The Office of Gender-Based Violence Prevention, in partnership with the Domestic Violence Council, is proud to present the 27th Annual Domestic Violence Conference at no cost to local professionals throughout the month of October. This year’s conference will examine the long-term—and sometimes hidden—impacts of domestic violence on the health and well-being of the entire family and the long journey towards healing. Invisible Bruises: The Hidden Dangers of Domestic Violence will provide the latest responses, techniques and research that reinforce the idea of looking beyond the initial injuries to the silent and hidden consequences of the abuse.

**Kick-Off Event**
Keynote Speaker

Rachel Louise Snyder

**Featured Speakers**
Training Institute on Strangulation Prevention

Casey Gwinn
Chan Hellman
Gael Strack

For more information, including a conference schedule, webinar descriptions and registration links, visit our webpage: www.sccgov.org/dvconference
### Webinar Schedule

<table>
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<th>Date</th>
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<th>Session</th>
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| Friday October 2    | 11:30am-12:30pm | **No Visible Bruises: What We Don’t Know About Domestic Violence Can Kill Us**  
Rachel Louise Snyder, Journalist, Author and DV Advocate |  
Friday October 2    |
|                     | 2:00-3:30pm   | **Race and the Prosecution of Domestic Violence**  
James Gibbons-Shapiro, Deputy District Attorney, County of Santa Clara County  
HaNhi Tran, Community Prosecutor, County of Santa Clara |  
Friday October 9     |
| Friday October 9     | 11:30am-1:00pm | **Technology-Enabled Domestic Violence: Latest Trends and Impact**  
Adam Dodge, EndTAB |  
Friday October 23    |
|                     | 2:00-3:30pm   | **Ensuring Language Access and Working with Interpreters: Best Practices for Advocates and Others Serving LEP Survivors**  
Zakia Afrin, Maitri  
Cannon Han, Asian Pacific Institute on Gender-Based Violence |  
Friday October 16    |
| Friday October 16    | 11:30am-1:00pm | **The Little Blue Bubble: How Teen Dating Violence Manifests Online**  
Erica Wiley, Maggie Ball, and Alondra Hernandez, YWCA Silicon Valley |  
Friday October 23    |
|                     | 2:00-3:30pm   | **Universal Education: A Local Approach to Improving Health Outcomes for Survivors through Integration**  
Melissa Luke and Elizabeth Hunt, AACI  
Erica Villa and El Comité de Mujeres Fuertes, Next Door Solutions to Domestic Violence |  
Friday October 23    |
| Friday October 23    | 11:30am-1:00pm | **California Law and Trauma-Informed Court Responses**  
Arati Vasan, Family Violence Appellate Project |  
Friday October 23    |
|                     | 2:00-3:30pm   | **A Collaborative, Intersectional Approach to GBV**  
Perla Flores, Community Solutions  
Corporal Melinda Zen, Morgan Hill Police Department  
Vishal Bathija, Supervising Deputy District Attorney, County of Santa Clara County |  
Friday October 23    |
| Friday October 30    | 11:30am-1:30pm | **Supporting Queer and Trans Survivors Self Determination**  
Kyle Neil, SAF-T Program Manager  
Gloria Delgadillo-Martinez, Community United Against Violence (CUAV) |  
Friday October 30    |
Grand Finale • The Last Warning Shot • A Three-Part Series

The Santa Clara County Domestic Violence Conference will close with a three-day webinar series by internationally renowned strangulation experts and featured speakers. They will share the latest research on strangulation, and how the science of hope can lead survivors of violence, trauma, and abuse to a road of resiliency and healing.

FEATURED SPEAKERS
Casey Gwinn, J.D., President, Alliance for HOPE International
Gael Strack, J.D., CEO, Alliance for HOPE International
Chan Hellman, Ph D., Director, Hope Research Center at the University of Oklahoma

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<tr>
<td>Monday</td>
<td>October 26</td>
<td>8:00am-12:00pm</td>
<td>Setting the Context – Rage, Despair &amp; Hope&lt;br&gt;What is the science of HOPE?&lt;br&gt;Medical Strangulation&lt;br&gt;Panel Q &amp; A</td>
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<tr>
<td>Tuesday</td>
<td>October 27</td>
<td>8:00am-12:00pm</td>
<td>Understanding Trauma and Interviewing&lt;br&gt;The Link between ACES and HOPE&lt;br&gt;Investigations&lt;br&gt;Panel Q &amp; A</td>
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<tr>
<td>Wednesday</td>
<td>October 28</td>
<td>8:00am-12:00pm</td>
<td>Prosecution&lt;br&gt;Advocacy, Best Practices &amp; Resources&lt;br&gt;Nurturing Hope&lt;br&gt;Panel Q &amp; A</td>
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Friday, October 2 • 2:00pm-3:30pm
Race and the Prosecution of Domestic Violence
James Gibbons-Shapiro, Deputy District Attorney, County of Santa Clara County
HaNhi Tran, Community Prosecutor, County of Santa Clara

Victims of domestic violence, and those prosecuted for domestic violence are more Latino, more African American, less white, and less Asian than their representation in the community. This workshop will explore those facts and compare them to other crimes in our County and begin to talk about some of the broader societal factors that underly and may contribute to that disproportionality.

