

**LESBIAN, GAY,
BISEXUAL AND
TRANSGENDER
DOMESTIC VIOLENCE
IN 1998**

New York City Edition



**Lesbian, Gay, Transgender and Bisexual (LGTB)
Domestic Violence in 1998**

New York City Edition

THE ANTI-VIOLENCE PROJECT

240 West 35th Street, Suite 200

New York, NY 10001

Telephone 212-714-1184

Hotline 212-714-1141

<http://www.avp.org>

Richard S. Haymes, Executive Director

Carl Locke, CSW, Director of Client Services

Clarence Patton, Director of Community Organizing & Public Advocacy

Diane Dolan-Soto, CSW, Domestic Violence Program Coordinator

New York City (AVP) section written by Diane Dolan-Soto, AVP.

National (NCAVP) section written by Community United Against Violence (CUAV), San Francisco, CA

THE NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS

c/o AVP

240 West 35th Street, Suite 200

New York, NY 10001

FINAL EDITION OCTOBER 1999

Copyright © 1999 AVP and NCAVP. All Rights Reserved.

TABLE OF CONTENTS

INTRODUCTION	1
About This Report 3	
About AVP 4	
About NCAVP 4	
Part I. NEW YORK CITY SECTION	7
Introduction	9
Survivor characteristics	9
Gender 9	
Sexual Orientation 9	
Age 10	
Race/Ethnicity 12	
General incident characteristics	12
Location 12	
Site 13	
Serial Offenses 13	
Perpetrators 14	
Extent of Injuries 15	
Bias/Motivation 15	
Weapons 16	
Crimes Committed 16	
Incident Reporting and Police Response	17
Reported Incidents 17	
Precinct 19	
Police Attitude 19	
Services Provided	19
Direct Services 19	
Outreach 19	
Conclusions	20
PART 2. NATIONAL SECTION	23
Executive Summary 25	
NCAVP Recommendations 25	
Data, Dynamics and Analysis 27	
The Prevalence of LGTB Domestic Violence 27	
Gender Identity of Survivors 28	
Sexual Orientation of Survivors 28	
Age of Survivors 29	
Race/Ethnicity of survivors 30	
Dynamics of Violence	30
Types of Abuse 30	
Use of weapons 31	
Disability and Domestic Violence 31	
Children as Witnesses to Abuse 32	
1998 Regional Highlights	32
1998 Domestic Violence Homicides	33
Availability of Services	34
Survivors' Stories	35
Resource Availability	39
Funding Streams 39	

ABOUT THIS REPORT

This *Report on Lesbian, Gay, Transgender and Bisexual (LGTB) Domestic Violence in 1998, NYC Edition*, essentially combines two that preceded it. The first, *Same-Sex Domestic Violence in New York City in 1998*, was written by the **Anti-Violence Project (AVP)**, New York City’s lesbian, gay, bisexual and transgender (LGTB) community-based anti-violence organization, and is published for the first time here. The second document, the *Third Annual Survey of Lesbian, Gay, Transgender and Bisexual (LGTB) Domestic Violence*, was authored by the **National Coalition of Anti-Violence Programs (NCAVP)**, of which AVP is a member, and originally published in early October, 1999.

By releasing both documents in a combined format, AVP hopes to raise awareness, both locally and nationally, about the incidence and effects of domestic

violence in LGTB communities—concerns that are too often overlooked in most other literature about domestic violence. In both its New York City and national sections, for example, this report offers quantitative and qualitative data and analysis concerning the incidence of same-sex domestic violence, factors associated with its occurrence, and a wide range of its outcomes.

This report is *not* a complete survey of LGTB domestic violence, in New York City or nationally; indeed, such a report is impossible to attain. The authors hope that this document, aside from highlighting the need for greater public and private responsiveness to domestic violence in the LGTB community, will also spur more substantial research inquiry into its incidence and effects.

DOMESTIC VIOLENCE DEFINED

The term domestic violence encompasses a broad range of relationships including, but not limited to, partner abuse, abuse of elders, abuse from an in-home caregiver, abuse of children, siblings, parents or other relatives and abuse occurring in other close relationships. For the purposes of this report, however, the definition will be limited to partnerships that are intimate in nature. Within this definition, long term, short term, monogamous, polyamorous, married, domestic partnerships, dating relationships and previous intimate relationships are all considered.

