephone assessments, after hours admissions procedures, and daily evaluation procedures of the Department; prepared the Department for Joint Commission for Hospital Accreditation inspection; interviewed, hired, and trained assessment staff regarding documentation completion and admissions procedures; determined the psychiatric status of clients who came in to be assessed and matched their needs and financial resources with the appropriate treatment plan; designed and implemented procedures

for back-up assessment calls and after hours emergency admissions procedures and developed comprehensive psychosocial history forms.

Ms. Hunnicutt worked at the Psychiatric Institute of Atlanta as a therapist and Assistant Director of the Partial Hospitalization Program. Her responsibilities included: individual and group therapy for alcohol and drug addicted, the chronically mentally ill, and dual diagnosis patients; implementing crisis/suicide intervention and prevention strategies; assessing and providing timely assistance for patients at risk of suicide; completing extensive psychosocial histories, multidisciplinary treatment plans and treatment plan reviews; creating meaningful aftercare plans and following up with patients after discharge; daily patient charting and staffing with psychiatrists in order to discuss diagnoses and treatment plans in order to meet insurance company, Medicare and HMO standards. She completed relapse prevention and aftercare plans; utilization review and quality assurance instruments; evaluated substance abuse program and designed extensive, quantifiable, new documentation for aftercare, relapse prevention, and follow-up procedures and of new program schedule and contents in order to lift a Type I Error from Joint Commission for Hospital Accreditation; redesigned treatment plan format, patient psychosocial history forms and aftercare follow-up program.



Mel L. Hewitt, Jr. - CVAC President

Mel Hewitt has been a member of the Georgia Bar since 1985. He concentrates his practice in representing seriously injured people and their families and family members in wrongful death cases, including victims of serious assaults, batteries, sexual abuse, child molestation, nursing home negligence, homicide, and drunk drivers.

Mr. Hewitt served four years of active duty in the United States Navy. After leaving the service, he spent the next six years in public law enforcement serving in the uniformed patrol division, the detective bureau and undercover narcotics investigations. Mr. Hewitt left public law enforcement and entered the corporate world where he spent the next seventeen years in the private security industry. He held positions in middle and upper management to include district, regional and operational management positions and was ultimately named president of Globe Security Systems, Inc., a publicly-held, private security firm. Mr. Hewitt left corporate America in 1989 to open a private law practice.

Mr. Hewitt is the president of the Crime Victims Advocacy Council (CVAC) which: lobbies for crime victim legislation; administers a scholarship program for victims and/or surviving family members; holds an annual memorial service for crime victims across Georgia; provides crime prevention education for children and the elderly; hosts support groups for crime victims; works closely with prosecutors' offices and law enforcement officials throughout the criminal justice system; and, partners with other victim advocates and agencies to help provide an expansive support system for victims.

He is a frequent speaker at NOVA, NCVBA , and GTLA functions and a member of the Million Dollar Advocate Forum. In 2012, Mr. Hewitt was named in the National Trial Lawyers Top 100 Trial Lawyers and has been featured in both local and national print, radio programs, and television news programs addressing issues of negligent security and civil justice for crime victims. He has published several articles relating to negligent security and crime victim issues in Trial Magazine, Calendar Call and The Connections.

Mel's work in crime victim advocacy includes:

- President and Board Member of CVAC (2012- present).
- Helping administer scholarship program for victims.
- Helping direct annual crime victim memorial service.
- Speaking at crime victim and criminal justice programs.
- Representing crime victims in the civil justice system.



Candace Jordan-Sims - Community Advocate

Mrs. Candace Jordan-Sims has been a Community Advocate since 2005 (through the Gwinnett County Leadership Institute) advocating for Victim's Rights long before the journey to Grief and Loss Support began. With trainings and Certifications as a Restorative Justice Circles, Bereavement Coordinator, Support Group Chapter Leader/Trainor and an End of Life Grief Coach, she brings a wealth of experience, knowledge and expertise to those who are struggling with the loss of a loved one-or loss period.

