

Hubbard House
EVERY RELATIONSHIP VIOLENCE-FREE

Domestic Violence and People Living with HIV

University of Florida Center for HIV/AIDS
Twenty-fifth Anniversary Symposium
Cultivating HIV Care: 25 Years in the Making

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Jacksonville, Florida
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Disclosures

The author/presenter of this presentation has no financial arrangements or affiliations with any supporting companies or any corporation whose products, research, or services are mentioned in this course.

Learning Objectives

GOAL: Assist healthcare and social service professionals in the identification, assessment, and referral of victims of domestic violence who are living with HIV.

BEHAVIORAL OBJECTIVES:

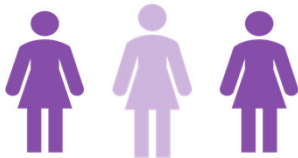
1. Participants will be able to explain the definition and dynamics of domestic violence.
2. Participants will be able to identify indicators of abuse in people living with HIV and conduct basic screening for domestic violence.
3. Participants will be able to provide a trauma-informed response to people living with HIV who are experiencing domestic violence and to make appropriate referrals.

A Note About Language

- In domestic violence work, we usually refer to the person who experiences violence as the “survivor,” but we also sometimes use “victim.”
- The Florida statutes and law enforcement usually use “victim.”
- Some victim services agencies also use “victim.”
- It is important to note that, in the context of this training, when we use the word “victim” we mean someone who has been harmed by another. We do not place any judgment on or intend any negative connotations from the use of the word.

Overview of Dynamics of Domestic Violence: Some Basic Facts

Anyone can experience domestic violence, but women are at the highest risk for abuse, including lethality.



One in three women will experience some form of physical violence by an intimate partner in their lifetime.

An average of 20 people per minute are physically abused by an intimate partner, totaling 10 million people each year.

Of women who are murdered, one in three is killed by an intimate partner.

National Coalition Against Domestic Violence

Hubbard House Statistics FY 19-20

Recognizing that domestic violence can happen to anyone, Hubbard House welcomes people of all genders, races, ethnicities, and sexual orientations.

3,666 Total Served

630 Shelter

Women 320

Children 298

Men 11

Non-binary 1

2,947 Outreach

Women 2,460

Children 53

Men 434

89 Other Programs
4,010 Crisis Calls



Overview of Dynamics of Domestic Violence: Some Basic Facts

- The victim will focus on survival, sometimes behaving in ways that may be frustrating to people trying to help.
- Leaving an abusive relationship is often a process rather than an event. A victim may leave and return to their abuser several times before they leave for good.
- Abuse does not stop and may even begin or intensify during pregnancy.
- The most potentially lethal time for a victim is when they are trying to leave the relationship. This is one of many reasons that safe shelter and safety planning are essential services domestic violence agencies offer.

Dynamics: Behavioral Definition

Domestic Violence (also often referred to as Intimate Partner Violence) is

- the pattern of assaultive and coercive behaviors
- including physical, sexual, emotional, and psychological attacks, as well as economic coercion
- that adults or adolescents use against their intimate partners in order **to gain and maintain power and control** in the relationship.

Dynamics: Pattern of Abuse

Multiple tactics

- Physical
- Sexual
- Emotional
- Psychological
- Economic

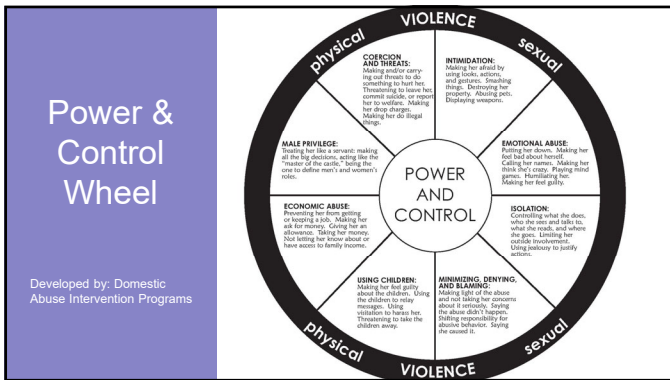
Multiple episodes over time

Range of tactics

Dynamics of Domestic Violence

Types of Abuse

- Physical
- Sexual
- Emotional
- Economic
- Psychological
- Coercive Control



Dynamics of Domestic Violence

- Characteristics of the victim/survivor: lives in constant fear, minimizes or denies the problem as a coping (survivor) mechanism, often isolated from family and friends, etc.
- Characteristics of the abuser: extreme jealousy, very controlling, unrealistic expectations, etc.
- Effects on children: anxiety, behavior problems, developmental delays, difficulty in school, physical illnesses, etc.

Healthcare, Domestic Violence, and HIV: Then and Now

- In the past several decades, we have made considerable strides in understanding and supporting the critical role of healthcare professionals in responding to domestic violence.
- While in the not too distant past, domestic violence was usually a topic not discussed with patients in most healthcare settings, increasingly healthcare providers are performing universal screening for abuse.
- Proactive approaches are important for all patients, but especially for people living with HIV, who may be at a greater risk for abuse.

