



2013 EPRESS

Questions from Directors

We are frustrated with a case that has been here for three months. We have talked to a mother about her son's developmental stages. We have modeled how to play with him, and praised her when she interacted appropriately. But as soon as we sit back to simply monitor the visit, the mother loses all interest in her son. We have coached her, and encouraged her, and our staff think that she knows how to parent her child. But she won't, not without heavy lifting by my staff. What do we do now? I'm afraid that this mother is more interested in talking to us than her own child.

My first reaction to this is to wonder if this mother is perhaps using the supervised visitation staff as quasi-counselors. She talks about her problems, and you are very sympathetic. This may be therapeutic to her, so, if the case is a dependency case, you should speak to the case manager about whether the mother has had a formal assessment and is receiving counseling or any type of treatment. An assessment might also reveal hidden problems, such as substance abuse, ADHD, or even developmental, mental health, or cognitive challenges.

We provide some food at our program, but we are seeing more parents and children who are hungry. What can we do?

Perhaps you can find a way to get additional support from faith-based groups who will provide money for containers of juice (with real fruit juice), crackers, yogurt, and individually wrapped healthy food. If you have extra, pack them in the child’s backpack, or give them to the custodial adult. The problem of hunger is not going away: families and individuals who are receiving benefits through the Supplemental Nutrition Assistance Program (SNAP, also known as food stamps) will be receiving less money per month beginning on November 1st. SNAP benefits depend on the income, household size, and expenses of families. The chart reflects how their benefits will change.

Household Size	Difference
1	-\$11
2	-\$20
3	-\$29
4	-\$36
5	-\$43
6	-\$52
7	-\$57
8	-\$65
Each additional person	-\$8

These relatively small dollar amounts can make a big difference in a family’s ability to purchase sufficient healthy food. If the case is a dependency case, talk to the case manager about other options. Also know about, and be able to refer families to, the local food pantries associated with social services and religious organizations in your community.

Congratulations to the 12th Judicial Circuit and Sarasota for being awarded a new Safe Havens Supervised Visitation Grant!

Way to go, Sheila Miller and Team!

What to look for: Indicators of Physical and Emotional Child Abuse

All staff at supervised visitation programs should be alert to the signs of physical and emotional child abuse so that children and parents receive the services they need and children are not victimized on site.

Though each case of physical and/or emotional child abuse presents differently, children who are abused typically demonstrate one or more of the following symptoms:

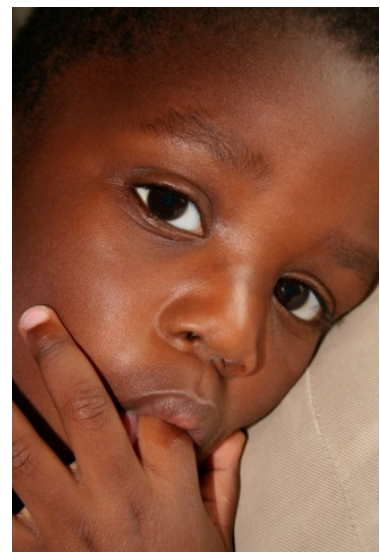
- **Unexplained Injuries:** physical injuries unexplained by a physical trauma (falling off the swing, tripping on a shoe lace, etc.)
- **Changes in behavior:** increased signs of anxiety, aggression, social withdrawal or behaviors deviating from the child's norm. Sometimes there is also a marked increase in the child's overwhelming desire to please the abusing parent.
- **Reverting to early behaviors:** exhibiting behaviors typically shown in children of a younger age, i.e., thumb sucking, fear of the dark, bed wetting, language reversion ("Mommy, that" vs. "Can I have the salt please?"), crawling instead of walking, other similar behaviors.
- **Fear of going home:** fear or anxiety about returning to their home, or leaving with their parents/guardians.
- **Changes in eating:** refusing to eat, overeating etc.
- **Changes in sleeping patterns:** Struggling to sleep, over sleeping.

- **Changes in school performance and attendance:** increasing absence from school or other activities and/or a decrease in academic/extracurricular performance.
- **Lack of personal care/hygiene:** appearing dirty, poor dental hygiene, etc.
- **Engaging in risk-taking behaviors:** brandishing weapons, consuming alcohol/drugs, staying out too late, etc.
- **Engaging in inappropriate sexual behaviors:** demonstrating more sexual knowledge than appropriate for their age or engaging in inappropriate sexual behaviors, i.e., mimicking sexual behaviors in play settings or depicting sexual activities in writing/artwork.

