

Intimate Partner Violence Screening & Interventions

Project Funded by Connecticut Department of Social Services



Connecticut Coalition Against Domestic Violence





VISION

End domestic & sexual violence in our communities.

MISSION

To break the cycle of abuse and violence – domestic, sexual and child – by providing services that create hope, restore lives and drive social change through education and community collaboration.

Learning Objectives

1. Prevalence & dynamics of intimate partner violence
2. Health consequences of IPV
3. Impact of IPV on children
4. Role of health & wellness professionals
EDUCATION EVERY TIME
5. Benefits of IPV screening
6. Safety planning during COVID19
7. Local & National Resources

Partner Violence

What is it?



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Intimate Partner Violence

Intimate partner violence is a **pattern** of abusive behavior in an intimate relationship where one partner tries to **control** and dominate the other. The behavior may be verbally, psychologically, physically or sexually, financially or technologically abusive with the victim left feeling scared, confused, dependent & insecure.

“Domestic Violence”

“Dating Violence”

“Relationship Violence”

“Abuse”

“Battering”

Intimate Partner Violence

Assaulting, threatening violence, sexual assault, harassment & stalking an intimate partner is a crime in the state of Connecticut.

Discussion Question

What comes to mind when you hear the words “intimate partner violence?”

Methods of Control

Physical Abuse

Verbal & Emotional

Sexual

Financial

Digital

Identity

National Statistics

1 in 4 women have experienced severe physical violence by an intimate partner at some point in their life

1 in 7 men

1 in 4 victims identify within the LGBTQ+ community

Connecticut FY19 Numbers



37,773 victims (33,141 adults/4,632 children)



33,711 calls were received on the hotline (available 24/7)



32,927 victims received court based services



31,717 victims received one-on-one counseling



2,229 victims housed in shelter



13 intimate partner homicides (average over last 10 years)

Domestic Violence

Here is a frequently told story...

Seduction & Charm

- Interested in “me,” supportive & loving
- Intimacy, the importance of “us,” *sacred* relationship
- For high risk relationships, this stage can be very intense & exciting

Domestic Violence

Isolation

- Move away from others
- Less contact with family & friends
- Limit access to finances or resources

Violence or the Threat of Violence

- Availability of weapons
- Physical or sexual assault

Impact of COVID19

- Uncertainty about the future
- Economic insecurity
- Job loss
- Increased isolation – limited public spaces
- Increased monitoring & control of daily activities
- Decreased connections with safety supports
- Collective trauma

“Why Do Victims Stay?”

- Hope that things will get better
- Lack of resources to care for self or child(ren)
- Disappointing friends, family or community
- Religious or cultural beliefs
- Immigration status
- Belief that they can keep themselves & child(ren) safe
- Fear of being hurt or killed
- Other reasons?

#WhyIStayed

 **Beverly Gooden**
@bevgooden Follow

I stayed because my pastor told me that God hates divorce. It didn't cross my mind that God might hate abuse, too. [#WhyIStayed](#)

Reply Retweet Favorite More

RETWEETS 261 FAVORITES 121

11:48 AM - 8 Sep 2014



 **Lady Grim**
@grim_mandy Follow

[#whyistayed](#) because he isolated me from friends and family and I had no one to turn to when the abuse started

10:42 AM - 9 Sep 2014

80 RETWEETS 83 FAVORITES

Reply Retweet Favorite

 **Evil Mom**
@spyderkl

He taught me that I was worthless, couldn't do any better. Taken me 25 years to unlearn that. [#WhyIStayed](#)

2 HOURS AGO Reply Retweet Favorite

 Follow

Like husband like father. Like mother like daughter. I thought it was meant that way. [#whyistayed](#)

10:58 AM - 9 Sep 2014

4 RETWEETS 2 FAVORITES

Reply Retweet Favorite

 **Beverly Gooden**
@bevgooden Follow

I had to plan my escape for months before I even had a place to go and money for the bus to get there. [#WhyIStayed](#)

Reply Retweet Favorite More

 **Samantha Vernon**
@samanthajvernon Follow

Because he called me and told me that he had a gun to his head [#WhyIStayed](#)

12:49 PM - 9 Sep 2014

1 RETWEET

Reply Retweet Favorite

Impact on Health Partner Violence



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Partner Violence & Health

- “IPV can impact an individual’s health and even has health consequences for children who witness abuse.”
- Women with a history of IPV had significantly higher healthcare utilization and costs, even after IPV ended.
- Increased substance use, behavioral health issues & other health consequences.

The costs of intimate partner violence exceed **\$8.3 billion annually**. **\$4.1 billion** of which is for direct medical & mental health care services.

Max, W, Rice, DP, Finkelstein, E, Bardwell, R, Leadbetter, S. 2004

Direct Injury

- Back Pain
- Bone Bones or Fractures
- Brain Injury
- Bruising
- Chest Pain
- Contusions
- Headaches
- Lacerations
- Miscarriages
- Vaginal Injury/
Painful
Intercourse

Discussion Question

Lethality Indicators

What are examples of high risk indicators for death or serious injury?

