

**Reflection** *by Linda Campbell, Executive Director*

2010 marks the 30<sup>th</sup> anniversary of PAVE. Over the years our name changed as well as our mission. What began on a living room couch with a few volunteers providing only crisis services to victims has grown into an agency with nine employees and over thirty volunteers. Fourteen years ago my position as Case Manager was created because victims needed more than just crisis services. Today, PAVE’s work encompasses protection, early intervention, rebuilding of lives, prevention, and accountability.

For an agency to be successful and grow there must be ongoing evaluation of the services being provided as well as an assessment of the gaps in services. I will share with you some of our successes from the past year.

Domestic violence accounts for over 50% of the homeless population. In response to this, we opened our third shelter space and provided 945 bed nights to individuals and families throughout Bennington County and the surrounding areas.

In addition, PAVE identified the need for services for women whose children are involved with the Department for Children and Family Services – Children’s Division (DCF). With Federal Recovery money through the STOP grant we were able to hire a part-time advocate to be housed at DCF. The advocate works with women who identify domestic or sexual violence as a barrier to accomplishing their goals. This collaboration is unique in that PAVE’s services are confidential and will be provided to the mother while DCF’s services are for the children.

Providing safety to children and their residential parent is what fuels our Supervised Visitation Center. To meet the growing need for services Family Time hired two additional monitors and provided 1600 children safe access to visits with their non-residential parent(s).

PAVE’s work will always be centered on serving victims, but prevention is integral to our mission to end domestic and sexual violence. In addition to our existing pre-school and school-based prevention programs, this past summer we offered our first two-week arts and crafts “summer camp” program to girls in one of the local subsidized housing complexes. While doing activities, the group addressed friendships, boundaries, and healthy relationships. In the fall we continued with the “Girl’s Club” with the focus being on self-esteem and negotiation skills.

PAVE realizes that prevention cannot be directed only toward women and girls. This past fall we offered our first ever

“Boy’s Club” in the same housing complex. Positive male role models from Bennington College led this activity-based group while demonstrating clear messages that violence against women is unacceptable.

Reflecting on where we began and how far we have come fills me with great pride. I can’t begin to tell you the number of women whose lives have changed because of the help they received from PAVE nor can I tell you the number of women still out there who need our help and haven’t found a way to reach out to us.

With the current economic crisis, continued funding for our programs and services is of concern. Any lost funding will result in lost services. To sustain is not enough. We must be able to expand our services to meet the needs of the underserved populations. To adequately address the social norms that allow and condone violence against women we must have the ability to continue and expand our prevention strategies and community education programs. ■

**A “Well” Society—Rx: Prevention**

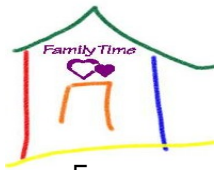
*by Nancy Feinberg, Volunteer Coordinator*

Substance abuse, smoking, depression, eating disorders, sexually transmitted diseases, coerced pregnancy, physical injury, suicide, homicide—all of these behaviors can be associated with domestic violence. The cost in lives and quality of life, and the cost in dollars for healthcare because of domestic violence have real impact on the health of our nation. Why, then, do we not hear more about what is being done to prevent it? I wanted to know when domestic violence became a public health issue and what is being done to prevent it.

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## Gun Laws—There's A Problem by Christine Williams, Family Time Director

Every now and then you stumble upon some information that you weren't necessarily looking for, but once discovered you think, "Oh I never knew that..." (Some might even call it learning.) It doesn't really surprise me when I learn something new or I happen upon some piece of information that I think I *probably* should have already known. I might even qualify this type of information by putting it in the "common knowledge" category. When this happens, I have a tendency to ask around, "Did you know such and such information?" And when I then find that the common person around me isn't aware of whatever this piece of information happens to be, I start to wonder *how* can we not know this? *Where* should we have learned this? These thoughts come to my mind especially after considering or realizing how relevant the information is. And I really wonder *who* is "dropping the ball." And what can be done.

I think of it in terms of an "accountability" thing. I had a supervisor in a previous job who frequently said to me, "With rights comes responsibility." I agree with this statement on so many levels. For example, with the right to drive a car (license) comes the responsibility to drive safely and to follow the traffic rules. If you drive too fast, if you run through stop signs, and pass in "no-pass" zones, you're likely to be putting several others at risk including jeopardizing your own safety, and therefore may *lose* your "right" to have a license.