As a visitation supervisor, you may not see changes in a child's sleeping patterns or risk-taking behaviors. You will, however, potentially be exposed to unexplained injuries, changes in behaviors, reversion, fear of going home, and several more of the symptoms mentioned.

Perhaps the most visible to a visitation supervisor, unexplained physical injuries is one of the more prominent symptoms of physical abuse. Several injury patterns may be consistent with abuse, including:

- **Multiple injuries or multiple injuries at different stages in healing** (i.e., a purple and blue bruise, a yellow and faded bruise, a fresh scrape and several scabs from older injuries).
- Though bruising is common on bony, protruding, angular parts of children's bodies, it is less common in areas such as the **inner thigh, neck, facial cheeks, buttocks, genitals, or extensive bruises over many areas.** As a supervisor, you may not see all of these areas on a child; however, in conjunction with emotional and behavioral symptoms, physical injuries may be a cause for concern.
- **Curious burns** (cigarette burns, rope burns, obvious hot-object burns)



- **Frequent broken bones** (multiple bones, rib fractures) may also indicate physical abuse.

While not as outwardly visible as the signs of physical abuse, familiarity with the indicators of emotional abuse is essential as a visitation supervisor. Children experiencing emotional abuse may show some of the same general signs of abuse (fear/anxiety returning home, reversion in behaviors, lack of personal care/hygiene, changes in school performance/attendance) in addition to one or more of the following:

- **Inappropriate or delayed emotional development:** Children may not show the emotional maturity typical of other children their age, or may show emotional immaturity.
- **Social withdrawal**
- **Change in self-esteem,** negative self-perception
- **Attention-seeking behaviors**
- **Headaches or stomachaches with no a physical explanation**



In your role as a visitation supervisor, knowing and recognizing the indicators of child abuse in all forms is essential for ensuring the safety of children and families.

As always, if you suspect child abuse,

DON'T WAIT! Call the Child Abuse Hotline, 1-800-96-ABUSE (22873) or TTY 1-800-453-5145.

For more information about the resources used in this article, please visit:

<http://www.safehorizon.org/index/what-we-do-2/child-abuse--incest-55/10-signs-of-child-abuse--neglect-305.html>

<http://emedicine.medscape.com/article/915664-overview>

<http://www.mayoclinic.com/health/child-abuse/DS01099/DSECTION=symptoms>

Family Abductions: Cases

In the past month, there have been two cases of parents abducting their children from supervised visitation. Below are two summaries, and an article about Family Abductions.

North Carolina Case:

Mother accused of child abduction speaks to NewsChannel 3

Posted on: 5:53 pm, October 30, 2013, by Becca Mitchell

Shelby Dobson sits in a jail cell, charged with child abduction, after taking her daughter Neviah from a supervised visit in Kill Devil Hills, and fleeing to Chesapeake where she was eventually arrested.

Shelby spoke to NewsChannel 3 about her fight for custody and what motivated her to drive off with her daughter.

<http://wtkr.com/2013/10/30/mother-accused-of-child-abduction-speaks-to-newschannel-3/>

Florida Case:

Police locate missing child

Posted: Oct 08, 2013 6:12 PM EDT Updated: Oct 09, 2013 6:37 PM EDT

A seven-year-old special needs child is safe and her mother is under arrest after an eight-hour long search for the two that began Tuesday afternoon.

Police say the child's mother, Christine Reimer, snuck her out the back door of the Children's Network of Southwest Florida.

Riemer, 46, was at the facility for a court ordered supervised visit with her daughter, named Crystal.

During that visit, Crystal had to use the restroom. We're told staff escorted them the entire time.

"When she came out from the bathroom she had the child on her hip. Our staff was right next to her and as they were passing the backdoor of the facility, she turned and just ran for the door," said Aimee McLaughlin, Children's Network of Southwest Florida.

Staff members said she ran through the parking lot with no shoes as they tried to chase after her. Unable to catch her, they called 911.

"I mean, we don't know what the intentions of the mother are, so you know we have to take it as serious as if it were a stranger abduction and do everything we can to try to get this child back safely," said Sgt. Sean Hoover of the Fort Myers Police Department.

Police issued an Amber Alert for Crystal.

Christine and Crystal were found eight hours later, more than 300 miles away, on I-75 at mile marker 465 near the Florida/Georgia state line.

