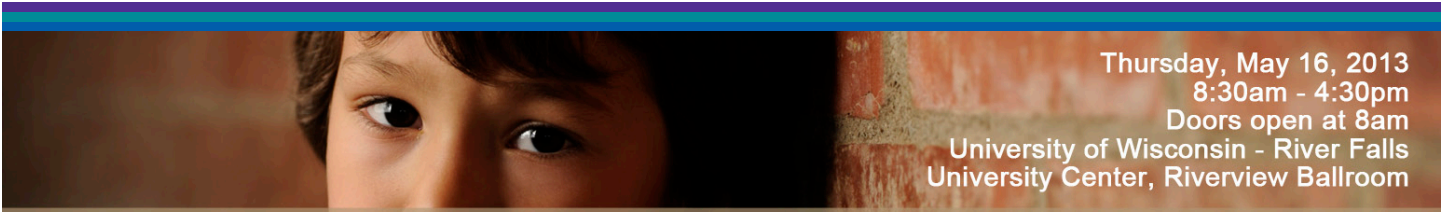




A Turningpoint Workshop

Understand and Empower



Thursday, May 16, 2013
8:30am - 4:30pm
Doors open at 8am
University of Wisconsin - River Falls
University Center, Riverview Ballroom

Lundy Bancroft

The Batterer as Parent & Supporting Children's Recovery from Domestic Violence

About the workshop

Explore abuser profiles and tactics, and examine the impact of domestic violence on family dynamics and child well-being. Learn why many common approaches to intervention can actually make conditions worse for children, not better, and gain an understanding of how to hold abusers accountable, while facilitating children's safety and recovery.

Who should attend

- Court personnel
- Law enforcement
- Social workers & mental health professionals
- Educators
- Advocates
- Media
- Anyone supporting victims/ survivors, or working to raise awareness of domestic violence

About the speaker

Lundy Bancroft has 20 years experience specializing in interventions for batterers and their families. He's the former Co-Director of Emerge, the nation's first counseling program for batterers, and is now a domestic violence author and workshop leader.

Mr. Bancroft has written four books. *The Batterer as Parent*, which he co-authored with Jay Silverman, Professor at Harvard School of Public Health, received the Pro Humanitate Literary Award from the North American Resource Center for Child Welfare.

Registration fees

- \$75 per person
- \$60 early bird registration by 4/15
- \$50 students & seniors (60+)
- \$50 per person for groups of 3+
- Scholarships available

Payment

Make checks payable to Turningpoint or provide your credit card information. Mail registration to Kim Wojcik, PO Box 304, River Falls, WI 54022.

For workshop information, contact Kim Wojcik: 715-425-6751 ext 102 or kimw@turningpoint-wi.org.
Any net proceeds will help support workshop scholarships and child abuse prevention programs.

Registration :: Lundy Bancroft Workshop

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Pay by check

Pay by credit card

Card #: _____

Exp: _____ Security code: _____ Total to be charged: _____

Name on card: _____

Billing address: _____

Phone: _____

Email: _____

Parking spaces needed: _____

Additional attendees (please send one payment per organization):

1. _____

2. _____

3. _____

4. _____

5. _____