DOMESTIC VIOLENCE
Domestic violence, also known as domestic abuse or intimate partner violence (IPV), can be broadly defined as a pattern of coercive tactics and abusive behaviors perpetrated by one partner against a current or former intimate partner with the goal of establishing and maintaining power and control. Domestic violence has many forms some of which may include: physical abuse (e.g. strangulation, hitting, kicking, biting, shoving, restraining, throwing objects), or threats thereof; sexual abuse; emotional or psychological abuse; controlling or domineering; intimidation; stalking; passive/covert abuse (e.g., neglect); and economic abuse. Abuse can occur without regard to the parties’ sexual orientation, gender expression or identity, race, age, socio-economic status, disability, education level, culture or religion.

Generally, this section provides users with various domestic violence-related articles, policy and advocacy documents, legislative summaries and updates, training and Domestic Violence Task Force Meeting announcements, impact litigation highlights, program updates, and other resources. We also maintain sub-sections addressing other critical cross-over legal issues impacting domestic violence victims including: housing, public benefits, immigration, rights of the Deaf and disabled communities, as well as the rights of gay, lesbian, bisexual, and transgender communities.

*If you are a victim in need of immediate assistance, please call:
NYS Domestic & Sexual Violence Hotline (Spanish): 1-800-942-6908; NYS Domestic & Sexual Violence Hotline (TTY Spanish): 1-800-780-7660

http://www.empirejustice.org/issue-areas/domestic-violence/

African American Women experience intimate partner violence at rates 35% higher than their White counterparts and 2.5 times the rate of men and other races. African Americans account for a disproportionate number of intimate partner homicides. In 2005, African Americans accounted for almost 1/3 of the intimate partner homicides in this country.

Domestic violence affects all Americans, regardless of race, gender, or socioeconomic status. However the threat has disproportionately dire consequences for African American women.

CLINIC IS CLOSED MONDAY OCTOBER 10TH FOR COLUMBUS DAY!
Fact Sheet
Intimate Partner Violence (IPV) in the African American Community

Statistics

- In a nationally representative survey conducted in 1996, 29% of African American women and 12% of African American men reported at least one instance of violence from an intimate partner.¹

- African Americans account for a disproportionate number of intimate partner homicides. In 2005, African Americans accounted for almost 1/3 of the intimate partner homicides in this country.²

- Black women comprise 8% of the U.S. population but in 2005 accounted for 22% of the intimate partner homicide victims and 29% of all female victims of intimate partner homicide.²

- Intimate partner homicides among African Americans have declined sharply in the last 30 years. Partner homicides involving a black man or a black woman decreased from a high of 1529 in 1976 to 475 in 2005, for a total decline of 69%.³

- Intimate partner deaths have decreased most dramatically among black men. From 1976-1985, black men were more likely than black women to be a victim of domestic homicide; by 2005, black women were 2.4 times more likely than a black male to be murdered by their partners. Over this period, intimate partner homicides declined by 83% for black men vs. 55% for black women.²

Risk Factors

- Intimate partner violence among African Americans is related to economic factors. Intimate partner violence among blacks occurs more frequently among couples with low incomes, those in which the male partner is underemployed or unemployed, particularly when he is not seeking work, and among couples residing in very poor neighborhoods, regardless of the couple’s income.⁴

- When income and neighborhood characteristics are controlled for, racial differences in IPV are greatly reduced.⁵

- Alcohol problems (drinking, binge drinking, dependency) are more frequently related to intimate partner violence for African Americans than for whites or Hispanics.²

Impact of Abuse

- Black women who are battered have more physical ailments, mental health issues, are less likely to practice safe sex, and are more likely to abuse substances during pregnancy than black women without a history of abuse.

- Battered women are at greater risk for attempting suicide particularly if they were physically abused as a child, for being depressed and to suffer from Post Traumatic Stress Disorder (PTSD).⁶
Dynamics of Abuse

- Domestic violence re-occurs, in a large sample of battered black women, in about half of the cases in which abuse happened, the violence did not happen again; however, over 1/3 of women reporting abuse had at least one other incident of severe domestic violence in the same year, and one in six experienced another less severe act of domestic violence.
- Women attempt to leave abusive relationships. Seventy-eight percent of abused black women left or attempted to leave the relationship.
- Women in abusive relationships need the support of friends and family. Battered black women who reported that they could rely on others for emotional and practical support were less likely to be re-abused, showed less psychological distress, and were less likely to attempt suicide.