The Florida Highway Patrol located them just after midnight.

Christine was arrested for driving with a suspended license, interference with custody and failing to stop at a weigh station. She was required to do so, because she was traveling in a budget rental truck.

Police say they may have been headed to either Alabama or Wisconsin, which is where Christine is originally from.

At one point, 14-year-old Cristobal Santana of Fort Myers had also been in the truck. Riemer had just been evicted and Santana said she'd offered him an SUV if he helped her move.

As an Amber Alert went out, Santana said Riemer held her daughter close and kept checking the mirrors.

But he says he never realized something was wrong until he saw a missing child billboard and realized he was with the people in the photos.

He demanded to be dropped off in Sarasota County and called police.

Riemer's being held in Hamilton County Jail in Jasper.

Police say Crystal appears to be unharmed and is in the custody of the Department of Children and Families.

Riemer's former neighbors say the news isn't a total shock.

"I wasn't as surprised as I could have been. I guess because I did think she wanted the baby back really badly after it had been in foster care," said Edna Shilling, a former neighbor.

Neighbors say Riemer's home was a potentially dangerous living situation.

Crystal has been with a foster family since she was removed from Christine. DCF says she has now been returned to that family.

Why Crystal was Taken From her Mother

Crystal Reimer was taken from her home in Fort Myers in April of this year.

Police visited the home where she lived with Christine after the home was posted with a warning notice to vacate by the City of Fort Myers Code Enforcement, because the residence had no running water for nearly a month.

When police confronted Riemer about the posted notice, she told them that she knew the residence had been posted for not having water.

When asked if she was living alone, Riemer stated she only had a dog and a cat in the home with her.

Officers asked to come inside to inspect if the home was safe and Riemer agreed.

According to the report, there was animal feces and urine scattered around and bags of garbage sitting open in the kitchen.

The bedroom doors were closed and Riemer asked the officer not to enter due to her privacy.

Riemer was issued a citation for occupying an unsafe structure. Lee County Animal Services also cited Riemer for cruelty to animals for both the cat and puppy due to unsanitary living conditions.

Riemer refused to cooperate with the investigation, so she was also cited for refusing.

Upon leaving, officers were flagged down by a neighbor and stated that a disabled child was supposed to be living there and asked if the child was OK.

Officers then returned to the residence. According to the report, they saw a child's head through the window in the front of the residence.

Officers knocked on the door and announced they had returned to check on the condition of the child—Riemer refused to open the door.

Officers went into the residence through a window. Riemer attempted to stop police by shoving officers and screaming—causing neighbors to come out of their homes to see what was happening.

She was finally restrained.

According to the report, Crystal appeared to be in good health, but was unable to remain clothed and was eating cat food that was spread all over the residence.

Crystal was unable to communicate and did not respond to her name.

Police then notified the Department of Children and Families, which arrived and took Crystal to an emergency shelter.

Riemer was taken by an ambulance to the hospital after complaining of pain in the right side of her body and high anxiety.

She was taken to the hospital, cleared of any need for medical assistance and taken to jail.

Riemer was arrested and charged with resisting officers and disturbing the peace.

<http://www.nbc-2.com/story/23640721/amber-alert-out-of-fort-myers#.UnKXKfmshcY>

Family Abductions: Article

Kayla Kirk

Introduction

Many times people think of child abductions as the stereotypical stranger luring a child into their car with candy. However, most abductions are committed by family members. Family abduction is defined as the taking, keeping, or concealing of a child or children by a parent, other family member, or person acting on behalf of the family member depriving another individual of his or her custody or visitation rights.

Objectives

This training will provide social service workers and supervised visitation staff with:

- Information on family abductions
- The common warning signs and profiles of abductors
- Prevention techniques
- Intervention steps and resources
- Impact on children and families
- Steps to recovery

About Family Abductions

Family abductions are the most common type of child abductions. It is commonly referred to as kidnapping, parental abduction, parental child stealing and serious custodial interference. **Family abductions include the taking, keeping, and concealment of a child.**

There is a greater risk for abduction based on social background variables such as:

- Poverty
- Unemployment
- Being unmarried or divorced
- Prior arrest record

In 1999 the National Incidence Studies of Missing, Abducted, Runaway, and Thrownaway Children reported 203,900 family abductions, 110,106 of these were children under the age of six in the United States. A typical family abduction does not involve any threats or force.

Common Warning Signs

There are several signs that point to a possible child abduction by a family member. Abductors tend to share these common denominators.

