



National Network to End Domestic Violence

Founded in 1990 as DV COPP Originally a policy house

About NNEDV

Projects

Public Policy

Capacity Building

Safety Net

Housing

WomensLaw.org

Economic Justice

Independence Project

Annual Domestic Violence Counts

Positively Safe





Understand

How HIV and domestic violence intersect and create new sets of barriers for survivors.

Explore

Best practices when creating programming and working with survivors living with HIV.

Domestic Violence



What is Domestic Violence?

- A pattern of power and control where one partner chooses to misuse power to control the other partner.
- Ongoing (not a one-time thing).
- Is not limited to race, class, or socioeconomic background.
- Perpetrators can be anyone there isn't a profile.







Statistics

1 in 4 women and 1 in 10 men experience domestic violence.

Over half of female homicide victims in the US are killed by a current or former male intimate partner.

(CDC.gov)



The Gendered Dynamic

Most domestic and sexual violence is perpetrated by men

Does not mean DV/SA doesn't occur across the gender spectrum

Governments, laws, policies, institutions contribute to the devaluation of women/girls

Ex. last states to do away with marital rape – OK and NC in 1993

Power & Control



LGBTQ+ Power & Control Wheel

Psychological & Transphobia **Emotional Abuse** Using fear and hatred of anyone Threats who challenges traditional Criticizing constantly. Homo/Biphobia gender expression, and/or Using verbal abuse, insults Making physical, emotional who is transsexual, to part of heterosexism. Using and ridicule. convince partner of danger economic or sexual threats. awareness of fear and hatred of Undermining selfin reaching out to others. Threatening to harm family or lesbians, gay men and bisexuals esteem. Trying to friends. Threatening to make Controlling expression humiliate or degrade to convince partner of danger in of gender identity and a report to city, state or in private or public. reaching out to others. Controlling federal authorities that would connections to expression of sexual identity and Manipulating Physical Abuse community. Outing jeopardize custody. with lies and connections to community Heterosexism economic situation. gender identity. false promises. Outing sexual identity Slapping, hitting, shoving, biting, immigration or legal Shaming. Shaming. Questioning Denying choking, pushing, punching, beating, Perpetuating and utilizing invisibility of status. Threatening Questioning partner's status as a "real" kicking, stabbing, shooting or killing. Using LGB relationships to define relationship norms. suicide. validity of lesbian or gay reality. Using heterosexual roles to normalize abuse and one's gender. man, or shame partner for same sex and bisexual desires. Using bisexua cultural invisibility to isolate partner and reinforce control. Entitlement Limiting connection to community. Power & Control Isolation: Restricting Freedom Treating partner as inferior; race, education, wealth, Lesbian, Gay, Transgender politics, class privilege or lack of, physical ability, and Controlling personal social contacts, access to information anti-Semitism. Demanding that needs always come first. & Bisexual Relationships and participation in groups or organizations. Limiting Interfering with partner's job, personal needs the who, what, where and when of daily life. and family obligations. Using Children Restraining movement, locking partner in or out. Intimidation Threats or actions to take children away or have HIV-Related Economic them removed. Using children to relay messages. Creating fear by using looks, actions, Sexual Abuse Abuse Threats to or actual harm to children. Threats to gestures and destroying personal items, Abuse or revealing of sexual or gender orientation mementos or photos. Breaking windows Threatening to reveal to children or others to jeopardize Controlling economic or furniture. Throwing or smashing Forcing sex. parent-child relationship, custody HIV status to others. resources and how they are objects. Trashing clothes, hurting or Forcing specific sex Blaming partner for having used. Stealing money, credit or relationships with killing pets. acts or sex with HIV. Withholding medical or cards or checks. Running up family, friends, others. Physical social services. Telling debt. Fostering total economic school or assaults to "sexual" partner she or he is "dirty". Using dependency. Using economic others. body areas. Refusing to illness to justify abuse. status to determine relationship practice safer sex. roles/norms, including In S&M refusing to controlling purchase of negotiate or not respecting clothes, food, etc. contract/scene limits or safe words.





Why don't they leave?

- Feelings for abusive partner
- Feeling Guilt
- Faith
- Fantasy
- Trauma
- Failure of relationship

- Fear
- Financial
- Family
- Friends
- Others barriers?

