Discussion on the Intersection of HIV and Domestic Violence: Cross Training Advocates

Deloris Dockrey Hyacinth AIDS Foundation ICW NA May 4, 2015

BACKGROUND

- Program staff from agencies serving people living with HIV and victims of intimate partner violence were trained as trainers on the intersection of HIV and Domestic Violence (DV/IPV)
- The TOT was conducted by the National Network to End Domestic Violence (NNEDV)
- The collaboration was innovative and trainers from both agencies were trained together and conducted cross training activities collaboratively.

National Network to End Domestic Violence (NNEDV)

- The National Network to End Domestic Violence (NNEDV), a social change organization, is dedicated to creating a social, political and economic environment in which violence against women no longer exists.
- NNEDV developed a DV & HIV/AIDS Toolkit that aims to provide domestic violence and HIV/AIDS service providers with information and resources to enhance services for persons exposed to HIV/AIDS and domestic violence.

Collaborative Partnerships

- NNEDV provides several resources to support building collaborative partnerships and cross training efforts between the domestic violence and HIV/AIDS fields.
- Strong, collaborative relationships are important for ensuring quality services for domestic violence survivors who may be at risk for or living with HIV/AIDS.

Collaborative Agencies

- Hyacinth AIDS Foundation first and largest AIDS service organization in New Jersey, USA, serving women living with HIV and those at risk for HIV. Hyacinth' mission:
 - help people live with HIV,
 - slow the spread of the epidemic,
 - serve as a critical voice in the public debate surrounding AIDS in New Jersey.
- New Jersey Coalition for Battered Women is a statewide association that provides leadership, support and resources on the prevention of violence against women in New Jersey through advocacy, training, public awareness, and research.

Reasons for the Training

- Increase knowledge, understanding and competencies of program staff
- Adopt promising practices
- Build new partnerships
- Enhance existing collaboration

Understanding the Problem

- Abuse against women and girls can increase their chances of becoming infected with HIV.
- 25-50% of abused women have experienced forced sex.
- Women are 2-5 times more likely to contract HIV from men during sexual intercourse than vice versa.

The Problem

- It is impossible to talk about HIV/AIDS without talking about domestic and sexual violence.
- Violence against women is not just a cause of the AIDS epidemic, it can also be a consequence of it.

Method

- Convene Training of Trainers (TOT) that trained both individuals from HIV and DV/IPV agencies
- Using the curriculum developed by the NNEDV on the intersection of HIV and DV/IPV
- Require collaborative partners to develop trainings that will cross train program staff in each agency

Understanding IPV/DV

The curriculum allowed individuals to gain knowledge on IPV/DV

- To enhance their understanding of IPV/DV as power and control
- To understand the risks that impact domestic violence survivors' decision making
- To build an understanding of the intersection between IVP and HIV

Foundation

It is impossible to talk about HIV/AIDS without talking about domestic and sexual violence.

Understanding HIV

The curriculum allowed individuals to gain knowledge on HIV/AIDS

- To Increase knowledge of HIV transmission, disease progression, prevention, risk reduction, and testing
- To begin to build an understanding of the intersection between domestic violence and HIV/AIDS

What we know about HIV/AIDS

- HIV is the virus that can lead to AIDS
- HIV is transmitted through blood, semen, vaginal secretions, and breast milk
- 1 in 4 HIV positive individuals in the US are women
- While there is no cure for HIV, early medical care and treatment can prolong life and lower risk of infecting others

Progression of HIV Disease

Initial Infection

The period when a person is first infected with HIV and when antibodies (proteins made by the immune system in response to infection against the virus) are produced by the body.

No Symptoms

Stage when people infected with HIV continue to look and feel completely well for long periods – often for many years.

Progression of HIV

Later Stage of HIV

Symptoms mark the early and medium stages of HIV symptomatic disease.