Friday, October 9 • 11:30am-1:00pm
Technology-Enabled Domestic Violence: Latest Trends and Impact
Adam Dodge, EndTAB

Abuse has gone digital. This statement is particularly relevant in the field of domestic violence, with the National Domestic Violence Hotline reporting a 101% increase in digital abuse calls last year. Given the ubiquity of technology in our lives - and the increased number of people online during the pandemic - this statistic is expected to continue to rise. The prevalence of technology-enabled abuse necessitates that professionals working with victims be able to recognize red flags when they arise. Accurately identifying this type of abuse, particularly when the victim is unaware, is critical to ensuring that recommendations and orders accurately reflect the totality of facts and circumstances. Today, this means prioritizing the physical, emotional, and digital health of victims and their children.

Friday, October 9 • 2:00pm-3:30pm
Ensuring Language Access and Working with Interpreters: Best practices for Advocates and others serving LEP survivors
Zakia Afrin, Maitri
Cannon Han, Asian Pacific Institute on Gender-Based Violence

At least 221 languages are spoken in California whereas 44% of residents speak a language other than English at home. The need for competent interpreters at the systems level responding to domestic violence as well as at the community-based organizations cannot be emphasized enough. Ensuring culturally responsive services mandate providing language access among other trauma informed approaches to serving victims and survivors of gender-based violence. In this workshop, I will address the best practices of working with interpreters at both official and informal settings. With exercises to simulate different interpretation scenarios, advocates will strengthen their understandings of the complexity of interpretations, familiarize themselves with existing resources to train interpreters and be confident in recruiting volunteer interpreters from the community.
For years, we watched movies and read books about futuristic societies where technology was the center of community. We have arrived. Teen dating violence has moved online, and as our youth continue to spend more time on social media platforms, their relationships move further from the eyes of their guardians. What is really happening on those screens? How does technology build community while simultaneously creating a platform for continued and worsening abuse? YWCA staff will discuss teen dating violence and how, in the world hidden within teens’ phones, they experience dating violence and harassment. The presentation will explore how healthy and abusive relationships occur online, and how online aggression and dating violence influence offline Teen Dating Violence. Attendees can expect to learn how to have conversations about consent, boundaries, and technology with the youth in their lives and how to support survivors of teen dating violence.

Learn from survivors, local medical professionals, and advocates who have implemented the universal education (CUES) approach to address intimate partner violence in a healthcare setting. Our workshop will share the real-life experience of systems (health centers and victim service providers) partnering to address IPV in a culturally responsive medical setting.

Our understanding of how domestic violence related trauma affects the interactions of survivors and their children with the legal system is evolving. At the same time there are still disconnects between what are known trauma-related behaviors and how “real” survivors and “good” parents are supposed to behave. Through a review of recent case law, social science and statutes, this training will discuss the ways in which our legal framework and the social science supports a more nuanced understanding of the domestic violence and its effects on survivors and children. Our laws and procedures can support better recognition and understanding of survivor and child behavior that is trauma related but does not fit ideas about how survivors and their children must behave. The training will include best practices to support a more trauma-informed approach in the courts and to reframe perspectives on trauma related behaviors of survivors and their children in court from one of negativity to one of empathy.
Friday, October 23 • 2:00pm-3:30pm
A Collaborative, Intersectional Approach to GBV
Perla Flores, Community Solutions
Corporal Melinda Zen, Morgan Hill Police Department
Vishal Bathija, Supervising Deputy District Attorney, County of Santa Clara County

Violence against women can take many forms and generate complex intersections. Providing trauma-informed, victim-centered, and empowerment-based support requires screening for, and addressing, different types and intersections of victimization. And, since no service provider, governmental or law enforcement agency can provide for all of the immediate, short term, and long-term needs of survivors, partnerships are key. Partnership occurs across a broad gamut - from simple agreements to refer clients to multi-layered and interwoven interdisciplinary and multidisciplinary collaborative structures. Everyone has a role to play in addressing gender-based violence; community-based, faith-based, and governmental organizations, law enforcement, private business, and the community at large. The key is identifying appropriate levels of engagement for each stakeholder and establishing systems and opportunities for partnership. The South Couth Family Justice Center is an important example of what can happen when partnerships commit to upholding a collaborative and intersectional approach to gender-based violence.