Domestic violence is fundamentally about an intimate partner’s choice to exercise power and control over her or his partner without that partner’s consent. It is most often typified by a range of behaviors, which can exist simultaneously and in patterns that escalate over time. The more typical forms of abuse considered in this report include emotional, physical, spiritual, sexual, and/or economic harm.

The definition of domestic violence employed throughout this report, then, is the intentional, non-consensual pattern of harm by one’s intimate partner for the purposes of gaining and maintaining control over that partner. In addition, the terms “LGTB domestic violence” and “same-sex domestic violence,” where used, are intended to be interchangeable, although the former is technically more inclusive than the latter.

ABOUT AVP

The Anti-Violence Project (AVP) is New York City's LGBTB community-based anti-violence organization, and the oldest and largest group in NCAVP. Founded twenty years ago, AVP currently serves more than 1,500 survivors bias-motivated attacks, sexual assaults, rape, "pick-up" crimes, domestic violence, HIV-related violence and police misconduct. each year. AVP also leads

advocacy for the violence-related concerns of the area's exceptionally large and diverse lesbian and gay community, and provides extensive training and resources to service providers in the public and private sectors to help enhance their responses to LGBTB violence-related needs.

ABOUT NCAVP

The National Coalition of Anti-Violence Programs (NCAVP) was formed in 1995 in recognition of long-standing historical collaborations between its member agencies. The mission of NCAVP is to address the pervasive problem of violence committed against and within lesbian, gay, transgender, bisexual, and HIV-affected communities. Operationally, NCAVP is a coalition of its member programs that documents incidents of violence and advocates for victims of anti-lesbian, gay, transgender, bisexual, and HIV-related violence, domestic violence, sexual assault, police misconduct and other forms of victimization. NCAVP also provides increasing training, resources and capacity-building assistance intended to help other organizations develop and strengthen responses to the LGBTB community's violence-related needs.

This national section of this report primarily encompasses case data collected by nine NCAVP member agencies that documented and responded to domestic violence in lesbian, gay, transgender and bisexual relationships throughout the course of 1999. Four additional NCAVP members provided qualitative case information considered in the composition of this report.

Finally, some of the cases documented in the national section reported not directly by NCAVP members, but by other domestic violence service providers who served LGBTB individuals domestic violence victims in 1998.

A list of all these agencies follows:

NCAVP members

- Women's Project, Little Rock, AK
- S.T.O.P. Domestic Violence Program, Los Angeles, CA
- Lesbian and Gay Men's Community Center, San Diego, CA
- Community United Against Violence, San Francisco, CA
- Equality Colorado, Denver, CO
- Horizons, Chicago, IL
- Fenway Community Health Center, Boston MA
- Outfront Minnesota, Minneapolis, MN
- St. Louis Lesbian and Gay Anti-Violence Project, St. Louis, MO Lesbian/Gay
- New York City Gay and Lesbian Anti-Violence Project, New York, NY
- Community Service Center of Greater Cleveland, Cleveland, OH

- Buckeye Region Anti-Violence Organization, Columbus, OH
- Montrose Counseling Center, Houston, TX

Other Organizations

- Beverly Hills Counseling Int., Beverly Hills, CA
- YWCA Women's Service Center, Los Angeles, CA
- Haven House Inc. Pasadena, CA
- Antelope Valley Domestic Violence Council, Lancaster, CA

- Asian Women's Shelter, San Francisco, CA
- San Francisco District Attorney's Office Family Violence Project, San Francisco, CA
- San Francisco Network for Battered Lesbian and Bisexual Women, San Francisco, CA
- W.O.M.A.N., Inc., San Francisco, CA
- The Network for Battered Lesbian and Bisexual Women, Boston, MA