- Unmarried
- Unemployed
- No emotional/financial ties
- Selling belongings, packing, or closing bank accounts
- Prior arrest record
- Denies and dismisses the value of the other parent/guardian
- Young children (easy to transport and unlikely to protest)
- Support of others (emotional/moral/financial)



Profiles of Abductors

There are six risk **profiles** of potential family abductors listed below.

1. Prior threat of or actual abduction.
 - Hides child, withholds visitation
2. Family member suspects or believes that abuse has occurred.
 - Believes other parent is abusing, molesting, or neglecting child
3. Family member is paranoid delusional.
 - Demonstrates irrational beliefs and behaviors or psychotic delusions.
4. Family member is severely sociopathic.

- Child used as a means of revenge, punishment, or as a trophy against other family member.
5. When a family member is foreign and a mixed-culture relationship has ended.
 - Family member is from another country and has strong social support in that country and wants to raise child in that culture.
 6. When family members are disenfranchised by the legal system or have family/social support in a different community.
 - Don't trust the police or justice system.
 - Have family/social support in another community where they can raise child.

Prevention

There are many steps that can be taken to prevent a child from being abducted. These include counseling services, conflict resolution, and legal strategies. Below several are described.

- Specific custody and visitation orders should state who has the child on certain dates and times and where the child is picked up and dropped off
- Prevention provisions added to court order: Bond required for parent to have custody of child or visitation rights, not allowed to move out of area, can't take child on vacation
- Notify children's school, daycare, and medical personnel of custody orders
- Prohibit unauthorized pick-up of child: Always follow protocol regarding safety before, during, and after visits.
- Teach child how to use telephone to call for help
- Keep documented record of child's information: Have child fingerprinted, enter child's name in the Passport Issuance Alert Program, have an



updated photo and description of child, know child's Social Security Number (SSN)

- Report all signs of abuse or neglect to authorities
- Attend co-parenting classes: Learn how to parent with the other family member in an effective way
- Attend counseling: Share your anxieties and fears with a therapist
- Document everything!

Intervention

When a child has been abducted, there are many steps and resources that should be used to find and return the child. Some of the most important steps are listed below.

Report Child Missing

- Contact local authorities
- File a missing-person report
- Ask law enforcement to enter information about child into the FBI's National Crime Information Center (NCIC)
- Ask law enforcement of possible America's Missing: Broadcast Emergency Response (AMBER) Alert
- Report child to National Center for Missing & Exploited Children (NCMEC) at 1-800-843-5678
- Contact missing-child clearinghouse in your state
- Contact local FBI office and ask to speak to the FBI's Crime Against Children Coordinator
- Contact Office for Victims of Crime (OVC)
- Report missing child to media
- Get a temporary custody order or additional copies
- Document everything!



Searching for Abductor and Child

- Contact family and friends of abductor
- Contact employer of abductor
- Contact airlines, buses, and trains to see if abductor is traveling with child
- Check with banks and credit card companies to see if they have transferred money or there have been recent transactions
- Contact DMV to see if car title or registration has been changed
- Contact abductor’s insurance company to see if personal information has been changed

Additional Steps for International Abductions

- Contact U.S. Department of State’s Office of Children’s Issues
- Find out if you have a remedy under the Hague Convention or the Civil Aspects of International Child Abduction
- Inform INTERPOL of abduction



Reporting your child missing as soon as possible is the most important step. There are many different agencies and resources that can help during this stressful time. After recovery of your child, inform all agencies that your child has been recovered.

Impact on Child and Family

Children and families go through many emotions during and after an abduction. Sometimes children are taken at a very young age and don’t remember their life before the abduction. Other times children do not want to leave their “new” life and have taken on a disguise. Left behind family members are angry and anxious until a child is returned home. The impact on both children and families is listed below.

Impact on Child

- Anger of leaving friends and family
- Guilt and shame for not realizing abduction or contacting left behind parent
- Confusion about previous life/Don't remember
- Fear of re-abduction
- Anxiety of whether left behind parent blames them
- Conflicting loyalty demands between family members

Impact on Family

- Anxiety of not knowing where child is or what has happened
- Anger towards abductor
- Distress
- Depression and loneliness
- Relief after child is located
- Fear of re-abduction

Recovery

After a child is found and returned to their family, the entire family needs to adapt. Left behind family members and children may need to get reacquainted with each other if they have been gone for an extended period of time. It can be a long process before things get back to "normal." Some tips to help the recovery process are listed below.

