

- Good morning, Virgin Islands, and welcome to Ability Radio, You and Your Life. A program brought to you by the Virgin Islands Lottery, Making a Difference. My name is Iris Bermudez and I will be hosting the show today along with input from our co-host in St. Thomas, Mr. Archie Jennings. Please note that the opinions expressed on Ability Radio, You and Your Life, are those of the Disability Rights Center of the Virgin Islands and those of our guest. And with us today is a group of folks that are making a difference in the Virgin Islands and we're very, very pleased to have them with us today. Carolyn Forno, Assistant Director of the St. Croix Women's Coalition.

- Hi. Morning.

- Sheelene Gumbs, Crisis Counselor, and Debra Benjamin, Communications Coordinator.

- Morning.

- Good morning, ladies.

- Morning.

- Morning.

- Thank you for being here, especially on a Saturday morning, so early on Saturday. And so we'd like to start the show with asking you, how did the Women's Coalition begin, how did it grow, and who were the key players in starting this co, this organization?

- So I'll take that.

- Okay.

- This is Carolyn. We started in 1981. So, we've been around for 36 years now. And it was originally formed, there was a Women's Writing Conference at U.V.I. It was the College of the University at the time. And there were some amazing feminist writers that came to discuss women's rights movements, civil rights movement, and there was a real acknowledgement that rape victims in our community here in St. Croix was not, they were not getting the justice that they deserved. And so these women came together, women that attended the conference along with some of the writers got together and they start sitting around kitchen tables and said, you know, "We need a women's coalition. We need somebody who's gonna stand up for the rights of rape victims that are gonna provide them safety, that are gonna provide them with advocacy, are gonna accompany them to court cases, gonna provide safe housing for them, counseling services," and that's how the Women's Coalition was formed. And in 1982, so just one year later, we expanded to also include we acknowledge that there was also, domestic violence was also an issue with our own community and so that became a very natural kind of combination of those two issues. And we had our first advocate training in 1981. That was when our volunteer victim advocates, which we have to this day, were trained in order to go out and respond in person to victims and survivors of domestic violence and sexual assault. We still do that training. We just had our last training in, this past January, so we still rely on volunteer victim advocates to go out when the office is closed on weekends, on holidays, and in the, in the evenings, and, but we've expanded so much in those 36 years so now, not only do we provide services to sexual assault and domestic violence victims, but also to all victims of crime. So, we serve victims of stalking, we serve families of homicide victims. We serve victims of assault and burglary in our office. So we've really expanded tremendously over the years. And some of the key players, some of the founding members actually that are still involved to this day, well, Audre Lorde was one of the founding members, which is really exciting for us, some, an amazing feminist writer who lived here in St. Croix and passed away here as well, Gloria Joseph, Dr. Gloria Joseph, Mary Mingus who was our, a co-director for many, many years, Carol Battuello who is still on our board ton this day. She wasn't all this time but she's, you know, she's been, remained involved. And there's a list of about 20 women, Julia Pankey, Carolyn Keys, I don't remember all them off the top of my head, but, you know, these women have been there in our community doing important work, one way or another, whether it's with the Women's Coalition or some of them, you know, Julia went on to, you know, she's worked in Public Health for her entire life. So, really some amazing women and Clema Lewis, who's

our current Executive Director, although was not the found, in the founding, she was maybe, the next couple of years she became a board member and was in that first advocate training. So a lot of us and all of us sitting at the table today have been involved for a long time as well. So, maybe not quite that long, but 20 year, over 20 years were Sheelene and I, Debbie's 10 years about, so, yeah, we've, we have longevity with the organization for sure. And now, today, we also operate a shelter, an emergency shelter, we operate transitional housing programs for victims of domestic violence and sexual assault, we provide parenting classes, we have a high school diploma program, we have a thrift store, so we really have expanded our services tremendously over the last 36 years to respond to the needs of the community.

- That's wonderful. And you take, you took me back years because I knew some of these folks that you've mentioned. Yeah, we worked together as social workers way back then.

- Sure.

- But this is interesting. Do you have a counterpart in St. Thomas, an organization similar to this in St. Thomas?

- Yes.

- The Family Resource Center.

- The Family Resource Center, that's right, that's right. And we were talking about men's issues. Is there a Men's Coalition? Because they, too, are abused and they, too, are exploited, yes?

- Yes.

- Yes.

- Yes.

- That's a great question.

- Yes, but the coalition also helps male that, victims and survivors of domestic violence and sexual assault, so it's all victims. The Men's Coalition, which was formed through the Women's Coalition, deals with batterers.

- Oh, okay.

- So, yeah, we wanna be clear about that. We provide services to, although to all people. So it's men, women, children come through our doors every day. And, you know, let's be clear, the majority of the victims of domestic violence are, and sexual assaults are female and so that was, that we've always opened our doors to male victims and so that's, you know, we wanna be clear about that. There's not as many, but we do provide services and we see men every week in our office who are victims unfortunately.

