CALCASA
CALIFORNIA COALITION
AGAINST SEXUAL ASSAULT

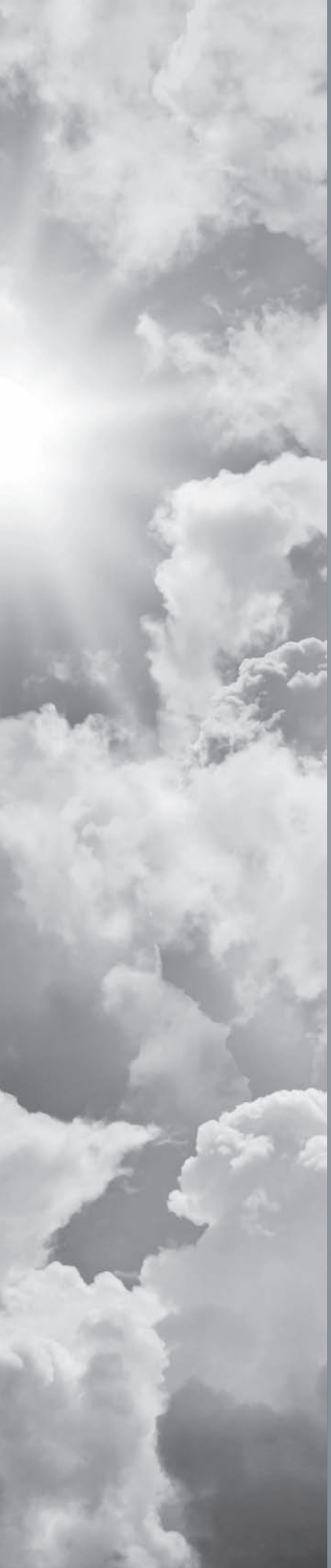
2015

SEXUAL VIOLENCE RESEARCH REVIEW

CALCASA

ENVISIONING A WORLD FREE FROM SEXUAL VIOLENCE.

The mission of the California Coalition Against Sexual Assault (CALCASA) is to provide leadership, vision, and resources to rape crisis centers, individuals, and other entities committed to ending sexual violence.



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The National Sexual Violence Resource Center Library (**www.nsvrclibrary.org**) includes the collections of the NSVRC and the Pennsylvania Coalition Against Rape (PCAR). The unique collection provides access to a comprehensive selection of relevant and timely resources on sexual violence and prevention, including items in electronic formats, as well as in various languages. Although the library does not circulate books and audiovisual materials, many resources are available under the Fair Use Clause of the Copyright Act upon request at **resources@nsvrc.org**.

INTRODUCTION AND OVERVIEW

Since CALCASA published "2014 Sexual Violence Research Review", hundreds of articles and reports on sexual violence have been released and published. In order to keep up to date on the research, CALCASA has identified fifteen 2014-2015 articles that are of particular interest to CALCASA member organizations.

The 2015 Sexual Violence Research Review highlights newly released research articles and reports that CALCASA believes have the potential to influence the work of member agencies. A variety of subjects are covered and, for our purposes, articles are organized in the following categories: Campus Sexual Assault, Post Traumatic Stress Disorder, Service Provisions, Criminal Justice, and Prevention. For each article, we have provided a detailed summary of the selected study. For three of the articles, the National Sexual Violence Resource previously released Key Findings Reports and CALCASA's national project, PreventConnect, has conducted web conferences and/or podcasts about each of these articles. For these articles, the summary refers to both the National Sexual Violence Resource Center and PreventConnect's materials.

CAMPUS SEXUAL ASSAULT

Given the increased focus on gender-based violence on campuses, two studies sought to understand whether college students experience equivalent rates of sexual violence and/or partner violence as their same-aged peers who are not enrolled in college.

Sinozich, S., & Langton, L. (2014). Rape and sexual assault victimization among college-age females, 1995–2013. *US Department of Justice, Office of Justice Programs, The Bureau of Justice Statistics.* Available at http://www.bjs.gov/content/pub/pdf/rsavcaf9513.pdf.