PART I. NEW YORK CITY SECTION

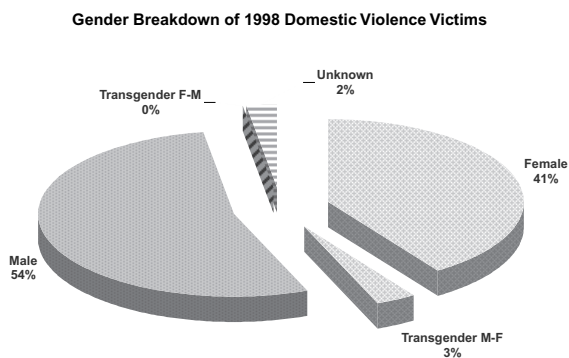
INTRODUCTION

The New York City Gay and Lesbian Anti-Violence Project (AVP) began documenting incidents and providing services to survivors of same-sex domestic violence in 1986. This report section encompasses incidents of domestic violence directly reported to AVP in 1998, a year in which a total of 506 domestic violence clients were served. This report does not purport to document

the actual number of incidents of domestic violence to gay, lesbian, transgender and bisexual (LGTB) victims/survivors in the New York City area, but is an analysis of those incidents reported to the Project. In collecting data, AVP uses a standardized intake form, as well as definitions, and criteria consistent with the ones employed by other NCAVP organizations.

SURVIVOR CHARACTERISTICS

GENDER

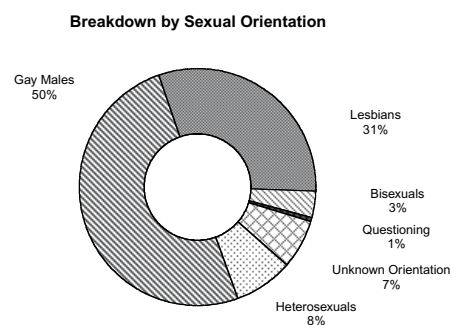


Male survivors of domestic violence accounted for 54% (272) of the total victims reporting incidents of domestic violence to AVP, while female victims accounted for 41% (205). The greater percentage of male versus female victims is consistent with the overall client base the agency serves. This does not necessarily indicate that males are in abusive relationships at a higher rate than are females. It has been AVP's experience that lesbians do not report incidents of victimization as consistently as gay men. Further research is needed to study the frequency and dynamics of LGTB domestic violence before definitive conclusions can be drawn regarding comparisons of gender.

People of trans-experience may self-identify according to the categories available on the intake form as transgender male to female (M to F), female to male (F to M), female, male, or questioning/unsure. In 1998, seventeen (17) clients self-identified as transgender M to F. No clients self-identified as transgender F to M. Given that gender information is compiled based on clients' self-identification, it is possible that males of trans-experience or additional females of trans-experience were served but were captured under their self-identified gender.

SEXUAL ORIENTATION

Gay males (252) accounted for 50% of the total number of domestic violence clients served at AVP. Les-



bians (154) accounted for 31% of this number, four of whom identified as lesbians of trans-experience. There were no self-identified gay males of trans-experience.

Heterosexuals (40) accounted for 8%. Clients classified of heterosexual orientation come to AVP for several different reasons. These clients may actually be of bisexual orientation experiencing domestic violence within a heterosexual relationship. They may feel more comfortable accessing services through AVP in discussing the variations and history of their relationship(s). Heterosexual clients may have a LGTB friend or family member who recommended the agency's services. Some heterosexuals are referred by other service providers, and some find AVP's listing in resource guides and only recognize the Anti-Violence Project component of the agency's name. Depending on their level of comfort and finding the services beneficial, heterosexual clients, primarily women (26), may choose to continue with the agency. Ten of the clients who identified as heterosexual were of trans-experience (M to F). Four (4) heterosexual men accessed AVP in 1998. When heterosexual men contact AVP, they often present as victims of domestic violence who fear being treated as the batterer if they access assistance through a battered women's hotline.

Clients of unknown sexual orientation (33) comprised 7% of AVP's domestic violence clients. Of the number of unknown sexual orientation, seventeen (17) were female, five (5) male, three (3) transgender M to F and six (6) were of unknown gender. Sexual orientation is generally determined by the client's self-identification. However, people from various groups, cultural, ethnic, etc. may not identify as LGTB even if they are in relationships with same sex partners. Future adjustments to the intake form may address this by adding categories for women with women and men with men. Clients not 'out' may be reluctant to label their orientation despite

contacting AVP. In some cases, sexual orientation may be unknown because the client made only an initial or limited contact with the agency, usually through an information gathering hotline call. The data may not have been made available to the counselor or the client may have declined to give this information.

Bisexual clients (17) comprised 3% of victims. Of clients self-identified as bisexual, ten (10) were male and seven(7) were female. In 1998 no clients of trans-experience self-identified as bisexual.