Anyway the other day browsing the web I happened upon a headline: "MENTALLY ILL BUT STILL ABLE TO BUY A GUN..." I was curious so I read the article. I wasn't aware that being mentally ill might preclude a person from bearing arms. The article was regarding the Cho killings at Virginia Tech. Now, I *knew* there was a federal law preventing convicted felons from possessing firearms, but I had no idea, until after doing some research, that the federal law included other "denied categories." Apparently if someone trying to purchase a gun falls into one of these "denied categories" that information should pop up (through the National Instant Criminal Background Check System [NICS] ACT) on a background check and he will therefore be unable to purchase a firearm.

According to the Journal of the American Academy of Psychiatry and the Law Vol. 36: "The denied categories include: felons, fugitives, unlawful users of controlled substances, illegal aliens, and any person who 'has been adjudicated as a mental defective or who has been committed to a mental institution.'" I started thinking the obvious that if there is a federal law preventing the sale of a gun to such a person as Cho how could the sequence of events have been stopped and this tragedy prevented.

Who determines who has "rights" and what the "responsibilities" are that come with those "rights?" And who

determines when these "rights" are taken away? In other words where is "accountability?" And who owns this "accountability?"

Please don't misinterpret. I in no way want to further stigmatize anyone who has a mental illness. I will be one of the first people to defend *their* rights. I can appreciate that someone who is a hunter may avoid treatment if the outcome could be never to "hunt" again. But in the big scheme which is more important: one's immediate medical treatment and safety and that of others, or their right to bear arms? With that right comes the responsibility to not kill, threaten, imply harm to self or others, or that "right" must be lost. In my opinion given the devastation and lives lost in the Virginia Tech tragedy Cho should be held "accountable" of course, but so should culpability be placed on lawmakers/interpreters/deliverers of the law and to the states that allow guns to be bought, registered and sold to these "denied categories."

Apparently this federal law is interpreted subjectively state to state. Given that Virginia was one of the 22 states that actually does report background findings (the other 30 don't?) this ended up being irrelevant in the Cho shootings because according to TIME magazine: "While federal guidelines may stipulate who is to be blocked from buying guns, it is the states that must provide the information to make the databases work. In practical terms, it won't matter what the federal guidelines say if state law says only certain people need to be reported."

Mr. Bonnie, the Director of the University of Virginia Institute on Law, Psychiatry and Public Policy said regarding Cho, "What they did was use the terms that fit Virginia law. They weren't thinking about the federal. I suspect nobody even knew about these federal regulations."

I just have this picture (in my head) of well-intentioned lawmakers sitting somewhere working hard to pass laws of protection. Yet it would seem that in some cases, as the Cho tragedy points out, their work is in vain. My hope is that those of us who are now aware will join together to ensure that there is increased awareness and "accountability" as pertains to all gun control laws. The Brady Campaign to Prevent Gun Violence website recommends that we call our Senators and Congressmembers and "urge them to fully fund the NICS Improvement Amendments Act of 2007. If your state has not passed a law to improve the submission of records to NICS, contact your state legislators." ■

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### HEADLINE:

**Tuesday, February 16, 2010**

## **Virginia lawmakers aim to loosen firearm restrictions**

By *Fredrick Kunkle*  
Washington Post Staff Writer

(from <http://www.washingtonpost.com/>)

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## In the Spotlight—For Better or Worse

by Tara Parks, Family Time Assistant

The host of my favorite talk show asked for viewers' opinions about a very debatable and important subject. She asked that people report their feelings about celebrities and the lifestyle choices they make. More specifically she asked if those in the limelight receiving endorsements and serving as supposed community role models should be held to a higher standard of responsibility in regards to the decision they make. At first I didn't really focus very much on the question. However, throughout the week following the show I thought about the subject repeatedly and began researching different icons and their involvement with domestic violence issues.

The following list is compiled of true and false statements involving some of today's most well known celebrities. Given that many elements of people's lives reported through tabloids are totally untrue or exaggerated you may or may not be very surprised by this information.

### Celebrity True/ False Statements

(Answers are on page 7)

1. Halle Berry admitted to struggling with domestic violence in one of her relationships.
2. Martina McBride wrote "Independence Day" about her own experiences as a child.
3. Keira Knightly's anti-domestic violence commercial was banned from British television because of the violence it portrayed.
4. The ratings for the television show "Two and a Half Men" have dropped since Charlie Sheen's most recent arrest.
5. In 2009 Chris Brown received a harsh jail sentence for his attack on Rihanna.
6. Christina Aguilera sings more than one song about her childhood and experiences of abuse.