References

Domestic Violence in Gay, Lesbian, and Bisexual Relationships

Partner battering and abuse in Queer relationships:
Domestic violence in the GLBT community is a serious issue. The rates of domestic violence in same-gender relationships is roughly the same as domestic violence against heterosexual women (25%). As in opposite-gendered couples, the problem is likely underreported. Facing a system which is often oppressive and hostile towards queers, those involved in same-gender battering frequently report being afraid of revealing their sexual orientation or the nature of their relationship. Others who do not identify as GLBT may not feel that their relationship fits the definition but may still be in an abusive and dangerous relationship.

In many ways, domestic violence in lesbian, bisexual and gay relationships is the same as in opposite-gendered (e.g., heterosexually-paired) relationships:
- No one deserves to be abused.
- Abuse can be physical, sexual, emotional, psychological, and involve verbal behavior used to coerce, threaten or humiliate.
- Abuse often occurs in a cyclical fashion.
- The purpose of the abuse is to maintain control and power over one's partner.
- The abused partner feels alone, isolated and afraid, and is usually convinced that the abuse is somehow her or his fault, or could have been avoided if she or he knew what to do.

Several important aspects of lesbian, bisexual, and gay relationships mean domestic violence is often experienced differently:
In same-sex abuse, a pattern of violence or behaviors exists where one seeks to control the thoughts, beliefs, or conduct of their intimate partner, or to punish their partner for resisting their control. This may been seen as physical or sexual violence, or emotional and verbal abuse. An additional form of emotional abuse for someone who is gay, lesbian, or bisexual may be to “out” them at work or to family or friends.

Local resources for domestic violence in the GLBT community are often scarce and many traditional domestic violence services lack the training, sensitivity, and expertise to adequately recognize and address abusive GLBT relationships. A Queer individual who is being battered must overcome homophobia and denial of the issue of battering. Lesbians, bisexuals and gay men who have been abused have much more difficulty in finding sources of support than heterosexual women who are battered by their male partners.

Here are more ways same-gender domestic violence is unique:
- It is frequently incorrectly assumed that lesbian, bi and gay abuse must be "mutual." It is not often seen as being mutual in heterosexual battering.
- Utilizing existing services (such as a shelter, attending support groups or calling a crisis line) either means lying or hiding the gender of the batterer to be perceived (and thus accepted) as a heterosexual. Or it can mean "coming out", which is a major life decision. If lesbians, bi's and gays come out to service providers who are not discreet with this information, it could lead to the victim losing their home, job, custody of children, etc. This may also precipitate local and/or statewide laws to affect some of these changes, depending on the area.
- Telling heterosexuals about battering in a lesbian, bi or gay relationship can reinforce the myth many believe that lesbian, bi and gay relationships are "abnormal." This can further cause the victim to feel isolated and unsupported.
- The lesbian, bi and gay community is often not supportive of victims of battering because many want to maintain the myth that there are no problems (such as child abuse, alcoholism, domestic violence, etc.) in lesbian, bi and gay relationships.
- Receiving support services to help one escape a battering relationship is more difficult when there are also oppressions faced. Battered lesbians and female bisexuals automatically encounter sexism and homophobia, and gay and bisexual men encounter homophobia. Lesbian or gay people of color who are battered also face racism. These forms of social oppressions make it more difficult for these groups to get the support needed (legal, financial, social, housing, medical, etc.) to escape and live freely from an abusive relationship.
- Lesbian, bi and gay survivors of battering may not know others who are lesbian, bi or gay, meaning that leaving the abuser could result in total isolation.
- Lesbians, bisexuals and gays are usually not as tied financially to their partner, which can be a benefit if they decide to end the relationship. However, if their lives are financially intertwined, such as each paying a rent or mortgage and having "built a home together", they have no legal process to assist in making sure assets are evenly divided, a process which exists for their married, heterosexual counterparts.
- The lesbian, bi and gay community within the area may be small, and in all likelihood everyone the survivor knows will soon know of their abuse. Sides will be drawn and support may be difficult to find. Anonymity is not an option, a characteristic many heterosexual survivors can draw upon in "starting a new life" for themselves within the same city.

http://www.lambda.org/DV_background.htm
October 6th, 2011 is National Depression Screening Day.