- You've expanded so much over the years. You're part of that counsel, right, Domestic Violence Council?

- Yes.

- Uh-hmm.

- Uh-hmm.

- I, because I read how there's so many organizations under the council and I think that's wonderful because one of the things we always talk about is working together, integrating services. We're not insular, or we shouldn't think of ourselves as being insular. Could you just talk a little about the council, if you may, if you can, on how that came about?

- Sure. Do you wanna...

- Okay. So the Domestic Violence and Sexual Assault Council is, kind of, like the territory-wide education and prevention program. It used to be the coordinated response team and it took on its own, kind of, entity to be able to expand so that we can do a lot more stuff. So they, but they mainly deal with, like, the policy stuff legislation-wise, even though we do that as well. And we, in order for them to get the information that they need, they do need to deal with the Direct Service Providers, which is what we do. But they do the education piece, they do the prevention piece, so they're, they partner with a lot of people to go into the schools, from kindergarten all the way up to be able to pass on the education about good touch, bad touch, whatever level we need to do, talk about bullying, you know, do different presentations so that the community is educated because they do not provide direct service. They will resource out to us on St. Croix or Family Resource Center on St. Thomas, St. John, or whatever island.

- And I think what's so important about them is they are, they are the coordinating entity that bring together service providers that interact with victims and with perpetrators, so they will, they're the ones who are responsible for, kind of bringing, together the police and the AG's office, and the judges, and getting all the players around the table to discuss how can we better serve our community, how can we better, you know, provide services and to support the victims, and how can we better hold perpetrators accountable for their actions. And so that's what's so important about them, they are able to get those people around the table so that we can have those discussions about, well, how can we improve our services and what are the, some of the policies that we need, or the legislation, or just simply what are the relationships that we need to have in order to make sure that that happens. And, you know, Debbie mentioned that we started the Men's Coalition. Women's Coalition was also at the forefront of starting D.V.S.A.C. as well, the D.V. and Sexual Assault Council. So I just wanna, you know, I wanna give us props a little bit. And the women that were involved that, kind of, predates us, but, that had the foresight to know that we needed an organization like that. And it needed to be separate from the work that...

- That you were doing today.

- ...we do as advocates and...

- Direct services.

- And direct services. So all states and territories have a council or a coalition, what they call. So there's special funding for that and everything. So we work really closely with them. And we're proud of the work that they do and proud of the collaboration that we have with them.

- And that's really, really good because I remember as a social worker back then, we're talking '70s, I'm dating myself, I know, but still when we used to get referrals for children, child abuse cases and sexual abuse cases, and we'd have to go out there in the field. And I know you do coordinate with the Department of Human Services, but this is so emotional. This is so emotional. And last week, we had Dr. Hendricks on the radio show and he talked about the need for you to, when you're involved with things like this, the need for you to get help yourself. Is this something that you two do? Because sexual abuse is very, very emotional.

- Get help to...

- Sexual, do we get help?

- Yeah, yourself, you know. Do you go to somebody and ask somebody, you know, I remember I burnt out when I was providing the service because of the things that we were seeing and working with. And having a daughter myself, it was very personal, very personal.

- Yes, we started suffering from vicarious trauma after that. So, but all of us, we do self-care. And we really encourage self-care. Do we have a coordinated person that takes care of all of us? No, I think everybody

has an individual. Whoever we feel most comfortable with that we're able to go to to find ways to get rid of a lot of the toxic stuff that comes in, you know, at some, I'm a counselor so I get a lot of the, every day, like, my godson likes to tell people I listen to people's problems all day. So which is true, you know, but you also help them find solutions, which is great. But, so I'd have my ways where I do my self-care. And everybody on staff is encouraged to do self-care to look after themselves because we will burn out. It becomes an amazing, an amazing burden after a while because you can see what's wrong in many ways because we're direct service providers and we're not a government entity. We can't fix the problem. We can't fix the system. We're trying to fix the system or we help to fix the system, but there are certain things that is out of our power. We can't do it. So, if we know that a child is being raped or something to that effect, it still has to go to Human Services, you know. So, even though we can do a certain level, it stops at that point. And so we really do need to take care of ourselves and we are encouraged to do that, to do the self-care.

- Yeah, I could see that.

- Sheelene plays great music in her office.

- All day.

- And has some candles lit with and some, you know...

- Chocolates.

- ...aroma therapy, and, of course, the chocolate gets circulated. So, yeah.

- I'm gonna pick that up. I got to do that. So you offer specific support in regards to physical and sexual abuse among other services. Do you offer any specific services to people with disabilities? As a group of people, they are very vulnerable to abuse, emotional, physical, and sexual.

- They are.