Lethality Assessment Protocol Connecticut

When to Initiate a Lethality Assessment? When an intimate relationship is involved; AND You believe an assault has occurred, You sense the potential for danger is high, Names of parties or location are repeat names or locations, OR You simply believe one should be done.

Hotline #:	
Officer:	Department:
Victim:	Offender:
	Case #:

Victim has been informed that any responses to the following questions could be used in the criminal or civil court process.

(Check here if) victim did not answer any of the questions.

A "Yes" response to any of (Questions #1-3) automatically triggers the potential referral.

1. Has anyone ever used a weapon against you or threatened you with a weapon? Yes No Not Ans.

2. Has anyone threatened to kill you or your children? Yes No Not Ans.

3. Do you think anyone might try to kill you? Yes No Not Ans.

Negative response to (Questions #1-3), but positive response to at least four of (Questions #4-11), triggers the potential referral.

4. Does anyone have a gun or can anyone get one easily? Yes No Not Ans.

5. Has anyone ever tried to choke you? Yes No Not Ans.

6. Is anyone violently or constantly jealous or does anyone control most of your daily activities? Yes No Not Ans.

7. Have you left someone or separated after living together or being married? Yes No Not Ans.

8. Is anyone unemployed? Yes No Not Ans.

9. Has anyone ever tried to kill himself/herself? Yes No Not Ans.

10. Do you have a child that anyone leaves in car alone? Yes No Not Ans.

11. Does anyone follow or spy on you or leave threatening messages? Yes No Not Ans.

An officer may trigger the potential referral, if not already triggered above, as a result of the victim's response to the hotline questions, or whenever the officer believes the victim is in a potentially lethal situation.

Is there anything else that worries you about your safety? (If "yes") What worries you?

Check one: Victim screened in according to the protocol

Victim screened in based on the belief of officer

Victim did not screen in.

If victim screened in: After advising hotline of a high danger assessment, did the victim speak with the hotline counselor?

Yes No Advocate First Name: _____

Supervisor Signature: _____ Supervisor Printed Name: _____

Note: The questions above and the criteria for determining the level of victim danger/risk is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen "positive" or "high danger" would not be expected to be killed, these victims/risk would likely have the highest risk from the officer victims of intimate partner violence.

Advocate Email: Send to DV Agency Send to State's Atty Other (Authorized Agency) _____

cc: _____

cc: _____

cc: _____

cc: _____

cc: _____

cc: _____

cc: _____

cc: _____

cc: _____

cc: _____

cc: _____

cc: _____

Statistics

71% of women experiencing IPV have TBI due to a physical assault. (Campbell, 2018)

More than 2/3 of IPV victims are strangled at least once by their intimate partner. (Glass, 2008)

Partner violence is more prevalent for women in the U.S. than breast cancer & diabetes combined. (Futures Without Violence, 2017)

Indirect Conditions

- Abdominal Pain
- Anxiety/PTSD
- Depression
- Asthma
- Central Nervous System compromised
- immune system
- Chest Pain
- Chronic Pain
- Gastrointestinal Issues
- Heart Disease
- Pregnancy Challenges
 - miscarriages, pre-term birth and low birth weight babies
- Sexually Transmitted Infections
- Sleep Disturbances
- Substance Use

Impact on Children

Intimate Partner Violence



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Statistics

- **15.5 million children** live in households where domestic violence has occurred within the past year (Journal of Family Psychology, McDonald et al., 2006).
- **Between 80% and 90%** of these children are aware of the violence (McDonald et al., 2006).
- **65% of those that abuse their partner** also physically and/or sexually abuse their children (United States Department of Justice, 2014).

Statistics

Children who observe parental conflict, hostility and violent behavior are more likely to use abusive behaviors toward their significant others in both adolescence & adulthood (Grych, 2005).

Discussion Question

What are some examples of abuse & violence that children are exposed to in homes with domestic violence?

Exposure to Violence

Examples:

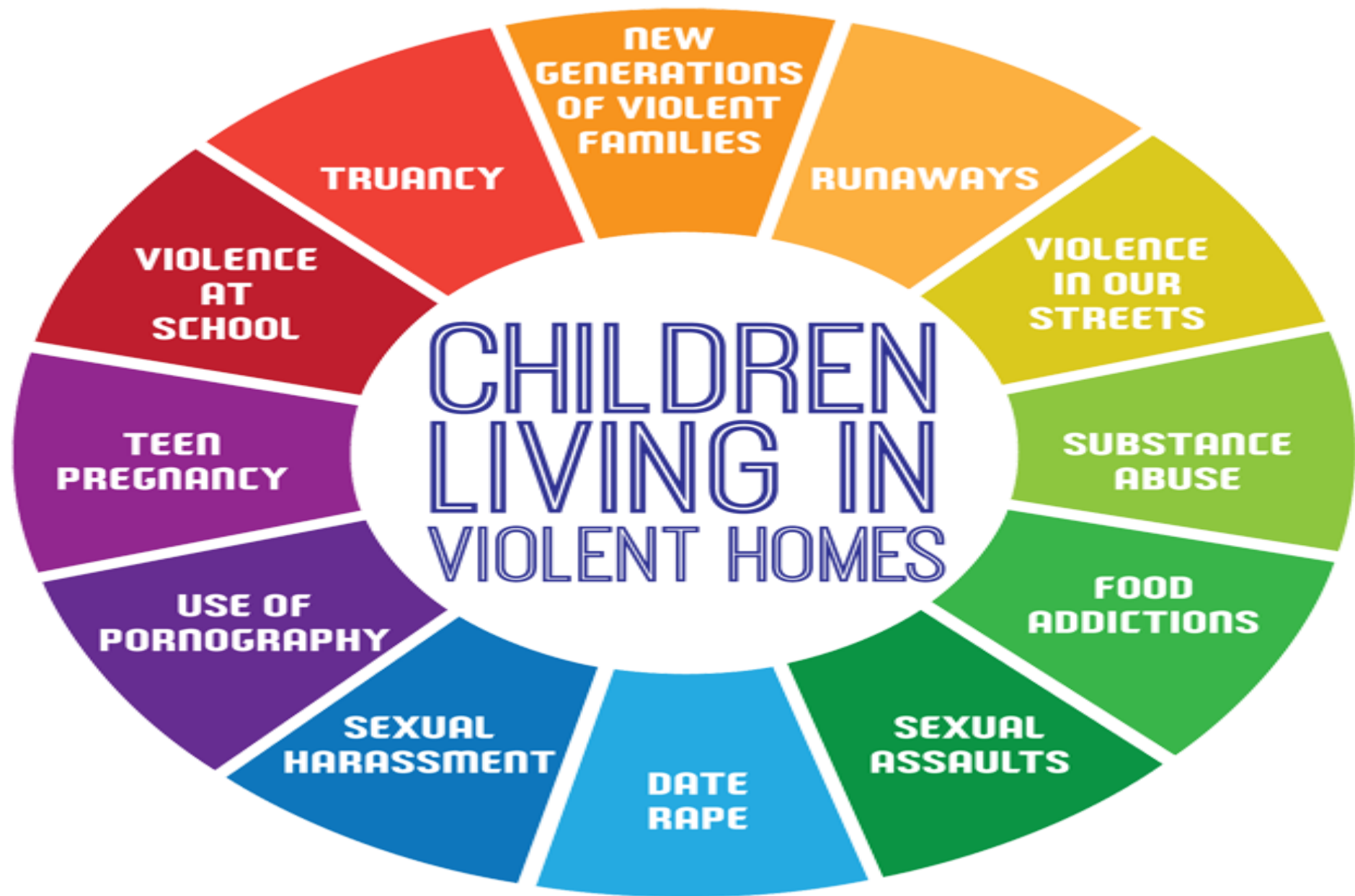
- Hearing threats of physical harm
- Feeling tension building in the home
- Being hit/threatened while in the victim's arms
- Hearing/seeing assault
- Being denied care because caregiver is injured or depressed

Exposure to Violence

- Being forced to watch and/or participate
- Seeing aftermath of violent incident
- Having their relationship with non-violent parent undermined
- Being taken hostage
- Being enlisted by violent parent to align against victim

Exposure to Violence

- Experiencing the loss of a parent due to murder/suicide.
- Not all children are affected by domestic violence in the same way.
- **Consistent support from an adult**, especially from the non-violent caregiver, is a huge factor that **fosters resilience** (Turning Point, 2012).





PARKING

Discussion Question

Have you heard about the Adverse Childhood Experience (ACE) questionnaire before?

What's an ACE Score?



ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

MITIGATING ACES

PROTECTIVE AND COMPENSATORY EXPERIENCES

PACEs — Protective and Compensatory Experiences — are known to act as buffers or insulators against childhood trauma, as well as promote healing. A person with an ACE score of 4 who had no PACEs may have a very different outcome from someone with an ACE score of 4 who had a loving grandmother, teacher or coach.



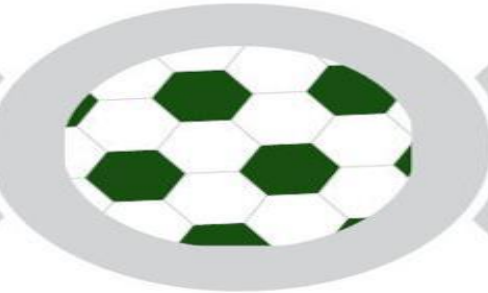
The most prominent PACE is the unconditional love of a parent or mentor. Others include:



Having at least one best friend



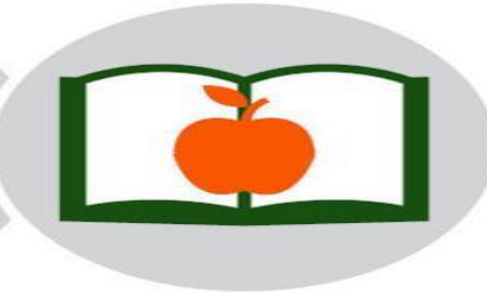
Mindfulness



Exercise or physical activity



Hobbies or clubs



A school that provided resources

Discussion Question

What ACE score will decrease a child's life expectancy by 20 years (as compared to children with low to no ACE score)?

Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing



People with 6+ ACEs can die


20 yrs


earlier than those who have none




1/8 of the population have more than 4 ACEs


4 or more ACEs

3x the levels of lung disease and adult smoking 

11x the level of intravenous drug abuse 

14x the number of suicide attempts 

4x as likely to have begun intercourse by age 15 

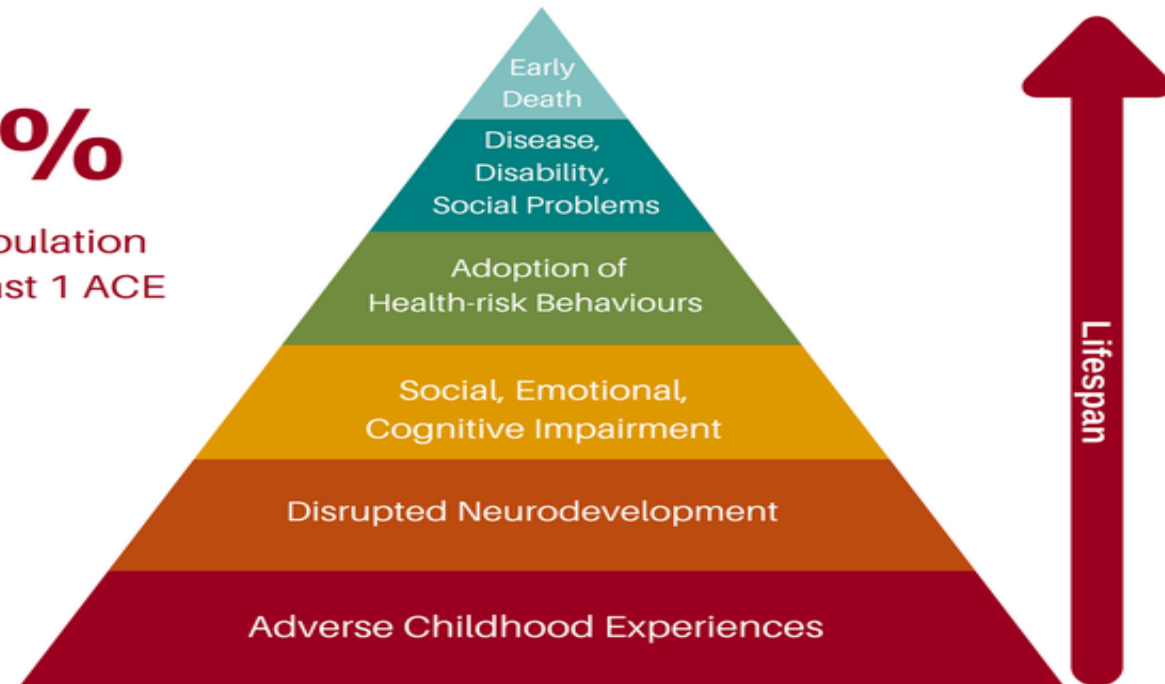
4.5x more likely to develop depression 

2x the level of liver disease 

“ Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today ”

Dr. Robert Block, the former President of the American Academy of Pediatrics

67%
of the population have at least 1 ACE



What is HOPE?

“Believing in yourself, believing in others & believing in your dreams.”

Hope

```
graph TD; Hope[Hope] --- Agencies[Agencies]; Hope --- Pathways[Pathways]; Agencies --- A1[My past experiences have prepared me well for my future]; Agencies --- A2[I energetically pursue my goals]; Agencies --- A3[I meet the goals that I set for myself]; Agencies --- A4[I've been pretty successful in life]; Pathways --- P1[Even when others get discouraged, I know I can find a way to solve the problem]; Pathways --- P2[There are a lot of ways around a problem]; Pathways --- P3[I can think of many ways to get out of a jam]; Pathways --- P4[I can think of many ways to get the things in life that are important to me];
```

My past experiences have prepared me well for my future

I energetically pursue my goals

I meet the goals that I set for myself

Agencies

I've been pretty successful in life

Even when others get discouraged, I know I can find a way to solve the problem

There are a lot of ways around a problem

Pathways

I can think of many ways to get out of a jam

I can think of many ways to get the things in life that are important to me

PROMISING FUTURES

PROMOTING RESILIENCY

among children and youth experiencing domestic violence

Almost 30 million American children will be exposed to family violence by the time they are 17 years old.^[2] Kids who are exposed to violence are affected in different ways and not all are traumatized or permanently harmed. Protective factors can promote resiliency, help children and youth heal, and support prevention efforts.

