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Office of Justice Programs  
*Office for Victims of Crime*



National  
Victim Assistance  
Academy

VIDEOTAPE SERIES:

Substance  
Abuse and  
Victimization

Office for Victims of Crime

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"Putting Victims First"

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# Substance Abuse and Victimization Video Discussion Guide

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# Contents

Introduction .....	1
Facilitator Tips for Using the <i>Substance Abuse and Victimization</i> Video and Discussion Guide .....	1
Segment One: Relationship Between Substance Abuse and Victimization .....	4
Segment Two: Techniques for Helping Victim Service Providers Assist Victims Who Abuse Drugs or Alcohol .....	10
Segment Three: Importance of Collaboration in Assisting Victims With Substance Abuse Issues .....	15
Additional Resources .....	18
Substance Abuse and Victimization References .....	18
Substance Abuse and Victimization Statistical References .....	20
Child and Adolescent Victims and Substance Abuse Resources .....	20
Domestic Violence Victims and Substance Abuse Resources .....	21
Other Useful Web Sites .....	21

# Introduction

The *Substance Abuse and Victimization* video and discussion guide were developed to offer insights into the previctimization and postvictimization correlations between substance abuse and victimization. They explore the kinds of assistance that victims with substance abuse issues may need. With their foundation in current research in the fields of victim assistance and substance abuse, the videotape and discussion guide can be useful tools for victim service providers, criminal and juvenile justice professionals, mental health providers, allied professionals, and other audiences who help victims who may turn to drugs or alcohol in the aftermath of crime and/or whose vulnerability to victimization may have been increased by the use of drugs or alcohol.

The 28-minute video focuses on three areas:

- ❖ The relationship between substance abuse and victimization.
- ❖ Techniques for helping victim service providers assist victims who abuse drugs or alcohol.
- ❖ The importance of collaboration in assisting victims with substance abuse issues.

## Facilitator Tips for Using the Substance Abuse and Victimization Video and Discussion Guide

The video and discussion guide are valuable training tools for victim service providers, criminal and juvenile justice professionals, mental health

providers, allied professionals, and other audiences who want to better understand the relationship between substance abuse and victimization. The *Substance Abuse and Victimization* video can be viewed in its entirety or in segments.

To facilitate discussion of each of the video's segments, turn to the corresponding section in the discussion guide. Each section offers a framework for moderating a discussion; it provides facilitators with questions and "probes" — possible answers or responses to each question that are based on research on victim trauma and needs — to use during a discussion.

The discussion guide questions are designed to spark dialog among participants about issues raised in the video. Moderators may choose any of several ways to use the questions, depending on the size and composition of the group. Moderators may want to create viewer worksheets on which participants can write their thoughts. They may want to divide participants into smaller groups to discuss the questions, then report back to the larger group. When deciding how to structure a discussion, facilitators should consider how to reinforce the issues raised by the video and give participants opportunities to apply these ideas to their work.

The recommendations in the discussion guide and video are by no means all inclusive; rather, they are intended to promote further dialog among viewers about how service providers can best meet the needs of victims who have issues related to substance abuse.

The video can serve as a useful audiovisual aid for

- ❖ Introductory training for new staff.
- ❖ Continuing education for existing staff.
- ❖ Professional training and education programs for victim service providers, criminal and juvenile justice professionals, and allied professionals in the field of substance abuse.
- ❖ Public awareness efforts to increase understanding of victimization and victims' rights and needs.

Depending on the audience and venue, discussion facilitators can

- ❖ Develop viewer worksheets—using the discussion questions—to encourage individual reflection on the issues addressed in the video.
- ❖ Provide opportunities for viewers to apply the issues raised by the video to their own experiences, either as crime victims or as professionals who work with crime victims.
- ❖ Divide viewers into small groups to discuss their ideas and opinions, with the opportunity to share insights with the whole group.
- ❖ Document key points of group discussions on tear sheets to offer a visual summary of the proceedings.

