



**They were
compassionate and
very well informed.
They guided me
skillfully through
the system and at
all times made me
feel as though I had
strong advocates.**

Attorneys Take on Dual Arrests & Offender Accountability

Persistence appears to be paying off as DVCC legal advocates forge ahead with their campaign to influence the way the legal system responds to victims of domestic violence. Last March they provided state legislators, other policy makers and members of Connecticut's criminal justice system with research and testimony advocating for new policies aimed at reducing dual arrests in domestic violence cases and for the tightening of eligibility requirements and follow-up procedures for offenders who are offered entry into batterer programs as an alternative to prosecution.

Additionally, the DVCC hosted Dr. Andrew Klein, a nationally recognized researcher, statistician and expert on the criminal justice system's response to crimes of domestic violence, for a two day symposium. Dr. Klein presented his research and findings on dual arrests to a wide variety of individuals responsible for how Connecticut's criminal justice system handles cases of domestic violence.

A domestic violence "dual arrest" occurs when both parties are arrested and charged in criminal court. Such arrests are extremely detrimental for numerous reasons: they re-victimize the victim by labeling her as an offender; they adversely impact the level of trust the victim has in law enforcement to provide protection; and they make it difficult for prosecutors to effectively prosecute the true offender. According to Dr. Klein, Connecticut has the unfortunate distinction of having the highest intimate partner dual arrest rate in the nation. Recent statistics released from the Judicial Branch indicate that

a dual arrest is made in 16.5% of all domestic violence incidents in Connecticut, which is significantly higher than the 3.8% national rate and also compares poorly with rates in the neighboring states of Rhode Island, New York and Massachusetts.

According to research cited in a DVCC position paper on dual arrests, Connecticut is one of the last states in the nation to have a domestic violence mandatory arrest law (meaning police must make an arrest in cases of domestic violence) without a companion predominant aggressor provision. Such a provision would require police to take into account certain factors in order to determine which party is the likely aggressor and which is the likely victim. Such provisions have been shown to significantly reduce dual arrest rates across the country.

While Connecticut state legislators have, over the last two sessions, passed several pieces of legislation that benefit victims of domestic violence, they recognized that much more work needed to be done. As a result, the Connecticut General Assembly created the Law Enforcement Response to Domestic Violence Task Force charged with developing a model policy for law enforcement response to domestic violence. One of the 16 people named to serve on that task force was Andrea Dahms, a DVCC staff attorney who has been an active advocate for changes in the Connecticut legal system's response to victims of domestic violence.

In December, the task force issued its report, which included recommendations intended to address dual arrests, including: that police be provided with clearer guidelines

regarding evaluating claims of self defense so that they can use better judgment when deciding whether an arrest of both parties in a domestic violence case is necessary; that a supervisor review all domestic violence arrests; that a standard state-wide curriculum be developed to train police on responding to domestic violence; and that in-service police training for domestic violence be required annually, as opposed to once every three years, and that such training include updates on statutory changes and best practice responses. Other recommendations encouraged the judicial branch to work more collaboratively with court-based domestic violence victim advocates and to enhance domestic violence training for judges and prosecutors; suggested that bail commissioners include evaluations of victim safety when determining release conditions; and proposed giving court-based domestic violence victim advocates access to non-conviction information to enhance safety planning efforts with victims.

"This is a good start towards bringing Connecticut's dual arrest rates more in line with the rest of the country," Dahms said. "We'll know we have made real progress when that number decreases and we see fewer victims being inappropriately charged with criminal conduct for protecting themselves."

While the Law Enforcement Response to Domestic Violence Task Force did not address the issue of increasing accountability for batterers enrolled in the Family Violence Education Program, the Connecticut Coalition Against Domestic Violence has adopted this issue as one of its priorities for the 2012 legislative session.

DVCC Legal Clinics

“Your services are an island of hope and direction to improve a sad and confusing situation.”

This is one among hundreds of positive comments by DVCC clients who have consulted with attorneys during our monthly Civil Legal Clinics. Established to provide clients with legal consultation on matters such as divorce, housing, child custody and visitation, child support, immigration, paternity and wills, the first clinic was held at the Stamford office in March 2011.

Since then, DVCC has hosted ten clinic sessions, during which over 140 legal consultations were provided to clients currently working with the agency. The clinic is staffed by DVCC’s three staff attorneys and eight volunteer attorneys from the local legal community who generously donate their time and expertise. Additional DVCC staff members assist with filling out forms and providing translation service when necessary.