Fourth Stage - AIDS

AIDS diagnosis occurs when:

- CD4 count is below 200 cells per cubic millimeter of blood, or
- At least one of about 26 different opportunistic infections – diseases that take advantage of the damaged immune systems

HIV/AIDS Management

Transmission of HIV
Testing for HIV
Medical Management of HIV
Treatment

Take Away Messages

- Any person who engages in unprotected sexual intercourse or shares drug works with an HIV infected person is at risk for HIV infection.
- For most people, HIV disease is a chronic manageable disease.
- Getting tested for HIV antibodies as soon as one realizes s/he may be at risk is necessary to begin personal behavior change and management of disease progression.

Intersection of HIV/AIDS and DV/IPV

- 55% of WLHIV have been found to experience domestic violence
- Victims of DV are 48% more likely to be infected than women in non-violent relationships
- Women experiencing DV are at a higher risk for HIV/AIDS because they might:
 - Be forced to have sex with an infected partner
 - Have limited ability to negotiate safe sex practices

Take Away Messages

- There is a clear intersection between domestic violence and HIV/AIDS.
- Domestic violence and HIV/AIDS programs need to be prepared to deal with both issues in a knowledgeable sensitive manner.

Collaboration

Community based collaboration is a process that involves sharing information and resources to accomplish a shared vision.

Benefits of Collaboration

Helps build knowledge base

- Results in appropriate referrals
- Is a holistic approach to meeting client needs
- Saves time





They've been hit.

With AIDS, too.





Domestic Violence Fundamentals

Catherine Hernesh New Jersey Coalition For Battered Women

Modern 'Herstory" of DV

Grassroots movement – 1960's & 1970's

Feminist movement concurrent with civil rights movement

1972 – First shelters opened in Minnesota & California

Early focus on criminal justice systems

VAWA - 1994

Social Definition of Domestic Violence:

Domestic violence is a pattern of assaultive and

coercive behaviors, including physical, sexual,

and psychological attacks, as well as economic

coercion, that adults or adolescents use against

their intimate partners.

From "Understanding Domestic Violence: Preparatory Reading for Trainers" by Anne L. Ganley, Ph.D. in Domestic Violence-Child Protection Curriculum by Susan Schechter, M.S.W., 1995.

Language

Domestic Violence (DV)
Intimate Partner Violence (IPV)
Family Violence
Dating Violence
Victim/Survivor
Batterer/Abuser

Statistics

One out of every four American women (26%) report that they have been physically abused by a husband or boyfriend at some point in their lives.

Women are five to eight times more likely than men to be victimized by an intimate partner

Statistics

Although all women are equally vulnerable to domestic violence, women of color & poor women are at higher risk

On average, more than three women are murdered by a current or past intimate partner in this country <u>every</u> <u>day</u>

Three in four women (76 percent) who reported they had been raped and/or physically assaulted said that a current or former husband, partner, or date committed the assault

Myths

Battering is rare.

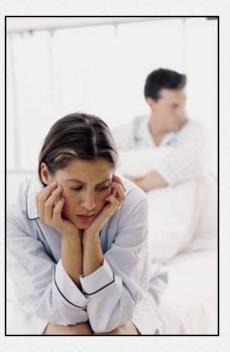
Battering occurs when a man is stressed out.

Men who batter cannot control their tempers and need anger management.

Alcohol and drugs cause domestic violence.

DV only occurs in "dysfunctional families" that are poor, people of color, or have no education.

Some women provoke their partners to hit them!