- They are. And we, again, because we are limited in what we can do, we do offer support. We do act as a liaison between the victims or the clients and the people who they need to be in touch with, because there are certain things that we cannot do. Again, we try to, connect people to agencies that are able to help them pass where we can. We have a lot of visually impaired clients, we have a lot of hearing impaired clients. We have people that come in the office in wheelchairs, so our office is accessible. Wonderful. So, we have, we make it so that at least it's easy for them to come to us and we can have the conversation with them. And even from our office, because we do know that transportation is an issue for somebody that has a disability. So that if we can organize as many things as possible from the office so that they have a one-stop because it's also costly, which most people don't look at, most people that are living with a disability are also on a fixed income. And, you know, many times, other service providers may not recognize the fact that if they're going to come to me at the Coalition and then they're going to go to maybe the Disabilities Council and then they have to go to Human Services and they have to go Social Security or they have to go to the clinic, that's \$20 just in transportation, you know. So I mean, and we don't look at that. We don't, we really don't look at the fact that it cost, has a cost. So, we try to provide at least that service where we liaison with everybody so that we can have a one-stop and we can organize everything so that when they come in, if they're hearing impaired, we try to make sure that there's an interpreter that can be there. If they go to court, we kind of work on that before they go to court even though the court has their list. So we let them know when they're coming. This person is hearing impaired, or they're visually impaired, they have a wheelchair or whatever, so that when they get there, it makes it easier for them to go through the process. The process is already hard and they're already emotionally hurting. So, we want to try and make the process as easy as possible for them to be able to, you know, get through the system and get through the process.

- That's very good because, again, you touched on integrating services and that, you know, one-stop service, which is exactly what they need. And you're right, there is some, there are some serious problems with transportations and not just for the people with disabilities but also the elderly, and sometimes even mothers taking their children, you know. So, one of the things that we were talking about, and when I say we

were talking about, that was at the Disability Rights Center. With respect to how we could talk to you and have you present to the community what you do, and one of the things that came up is since you've been in existence now for 36 years, what kinds of improvements have you seen that your organization is tackling now? I mean, have they shifted from when it first started to where it is at now? Because I do know you talked about how you started with abuse situations.

- Right. Right. That's right.

- But it seems to me that you've gone beyond that now. So can we just talk a little more about that again to, so that the public can really understand, our listening audience can understand, you know, the depth of what you do, because it's awesome.

- I think, I think we have more of a focus now, too, on health and healing afterwards. So I mean, we still do, our cornerstone is that crisis intervention. So, being there at the moment where that crisis is happening and providing support and unconditional support and confidential support. So, we still do that. But I think when we look at something like our transitional housing program, which is after the emergency, after the crisis, after they're in an emergency shelter and they get stabilized a little bit, survivors can move on to transitional housing where they are able to access case management services. They're able to access life skills classes. They have some assistance with their rents and their utilities. And that helps them get back on their feet. So it is about, kind of, a longer term solution I think that we're looking at. The same thing with our parenting classes, our support groups that we run, as well as our educational programs down at our children center. So we have this, we have a high school diploma program, Project Link. So that is also a lot of our clients that come in for abuse issues. They also maybe don't have an education. Maybe that's what they need to be able to get on their feet. And it's not possible for whatever reason to go through the regular channels of education in our, in our community. So, it's impossible for them to go to night school maybe because they have children or, so there's some challenges in that sort of things. So Project Link has really filled the void for some of our clients as well. So, it is I think more about health and healing afterwards, and seeing a survivor through that, from victim to survivor. And some, one of our, one of our clients said when she was talking about her services there to someone who's a champion now. So it's seeing people along that continuum. And I think that's...

- The growth.

- That growth, yeah.

- And seeing how in every, in every way one thing runs into the other, as one thing affects the next and affects the next. And so you have to do a holistic approach. And the holistic approach like Carolyn was saying, not through, just through services and providing them opportunities, but also in building their self-esteem and their self-confidence. And helping them to see that, you know, things are going to happen, that you have the tools to be able to get past that and move on to the next step. And sometimes it's harder when you do have a disability. And I know that that's one of the challenges I do have with, especially with clients who have hearing impairments. It's like I'm always going to be deaf. I'm, like, yes, but you have more information. And so because you have more information, you can do different things. And so we try to help them to get into that, seeing themselves as the champion at the end, you know. And give them the steps to become the champion. Like an athlete, it takes training, it takes practice. You have these things and you work on them, you perfect them, after a while, it starts to work. And the systems becomes easier to deal with because you know exactly what you're going into, you know how to approach it. And so I think that because of those trends and the expansion of the things that are happening because even when we look at how there's victimization and crime in our community, that's changed. And so we've changed to be able to incorporate everyone so that we are able to help everyone, which is why we do men, women, and children.

- How has that changed the victimization you just mentioned?