This report used data collected from 1995-2013 as part of the National Crime Victimization Survey, a large random and representative survey of households in the US, focused on experiences of crime and whether or not they were reported. The report focuses primarily on the experiences of women. The analysis found that while 18-24 year olds had the highest rate of victimization compared to other age groups, non-students in this age group had a rate of rape and sexual assault that was 1.2 times higher than same-aged students. Among those who had experienced a sexual assault, non-students (34%) were more likely than students (24%) to report that the perpetrator was an intimate partner. Students were significantly more likely to be assaulted by an acquaintance (50%) than an intimate partner (24%). Students (20%) were less likely to report the assault to the police than their non-student peers (32%). Rates of receiving services from a victim service agency were comparable between students (16%) and nonstudent victims (18%).

The BJS report also found that male non-students in the same age range had a rate of sexual assault and rape that was 20% of the rate among their male student peers. In fact, 17% of sexual assault and rape victimizations among students in the sample were reported by men (only 4% of non-student victimizations were reported by men). **This suggests that while women still made up the vast majority (83-96%) of the victims of these crimes, men in college are at a higher risk than their non-student student male peers.**

Coker, A. L., Follingstad, D. R., Bush, H. M., & Fisher, B. S. (2015). Are interpersonal violence rates higher among young women in college compared with those never attending college? *Journal of Interpersonal Violence.* Advance online publication. http://dx.doi.org/10.1177/0886260514567958.

This study looked exclusively at women between the ages of 18-24 who had been in an intimate relationship in the past 12 months (sample size = 959). The authors compared students and non-students in the sample, looking at the rates of physical, sexual and psychological partner violence, sexual harassment, and suspected experience of having a drink drugged. The authors found demographic differences between college and non-college enrolled women (parental education, marital status, binge drinking, etc.), and so controlled for these factors prior to comparing rates of victimization. They did this in order to improve the likelihood that differences in the two populations were based on their student status and not on other differences. After controlling for these

demographic differences, the authors found no significant differences in the rates of partner violence (physical, sexual, and psychological, whether mild, moderate or severe), sexual harassment, or having a drink drugged. In other words, unlike the BJS report, this study found no significant difference in the rate of victimization between students and non-students.

While these two studies may seem to have contradictory findings, it is important to note that the studies look at different experiences of victimization (BJS looked at sexual assault and rape, the other study looked at partner violence, sexual harassment, and drugged drinks). They also had different samples (BJS uses a large, representative sample, which is generally more reliable than the smaller non-representative sample used by Coker et al.) **Despite these differences, both studies suggest that while much-needed attention to the problem of sexual violence on campuses has increased rapidly, young adults not enrolled in higher education are in need of similar prevention programming and post-assault response services.**

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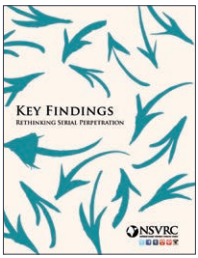
Senn, C. Y., Eliasziw, M., Barata, P. C., Thurston, W. E., Newby-Clark, I., Radtke, H. L., & Hobden, K. L. (2015). Efficacy of a sexual assault resistance program for university women. ***New England Journal of Medicine,*** **372(24), 2326-2335.** http://dx.doi.org/10.1056/NEJMsa1411131.

This well-designed, randomized-controlled trial (the "gold standard" of research designs) examined the effectiveness of a sexual assault resistance program in lowering the rates of sexual assault among female college students. The study recruited 893 female first year students from three universities in Canada, who were then randomized into one of two groups. The intervention group attended four three-hour sessions of a highly interactive program that aimed to increase students' skills in assessing risk, overcoming barriers to acknowledging risk, resisting unwanted behavior (including, but not limited to, self-defense techniques), and healthy sexuality and relationships. The control group was given brochures about sexual assault and a chance to ask questions about the information in the brochures. Compared to the control group, those who attended the resistance program had a lower incidence of completed rape over the one year follow up period (5.2% vs. 9.8%, a relative risk reduction of 46.3%). The intervention group also showed reduced risk of attempted rape compared to the control group (3.4% vs. 9.3%). **The authors state that 22 students would need to be educated through this program to prevent one completed rape, and 17 would need to be educated to prevent one attempted rape.**