A native from Buffalo New York, Candace relocated to Atlanta Georgia in December of 1988. Held various employment positions of Management in Hotel/Hospitality, and Customer Service in the Healthcare Industry. It wasn't until tragedy struck in 2007 when her son Marcus Damone Reid (22) was murdered in Stone Mountain Georgia. Candace immediately became a member of Gwinnett County Chapter of The Compassionate Friends Support Group. After several years of being a member, she was asked to Lead the chapter. By 2013 she was also leading The Parents of Murdered Children (POMC) Support Group Chapter of Gwinnett County, GA. While leading the POMC Support Group Candace was approached to consult with Mr. Charles Stone III (film director of ATL, The TLC Story) to offer assistance and advice on support Groups for the major motion picture, "Lila and Eve" starring Jennifer Lopez and Viola Davis. The message of importance of Support Groups proves to be an antidote for the sometimes-apoplectic tendencies that generate from senseless homicides. Support Groups offer healing and moral support.

Mrs. Jordan-Sims has gone on to produce a documentary featuring several women in her support group who share their experiences and journey in life without their murdered children called, "Beauty for Ashes". Her organization Conceptual Empowerment, Inc creates community support services which facilitates Group Support, Grief Coaching, Grief and Loss Workshops, and a Youth Mentoring Program titled, "21"; which is a pivotal age of development and growth for all young-at-risk male individuals in honor of her son. Candace is married to Eddie Sims and has one biological grandchild: Tristan Reid.

My road to recovery has graciously been parlayed in CVAC, which has set a high standard in supporting and offering Victim Rights and Services. Candace credits having strong faith, loyal support of family and friends and Toastmasters for the bravery and confidence in sharing difficult situations. Sometimes you may never know your purpose and responsibility in life until tragedy strikes. Small acts of concern, partnership, and volunteerism blossom into awesome possibilities of change that transforms communities. Love drives out hate and fear-love will win over victimization.

CVAC offers support groups on Tuesday evenings from 7:30-9PM at 3101 Paces Mill Rd., Atlanta, GA 30339 and on Thursday evenings from 7 to 9PM at First Baptist Church, 308 Clairemont Ave, Decatur, GA, for crime victims to discuss their problems and arrive at solutions together. If you are interested, please call us for an appointment and directions. CVAC can assist you in spiritual healing and filling out victim compensation claims, victim impact statements, and requests for victim notification.

CVAC has memorial walls of those murdered in Metro Atlanta from 1991 to 2017 they will be on display in our CVAC office.

Supportive Counseling and Advocacy

Churches Can Provide Pastoral Care for Victims of Intimate Partner Violence in Peer-level Survivor Support Groups.

By Rev. Dr. B. Bruce Cook, Retired Chaplain, United Methodist Church
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Any ministry that serves crime victims needs to include pastoral care for those crime victims that are hurting, and wounded, both physically and spiritually. There are a number of secular therapeutic programs that crime victims can use (psychiatrists, psychologists, social workers, licensed professional counselors, marriage and family therapists, as well as secular support groups). Pastoral care models seek to introduce spiritual care and coping skills to overcome trauma and stress that naturally is caused by intimate partner violence (IPV), stalking, battering, sexual assault or murder in the family. The models need to use evidence-based practices that are proven to work based on evaluation research.

A pastoral care support group model should try to repair broken relational ties with the faith community, family and friends. This broken-ness is often experienced as a crisis of faith and a loss of trust in society when a victim of intimate partner violence or a homicide survivor sees how evil and hurtful the offender can be. Pastoral care models of criminal justice ministry have been directed in the past to prison ministry, law enforcement chaplaincy and some professional pastoral care counseling agencies. Oftentimes, the long-term counseling needs of victims of violent crime have been neglected and have not been targeted by faith communities. The initial response of crisis counseling, prayer, funeral services and the outpouring of Christian love give way to not knowing what to say or do months later for crime victims.