Friday, October 30 • 11:30am-1:30pm
Supporting Queer and Trans Survivors Self Determination
Kyle Neil, SAF-T Program Manager
Gloria Delgadillo-Martinez, Community United Against Violence (CUAV)

During this interactive training, participants will become familiar with the dynamics in LGBTQI domestic violence (DV) and intimate partner violence (IPV). You will develop trauma-informed tools to support survivor’s self-determination and increase internal capacity to support others who have experienced trauma.
Because We Didn’t Know: Why Strangulation Matters So Much

Police and prosecutors are only recently learning what survivors of non-fatal strangulation have known for years – that many domestic violence offenders and rapists do not strangle their partners to kill them; they strangle them to let them know they can kill them – any time they wish. Almost half of all domestic violence homicide victims have experienced at least one episode of strangulation prior to a lethal or near-lethal violent incident. Victims of one episode of strangulation are 750% more likely of becoming a homicide victim at the hands of the same partner than a woman is assaulted but not strangled. Today, 47 States have passed felony strangulation laws to hold offenders accountable for the crimes they are committing. In 2013, VAWA passed a felony strangulation/suffocation law requiring no visible injury understanding the significance of internal injuries and the risk of death. Subsequent federal sentencing guidelines now recommend up to 10 years in prison for strangulation and/or suffocation assaults. This session will provide a national overview of our current understanding of non-fatal strangulation assaults including the severity and lethality of strangulation, the risk to police officers, the link to other crimes including mass shootings, and resources from the Training Institute on Strangulation Prevention.

OBJECTIVES: 1) Increase understanding of why strangulation and suffocation offenses must be treated as felonies and made our top priority; 2) Improve system response to the handling of non-fatal strangulation through multi-disciplinary teams; and 3) Increase awareness about current research, laws, best practices and resources.

If We Only Knew: The Physiology of Strangulation – Medical 101

Strangulation is one of the most lethal forms of domestic violence. Minimal pressure on the neck can cause serious injury, death, delayed death, and/or long-term consequences. Strangulation involves the application of pressure and/or blunt force trauma to the carotid and vertebral arteries and jugular veins. Unconsciousness can occur in seconds and death within minutes. Strangulation carries a risk of arterial damage, stroke, and delayed death. When an artery is damaged, the normal pathophysiology is for the body to create a blood clot. If the clot becomes large enough, the clot can completely obstruct the normal flow of blood within the artery. The time period from a patient’s neck trauma to the time of presentation at a hospital with neurological symptoms, including strokes, can range from hours to years. Yet victims can look fine and say they are fine. This session covers the challenges in evaluating strangulation cases, reviews terminology, explains basic physiology, lists all the signs and symptoms of strangulation and suffocation cases as well as shares case studies, photos and new techniques used by clinicians to assess a strangled victim. This session will also explain why strangulation is great bodily injury and poses a substantial risk of death or impairment to the brain, lungs and heart.

OBJECTIVES: 1) Increase understanding of the signs and symptoms of strangulation; 2) Increase understanding of internal injuries, delayed death, and long-term consequences; and 3) Improve identification and documentation by dispatchers, paramedics, nurses and police.
**How Do You Know: On Scene and Follow-up Investigations**

Incidents of domestic violence account for the single largest category of calls-for-service that police agencies are called upon to investigate. Before strangulation laws were passed, most jurisdictions in America rarely prosecuted “choking” cases and when we did, most cases were prosecuted as misdemeanors. Strangulation cases were unintentionally being minimized due to the lack of visible injuries, lack of investigative training, and the absence of specific strangulation laws and formal investigative protocols. San Diego’s study of 300 cases helped Maricopa County, Arizona realize more could be done. Today, “choking” cases are called non-fatal or near-fatal strangulation and are now being successfully prosecuted as felonies in many states. Law enforcement officers in every jurisdiction – federal, state and tribal – need to be trained on the severity of strangulation and common misconceptions these officers hold need to be corrected. Officers must be aware that strangulation is a potentially lethal form of intimate partner violence and that it should not treated as abuse like a slap in the face. This session will put the medical symptoms and signs of strangulation into practice. If an officer suspects that strangulation has occurred, he/she must call for paramedics or at the least strongly encourage the victim to seek medical attention because swelling or other undetected injuries of the throat can be life threatening. All of this information is essential to the efforts of the prosecutor. This session also focuses on how to build a non-strangulation case for felony prosecution using a multi-disciplinary approach, specialized training, specialized investigative forms and specific investigative questions for strangled victims. It will also explain how the use of trauma-informed interviewing techniques and forensic exams aid specially trained prosecutors.

**OBJECTIVES:** 1) Improve the identification, investigation, and documentation of strangulation cases; 2) Increase felony prosecutions and accountability; and 3) Increase use of multi-disciplinary teams and illustrate the framework of the implementation of new investigative protocols.

