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Workshop Objectives:

- Understand the dynamics of domestic violence
- Understand the impact of domestic violence on adult victims and child witnesses
- Provide information about legal remedies for protection and reporting requirements
- Appropriately screen and communicate with victims of domestic violence
- Assess for risks and lethality and facilitate appropriate safety planning
- Provide or refer to available community resources and victim services
- Discuss model protocols for addressing domestic violence

Registration Details:

How to Register:

Mail, Fax or Email your completed Registration form to iarras@kdva.org

Registration Fee: \$40.00

(Materials and CEUs are included in registration)

Continuing Education

Accreditation:

Approved for Social Work CEUs
Batterer Intervention Providers
Psychology

Pending CEU Applications

Nursing - **NOTE:** Kentucky Board of Nursing approval of an individual nursing continuing education provider does not constitute endorsement of program content.

Professional Art Therapists
Deaf / Hard of Hearing Interpreters
Alcohol and Drug Counselors
Licensed Marriage and Family Therapists
Licensed Professional Counselors

Send checks to:

KDVA
ATTN: Training Institute
111 Darby Shire Circle
Frankfort, KY 40601



*Strategies for Addressing Domestic Violence

Friday, October 26th, 2012

9 AM - Noon

This workshop will provide participants with knowledge about the nature and extent of domestic violence. Content will include: the effects of domestic violence on adults and children who witness, lethality and risk assessments, resources and referrals, reporting requirements, legal options for protection and strategies for safety planning, screening for domestic violence, and model protocols for addressing domestic violence.

****This workshop meets the legislative mandate (KRS 194A.540) that will satisfy the three (3) hour training course requirement as directed in subsection (3) and outlined in subsection (2) of the mandate.***

REGISTRATION FORM: (Registration deadline: Friday, October 19th, 2012)

Name: _____

Title: _____

Agency: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email Address: _____