The Crime Victims Advocacy Council (CVAC) in Atlanta, GA is one of a few ministries in North America that has used pastoral individual sessions, family sessions, support groups by crime type (homicide, stalking, domestic violence, innocent parents of the abused child) to aid victims of violent crime to cope with their suffering and pain. Other support groups for sexual assault, child abuse, elder abuse, assault and battery, robbery, theft/identity theft, and fraud can just as easily be included or developed by a faith community. Chaplain David Cook in Newport News, VA, Chaplains Edna and David Morgan in Pine Bluff, Ark., Chaplain Saneta Maiko in Fort Wayne, IN, Chaplain Irv Childress in Newark, NJ and Chaplain Sandra Lydick in Ft Worth, TX have also been trained as chaplains serving crime victims and are good resources. A DVD of crime victims chaplaincy training is available for a fee from Shaw Communications (423-855-3435). A support group leader should receive crime victims advocacy training online at OVC TTAC by attending the VAT online course.(Google OVC TTAC)

The support group movement is very large in this country, with the most notable programs including Alcoholics Anonymous, Rainbows and Compassionate Friends. CVAC offers the survivor of a violent crime an opportunity to meet weekly in the Vinings United Methodist Church in Atlanta; share the truth about the crime; give and receive help from persons who experienced a similar crime; and facilitate coping skills for the stress-related trauma that the crime caused. The group promises to keep the matters discussed as confidential. While no one is forced to participate it is hoped that they will interact, rather than remain silent. The sharing and caring is deep because of the intensity of emotions. Oftentimes, excessive crying occurs because of the feeling of vulnerability, loss and grief. Anger is expressed and listened to without judgment in order for ventilation and catharsis to occur. In addition to anger and grief, members express difficulties with depression, confusion, and

frustration as symptoms of the acute stress or post-traumatic stress reaction.

Support group members have stated they feel like they are losing their mind and “going crazy” after a violent crime. They exist between extreme reactions from mad to sad. They cannot work at all or work like workaholics. They sleep too much or not at all. They overeat or do not feel like eating. They are irritable and snap at friends, family and coworkers or withdraw in isolation. They are hyper-vigilant, or hyper-aroused and easily startled. They are sometimes dysfunctional at home or work and have short-term memory loss. They are obsessed with details of the crime. They complain of physical illness, soreness in body parts related to the grief and stress and often over medicate or self-medicate with drugs or alcohol to mute the intensity of the pain. Many of these symptoms occur because the trauma of the crime induced more stress in their life than they are accustomed to handle.

The offender broke the Golden Rule to do unto others as you would have them do unto you. This traumatic crime broke the horizontal relationships of respect and love and standards of decency and care. When the offender is an intimate partner the loving relationships and decency standards were altered by the effects of hatred, evil, and deceit promulgated by the criminal assaulter. The notion that a loving relationship is altered does not apply when the perpetrator is a stranger to the victims.

The nature of a self-help, peer-level support group is to heal and “get better instead of bitter.” A pastoral care support group calls upon spiritual resources to restore the person to as near wholeness and sanity as is possible. One cannot be made whole again as if the crime never happened, or as if the murdered loved one could ever be replaced, but degrees of wholeness are possible with the care and support of faith, friends, family and sharing in a support group. The support group becomes a spiritual family of bonding, fellowship, and closeness. If federal funds are involved in paying for the support group, then prayer must be separated in time or space from the federally supported group. Federal programs prohibit religious discrimination, worship, proselytization, and use of scripture unless the client brings it up.

The sharing of deep emotions in the group allows members to ventilate and experience catharsis. The “talking it out and talking it through” diminishes the destructive power that the criminal and the criminal offense inflicts over the group members. With each retelling of the criminal event when a new member arrives the group members experience a “desensitization” to the horrific nature of the crime. Each time it gets a little easier to talk about it, especially when talking about it has often been discouraged, or denied by friends and family who want the person to “get over it and get on with life.” These words attempt to rush a person’s healing before they are ready. The support group is a listening post and a sharing session for someone who needs to tell their story to people with similar experiences and each member is encouraged to take as much time as necessary to heal.

A pastoral care model for the support group should include an evaluation component in order to provide feedback to the group members, and to determine if the program is effective in meeting its goals. Since one of the goals is to restore broken relationships on the horizontal, or personal, level and on the vertical or divine level, a focus group evaluation tool should assess whether or not these goals are being met. Other goals for a crime survivor’s support group are: to increase coping skills; to foster or augment problem-solving skills; to seek information and resources about the criminal case and to help one understand the legal system; to learn how to negotiate with others; and to draw upon others for emotional support.

In one such focus group evaluation, the members of the peer-level crime victim’s support group said they “felt encouraged by each other and no longer felt they were alone or crazy.” They liked both “getting and giving help because by helping others they moved beyond their own situation.” They liked the mutual sharing and support because it was confidential. They could tell the truth among crime victims who had experienced a murder. They liked the nonjudgmental nature of the group and most liked the prayer as “soothing and healing.”