Trauma of DV

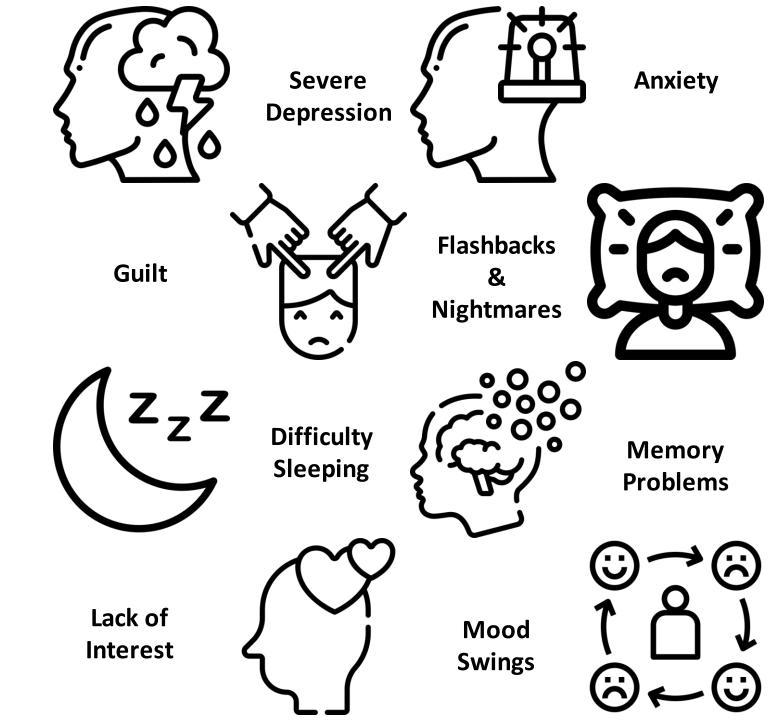
Trauma is the unique individual experience of an event or enduring conditions, in which:

- The individual's ability to integrate his/her emotional experience is overwhelmed, or
- The individual experiences (subjectively) a threat to life, bodily integrity, or sanity.
 - (Pearlman & Saakvitne, 1995, p. 60)

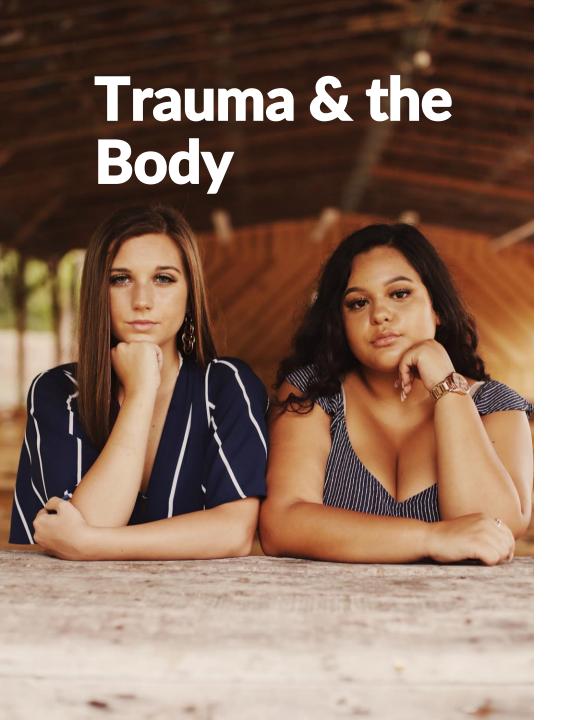




Trauma of DV







Affects the bodies ability to thrive

Blood flows away from extremities to major muscles and organs

Headaches, Joint Pains

Studies have shown that trauma and chronic pain are connected.

(Beck JG and Clapp JD, 2011; Wuest J, et al, 2010)

Gastrointestinal, Respiratory, Cardiovascular

IBS, acid reflux, asthma, heart attacks, stroke (Treatment Improvement Protocol, SAMHSA, 2014)

Responses to Trauma

There are typically three ways our bodies respond to trauma







Hyperarousal

Body/brain respond to perceived danger – heightened arousal to environment

Avoidance

Avoiding situations that could be retraumatizing

Intrusion

Memories, flashbacks, and nightmares of trauma intruding on life



Ways We Cope

Substance Use
Sexual Release
Self-harm
Eating Disorders

Avoidance
Dissociation
Others?