Kieran Costello, whose firm Costello & McCormack, P.C. has provided volunteer attorneys for nearly every session, said the legal consultations were an extremely worthwhile endeavor.

“Too many times we see self-represented victims of domestic violence in court, and it’s heartbreaking to watch them struggling alone in a confusing and intimidating court



Christopher P. Brennan (L) and Claire DeVidas (R), attorneys with the Fairfield law firm of Costello and McCormack, with DVCC Civil Attorney Gladys Nieves (center) at a DVCC Civil Legal Clinic.

system,” he said. “The DVCC clinic is an invaluable service provided to these women who cannot afford their own counsel. We, as volunteers, answer all different types of questions on a range of topics from divorce and custody to eviction and debt. The experience of volunteering with the clinic has been very personally satisfying for me and the other attorneys I work with because we leave the

DVCC office each month knowing that, but for this service, important legal questions would go unanswered and victims would be left to navigate the system all alone.”

Other volunteer attorneys include Christopher Brennan, Claire DeVidas, Merrie Hawley, Jon Jessen, Karen McCormack, Mayra Rios, Edward Sinclair, Heather Spaide and Elizabeth Zessman.



BOARD VOICES



Having spent the better part of my adult life working, raising a family and eventually running my own business, the time I had available to contribute to my community was limited. I always supported DVCC by attending the spring luncheon and in other small ways which fit into my schedule. However I knew that when I retired, DVCC would be one of the organizations to which I would contribute my energy.

The services DVCC offers to those whose lives have been disrupted and endangered by family members or partners they thought they could respect and trust are essential and life-saving. I am proud to have been asked to intensify my involvement by

becoming a member of the DVCC Board of Directors. It is not a commitment I take lightly and it involves many hours of work - sometimes as many as I previously devoted to my business. However the results are certainly worth the effort. I serve as head of the Development Committee, which drives our fundraising efforts and, in the process, helps introduce people to our mission. I consider myself blessed to have a wonderful support system in my life, the linch pin of which has been an incredible husband. Perhaps because I have been so fortunate, I am driven to help those to whom life has been less generous.

Sandy Nathan

DVCC Board of Directors member since 2006

DVCC Has a New Website



DVCC's website, www.dvccct.org, has a whole new look, with a greater wealth of information, colorful photographs and interactive features. Our aim is to provide victims with information and encourage them to take advantage of our services, to give everyone a better understanding of the breadth of our service and advocacy platforms, and to inspire all to partner with us in our commitment to promote the right of individuals to be safe in their personal relationships.

DVCCCT.org provides comprehensive information on our agency's services, advocacy projects, PeaceWorks education program, community engagement and DVCC360. DVCC360 is our latest undertaking, encompassing Research, Advocacy, Policy and Partnerships, through which we advocate for and work toward systems change that will benefit victims of intimate partner violence. DVCC news stories offer further updates on our activities, the calendar shows where we are and what we are doing on any given day and, in response to the multi-national nature of our work,



the website may be instantly translated into over 50 different languages via the Google translation service.

Our goal is to keep you as informed as possible on what is happening in our towns, cities and state, with regard to domestic violence, via daily stories in the media, stories about DVCC projects, services and initiatives, policy updates, and legislative platforms. When you have a moment, please take a look at www.dvccct.org and let us know what you think.

EsperanzaCT Provides Assistance in Spanish

In October the DVCC launched EsperanzaCT, Connecticut's first Spanish language website and 24-hour service line for victims of domestic abuse. Funded by a grant from the State of Connecticut Judicial Branch and Office of Victim Services, the project is a comprehensive, online service center and round-the-clock service phone line designed to provide Spanish-speaking victims of domestic violence with immediate access to information and assistance in their native language.

The undertaking is a response to the manifest need for broader and more culturally-appropriate outreach within the extensive Spanish-speaking communities in Fairfield County and is in keeping with the DVCC's commitment to identifying and serving victims of domestic violence where they are most likely to be found. Through EsperanzaCT, they are able to have their concerns addressed and their questions answered in two ways; via an interactive website, www.EsperanzaCT.org, or over the phone by Spanish-speaking counselor/advocates 24 hours a day, 365 days a year.



The website describes all of DVCC's resources available to victims of domestic violence, as well as provides a comprehensive directory of community services and information that may be relevant to a victim's particular circumstances. Visitors to the site can ask a question online, which will be answered by a counselor within 15 minutes, and can browse through a list of answers to frequently asked questions.