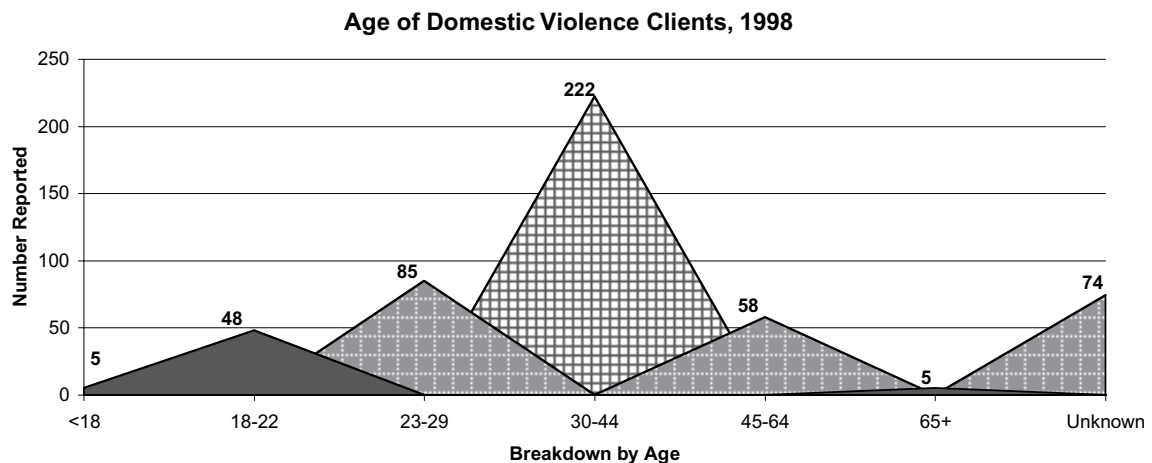
Four (4) clients self-identified as questioning and comprised 1% of victims. Of these, one (1) was female, one (1) male and the remaining two (2) were unspecified.

AGE

The largest age category for victims of domestic violence was 222 (45%) in the 30-44 year range. This number is consistent with 1997's total for this age group and may reflect AVP's outreach practices, distribution of materials in bars, advertisements in gay/lesbian publications and mailings to political activist organizations. It may also be attributed to a larger sense of awareness among people in this age range about what constitutes an abusive relationship. It is likely that people in this age range often have more access to, and awareness of resources. AVP has launched a number of outreach initiatives including flier distribution, hosting events, and participating in other LGTB events to broaden outreach efforts.

The second largest category was in the 23-29 year range with 85 (17%). This number is slightly up from last year's total of 76 in this age range.

In the next youngest age category of 18-22 year olds, 48 (9%) clients were served at AVP. This number more



than doubled since last year's reported 21 clients in this range.

These increases appear to be consistent with the growing awareness of violent relationships amongst younger populations. It cannot be determined from these numbers if the increase overall in both 18-22 and 23-29 year olds is due to AVP's efforts to broaden outreach, an increase in occurrence, or an increase in our society's awareness of what constitutes an abusive relationship.

Generally, AVP has not had services targeted to LGBT adolescent victims of domestic violence. Adolescents now comprise a rapidly growing sector of domestic violence victims, and LGBT adolescent victims of domestic violence would likely seek services from providers known for their work with adolescents. Therefore the five (5) victims under the age of 18 served by AVP in 1998 cannot be indicative of the prevalence of domestic violence in LGBT adolescent relationships and is more likely an understatement of the rate of incidence amongst this population.

There was a slight increase in the number of clients in the 45-64 age range, 58 (11%) clients were served, up from 48 last year.

Consistent with AVP's previous recording of domestic violence clients below age 18 and above age 65, these two remain the lowest reporting categories. LGBT youth may not seek AVP services based on several factors indicated previously. Additionally, it is likely that this age group would have less awareness of identifying factors for abusive relationships and less resources available tailored to this population and structured to address intimate partner violence. Given expanding awareness on the part of service providers generally, and AVP specifically, we are beginning efforts to review possible avenues of greater service to domestic violence victims age 18 and below. LGBT domestic violence victims 65+ may report at consistently lower rates due to a different generational understanding of abusive relationships as well as generational/individual barriers to accessing an openly gay organization. AVP will begin working with LGBT senior organizations in New York City to address this.

