Crimes of the Heart

The link between HIV and domestic abuse is intimate, dangerous and underidentified—but ASOs and domestic-abuse groups are finally reaching HIVers locked in violent love.

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When Joe Killfoile met his partner, Jeff, at a dance club in Detroit in 1996, “it was a standard superficial attraction,” says Joe. Jeff was a handsome ex–air-force technician with dark hair, blue eyes, a slim build and charm to spare. And it turned out that Joe, then 41, and Jeff, then 37, had more than sexual chemistry. Both men had escaped lives of secrecy: Joe had been married and had a child while still in the closet. Jeff had endured years of the military’s “don’t ask, don’t tell” policy. They both believed in monogamy. And they were both HIV positive.

It was a year after they exchanged commitment rings that Jeff’s clingy behavior—say, going through Joe’s wallet or becoming distant whenever Joe’s friends called—morphed into rage. Jeff never physically hurt Joe, but the list of scary episodes started to grow: hurling a dozen mugs onto the kitchen floor; a violent tantrum in front of Joe’s daughter, who called the police; many nights of screaming and pounding on the locked bedroom door as Killfoile, despite his 6-foot-2 build, remained hidden behind it. Nonetheless, Joe stuck around. “I always hoped it would get better,” he says. “I kept envisioning what life could be like with the Jeff that I loved.”

The Jeff that Joe loved took care of him when he got sick. Joe had been diagnosed with HIV in 1985 and had suffered through countless opportunistic infections: thrush, myopathy, congestive heart failure, a swollen appendix, warts. Before the incident during which Joe’s daughter called the cops, Joe had returned from surgery for a chronic infection in his left foot. So afterward, Jeff made amends for his behavior by again becoming what Joe calls “the most kind and generous person I had ever met.” So much so that Joe agreed to move with him to Ft. Lauderdale in mid-1999. “Having been a computer technician with great disability insurance, I had the financial wherewithal to flip him the bird and walk away,” Joe says. “Even as we were packing, something told me we should separate our belongings and go our own ways.” Why didn’t he? “If I didn’t have HIV and consider myself damaged goods,” Joe says, “I would have trusted my gut and left that guy a long time ago.”

Joe isn’t alone. It’s estimated that, like the rest of the population, one in four HIVers experiences abuse, and the dual epidemics feed off each other in countless pernicious ways. Simply disclosing one’s status to a violent partner can trigger both physical and mental abuse. HIVers are particularly vulnerable to devastating emotional abuse, because the virus provides potential victimizers with an arsenal of terrifying threats: “outing” their partners’ HIV status, flushing meds

down the toilet or abandoning the person when they're sick.

Some types of HIV-related abuse depend on the serostatus of the batterer. For example, HIV negative batterers might insult, degrade and blame their partner for having the virus. People with HIV batter, too, emotionally blackmailing their negative partners or making the ultimate threat: transmitting the virus. The stress of abuse can ruin HIVers' health and wreak havoc on their adherence to treatment.

Although the connection between domestic sexual abuse and HIV has long been a major concern in African and Asian countries, researchers, clinicians and advocates for abuse victims in the U.S. are finally confronting the problem head-on—and domestic violence and AIDS service organizations (ASOs) are at last beginning to work in stereo.

The anecdotal evidence alone suggests that HIV and abuse are intimately—and increasingly—intermingled. In the past nine months alone, Barbara Nissley, an educator with the Pennsylvania Coalition Against Domestic Violence and consultant to the state's division of HIV/AIDS, has mobilized her state's response. She crafted an AIDS/domestic violence seminar—teaching how to address abuse in pre- and post-HIV-test counseling—and has toured the state's ASOs. "They really can't know enough about this now," says Nissley. "In Pennsylvania we're seeing a massive increase in the two communities' combining screening strategies," adding that her domestic-violence coalition, traditionally for battered HIV negative heterosexual women, now has the ability to help battered positive men and women, gay and straight. At the Los Angeles Gay and Lesbian Center's STOP Partner Abuse and Domestic Violence Program, about 50 percent of the gay men in support groups are positive, and a recent survey of Chicago ASOs found that two-thirds of the women in HIV support groups told stories of abusive events as children and adults.

The few serious studies about HIV and domestic abuse are equally disturbing. In 2002, Mardge Cohen, MD, the Director of Women's HIV Research at Cook County Hospital in Chicago, shared results of the 1,219 HIV positive women from six U.S. cities whom she had studied. One in four who were eligible for HAART—mainly women of color and/or those with a history of drug use and physical and sexual abuse—reported not taking it. Many of the abused women, in particular, visited clinics, got tested and showed for appointments, but didn't take the meds. Says Cohen, "For many of the abused women I've seen, that sense of self and strength to stay on treatment seems to have been knocked out of them. There's this underlying sense that treatment isn't for them—it's for someone else."