Below are suggested resources to augment effective facilitation:

- ❖ VCR and monitor.
- ❖ Viewer worksheets.

- ◆ Tear sheet pads and easel.
- ◆ Markers.
- ◆ Masking tape.

Much of the information in the discussion guide has been adapted from chapter 7, “Substance Abuse and Victimization,” of the *National Victim Assistance Academy Textbook* (National Victim Assistance Academy [NVAA] 2002).

## Segment One: Relationship Between Substance Abuse and Victimization

**P**revention of and treatment for victimization are often linked to substance abuse issues. The use and abuse of legal and/or illegal drugs or alcohol *preceding* a crime may be a correlating factor in a victimization, and use and abuse *after* a crime may be a means for a victim to lessen the intensity of the pain or trauma brought on by a crime. Research indicates that victims who abuse drugs and/or alcohol may be at a higher risk for further victimization, causing a cycle of repeat violence that, without intervention, becomes increasingly destructive (Center for Substance Abuse Treatment [CSAT] 1997).

Analysis of young victim populations reveals a strong relationship between violent victimization history, abuse of drugs and alcohol, and posttraumatic stress disorder (PTSD) (Kilpatrick, Saunders, and Smith 2003). Moreover, survivors and individuals in supportive relationships with victims who



are deeply affected by the crime (including victim service providers) may turn to drugs or alcohol to dull their feelings of helplessness or vicarious emotional pain. This section will help viewers

- ❖ Understand substance abuse as a postvictimization factor.
- ❖ Understand substance abuse as a previctimization factor.
- ❖ Understand the negative assumptions made in the criminal justice system and society when a victim is a substance abuser.
- ❖ Understand PTSD in the context of criminal victimization.

**1. Trauma brought on by victimization causes many victims to turn to substance abuse as a means of coping. What are some of the post-victimization factors that cause victims to abuse drugs and alcohol?**

### *Facilitator Probes*

- ❖ Emotional trauma and psychological pain associated with the crime.
- ❖ Physical pain resulting from injuries received during a victimization.
- ❖ Stress from navigating the criminal justice system and/or exposure to the media.
- ❖ Cycle of violence from which they cannot escape (e.g., domestic violence, child/adolescent abuse).
- ❖ Fear of repeat victimization.

- ❖ PTSD, including anxiety, insomnia, nightmares, and depression.
  - ❖ Lack of outlets to talk about victimization when it is kept a secret; shame or fear that prevents victims from discussing it.
  - ❖ Little memory of childhood victimization and no clear understanding of what caused the harm.
  - ❖ Expectation by others that victims “get over” the victimization and “be happy.”
  - ❖ Extreme levels of psychological distress and helplessness after witnessing violence.
  - ❖ Anger and no way to express it.
- 2. Substance abuse can increase the likelihood of being victimized. What are some of the correlating factors between excessive use of drugs and alcohol and victimization?**

### *Facilitator Probes*

- ❖ Poor judgment. Although a crime is never considered a victim’s fault, victims might have made different choices about their whereabouts, with whom they were talking, and how much alcohol and other drugs they were consuming.
- ❖ Increased vulnerability to a crime (i.e., victims may be less aware of what is going on around them and less able to protect or extricate themselves from a dangerous situation).
- ❖ Increased vulnerability to predators who are more likely to take advantage of individuals who are obviously high on drugs or alcohol.

- ❖ Passivity induced by the dulling effects of substance abuse, combined with a fatalistic attitude about crime, which may create resignation that leaves victims vulnerable to repeat victimization.
  - ❖ Environments in which substance abuse is permitted or encouraged and that may tolerate or attract criminal behavior (e.g., binge drinking and sexual assaults on college campuses).
  - ❖ Environments in which purchasing illegal drugs is condoned, which may attract other criminal activity.
- 3. What are some of the assumptions about substance abusers that negatively affect victims in the criminal justice system?**

*Facilitator Probes*

- ❖ Law enforcement officers assume victims are not credible.
- ❖ Law enforcement officers who respond to domestic violence scenes mistake dangerous behavior for drunken behavior (e.g., they assume that substances have predisposed the individuals to violence and they just need to “sober up”).
- ❖ Juries presented with victim substance abuse problems may assume their testimony is unreliable.
- ❖ Prosecutors may be reluctant to rely on victim/substance abuser testimony.
- ❖ Courts may mistake domestic violence issues for substance abuse issues and order treatment rather than address the violence.