Research indicates that the #1 protective factor in helping children heal from the experience is the presence of a consistent, supportive, and loving adult—most often their mother.^[1]

PROTECTIVE FACTORS THAT PROMOTE RESILIENCY

INDIVIDUAL

Temperament

Individual temperament or sense of humor



Understanding

Ability to make sense of their experiences

Relationships

Ability to form relationships with peers



Expression

Opportunities to express feelings through words, music, etc.



Mastery

Opportunities to experience mastery



Conflict Resolution

Development of conflict resolution & relaxation techniques



Culture

Strong cultural identity

FAMILY

Role Models

Adults who role model healthy relationships



Health

Healthy caregivers



Networks

Relationships with extended family members and others



Supportive Relationships

Positive child-caregiver relationships



Stability

Stable living environment

COMMUNITY



Access to Services

Basic needs, advocacy, health



School

Positive school climate and supports



Mentors

Role models & mentors, i.e. coach, faith leader

Neighborhood Cohesion

Safe & connected communities



Get started at www.PromisingFuturesWithoutViolence.org

National Domestic Violence Hotline: 1-800-799-7233 (SAFE)

National Dating Abuse Helpline: 1-866-331-9474 or text "loveis" to 77054

Promising Futures: Best Practices for Serving Children, Youth & Parents is a project of Futures Without Violence

FUTURES
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

Partner Violence

Role of Professionals



Connecticut Coalition Against Domestic Violence



Discussion Question

What do you think are the most common reasons people don't screen for IPV?

Barriers to IPV Screens

Providers have identified the following barriers:

- Discomfort initiating conversation.
- Not knowing what to do about positive disclosures.
- Worry about mandatory reporting.
- Frustration with patients/clients who do not follow plan of care.
- Lack of time/outside scope of their work.

Health Disparities

- Many LGBTQ survivors do not seek out health & medical services due experiences of substandard care & discrimination.
- Many communities of color lack appropriate access to quality health & wellness services.
- Due to COVID19, many more people are now without their employer based health insurance.

How can we be more inclusive in how we implement more universal screening?

What We've Learned from Research

Studies Show:

- Clients support assessments
- No harm in assessing for DV/IPV
- Interventions improve health & safety
- *Missed opportunities*: clients fall through the cracks when we don't ask



OF THE 805 HEALTH PROFESSIONALS
TRAINED BY CCADV IN FY16, ONLY 35%
DIAGNOSED OR ASSESSED FOR IPV



"6% of physicians ask their patients about possible DV, but 88% admitted that they knew they had female patients who had been abused."

Swanson's Family Medical Review, 2009

Recommendations

The US Preventive Services Task Force (USPSTF) recommends:

- Clinicians screen women of childbearing age for IPV.
- Provide or refer women (and other victims) with positive screens to interventions.

These recommendations apply even when clients do not exhibit signs or symptoms of abuse.

Recommendations

Screening is Also Recommended by:

- Joint Commission on the Accreditation of Hospitals and Healthcare Organizations
- American Medical Association
- American Academy of Pediatrics
- American Nursing Association
- American College of Obstetricians and Gynecologists
- Institute of Medicine

**EDUCATION
EVERY TIME**

Screening Process

1. Establish a policy to educate & screen all patients/clients every time.
2. Incorporate IPV Screening questions into your intake.
3. Respond, educate, refer.

IPV Advocates are available 24/7

to assist & answer any questions that you might have.

Screening Process

1. Establish a policy to educate & screen all adult patient/client every time (as appropriate).

EDUCATION EVERY TIME

Screening Process

Policy Recommendations

- **Ask to see just the patient/client alone for the first few minutes.** Partners & children over age two should be separated from the patient/client for this screen.
- **Move the patient/client to another location to conduct the screen.** Work with staff to make a plan for this.

Screening During COVID19

Policy Adjustment

- Identify a private location with patient/ client during sessions.
- Ask patient/client to take a walk (if they can).

Screening During COVID19

Sample Policy

“We have started talking about intimate partner violence (IPV) with all of our patients/clients & families because it can have such a serious impact on the health & well-being of you and your children/families.”

Screening During COVID19

“Since we are all currently isolated in our homes, and stress levels might be higher than normal, we want to make sure that we are telling everyone about [CT’s statewide IPV hotline, called Safe Connect.]”

Screening Process

2. Incorporate IPV screening question(s) into your regular check-in questions or social history intake. **Focus on your role as a provider – HOW you engage is critical.**



Screening Process

Framing Statements:

“We’ve started asking all of our patients/clients about safe and healthy relationships because it can have such a large impact on your health.”

“We’ve started asking mother’s about safe and healthy relationships because it can have such an impact on your & your child’s health and wellbeing.”