We would **like** to believe celebrities live unquestionable lifestyles, especially if they hold important or powerful elected positions. We assume that we know a person because we often read or hear such personal details of their lives. However, these ideas are naive in today's world. There have been numerous scandals involving well-known actors, politicians, musicians and athletes. One might think that such negative attention would affect their careers. Oddly enough that is not always the case. Whatever the response will be to the talk show host's question, some of us live for the scandal and get wrapped up in it.

Why do we give celebrity to individuals that act badly? Why do we make them bigger than life? Maybe, we should turn off the televisions, not read the tabloids, and focus on our own standards of responsibility as role models in our own community. ■

## Being There

by Holly Schmitz, Finance Manager, PAVE Advocate

I answered a hotline call early one morning. I was instructed to go to the ER at Southwestern Vermont Medical Center to help a victim of sexual assault. Most of you must know I'm very new to the advocacy part of my job at PAVE and, truth be told, I am much more comfortable with numbers.

Driving to the ER I was quite nervous and scared, so I said a prayer to help me do and say the "right" things. What could I possibly say to someone who had just experienced such a violent and traumatic crime against her?

When I met the client there was some awkward first moments. But then I realized that it wasn't about me and my nervousness. I should just be "there" for her. It didn't matter if I said and did exactly the right things, I was there. She began to share her story with tears flowing freely down her cheeks. I got her a tissue and then I held her hand. It was an awful story and I felt so sad for her. I think she liked that I held her hand.

When I said goodbye to her about 4 hours later, she was in a better place, physically and mentally, and she was speaking to a counselor from United Counseling Services. I felt relieved she would now be helped by a therapist.

As I drove away, many thoughts and emotions crowded my mind and heart. What I didn't expect was the connection I had experienced with this young woman. We had spent an intense 4 hours together but it wasn't about victim verses advocate. It was just about two people being "there" for each other. ■

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### **Rx: Prevention**

*continued from page 1*

In the 1950's and 1960s, violence came to national attention when the Department of Health and Human Services became aware of an increasing number of homicides and suicides among youth, and the "emergence of child maltreatment and intimate partner violence as recognized social problems."<sup>1</sup> The Surgeon General's 1979 report, *Healthy People*, and the 1980 *Promoting Health/Preventing Disease: Objectives for the Nation* laid out goals and objectives in 15 top priority areas to promote improvements in health and healthier lifestyles, one of which was control of stress and violent behavior. "Violence" became part of the public health lexicon. In 1985, the Surgeon General declared domestic violence a leading public health issue.<sup>2</sup>

With so much at stake, a call to action was needed—to change attitudes, beliefs and behaviors; to form collaborations; to plan strategies to prevent violence. Subsequent *Healthy People* reports plus new initiatives continue to confront the underlying causes for domestic violence and the associated risky behaviors. A sampling of the work and efforts going on to prevent domestic violence is listed below:

*continued on page 5*

# The Good and the Bad of Social Networking on the Computer

by Kiah Morris, PAVE Advocate, Department for Children and Families

You could feel the weight in her words, "I am taking a huge risk by being on Facebook, but I needed to let others know that I am trying to leave. That I want to leave him. That I am tired of the abuse and no matter what happens, I want out." This client, a mother, in her late forties, was new to social networking sites like Facebook and MySpace but decided to take a chance and make a cry for help in cyberspace. With so many people, 250 million plus interacting and posting information, multiple times a day, would her words disappear in the frenetic production of constant updates and "news feeds?" With so much going on, would anyone notice the urgency and importance of her actions online? She took a massive risk to her own safety to put her intentions out there where they might be found by her abuser, but it was all she had, her only link to the outside world.

Through social networking sites like Facebook, communication has rapidly evolved to provide instantaneous, real time capabilities to reach thousands of people through one initial portal. In a matter of hours, a message posted on a friend's page can be reposted and shared infinitely.

My client's support network used the medium to spread the word about how to anonymously add prepay minutes to her secret cell phone and to nudge each other to check up on her and offer support when it seemed her patience with the process was waning. Once physically isolated from the rest of the world, in a matter of days, she had moved to engage in near constant contact with a strong network of allies and supporters. She was able to see how many people did care about her well being. Fortunately, her tactic worked. Friends and family, many of whom she had been estranged from for a number of years sought her out and offered support in any way they could.