Wonderful helpful people, friendly, respectful. It means a lot to feel of value.

BOARD VOICES



Prior to joining DVCC's Board of Directors, I served as a certified volunteer on the DVCC Hotline. Working the Hotline was such a rewarding experience because it so clearly demonstrated that we can meet our clients' needs in the most basic way – just by listening. When our clients come to DVCC, they learn that they have a voice. In joining the board, I wanted to help ensure that these voices continue to be heard. I feel that serving on DVCC's board is impactful. We're not isolated in a board room somewhere, making irrelevant decisions. Rather, we are working to fulfill the agency's mission and doing our most basic, best work – listening.

*Jennifer Cippoletti
DVCC Board of Directors member since 2007*



It gave me time to think and to create a plan-while you are here, you are safe and you do not have to rush and then do something that could hurt you later.

MAP Trains Over 1,500 in Medical Field

A little over two years ago DVCC staff members were just initiating serious research into developing the state's first domestic violence Medical Advocacy Project. The overall goal was to develop and deliver a comprehensive training program for health care professionals in order to promote earlier identification of victims of domestic violence through improved screening and to encourage

referral of victims to appropriate sources. Fact finding trips at the time included attending the National Conference on Health and Domestic Violence, sponsored every two years by the Family Violence Prevention Fund (now Futures Without Violence) and a visit to three domestic violence agencies in Pennsylvania with established Medical Advocacy programs. Back at home, further research and planning

by DVCC advocates led to the development of specialized training programs for health care providers, and ongoing outreach brought the DVCC into medical facilities and schools within and beyond Fairfield County.

Thanks to those efforts, over the past sixteen months MAP has trained an astounding number of people in the medical profession – 1,587 to be exact. Those trainings include 850 doctors, nurses and other hospital staff at Stamford Hospital, with which DVCC has a formal partnership agreement to provide training in intimate partner violence. Other facilities where medical personnel and students have received training include Norwalk Hospital, Yale New Haven Hospital, Fairfield County Medical Association, Norwalk Community Health Center, UCONN School of Nursing, NCC School of Nursing, and Emergency Medical Services in several towns. Additional MAP trainings have been provided to special DVCC Rapid Response volunteers who respond to victims in the hospital, to DVCC staff and to certain members of the community.

As further testament to MAP's progress, this year MAP Director Susan Delaney and MAP consultant Dr. Donna Clemmens will not only attend the Futures Without Violence National Conference on Health and Domestic Violence – they have also been asked to give a 20 minute presentation on the health initiative partnership between Clemmens' nursing students at the University of Connecticut and residents at the DVCC SafeHouses.

"We are really, really excited by this opportunity," Delaney said. "To have our proposal accepted for presentation at a national conference is such an honor."

Delaney and Clemmens, who is an Associate Clinical Professor at the University of Connecticut School of Nursing, last summer submitted an abstract to conference personnel entitled "A wellness initiative for victims of domestic violence". It describes the partnership between the DVCC and the UCONN School of Nursing in addressing the unmet health needs prevalent in those impacted by intimate partner violence, especially victims residing in safe houses or shelters. The presentation will discuss how nursing students and their supervisors addressed DVCC SafeHouse residents' specific health needs, provided preventative screening and health promotion activities and employed strategies to help residents take charge of their own health, including



Susan Delaney, Director of DVCC's Medical Advocacy Project, and Dr. Donna Clemmens, Associate Clinical Professor at UCONN School of Nursing.



UCONN School of Nursing students with presentation posters they created for a Health and Wellness Fair for DVCC clients.

identifying community resources for follow up. The MAP advocates were informed last fall that their abstract had been accepted for presentation at the conference, to be held March 30 – 31 in San Francisco.

“When I did an initial search of the resources, literature and programs in this area, I found very little written about targeting the health needs of victims who have experienced intimate partner violence, especially for women in shelters,” Clemmens said. “The partnership (between DVCC and UCONN) was like the perfect marriage. It’s really a service/learning project where there is a need by the agency and SafeHouse population for health care and advice and the needs of the nursing students to better understand the scope and depth and issues related to this problem.”

To further emphasize the importance of research and education when it comes to understanding the health effects of intimate partner violence, the DVCC in November hosted a series of talks by Dr. Jacquelyn Campbell, a professor at the Johns Hopkins University School of Nursing, who has been engaged in advocacy and policy work and has conducted ground-breaking research in the areas of domestic violence and health outcomes for over 30 years. Dr. Campbell enthralled and stunned audiences as she described the horrific toll that intimate partner violence takes on the physical and mental health of its victims.