Screening Process

Confidentiality Statement:

“Before we begin, I want to remind you that our conversation is confidential. I won't talk to anyone else about what is said unless you give me your permission or I hear something that legally requires me to make a report such as child abuse, abuse of an elderly person or if you are harmful to yourself or another person.”

Mandating Reporting

Connecticut

Emergency rooms are only mandated to report to law enforcement for gun shot or stabbing wounds.

Screening Process

Universal Screening Question:

“Is there anyone in your life who is hurting or threatening you in any way?”

Follow Up Questions:

To identify different types of IPV

Screening Process

"HITS" A domestic violence screening tool for use in the community

HITS Tool for Intimate Partner Violence Screening: Please read each of the following activities and fill in circle that best indicates the frequency with which your partner acts in the way depicted.

How often does your partner?	Never	Rarely	Sometimes	Fairly Often	Frequently
1. Physically hurt you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Insult or talk down to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Threaten you with harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Scream or curse at you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5

Each item is scored from 1-5. Thus, scores for this inventory range from 4-20. A score of greater than 10 is considered positive.

Clinical Research and Methods
(Fam Med 1998;30(7):508-12.)

5. Make you do things sexually you're not comfortable with?

Important Reminder

Disclosure is not the goal & disclosures do happen. The main goal is to ensure that patients/clients understand connections between their relationships & their health.

Screening Process

3. Respond to answers by utilizing validating statements, educate & refer.

“I’m so sorry this is happening, you don’t deserve this”

“I’m worried about your safety”

“You’re not alone”

“Help is available”

“It’s not your fault”

Screening Process

Negative Disclosure



Providing every patient/client with education on healthy relationships & local resources can help save lives. These small handouts can be used by patients/clients, their friends, or family members.



Screening Process

Positive Disclosure



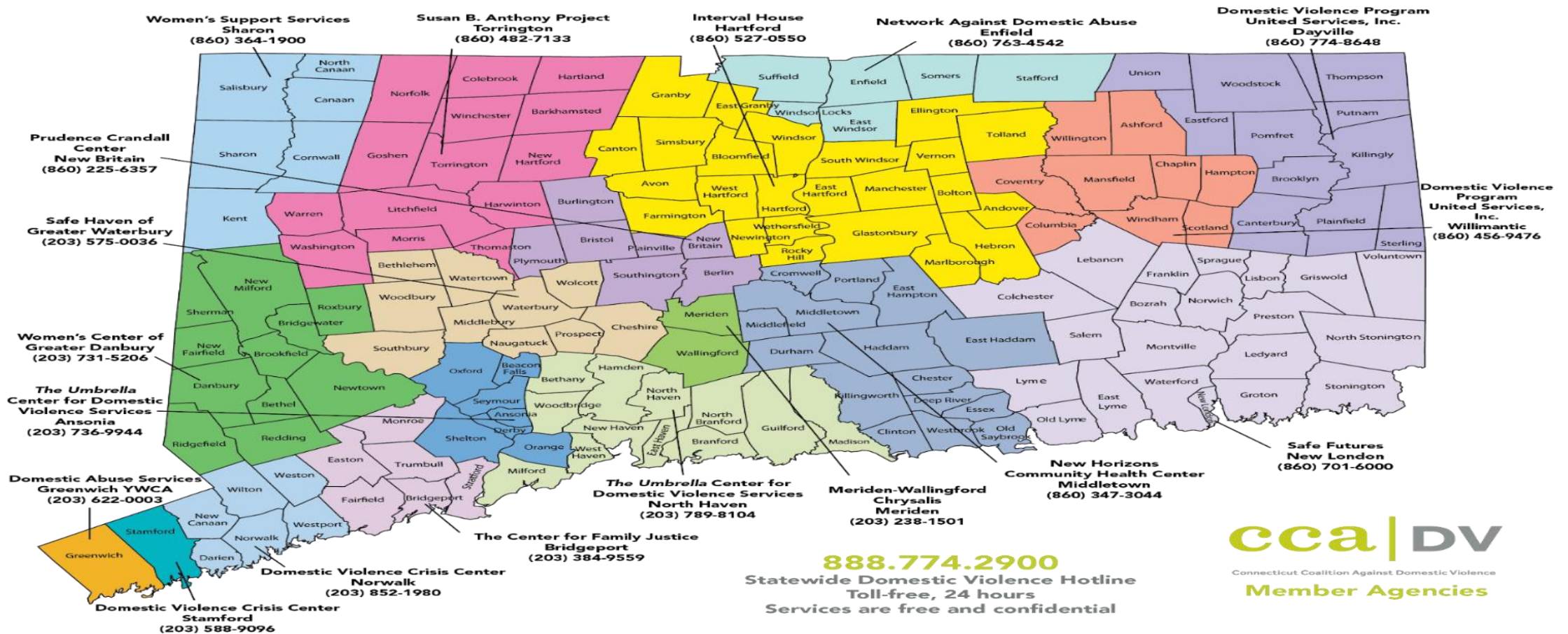
FREE, CONFIDENTIAL, 24/7 IPV ADVOCATES

1-888-774-2900

Offer to call the local IPV advocate utilizing an office phone, not the clients cell phone, & remind clients they don't have to disclose their name if they're not comfortable.