- Well, 20 years ago, we didn't really have as much murders that we, as we do know. We didn't have as many robberies. The awareness for sexual assault and domestic violence wasn't as high. So, even though there was a problem, a lot of people weren't talking about it. They're talking about it now, which was part of

the plan. If we get you to talk about it and we get you to break the silence, then maybe we can do something to fix it. And so with the education piece, we're starting to see a lot more awareness and awareness is bringing the problems to the forefront, and as they come to the forefront we can offer solutions. Just like last year, I think it was, we've had stalking problems in the Virgin Islands forever, but you couldn't get a restraining order unless you were related to the person in some way or form. Now that we have the stalking harassment order, you don't need to be related, you know, so people that are harassing you at your job, your neighbors that are harassing you, people that are obsessive.

- Stalking you because they're...

- Stalking you because of bad behavior problem, just because they want to have communication with you and you're not comfortable with it. Things like that, we can do now, that's something that's been happening but now that we have a solution to it, you know, and it because it become, came to the forefront as it was given a name and people became aware. That's been happening to me for years, like, when we went to the hearing for that, that problem had been happening to that particular victim that I've read personally for nearly 30 years but there was no solution. She had, like, 57 police assistance reports and the police couldn't do anything because there wasn't anything in place and she didn't have a civil remedy, so now she has a civil remedy. So, you know, things like that, that's how the changes have happened.

- I think our population, too, has changed a bit. I mean, it's, we live in such a diverse community. And, you know, when you look at diverse communities, particularly like in the United States, for instance, those diverse communities exist in cities, but here, we're in this very small little islands with, but it's very, very, very diverse. And so we have made it a point to serve that diversity, so like Sheelene said, if somebody who's hearing impaired, we can provide services to, if someone speaks Spanish, we can provide services to them, if someone's a member of the LGBT community, we provide services to them. So, we've also kind of expanded our training so that we can provide services to everyone that lives on our community.

- Okay. And we'll come back to that when we return from this brief break.

- We're back and you're listening to Ability Radio, You and Your Life. This is a reminder that if you have missed any portion of today's show, it is being recorded and will appear on our website at drcvi.org, and a reminder that we're sponsored by the Virgin Islands Lottery, Making a Difference Program. When we went on break, we were talking about individuals and emotional factors and whatnot. And one of the questions that I had shared or one of the things I shared with you during the break was the fear, this fear that the victims feel and how they're manipulated by that fear by whoever's victimizing them. Can you talk about how they can kind of overcome that fear in order to be able to get services?

- Well, that's an interesting question and an interesting statement because fear is real.

- Yeah.

- And nobody really can control fear and in talking to them or in giving them information or allowing them to know that there is support is one of the ways that we do help them to get past that fear because nobody volunteers to be a victim.

- Right.

- You know, and it's one of my personal pet peeves. We talk about, you know, if she hadn't this, if he hadn't that, if they hadn't this, if they hadn't that, but it doesn't make a difference what you do because if there's a perpetrator that has you as a prey then you're gonna be a victim of that person. You can do things to keep yourself safe. You can try to do as many things as you have to keep yourself safe, but the problem with victimization is the fact that it's not voluntary, you don't set yourself up for it. So the fear is always going to be there. And so in counseling and in services that we provide in letting them know that there's an entire agency that's going to back them, that's one of the ways where we can, we have helped people to overcome the fears that they have. They know that they will have support. We go to court, we go to the hospital, we go to the police station, we go to, we, sometimes we go with them to other agencies to help them get through

the process. And so that helps them to recognize that, "I'm not alone" and knowing that they're not alone helps in a lot of, a lot of ways.

- Yeah. I think that fear though, when we talk about victim blaming, which happens a lot, like, Sheelene said, like, "Well, if she just wasn't wearing that," or "If she would have just been quiet", and "It was her fault because she provoked the attack". It's, we're talking about power and control in a lot of these situations and it doesn't matter what she did. There was gonna be something that power and control that took over that situation for the abuse to happen. We know that it takes a woman in average of seven times to leave and go back before she leaves for good. That's how long it takes, that's the average.

- That's an average.

- So for some people, it's longer than that. And we also know that when someone leaves an abusive relationship that it actually is the most dangerous time in that relationship because they have finally said, "Enough is enough, I'm leaving". Well, if that perpetrator is inclined to say, "I'm gonna kill you, I, nobody else is gonna have you," it's actually very dangerous for her to, or him to leave at that moment. And so even getting a restraining order, even doing everything that that victim should be doing, it's still the most dangerous time for them, it's the most critical time. And so that's why our emergency housing is so important, they get confidential services of, sometimes they need to get off Island. And so those, that, that's real, that is real, and we know that that's real and you can look at statistics and everything else just to that it's real. So the fear is real that victims have, but we are there to support them through that, we're there to provide safe and confidential housing, emergency shelter, transportation if needed, but the reality is, is it that that fear is real and it's dangerous, yeah.

- And the fear goes past, the fear goes past the victim. One of the problems that we've had, I think from the beginning of the Coalition, from the beginning of time is the bystander fear. People would hear the screaming, they will hear, you know, they would hear the children screaming, they will hear the women screaming, they'll see the shots firing, and nobody will say anything and so, because you don't feel that you, you're on your own anyway. And people know and they're still not doing anything, that makes the fear even more real.