Although the overall number of reports of domestic violence increased in 1998, the number of clients of unknown age, 74 (16%), actually dropped slightly from last year's 76. In part the drop in the number of unknowns may be due to improved gathering of data by

AVP staff or may reflect some increase in comfort by clients in providing statistical information.

RACE/ETHNICITY

Categories of race and ethnicity were last revised in the early 1990's with the establishment of NCAVP's standardized intake form. The National Coalition intends to review and revise these categories in the future. For a listing of the categories used by NCAVP, please refer to the copy of the Intake/Incident Report Form at the end of this report.

The largest number of clients reporting domestic violence to AVP in 1998 were white, comprising 32.61% (165) of the total reports received. (Clients identifying as Jewish in 1998 (14) also identified as white and were included within this category.) In 1997 whites had comprised 36.58% (154). The second largest category of clients identified as Latina/o. Latina/o clients increased from 17.81% (75) in 1997 to 25.89% (131) in 1998. Clients identifying as African American comprised 16.80% (85) in 1998 and 19.95% (84) in 1997. Multi-racial comprised 2.37% (12) of clients while Asian/Pacific Islanders and Native Americans comprised the smallest category of reports, 0.79% (4) and 0.40% (2), respectively.

All of the above detailed categories remained fundamentally consistent except for Latina/o clients. This category displays a significant increase, nearly double last

year's reported cases involving Latina/o clients. This increase likely reflects a substantial amount of outreach made previously to areas/service providers encompassing this category of clients.

Clients identifying as other comprised 1.78% (9), and reflects clients who were reluctant to be placed in categories that may not be fully representative of their identity. Clients of unknown race/ethnicity comprised 19.37% (89). This number reflects clients who were either reluctant to identify under any of the existing categories or for whom race/ethnicity was not made known to AVP staff.

Limitations of language (AVP provides bilingual services in English/Spanish) and limited culture-specific outreach may have inhibited increased reporting in some categories. There may also be cultural barriers about accessing a western gay-identified organization. It is particularly likely with Asian/Pacific Islanders that language as well as cultural barriers may obstruct reporting to AVP.

Across the board it has become apparent that inclusive representation by staff personnel and sensitive-specific outreach increase reporting by various facets of AVP's client population. To the degree possible, and resources available, AVP regularly attempts to deliver services and retain providers and volunteers that are relevant to the client population.

GENERAL INCIDENT CHARACTERISTICS

LOCATION

The majority of reported incidents, 39% (178) occurred in Manhattan; followed by Brooklyn with 20% (99); Queens, 14% (73); Bronx, 11% (55); and Staten Island with 3% (16). Of clients reporting to AVP, 1%

were victimized in the outer counties, Westchester (1), Suffolk (2), Nassau (1), while another 1% (5) came from the greater New York State area. The remaining 11% (55) came from outside New York State including New Jersey, Connecticut, Pennsylvania, etc. and includes calls

received from across the country. AVP primarily serves New York City, however, given the scarcity of LGBTB sensitive or specific services, AVP is frequently called on by clients beyond this area. AVP works to serve these clients to whatever degree is possible.