The focus group evaluation revealed that the group members liked resources given out. In particular, the focus group participants liked being shown how to write a victim impact statement and how to file a victim compensation form. They also expressed appreciation for learning how to request victim notification of an offender’s release and how to make a Freedom of Information Act or Open Records Act request. The participants also appreciated being told how to cope with the crime by talking of feelings to others, and learned how to search Internet websites for helpful resources, books and articles. The group liked the “go-around”

technique and helping the neediest first. The use of role playing and developing listening skills helped them to better understand each other's unique circumstances and needs. The group learned how to relax by using anger release techniques, meditation, exercise, and learned the pros and cons of physician-prescribed medication. Several group members expressed that they were unable to relax, so relaxation techniques were shared and learned by group members.

Another goal for the group is to learn coping skills in order to reduce the stress experienced after traumatic bereavement or crime victimization. A support group model may incorporate some techniques such as, client-centered listening, guided interaction, or relaxation exercises; yet having a group that is both caring and understanding is at the heart of an individual's healing and recovery.

The leader of the group has to be honest and patient. He or she should guide and facilitate the participants to ask for help and to help each other. The group leader needs to listen deeply in order to hear what is being said beneath the words and draw the feelings out. The leader should affirm what is said without judgment. He or she needs to facilitate discussion and interaction that enables the group to help each other work through the problems. Statements that "build up" group members are encouraged and modeled by the leader and ones that "tear down" a member are discouraged. By helping others the individual can get beyond one's own "sticking points."

Basic education about the criminal justice system and describing victims' rights are important to share in the support group. Information presented should be accurate, such as: the right to participate and be heard at all phases of the criminal justice process; the right to protection from harm; the right to be treated with dignity and compassion; the right to notification of court and parole hearings; the right to information about the criminal case that can be disclosed; the right to compensation in crime victims' compensation, civil justice remedies and restitution. These are basic crime victims' rights and will vary from state to state. For example, a Georgia crime victim who is eligible may receive up to \$25,000 per victim claim from the Criminal Justice Coordinating Council: \$15,000 for unreimbursed medical expenses; \$3000 for funeral expenses; \$3500 for counseling expenses; \$10,000 for lost wages; and \$1,500 for crime scene cleanup. As a chaplain I have told this to hundreds of crime victims in the past and many have thanked me for finding this financial resource in their time of need.

Two techniques will be described in detail, the "talking stick" and the relaxation exercise. After the leader, or co-facilitator, opens with prayer the group begins with a relaxation exercise. The relaxation exercise is as follows: Imagine you are a tall glass of water and it will run down your spine through your toes. Take three deep breaths first. Breathe deeply in and reach a higher lobe of the lung than normal. Sit straight with eyes closed and hands on knees and now imagine the water is trickling down behind your eyes. As it goes behind your eyes, relax your eyelids. Let the water run down to your throat and then to your chest. As it reaches your chest, relax your shoulders. Let it run down to your stomach and to your hips. The water separates into right and left hips, turns down to the knees, the ankles, and then runs out the toes, completely leaving the body. One minute of silence. Now the participant can come back to where he or she is sitting and open his or her eyes. "Share reactions briefly." That is one of the oft-used relaxation exercises.

The "talking stick" involves the use of an object, such as a religious item, a small leather bag, or a smooth stone, that is passed around. A common question is asked in sequence and each person holds the object while talking. No one else talks or asks questions but tries to "deeply listen, or hear the meaning behind the words." After all have talked a form of respectful questions or statements can be made to each other. The motive for the reflection and questions should be healing in nature, to "build each other up" rather than to "put a person down." Some people may talk with the object in hand for as long as ten minutes and others may be brief, talking only a few minutes.

To measure the coping skills the support group leader can use an online test at www.PsychTests.com, called Coping Skills Assessment which is a 64-item question test that can be taken in 20 minutes and scored online for a small fee. It measures problem-focused coping, emotion-focused coping, and levels of avoidance, helplessness, social withdrawal, and opposition. Other tests such as the anxiety symptom test, depressions symptom screener and the anxiety management questionnaire are also available online for a fee. The client should discuss any test results with the group leader and a professional counselor.