Last summer, an extensive study in the *American Journal of Public Health*—which sampled a wide age, income and racial distribution—found that incidents of gay-partner violence (along with drug use) were "significantly associated" with HIV infection. The authors went so far as to conclude that focusing prevention efforts only on unsafe sex is not the most prudent route. Instead, they said, HIV prevention is most effective when it addresses broader psychosocial health concerns, including drug use and violence. But as Susan Holt, program manager for the STOP Partner Abuse Domestic Violence Program, points out, the tangled roots of gay and bi abuse make them difficult

to get at. “Victims of abuse are often protective of their partners, and they may want to protect the gay community from further bias,” Holt says. “It makes the problem more insidious.” What’s more, many men may feel ashamed to acknowledge physical and mental abuse at the hands of another man. Consider HIV positive Olympic gold-medal diver Greg Louganis, who in 1995 told the media and the world how his low self-esteem had locked him in a relationship with a man who had raped him at knife point. Or the strapping Mr. International Leather 1998, HIV positive Tony Mills, who told POZ in 1999: “At 6-foot-plus and 225 pounds, I thought it could never happen to me. HIV taught me to fight, but that didn’t help me when I was attacked by a man who told me he loved me.”

While working in the primarily heterosexual domestic-violence unit of the San Francisco district attorney’s office in the early ’90s, Patrick Letellier, a gay survivor of domestic violence, began to notice a sharp uptick in HIV positive clients. He recalls a case in which an HIV positive man’s lover dragged the man down a flight of stairs by his feet and kicked him in the abdomen, breaking many ribs. “The client could barely sit up in the chair,” Letellier says, “yet he looked at me and said his lover wasn’t trying to hurt him—he was trying to beat up the virus.” Letellier, now a journalist who has authored a book and scholarly essays on abusive relationships, including *Twin Epidemics: Domestic Violence and HIV Infection Among Gay and Bisexual Men*, says that relationships in which one or both partners have HIV are not more prone to domestic violence. “If people are violent, they’re violent whether the virus is involved or not,” he says. However, abuse creates a dependency between abuser and abused that HIV only exacerbates. “Many HIV positive clients, straight or gay, come to see their lovers as their only possible caregivers and are afraid to do anything to jeopardize that. I saw one man, stabbed in the stomach, who wouldn’t press charges. He said, ‘Who’ll take care of me if he’s in jail?,’” Letellier says.

Consider Patricia (not her real name), who learned she was positive after just over a year of marriage—when her 3-month-old son was diagnosed. She was so grateful for her HIV negative husband’s initial support and caregiving that she overlooked his drunken outbursts. “He had an alcohol problem, and he gambled,” she says. “These were problems he had long before I met him. The HIV did not cause them. He just hid them very well.” But as the years went by, his drinking worsened—and he even broke her nose. “He kept reminding me that I was positive, that he didn’t give it to me and that I gave it to our son.” At one point, she filed assault charges, then dropped them. “I was alone and scared,” she says. The situation remained that way, until Patricia’s husband became jealous of her work for a New Jersey AIDS organization. “Every time I went to work, he would start an argument and accuse me of being unfaithful. I was working in AIDS, so they give you condoms. He thought that was a sign that I was having an affair.” Enough: Patricia went to court—and finally bid *sayonara.*

Hallie (not her real name), a recovering HIV positive crack addict, relocated to Mobile, Alabama, after living on the streets of New Orleans to escape her abusive boyfriend. “I waited for seven months to tell him after I found out I was positive from the clinic,” she says. “We’d been together a year, and he already broke my arm. I knew he would kill me. So I didn’t get any help from doctors and just vanished from the clinic. Then one day he found me crying and crying. He went crazy and wouldn’t let me get any help because he thought it insulted him.”

Lettelier says that until abused clients escape, they can't begin to realize the stress they've endured. The disastrous effects of stress on the immune system (not to mention quality of life) have been well-documented—and PWAs involved in abusive relationships often take on more than they can handle physically and emotionally. "My health took a hit for the worst," Joe Killfoile says. "[Jeff] maintained such a chaotic environment that it was hard to eat well and get enough rest. I didn't take my meds like I should. I didn't keep my doctors appointments and didn't listen when my docs cautioned me about my T cells."

Of course, the abusive partner isn't always the one who is HIV negative. Simon (not his real name), an HIV negative banker from Seattle, reports being repeatedly beaten during a five-year relationship with his HIV positive lover, which ended in 2003. "I felt guilty that he had the virus and that I was negative," Simon says. "So I didn't tell anyone what he was doing to me. When I finally did, his health had begun to deteriorate and he looked gaunt. I felt like a monster for pressing charges." Adam Heintz, the former coordinator for the HIV-Related Violence Program at the LGBT Anti-Violence Project in New York City, knows the syndrome well. "There's already an HIV phobia out there," he says. " And the positive batterer can harness the bias that exists [against him] outside the relationship." Gail Wyatt, PhD, UCLA professor and AIDS Institute associate director believes that the dynamic between HIV positive batterers and their HIV negative victims in both gay and straight relationships even plays a role in transmission. "We wonder why transmission rates aren't changing," she says. "It's because we never ask about violence. Try and sit down and negotiate condom use with someone you're scared of who threatens you."

