

Advocacy and Survivors' Use of Violence

with **Connie Burk**
from **The Northwest Network**
of bisexual, trans, lesbian & gay survivors of abuse



Offered Four Times:

July 9, 2010 in Ellensburg
July 16, 2010 in Port Townsend
December 10, 2010 in Spokane
December 17, 2010 in Centralia

Trainings start at 10:00 am and end by 5:00 pm

Register Online at wscadv.org!



Advocacy and Survivors' Use of Violence

People's lives are complicated. Helping people make sense of their experiences and connect with needed resources are some of the most important things we do as advocates.

Are we getting the whole picture? And if that picture includes using violence against an intimate partner, are we providing meaningful advocacy?

This advanced training will increase your understanding of survivors' use of violence and strengthen your advocacy skills with all survivors. Practical exercises will explore safety planning, systems advocacy, community education, outreach materials and advocacy-based counseling from the lens of working with survivors who have used violence.

TRAINER

Connie Burk, Executive Director of The Northwest Network of Bisexual, Trans, Lesbian & Gay Survivors of Abuse

WHO SHOULD ATTEND?

Advocates and managers working at DV advocacy programs.

Programs sending at least one advocate and one manager will receive registration priority

COST?

Member Programs: FREE
Associate: \$50 each
Non-Member: \$125 each

QUESTIONS?

Contact Mette Earlywine
(360) 586-1022, Ext. 301
mette@wscadv.org



TRAINING REGISTRATION FORM

Register online at www.wscadv.org
or fax this form to (360) 586-1024

Name _____ Title _____

Program _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I will be attending on:

- Friday, July 9, 2010 in Ellensburg, WA
- Friday, July 16, 2010 in Port Townsend, WA
- Friday, December 10, 2010 in Spokane, WA
- Friday, December 17, 2010 in Centralia, WA

[REGISTRATION DEADLINE: 3 weeks prior to each training]

Please choose all that apply:

- I would like lunch:
 - regular vegetarian vegan other lunch need: _____
- I will bring my own lunch
- I will need accommodations (specify): _____
- I will need an interpreter (specify): _____

(Please request interpreters 3 weeks prior to the training)

- I am a FREE participant
- I will mail a check to WSCADV
- Please charge my credit card: _____
Exp. Date _____ V-code: _____
- Signature _____