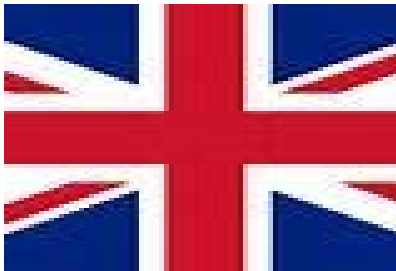


**Responding to Gender-based Violence:
Saint Lucia Frontline Workers Training Booklet**



**Raise Your Voice St. Lucia, Inc.
2017**

This manual is intended as a resource for frontline workers in social service agencies in St. Lucia who come in contact with survivors of gender-based violence. This publication is funded by British High Commission, and it was written in consultation with Lori K. Sudderth, Ph.D.

Introduction

The purpose of this booklet is to, through training and appropriate supervision, create a *culture of response*¹ in which survivors of gender-based violence are supported and encouraged to disclose and seek assistance from all available resources in St. Lucia. A culture of response communicates to survivors of violence that regardless of where they make contact, the response will be respectful, informed, and helpful.

I. Definitions

Sexual assault/attempted sexual assault: The most inclusive definition of sexual assault is *non-mutual, non-consensual sexual contact*.² This is an umbrella term that includes attacks by acquaintances, family members, or strangers, targeting either children or adults, regardless of sex. More specifically, sexual assault is defined as *a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse*.³

Child abuse: Child abuse is when a parent, step-parent, primary caregiver or substitute caregiver (like babysitters, clergy, teachers, coaches, etc.) acts or fails to act, causing injury, death, emotional harm or risk of serious harm to a child; this includes *all forms of physical and emotional maltreatment, sexual abuse, neglect and negligent treatment, and exploitation that results in actual or potential harm to the child's health, development or dignity*.⁴ Child sexual abuse may be committed by strangers as well, but the majority of perpetrators of this crime are known to the victim.⁵

Domestic violence: Domestic violence (also known as family violence) consists of all *violent behaviors committed by an offender who is related to the victim, including romantic partners, siblings, adult children, and extended family*.⁶

Intimate partner violence: Intimate partner violence includes

physical violence (includes *hitting, punching, kicking, slapping, strangling, smothering, using or threatening to use weapons, shoving, throwing things, destroying property, hurting or killing pets, and denying medical treatment*).⁷

sexual violence (see definition above),

stalking (see definition below),

technological abuse (*the use of technologies such as cell-phones, computers, and location technologies to bully, harass, stalk or intimidate a partner*).⁸)

psychological aggression, *including coercive tactics, like intimidation and social isolation, as well as the willful infliction of emotional pain by the use of verbal and nonverbal threats and humiliation*.⁹)

by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner).¹⁰ It also includes a recurring pattern of behaviors intended to control or maintain power over the victim.¹¹ Physical and sexual assaults, or threats to commit them, are the most apparent forms of

¹Ralfs, James, & Breckinridge (2009)

² California Coalition Against Sexual Assault [CALCASA], 2014.

³Breiding et al., 2015.

⁴ World Health Organization, 2017.

⁵ US Department of Health & Human Services, 2012.

⁶ Bjerregaard, 2010.

⁷ National Network to End Domestic Violence, 2017.

⁸ New Beginnings-Without Violence & Abuse, 2017.

⁹ Pilafova & Bennett-Cattaneo, 2010.

¹⁰Breiding et al., 2015.

¹¹ National Domestic Violence Hotline, 2016.

gender based violence and are usually the actions that make others aware of the problem. However, abusive relationships often involve other behaviors as well: emotional or psychological abuse, stalking, financial control, stalking through the use of technology, interference at work, extreme jealousy, isolation from family and friends, abuse of pets, destruction of property, or other means of controlling the victim.

*Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological, and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.*¹²

Stalking: Stalking is defined as a *pattern of repeated, unwanted, attention and contact (including contact through mobile technology) that causes fear or concern for one's own safety or the safety of someone else (e.g., family member, close friend).*¹³ In addition, perpetrators of intimate partner violence may try to harass or control the victim by repeatedly calling, texting, or sending messages through the internet or social media.¹⁴

Sexual Harassment: Sexual harassment includes being coerced into sexual activity as a condition of employment or promotion, such as getting or keeping a job. In addition, sexual harassment includes creating an offensive, hostile, or intimidating atmosphere for employees through continuous verbal and/or physical sexual coercion.¹⁵ Another type of harassment is street harassment, which is *unwanted comments, gestures, and actions (e.g., sexual comments or demands) forced upon someone in a public place because of their actual or perceived sex, gender, gender expression, or sexual orientation.*¹⁶

II. Stages of reaction among traumatized victims¹⁷

There is no right or wrong way to respond to gender-based violence, and recovery time varies widely. The following, for example, provides a range of possible reactions to trauma as a result of sexual assault:

1. Immediate acute reactions (a few days to a few weeks)

The range of reactions in the immediate aftermath of a sexual assault or attempted sexual assault includes: shock, disbelief, dazed, confusion, fear, anxiety, humiliation, hyperventilating, concern about how family or significant others will react, guilt, numbness, inability to concentrate, flashbacks. In addition to any physical injuries, survivors may have headaches, stomachaches, fatigue, nightmare, appetite loss or increase. Some survivors may not be able to remember sequential details of the attack. Others appear calm, but may be suppressing feelings as a way of coping with the trauma. Victims of any type of trauma may have difficulty recalling the incident, including being unable to explain their own behavior, having disjointed memories of the timing and sequence of events, and memory becoming more disjointed under stress.

2. Subsequent acute reactions

Irritability, panic/anxiety attacks, difficulty with intimate relationships, the feeling of being unsafe, flashbacks or persistent re-living the trauma, upset by triggers, self-blame, depression, anger, suicidal thoughts, shame or guilt. Survivors may avoid situations that trigger memories of the assault, which may include auditory, visual, and/or olfactory stimuli that was present at the time of the incident. These triggers may impact their willingness to speak to people trying to help them, including police and medical personnel. Behaviorally, survivors may isolate themselves from others, have difficulty sleeping or concentrating,

¹² World Health Organization, 2017.

¹³ Brieding et al., 2015.

¹⁴ Woodlock, 2017.

¹⁵ Champion, 2010.

¹⁶ Stop Street Harassment, 2017.

¹⁷ California Coalition Against Sexual Assault (CALCASA), 2014

exaggerated startle response, appetite/weight loss, headaches, stomachaches, substance abuse. Male victims are particularly likely to use alcohol or drugs to cope with the trauma. One third to one half of rape survivors develop the symptoms of Post-Traumatic Stress Disorder (PTSD) within three months.¹⁸

3. Long-term reactions

Long-term reactions to experiences of gender-based violence may include depression, anxiety, anger, suicidal thoughts, inability to trust, low self-esteem, and ongoing problems with physical health (e.g., weight loss). A subset of survivors of gender-based violence will develop the symptoms of PTSD, which can include flashbacks, nightmares, avoidance of anything reminding them of the trauma, isolation, hyperarousal and hypervigilance.¹⁹

IV. Impact of social reactions:

When victims disclose to others, it is not uncommon for them to encounter negative, unsupportive reactions,²⁰ which increases the chances of developing PTSD,²¹ self-harming behaviors, substance abuse and more victimization.²² Social status may exacerbate the effects of stigmatization of rape survivors. LGBTQI citizens who are raped may receive less support because they or their family may want to hide both the sexuality of the victim and the sexual assault.²³ Male victims worry that others will think they are gay, and often do not define what happened to them as rape. Victims with mental and physical disabilities may face additional barriers to getting help, such as financial dependency on the abuser or not being taken seriously by authorities.²⁴ Others may not report because of their circumstances: human trafficking victims, wives dependent upon their husbands for financial support, victims in racial/ethnic minority groups, or prisoners or institutionalized clients.