SITE

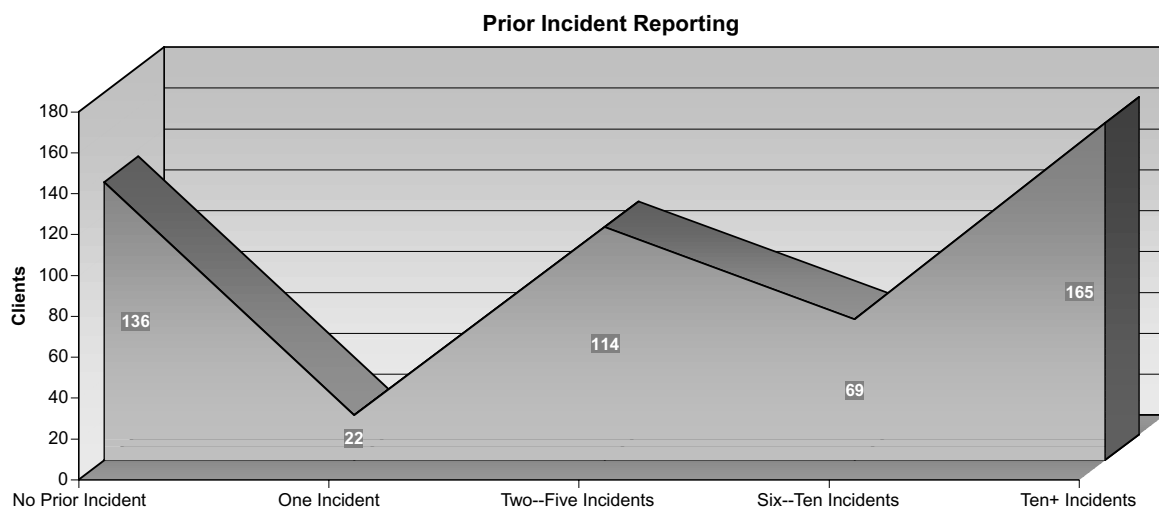
Victims of domestic violence are subject to danger no matter where they may be; out in public, at work, and most especially within the home. Violence often occurs where the perpetrator feels most in control or feels that he or she is most likely to maintain control. Not surprisingly then, an overwhelming 76% (387) of incidents reported occurred in victims' homes. Incidents on the street or public areas, occurred 7% (36) of the time. Victims indicated their workplace in 5% (23) of incidents reported to AVP. Incidents also occurred 12% (60) of the time in locations such as stores or restaurants, in and around LGBTB businesses and institutions (bars, bookstores, community center, etc.), at LGBTB events, on public transportation, at schools or colleges and even in police precincts/jail. Violence is not limited by setting. In cases of mutual arrests for example, domestic violence victims may be subject to further abuse even within the

confines of a police precinct. For victims who have already left their batterer, violence may occur when a batterer comes upon a victim in a public setting like a community center or a store, or the batterer may specifically target the victim through stalking or harassment at places the victim regularly frequents such as a college or on the subway line the victim uses to get to work.

SERIAL OFFENSES

Domestic violence is cyclical in nature, increasing in frequency and intensity over time. Abuse typically follows a pattern of escalating violence from verbal to physical. Of the total number of AVP domestic violence clients in 1998, 80% (402) reported a history of prior incidents, while a significantly lower percentage, 17% (88) did not report a history of prior incidents. The latter may be the result of education and outreach reflected in earlier contacting of AVP and request for assistance. In the remaining 3% (16) of cases it was unspecified whether there had been a history of prior incidents.

Of the 80% that reported a prior history of incidents, 32% (165) reported ten or more prior incidents; 23% (114) reported a history of six-to-ten prior incidents. 14% (69) reported between two-to-five prior inci-



dents and 4% (22) reported a history of at least one incident.

Looking at the above graph, LGTB domestic violence victims appeared to contact AVP at certain periods within the abusive relationship. The largest number of clients made contact when the abuse had escalated beyond ten or more prior incidents. While the lowest number of clients contacted AVP by the second abusive incident. This is consistent with the cycle of abuse which occurs within abusive relationships. A victim is more likely to be acquiescent in the earlier stages of an abusive relationship. Often the victim will attempt to readjust their own behavior or response rather than seeing their abusive partner as being at fault and seeking outside support.

It is alarming that 80% of victims reported a prior history of offenses. Given that in New York City, in particular, domestic violence has been a mayoral initiative since 1994-1995. This high number may speak to several issues. It may be that current approaches to addressing domestic violence need to be revisited and revised. Although there has been a concerted effort to address domestic violence in the City generally, LGTB victims are not specifically indicated or targeted in educational outreach done by most mainstream organizations. Where gay victims are meant to be included the effort is usually obliquely made through the subtlety of gender neutral language. A subtlety which usually misses gay victims as well as service providers. Educational outreach must do just that, educate through clear and direct language.

Another prominent issue is that domestic violence is generally presented as an issue which impacts predominantly heterosexual, particularly female, victims. All other victims of domestic violence either go unrecognized or are minimized because the numbers are

thought to be comparatively so much lower. Female heterosexual domestic violence victims faced similar societal biases and perceptions several decades ago.