The effects go way beyond the visible black eye or bruises often associated with domestic violence and they may last for years, even long after the abuse has stopped, according to Dr. Campbell. Research shows abuse victims to be at significant risk for hypertension, high cholesterol, heart attacks, strokes, chronic pain, chronic irritable bowel syndrome and pregnancy-related problems. Head injuries and strangulation put victims at increased risk for strokes, memory loss, seizures, blackouts, dizziness and difficulties with concentrating. Many IPV victims are sexually abused, resulting in STD’s, HIV, cervical cancer and internal injuries. And mental health repercussions of IPV include higher incidences of depression, post traumatic stress syndrome and suicide. During her presentation, Dr. Campbell discussed ways medical staff could assist victims of domestic violence and urged doctors to develop greater awareness of the possible connection between health problems and IPV in their patients.

Finally, in addition to their ongoing trainings within Fairfield County, DVCC

MAP advocates also have initiated regional meetings with sister domestic violence programs across the state with the aim of assisting them in instituting medical advocacy programs in their catchment areas. DVCC’s MAP is a model program and, through a Department of Social Services grant, will begin to provide technical assistance with training curricula, sample policies, strategies and guidelines towards the development of similar hospital-based programs throughout Connecticut.

Medical Researcher at Yale New Haven Hospital Assists MAP

Dr. Isabel Butrymowicz stumbled onto DVCC’s Medical Advocacy Project entirely by accident while she was completing an Internal Medicine Clerkship at the NYU Medical Center and starting to look for clinical research positions back home in Connecticut. Scrolling through the Yale New Haven Hospital webpage one evening, she spotted an ad from VolunteersMatch.org, which offered a short list of volunteer opportunities, including one with MAP.

“The brief description of the program piqued my interest,” Dr. Butrymowicz said. “I worked with victims of domestic violence during both my undergraduate and graduate studies. When I started in medical school, I remember being surprised at how little time is allocated to identifying and helping victims of domestic violence. It is the reason I decided to focus my senior year medical school thesis on family violence.”

After joining Yale New Haven Hospital as a Post-Doctoral Clinical Research Professional, Dr. Butrymowicz offered her volunteer services to DVCC. MAP Director Susan Delaney quickly recognized her value not only as a medical professional who was dedicated to research, but also as someone who clearly grasped the unique challenges faced by victims of intimate partner violence and who recognized that the medical community too often failed to respond to those challenges. Simultaneously, the doctor was impressed by MAP’s mission.

“After meeting with Sue, I realized the true magnitude of the program and its importance,” she said. “When it comes to IPV, there is a serious void in the medical education and training system. Health professionals will benefit from specialized training to help identify, advocate for and treat victims. This is a very vulnerable population with often



**Your attorney
was wonderful...
knowledgable, kind,
determined, and calm
– just wonderful.
We loved her.**



very complicated and multi-layered cases.”

Dr. Butrymowicz’ primary contributions to MAP have utilized her skills as a medical writer, educator and researcher. She helped to develop the clinical seminars presented to the medical community and often co-presents these seminars with a MAP staff member. Currently she is developing ways to assess the quality and effectiveness of the Medical Advocacy Project in hospitals, clinics and with DVCC clients, information that is integral to MAP’s status as a model program for the state.

“We are so lucky to have Dr. Isabel Butrymowicz and Dr. Donna Clemmens (see MAP story) as advisors to the Medical Advocacy Project,” Susan Delaney said. “Their extensive research backgrounds and medical knowledge and their dedication to promoting systems change for victims of intimate partner violence make them invaluable assets to our program.”

Teen PeaceWorks Create Awareness

DVCC Teen PeaceWorks groups in our local schools came up with some creative ways to raise awareness about teen dating violence this year, including making a video and holding a dance marathon.

Newly-formed Teen PeaceWorks clubs at Stamford's Westhill High School and Turn of River Middle School meet weekly to learn about and discuss issues surrounding teen dating violence. Both groups are co-sponsored by Domus and are facilitated by a DVCC PeaceWorks educator and a Domus Family Advocate. Westhill participants raised funds for their club by getting up extra early on five cold winter mornings in order to make pot loads of hot chocolate and dozens of baked goods, which they then sold to their fellow students before school.

