



Positive Outlook



ID Clinic Newsletter

October 2011

315 464 5533



“Problems are not stop signs, they are guidelines. ”

-- Robert H. Schuller --

October is Domestic Violence Awareness Month

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.



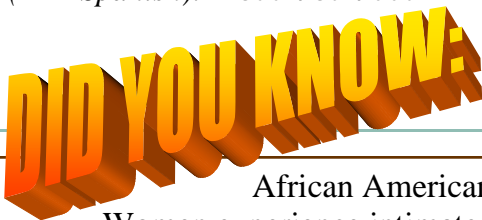
Abuse can occur without regard to the parties’ sexual orientation, gender expression or identity, race, age, socio-economic status, disability, education level, culture or religion.

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 (English): 1-800-942-6906; NYS Domestic & Sexual Violence Hotline (TTY English): 1-800-818-0656

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



IDVAAC
UNIVERSITY OF MINNESOTA
Institute on Domestic Violence in
The African American Community

Institute on Domestic
Violence in the African
American Community
University of Minnesota

School of Social Work
1404 Gortner Avenue,
290 Peters Hall
St. Paul, MN 55108

1-877-643-8222 Toll free
or 612-624-5357

E-Mail: Info@idvaac.org
Web: www.idvaac.org

- As with other abusive men, African American men who batter are higher in jealousy and the need for power and control in the relationship.⁵
- As with women of other races, among African American women killed by their partner, the lethal violence was more likely to occur if there had been incidents in which the partner had used or threatened to use a weapon on her and/or the partner has tried to choke or strangle her.⁵
- Among African American women killed by their partner, almost half were killed while in the process of leaving the relationship, highlighting the need to take extra precautions at that time.⁵
- Among African American women who killed their partner, almost 80% had a history of abuse.⁵



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%.²
- 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 incomes³, those in which the male partner is underemployed or unemployed,⁴ particularly when he is not seeking work,⁵ and among couples residing in very poor neighborhoods, regardless of the couple's income.⁶
- When income and neighborhood characteristics are controlled for, racial differences in IPV are greatly reduced.^{3,6}

- Alcohol problems (drinking, binge drinking, dependency) are more frequently related to intimate partner violence for African Americans than for whites or Hispanics.⁷



Impact of Abuse

- Black women who are battered have more physical ailments,⁸ mental health issues,⁴ are less likely to practice safe sex,⁹ and are more likely to abuse substances during pregnancy¹⁰ than black women without a history of abuse.
- Battered women are at greater risk for attempting suicide¹¹ particularly if they were physically abused as a child, for being depressed¹² and to suffer from Post Traumatic Stress Disorder (PTSD).¹³



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.⁵
- Women attempt to leave abusive relationships. Seventy to eighty percent of abused black women left or attempted to leave the relationship.⁵
- 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,¹⁴ showed less psychological distress,¹⁵ and were less likely to attempt suicide.¹¹

Teen Dating Violence

- Black youth are over represented as victims of teen dating violence. In a 2003 national study of high school students, almost 14% of African American youth (vs. 7% of white youth) reported that a boyfriend or girlfriend had "hit, slapped, or physically hurt them on purpose" in the last year. Boys (13.7%) and girls (14%) were almost equally likely to report being a victim of dating violence.¹⁶

References

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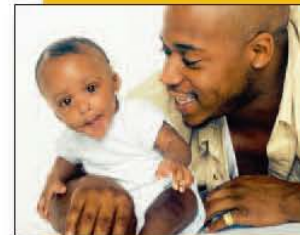
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Institute on Domestic Violence in the African American Community University of Minnesota
School of Social Work • 1404 Gortner Avenue, 290 Peters Hall • St. Paul, MN 55108
1-877-643-8222 or 612-624-5357 • E-Mail: Info@idvaac.org • Web: www.idvaac.org

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 be 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.

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.



Over the last 2 weeks, how often have you been bothered by any of the following problems?	"0" Not at All	"1" Several Days	"2" More than half the days	"3" Nearly Every day
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling or staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down				
7. Trouble concentrating on things, such as reading the newspaper or watching television				
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.				
9. Thoughts that you would be better off dead, or of hurting yourself in some way				
Totals				
If you checked off any problems, how difficult have these problems made it for you to	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
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/>

The Infectious Disease Clinic offers on-site individual , group, and case management mental health services.

All of our patients are eligible to receive services appropriate for their care.

If you would like to receive mental health services please discuss with your doctor, nurse practitioner or social worker.

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.