- Right, because I've heard comments from people in the community saying, "Well, we don't understand why she just don't leave him," but it's not easier, it's not as easy said than done.

-Right, and a lot of times the people that will say, "I don't know why she just doesn't leave them" hasn't offered to help and she realizes that they have an offer to help.

- So there's no support.

- You know, so there's no support, so if I want to leave, you see that my eyes' black and blue or I'm bleeding, or you see that the little boy is bleeding, or you see that the little girl is walking funny because she's been raped so many times and nobody does anything then they, "What are my choices? I don't have any support." And that's a big problem because if we have bystanders that don't do anything because of their own fear...

- Fear.

- Right. Because of their own fear then it causes the problem to continue. So like Caroline was saying, when you do choose to leave, you are walking out with the impression that, "I'm done, I'm gonna die, but I'm okay with dying at this point." You know, I've gotten to that point if enough is enough, just like Caroline said, "Enough is enough. I can't take this anymore". So when we're, we get involved and they realize that they're actually not alone, it helps, but getting to that point is very, very hard.

- Yeah, and there's a lot of reasons why people stay in abusive relationships, financial reasons, for the children, the, for religious reasons, lack of support. I mean, some, we, we've seen more people that they travel here, they have no support, no family, no friends, and then they're here with this, an abuser and they,

where are they gonna go? How are they gonna get, they have no money. "How am I gonna get off Island? My family has already said they're not gonna support me anymore because I've been with this person for such a long time," so there's a lot of reasons why somebody might stay.

- Yeah, I also think that fear shows up differently for every person.

- Uh-hmm.

- So there's no cookie cutter way to say, you know, "I should leave", or "This is my relationship that is just like that person's relationship". And so coming to a place like the Coalition, I think it's really important because we deal with people on an individual basis and we don't try to tell them what to do or how their relationship should look or when they should leave. It's trauma informed care.

- Uh-hmm.

- So it's based on your needs and when you're comfortable and ready to do what you need to do.

- And we'll be there no, whenever.

- No matter what.

- I will be there.

- For however long it takes.

- Sixty-five, twenty-four seven.

- Exactly.

- And we'll be there seven times, eight times, nine times.

- Nine times.

- However long it takes for you...

- However it takes.

- Fifteen years.

- ...to know when you're ready to leave, when you're able to leave.

- So in order for the community to help support or to at least provide some kind of assistance, they need to really understand those fear factors and, because you mentioned that it takes a person, like, seven years and...

- Seven times.

- Seven times.

- Seven times to go, seven years, seven times to go eventually and the community isn't really understanding that, you know, well, "Why does she keep going back with him?" Or "Why doesn't she just leave him?" So maybe the community can become a lot more educated about that and then provide that support. I mean, I don't know, you're the guys are the experts.

- Well, I wouldn't say, it's not the community doesn't know, I just think that they haven't personalized it yet. And so a lot of times, I know we had, I can't remember, I think it was a mental health group, that task force

that we were having a meeting about. And one of the problems that we said they had created a hashtag for is like, "It's not a problem until it's my problem". Because the same with they can say, "I don't know why she doesn't leave," obviously they know that something's going on. And that maybe she's tried to leave, like, she keeps going back which is more common what we hear. She keeps going back to him so it doesn't make any sense to do anything. And so we try to put out the education, we've tried to talk about it on a number of occasions saying that it is seven times and, you know, because there is no support, you know, within the family, the family gets afraid, the community gets afraid because this person may be extremely violent. And nowadays, a lot of times weapons are involved, you know, and I don't want to get shot.

- Yeah.

- So, I'm not going to say anything or I don't, I'm afraid for my own life and that's where the, your fear comes in, our personal fears come in. And so it becomes difficult, but if we continue, which we will continue to do, to provide the education, when people call, people call in and say, "This person is being beaten." And we're, like, "Okay, well can you hang up and call 911?" "Well, I don't want to be involved in that, but I'm calling you," because that's the only thing that they think they can do and then I'll call 911. You know, I'll call 911 and say, "Okay, this person from this area said that this is going on, can we have patrol go and check the area or whatsoever?" Then there's a shortage of police officers, so that may not happen for a while, but, you know, people are trying to help but they wanna help without being involved because of that fear, and it's a community fear.

- Yeah.

- I think there's also a lot of judgment. I hate to say that, but I think people, and maybe that's because we try to be self-protective, so if we feel, like, "Well, that can't be me, like, I, that can't be me. That woman, if she would've just not worn what she wore last night or walked down that alley, then she wouldn't have gotten raped." If, so we can say that, then that means that that can't happen to me. And so I think that there's a lot of judgment that we put out on other people, because we don't wanna believe that it can be ourselves, you know, they're, but the grace of God, you know, so...

- Go I?