These findings suggest that a comprehensive resistance-based prevention program based on sound theory and existing evidence may be effective at reducing the risk of victimization among those who complete the program. The study did not compare resistance programs to other kinds of prevention programs (e.g. bystander intervention), nor did they look at rates of sexual assault perpetration on campus. Despite valid concerns that risk reduction strategies unfairly place the burden of reducing risk on potential victims and ignore those at risk of perpetration, campuses may want to consider whether a risk reduction approach such as the one described here has a place in a comprehensive, multi-level prevention plan.

Swartout, K. M., Koss, M. P., White, J. W., Thompson, M. P., Abbey, A., & Bellis, A. L. (2015). Trajectory analysis of the campus serial rapist assumption. *JAMA Pediatrics*. Advance online publication. http://dx.doi.org/10.1001/jamapediatrics.2015.0707.



To summarize this article, the National Sexual Violence Resource Center released Summary from NSVRC: Key Findings: Rethinking Serial Perpetration http://tinyurl.com/researchreview1.

The serial perpetration hypothesis – which suggests that a small number of men perpetrate the vast majority of rapes, and that these men perpetrate multiple rapes over time – has played an important role in the field of rape prevention as a model of sexual violence, especially raising awareness of rapists who have not been identified by the criminal justice system. A 2015 study published in JAMA Pediatrics, A Trajectory Analysis of the Campus Serial Rapist Assumption, raises questions about the serial perpetrator hypothesis.

Although it is clear that a subset of perpetrators do commit multiple acts of rape over time, the research suggests that most perpetrators do not chronically offend over time. Instead, perpetrators are much more heterogeneous in terms of their risk factors, methods of coercion, and pattern of offending over time.

To share the findings of this article, PreventConnect held a web conference with a co-author of the study and a co-author of the Key Findings report in September 2015. A recording and materials can be found at http://tinyurl.com/researchreview2.

DRUGS AND ALCOHOL

Walsh, K., Zinzow, H. M., Badour, C. L., Ruggiero, K. J., Kilpatrick, D. G., & Resnick, H. S. (2015). Understanding disparities in service seeking following forcible versus drug- or alcohol-facilitated/incapacitated rape. Journal of Interpersonal Violence. Advance online publication. http://dx.doi.org/10.1177/0886260515576968.

Using a nationally representative sample of 445 female rape survivors, the authors explored factors that may explain differences in the rate of service seeking between those who experience forcible rape (FR) and those who experience drug or alcohol facilitated or incapacitated rape (DAFR/IR). Those who experienced FR reported higher levels of fear during the assault, more memory about the assault, higher acknowledgment of the event as rape, and were more likely to have a previous history of rape and to have been raped by a romantic partner compared to the DAFR/IR. Only about a third (32%) of the sample had sought any services (police, victim services, or medical) after the assault. Service seekers were more likely to be younger, have lower income, report more fear during the assault, report more concerns about health as a result of the assault, and were more likely to have a prior history of rape and to acknowledge the assault as rape. Those who experienced FR were nearly three times as likely to seek services as those who experienced DAFR/IR. The authors statistically explored variables that might explain why those who experienced FR were more likely to seek services and found that rape acknowledgment and, to a lesser degree, prior rape history significantly explained the higher likelihood of service seeking among those who experienced FR. **This suggests that stereotypes about what rape looks like may interfere with some survivors' ability to acknowledge their assault as rape, which then limits their likelihood of seeking services.** The authors suggest that communities should increase efforts to educate and increase awareness and understanding of DAFR/IR.

