Gender Based Violence Consortium

Domestic Violence & Child Custody in Utah Courts

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A Virtual Event with GBVC



Research

Major Win for Crime Victims

2022 UT 32

IN THE

SUPREME COURT OF THE STATE OF UTAH

F.L., Petitioner,

v.

COURT OF APPEALS, DAVID M. CHADWICK, and STATE OF UTAH, Respondents.

> No. 20210411 Heard April 11, 2022 Filed July 7, 2022

On Petition for Extraordinary Writ

Fourth District, Provo The Honorable James R. Taylor No. 171400984

Attorneys:

Paul Cassell, Heidi Nestel, Crystal C. Powell, Salt Lake City, for petitioner

Sean D. Reyes, Att'y Gen., William M. Hains, Asst. Solic. Gen., Salt Lake City, for respondent State of Utah

Douglas J. Thompson, Provo, for respondent David Chadwick

CHIEF JUSTICE DURRANT authored the opinion of the Court in which JUSTICE PEARCE, JUSTICE PETERSEN, JUDGE OLIVER, and JUDGE GIBSON joined.

Due to his retirement, JUSTICE HIMONAS did not participate herein; DISTRICT COURT JUDGE AMY OLIVER sat.

Having recused himself, ASSOCIATE CHIEF JUSTICE LEE did not participate herein; DISTRICT COURT JUDGE DIANNA GIBSON sat.

JUSTICE HAGEN became a member of the Court on May 18, 2022, after oral argument in this matter, and accordingly did not participate.

Congratulations to Professor Paul Cassell (University of Utah), and Crystal C. Powell and Heidi Nestel from the Utah Crime Victims Legal Clinic for this important victory with protecting the constitutional rights of victims to fairness, respect, dignity, due process, and the ability to enforce and defend those rights.

Continue reading

UTAH STATE WIDE NEEDS ASSESSMENT: DOMESTIC VIOLENCE, SEXUAL VIOLENCE, AND HUMAN TRAFFICKING – 2022 REPORT | Utah Women and Violence | DOI: 10.26054/0d-wpgq-gnf1

by Annie Fukushima, PhD↓

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Self-care for gender-based violence researchers – Beyond bubble baths and chocolate pralines

Standard Article

Self-care for gender-based violence researchers – Beyond bubble baths and chocolate pralines

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Abstract

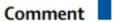
Researching sensitive topics often carries immediate effects on researchers, yet discussions about the emotional and psychological impacts of conducting this type of research remain rare. In recent years, debates begun to emerge about the emotional and psychological toll that qualitative field-based research on violence in general, and on gender-based violence (GBV) in particular, can have on those conducting this research. Most of the existing support and self-care strategies in response to these effects, however, are primarily tailored towards practitioners, but not specifically for researchers, who often face unique challenges and experiences. At the same time, most existing self-care guidelines in the fields of violence research typically centre around neo-liberalized strategies, which fail to take into account the structural dimensions of researchers' challenges and the long-term nature of vicarious traumatization. In this article, we move beyond such approaches and instead adopt relational and collaborative ways of taking care of ourselves and each other. Drawing on our experiences of researching GBV, we propose that strategies of coping with the emotional and psychological toll of GBV

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Lessons from the field: Recommendations for genderbased violence prevention and treatment for displaced women in conflict-affected Ukraine



Lessons from the field: Recommendations for genderbased violence prevention and treatment for displaced women in conflict-affected Ukraine



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Driven by the disruption of social networks, frail economic conditions and the breakdown of the rule of law, violence against women is widespread in humanitarian settings.^{4,2} In Ukraine, the prevalence of gender-based violence (GBV) increased following the start of armed confrontations in 2014 (22.4% in 2014 vs. 18.3% in 2007).³ Displaced women in eastern Ukraine experienced three times higher rates of GBV than local residents (15.2% vs. 5.3%)³; 62% of displaced women experienced GBV at home,⁴ and one in five experienced violence at the hands of armed men.⁴ Violence frequently occurred at border crossings and checkpoints and when interacting with the social institutions that were meant to protect them.⁴

Since 2014, the conflict in eastern Ukraine evidenced a need for trauma-informed mental health and psychosocial support services (MHPSS) for GBV survivors.3 In response, HealthRight International and the Ukrainian Foundation for Public Health expanded and enhanced MHPSS for GBV survivors between 2015 and 2020. With support from the United Nations Population Fund (UNFPA), the project deployed over 52 MHPSS mobile teams that provided direct traumainformed care to over 100,000 violence survivors in conflict-affected areas. The teams organized trainings on GBV prevention and response for its referral network partners in the region. The teams were integrated to local mental health care and social service networks through partnerships with medical facilities, police departments and social services, and were eventually absorbed by the Ministry of Social Policy and local authorities. The project also bolstered women-led social entrepreneurship aimed at increasing economic opportunities for women displaced by conflict.

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GBV prevention and response is an essential component of humanitarian relief efforts during displacement and resettlement, and lessons learned from this program can inform the humanitarian response during the current hostilities.

Recommendations to prevent and respond to GBV in humanitarian settings

Reduce the risk of GBV during conflict and war

- Attend to the vulnerabilities of specific groups when planning GBV response efforts. Displacement is a time of high vulnerability for women and girls. Young women displaced by conflict are at increased risk for sexual violence and exploitation.⁵ Displaced older women are subject to economic violence, neglect and humiliation,⁶ often associated with loss of independence and deepening of intergenerational conflict.⁶ Protection systems should be tailored to the specific needs of these at-risk groups.
- Provide mandatory gender responsive training to all humanitarian response staff. All humanitarian response staff working with at-risk women and girls should receive gender responsive training on protection against sexual exploitation and abuse (PSEA) and other forms of GBV, including on adherence to ethical codes of conduct and reporting obligations.^{2,7} Adequate humanitarian staff supervisory and accountability systems should be in place.
- Increase protections against GBV along the humanitarian corridors, at checkpoints, and at border crossings. Checkpoints, border crossings and reception centers serving internally displaced persons (IDPs) emerged as high-risk locations for GBV in eastern Ukraine.^{3,5,8} Current reports alert of the potential risk for

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Events

UDVC/UADVT 31st Annual Conference: Cultivating Growth: Empowering Voice & Choice through Collaboration



The theme is 'Encouraging healing through connection & emphasizing approaches that are responsive to the needs and values of individuals and families.'

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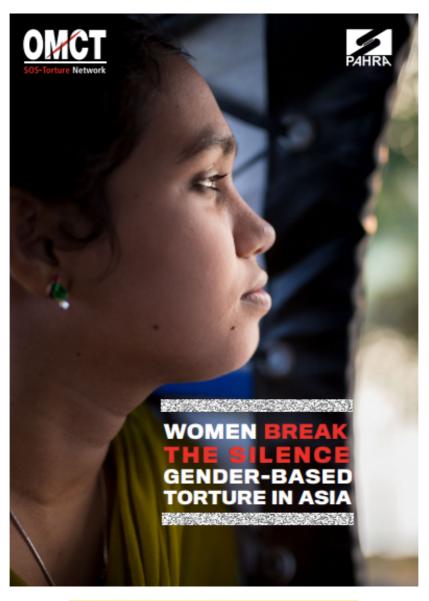
Collaboration Toolkit for Anti-Trafficking and Housing Programs

Collaboration Toolkit for Anti-Trafficking & Housing Programs





Gender-Based Torture in Asia: Women Break the Silence



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