- ❖ Domestic violence shelters may refuse access to women who abuse substances, leaving them at continued risk.

**4. What are some of the societal stigmas faced by individuals who abuse substances when they are victims?**

*Facilitator Probes*

- ❖ Blame for their own victimization.
- ❖ Belief that substance-abusing victims are less deserving of help.
- ❖ Cultural stereotyping as drunks, addicts, and ne'er-do-wells, which could result in a lack of sympathy and care needed to recover from their victimization.
- ❖ Attitude that support is a waste of resources until substance abuse ceases, leaving victims without assistance.

**5. What symptoms of PTSD might victims experience after a traumatic event?**

*Facilitator Probes*

- ❖ Nightmares, flashbacks, and intrusive images.
- ❖ Persistent re-experiencing of the event.
- ❖ Persistent avoidance of things associated with the event.
- ❖ Reduced ability to be close to other people and have loving feelings.
- ❖ Persistent episodes of increased anger, difficulty concentrating, and paranoia.

- ❖ Clinically significant distress or impaired functioning.
  - ❖ One month of any of the above symptoms (NVAA 2002).
- 6. Crime victims suffering from PTSD may have problems with substance abuse. What are some of the factors that might affect their health and relationships in a negative way?**

*Facilitator Probes*

- ❖ Greater difficulty recovering from trauma; insomnia, lack of concentration, and other effects of PTSD that worsen.
- ❖ Disruptive personal relationships, intimacy problems, and family conflicts.
- ❖ Poor parenting, unresponsiveness to children, and risk of losing custody of children.
- ❖ Deterioration of workplace relationships that endangers job stability (NVAA 2002).

**7. What are some of the ways recovery from PTSD is complicated by substance abuse?**

*Facilitator Probes*

- ❖ Effectiveness of PTSD treatment is reduced.
- ❖ Sleep disturbances may increase.
- ❖ The cycle of avoidance and inability to process the trauma-inducing event continues.

## Segment Two: Techniques for Helping Victim Service Providers Assist Victims Who Abuse Drugs or Alcohol

**C**hemical or alcohol dependence is a real possibility for anyone who has experienced a traumatic or violent crime. To effectively serve victims of crime who may be experiencing problems with substance abuse, victim advocates should have a basic knowledge of the indicators and a list of referrals to mental health professionals with whom clients can find ready support and treatment. Unless specifically trained in the area of substance abuse, advocates should not expect to assume the role of treatment counselor. They should presume that clear communication with substance-abusing victims will be difficult until the substance abuse issues are addressed. This section will inform viewers about

- ❖ Substance abuse indicators and screening techniques to recognize clients' substance abuse problems.
- ❖ Ways to communicate to victims that they need substance abuse treatment and how to make appropriate referrals.
- ❖ Barriers that adult and adolescent victims may face in receiving treatment.
- ❖ Substance abuse issues among victim service providers.

**1. What are some of the behaviors that would indicate problems with substance abuse among victim clients?**

*Facilitator Probes*

- ❖ Recurrent failure to fulfill a major role or obligation at work, school, or home.
- ❖ Use of drugs and/or alcohol when it is physically hazardous.
- ❖ Use of drugs and/or alcohol that causes legal problems.
- ❖ Even more excessive use of drugs and/or alcohol after having recurrent social or interpersonal problems caused or made worse by substance use.

**2. What should victim service providers consider in working with clients when substance abuse is a concern?**

*Facilitator Probes*

- ❖ Difficulty in intervening with anyone dependent on alcohol or drugs.
- ❖ Ways to approach the issue directly (e.g., by asking “You have obviously been through a lot. What are you using to help yourself feel better?”).
- ❖ Unlikelihood of victims revealing heavy substance abuse.
- ❖ Cues taken from questions about marriage, divorce, and job loss.