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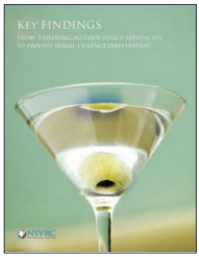
Lippy, C., & DeGue, S. (2014). Exploring alcohol policy approaches to prevent sexual violence perpetration. Trauma, Violence & Abuse. Advance online publication. http://dx.doi.org/10.1177/1524838014557291.



To summarize this article, the National Sexual Violence Resource Center released Key Findings: Exploring Alcohol Policy Approaches to Prevent Sexual Violence http://tinyurl.com/researchreview3.

Increasingly, preventionists are working to prevent sexual violence at community- and societal-levels. Influencing public policies falls within these realms. This resource provides an overview of the key findings from "Exploring Alcohol Policy Approaches to Prevent Sexual Violence Perpetration" by Caroline Lippy and Sarah DeGue (2014). Potential prevention strategies are discussed, including policy advocacy to influence the availability and marketing of alcohol and the environment surrounding its consumption; anti-oppression, social justice prevention approaches; and collaborations across disciplines, research, and practice.

To share the findings of this article, PreventConnect held a web conference with the report authors in March 2015. A recording and materials can be found at http://tinyurl.com/researchreview4.

POST TRAUMATIC STRESS DISORDER

Ullman, S. E., & Peter-Hagene, L. (2014). Social reactions to sexual assault disclosure, coping, perceived control, and PTSD symptoms in sexual assault victims. *Journal of Community Psychology*, 42(4), 495-508. http://dx.doi.org/10.1002/jcop.21624.

In this study, the authors built on previous research that consistently finds that the social reactions survivors receive as a result of disclosing the assault is related to level of PTSD symptoms survivors develop. Using data from a large, racially and ethnically diverse sample of 1863 women who had experienced an unwanted sexual experience and had told someone about the assault, the authors examined whether this connection between social reactions and PTSD could be explained by the way reactions shape coping and perceived control over recovery. They found that negative social reactions (those that blame, control or stigmatize victims) were linked to maladaptive coping and somewhat lower perceived control over recovery, each of which were related to greater PTSD symptoms. Alternately, positive social reactions (those that were supportive or helpful) appeared to be linked to more adaptive forms of copings and to perceived control over recovery. Adaptive coping methods (particularly when the coping techniques were about connecting with sources of support) and perceived control over recovery were both associated with lower PTSD symptoms. **In other words, this study suggests that when survivors feel in control of their recovery and have social support, they may experience fewer PTSD symptoms.** Promoting positive social reactions to survivor disclosures, perhaps through training and awareness for both formal and informal supports about what makes for a helpful response, could lead to lower levels of PTSD among survivors by increasing adaptive forms of coping and enhancing a survivor's sense of control. This is consistent with the empowerment approach of victim advocacy that prioritizes survivor control over their own healing.

"Social reactions to sexual assault disclosure can have a significant effect on victims' recovery after the assault, and can either help or hinder the recovery process."

SERVICE PROVISIONS

A number of studies in the time frame have important implications for the availability, accessibility, and cultural appropriateness of services for survivors of sexual assault. When viewed together, these studies are instructive to local programs that are continually striving to better reach and serve all survivors of sexual violence.

Juraska, A., Wood, L., Giroux, J., & Wood, E. (2014). Sexual assault services coverage on Native American land. *Journal of Forensic Nursing,* 10(2), 92-97. http://dx.doi.org/10.1097/JFN.0000000000000025.

In this article, the authors mapped the availability of sexual assault examination (SAE) and/or sexual assault response team (SART) services relative to designated Native American lands to determine the sexual assault service coverage on tribal lands. They found that only 30.7% of Native American land was within a 60 minute drive of SAE or SART services. Funding that supported Indian Health Service facilities to develop SAE programs at IHS or tribal operated facilities increased the coverage of services on/near Native lands by 22%, suggesting that funding can help to increase the availability of services for Native survivors.

Seelman, K. L. (2015). Unequal treatment of transgender individuals in domestic violence and rape crisis programs. *Journal of Social Service Research,* 41(3), 307-325. http://dx.doi.org/10.1080/01488376.2014.987943.