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## **A British man murdered his estranged wife after receiving a real-time update that she changed her profile's listed marital status to read, "single."**

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She would later share with me that she wanted to make sure that others knew of her plans so that if any harm were to befall her during her attempts to escape her abuser, "the world would know where to place the blame." In the end, she was able to begin her journey of a life free from abuse. Facebook helped carve a space for her voice and gave those who cared an opportunity to help her in a tangible way.

While social networking widened her support net, others are not as fortunate as their abusers may use this platform as a means to gain further control. Just this month, a California man committed a murder-suicide involving his infant son in

which the mother had just been denied an order of protection because the father was not considered a threat to either of them. Investigators would later find that many disturbing messages had been posted on his Facebook page which alluded to his intent and an online suicide note which clearly stated he did not wish to "live" without his girlfriend or share custody of their son. Last year, a British man murdered his estranged wife after receiving a real-time update that she changed her profile's listed marital status to read, "single." She wanted to declare herself as free from an unwanted relationship, but this überpublic display only amplified her ex's abusive hyperjealous tendencies. We also see recent reports of an Illinois man who used Facebook to send death threats to his ex and her new boyfriend, resulting in his eventual arrest. In these reversals, the abusers are likely to feel a lack of control over what their victims say or do online and that lack of power drives them to engage in aggressive cyberstalking and intimidation.

To add to this complex stew, some Facebook pages perpetuate and promote abusive attitudes and systems of belief, as in the case of the Australian "Anti-consent (Define statutory)" group, the 700 plus member "I hate My Ex Girlfriend" group or the near 1,000 person strong Anti-Feminism (Feminists are Hate Group) pages.

So how can we use these media to further promote safe spaces and disseminate resources to our communities? Several crisis lines, shelters and organizations like The Safe Space, RAINN and the Joyful Heart Foundation have created Facebook groups to promote their services and keep the online community abreast of news and topics of interest. Online campaigns like the Mary Kay "Have A Heart" initiative which asks schools throughout the country to participate in the reading of statistics and hotline information on their announcements on February 10, 2010 for Teen Dating Violence Awareness Month (February) quickly met their goal of reaching 500,000 teens by spreading the word and encouraging action via their Facebook page. MTV's highly popular "A Thin Line" campaign uses their Facebook group to help teach teens how to use "cybersmarts," protect their online identity and greater understand cyberabuse, sexting and online stalking.

The easiest way to get those in need linked to our services is to go to where they are. Social networking media are rapidly becoming one of the most far-reaching ways for advocates to connect victims to resources and educate the communities we serve. With women over the age of 55 as the fastest growing demographic on Facebook and nearly 60% of all users over the age of 25, we can no longer consider social networking as "kids play" or dismiss this movement as a passing fad. As this technology blossoms, we will be called upon to implement solutions and techniques to deliver; to meet our clients where they are. Right now, they are actively online, in droves. We should continually work towards keeping them safe and connected to what we have to offer in the days and weeks to come in as many ways as possible. ■

# Strangulation—More Than Meets

**The Eye** by Mary Grey, PAVE Advocate,  
Bennington Police Dept.

In a recent training by The Vermont Criminal Justice Training Counsel, Vermont Police Academy instructor T. J. Anderson presented information focused on strangulation in domestic assault cases. Definitions, statistics, as well as advocacy awareness are briefly described in this article.

Strangulation is one of the most lethal forms of domestic violence. In a recent study of domestic violence victims, “68% had a history of being strangled.” Strangulation is used effectively in acts of sexual assault – the perpetrator is never without a weapon and strangulation can be used repeatedly to quiet the victim. Strangulation is an ultimate form of power and control with the batterer exercising control over the victim’s next breath - having devastating psychological effects or a potentially fatal outcome. Unconsciousness may occur within 7-10 seconds and death within 4 minutes. Because it takes four minutes to kill a person by strangulation, the assailant has time to reflect on his decision to kill. <sup>1</sup>

Strangulation is defined as the condition that results when respiration (breathing) is stopped by closing off the air passage. Blocking of the carotid arteries in the neck which deprives the brain of oxygen or pressure on the jugular veins which prevents deoxygenated blood from exiting the brain both result in unconsciousness. However, choking is a condition that causes someone not to be able to breathe because there is food or an object stuck in the throat blocking the air passage (throat or windpipe).