If there's any good news around HIV and domestic abuse, it's that ASOs, antiviolence organizations, docs and researchers are beginning to respond to it in meaningful ways. Dázon Dixon Diallo is the founder and president of SisterLove Inc., an Atlanta ASO serving African-American women, who constitute 90 percent of the area's female-HIVer population. "As recently as the early '90s," Diallo says, "counselors wanted to send a battered straight woman with HIV to a larger shelter or residence, and the place wouldn't have facilities or the medical know-how to deal with the virus. HIV positive women couldn't use the bathroom or kitchen, and they would be treated poorly —not to mention what their children went through." Diallo's organization has worked with regional shelter organizations to change all that and is hoping to foster more HIV-friendly housing. "In 2004, you're seeing that kind of progress around the country," she says.

Shawna Virago agrees. A transgender woman and longtime witness to HIV positive abuse, Virago directs the domestic-violence-survivor program at Community United Against Violence (CUAV) in San Francisco, a 25-year-old counseling center/shelter referral service/de facto ASO. "We still have no shelter exclusively serving gay men, lesbians, or transgender people. The funding just isn't there," she complains. "Fortunately, there are a lot of compassionate women out there, often lesbian, who will house queer survivors. We'll take it."

Barbara Nissley, the Pennsylvania educator who noticed a spike in HIVer treatment, says that her hot-ticket ASO seminars "teach staff what to say to the clients once they come in—and once staff suspects abuse. Sometimes that can be even harder than diagnosing the problem, and employees, feeling awkward, can sometimes say nothing at all." At Chicago's Howard Brown Health Center

and New York City's Gay Men's Health Crisis, meanwhile, screeners routinely inquire about domestic violence when assessing clients for intake programs.

Despite the ever-widening sensitivity to the connection between HIV and abuse, AIDS and domestic-violence experts alike can still overlook it. "The tendency is to under-identify the problem," says Greg Merrill, author of *Battered Gay Men: An Exploration of Abuse, Help Seeking and Why They Stay*, one of the first studies to probe the HIV connection. "It's something people prefer not to think about or prefer not to think is a possibility." Wyatt at UCLA adds, "Just looking at the HIV piece of the picture isn't enough. This is an issue that can fall through the cracks because sometimes we don't look at [PWAs] as a whole."

One especially weak link in the system is physicians, many of whom may not have the time, knowledge or will to address the problem. Howard Grossman, MD, a New York City doctor and board member of the American Academy of HIV Medicine, says, "We doctors just aren't trained well in domestic violence. We don't learn much about it in medical school." He got a crash course when he testified in court on behalf of an HIV positive gay patient whose partner tied him to the bed and raped him for three days. Grossman says that doctors may be so overwhelmed with caseloads and securing basic patient resources that they may miss the problem entirely. In emergency rooms and clinics, for instance, "attention can immediately turn to the virus itself." At the Detroit clinic where Joe and Jeff sought regular treatment together, Jeff became abusive to the staff, who told him he was no longer welcome there. "They told me they were uncomfortable with the way Jeff treated me," Joe says. Yet Joe says the staff never raised the possibility of domestic violence, adding he was too embarrassed to tell them.

When Joe and Jeff got down to Florida, Jeff became nastier still. When, according to Joe, Jeff referred to his daughter as a "cunt," he finally began to confront his fears of leaving. Joe contacted a local battered-women's agency, which had a gay counselor. He began reading about abusive relationships and saw himself in page after page. Then he started to plan his escape. He kept a briefcase containing his important papers—deeds, medical records, credit cards, bank statements, titles. "I kept it ready so when I finally decided it was time, I could grab it and go," he explains. Then, one morning at four, Jeff woke him up and demanded sex. "At that point, we had become so distant, I just felt like I was a possession that was only there to pleasure him." That day, Joe filed a restraining order and sat in his truck and watched as the police escorted Jeff from the house. "Once I made up my mind and accepted the realization that it had to end, I became tough as nails. The illusion was gone and I saw him for what he was—someone who chose to abuse me."

That was in October 1999. Two months later, the cumulative effect of his three-and-a-half-year relationship with Jeff hit him hard. He ended up in the hospital with congestive heart failure and a CD4 count of 34. "I was on my deathbed," he says. Thanks in part to the women's shelter and his counselor, Joe recovered and committed himself to psychotherapy and antidepressants. About six months later, he met a man who has become the partner he'd been looking for his whole life. "I came out a better person because of my relationship with Jeff," Joe says. "I've regained my ability to trust my instincts and decisions. Most importantly, I want *POZ* readers who see themselves in my words to know that they are not alone. There's not only a light at the end of the tunnel, there

can be a paradise."

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