Screening Process

Refer to your local IPV/DV agency.



Role of an Advocate

- **Advocates provide** safety planning & support.
- **Advocates will explore all possible** scenarios & outcomes to support the best decision for the client & their children.
- **Advocates connect clients** to additional services:
 - Housing
 - Legal advocacy
 - Clinical counseling
 - Referrals to other community providers

Victim Assessments

Overlapping Concerns

- **Risk Assessment:** Risk of re-assault
- **Lethality Assessment:** Risk of murder/homicide
- **Safety Assessment:** Does the victim have a safety plan? Are there effective community & systems response?

COVID19 Safety Planning

- Code Words: “Purple Ribbon Project” or one that you can collaborate with your patient/client to create.
- France: “Mask19” Alerts a pharmacist that a victim needs help.
- Australia: Use black marker (vs. red marker) to initial specimens at doctor’s office/health clinics.

Think of ways we can be creative!



1. Palm to camera and tuck thumb



2. Trap thumb

**THE
VIOLENCE
AT HOME
SIGNAL
FOR HELP**

womensfundingnetwork.org

***Use this signal to ask
for help on a video
call without leaving
a digital trace.***

***If you see this sign:
REACH OUT. LISTEN.
RESPOND. See below.***

Screening Works

Women who talked to their Health Provider about abuse were:

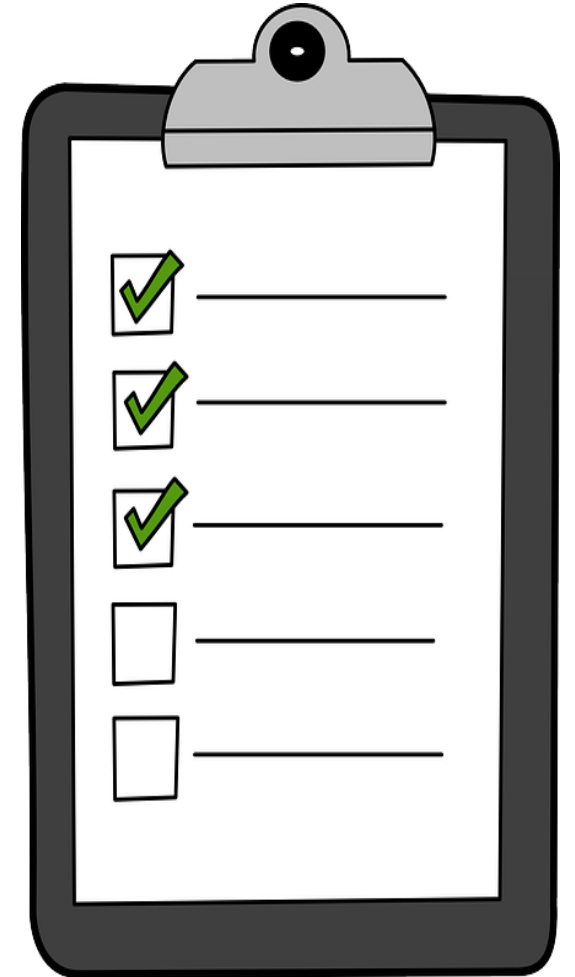
4 times more likely to use an intervention.

2.6 times more likely to exit the abusive relationship.

McCloskey et al, 2006

Reminders for Providers

- **Document IPV** screens in a safe & secure place. Work with IT office.
- **Review** who has access to patient/client records & review this with the patient/client.
- **Follow up** at next appointment.
- **Reach out** to your local DV agency with any questions.



Tool Kit: Additional Resources

CONTACT US | TRANSLATE THIS WEBSITE TO SELECT LANGUAGE | FIND US ONLINE:

cca|DV Connecticut Coalition Against Domestic Violence | Call **888-774-2900** for help or to talk to someone. Para hablar o recibir ayuda, llama al **844-831-9200**. [MAKE A DONATION](#)

FIND HELP | **EN ESPAÑOL**

- About CCADV
- Information about Domestic Violence
- Projects & Initiatives
- Training & Events
- Resource Library
- Press
- Purple Ties
- SIGN UP TO OUR MAILING LIST

2016 POLICY

- Projects & Initiatives Overview
- td411
- Children
- Diversity & Accessibility
- Fatality Review
- Health Professional Outreach**
- Law Enforcement Initiative
- Legal Advocacy
- Offender Risk Reduction

Learn about our 2016 policy efforts to support victims of domestic violence. [READ MORE](#)

IN THE PRESS

Hartford Courant: 'Do You Think That He/She Might Try to Kill You?' More Police Screening to

[LEAVE THIS SITE NOW](#)

CCADV Training Institute

Download the Winter/Spring 2016 Training Catalog.