The Journal of Emergency Medicine describes strangulation in the following way:

Sober and conscious victims of strangulation will first feel terror and severe pain. If strangulation persists, unconsciousness will follow. Before lapsing into unconsciousness, a strangulation victim will usually resist violently, often producing injuries of their own neck in an effort to claw off the assailant and frequently also producing injury on the face or hands of their assailant. These defensive injuries may not be present if the victim is physically or chemically restrained before the assault. Victims may lose consciousness by any one or all of the following methods: blocking of the carotid arteries in the neck - depriving the brain of oxygen; blocking of the jugular veins – preventing deoxygenated blood from exiting the brain; and closing off the airway - making breathing impossible. <sup>2</sup>

Since 20% of strangulation cases will show no external signs, knowledge of the signs and symptoms of strangulation (which go beyond the red marks on the victim’s neck) is now a training for law enforcement personnel and first responders, including police dispatchers. Signs and symptoms of strangulation may include:

Voice changes, hoarseness, painful to swallow, difficulty breathing, coughing up blood, ringing in the ears, nausea

and vomiting, changes in behavior, hallucinations, headaches, light headedness, miscarriage, swollen tongue or lips. “These symptoms may be an early indication of internal injury such as swelling, bleeding, fractured larynx or hyoid bone, seizures, pulmonary edema or death within 36 hours due to progressive internal injuries or complications.” <sup>3</sup>

This training will assist law enforcement in their interview protocol of strangulation victims, thereby obtaining the evidence needed to go forward with prosecution of assailants. Further, it is imperative that law enforcement, medical personnel and advocates encourage the victim of strangulation to seek immediate medical attention regardless of visible signs or symptoms. This may be crucial in detecting internal injuries and saving a life.

## References

- 1 Advocacy Tips for Victims of Strangulation. Developed at BWJP Strangulation Workshop in Boise, Idaho in collaboration with Det. Mike Agnew, Dr. Dean Hawley, Rhonda Martinson, JD and Gael Strack, JD. (August 2008)
- 2 Journal of Emergency Medicine. 2001. Wilbur et al. Survey results of Women Who Have Been Strangled While in an Abusive Relationship.
- 3 Ibid. ■

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## Rx: Prevention

*continued from page 3*

Implementing goals and objectives: Healthy People 2010<sup>3</sup>: Objective 7. Educational and Community-based Programs. 7-2. Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns... [PAVE began prevention initiatives in the schools before 1994 and continue with new initiatives.]

Designing strategies: The Centers for Disease Control and Prevention’s initiative to promote respectful relationships, *Promoting Respectful, Nonviolent Intimate Partner Relationships: A Strategic Direction for Intimate Partner Violence Prevention*<sup>4</sup> describes the public health’s approach, methods, and practices for developing strategies for IPV prevention. [Useful to the layperson to begin to understand general principles and methodology for establishing healthcare guidelines and initiatives.]

Connecting to people: The creation of the Vermont Leadership Team and statewide health plan. Its mission is to improve the health care response to domestic violence in Vermont. “Fewer than 10 percent of primary care physicians routinely screen patients for domestic violence during regular office visits.”<sup>5</sup> [An excellent site for healthcare practitioners and

*continued on page 6*

## Teen Safety—Taking Responsibility

by Debby Stanlewicz, Transitional Housing Advocate

In the past year a lot of attention has been given to the youth in our community concerning risky behaviors, outcomes, and prevention. Young people express that they do not feel safe at home; some decide to live with a friend and their family due to conflict at home. When young people do not feel valued and loved within their own family, it can affect relationships with their peers and choices they make.

A recent training, “Working to End Teen Dating Violence in Rural Communities,” put into perspective the increase in teen violence and the barriers that confront our young people. I will share some of the information with the hope that it will open the door to family discussions within your homes.