**How Do You Prove It: All Things Legal**

Prosecuting domestic violence and sexual assault cases are some of the most difficult cases to prove. Strangulation cases, especially with the lack of visible injury, are even more challenging. This session will focus on making good use of the evidence collected at the scene and during follow investigations to build a successful strangulation case for trial. Such evidence includes the use of prior domestic violence incidents, 911 recordings, victim and witness follow-up interviews, the use of experts when a victim recants and to explain the subtle signs and symptoms of strangulation, demonstrative evidence for your opening and closing arguments, and using emerging laws to your benefit. This session will discuss successful techniques employed by different jurisdictions around the country in successfully prosecuting strangulation and suffocations without injuries and without the victim’s testimony. This session will also provide an overview of emerging strangulation laws, and how to successfully overcome common defenses in strangulation cases, especially self-defense. Because most strangulation victims do not have visible external injuries, non-fatal strangulation cases are frequently minimized by law enforcement, medical advocacy, mental health professionals, and even courts. Seeing is believing. Jurors may expect to see visible external injuries to believe a victim was strangled or suffocated. It is important to develop and utilize medical experts in the prosecution of non-fatal strangulation cases in order to explain the lack of injuries, the subtle signs and symptoms of strangulation, the vulnerability of the neck, loss of consciousness, delayed consequences and life-threatening injuries.

**OBJECTIVES:** 1) Increase the prosecution of felony strangulation cases with or without the victim’s participation; 2) Increase offender accountability for the crimes they commit; 3) Reduce the number of strangulation cases being dismissed or reduced to misdemeanors simply because the victim recants or doesn’t appear in court; and 3) Improve victim safety through early intervention.
They Have a Right to Know: The Hidden Hurt of Strangulation - ADVOCACY

Most victims do not understand the seriousness of strangulation including the immediate, delayed and long-term consequences of strangulation. Many victims may not even remember they were strangled. The lack of oxygen to the brain will impact the brain's ability to record information. The trauma of being strangled will likely cause memories to be jumbled. The myriad of physical and emotional issues may cause the victim to appear uncooperative and reluctant to prosecute. While they fear their partner, they also love them and rely on them not only emotionally but often times financially as well. If their abuser is prosecuted and sentenced to jail or prison, that affects the family's income and leads to financial hardship. Also, imprisonment only offers temporary peace to the victim. The abuser will eventually be released, and victims fear the retribution that will follow. Retribution is also a concern

if the prosecution is unsuccessful. Because of that fear, studies show that 80-85 percent of abused women will deny allegations of abuse after the incident and will refuse to testify. How professionals' approach, interview and support a traumatized victim is the key to breaking the cycle of abuse and improving our investigation, prosecution, and advocacy. The use of an advocate is critical to a victim's emotional state and ability to heal from the violence. This session will address how all professionals can help victims understand the trauma they have experienced, the seriousness and lethality of non-fatal strangulation, how to make good use risk assessment tools, better use of the power & control wheel, how to convince victims to seek medical attention and promote their health and safety. This session will also share practical tips when working with reluctant victims, new research, and new tools.

OBJECTIVES: 1) Increase victim awareness and education about the risk of strangulation; 2) Increase the use of risk assessment tools and other resources, and 3) Improve advocacy for the strangled victim/patient among all disciplines.

Now that You Know: What Will You Do? Hope Rising: Childhood Trauma and the Science of HOPE

Casey Gwinn, co-author of HOPE Rising with Dr. Chan Helman, How the Science of HOPE Can Change Your Life (2018), the first book of its kind to present the science of hope, will provide tangible and practical ways to increase hope. This session will focus on the predictive nature of childhood trauma on adolescent and adult illness, disease, victimization, and perpetration. It will also touch on the powerful, transformative impact of rising hope in the lives of adult and child trauma survivors including how to measure hope and resiliency. Participants will be introduced to the life changing truth that hope is measurable, cultivatable, and predictive of long-term healing and health in survivors of violence, trauma, and abuse. This session will also provide hands-on direction to apply hope-centered research to your life. Once you learn about the science, everything will change—the way you lead, the way you engage with survivors, the way you engage with yourself, and the way you look at your future. Hope has the power to transform every workplace, every family, and every relationship. You will walk away with tools to increase hope in your life, the lives of hurting families you serve, as well as friends and family members.

OBJECTIVES: 1) Increase your understanding of childhood trauma and how it impacts adult behavior; 2) Increase your understanding of the Adverse Childhood Experiences (ACE) Study and how to incorporate it into your practice or caseload; 3) Increase your understanding of the Science of HOPE and how you can help mitigate trauma and improve outcomes for your clients by increasing hope and resiliency.