- ❖ Cues taken from complaints about recurrent abdominal pain, elevated blood pressure, gastritis, intermittent insomnia, and/or irritability.

### **3. What should victim service providers look for in a good referral source for substance abuse?**

#### *Facilitator Probes*

- ❖ A clinician/“substance abuse treatment counselor.”
  - ❖ A clinician who understands trauma that is a result of victimization.
  - ❖ A clinician who can address and treat substance abuse in the context of victimization.
- ### **4. What should victim service providers consider when discussing substance abuse with and making referrals for treatment to traumatized victims?**

#### *Facilitator Probes*

- ❖ Times when victims are most open to discuss the abuse so that trusting relationships can be established and maintained.
- ❖ How to best identify problems in a kind, rather than diagnostic, way; avoid using facts and statistics.
- ❖ Ways to offer positive suggestions to address problems that will avoid upsetting victims.
- ❖ Appropriate referrals to competent and accessible treatment providers who have experience with trauma that is a result of victimization.



- ❖ An explanation of the Code of Federal Regulations' "Confidentiality of Alcohol and Drug Abuse Patient Records" (42 U.S.C. 290dd-2), which protects information about individuals' diagnosis, treatment, or referral for treatment from being disseminated (CSAT 2000).
  - ❖ Confidentiality of the client's condition (according to the law) in all cases.
- 5. What barriers might victim service providers encounter when working with adult victims who have substance abuse problems?**

*Facilitator Probes*

- ❖ Finding free or inexpensive treatment providers when financial limitations or lack of health insurance prevents victims from seeking help.
  - ❖ Finding temporary childcare so that parents can undergo treatment.
  - ❖ Addressing cultural or social barriers that might prevent victims from seeking direct help for substance abuse.
  - ❖ Identifying whether victims' partners or family members are substance abusers.
- 6. What barriers might victim service providers encounter when working with adolescent victims who have substance abuse problems?**

*Facilitator Probes*

- ❖ Assessing youth's peer group pressure regarding substance abuse.

- ❖ Assessing whether history of family violence is a correlating factor.
  - ❖ Identifying youth in current high-risk situations at home.
- 7. Victim service providers who suffer vicarious trauma or compassion fatigue may abuse substances as a coping mechanism. How can this best be addressed in a professional environment?**

*Facilitator Probes*

- ❖ Create an environment in which self-monitoring is practiced (e.g., assigning a weekly time and framework for staff to review their level of stress and compassion fatigue).
- ❖ Create an environment in which seeking help for substance abuse problems is supported.
- ❖ Look out for one another in the agency, and intervene when a colleague suffers from vicarious trauma.
- ❖ Intervene sensitively when a colleague clearly needs to develop a healthy means to relieve stress.
- ❖ Make available a list of referrals that staff or volunteers can access anonymously in case they experience difficulties with substance abuse.

## Segment Three: Importance of Collaboration in Assisting Victims With Substance Abuse Issues

Victim service providers should learn to recognize the basic symptoms of substance abuse and PTSD and have protocols in place to address them. Collaboration with substance abuse treatment experts in the community is essential so that individuals can receive professional care for their victimization and correlating conditions simultaneously. Cultural competency is a second important prerequisite for effective services. Victims with substance abuse problems who come from ethnically and culturally diverse backgrounds may be less likely or able to communicate their treatment needs to providers who are not members of their ethnic or cultural group. Faith-based organizations may be a point of entry for victims who abuse substances and/or suffer from PTSD and can be an effective part of the service provider/treatment specialist collaboration. This section will inform viewers about

- ◆ Elements of collaboration that will improve services to victims with substance abuse problems.
- ◆ Cultural competency in work with victims from diverse cultures who have substance abuse issues.
- ◆ Faith-based communities as the first point of contact on substance abuse issues among victims.