V. Screening for domestic violence²⁵:

The following is an example of domestic violence screening questions, often used by police officers as well as healthcare practitioners, both in emergency room care and routine physical exams. Before asking the questions, obtain the client's consent to ask a few questions about her/his relationship. DO NOT ask these questions if the partner is present, the client has already spoken about a violent relationship, or if the client is not able to respond due to physical or mental illness.²⁶

- 1. Within the last year have you been hit, slapped or hurt in other ways by your partner or ex-partner?**
- 2. Has your partner ever threatened you with harm?²⁷ Are you frightened of your partner or ex-partner? (If the client wants to know what you mean by "harm," you can clarify, "Has your partner ever threatened to kill you?")**

If the answer is no to both questions, then simply offer general contact information if they need assistance—in other words, "We are providing this information to all women." If they answer yes to either question, then ask the following two questions:

¹⁸Elklit & Christiansen, 2009.

¹⁹Golier, Yehuda, & Southwick, 1997.

²⁰Ullman, 2010.

²¹Campbell, Dworkin, & Cabral, 2009.

²²Ullman, 2010.

²³Balsam et al., 2005.

²⁴Equality and Human Rights Commission, 2011.

²⁵NSW Health, 2004

²⁶Australian Attorney General's Department, 2010.

²⁷This question is from the HITS Tool for Intimate Partner Violence Screening, a tool used in medical settings to screen for intimate partner violence (Sherin et al., 1998).

1. **Are you safe to go home when you leave here?**
2. **Would you like some help with this?**

Remember the purpose of this type of screening is not to collect evidence or establish truth, but to encourage disclosure and assess the risk for future violence. Listen carefully for any references to stalking, strangulation, or access to weapons, because these are indicators of the potential for lethal violence.²⁸

Domestic violence homicide: Research on victim assessments of lethality suggest that the best predictor of lethality is the victim's own assessment of how dangerous her/his partner is²⁹, but other studies show that victims tend to underestimate their own risk of being killed.³⁰ So if a victim is concerned about her/his risk within the context of a violent relationship, that concern should be taken seriously. In addition, there should be a protocol for a victim who is not concerned about the risk, but is indicated to be a high-risk case.

VI. Handling disclosures: If a client discloses that he/she has been a victim of gender-based violence:

1. Acknowledge the abuse and support the client. Listen to what the client is saying, and assure them they have the right to be safe, it was not their fault, and refer them to appropriate services. The following are examples of what you could say to a client:

“I’m sorry that happened to you.”
“This is not your fault.”
“You have the right to feel safe.”
“I believe you.”³¹

2. Establish safety. The first question should be: *Are you safe, or do you need to get to a safe place?* Survivors may realistically fear retaliation by the perpetrator, so it is important to ask about the location of the perpetrator. In addition, if the client needs to leave an abusive situation, whether immediately or sometime in the future, ask about other needs—medical care, shelter, food, clothing, transportation, documents necessary for travel, etc. Checklists for safety planning may vary by agency, but basic safety planning involves three questions:

1. How do you keep yourself safe in your house?
2. If you need to leave, where can you go? Do you have a plan?
3. Are there family or friends who can help you if you need to leave?

In some places, police officers and health care workers have a short list of questions that would indicate the level of risk for homicide or re-assault. [See law enforcement tips for interviewing victims.]

3. Use the principles of empowerment: Empowerment means helping the survivor understand their options and move towards self-determination, giving them the tools to help themselves. Note that for police and court personnel who must collect evidence in the interview with the victim, there are ways to both be

²⁸ Campbell et al., 2003.

²⁹ Weisz, Tolman and Saunders, 2000

³⁰ Campbell et al., 2001.