Recently the Westhill teens developed a public service announcement on teen dating violence, which they then videotaped with the help of NPeaches, a web-based group that advocates for social justice and positive change. A representative from NPeaches spent several hours working with the teens on filming the PSA, and will also assist with the editing. DVCC PeaceWorks educators are looking into ways that will enable the Westhill and other Teen PeaceWorks groups to develop videos in the future.

Teen PeaceWorks at Weston High School got together in the fall for a movie screening of *Telling Amy's Story*, about an abused woman who is murdered by her partner despite that many people around her knew about the abuse. The movie led to a discussion on intimate partner violence, and then to brainstorming about the group's goals for the coming year. Among other activities during February, Teen Dating Violence Awareness and Prevention Month, Weston Teen PeaceWorks and the Weston High School Student Government held a dance marathon to raise awareness and funds to be donated to DVCC and other non-profit agencies.



Teen PeaceWorks members at Westhill High School offer hot cocoa and baked goods.



Movie night and discussion for Weston High School students looking to join Teen PeaceWorks.

BOARD VOICES



I became a member of DVCC's board of directors out of a desire to serve and give back to the community. I currently serve on the Finance Committee and participate in as many DVCC activities as possible. During my years as the Manager of Global Security for a large corporation, I came into contact with employees who were victims of domestic violence. From them I learned about the anguish, isolation, shame, and emotional and financial devastation they so often endure. Over the last three and a half years as a board member, I have continually been impressed by the wonderful job the agency does providing safe shelter to victims and their children, nurturing them and empowering them to take control over their own lives. It is scary to think what would happen to these victims if DVCC was not here.

Marco Cruz

DVCC Board of Directors member since 2009



Now they know what abuse looks like. Our students were very receptive to the signs of the healthy-unhealthy relationships-the students were actively engaged throughout the class period.



DVCC360 is a recently launched platform through which the DVCC works to advance research, advocacy, policy and community partnerships that we have identified as central to meeting the needs of victims.

The focus will be to provide research and information on best practices and to advocate for policy and systems change within the legal, medical and educational communities in order to better serve victims of intimate partner violence.

Our goal is to benefit all of our community partners as we work together to develop innovative approaches to combat domestic violence. As part of this project, DVCC360 will issue a monthly newsletter, VERVE, which will address a single topic each month relevant to enhancing the community's response to domestic violence.

"DVCC360 is a natural outgrowth of our effort over the last few years to create strong and highly collaborative partnerships that facilitate the work we are doing with our clients and that provide them with the wide circle of community resources so critical to their progress from violence to safety," said DVCC Executive Director Rachelle Kucera Mehra.



Left: The Co-Chairs of DVCC's 2011 Voices of Courage Spring Luncheon, Denise Mangano (left) and Peggy Brown (right) with Gail Collins, the New York Times Op-Ed columnist and author, who was the luncheon speaker and honoree. Hundreds of supporters attended the May 18th event, which raised \$175,000 for the DVCC that will go toward providing essential services for victims of domestic abuse and their children. Right: Thanks to the dedication and hard work by hundreds of our community members and supporters in recognition of October as Domestic Violence Awareness Month, information about domestic violence, once again, permeated Fairfield County. Over 100 separate events and activities throughout our area provided awareness and information about intimate partner violence and about DVCC's services. Darien's Domestic Abuse Partnership offered up an original and moving event, in which 124 butterflies were released in recognition of the 124 domestic calls to Darien police during the past year.

CLIENT STORY: Eight Years Later...

One of the realities of being a crisis center is that we don't always know how our clients fare over time. We provide them with shelter, support and numerous services, and often get to know them really well, especially if they stay in our SafeHouses for a few weeks. But then they are off on their own, and while some may stay in touch for a while, eventually the contact usually stops. We hope that they are doing well and that they never need our services again. Just a few days after some DVCC staff members were discussing this very topic, Cyndy Goldberg, our SafeHouse Director, received a message that a former client had called. "I needed to call and re-thank you. I think of you guys every day," she told Cyndy. Then she agreed to pay us a visit.

Anna walked into the Stamford SafeHouse flanked by her two children, Cassie*, 15, and Michael*, age 8. It was January 16, 2012, the Martin Luther King holiday, and the three of them could have been doing anything on their day off from school and work. Nonetheless, they chose to spend it driving for nearly two hours in order to visit the SafeHouse, catch up with Cyndy and let Anna talk about her story. Cassie said she remembered the SafeHouse very well, and while Michael did not, it had been his first home. Seven months pregnant when she first arrived at the DVCC SafeHouse in May of 2003, Anna gave birth to Michael at Stamford Hospital, and then returned to the SafeHouse for another week before transferring to a transitional housing program in a nearby town.