Evaluation: During a 6-months period, the chaplain administered the Coping Skills Inventory Tests to 19 homicide survivors. During that time period there were 20 homicide survivor support group sessions held weekly for 1.5 hours and 96 attendees (average of 4.8 per session). Some groups were canceled for holidays or bad weather. A core group of 8 attended five or more times and 12 others came less than five times. Four persons attended 14, 14, 13 and 11 times each. Eight of the support group participants took the pre-test and the post-test. The average pre-test mean score was 66.375 and their average post-test score was 73.63; ($t = -3.55$; $p < .01$). The improvement in coping skills was seven points on average. Post-test scores improved for all the participants. Only two of the stalking victims took the pre- and post-test measures and both went up 5 and 4 points, respectively. Nine others took the pre-test, but did not take the post-test as they moved or came too infrequently.

While the sample size is too small (8) and the time frame too short to make any generalizations about the effectiveness of the support group for surviving family members of a homicide, it does bear further research to determine if preliminary findings can be replicated. Two factors make the test noteworthy: the test is immediately scored on the Internet and it is free. Other tests may be better but they take longer to complete and they can be expensive to score. Also, while the test does measure coping skills, which is a goal of the group, the group leader and participants should not rely exclusively on the test to determine individual progress and recovery.

Victim satisfaction surveys may also prove useful. For example, after a client terminates attendance with the group, a series of questions can be asked to determine how satisfied he or she is with varying information (e.g., understanding basic victims' rights, developing a safety plan) and experiences (meeting physical and emotional needs), shared during the group sessions. Similarly, the results can be used to assess the extent to which participants are satisfied with the format and information offered in the support group.

Summary: In closing, faith communities can provide peer-level support groups for crime victims that can assist in their healing process. A needs assessment should determine what crime type is underserved and then efforts should be made to develop support groups to meet their particular needs. For example, it may be determined that a stalking support group in the area is needed and that the faith community should consider setting up such a support group in their church.

The Good Samaritan Parable indicates that Jesus Christ desires for His followers to take the wounded crime victims to the inn of healing (the faith community) and give them the resources they need to heal. "Go, and do thou likewise." (Luke 10:37)

For more information contact:

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websites: www.cvaonline.org and www.youtube.com/cvaonline; email: askcvac@aol.com.

Chaplain Bruce Cook retired from the United States Penitentiary in Atlanta in 1999 and from CVAC and the United Methodist Church in 2009. He has authored two books, *Redeeming the Wounded*, and *In Step With The Spirit: Thank God*, and a pilot script for a TV Series about crime victims. He has presented some of the above information about support groups at a NOVA Conference in Atlanta, Georgia. Some of this text is also found in his book. Please reprint by permission.



Crime Victims Advocacy Council

According to Futures without Violence website, www.futureswithoutviolence.org,

"Domestic, dating and sexual violence are costly and pervasive problems in this country, causing victims, as well as witnesses and bystanders, in every community to suffer incalculable pain and loss. In addition to the

lives taken and injuries suffered, partner violence shatters the sense of well-being that allows people to thrive. It also can cause health problems that last a lifetime, and diminish children's prospects in school and in life. The United States has made progress in the last few decades in addressing this violence, resulting in welcome declines¹ – but there is more work to do to implement the strategies that hold the most promise. These include teaching the next generation that violence is wrong, training more health care providers to assess patients for abuse, implementing workplace prevention and victim support programs, and making services available to all victims including immigrants and children who witness violence.

Prevalence of Domestic Violence in the United States -

- On average more than three women a day are murdered by their husbands or boyfriends in the United States. In 2005, 1,181 women were murdered by an intimate partner.²
- In 2008, the Centers for Disease Control and Prevention published data collected in 2005 that finds that women experience two million injuries from intimate partner violence each year.³
- Nearly one in four women in the United States reports experiencing violence by a current or former spouse or boyfriend at some point in her life.⁴
- Women are much more likely than men to be victimized by a current or former intimate partner.⁵ Women are 84 percent of spouse abuse victims and 86 percent of victims of abuse at the hands of a boyfriend or girlfriend and about three-fourths of the persons who commit family violence are male.⁶
- There were 248,300 rapes/sexual assaults in the United States in 2007, more than 500 per day, up from 190,600 in 2005. Women were more likely than men to be victims; the rate for rape/sexual assault for persons age 12 or older in 2007 was 1.8 per 1,000 for females and 0.1 per 1,000 for males.⁷
- The United States Justice Department's Bureau of Justice Statistics estimates that 3.4 million persons said they were victims of stalking during a 12-month period in 2005 and 2006. Women experience 20 stalking victimizations per 1,000 females age 18 and older, while men experience approximately seven stalking victimizations per 1,000 males age 18 and older.⁸

Who Is at Risk?