Health Care Implications for the Domestic Violence Victim

- An abuser may prevent the victim from accessing routine, as well as emergency, medical care as part of the pattern of abuse.
- The experience of domestic violence can heighten the effects of other conditions not necessarily caused by the violence, such as hypertension and heart disease, and make management of them much more difficult for the patient and the health care provider.
- A domestic violence victim's immune system may be compromised by the stress, depression, trauma, or PTSD from the abuse.

Health Care Implications for the Domestic Violence Victim

- Serious complications of pregnancy are significantly higher for survivors of domestic violence.
- In addition to immediate trauma, domestic violence often causes or directly contributes to depression, suicide attempts, substance abuse, sexually transmitted diseases, severe headaches, arthritis, chronic pain, and ulcers.
- Additional dynamics and challenges are often present for certain groups of people, such as the LGBTQ+ community, elders, and people with disabilities.

HIV and Domestic Violence: Relationship and Abuse Dynamics

- A victim of domestic violence might have an immune system compromised by stress, depression, trauma, or PTSD from the abuse.
- Women exposed to Intimate Partner Violence (IPV) are 1.5 times more likely to contract HIV.
- Safer sex practices are usually controlled by the batterer, and victims often risk harm if they suggest condom use.

HIV and Domestic Violence: Relationship and Abuse Dynamics

- People living with HIV may experience financial exploitation by an abuser of benefits they may be receiving.
- An abusive partner may be able to control access to medications.
- An abuser may use threats of disclosing that the victim is living with HIV as a means of control.

HIV and Domestic Violence: Relationship and Abuse Dynamics

- Victims of domestic violence often face many barriers to leaving an abusive relationship, including housing, financial support, and fear of being alone.
- People living with HIV often face heightened barriers to leaving an abusive relationship, including medical expenses and living expenses, healthcare needs, being told by a partner that no one else will want them, etc.

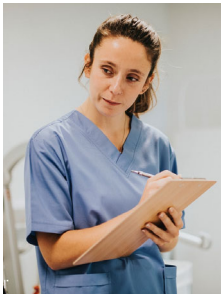
HIV and Domestic Violence: Sexual Assault

- Sexual assault is a very common type of abuse experienced by a victim of domestic violence.
- Sexual assault can increase the risk of contracting HIV because it can cause tears in the delicate mucous membranes of the vagina, anus, or mouth.
- Sexual assault within the context of an abusive relationship also usually means that there are multiple episodes of assault by the abuser, increasing risk of contracting HIV.

Identifying abuse

A survivor may:

- Have physical injuries that don't match explanation of cause
- Have injuries in various stages of healing
- Show signs of mental or emotional distress
- Show signs of sexual assault, sexually transmitted disease
- Lack confidence in self, parenting skills, etc
- Have a history of suicide attempts
- Misuse alcohol or drugs



Interviewing the patient

- Interview the patient individually; if meeting virtually, ask if the person is alone or if anyone else can hear the conversation.
- Explain that the questions are standard procedure
- Allow for enough time so the interview is not rushed, allow for silence
- Allow the survivor to disclose what s/he thinks is appropriate at pace s/he chooses
- Document in detail



Talking to a Survivor: Further Considerations

- Explain the limits of confidentiality (mandatory reporting laws, etc.).
- Explain that the questions are routine. You can use language like, "We know that some people do not feel safe in their home or with some of the people in their lives, so we ask all of the people we serve these questions."
- Where possible, make questions an organic part of the process. For example, if part of your job is to assess living situation, it's easier to include questions that address many aspects of safety, including safety from abuse.

Talking to a Survivor: Further Considerations

- Avoid victim blaming. Think carefully about how you phrase questions. Use non-judgmental language that respects the survivor's experiences and feelings. For example, don't ask the survivor "What did you do that provoked the attack?"
- Tell them that the abuse is not their fault. This can be one of the most empowering statements a survivor of domestic violence can hear.
- Tell them about local domestic violence resources. Offer to help with a "warm referral". Leave a small safety card or brochure if it is safe to do so.
- Do not suggest family or marital counseling. Couples counseling can be very dangerous for the survivor.

Screening tool: RADAR



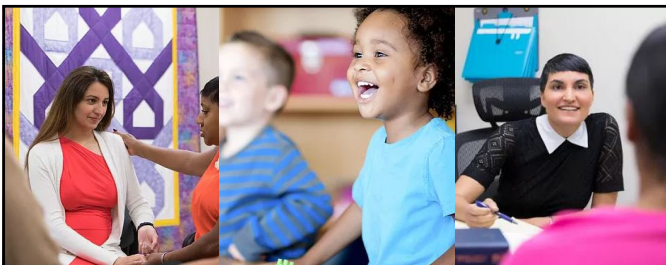
- RADAR:**
- R**emember to ask about intimate partner violence
 - A**sk directly about violence with specific questions
 - D**ocument information about suspected domestic violence
 - A**ssess your patient's safety
 - R**eview options with your patient

When to Report F.S. 790.24

- Any physician, nurse, or employee thereof and any employee of a hospital, sanitarium, clinic, or nursing home knowingly treating any person suffering from a **gunshot wound or life-threatening injury indicating an act of violence**, or receiving a request for such treatment, shall report the same immediately to the sheriff's department of the county in which said treatment is administered or request therefor received.
- This section does not affect any requirement that a person has to report abuse pursuant to chapter 39 or chapter 415.
- Any such person willfully failing to report such treatment or request therefor is guilty of a misdemeanor of the first degree, punishable as provided in s.775.082 or s.775.083.