- Use relatives and friends for emotional support.
- Attend counseling: Individual for yourself and the child, along with family to discuss feelings together
- Attend support groups such as Take Root: Talk to other families who have been affected with child abductions
- Attend mediation: Talk to a mediator with the abducting family member to work on your issues and problems if you feel comfortable

Conclusion

Family abductions are a scary time for both the children and the families. There are several warning signs we discussed to watch for if you suspect an abduction. There are many resources to contact if an abduction is in the process or has been committed. Many of the resources are listed below in the Reference section. It is important to remember that intervention is possible. Once a child has been found and returned the recovery process can begin.

Glossary

Abductor: a person who wrongfully takes, keeps, or conceals a child

Bond: insurance for meeting of obligations

Custody Order: a court order awarding custody, including joint custody, and visitation

Distress: results from too much stress, traumatic event, or inability to handle stress



Family abduction: the taking, keeping, or concealing of a child or children by a parent, other family member, or person acting on behalf of the parent or other family member depriving another individual of his or her custody or visitation rights

Hague Convention: The Hague Convention on the Civil Aspects of International Child Abduction

INTERPOL: International Criminal Police Organization, the world's largest international police organization with 186 member countries including the US

Left behind parent: the parent from whom a child has been wrongfully taken, kept, or concealed

Supervised Visitation: allows parent to visit with child in a safe and supervised environment allowing for protection of child

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Men: Defining Masculinity and Using Strength for Good

When we talk to fathers about parenting, it's important to keep in mind that gender roles can be used in two ways --to demonstrate typically male values in either negative or positive ways.

This article offers a starting point for your conversations about masculinity and strong, positive, male role models for children.

What does it mean to be a man?

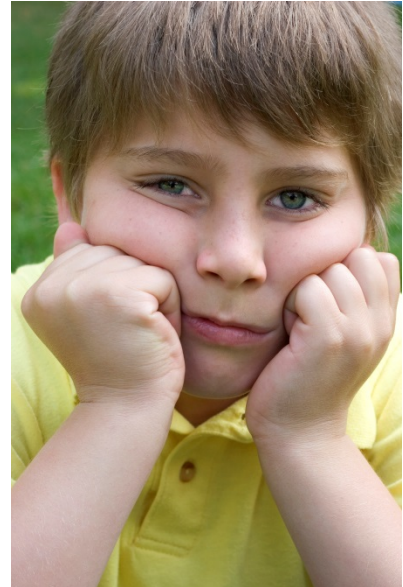
Conventional norms regarding gender roles have shaped the attitudes and behaviors of both men and women alike. Some people see men's role as the aggressor; lacking emotions, and being dominant, concerned with power, strength, and respect. These highly sought after values greatly influence male actions in dating and relationships. When establishing a healthy relationship, the idea of gender roles and masculinity can be looked at in a way that better allows for couples in intimate relationships to be safe. It is important to evaluate the following traits with healthy masculinity.



How to View Positive Character Traits

- **Strength** - refrain from use of physical strength to harm partner or others. Use strength for good and justice.
- **Independence** - have the confidence to accomplish matters freely, yet know when to be vulnerable, when to ask for help, and remember that everyone needs help sometimes.
- **Protective** - offer assistance and defense when possible without devaluing your partner's traits and opinions.

- **Courage** - stand firm in one's beliefs, and feel self-assured, and stand up against violence.
- **Power** - do not set rules or make decisions in the relationship. Be willing to compromise and let others be heard.
- **Assertive** - know when to take control and when to listen and allow for others input.
- **Respect** - consider, recognize, and appreciate needs being met by partner as well as fulfilling theirs.
- **Pride** - take pleasure in one's achievements without degrading others.



Impact on Families

Mass media, social environments, and the family itself are just few of many factors that influence child development of gender roles. The home environment is a large component of how gender roles are taught, learned, and impact the family. The effects of traditional gender roles can affect the child and family in various ways.

- Cross-sex behavior is more negatively viewed with boys than girls; this promotes inequality and double standards.
- Boys may be taught to never ask for help, and may be overly self-confident, competitive, cocky, and in need of support they are afraid to ask for.
- Girls may be taught to be dependent, and may be afraid to speak out, act independently, or set goals that are more associated with men.
- Boys may be taught to be non-communicative and tough skinned, and may be self-critical and perceive parents' expectations as higher than they are.
- Boys may be taught to be fearless and unemotional, and may develop delinquent behaviors.
- Children pushed into gender specific activities, especially children exhibiting non-traditional gender signs, may experience identity confusion and developmental delays.