- Teens are under a great deal of pressure “to be in a relationship” and, once in it, there is pressure to have sex, often resulting in STD’s or unwanted pregnancies. Statements such as, “If you loved me you would do it,” or “Everyone else is doing it,” or “I can always get it somewhere else” are often made to coerce a person to do what they don’t want to do. Teens feel they must hold on to their boyfriend/girlfriend at all costs. If they don’t fall in line with their peers, they may be isolated. Many teens are so infatuated with their partner that all they can do is think about that other person. This all-consuming infatuation can lead to irrational decisions. (Think back to when you were a teenager and the strength of those emotions.)
- Dating violence is prevalent among teens. One in five teens reports physical abuse. Unlike adults, teens don’t have access to money, transportation, or a safe place to go if they need to leave a bad relationship. Most teens don’t have the maturity for a “serious” relationship. Concerned about parental notification, confidentiality, child protection laws and their legal rights, many teens don’t seek out adult help.
- With technology come additional dangers and safety concerns. Young people with access to the internet via computers, notebooks, or cell phones are texting and sexting to others, known or unknown. They become involved with on-line relationships, possibly with people who pretend to be something they are not, and often exchange revealing photos of themselves.
- Technology has also added a new twist to teenage break-ups, making it less personal to do so via an e-mail or postings on Facebook or MySpace. Many times breaking up with abusive person can turn into threatening situations using text messages or voice mails. For example, a young boy or girl may threaten to make public a revealing picture once shared between them in order to disgrace the person for breaking up with them. This can be emotionally disturbing to teenagers and they may become depressed. Depending on the severity of the threats, some teens have stopped eating, cut themselves, reverted to substances, or distanced themselves from others.

We might want to ask ourselves, “How are we socializing young girls/boys? Where are they learning about relationships? What is considered a healthy relationship?”

Although parents have a responsibility to nurture their children, parents that did not grow up in a nurturing environment may find it hard to provide one. Most teenagers would say that their parents and the adults in their lives do not “listen” to them. I mean really listen to them. The more we have open and honest discussions with our children, the more they will communicate with us. Our children would be the first to tell us their needs, fears and hopes for themselves, but they need to feel validated and be safe.

The more informed parents are with what is happening to and around their children the better prepared they will be to answer their questions. It is important for parents to ask and know about what their children are doing and to monitor their social networking activities—off and online. Parents need to have frank discussions with their children about prevailing dangers. The more open and honest our discussions can be, the more prepared our young people will make healthier decisions. ■

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### Rx: Prevention

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*advocates. Offers screening and assessment tools, information about domestic violence, safety plans for discharging patients and more.]*

We are all stakeholders—Federal, state and local agencies, businesses, educators, medical professionals, community partners, individuals like you and me. Domestic violence is preventable. I hope your interest has been piqued, enough to want to discover more about what is being done and to answer the call to action.

#### References

- 1 Dahlberg LL, Mercy JA. History of violence as a public health issue. 2009. <http://virtualmentor.ama-assn.org/2009/02/mhst1-0902.html>.
- 2 Chamberlain, Linda. Making the Connection: Domestic Violence and Public Health an evidence-based training tool. 2005. [http://www.endabuse.org/section/programs/health\\_care/\\_making\\_connection](http://www.endabuse.org/section/programs/health_care/_making_connection).
- 3 U.S. Department of Health and Human Services. Healthy People 2010. <http://www.healthypeople.gov/>.
- 4 Centers for Disease Control and Prevention. *Promoting Respectful, Nonviolent Intimate Partner Relationships: A Strategic Direction for Intimate Partner Violence Prevention*. <http://www.cdc.gov/>
- 5 Vermont Medical Society (VMS). *Domestic Violence*. <http://www.vtmd.org>. ■

## Beyond a Reasonable Doubt

by Sandy Kelly, PAVE Advocate, Department of Corrections

*The Judge is at the bench. "All rise," the courtroom Sheriff calls out. In walk the 14 jurors. For some reason I count the number of women sitting on this jury: 9. Then I think of the statistic: 1 in 4 women have been victims of Domestic Violence.*

*I think to myself, "Here is our legal system at work." The courtroom is quiet; the anxiety, palpable. The charge is First Degree Aggravated Domestic Assault.*

*The first person to testify is the victim/witness for the state. It takes a lot of faith from this woman to believe that the trial can be won. She is willing with lots of doubt to go forward as a witness, to face her abuser, to answer hard questions. Regardless of the outcome, she will live in fear that she testified against a very "scary person."*

*This brave woman takes the stand, knowing full well that she is going to be questioned over and over again about incidents that happened five months ago, as well as incidents before that. Guilt, shame, rage, and love are some of the feelings she expressed to me in the time we spent together. Today, the morning of the trial, she looks, strong, determined, but undeniably nervous.*

*"Yes," she was angry when he finally came home. "Yes," she was angry when she found messages from another woman on his phone. "Yes," he was the one to call the police.*