## **1. How can victim service providers proactively address victimization and substance abuse issues when they appear together?**

### *Facilitator Probes*

- ❖ Identify potential partners in the community that address substance abuse and cross-train on substance abuse and victimization.
  - ❖ Collaborate with partners to develop guidelines and requirements for training victim service personnel.
  - ❖ Learn the basic interactive effects of trauma, PTSD, and substance abuse.
  - ❖ Develop rudimentary protocols and screening instruments to identify and assess substance abuse.
  - ❖ Develop a list of referrals that can be helpful and effective for victims with substance abuse issues.
  - ❖ Recognize and address negative bias toward substance abusers that might interfere with effective provision of services.
  - ❖ Promote better understanding in the community of the relationship among victimization, trauma, and substance abuse.
- ## **2. Why is cultural competency important in the treatment of victims from diverse cultures who have substance abuse issues?**

### *Facilitator Probes*

- ❖ Builds trust with victims who often feel marginalized.

- ❖ Helps victims overcome their fears of cultural or ethnic bias.
- ❖ Avoids misunderstandings that may result from language barriers.
- ❖ Includes a better understanding of why some cultural taboos may prevent victims from revealing their substance abuse.

### **3. How can collaboration with representative cultural or ethnic organizations support victims' substance abuse treatment?**

#### *Facilitator Probes*

- ❖ Helps address victims' possible alienation as a result of cultural and ethnic differences.
- ❖ Helps avoid misunderstandings with victims because of cultural or ethnic differences.
- ❖ Cultivates support for victims among peers and families.

### **4. How can collaboration with faith-based organizations improve assistance to victims from diverse cultures who have substance abuse issues?**

#### *Facilitator Probes*

- ❖ Representatives of faith-based communities can initiate dialog through which trust can be built between victims and victim service providers.
- ❖ Interventions through faith-based communities may be the only acceptable means of first contact.

- ❖ Faith-based communities are often perceived as nonjudgmental and therefore potentially less likely to stigmatize victims as substance abusers.
- ❖ Ethnically and culturally diverse families and relatives may be more likely to refer victims to their spiritual leaders.
- ❖ Faith-based organizations can provide safe, comprehensive, and nurturing support networks that also address life-skills training and childcare.

## Additional Resources

### Substance Abuse and Victimization References

American Psychiatric Association. 1994. *Diagnostic and Statistical Manual of Mental Disorders*. 4th ed. Washington, DC: American Psychiatric Association.

Center for Substance Abuse Treatment. 1997. *Substance Abuse Treatment and Domestic Violence. Treatment Improvement Protocol (TIP) Series 25*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Center for Substance Abuse Treatment. 2000. *Substance Abuse Treatment for Persons With Child Abuse and Neglect Issues. Treatment Improvement Protocol (TIP) Series 36*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Greenfeld, L., and M. Henneberg. 2001. "Victim and Offender Self-Reports of Alcohol Involvement in Crime." *Alcohol, Research & Health* 25(1): 20–31.

Web site: [www.niaaa.nih.gov/publications/arh25-1/20-31.htm](http://www.niaaa.nih.gov/publications/arh25-1/20-31.htm)

Kilpatrick, D.G., C.N. Edmunds, and A.K. Seymour. 1992. *Rape in America: A Report to the Nation*. Arlington, VA: National Center for Victims of Crime; and Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center.

National Center for Addiction and Substance Abuse. 2000. *Missed Opportunity: The CASA National Survey of Primary Care Physicians and Patients*. New York, NY: Columbia University.

National Institute on Drug Abuse. 2000. *Principles of Drug Addiction Treatment: A Research-Based Guide*. Rockville, MD: U.S. Department of Health and Human Services.

Web site: [www.nida.nih.gov/PODAT/PODATindex.html](http://www.nida.nih.gov/PODAT/PODATindex.html)

National Victim Assistance Academy. 2002. *National Victim Assistance Academy Textbook*. Washington, DC: U.S. Department of Justice, Office for Victims of Crime.