Upcoming Trainings:

Community Conversation - Increasing Support for Asian Women & Their Children Jan 27, 2016 10:00 - 11:30am All Welcome REGISTER	Deteccion de Violencia Domestica para Profesionales de Salud Jan 28, 2016 10:00am-12:00pm Members, Health Professionals Only REGISTER
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cca|DV
Connecticut Coalition Against Domestic Violence

HEALTH PROFESSIONAL OUTREACH PROJECT

HEALTH PROFESSIONAL TOOLKIT
(JANUARY 2016)

www.ctcadv.org

COVID19 Updates

- Safehomes are still open & at full capacity
- Advocates working remotely until July 6 (return 50% capacity)
- Virtual support groups
- Temporary Restraining Orders (TRO's) can now be filed online
- Insurance reimbursement for IPV screening "preventive medicine"
- CCADV's free car service for court hearings & medical appointments

HOTLINES

AND

REMOTE SERVICES

SERVICES

AVAILABLE

DOMESTIC VIOLENCE

203-384-9559

SEXUAL VIOLENCE

203-333-2233

VEDAS (SPANISH)

888-568-8332



#CTSafeConnect is here to help!

Our advocates are available throughout the COVID-19 outbreak if you need to talk about your relationship.

CALL • CHAT • EMAIL • 24/7

We listen because you matter.



CTSafeConnect

CTSafeConnect.org | (888) 774-2900*

**Texting is temporarily unavailable.*

All services are confidential, safe, free and voluntary.

**#CTSafeConnect
está aquí para ayudar!**

**Nuestros consejeros están disponibles
durante todo el brote de COVID-19
si necesita hablar sobre su relación.**

**LLAMADA • CHAT
CORREO ELECTRÓNICO • 24/7**

Lo escuchamos porque usted es importante.



CTSafeConnect

CTSafeConnect.org | (888) 774-2900*

**Los mensajes de texto no están
disponibles temporalmente.*

Nuestros servicios son confidenciales, seguros, gratuitos, y voluntarios.

Connecticut Resources

Domestic Violence

Connecticut Coalition Against Domestic Violence
1-888-774-2900 ENGLISH
1-844-831-9200 SPANISH

Basic Needs

2-1-1 (United Way CT)
CT Department of Social Services

Children, Teens, Youth

CT Department of Children & Families
Governor's Prevention Partnership

Communities of Color

Sneha Latino Community Services Asian Family Services
Hartford/Community Renewal Team

Disabilities

Department of Developmental Services
Department of Rehabilitation Services
Association of Centers for Independent Living
Office of Protection & Advocacy for Persons with Disabilities

Elderly

Area Agencies on Aging

Legal Assistance

CTLawHelp.org / CT Network for Legal Aid
The Children's Law Center

LGBTQI

CT TransAdvocacy Coalition
Hartford Gay & Lesbian Health Collective
True Colors
PFLAG

Mental Health & Substance Abuse

CT Department of Mental Health & Addiction

Military Families

Navy Sub Base New London Support Services
CT Department of Mental Health & Addiction Services
Military Support Program

Sexual Violence

Connecticut Alliance to End Sexual Violence
1-888-999-5545 ENGLISH
1-888-568-8332 SPANISH

Victim Services

CT Office of Victim Services
CT Office of the Victim Advocate
CT SAVIN

Immigrants & Refugees

Connecticut Institute on Refugees & Immigrants
Integrated Refugee and Immigrant Services

National Resources

International Alliance for HOPE

www.allianceforhope.com

**Training Institute on Strangulation
Prevention**

www.strangulationtraininginstitute.com

Futures without Violence

www.futureswithoutviolence.org

Battered Women's Justice Project

www.bwjp.org

Trainings Handouts

- Safe Connect Posters (English & Spanish)
- Awareness Toolkit
 - Script
 - Engagement Ideas
 - Social Media Graphics
- Lethality Assessment Protocol Form
- Preventive Medicine Service Codes

Questions?

HOPE #NotCancelled



Connecticut Coalition Against Domestic Violence



NEW
NEW
NEW
NEW

ONLINE TRAINING INSTITUTE

THE CENTER FOR FAMILY JUSTICE

NEW
NEW
NEW

Contact Information

The Center for Family Justice

753 Fairfield Avenue

Bridgeport, CT 06604

(203) 334-6154 phone

(203) 384-9559 hotline

www.centerforfamilyjustice.org

cca | DV

Connecticut Coalition Against Domestic Violence



Contact Information

Amanda Posila, MPH

Director of Education & Community
Engagement

aposila@centerforfamilyjustice.org

(203) 334-6154



Connecticut Coalition Against Domestic Violence



Contact Information

Sasha Collins, MS, LPC

Coordinator of Camp HOPE & Youth
Trauma Specialist

scollins@centerforfamilyjustice.org

(203) 334-6154



Connecticut Coalition Against Domestic Violence