Domestic violence was seen as an infrequent and insignificant issue. Women were told their situation was only a domestic issue and should be dealt with in the home. Or worse, they were seen as bringing the violence on themselves. This is not unlike blaming LGTB domestic violence victims for not conforming to heterosexist standards. Eventually it became understood that these societal misperceptions inhibited an accurate calculation of the severity and pervasiveness of domestic violence. These misperceptions were also shown to have severely inhibited victims from seeking necessary protection and supports. Similar attitudes continue to minimize the extent of LGTB domestic violence or blame LGTB victims for their situation. Likewise, they serve to inhibit an accurate understanding of the scope of the problem, frequently preventing a victim from seeking, or being able to access, appropriate protection and services.

AVP, as an independent organization, does educational outreach and provides training within the community and to other mainstream service providers including law enforcement. These efforts need to be complemented by accurate inclusion under the law and by the expansion of LGTB appropriate services and programs.

PERPETRATORS

50% (249) of clients reported that their lovers were the perpetrators of domestic violence. In 1997, ex-lovers accounted for 24% (103) of perpetrators, while in 1998 ex-lovers accounted for 31% (159) of perpetrators. This number is consistent with the understanding that violence does not end with the termination of an abusive relationship. In most cases of domestic violence, abuse

escalates when the victim attempts to leave, often in the form of increased harassment, stalking as well as assaults. In many cases the violence continues to escalate well after the victim is out of the relationship.

AVP uses a broad definition of domestic violence which extends to include a variety of relationships beyond intimate partner violence. The remainder of clients' perpetrators reflected that 5% (24) were relatives or family members, 3% (16) were roommates, 1% (7) were from other relationships, 7% (34) were unspecified. In the case of roommate, other relationships and unspecified often there is a current or past intimate relationship that is not being presented as such. This may reflect cultural or generational differences in identifying same sex relationships or as difficulty identifying as LGBTB as stated earlier in this report. For example elderly LGBTB victims of domestic violence frequently do not identify directly as being in a same sex or bisexual relationship and may often instead refer to a perpetrator as a roommate or 'friend'. People of various cultures also do not always use the terms LGBTB, and may not consider their relationship as same sex or bisexual. They may be more likely to identify themselves and their perpetrators (usually the primary partner) in terms of relational context; friendship, relative or family member.

EXTENT OF INJURIES

Data indicates that 51% (261) of AVP's domestic violence clients reported receiving no physical injury at the time of intake. 27% (136) sustained minor injuries, while 10% (49) suffered serious injury. Injuries sustained ranged from contusions, cuts and scratches, concussions, bites, to broken bones, and ruptured or lost organs. This year no deaths due to domestic violence were reported to AVP.

For injuries sustained, categories of medical attention included: none required 37% (70); out-patient services received in a clinic, with a physician or in an emergency room, 25% (47); medical attention needed but not received, 22% (41); required hospitalization 6% (11); medical attention needed or obtained unspecified at intake, 10% (19). This last figure likely includes minor to severe injuries that were interpreted by an AVP counselor to need treatment but where the victim did not confirm the extent of injury or the need for treatment. Delays in receiving treatment or not obtaining treatment for injuries may occur for several reasons: an unexpected return by the perpetrator; delayed reaction by the victim; fear of having to explain the cause of the injuries thereby further angering a perpetrator; fear of initiating interventions by other providers such as the police or child welfare services; significant anticipation and fear of encountering heterosexist or homophobic bias on the part of the healthcare provider; shame or embarrassment related to being victimized by their partner.

BIAS/MOTIVATION

Victims who reported incidents of domestic violence were also asked if the incidents of abuse included additional aspects of bias or motivation(s) on the part of the batterer. A total of 25% (27) of clients reported that heterosexism and homophobia had been used as a component of the abuse. Heterosexism and homophobia can range from a partner threatening to or actually "outing" a victim, which might result in loss of employment, housing, support of family and friends, losing custody of children or some other significant consequence to the victim. It may also mean the batterer's use of heterosexism or homophobia as tools to control what the victim wears, who he or she can associate with, anything that

may threaten the batterer's own degree of comfort with being LGTB.

In 25% (26) of cases victims reported HIV/AIDS status being used against them by their partner. This can include the use of AIDS-phobic comments, blaming the victim for contracting HIV, forcing unprotected sex with the victim or threatening to disclose the victim's HIV status to family members, friends and others.