- Girls taught that “men are the breadwinners” may not be accepted as hard workers in school, sports, or other activities.

How to Teach Young Boys about these Character Traits

- Communicate that feeling hurt or upset, needing help, and expressing yourself are normal values for both genders and that failure to do so can lead to problems.
- Explain the “right and wrong” ways of expressing one’s self and the importance of doing so at an appropriate time and place.
- Discuss the meaning of being strong and that expressing one’s feelings is not a characteristic of being weak.
- Communicate that boys are not ‘girly’ or ‘gay’ for expressing themselves.
- Explain that being a bully or making fun of other students are not positive behaviors.
- Discuss the surrounding influences (classmates, father figures, media) and how to be independent, strong, and kind in a healthy way.



How to Teach Young Girls about these Character Traits

- Communicate that feeling hurt or upset, needing help, and expressing yourself are normal values for both genders and that failure to do so can lead to problems.
- Explain the “right and wrong” ways of expressing one’s self and the importance of doing so at an appropriate time and place.
- Discuss the meaning of being strong and that expressing one’s feelings is not a characteristic of being weak.
- Communicate that it’s okay for girls to enjoy all sorts of hobbies, including sports, math, or other male dominated activities.

- Explain that girls can do anything that boys like to do, and treat your male and female children equally in this regard.
- Discuss the surrounding influences (classmates, father figures, media) and how to be independent, strong, and kind.

Case Scenario

Lost Interest and Hurt Feelings

A father and his 4 year old son are interacting for a weekly scheduled visit. Both sitting at a table, the child is playing with dolls and action figures as the father is questioning his son about the past week. During the conversation you notice the father growing irritated and impatient at his son's lack of interest. Preoccupied with his toys, the young boy is no longer actively engaged with his father. The man then snatches the toys from his son stating firmly "you're not listening to me." The little boy begins crying. His father responses "crying is for girls; you're a boy and boys don't cry!" The young boy continues crying and the father is getting more and more upset.

- How do you handle the child's hurt feelings?
- How do you respond to the father?

Console and reassure the child that it is ok to cry and that everyone gets sad sometimes. Help facilitate the relationship by meditating both child's and father's feelings. Help the father understand that the difference between healthy and unhealthy child behavior; crying when upset or being yelled at is completely normal for young children. Propose talking while playing together or playing a game that promotes the conversation as a healthy alternative, and talk about expressing feelings.

Common Names for Street Drugs

We periodically remind supervised visitation programs about the slang names for drugs and controlled substances so that when an odd term is mentioned by a

client, the staff understand what the reference may be. The term “Molly” is currently a common slang term for the drug ecstasy.

COMMON NAME	STREET NAME – SLANG
<p>Amphetamines (Benzedrine, Biphphetamine, Dexedrine)</p>	<p>Amp, amped, bennies, benz, black beauties, bumblebees, artwheels, co-pilots, crisscross, dexies, dominoes, hearts, jelly baby, jelly bean, leapers, lightning, marathons, oranges, pep pills, rippers, snap, sweets, speed, truck drivers, uppers, ups</p>
<p>Bath Salts</p>	<p>Arctic blast, bloom, blue magic, Bolivian bath, cloud 10, cloud 9, dynamite, hurricane Charlie, ivory fresh, ivory wave, lady bubbles, mystic, ocean snow, red dove, route 69, Scarface, snow leopard, tranquility, vanilla sky, white china, white dove, white girls, white horse, white knight, wicked x</p>
<p>Cocaine</p>	<p>Blow, C, candy, Charlie, coke, “do a line”, flake, freeze, happy dust, lady, mama coca, mojo, monster, pimp, shot, smoking gun, snow, sugar, sweet stuff, white powder, zip</p>
<p>Codeine</p>	<p>Captain Cody, cough medicine, cough syrup, Empirin, pancakes and syrup, purple drank, Tylenol 3, T-3’s</p>
<p>Crack Cocaine</p>	<p>Base, beat, blast, Casper, chalk, cookie, crystal, devil drug, gravel, hardball, hell, kryptonite, moonrocks, rock, stones, tornado</p>
<p>Depressants (Barbiturates, Nitrite, hydrocarbons)</p>	<p>Barbs, Backwards, blue devils, blue heavens, bolt, bullet, climax, downers, downie, drowsy high, green dragons, idiot pills, joy juice, red devils, stoppers, stumbler, yellow, yellow jackets</p>