*The trial goes on, police officers are called to testify, and finally the defendant is called.*

*In closing arguments, the bruises are justified away as self-inflicted, creating doubt... that's the job of a defense lawyer. "Remember now...he called the police. Why would he call the police if he had hurt her? It doesn't make sense, Ladies and Gentlemen." Doubt....*

**NOT GUILTY!**

Why is it so hard to get a conviction in a Domestic Violence case? I hear the question asked, "Is the victim on board?" Why is there so much pressure put on the victim to expose herself and be forthcoming about what she has endured. Why aren't expert witnesses made readily available to the state to educate the jurors on the dynamics of domestic violence? (Is it a money issue?) The rhetoric we hear again and again blames the victim: "Why didn't she leave? Why didn't she call the police? How many times does this have to happen to her? What did she expect?"

Why can't it be known to the jury that the defendant has previously been convicted of Domestic Violence? Why can't the age discrepancy between a victim and an offender be noted to the jury—in this case, 19 years difference? Why can't

the jurors be made aware of the number of Relief From Abuse orders put on him in the past? Many times this same offender has sat in this very seat, in this same courtroom. He is a seasoned, very skilled, serial offender with manipulation skills that an untrained juror cannot comprehend. HE CALLED THE POLICE. The next time he offends, will the new victim come forward? ■

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### Celebrity Answers

(from page 3)

1. **True.** In 2004 Halle Barry admitted to being hit so hard by one of her boyfriends that she lost hearing in her right ear. (<http://www.zimbio.com/Celebrity+Portal/articles/8468/Hollywood+dark+history+domestic+violence>)
2. **False.** The song was actually written by Gretchen Peters from the view of an eight year old girl. Neither Gretchen nor Martina claim to have suffered abuse during their childhood; however they both have taken a public stand against domestic violence by raising hundreds of thousands to promote domestic violence awareness. (<http://www.songfacts.com/detail.php?id=7957>)
3. **True.** "The Cut" has been banned from British television after it was branded too violent by advertising censors. The advertisement has been viewed more than a million times on You Tube, but will only air on television if scenes showing Knightley being thrown to the floor and beaten are removed. [http://www.starpulse.com/news/index.php/2009/04/27/britain\\_bans\\_keira\\_knightley\\_s\\_anti\\_domes](http://www.starpulse.com/news/index.php/2009/04/27/britain_bans_keira_knightley_s_anti_domes))
4. **False.** Despite Charlie's wife accusing him of threatening violence against her, the ratings for "Two and a Half Men" are comparable to last years. [http://www.huffingtonpost.com/2009/12/31/two-and-a-half-men-rating\\_n\\_408040.html](http://www.huffingtonpost.com/2009/12/31/two-and-a-half-men-rating_n_408040.html))
5. **False.** Chris did not do any jail time and only received 1400 hours of community service. The judge apparently insisted however, that Brown's community service include hard labor, and that he attend domestic violence counseling. The judge also enacted a 50-yard restraining order that expires in 2014. (<http://gawker.com/5345619/chris-brown-sentencing-reveals-international-brawls-with-rihanna>)
6. **True.** In an article released in 2003 Christina says she and her mother experienced abuse from her father, and that the song 'I'm Okay' on her album 'Stripped' is about her experience of domestic violence. She also said that she and her mother stayed in domestic violence shelters when she was growing up. (<http://www.burstingthebubble.com/storiesFamous.htm>)





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What do we live for, if it  
is not to make life less  
difficult for each other?  
~ George Eliot

<b>Board of Directors</b>	Susan Hoffmann-Ogier, Secretary Bennington, VT	Carol Comar Frost Hoosick Falls, NY
Paula Sherman, President Hoosick Falls, NY	Carol Windover Bennington, VT	<b>Mission Statement</b>
Phylis Porio, Vice President Shaftsbury, VT	Joyce Cowper Shaftsbury, VT	To end domestic and sexual violence and to provide supportive and educational services to individuals,
Mary Kirkpatrick, Treasurer Bennington, VT		

I want to help make this a safer community.

I have enclosed a tax-deductible check payable to PAVE.

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**Contact PAVE to discuss volunteer opportunities. Thank you.**

**Mail to: PAVE, P.O. Box 227, Bennington VT 05201**

We are grateful to the volunteers of R.S.V.P. who help assemble this newsletter.