While her children occupied themselves in the living room, Anna settled into a chair in Cyndy's office and talked about her 17-year

journey from a 23-year-old newlywed to a 40-year-old single mother. Pretty and soft-spoken, she exuded a quiet purposefulness born out of years of struggling to not only support her children, but to also raise them to be happy, well-rounded people. Coupled with that was an air of shy confidence that she was achieving both.

It took Anna a long time to understand that her husband was abusive, she said, because the abuse was psychological, emotional and financial, but never physical. In fact, it wasn't until she was pregnant with Michael that she began to seriously question the relationship.

"I knew in the back of my mind that this wasn't working the way it should, and that I didn't want to bring a second child into this kind of relationship," she said.

At the time, Anna was finishing up requirements for a Masters Degree in Education, working, raising their daughter and taking care of the household. Her husband worked, but contributed little else, other than occasionally watching Cassie while his wife was at school or work. As Anna became more independent and confident in her abilities, her husband's put-downs, psychological game playing and controlling behavior intensified. Furthermore, he didn't want to know anything about the pregnancy and even tried to prevent Anna from going to the doctor for her pre-natal checkups. Ironically, it was her gynecologist who gave Anna a card containing information on domestic violence and available services after Anna had talked to her about what was going on at home.

"That was the first time anyone had given me an inkling that maybe something was not right," she said. "I always knew there were people who would abuse people sexually and physically, but I didn't know there was an emotional abuse component to all of that, which I think is more subtle and even worse."

A few days after that visit to the doctor, Anna put Cassie in the car, drove to a gas station, called the hotline number on the card and found a safe place to spend the night. The next day she drove to her home state of Connecticut, where she was referred to the Stamford SafeHouse.

"It was like being at a hotel," she laughed. "It was clean, air-conditioned and comfortable, there were people to talk to and there was enough food. At home we never had enough or the right kind of food, even though we made plenty of money."

Anna acknowledged that she hadn't taken proper care of herself during her second pregnancy and that her diet was lacking in many of the foods she should have been eating.

"I remember sitting at the table here and stuffing myself with carrots and other fresh vegetables," she laughed. "Being here was a really helpful and supportive experience. I talked to counselors all the time about what I was going through. They helped get Cassie into school right away and they even helped me find a program that would take care of her while I was in the hospital having Michael."

After leaving the DVCC SafeHouse, Anna and her family lived in the transitional housing facility for a year and a half, and

Anna's story is illustrative of why it is so important that doctors screen their patients for intimate partner violence and provide them with referral information. Her doctor picked up on signs there were problems, talked with her and provided her with the appropriate information, which gave Anna the incentive she needed to leave a harmful relationship. Numerous studies have documented the extremely harmful, and sometimes fatal, effects domestic violence has on pregnant women and their unborn children. Both

physical and non-physical abuse can have serious health consequences. According to the Futures Without Violence website, studies show that:

- *Women experiencing abuse in the year prior to and/or during pregnancy are 40 to 60 percent more likely than non-abused women to report high blood pressure, vaginal bleeding, severe nausea, kidney or urinary tract infections and hospitalization during pregnancy and are 37 percent more likely to deliver preterm. Children born to abused*

mothers are 17 percent more likely to be born underweight and more than 30 percent more likely than other children to require intensive care upon birth.

- *Few doctors screen their patients for abuse, even though up to one in 12 pregnant women are battered.*

- *Women who were screened for abuse and given a wallet sized referral reported fewer threats of violence, assaults or even harassment at work.*

then moved to an apartment in Bridgeport for four years. During that time she worked as an art teacher at a public school in New Haven and then took an office job helping people with disability benefits.

Divorcing her husband was a time-consuming, unpleasant task that took over two years because he stonewalled every move she and her lawyer made to reach an amicable agreement. Even now, she has to return to court to fight for the child support her ex-husband is supposed to pay. Despite those obstacles, Anna said she is happy with the way things turned out and proud of how she and her children have handled some difficult times.

Today Anna, Cassie and Michael live in a charming apartment situated on a large farm in a central Connecticut town. The school system is excellent, and Anna is back in a teaching capacity at a day care facility, a job she says is perfect for her.

She worried for a long time about how her volatile relationship with her husband and then somewhat nomadic and uncertain life would affect Cassie, but now has few concerns. Her daughter is in high honors classes and is very involved in the drama program at her high school, and both she and Michael have lots of friends.