COMMON NAME	STREET NAME – SLANG
<p style="text-align: center;">GHB (Gamma-hydroxybutyric acid)</p>	<p>Caps, cherry meth, ever clear, easy lay, G, gamma hydrate, Georgia Homeboy, grievous bodily harm, liquid ecstasy, liquid x, soap, sodium oxybate</p>
<p style="text-align: center;">Heroin</p>	<p>Aunt hazel, big H, black pearl, brown sugar, Charley, china white, dope, good horse, H, hard stuff, hero, heroina, mud, “junkies”, “on the nod”, perfect high, smack, black stuff, tart, gum</p>
<p style="text-align: center;">Inhalants</p>	<p>Air blast, bolt, boppers, bullet bolt, climax, discorama, hardware, highball, honey oil, huff, laughing gas, medusa, moon gas, thrust, white out</p>
<p style="text-align: center;">Ketamine</p>	<p>Bump, cat killer, cat valium, green, jet, K, ket, kit kat, purple, special K, super acid, super C, vitamin K</p>
<p style="text-align: center;">LSD</p>	<p>A, acid, black star, blotter, blue heaven, cubes, golden dragon, L, microdot, sugar cubes, superman, yellow sunshine, twenty-five</p>
<p style="text-align: center;">Marijuana</p>	<p>“420”, Aunt Mary, blunt, ganja, grass, greens, hash, herb, joint, Mary Jane, nigra, pot, reefer, rip, root, skunk, torch, urb, weed, zambi</p>
<p style="text-align: center;">MDMA (methylenedioxy-methamphetamine)</p>	<p>Adam, bean, clarity, E, ecstasy, hug drug, love drug, Mercedes, peace, roll, white dove, X, XTC, Molly</p>
<p style="text-align: center;">Methamphetamin (Meth)</p>	<p>Chalk, CR, crank, crystal, crystal meth, glass, ice, meth, Mexican crank, rock, speed, yellow powder</p>

COMMON NAME	STREET NAME – SLANG
Opium	Big O, black stuff, block, Chinese tobacco, chocolate, dopium, gum, hard stuff, hocus, joy plant, O, ope, pin yen, toxy, zero
PCP (Phencyclidine)	Angel dust, belladonna, cliffhanger, Detroit pink, elephant tranquilizer, hog, magic, peace pill, Peter Pan, soma, TAC, white horizon, zoom
Psilocybin (Mushrooms)	Boomers, little smoke, magic mushroom, Mexican mushrooms, musk, sherm, shrooms
Rohypnol	Circles, forget-me pill, lunch money drug, Mexican valium, R2, Reynolds, roche, roofies, rope, ruffles, wolfies

Domestic Violence Literature Review

We review and pass along the newest research.

Domestic Violence and the work place

Kulkami, S., Bell, H., Hartman, J.L., Herman-Smith, R.L. (2013). Exploring individual and organizational factors contributing to compassion satisfaction, secondary post-traumatic stress, and burnout in domestic violence service providers. *Journal of the Society for Social Work and Research*, 4(2), p. 114-130. DOI:10.5243/jsswr.2013.8

This 2013 article speaks to burnout and stress in individuals working with survivors of domestic violence. The article begins by emphasizing the toll of secondary traumatic stress and compassion on workers and compares organizational risk factors including caseloads, work hours, feelings of control and fairness with rates of burnout and secondary traumatic stress. Researchers found a strong connection

between workload (including both caseload and number of hours worked) and burnout/secondary traumatic stress, as well as a correlation between self-care services (i.e. professional development on stress management, work/life separation, etc.) and rates of burnout/secondary traumatic stress, though not as strong as workload.

Buzawa, E.S. (2012). The evolving police response to domestic violence. *Journal of Police Crisis Negotiations*, 12(2), p. 82-86. DOI: 10.1080/15332586.2012.733548

Within this work, researchers discuss progress in police response to domestic violence over the past few decades. While progress has been made, negative implications from new policy show potential areas for growth in protecting for victims of domestic violence. Authors began their focus by examining mandated arrest in instances of domestic violence. Though geographic regions with mandated arrest have higher arrest rates in cases of domestic violence, they tend to have higher rates of dual arrest, where the victim is arrested in addition to the perpetrator. Researchers also speak to improvements in evidence collection, specifically victim statements. Though many victims are understandably hesitant to provide a statement, many precincts now include a segment on domestic violence within their rookie training.