Myths



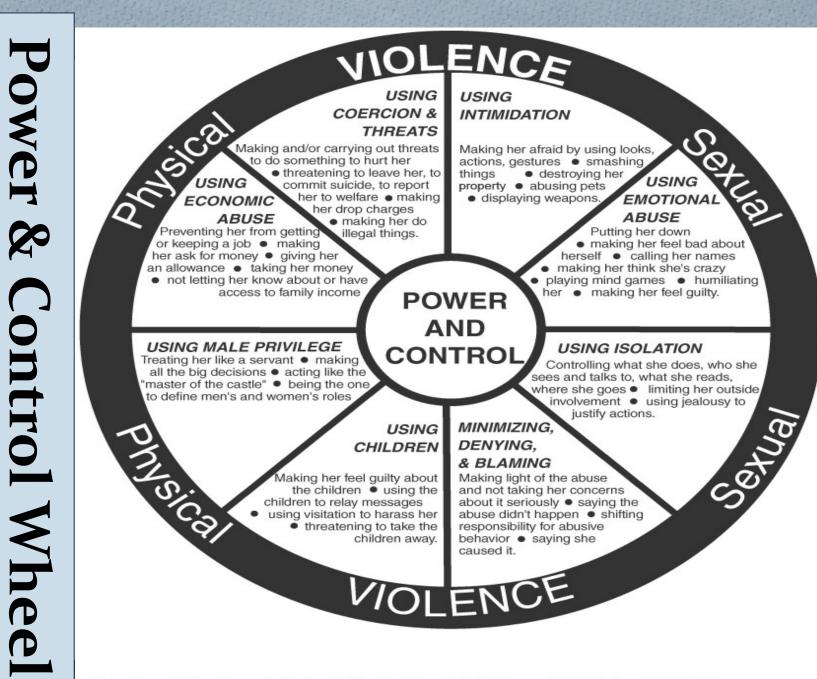
Battered women who stay in abusive relationships must like getting hit.

Batterers are mentally ill.

Women are as violent as men in intimate relationships.

Most relationships are co-abuse.

Abuse in a LGBTQ relationship is normal or never occurs.



Source: Domestic Abuse Intervention Project, 206 West Fourth Street, Duluth, Minnesota, 55806, Telephone: 218.722.2781

DV & Children/Families

Eight percent of high school age girls said "yes" when asked if "a boyfriend or date has ever forced sex against your will"

Slightly more than half of female victims of intimate violence live in households with children under age 12

Boys who witness domestic violence are twice as likely to abuse their own partners and children when they become adults.

DV & Same Sex Couples

LGBT domestic violence is vastly underreported and often reported as something other than domestic violence.

Gay and bisexual men experience domestic violence at about the same rate as heterosexual women.

Approximately 50% of the lesbian population has experienced or will experience domestic violence

Like heterosexual domestic violence, violence in LGBTQ relationships involves the conscious manipulation and control of one person by another through the use of threats, coercion, humiliation, and/or force.

Transgender Abuse

People from marginalized communities are even less likely to report violence due to fear of re-victimization

Little actual research on transgender rates of domestic violence

80% of respondents stated that they had experienced emotionally, sexually, or physically abusive behavior by a partner or ex-partner.

HIV/AIDS & DV

Victims of domestic violence are 48% more likely to be infected than women in non-violent relationships.

24% of the DV victims experienced physical abuse after disclosing their HIV status and 45% feared such a reaction.

Lack of bargaining power, economic dependence, and fear of ostracism all affect women's ability to protect their sexual health.

DV victims may be unable to negotiate contraceptive use or use them covertly, putting themselves at greater risk for abuse.

HIV/AIDS & DV

Because:

- The rate of IPV among HIV-positive women (55%) was more than double the national rate
- Adults reporting a history of IPV victimization are likelier than those who do not to report engaging in behaviors known to increase the risk for HIV
- Recently abused women have more than 4X the rate of antiretroviral therapy failure & not practicing safe sex as women who have not experienced abuse recently.

Cross Training is Vital:

 Domestic violence advocates will work with victims who are HIVpositive, and HIV/AIDS advocates will work with IPV victims.



A partner who hits you may insist on having unprotected sex with you. If he has had sex with someone else or if he has shot drugs, he might be putting you at risk for HIV, the virus that causes AIDS.



New York State Office for the Prevention of Domestic Violence and New York State Department of Health

Risks of Family Violence for Women Living with HIV

Abuse and Violence Outside of the Intimate Partnership; Still within the Home

Karen L. Marcinczyk Regional Coordinator, ICWNA

Definition of Family Violence

U.S. Department of Justice Office of Justice Programs Family Violence Statistics

Family violence unless indicated otherwise, family violence includes all types of violent crime committed by an offender who is related to the victim either biologically or legally through marriage or adoption. A crime is considered family violence if the victim was the offender's current or former spouse; parent or adoptive parent; current or former stepparent; legal guardian; biological or adoptive child; current or former stepchild; sibling; current or former step sibling; grandchild; current or former step- or adoptive-grandchild; grandparent; current or former step- or adoptive-grandparent; in-law; or other relative (aunt, uncle, nephew). How are women living with HIV at risk of becoming vulnerable to this type of violence?