“Cassie talks about the time that we spent in the shelter and transitional housing. She thinks it made her stronger, more of an understanding person,” Anna said. “Because she didn’t have much of anything for a long time, she’s very appreciative and has no patience with people who complain about trivial things.”

Because she had no family or financial resources to fall back on, Anna had to rely solely on herself to get through the last few years.

“The fact that I am well educated helped,” she said. “Plus, I learned to ask for help. I learned that most programs offer financial assistance, and I am now able to ask for that assistance when it is important.”

She cited an example of a writers’ workshop that Cassie was eager to participate in over the summer. Thanks to her inquiries, she was able to get scholarship assistance to cover the \$600 fee.

Supporting her family with a job that she loves and seeing her children happy, outgoing and doing well in school is a major milestone for Anna.

“It’s taken a long time – eight years,” she said. “But I feel like I’ve finally made it.”

**The names of Anna’s children have been changed for privacy.*



Keep everything as it is-people really need you. They need this level of help.

DVCC Support Groups

The questions and exchange of ideas between the four women flowed steadily. One smiled and nodded knowingly, another gently offered a piece of advice. They could have been part of a sewing group or book club, except that the conversation focused solely on how each was coping with an abusive partner and with the life-altering fallout from living with and then leaving that partner.

Once a week the women come together in the DVCC Stamford office with Counselor Advocate Karen Ifert to talk and support one another. The group varies in size depending on the week and each woman’s schedule. Even though it was the week before Christmas and no shows were not a surprise, the women who managed to get there clearly appreciated the experience. There was full consensus that the support group, maybe more than anything else, helps to dispel the isolation that so often is a part of being a victim of intimate partner violence.

“It’s comfortable to be with other women who have similar situations and it’s comforting to know I am not alone,” said Naomi*, a young woman who had left her abusive husband and who later described problems she had had retrieving her belongings from their shared home. Another group member advised her to ask the police for a liaison who would work with her and accompany her to the home to collect her things.

Although the women differed in background and ranged in age from their mid-twenties to early sixties, and the advice flowed more from older to younger than vice versa, there was an easy rapport and trust between the members.

Marcia*, who has been slowly recovering from her husband’s horrific physical and emotional abuse and has filed for divorce and custody of their child, vented that afternoon about her recent court experience, describing it as “brutal”.

“There is nothing that prepares you for actually being there, facing your abuser and being challenged by the opposing side,” she said. “My lawyers have been great in preparing me, but it’s not the same when you are there. There should be a court support group where women who have been through this also counsel you about what to expect.”

The conversation focused momentarily on ways in which victims of domestic abuse are often re-victimized by a court system that can be very cut and dried and impersonal, then moved on to other matters.

DVCC counselors offer approximately 15 support groups at any given time, both within the agency and in partnership venues. Besides the group in the Stamford office, Ifert leads groups at each of the DVCC SafeHouses, at St. Luke’s Lifeworks’ Families in Recovery Program, at a shelter for homeless women, at a half way house for women, and she recently started a group for Haitian women. Other counselors offer a self-esteem workshop in English and several support groups for Spanish speaking clients. In conjunction with one of the Spanish groups, DVCC offers weekly classes in ESL and in basic computer training.

Counselors always see DVCC clients individually before suggesting they join a group. Some join readily and others never join at all, Ifert said, although she thinks it is ultimately very beneficial to have peer support. Members of her group that day readily agreed.

“I love one-on-one,” Naomi said. “I love Karen very much. But I also love group. We help each other by talking about our experiences and about ways to help.”

“These are people who care about you, even though it’s not their job to do that,” added Sandra*, another member of the group. “I used to think groups weren’t as helpful as individual counseling, but I don’t feel that way now.”

**Names have been changed for privacy*



Someone understood what I was going through.

ANNUAL REPORT 2010-2011



Your level of expertise, compassion, real solutions to address concrete problems as well as emotional validation were so important to me.



You were extremely understanding, non-judgemental, supportive and a good listener and gave great advice.