Hubbard House
 Founded in 1976 by a group of visionary women as the first Domestic Violence Shelter in Florida



Hubbard House Resources

<https://www.hubbardhouse.org/toolkit>

Hubbard House Services

- Hubbard House has a strong culture of working with other agencies in the community to serve survivors of domestic violence and welcomes referrals and collaboration.
- There is also a strong culture of confidentiality at Hubbard House, reinforced by state and federal law.

Hubbard House Services

Since the early 2000s, Hubbard House has required that all staff receive training on serving people living with HIV/AIDS at new employee orientation and annually thereafter. This training covers:

- Statistics
- Advances in prevention and treatment
- Domestic violence and people living with HIV
- Legal protections (non-discrimination and confidentiality, including ADA and HIPAA)
- Universal precautions (also covered in other trainings)

Hubbard House Services: Emergency Shelter

Shelter in confidential location
 Survivors and their dependents (and non-offending caregivers)
 Safety Planning
 Case management, support groups, counseling
 Relocation assistance
 Childcare Center
 Court Advocacy (advocates based at the Courthouse)
 Representation by attorneys for injunctions

Hubbard House Services: Outreach

For adults and their children not residing in shelter
 Most of the auxiliary services provided to shelter residents are available to Outreach participants
 Safety Planning
 Counseling and support groups
 Court Advocacy (advocates based at Courthouse)
 Legal representation by attorneys for injunctions

ACCESSLINK 2019

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Hubbard House

Hotline: 904-354-3114
TTY: 904-354-3958
Textline: 904-210-3698
Admin: 904-354-0076
Outreach Center: 904-400-6300
Thrift Store: 904-400-6333
Website: www.hubbardhouse.org
Volunteer/Community Education:
 • 904-354-0076 ext 209
 • education@hubbardhouse.org



"What is Abuse" Business Size Card

To receive a supply of these cards, contact Stephanie Brown at 904-354-0076, ext 209

sbrown2@hubbardhouse.org

What is abuse?



Physical: slapping, hitting, strangling, kicking, shaking, throwing objects, threats, physical restraint, destroying property, harming pets ...	Emotional: verbal put-downs, insults or aliases, humiliation, intimidation, unreasonable or extreme jealousy, isolation from friends and family ...	Sexual: unwanted touching, forced or coerced sexual acts through manipulation or threats, limiting access to contraceptives ...	Economic: controlling money, not allowing a partner to work or preventing a partner from getting a better job, taking money, forcing debt ...
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If you're experiencing domestic violence, you are not alone.

We're here for you.

24/7 Domestic Violence Hotline: (904) 354-3114
 24/7 Domestic Violence Textline: (904) 210-3698

Hotlines and Other Resources

Local Domestic Violence Hotlines

Hubbard House (Duval, Baker counties)

Hotline: 904-354-3114
TTY: 904-354-3958
Textline: 904-210-3698

Quigley House (Clay County)

904-284-0061

Betty Griffin Center (St. Johns County)

904-824-1555

Micah's Place (Nassau County)

Hotline/Textline: 904-225-9979

Other Resources

Jacksonville Sheriff's Office

Non-emergency: 904-630-0500
Police emergency: 911

State Attorney's Office DV information

904-255-2000

Jacksonville Area Legal Aid

904-356-8371

Florida Domestic Violence Hotline

1-800-500-1119

National Domestic Violence Hotline

1-800-799-7233

FL Abuse Hotline (Children/Vulnerable Adults)

1-800-962-2873

On the Web: State and National Resources

Florida

Department of Children and Families Domestic Violence Program
<https://www.myflfamilies.com/service-programs/domestic-violence/related-links.shtm>

National

Futures Without Violence
<https://www.futureswithoutviolence.org/>

National Network to End Domestic Violence DV&HIV/AIDS Toolkit
<https://nmedv.org/resources-library/dv-hiv-aids-toolkit/>

National Coalition Against Domestic Violence
<https://ncadv.org/>

The Battered Women's Justice Project
<https://www.bwjp.org/about-bwjp.html>

National Center on Domestic Violence, Trauma & Mental Health (has in-depth listing of national resources)
<http://www.nationalcenterdvtraumamh.org/resources/national-domestic-violence-organizations/>

Centers for Disease Control and Prevention
<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/resources.html>