Office of Applied Studies. 2002. *The DASIS Report: Facilities Offering Special Programs or Services to Women*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Substance Abuse and Mental Health Services Administration. 2002. *The NHSDA Report: Binge Drinking Among Underage Persons*. Rockville, MD: U.S. Department of Health and Human Services.

### **Substance Abuse and Victimization Statistical References**

Bureau of Justice Statistics. 2002. *National Crime Victimization Survey 2001*. Washington, DC: U.S. Department of Justice.

Bureau of Justice Statistics. 2003. *Criminal Victimization 2002*. Washington, DC: U.S. Department of Justice.

Kilpatrick, D.G., B.E. Saunders, and D.W. Smith. 2003. *Youth Victimization: Prevalence and Implications*. Washington, DC: U.S. Department of Justice, National Institute of Justice.

Substance Abuse and Mental Health Services Administration. 2002. *Results from the National Survey on Drug Use and Health*. Rockville, MD: U.S. Department of Health and Human Services.

### **Child and Adolescent Victims and Substance Abuse Resources**

“Cooperative Agreement to Study Children of Women With Alcohol, Drug Abuse and Mental Health (ADM) Disorders Who Have Histories of Violence,” Children’s Subset Study of the Women, Co-Occurring Disorders and Violence Study, funded by the Substance Abuse and Mental Health Services Administration.

Web site: [www.wcdvs.com/children/default.asp](http://www.wcdvs.com/children/default.asp)



Fisher, B.S., F.T. Cullen, and M.G. Turner. 2000. *The Sexual Victimization of College Women*. Washington, DC: U.S. Department of Justice, National Institute of Justice.

Geffner, R.A., R.S. Igelman, and J. Zellner. 2003. *The Effects of Intimate Partner Violence on Children*. Binghamton, NY: Haworth Maltreatment and Trauma Press.

Harner, H. 2003. *Sexual Violence and Adolescents*. VAWnet. Enola, PA: National Resource Center on Domestic Violence.

Web site: [www.vawnet.org/SexualViolence/Research/VAWnetDocuments/AR\\_Adolescent.php](http://www.vawnet.org/SexualViolence/Research/VAWnetDocuments/AR_Adolescent.php)

## **Domestic Violence Victims and Substance Abuse Resources**

Office of Applied Studies. 2002. *The DASIS Report: Facilities Offering Special Programs or Services for Women*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Prescott, L. 2001. *Consumer/Survivor/Recovering Women: A Guide for Partnerships in Collaboration*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

## **Other Useful Web Sites**

Dartmouth Medical School, Project Cork Clinical Tools: Ten screening instruments for alcohol and drug abuse

Web site: [www.projectcork.org/clinical\\_tools](http://www.projectcork.org/clinical_tools)

National Center for PTSD (Post-Traumatic Stress Disorder)

Web site: [www.ncptsd.org](http://www.ncptsd.org)

National Clearinghouse for Alcohol & Drug Information

Web site: [ncadi.samhsa.gov/research/studies.aspx](http://ncadi.samhsa.gov/research/studies.aspx)

National Criminal Justice Reference Service:  
Family Violence Resources

Web site: [www.ncjrs.org/family\\_violence/summary.html](http://www.ncjrs.org/family_violence/summary.html)

National Violence Against Women Prevention Research Center

Web site: [www.vawprevention.org](http://www.vawprevention.org)

Prototypes: Centers for Innovation in Health, Mental Health and Social Services

Web site: [www.prototypes.org](http://www.prototypes.org)

Sidran Institute (a traumatic stress education and advocacy organization)

Web site: [www.sidran.org](http://www.sidran.org)

Substance Abuse Treatment Facility Locator

Web site: [findtreatment.samhsa.gov/facilitylocator/doc.htm](http://findtreatment.samhsa.gov/facilitylocator/doc.htm)

Women, Co-Occurring Disorders and Violence Study

Web site: [www.wcdvs.com](http://www.wcdvs.com)

# OVC

For copies of this guide and accompanying video and/or additional information, please contact

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