ANNUAL REPORT

Financials 2010-2011

DVCC Revenues and Expenses

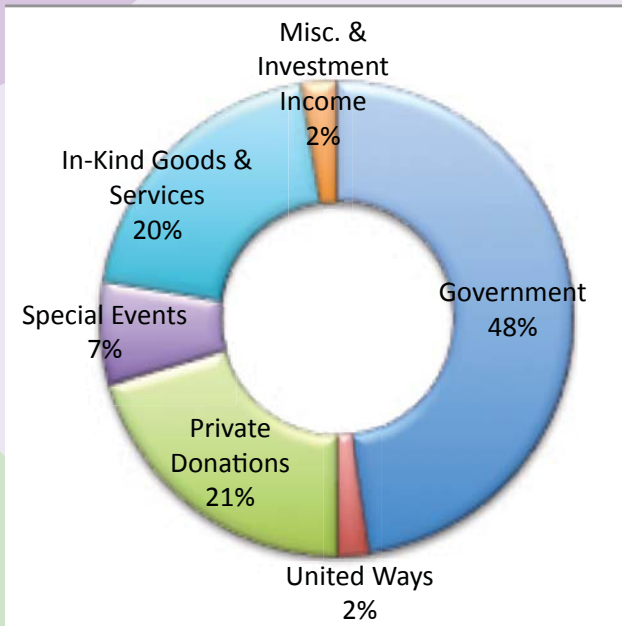
Revenues

Government	1,152,783
United Ways	50,303
Private Donations	493,496
Special Events	170,740
In-Kind Goods & Services	483,973
Misc. & Investment Income	56,232
Total Revenues	2,407,527

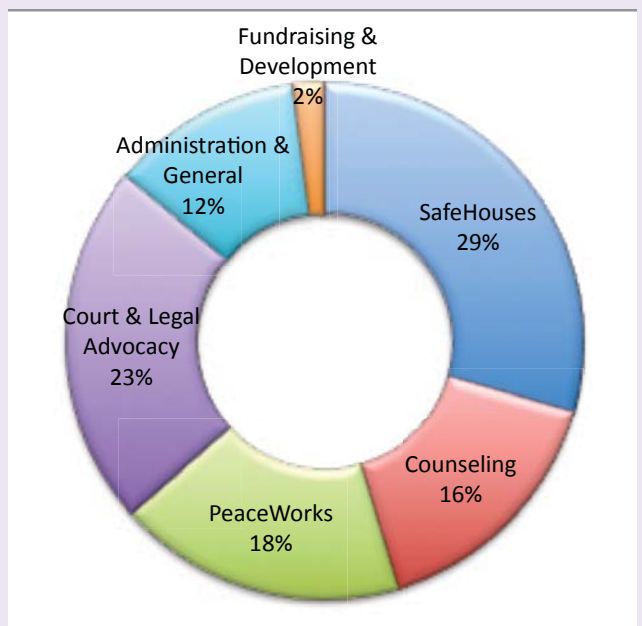
Expenses

SafeHouses	\$704,383
Counseling	\$385,062
PeaceWorks	\$429,675
Court & Legal Advocacy	\$542,371
Administration & General	\$286,447
Fundraising & Development	\$47,606
Total Expenses	\$2,395,544

Revenues



Expenses





777 Summer St Ste 400
Stamford, CT 06901

5 Eversley Ave Ste 303
Norwalk, CT 06851



SUPPORT OUR WORK

DVCC Needs Your Support. Your gift is vital to helping us carry out our mission.

Please show your support for families in crisis by donating \$ _____

Name: _____

Address: _____

City/State/Zip: _____

Tel: _____ E-mail: _____

Does your employer match your donation? Maximize your gift by contacting your employer's Human Resource office for a copy of their matching gift form.

Mail to: DVCC, 777 Summer Street, Ste 400, Stamford CT 06901



ALL SERVICES ARE FREE & CONFIDENTIAL

Emergency Shelter • Civil and Criminal Legal Advocacy • Counseling • Children's Services
Medical Advocacy • Housing Advocacy • Multilingual Services
Trainings and Educational Services • PeaceWorks: Prevention Education Programs

24-Hour Hotline (1-888-774-2900)

Donate Cell Phones

Your old cell phone can help DVCC.

Since we began collecting old cell phones, the DVCC has received more than \$7,000. When cell phones are donated to our agency, we keep a few phones for emergency use by our clients, but the others are sent to Shelter Alliance, an organization in Florida that refurbishes and recycles cell phones and pays us anything from 50 cents to \$25 for each phone. Broken and very old phones have no cash value but are simply recycled, so our environment also benefits by eliminating those electronic parts from our landfills. So, if you or your company has a cell phone or two just taking up space in your junk drawer, send them our way! Thank you.

*Please bring old cell phones to: DVCC
777 Summer Street, Ste 400
Stamford CT 06901.*