- A sudden need for housing arises without other options.
- Housing assistance is not available.
- Sudden mobility restrictions due to illness, severe injury, surgery, etc.
- Sudden change in vision or hearing.
- Any situation which necessitates sharing a household with family members where no other options exist.
- Sharing a household, especially if living in someone else's household creates a risk for family violence when the original occupants have a history of or potential for abusing.

How do the dynamics of a vulnerable disabled or ill adult sharing a household with family mirror that of intimate partner violence?

- In addition to sharing a household there is a degree of dependence whether financial, shelter or other non-optional basic needs.
- Abusive family members exert a degree of power and control over the person in need.
- If no other options are available, the person sharing the household can be subject to all of the same types of abuse defined as domestic violence.
- The women may feel she has no other options or is obligated to avoid family strife or abandonment if she looks to leave the situation for reasons of abuse.
- The stigma associated with being abused by an adult family member is exceedingly overwhelming.
- The woman still loves her family and does not want to break ties.

What are the main differences between the situations between the abuse of a vulnerable disabled or ill adult sharing a household with family and that of a woman experiencing intimate partner violence?

- Not all state laws categorize this type of family violence as domestic violence (with the same protections) even if it is long-term, patterned and escalating.
- Family members often believe that, under law, they are able to do whatever they choose "under their own roof," example: Family members feel they have a right to withhold heat and air conditioning from the temporary resident to save money, to restrict groceries brought into the house (for a special diet) because they do not want to make room for it. (Cruelty is typically only illegal if it is against a spouse or child only).
- Specialized and empathetic outreach is often unavailable.
- Women in this situation are still expected to "just leave" even when it involves possibly cutting off ties with family you have known all of your life vs. an intimate partner with which you may have known for a portion of your life.
- Women in this situation are not given priority status in finding alternative housing options unless they have the assistance of an advocate.

Statistics on Family Violence as prosecuted crime From Bureau of Justice Statistics:

Offenses of Aggravated Assault (A.A.) and Simple Assault (SA) against family violence victims compared to nonfamily violence victims between 1998 and 2002 by relationship; Percentage of crimes in which the **victim** was the offender's:

Spouse	Child	Other family Boy/girlfriend		Friend/Aquaint. Stranger	
A.A.%15.6	17.5	21.2	16.6	17.2	22.6
SA %70.6	67.5	69.0	66.0	72.1	59.4
Total all violent offenses:					
1,733,960	371,890	1,439.060	2,037,800	11,775,660	14,805,510
Percent of all offenses:					
Spouse	Child	Other Family Boy/girlfriend Friend/Aquaint. Stranger			
5.4%	1.1%	4.5%	6.3%	36.6%	46.1%

All offenses include: murder, sex offenses, rape, sexual assault, robbery, aggravated assault, simple assault Between 1998 and 2002 http://www.bjs.gov/content/pub/pdf/fvs02.pdf

Possible Solutions:

- Women living with HIV should be carefully evaluated for housing needs.
- Abuse occurring in the household of women living with HIV, even if not within the legally-defined description, should be considered a reason for urgent intervention.
- Safe housing is a determinant of the ability for women to access medical care required for HIV management.

Resources

- National Network to End Domestic Violence nnedv.org
- National Domestic Violence Hotline thehotline.org / 1-800-799-SAFE (7233)
- <u>www.cdc.gov/violenceprevention/</u>

Resources

- National Network to End Domestic Violence
- <u>dvhiv@nnedv.org</u>
- Hyacinth AIDS Foundation
- www.hyacinth.org
- New Jersey Coalition on Battered Women <u>http://www.njcbw.org/aboutus_mission.html</u>