³¹ Police officers may object to saying they believe someone before getting the details of the story. In this case, the other phrases may be more appropriate. Another alternative is to say, “I believe you, but I need to ask some uncomfortable questions in order to do my job.” The point is to offer a supportive first response in order to encourage disclosure.

respectful to the victim and maximize the amount of information that is shared. Some police officers, for example, will use a trauma-informed approach to interviewing victims of gender-based violence, while others combine traditional questioning techniques with intentional transparency (e.g., “I do believe you, but I need to get enough details to make an arrest”). Basic empowerment techniques include:

- Review the options rather than telling the victim what to do.
- Allow the survivor to tell the story in his/her own words, and do not interrupt him/her.
- Assume the victim is telling the truth, remembering that you may be the first person to believe her/him.
- Assure privacy and confidentiality, even within the agency. Note that revealing details of cases to others may jeopardize the safety of the client.
- Remember that leaving a relationship is the victim’s decision. In some cases, staying with an abusive partner is the safest option; leaving takes practice and planning, and it will happen when the victim is ready.

If you are talking to the victim in person³²:

- Maximize choices for the survivor within the context of the interview, including asking open-ended questions.
- Maximize comfort in the interview process by allowing breaks when needed and allowing a support person in the room if requested.
- Make eye contact, and reduce body language that suggests a threat (e.g., standing over the victim).
- Documentation should include
 - Victim’s voice tone, posture, and emotional reactions during interview
 - Non-consenting behaviors described by victim, such as
 - Resistance in any form
 - How the perpetrator achieved compliance
 - Any attempts by the victim to talk the perpetrator out of the act;
 - Any fears discussed within the context of the assault;
 - Any other constraints on his/her action.
- Encourage use of sensory memories to recall the incident.
- Encourage victims to report details of the incident, even if they remember these details after the interview.³³
- **DO NOT**
 - Refer to the incident as “sex”
 - Ask the victim if she/he enjoyed it
 - Ask about information not relevant to the investigation

4. Assure confidentiality:

It is important to validate the worth, dignity, and potential of the victim by listening to the client’s needs, facilitating their progress toward getting assistance, and providing relevant information. In order to encourage disclosure, it is also important that the client be able to trust you to keep his/her disclosure confidential. If you need to share information about the case with other professionals in order to get the client the help they need, let them know that and obtain their permission.³⁴ Collaborative agencies may have memorandums of agreement that allow for the sharing of client information, but clients may want to know how the information will be used. Some agencies require employees to sign an oath of

³² Rich, 2014, summarizing best practices.

³³ Connecticut Sexual Assault Crisis Services, Inc., 2015.

³⁴ Connecticut Coalition Against Domestic Violence, 2016.

confidentiality. It is also important to let them know what you can not keep confidential: abuse of a child or threatening harm to self or others. Keep in mind that breaking confidentiality does more than violate the trust of the client; it could

- jeopardize the safety of the client;
- jeopardize the case against the perpetrator;
- violate a signed oath to keep client information confidential;
- exacerbate the emotional pain and humiliation experienced by victims of gender-based violence;
- take away the prerogative of the client to determine the timing of disclosure to her/his family, including children.

For social workers or therapists conducting groups: When social workers provide counseling services to families, couples, or groups, social workers should seek agreement among the parties involved concerning each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others. Social workers should inform participants in family, couples, or group counseling that social workers cannot guarantee that all participants will honor such agreements.