- Women of all ages are at risk for domestic and sexual violence, and those age 20 to 24 are at the greatest risk of experiencing nonfatal intimate partner violence.⁹
- Young women age 20 to 24 also experience the highest rates of rape and sexual assault, followed by those 16 to 19.¹⁰ People age 18 and 19 experience the highest rates of stalking.¹¹
- American Indian and Alaska Native women experience the highest rates of intimate partner violence.¹²

Violence and Teens -

- Approximately one in three adolescent girls in the United States is a victim of physical, emotional or verbal abuse from a dating partner – a figure that far exceeds victimization rates for other types of violence affecting youth.¹³
- One in five tweens – age 11 to 14 – say their friends are victims of dating violence and nearly half who are in relationships know friends who are verbally abused. Two in five of the youngest tweens, ages 11 and 12, report that their friends are victims of verbal abuse in relationships.¹⁴
- Teen victims of physical dating violence are more likely than their non-abused peers to smoke, use drugs, engage in unhealthy diet behaviors (taking diet pills or laxatives and vomiting to lose weight), engage in risky sexual behaviors, and attempt or consider suicide.¹⁵

Violence and Children -

- 15.5 million children in the United States live in families in which partner violence occurred at least once in the past year, and seven million children live in families in which severe partner violence occurred.¹⁶
- The majority of nonfatal intimate partner victimizations of women (two-thirds) in the United States occur at home.¹⁷ Children under age 12 are residents of the households experiencing intimate partner violence in 38 percent of incidents involving female victims.¹⁸
- In a single day in 2008, 16,458 children were living in a domestic violence shelter or transitional housing facility. Another 6,430 children sought services at a non-residential program.¹⁹

Consequences of Violence -

- Women who have experienced domestic violence are 80 percent more likely to have a stroke, 70 percent more likely to have heart disease, 60 percent more likely to have asthma and 70 percent more likely to drink heavily than women who have not experienced intimate partner violence.²⁰
- In the United States in 1995, the cost of intimate partner rape, physical assault and stalking totaled \$5.8 billion each year for direct medical and mental health care services and lost productivity from paid work and household chores.²¹ When updated to 2003 dollars, the cost is more than \$8.3 billion.²²
- Sexual and domestic violence are linked to a wide range of reproductive health issues including sexually transmitted disease and HIV transmission, miscarriages, risky sexual health behaviour and more.²³

Emerging Issues -

- Technology has become a quick and easy way for stalkers to monitor and harass their victims. More than one in four stalking victims reports that some form of cyberstalking was used against them, such as email (83 percent of all cyberstalking victims) or instant messaging (35 percent). Electronic monitoring of some kind is used to stalk one in 13 victims.²⁴
- One in five teen girls and one in ten younger teen girls (age 13 to 16) have electronically sent or posted nude or semi-nude photos or videos of themselves. Even more teen girls, 37 percent, have sent or posted sexually suggestive text, email or IM (instant messages).²⁵
- More than half of teen girls (51 percent) say pressure from a guy is a reason girls send sexy messages or images, while only 18 percent of teen boys say pressure from a girl is a reason. Twelve percent of teen girls who have sent sexually suggestive messages or images say they felt “pressured” to do so.²⁶

Prevalence of Violence Globally -

- The United Nations Development Fund for Women estimates that at least one of every three women globally will be beaten, raped or otherwise abused during her lifetime. In most cases, the abuser is a member of her own family.²⁷
- A 2005 World Health Organization study found that of 15 sites in ten countries – representing diverse cultural settings – the proportion of ever-partnered women who had experienced physical or sexual intimate partner violence in their lifetimes ranged from 15 percent in Japan to 71 percent in Ethiopia.²⁸