- Go I? So, I mean that's, that kind of mentality that there's got to be something that that victim has done to deserve it. So that, so that, you know, clearly it's not, never gonna be able to happen to me or someone that I love. So I think we have to get past that and be able to provide nonjudgmental care and support to our neighbors.

- Yeah. I think what Sheelene was talking about with bystander intervention is also very important, because people don't know that that can look different as well, you know, just the fact that that person called to say, "This is what's going on, but I'm afraid. What can we do?" is intervention.

- Right.

- You know, so it might be a case where, you know, you live someplace and they would know that it's you if you called 911 and so that makes you afraid to do it because you don't want to have a retaliation, but you did something, you picked up a phone, you know, you catch her by herself at the supermarket and say, you know, "I'm here for you if you need support." There are many different ways that you can intervene without actually confronting the perpetrator. And so we can also help with that, you know, because we've got to help each other, otherwise it's never gonna change.

- Right, and my big concern that I've had, even in the back, in the past was individuals who were psychologically controlled by their mate or their person, the person, that they lived with and how to break that psychological control because emotional control is control, physical control, too. But I think psychological control really goes down to that fear factor that a lot of women experience. Have you had a situation where you came up with that and you were able to help that woman and at the same time, maybe

even helped the man through counseling or referral or something so that he could realize what he was doing, the damage?

- Yeah, that, I mean that's nearly on a regular basis, because psychological control is what happens first, you know, it's what happens first. If I can convince you that, you know, what you're doing is your fault, then it makes it very easy for me to control everything else. And that was the purpose of the Men's Coalition, so that they could get help, and one of the reasons why the whole idea of the restraining order came in, because then the judge can order them to go to counseling. Counseling doesn't really work unless you want to, but if it, you, if it's a means to an ends, if it's going to avoid you going to jail, more than likely, you'd be willing to go, because perpetrators do have a fear, too. They really don't want to go to jail, and so they would do what they need to do in order to make sure that they stay in the best light, because one of, I think across the years, and we've been, it's been a while since we've been doing this, okay. So, across the years, what we've recognized is that most perpetrators, everybody else thinks it's wonderful.

- Right.

- And so they're really, really concerned about their image, you know, they're concerned about their image. They're concerned about making you have the truth of them and everybody else have the fantasy. So, you have people and they will go out and, "I've seen these, and I've seen some of my clients when I've gone to events and they're walking with the perpetrator," and they look absolutely fantastic and the perpetrator is talking to everybody. But I know that she's afraid and she's looking at me and I'm looking at her and I can't say anything because I don't want to put her in more fear, neither do I want to expose her because then he'll become more violent. And so you have to, kind of, create a bond whereas, like, "I'm here. If anything happens, this is where I'm going to be," you know what I mean, because where, she may be afraid, I know that, and she knows that we have services, but she may not be [inaudible] she may not be ready to step out because there are other factors that are involved. But having people believe that, "Oh, no, he's a doctor, he'll never do something like that." "Oh, no, he's a, he's a police, he will never do something like that." "Oh, he's so helpful to everybody else, he's my children's coach, he would never do anything like that," you know, because everybody else gets this wonderful view of the person. And so of course it works that way because then when you say, "Oh, he hit me." He would never do anything like that. What are you talking about? He's so nice. He was right there, he broke up the fight." And so, or she, you know, "Oh, your mother is the best person in the world." "You don't understand." And then they have bruises and stuff like that, it's, like, "She actually," "No, she," "That wasn't your mother. Who you got into a fight with?" And then we start doing the "who" and we ask the wrong questions and so all that does is make the person that his being hurt shut down, you know, so we try to be there for them and help them to see that we believe you. If nothing else, we believe you. And so we try to continue to encourage them, so that they know even though if I don't hear from them again for six months, somebody believes me, I can call her back and it's always, you can always call be back. Regardless of what happens, call me back. Call back the Coalition, call the advocate. Whatever it is you do, just call somebody, we'll be here regardless of what happens.

- Yeah, and the psychological scars are the ones that people don't see also so maybe sometimes it's harder for people to believe you, like Sheelene was saying, because you don't have that physical, you know, and it does go deeper, and those are the ones that I think are harder to also examine and get rid of.

- Uh-hmm.

- So...

- And there's some real psychological tactics that abusers can use that you would never ever think that, like, that's just something that's in the movies, but we've seen, like, you know, that maybe hiding something constantly, it's making you think that you are going crazy.

- Crazy.

- Gaslighting.

- Gaslighting. So thinking that, yeah, so making new things that, "Well, he's saying that I'm crazy. He's telling me I'm crazy, and maybe I am crazy because I am, I can't find my stuff." Well, he's actually hiding your stuff so that you think that, or changing your medication, putting different pills.

- In different bottles.

- You have a medication, different bottles, switching that up. So that's a real psychological game.

- Switching their, switching their underwear drawers.

- Right, thinking, like, "Well, wait, what, why is this," you know, or changing the kitchen around and so that you think...