Intersection of Domestic Violence & HIV



It's impossible to talk about HIV without talking about domestic and sexual violence



The Problem

The need to address this intersection is great for both sides

55%

of women living with HIV have experienced domestic violence (Machtinger, 2012) **4**x

greater risk of acquiring STIs, including HIV, as compared to women not experiencing DV (Gielen AC et al, 2007) 45%

of women living with HIV experienced physical abuse as a direct consequence of disclosing their HIV status. (AIDS United,

2014)



rates of **ART failure** for
cisgender and
transgender
women
experiencing DV
(Machtinger, 2012)



Linking HIV and Violence

Majority of women living with HIV (WLHIV) are survivors of multiple forms of violence. (Machtinger, et al. 2012)

HIV and its
disclosure can be
risks for intimate
partner,
community, and
structural violence.

Experiences of violence can increase the risk of acquiring HIV. (Gielen AC et al, 2007)



The Risk of Disclosure



We Grieve for Elisha and Fight to End Violence Against Women With HIV



Positive Women's Network - USA Mourns and Condemns the HIV-Related Murder of a Texas Woman







HIV Power and Control

Activity: Think of tactics related to HIV an abusive individual may use as they relate to these categories.

NOTE: The abusive individual may be living with HIV, the victim may be living with HIV, or BOTH may be living with HIV

Coercion and threats

Privilege

Emotional/Psychological

Medical Abuse

Isolation

Economic

Spiritual

Using children

Sexual/reproductive

Technology

PHYSICAL VIOLENCE

HIV Power & Control Wheel

Available on NNEDV's Positively Safe Toolkit

@ NNEDV.org

Coercion & Threats

Badgering and begging for sex at an unwanted time, in an unwanted place or in a way not wanted by the victim. Threatening to "out" the victim's HIV status. Threatening to harm the victim, harm pets, or destroy property. services. Harassing, manipulating

Psychological

Playing mind games. Always changing the 'rules.' Bringing up past behaviors to place blame or guilt. Blaming the violence on the victim of the abuser's own HIV status. Giving misinformation about HIV: telling victim that they infect plates, silverware, toilets, etc.

Economic Abuse

Refusing to pay for medical care or medication. Using his/her (the abuser's) HIV status or other excuses to keep the victim from working. Not allowing access to money. Using disability money for other things instead of the

Technology Abuse

Monitoring internet activities.

Restricting or prohibiting use of

technology to seek information or

or threatening victim over

social media in regards to

HIV status.

Isolation

Moving the victim away from friends and family. Threatening to tell people the victim's HIV status without permission. Not allowing the victim to attend support groups, doctor's appointments, or use social media.

Using Children

Threatening to take the children. Threatening to use HIV status of victim with the court or CPS to try show victim as an unfit parent. Using children to keep tabs on the victim. Blaming victim for child's potential HIV+ status.

HIV POWER & CONTROL

Medical Abuse

Not allowing the victim to attend medical appointments. Interfering with medication and health routines/schedules. Withholding or disposing medicine. Not allowing the use of protection during sex. Coercing or forcing use of drugs.

Emotional Abuse

Using degrading names and humiliating the victim in public. Not keeping an HIV positive status confidential. Shaming the victim because of HIV status. Telling the victim that nobody else will want them because of an HIV+ status. Perpetuating the idea that an abusive relationship is the best they (victims)

Privilege

Using their (the abuser's) health status to guilt the victim into staying (how could you not stay or help someone who is sick) or to order the victim around and claim authority over decisions. (You're sick, I'll take care of this.)

Use of scripture (of any faith) as a control tactic. Imposing shame and stigma with respect to sexual behaviors/HIV status. Using the identity of an entire religion as a tool of abuse: "if you contact the police, you're exposing our entire community."

Spiritual

Abuse





Promising Practices



Promising Practices Principles











Voluntary Services

Strength-based

Client-centered

Trauma-informed

Culturally resonant + humble



Informed Decision Making



Confidentiality/ Privacy



Based on Experiences



Diversity





Obstacles to Services



Fear

Criminalization, for self/partner/children, confidentiality



Access

Technology, transportation, health care, money, etc.



Stigma

Response and acceptance from service providers



Inclusive

Is provider trans-inclusive, affirming, harm-reduction focused, trauma-informed?