Below is a quick and simple test you can take to help you decide if you are depressed.

Scores:

“0” for “Not at All over the last 2 weeks”
“1” for “Several Days over the last 2 weeks”
“2” for “More than Half the Days over the last 2 weeks”
“3” for “Nearly Every Day over the last 2 weeks”

Add up the numbers. The higher the total number the more likely you suffer from depression and may need help overcoming it. Take your completed test with you to your next medical appointment and discuss it with your health care provider. Ask for a referral for a more thorough evaluation. Depression can affect your physical health. It can also be treated. You just need to ask for help.

<table>
<thead>
<tr>
<th>Over the last 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>“0” Not at All</th>
<th>“1” Several Days</th>
<th>“2” More than half the days</th>
<th>“3” Nearly Every day</th>
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<tr>
<td>1. Little interest or pleasure in doing things</td>
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<td>2. Feeling down, depressed, or hopeless</td>
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<td>3. Trouble falling or staying asleep, or sleeping too much</td>
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<td>4. Feeling tired or having little energy</td>
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<td>5. Poor appetite or overeating</td>
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<td>6. Feeling bad about yourself or that you are a failure or have let yourself or your family down</td>
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<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
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<td>8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual.</td>
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<td>9. Thoughts that you would be better off dead, or of hurting yourself in some way</td>
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Totals

If you checked off any problems, how difficult have these problems made it for you to

- To do your work
- Take care of things at home
- Get along with other people

Reference: Live your life well from Mental Health America: [http://www.liveyourlifewell.org/](http://www.liveyourlifewell.org/)
**Eating on a Budget**

Money is tight, time is short, but if you plan ahead simple meals made at home are best for your health. As one dietician stated meals at home can be “good for both your wallet and your waistline.”

See the following helpful tips:

1. **Stretch the meat**—chicken, ground beef.
   A serving of meat is equal in size to a deck of cards, approximately 4 ounces. So 1 pound of chicken would make 4 servings.

2. **Add beans** to your main dishes to add protein along with fiber.

3. **Don’t go shopping or dine out** if you are over hungry since you will be more likely to over spend and over eat.

   When shopping try and buy fruits and vegetables that are in season. If those are too expensive for your budget then buy frozen as they will last longer and not spoil.

4. **Drink water instead of soda.**

5. **Leftovers are one way** to make a few lunches or dinners easier to plan.

### Cincinnati Chili

Makes 4 servings

<table>
<thead>
<tr>
<th>Ingredients</th>
<th>1/2 cup (2oz) shredded reduced fat sharp cheddar cheese</th>
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<tr>
<td>1/2 pound extra lean ground beef</td>
<td>20 oyster crackers</td>
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<tr>
<td>1 cup diced onion</td>
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<tr>
<td>1 15oz can of kidney beans (drained and rinsed)</td>
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<tr>
<td>2 8oz cans of no salt added tomato sauce</td>
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<td>1 cup water</td>
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<td>2 teaspoons unsweetened cocoa powder</td>
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<tr>
<td>1 1/2 teaspoons chili powder</td>
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<tr>
<td>1/4 teaspoon ground cinnamon</td>
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<tr>
<td>1/4 teaspoon salt (optional)</td>
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<td>1/8 teaspoon black pepper</td>
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<td>2 teaspoons cider vinegar</td>
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<tr>
<td>2 cups hot cooked whole wheat elbow macaroni (cooked without fat or salt)</td>
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| Directions | | |
|-------------|---------------------------------------------------------|
| 1. Heat large skillet over med-high heat. | 2. Crumble beef into skillet, add onion, cook, mixing with large spoon to break up meat, 4 minutes or until beef is browned. |
| 3. Add beans, tomato sauce, water, cocoa, chili powder, cinnamon, salt, pepper and vinegar. | 4. Stir to combine. |
| 5. Cover and bring to gentle boil. Uncover, reduce heat and boil gently 8 minutes or until lightly thickened and reduced to 4 cups. Stir occasionally. | 6. Spoon over macaroni, top with cheese and crackers and enjoy. |

For Safety AND Savings: Eat or freeze leftovers with in 3-4 days of when they were cooked. Throwing away spoiled food is like throwing away money!