Cincinnati Chili

Makes 4 servings

Ingredients

1/2 pound extra lean ground beef
1 cup diced onion
1 15oz can of kidney beans (drained and rinsed)
2 8oz cans of no salt added tomato sauce
1 cup water
2 teaspoons unsweetened cocoa powder
1 1/2 teaspoons chili powder
1/4 teaspoon ground cinnamon
1/4 teaspoon salt (optional)
1/8 teaspoon black pepper
2 teaspoons cider vinegar
2 cups hot cooked whole wheat elbow macaroni (cooked without fat or salt)

1/2 cup (2oz) shredded reduced fat sharp cheddar cheese
20 oyster crackers

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.

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.

Ingredient	First Meal	Reuse Idea #1	Reuse Idea #2
Chicken	Baked chicken with rice and a veggie	Chop leftover chicken, mix with celery and a light salad dressing; serve on whole wheat.	Toss with your favorite pasta, oil and veggies.
Ground Beef	Cook lean ground beef for taco night.	Sprinkle cooked beef on top of a homemade pizza.	Mix with rice/pasta and tomato sauce.
Brown Rice	Serve with baked chicken and veggies	Reheat with a can of beans, salsa, and chicken.	Make rice pudding with low-fat milk.
Vegetables	Cook veggies as your dinner side dish.	Combine with eggs for a nutritious omelet or veggie scramble.	Fill a pita or whole wheat wrap with cooked veggies and low fat cheese.

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

References:

www.eatright.org

Diabetic Cooking Sept/Oct 2011, Page 70, Page 85

Southernfood.about.com

Easy Rice Pudding

2 cups Cooked Rice
1/2 cup sugar
2 eggs, slightly beaten
2 cups milk
1/2 teaspoon vanilla
1/4 cup raisins
1/2 teaspoon powdered cinnamon

Mix all ingrediants in bowl. Pour into greased baking dish.
Bake at 350 for 25 minutes



Bread Pudding Snacks

Makes 12 servings

1 1/4 cups reduced fat milk
1/2 cup egg substitute or 1 egg
1/3 cup sugar
1 teaspoon vanilla
1/8 teaspoon salt
1/8 teaspoon ground nutmeg
4 cups 1/2 inch cinnamon raisin bread cubes (about 6 slices)
1 tablespoon butter
Preheat oven to 350. Line 12 medium sized muffin cups. Combine milk, egg, sugar, vanilla, salt & nutmeg in medium bowl. Add bread, mix until well moistened. Let stand at room temperature 15 minutes. Spoon evenly into muffin cups, drizzle with butter. Bake 30 to 35 minutes until snacks are puffed. Cool on wire rack.



Treatment Adherence Program at the DAC

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>

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.



Living with HIV?

Having a difficult time talking with your doctor?

Need to get more involved in your HIV health care?

WE CAN HELP!

The LTI's free training,

Self-Management:

Becoming Your Own Health Care Advocate

is coming to the Central NY (Syracuse) region

November 17 - 19, 2011

(registration required)

- ✓ Learn how to improve the way you access services and to become an active partner in your own care
- ✓ Connect with a peer mentor who can help you succeed
- ✓ **TAKE CHARGE OF YOUR HEALTH!**



To register for the training and/or for more information,

call us (toll free) at **(866)792-5323**

dial ext. 231, or ask to be connected with the LTI

accommodation and transportation assistance available!



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?

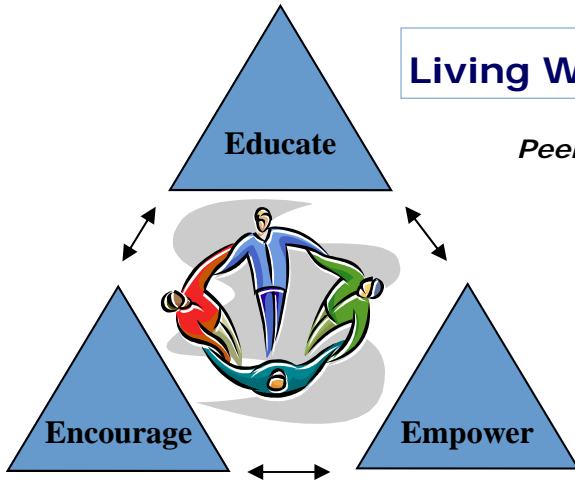
Wondering how to get through a day without feeling that way?

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.

For people who have Twitter accounts. If you are interested in Hepatitis C issues check out Hepatitis NY on Twitter.

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.

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

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

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

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.