VII. Protocols

Protocol for health care workers. Although health care workers should be trained with written protocols, the following is suggested as good practice:

- Be aware that sensitive medical care can reduce the effects of trauma and enhance the ability of survivors to cope with the impact of gender-based violence.³⁵
- Sexual assault survivors have the right to consent or refuse any part of the medical evidentiary examination. If there are choices about who will conduct the exam (e.g., male or female physician), the client should be allowed to choose the practitioner.
- The purpose of the physical exam is to tend to the medical needs of the patient, but also to collect and preserve evidence. This includes conducting a complete physical examination, photographing injuries, written details of findings, and following standard evidence collection procedures. The health of client, however, always takes precedence over the forensic exam.
- Record precise details of findings related to abuse, including a neurologic exam, body maps, photographs of injuries, and assessment of emotional status, particularly fear of the perpetrator.
- Record the results of any lab tests, ex-ray or diagnostic procedures and their relationship to the abuse.
- Assess and record information pertaining to the patient's risk for suicide or homicide (see examples of lethality assessment under police protocol), and potential for being seriously harmed or injured.
- Determine if it is physically/psychologically safe for the victim (and any children) to go home.
- Record options and referrals discussed with the patient.
- Note whether a police report was filed, and record the name of the investigating officer and action taken.
- Record arrangements for follow-up/discharge information, so that the client can safely get to her/his destination.

³⁵ CALCASA, 2014.

Necessary documentation:

- Intake & Referral Forms

Protocol for law enforcement³⁶:**Tips for Interviewing the Victim³⁷:**

- Interview the victim in a safe place, separately and out of view from the suspect.
- Ask open-ended questions and avoid accusatory language and demeanor; remain professional and constructive; avoid giving your personal opinion, making assumptions or judgments.
- Ascertain if the suspect is under a protection order or is in possession of weapons.
- Ask if there are children present, and make sure that they are safe.
- Determine need for medical attention and document any visible injuries.
- If you are a first responder, get basic details about the incident (when, where, who), but assure the victim that an interviewer in the Vulnerable Persons Unit (VPU) will ask for the full version of events. At the police station, interviewers should ask one question at a time, allowing the victim to explain in her own terms and to ask clarifying questions.
- Ask about any history of abuse and assess lethality:
 - Has your partner ever tried to strangle you?
 - Has your partner ever threatened to kill you or himself/herself?
 - Does your partner have access to any weapons, specifically firearms or knives?
- Reassure the victim that help is available, and offer appropriate information, including basic safety planning.
- If children are present, or if the suspect is making threats to the victim, try to avoid arresting the suspect in front of them.
- Explain what is happening next in terms of arrest and custody of the suspect
- VPU interviewers should also explain what happens next in the criminal justice process.

Tips for Interviewing the Suspect

- Conduct interviews separately from the victim and any children present.
- Ask open-ended questions, and avoid accusatory language and demeanor.
- Do not
 - say “Your wife/partner says...”
 - express sympathy for suspect’s explanations for violence.

Tips for Interviewing Children Who Witness Violence or are Victims of Violence³⁸

- Contact Child Protective Services if you suspect any type of child maltreatment.³⁹
- Interview the child(ren) in a comfortable, safe place.
- Establish rapport in age-appropriate language, assuring the child that they did not do anything wrong (e.g., “You are not in trouble; I’m just trying to get some details about what happened”).
- Initially, ask open-ended questions, and avoid leading the child to any conclusions. (Note that *suggestive* statements are not the same as *supportive* statements).

³⁶ Note that this protocol applies to both incidents of sexual violence and intimate partner violence.

³⁷Connecticut Department of Emergency Services and Public Protection, 2016.

³⁸ See Hershkowitz et al., 2015.

³⁹In some places, law enforcement and child protective services work together to conduct forensic interviews without re-traumatizing the child.

Collaboration and referrals

The goal of interagency collaboration is *effective, competent, coordinated intervention to ensure the best possible outcome for survivors*.⁴⁰ In addition, since the needs of survivors are rarely met by one agency, the most positive outcomes for victims and professionals who respond to gender-based violence are coordinated responses. To this end, with the explicit permission of the client, establish phone and/or email contact with a referral or referrals in order to introduce the client. The following information should be provided by your agency:

Victims of sexual assault who ask for further assistance should be referred to

Victims of intimate partner violence who ask for further assistance should be referred to

If you contact other agencies through email, please attach the following documents with the email:

Follow up

The need for assistance may be ongoing, so these cases may require case management. Therefore, it may be important to re-contact the referral or the client to check on any actions taken on behalf of the client. Some ongoing concerns may include:

Health concerns for survivors of gender-based violence:

- sexually transmitted diseases, including HIV/AIDS
- pregnancy
- injuries sustained in the assault
- safety—from perpetrator retaliation

Mental health concerns for survivors of gender-based violence⁴¹:

- Post-Traumatic Stress Disorder (PTSD)
- depression
- substance abuse
- suicidal ideation

Practical concerns for survivors of gender-based violence:

- housing
- employment
- understanding the criminal justice process

⁴⁰ CALCASA, 2014.

⁴¹ Stein and Kennedy, 2001.

Agencies in St. Lucia

St. Lucia Crisis Centre: The St. Lucia Crisis Centre offers individual and group counseling for any person experiencing a life crisis, including domestic violence and/or abuse, sexual assault, relationship or family problems, mental health, financial stress, medical, depression, suicidal thoughts or attempts, grief from loss, death, illness, or natural disaster. The Centre also offers educational support and programs for families and children.

Vulnerable Persons Unit of The Royal St. Lucia Police Force: The Vulnerable Persons Unit (VPU) responds to cases involving violence against women and children, working closely with the Department of Gender Relations, the Department of Human Services, and the Family Court.

The Women's Support Centre: The Centre provides 24-hour services to women who fear for their lives, including a toll-free hotline, short-term accommodations, counseling, a children's programme, safety planning, assistance with employment and housing, referrals and information about community resources, and community outreach/public education and training on domestic violence.

Raise Your Voice St. Lucia, Inc.: The mission of Raise Your Voice St. Lucia, Inc. is to advocate on behalf of the women and children who are victims of violence by working for legislative changes and for the establishment of a center to improve services to victims of violence.

PROSAF: PROSAF is a nonprofit organization that is dedicated to creating a safer, more open and positive atmosphere for survivors of sexual violence.

The Family Court is part of the Ministry of Home Affairs, Justice and National Security, and it hears cases having to do with child care and protection, domestic violence, and child sexual abuse perpetrated by juveniles.

Department of Gender Relations: Under the auspices of the Ministry of Education, Innovation, Gender Relations, and Sustainable Development, the Department of Gender Relations works to *create an environment to redress gender imbalances through policies and programmes geared towards maximizing women participation in, and benefits from national socio-economic development initiatives and improve the relationship between women and men: the goal of which is to enhance the quality of women's lives and to allow both women and men to achieve their full potential.*

Department of Human Services: Under the auspices of the Ministry of Health and Wellness, the Department of Human Services seeks to *enhance the psychosocial functioning of children, families, older persons, individuals, and other vulnerable groups. This is done through advocacy, research, counseling and other social work therapeutic intervention strategies, which focus on family preservation and the provision of skills for self-empowerment.*

Self Care

Workers who have regular contact with victims of gender-based violence may suffer from compassion fatigue, vicarious trauma, or other manifestations of stress. It is important to find ways to talk about your own feelings without breaching confidentiality regulations. The Employee Assistance Program (EAP) is available to state employees, but it is not independent of public service. In some agencies, coping strategies are integrated into agency protocols, such as periodically rotating job responsibilities; but individual workers may want to think about their own means for coping with these challenges, like debriefing with a trusted colleague or friend after handling traumatic cases.

Conclusions

Responding to cases of gender-based violence with compassion and sensitivity will increase opportunities for survivors to disclose, report, and get the assistance they need to heal and move on with their lives. Increased disclosure will also enhance the capacity of law enforcement and prosecutors to hold offenders accountable for their actions. As agencies work together to confront gender-based violence, they offer hope to survivors who have the courage to reach out to them.

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⁴² For permission to use HITS, email Kevin Sherin at kevin_sherin@doh.state.fl.us.