Identify

Our own beliefs, biases, assumptions regarding DV and HIV

Honor Autonomy

Don't recreate the power and control dynamics of an abusive relationship

Validate their experiences

Important to let survivors know they are heard. Use active listening to confirm what they've told you.



Normalize

Discussions should happen at multiple points

State Laws

Check with a lawyer to best understand state laws on:

- Criminalization
- Partner Notification
- Testing restrictions for youth
- Mandatory Reporting
- Duty to Warn

Center cultural experience

And differences in all aspects of the conversation

Discussing DV & HIV

Conversational

Discussion is NOT a checklist

Offer Support

Ask how you can support them and reassure them that they can ask for support at any time.







Considerations for Conversations



Inform everyone

Why do we ask these questions? What happens to the information?



Talk with everyone

Regardless of age, gender identity, sexual orientation, etc.



Never require disclosure

Disclosure isn't mandatory for services



Cultural Background

And heritage is taken into account as you approach the discussion.

Disclosure

Provide safety planning
Ask them how you can support them
Offer a warm referral
Documentation is not necessary







Survivor's Plan

They are the expert in their life. They lead the conversation. It is a living document.

One Size Doesn't Fit All

Each plan is unique to the survivor's experiences.

May include:

- Medication Storage
- Health, other important records
- Important phone numbers
- Packing
- Identifying safe spaces
- Code words
- Money and finances
- Transportation

Disclosing Status & Safety

Safety Plan before Disclosure

Location of disclosure

- Open, semi-public area
 - Ex. Community Park

Attendance of advocate/counselor/friend

 May help them feel more comfortable and confident

What does the survivor want?







Referrals

Making connections to information and services

What are some practices to consider when making a referral?

Documentation

When documenting information, consider the following:

1

If the client saw the content of their file, would they be comfortable with it?

2

Only include information that is sufficient for care and treatment

3

Does it present liability issues?



Benefits of Collaboration



Build Knowledge



Appropriate Referrals

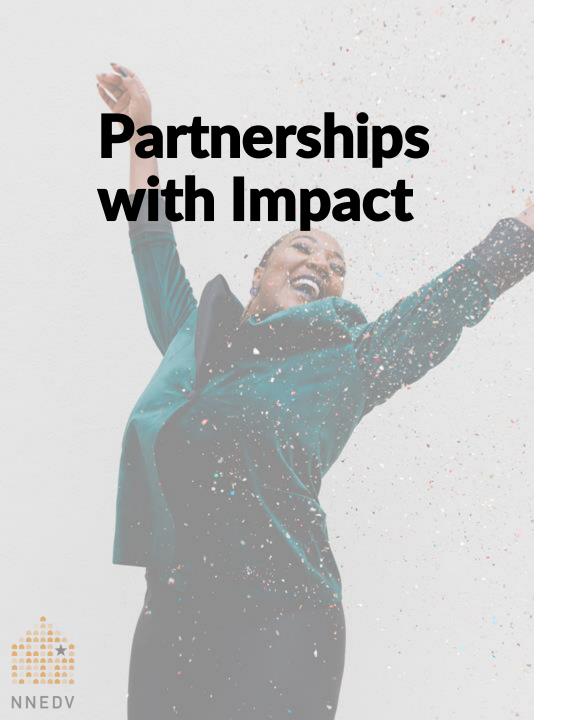


Holistic Approach



Respects Expertise





Present

To staff, clients, community members on the healthy relationships and sexual health

Site Visits

Gain understanding of partner organizations and their services

Share

Posters, brochures, resources, condoms, lube with each other

Partnerships with Impact



Testing

On-site testing for survivors, community

Identify

Resources that can help survivors and people living with HIV access services (transportation, childcare, etc.)

Coordinate Community Response

Great opportunity to invite HIV organizations to the table



Survivors & PLHIV in Partnerships

Partnerships not just between orgs

Include survivors and people living with HIV. Their expertise and experience is valuable!

Leadership

Opportunity to cultivate and develop leadership that could lead to positions of leadership internally and externally







Survivors & PLHIV in Partnerships

Speak truth

Give the opportunity to share their truth and be honest – don't police responses

Inclusion

Consider who you are reaching. Are you including sex workers and people using drugs?

Questions?

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