The author used data from the largest survey of transgender people (n=6450) and found that 2424 attempted to utilize a rape crisis center. About 4.9% of these individuals reported being denied equal treatment or service based on being transgender or gender non-conforming. Those with lower income, non-US citizenship, and those who identified as male-to-female (compared to those who were female-to-male) were more likely to report unequal treatment. Those who have a history of suicidality, sex work, and family rejection were also more likely to report unequal treatment by the rape crisis center. **Rape crisis centers receiving federal Violence Against Women Act funds are prohibited from discriminating against transgender clients, and thus have impetus to ensure their services are provided equitably.** Researchers recommend that rape crisis centers thoroughly assess staff competencies in serving transgender survivors and to set expectations for staff to follow best practices in working with trans individuals, such as using correct pronouns and placing clients in gender-segregated services based on gender identity as opposed to natal sex. Rape crisis centers should also reexamine organizational policies and procedures that may create barriers for transgender clients.

Ashmore, T., Spangaro, J., & McNamara, L. (2015). 'I was raped by Santa Claus': Responding to disclosures of sexual assault in mental health inpatient facilities. *International Journal of Mental Health Nursing,* 24(2), 139-148. http://dx.doi.org/10.1111/inm.12114.

In this article, the authors describe a process for assessing and responding to disclosures of sexual assault that occur in mental health inpatient facilities. **This population is not only vulnerable due to their mental health status, they are vulnerable to having their disclosures of rape discounted by service providers who are unsure about how to assess whether their disclosure is the result of an actual assault or a symptom of their mental illness.** The authors do not evaluate or collect data about this population, but it has been included here because the model they present may be useful for improving the process of responding to disclosures from this vulnerable population. Their framework categorizes disclosures among this population as falling into categories including disclosure of a recent assault, triggered disclosures of past assaults, repetitive disclosure of a past assault, 'delusional' disclosures, and intentional false disclosures. The authors describe each of these categories and provide suggestions for how to start by assessing each disclosure first as a recent assault, and when that can be ruled out, move to investigating whether the disclosure is consistent with the next level/type of disclosure.

Greeson, M. R., Campbell, R., Bybee, D., & Kennedy, A. C. (2015). Improving the community response to sexual assault: An empirical examination of the effectiveness of Sexual Assault Response Teams (SARTs). *Psychology of Violence.* Advance online publication. http://dx.doi.org/10.1037/a0039617.

Despite the rapid growth of Sexual Assault Response Teams (SARTs), little has been known about the effectiveness of the coordinated service delivery approach. This study is the first large-scale examination of the characteristics, structure, and effectiveness of SARTs in the US. The authors interviewed 172 SART team leaders, randomly selected from the most exhaustive list of SARTs they could assemble (864). Using information the SART leaders provided about their team (including information about the formalization of the team structure, the use of evaluation, and participation in various team activities like case review and cross-training), the authors were able to statistically assign the teams into three distinct groups. Teams in each of these groups were more similar on the measures to one another than they were to members of the other groups. These clusters of teams reflect the formalization of SART structures and the organizational practices they utilize. The first cluster (38% of the teams) were considered "low adopters" because they were less formalized, participated in fewer of the team activities, and did not engage in program evaluation. The second cluster (47% of the teams) were considered "high adopters" as they were more formalized and more likely to engage in the team practices, but still did not engage in program evaluation. The final cluster (15% of the teams), "high adopters plus evaluation" were

similar to the high adopters, but also engaged in formal program evaluation. The authors then looked at whether these clusters reported different levels of perceived effectiveness of their SART. They found that both of the high adopter groups perceived themselves to be more effective than the low adopter group of SARTs, suggesting that formalized structures and practices may lead to increased effectiveness. The authors found less consistent differences in perceived effectiveness of the high adopter and high adopter plus evaluation groups, though the high adopters plus evaluation did perceive themselves to be more effective in improving the participation of victims in the criminal justice process.