- Throwing stuff away.

- Throwing...

- And you said, "I just bought that." "No, you didn't."

- Yeah. Or every time you go out to use the vehicle, there's a flat tire so you can't get to work or you can't go somewhere. So, that's all psychological abuse that no one would think that anybody in their right mind is doing, right? But that's, those are some tactics, some psychological tactics that abusers use to, in order to control the victim, and I, that doesn't get talked about a lot. But we see that every day.

- And they also play the children against the mother or the father or whatever, because they're the brunt of what's happening in that home.

- Or you immigration status, hiding your documents or saying, "I'm not gonna do what I need to do for you if you don't obey."

- Yeah, that's big.

- It is.

- Oh. Wow. Wow.

- It's a lot of things that happens. People who've lost their birth papers, like, six times in one year because it's, like, "Well, you just put it there." "No, you didn't." And then they go back and they apply for another birth certificate, which they have to pay \$12 for it, you know, and so they go back and they apply for another birth certificate, and so, you know, it's, like, "Okay, you keep losing this birth certificate." "I don't know what I keep doing with it." And all of a sudden, you know, it gets to the point where the, enough becomes enough and they start to do something about it and then there's a stack of 12 birth certificates, you know, but nobody would believe and at that point, you don't believe, because you keep saying, "I don't, I keep losing things, I keep losing things, I keep losing things." So there are tactics that are used that most people won't think of, but it's a reality for a lot of people.

- Yeah1. I've even heard, I think some say, you know, he or she will say, you know, "What would you do without me? Here it is. It's right here."

- Right. Right.

- Right. All the time.

- "It's been here all the time. What's wrong with you? Are you blind? Do you not understand that this is right here?"

- Yeah, that's how they control them.

- Yup. Exactly.

- Exactly.

- Approximately how long is the average timeline that you work with some of these individuals?

- Okay.

- I don't know that there's an average.

- I know.

- It is very individual. Debbie pointed out to that, like, you know, we work on people with individual basis. There's been people that have been coming to us for victimization for 10 years.

- And there's different victimizations, too.

- Different types of victimizations.

- So, and that's one of the things, which is why that's a hard question to answer.

- Yeah, it is.

- Because, if, they may have started out as a sexual assault victim and got into a D.V. situation, and because they know they were going to be there for everything, they'll comeback, like most people that have worked, have been to the Coalition for assistance, they don't usually, they're not usually ever done because they know if anything happens, if somebody breaks into their house, they can call and they can get help. And so, but if you're gonna work on a particular thing, it depends on the individual. Some people heal faster than others. There really isn't an average timeline because it's individual. It really is individual.

- So based on what you said about community education, are you seeing a decrease in stigma around domestic violence?

- A decrease in stigma?

- In the stigma?

- Hmm. No.

- No?

- I think there's a lot more education as to what it is?

- Uh-huh.

- I just don't think that it's changed. People know what it is more now.

- Okay.

- They know that it doesn't just have to be physical, they know that it's not just verbal, they know it can be financial, they know it can be spiritual, but it's, in terms of that's the people who are victims, the perpetrators aren't paying attention. "Oh, you know, we're still having that problem." And they say, like, "You have to do this because," or the power and control is still there, and to say something, well.

- That's an interesting, what they're doing, but they still know what they're doing.

- Yeah, but I think the stigma, I mean I think if you look back over our history, certainly that has changed, you know. We've made great strides in the legislation that we have, people are more aware of services, it is, like, we haven't, who's here, can you help? So that sort of thing has changed, but it's hard since we're in it every day. I think to see, like, "Well, we still have victims coming in." So it still, it still exists, it's still a problem, it continues to be a problem, but I think there is more awareness in the community and there's, and we can, we can come on your show, for instance, and talk about it, so that's a great thing, whereas in 1981 when the Coalition first started, when this Coalition just first started, nobody wanted to hear from these women that were out there marching for their rights, so, yeah, that's a change.

- I do think there has been a change. I do believe that there is more of an increase in education and in people asking questions so that they can become educated, but I feel, like, the victim shaming and the victim blaming has not changed, unfortunately, the way that it should because people still sort of see or believe that if the victim actually did something different, then this wouldn't happen instead of putting the onus where it belongs on the perpetrator instead of saying, "Why didn't he or she do something different," why not, you know, what really should be said is "Why is this perpetrator doing this? And why isn't he getting help or she getting help so she doesn't abuse people?" And so I feel that that's the part, the victim blaming and shaming. I do think also that the use of, excuse me, technology is helping a lot with us being able to educate people and have people ask more questions because, you know, the Coalition has social media accounts, we have a website, we do a lot of different events and activities to inform the community, so sometimes people actually reach out on, you know, messenger while they'll, you know, send us a direct message on Facebook, or on Twitter, because they need help, or they wanna ask a question and, you know, we refer them to our counselors, or to whatever the services that they need us to assist them with, so.