References: [www.eatright.org](http://www.eatright.org)  [Diabetic Cooking Sept/Oct 2011, Page 70, Page 85](http://www.eatright.org)  [Southernfood.about.com](http://www.eatright.org)
Nobody wants his or her HIV treatment to stop working. And it's easy for someone to tell you, "Just take all your meds, and you'll be fine." But the challenge of taking antiretroviral therapy every single day, and the obstacles that life throws in your way, can make adherence a lot tougher in real life than it might seem on paper.

That is why The Body (an on-line site for HIV positive people) has developed a new service called

**The Resource Center on keeping up with your HIV meds**

It features:

* invaluable advice from HIV experts and people living with HIV
* first-person accounts of people dealing with the everyday struggle to stay on top of their medications
* answers to the most commonly asked questions about adherence seen on their site

Check it out at: [http://www.thebody.com](http://www.thebody.com)

**DON’T FORGET:** Help is always available from our clinic staff. If you have questions about your medications or have trouble taking them; please speak with your Nurse Practitioner or Physician’s Assistant. Our **Treatment Adherence** staff is also available to help you with any questions or concerns you have about your medications.
October is National Breast Cancer Awareness Month!

Finding breast cancer early is the key to successful treatment!
It is recommended that every woman follow this three step program to protect herself:

1) **Self Breast Exam:**
   Ask your nurse practitioner to teach you the proper way to do a thorough self breast exam. Beginning at age 20, examine your own breasts monthly. If you find any lumps, thickening or changes tell your health care provider right away. Most breast lumps are not cancer, but you won’t know if you don’t ask.

2) **Clinical Breast Exam:**
   Between ages 29-39, have a clinical breast exam at least every three years. After age 40 have a clinical breast exam by your health care provider every year.

3) **Mammography:**
   Annual mammograms are the best way to find breast cancer early. Have a mammogram if you are 40 or older. If you have a history of breast cancer in your family, discuss this with your health care provider. Mammography services are available in every county regardless of your insurance coverage or ability to pay.

If you think you can’t afford to have a mammography or don’t know where to go for one, please speak to our staff.
Anger Management

Worried about always feeling angry?
Wondering how to get through a day without feeling that way?
A support group is offered on Thursday afternoons at 1:30pm to help you learn to manage your feelings.
For more information contact Cheryl at 315-464-7319.

Living Well with HCV

Peer mentor services for co-infected clients.

Individual or group

If you would like to speak to a peer mentor please contact:
John Wikiera at 315-542-1703 or Ralf Bernecker at 315–476-1125

Consumer Advisory Board!
The DAC Consumer Advisory Board is looking for new members. Are you interested in working with a dynamic group of consumers? We need your input! The CAB is involved with issues that affect you. You can be an important voice within the DAC and the regional/statewide HIV community. If you want to know more about the CAB please speak with Missy, Kelley or Judy. To become a member please ask a staff person for an application.
The next meeting of the CAB will be in October 20, 2011.

As of May 1, 2011 the ID Clinic will be accepting the NY Bridge Plan.

Please ask your social worker if you have any questions about mandatory Medicaid Managed Care enrollment.

HIV/AIDS Services:
ACR: 1-800-475-2430
FACES: 1-866-95-FACES
STAP, Southern Tier AIDS Program:
1-800-333-0892
NYS Dept. of Health:
English: 800-541-2437
Spanish: 800-233-7432
Liberty Resources: 315-701-0293

Hotlines and Services:
CONTACT: 315-251-0600
CPEP: 315-448-6555
Vera House: 315-468-3260

Prescription Reminder

If you want to know if your prescription is ready at your pharmacy, please call your pharmacy and not our office. Once you leave a message concerning prescription refills or renewals please allow at least 4 hours before calling to check on the status of your request. Most prescriptions requests are called into your pharmacy the same day. Messages received late in the day may not be called in till the following business day. Please call for prescription renewals several days before you will run out. This will help to avoid any medication interruption.