The national and representative scope of the sample and the focus on SART structures provide much needed evidence about the state of SARTs in the US. It is important to note, however, that effectiveness was based solely on the report of the SART team leader, and not on other more direct measures of effectiveness (such as victim experiences or actual criminal justice outcomes, like increased arrests).

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Campbell, R., Bybee, D., Townsend, S. M., Shaw, J., Karim, N., & Markowitz, J. (2014). The impact of Sexual Assault Nurse Examiner programs on criminal justice case outcomes: A multisite replication study. *Violence Against Women, 20*(5), 607-625. http://dx.doi.org/10.1177/1077801214536286.

While there are previous studies that evaluate the effectiveness of Sexual Assault Nurse Examiner (SANE) programs in improving prosecution related outcomes, those studies tended to be small or focused on only one community (which may not be representative of all communities where SANE programs operate). This study attempted to broaden the available evidence by examining the effectiveness of SANE programs in six communities (two rural, two mid-sized, and two urban). Staff in the SANE programs manually reviewed their case data and worked with their prosecutor's office to determine the outcomes of prosecution for cases in which adults received a complete sexual assault exam and reported the rape to law enforcement. Three of the sites (one rural, one mid-sized, one urban) collected data from the period before the implementation of SANE services, and all six sites collected data from a period ranging from 5-12 years post-SANE implementation. In total 1696 cases, all of which received an exam and were reported to the police, were examined across the six sites. Among pre-SANE cases, an average of 90% of the cases did not progress in the criminal justice system to the earliest stage of prosecution outcome (case referred by police/charged by prosecutor). This rate dropped significantly to 86% post-SANE, meaning that more cases moved beyond this stage of prosecution after the implementation of SANE services. An additional 4.2% of reported cases were withdrawn or acquitted, and only 9.4% achieved a guilty plea or conviction. After adjusting for time of year and site, post-SANE cases were 80% more likely than pre-SANE cases to move further in the prosecution process. **In other words, SANE programs do appear to increase the likelihood of case progression in the criminal justice system. However, even post-SANE the rate of cases moving through prosecution is extremely low, suggesting that significant barriers to case progression still exist.**

CRIMINAL JUSTICE

Patterson, D., & Tringali, B. (2015). Understanding how advocates can affect sexual assault victim engagement in the criminal justice process. *Journal of Interpersonal Violence, 30*(12), 1987-1997. http://dx.doi.org/10.1177/0886260514552273.

In this study, the authors interviewed forensic nurses and victim advocates about the role of advocacy services in supporting victim engagement with the criminal justice process. The authors interviewed 10 nurses and 13 advocates from one community, with interviews lasting an average of an hour. Participants described the key functions of advocates as including provision of immediate crisis intervention, addressing survivor needs, offering non-judgmental support, and ensuring that survivors understand their options at all points in the process. Participants suggested that when these functions are provided in an "empowering" manner, they help survivors feel like someone is "on their side" which can encourage their engagement with the criminal justice system by bolstering their sense of resiliency and strength. **The ability of advocates to accompany survivors throughout the criminal justice process also may encourage survivors' engagement by increasing comfort and courage.** Participants also suggested that advocates can help address survivors' concerns about participation in the criminal justice system by addressing immediate safety needs, providing information about the process, dispelling myths, and redirecting survivor self-blame to the perpetrator. The participants in this study summarize many ways in which advocacy services may support and encourage the participation of survivors in the criminal justice process. It is important to note, however, that the findings reflect how forensic nurses and advocates think advocacy services may support prosecution goals, but does not actually assess the effectiveness of advocacy on improving engagement with prosecution. Also, the authors point out that improving prosecution is generally not considered the primary goal of advocacy services.

"Advocates often provide services at medical and [criminal justice] settings (e.g., police departments) by helping victims navigate these complex systems and by providing crisis intervention."