Araji, S.K. (2012). Domestic violence, contested custody and the courts: A review of findings from five studies with accompanying documentary. *Sociological Perspectives*, 55(1), p. 3-15. DOI: 10.1525/sop.2012.55.1.3

Exploring the court system's treatment of domestic violence in cases of child custody, Araji highlights extensive flaws surrounding the treatment of domestic violence in courts claiming to uphold the best interest of children. The article begins by examining the experiences of victims of domestic violence during custody cases. Many were forced into unnecessary legal battles, draining financial resources. Though a victim's financial situation may have been excellent prior to the case, legal proceedings often contort their victim's perceived childcare

abilities. Victims felt unsafe in courtrooms and felt judges and the legal system lacked the resources or motivation to provide true protection. Discrimination, sexist comments and rude remarks were also encountered by victims from judges presiding over custody cases.

Domestic Violence and Public Policy

Swanberg, J.E., Ohja, M.U., and Macke, C. (2012). State employment protection statutes for victims of domestic violence: Public policy's response to domestic violence as an employment matter. *Journal of Interpersonal Violence*, 27(3), p. 587-619. DOI: 10.1177/0886260511421668

Though domestic violence is known to have a negative impact on employment and work performance, many employers have yet to acknowledge domestic violence in their personnel policies. Within this article, researchers discuss state-level public policies on domestic violence and the workplace, discovering most policy falls into one of three major categories: policy allowing leave for victims of domestic violence, policy prohibiting discrimination against victims of domestic violence and/or policy aimed at increasing education and awareness of domestic violence in the work place. In addition to presenting major themes, authors discuss the potential benefits of national public policy on domestic violence victims in the work place as well as the current extent of victims' rights in the workplace.

Men as Victims

Bacchus, L. J., Buller, A., Sethi, C., & White, J. (2013). O12. 6 Understanding Experiences and Impact of Domestic Violence and Abuse in Gay and Bisexual Men Attending a Sexual Health Service in the UK. *Sexually Transmitted Infections*, 89(Suppl 1), A50-A50.

Analyzing the prevalence of domestic violence in gay/bisexual relationships, researchers surveyed over 1100 men, with around half (46%) identifying as gay or bisexual, asking whether participants had been victims and or perpetrators of domestic violence and if they were comfortable with health providers asking about

domestic violence during visits. **Around 30 percent of gay/bisexual participants identified as victims of domestic violence, with approximately 16% identifying solely as a perpetrator, and 11% identifying as both perpetrator and victim.** A majority of the men surveyed felt comfortable with medical providers asking questions about domestic violence during visits.

Hester, M. (2012). Portrayal of women as intimate partner domestic violence perpetrators. *Violence Against Women, 18*(9), p. 1067-1082. DOI: 10.1177/1077801212461428

*Work with nearly seventy cases of domestic partner violence involving women as perpetrators, authored looked at the role of gender stereotypes in the prosecution/arresting of female perpetrators. In half of all cases, women were sole perpetrators of the violence while the other 50% were perpetrators in a system of dual violence, where men were perpetrators as well. Overall, findings were similar to those of previous studies: **when women were perpetrators, abuse was more likely to be verbal and physical with minimal presence of threats.** Abuse was as well more likely to be perpetrated with an object, as has been demonstrated in past research. Interesting, only one woman involved in the study initiated violence; she as well suffered from a brain tumor impacting her judgment. In instances involving dual perpetrators, women were found to be three times more likely to be arrested for their violence than male perpetrators.*

Trevillion, K., Oram, S., Feder, G., & Howard, L. M. (2012). Experiences of domestic violence and mental disorders: a systematic review and meta-analysis. *PloS one, 7*(12), e51740.

*Narrowing their focus on domestic violence's prevalence in individuals with a diagnosed mental illness, authors hoped to calculate the odds of experiencing domestic violence for individuals with mental illnesses. Though researchers were not ultimately able to generate odds, **individuals with mental illness were found to experience domestic violence at a higher rate than those without mental illness (with more female victims than male victims).** Because research in this area is*

limited, authors were not able to determine the causality of this relationship, i.e. might mental illness lead to higher rates of domestic violence or might domestic violence lead to higher rates of mental illness.