- So, do you think that maybe it's changing the messaging to victim, victimization might help people become more aware of what that victim is experiencing and then become more supportive?

- Well, it becomes two-fold at that point in time because a perpetrator isn't listening to the message that you send to a victim anyway.

- Yes, yeah.

- So, and, like, this is Sexual Assault Awareness month and Child Abuse Prevention month as well, and so one of the things that, you know, in sexual assault awareness, one of the things in sexual assault awareness is that it was supposed that went up and I kind of used it to kind of bring it to the forefront because maybe if we start doing the double messages that other people help, it will help other people hold other people accountable, and so they created this new underwear that is supposed to be [inaudible]

- Hold on to that thought. I wanna hear that when we come back from our break.

- Okay.

- [laugh]

- We're back and you are listening to Ability Radio, You and Your Life. This is a reminder that if you've missed any portion of today's show, it is being recorded and will appear on our website at drcvi.org. Before we went on break, Sheelene, you were talking about something that I think the community needs to hear.

- Yes, they, in efforts to help victims, they had...

- "Help."

- "Help victims," there was this underwear that was, this is Sexual Assault Awareness month, like I was saying so, and to bring awareness, so they have these underwears now that they are saying that, you know, if you put them on, you tighten them, nobody can get them off, right? And so I kind of rebutted the post, I

said, "Michael, why don't we find underwear for the perpetrators so that they won't right them so they would need the underwear to begin with?"

- Uh-hmm.

- And it's a problem because if I have to struggle with you to get your underwear off, it will physically hurt you.

- Right.

- You know, so I didn't think that the direction that it was going, even though it may have been a good idea to somebody, because they thought that it would help, it doesn't solve the problem, the problem is that there is a rapist, but, and we need to focus on the fact that the rapist is the one that is doing the problem, if there were no rapists, there would be no rape victims.

- Right.

- And so we need to able, be able to change the mindset towards the rapist.

- Uh-hmm.

- But we're not doing that, and so...

- It's also very shortsighted because sexual assault can be, doesn't just necessarily involve underwear.

- No, it doesn't.

- Exactly.

- It involves oral and penetration, it can be other things...

- And other sexual contacts, right, right.

- Absolutely. Yeah.

- ...contacts, so it doesn't, you know.

- Yeah.

- Right, right.

- Yes.

- My whole concern about all of this that we've discussed during this time is the impact on the children, you know. I'm really concerned about that because we don't want to create another generation of emotionally-challenged children with, you know, psychological disabilities, because it seems to be something, so they're seeing all of this?

- Yes.

- You know, and I know that you're referring or providing help to the children, but how can the community help with that, too? I keep saying community because I think we're all part of the village.

- Uh-hmm.

- That's my perception, we're all part of the village and we have to help each other when we come across, whatever social ills are out there.

- And the children are affected, and the children are affected because the parents are affected, because the community is infected, and the community is infected.

- Yeah.

- And social media and technology has not just infected them in our community, it has infected them with the worldwide view.

- Yes.

- And so, in order to start to get the children to see the healthier, we have to present the healthier, which is why, one of the things that D.V.S.A.C. does is they go into even from primary school to head start, and they start giving them the right information, healthy information, healthy relationships, good touch, bad touch, how to not do bullying, and all of those things, so we're starting at that stage and that's one of the things that is very important with D.V.S.A.C. is that the education is getting out, and we also do it, and we do counseling in the office and, you know, we try to work with human services on the schools to be able to present that education.

- And it's critical for kids to come out and get counseling.

- Counseling.

- Okay.

- And long-term counseling, if they've been exposed to violence, whether it's sexual, they've been exposed to domestic violence, they need to process that stuff, and in order for them to be healthy adults and not repeat that victimization, or repeat that, you know, become a perpetrator, they need that intervention early on.

- Well, Debra, you are the Communications Director, any last thoughts before we leave the air?

- It is Child Abuse Prevention month, as Sheelene mentioned, and Sexual Assault Awareness month. Learn more about it, know the signs, contact the Coalition if you need help, contact D.V.S.A.C., if you'd like to have outreach come to your school, just be aware and be involved, and don't be afraid, and just remember that the Coalition is here for you, it's no judgment, it's confidential, it's available in English and in Spanish, and we believe you and absolutely, yes, you are worth it.

- Thank you so much, ladies, for being here. We're probably gonna invite you to come back.

- Okay.

- You have a lot of great information for our listening audience. And with that, that's it for us for this week. Next week, we won't be on the air because it's Easter weekend.

- Okay.

- Happy Easter everybody.

- Happy Easter.

- Thank you. Thanks for having us.

- Thank you.

- Thank you.

- This is WLDV 107.9 FM transmitting from Blue Mountain, St. Croix broadcasting from Downtown, Christiansted, St. Croix, and Downtown Charlotte Amalie, St. Thomas. 107.9 FM Da Vybe, the V.I. station.