(Martin, 2005 as cited in Patterson, 2015)

Heffron, L. C., Busch-Armendariz, N., Vohra, S. S., Jones Johnson, R., & Camp, V. (2014). Giving sexual assault survivors time to decide: An exploration of the use and effects of the nonreport option. *American Journal of Nursing, 114*(3), 26-36. http://dx.doi.org/10.1097/01.NAJ.0000444489.49091.10.

In this article, the authors evaluate Texas implementation of the nonreport option, the provision added to Violence Against Women Act (VAWA) reauthorization bills that states that medical forensic exams should be offered to victims regardless of their involvement with law enforcement and that the state also pay for these exams. In Texas, this means that any victim can receive a medical forensic exam within 96 hours of an assault, which the Texas Department of Public Safety will then hold the evidence anonymously for two years. To evaluate this policy, the authors interviewed 79 professionals (SANEs, advocates, law enforcement officers, prosecutors, etc.), surveyed 131 professionals, and reviewed publicly available data about the number and status of cases. The authors found that in the first 23 months of the policy implementation period, there were 228 nonreport cases, 11 of which were "converted" to active investigations at the request of survivors. SANEs reported that the nonreport option helps them clarify their role as nurses as separate from their role as forensic experts. **Interviewees suggested the nonreport option is particularly helpful to survivors who are not yet ready to report or who have concerns about whether or not to report their assault to law enforcement.** The interviewees also shared that this model requires collaboration between systems. Other challenges noted by professionals include that survivors may still incur medical costs (e.g. injury treatment), which also raises billing confidentiality questions, the effect of delayed reporting and/or long-term storage on the ability to collect and retain evidence needed to secure a conviction, and other questions about the efficiency of the process.

PREVENTION

DeGue, S., Valle, L. A., Holt, M. K., Massetti, G. M., Matjasko, J. L., & Tharp, A. T. (2014). A systematic review of primary prevention strategies for sexual violence perpetration. *Aggression & Violent Behavior, 19*(4), 346-362. http://dx.doi.org/10.1016/j.avb.2014.05.004.

To summarize this article, the National Sexual Violence Resource Center released Key Findings: From "A Systematic Review of Primary Prevention Strategies for Sexual Violence Perpetration" http://tinyurl.com/researchreview5.

Preventionists and their organizations, communities, and funders are increasingly seeking evidence-based strategies to prevent sexual violence before it starts. However, identifying effective strategies has been a challenge with little comprehensive information available about "what works" to prevent sexual violence. To address this gap, DeGue et al. (2014) systematically reviewed 30 years of evaluation research to describe the current state of the field in sexual violence primary prevention and to identify the strategies with the best available research evidence.

To explain this article for prevention practitioners PreventConnect released a podcast on this article: Sarah DeGue discusses the recent article "A Systematic Review of Primary Prevention Strategies for Sexual Violence Perpetration" http://tinyurl.com/researchreview6.

"Practitioners are encouraged to consider this information in the context of the needs, goals, and resources of their organization and to supplement this summary with additional information about the strategy and new research findings as they become available."

METHODOLOGY

CALCASA published "2014 Sexual Violence Research Review" highlighting the most recent research found in articles from 2008–early 2014. The "2015 Sexual Violence Research Review" provides and update of articles published since 2014.

The first step in this review project was to assemble a list of research articles published since the previous Sexual Violence Research Review was assembled at the start of 2014. The search period, therefore, including everything published in 2014 through early September 2015. Multiple search strategies were used to assemble as complete a list of research on sexual violence as possible. First key word searches were conducted in a variety of academic databases, using keywords like sexual assault, rape, and sexual violence. Similar key word searches were done using the database of research assembled by SafetyLit (www.safetylit.org). Finally, we reviewed the articles published in several academic journals that publish primarily on issues related to interpersonal violence. The results of these search strategies were reviewed for relevance, resulting in a list of just over 400 articles http://tinyurl.com/researchreview8. Titles and abstracts of these articles were reviewed by CALCASA staff and the researcher who was contracted by CALCASA to assist with this project. Each person nominated articles that they felt were of particular interest to CALCASA member organizations. Articles that received the most nominations were selected for further review and are summarized here in this supplement.

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