13% (14) of clients reported economic bias/motivation. This may include use of socioeconomic standing to control or hurt the victim or may relate to perpetrators who use power and control to take economic resources from victims of domestic violence. For example in the case of a victim who owns their own home or business, the perpetrator may not only seek to control the victim but may choose that particular victim in order to acquire their assets

In 3% (11) of cases victims identified anti-transgender bias or motivation which may, as in the case of heterosexist or HIV/AIDS bias, include "outing" someone as being of transgender-experience. It may also include domestic violence that initiates or escalates with a person's gender transition.

In 34% (36) of cases clients included anti-immigration, racism, sexism, religion, or disability as other biases or motivating factors for their abuser.

WEAPONS

Use of weapons was cited in 118 domestic violence cases in 1998 on par with 119 in 1997 and down only slightly from the 163 reported use of weapons in 1996. Although there appears to be a slight downward trend in the use of weapons, it is unclear from the current data

why this may be occurring, and whether in fact it is a trend.

Use of weapons occurred in assaults and attempted assaults with a weapon (see Crimes below for further detail). A total of 137 weapons were used in the 118 reported incidents. Objects used were then categorized into six subtypes: blunt objects (including car club, wooden 2x4s, dumb bell, hammer, etc.) 36%; sharp objects (including knives, kitchen utensils, razor blades, etc.) 23%; hot/burning materials (including hot coffee, lit candles, lit cigarette, etc.) 5%; restraints (rope) 1%; vehicle 1%; and other weapons (including a bag of CDs, books, Amyl Nitrate, etc.) 34%.

CRIMES COMMITTED

The chart below illustrates the types of crimes reported to AVP from LGTB victims of domestic violence in 1998. It is AVP's belief that intimidation and harassment are intrinsic to all abusive relationships. As the cyclical nature of domestic violence escalates, intimidation and harassment frequently lead to violence. In recording statistical information from clients intimidation and/or harassment were noted only when reported or clearly evident. In 506 cases of domestic violence there were 1,149 incidents where crimes and/or offenses occurred. Of the 1,149 incidents 28% (320) reported harassment (verbal and/or sexual), 27% (308) reported intimidation. In 22% (249) of cases, victims reported being assaulted without a weapon. In 7% (79) of cases, victims reported assault with a weapon. 3% (39) of cases involved attempted assault with a weapon. (See also Weapons.).

INCIDENT REPORTING AND POLICE RESPONSE

REPORTED INCIDENTS

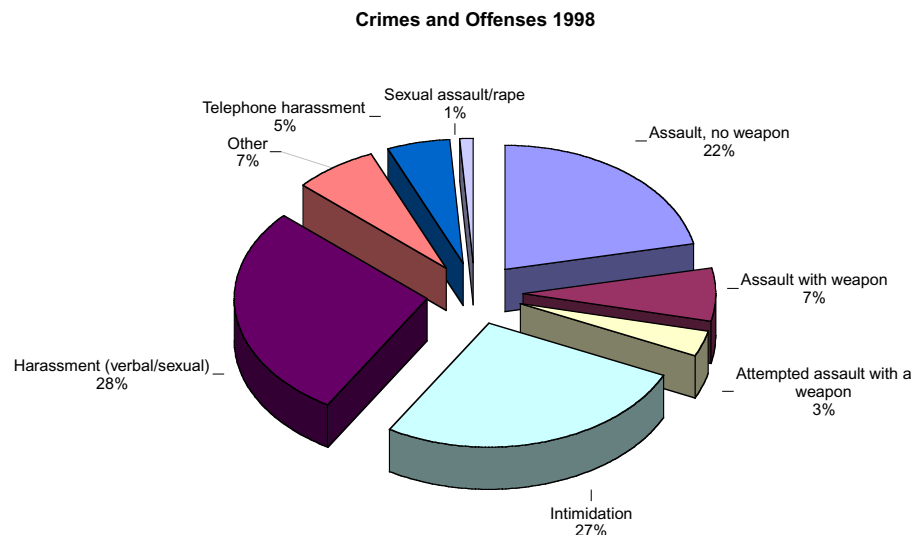
The majority of domestic violence victims served by AVP 71% (359) did not report incidents of domestic violence to the police; 26% (133) indicated that they had reported incidents to the police; and 3% (14) of clients reported that they had attempted to file but police refused to take their complaint.

In 66% (88) of cases where clients had reported filing a complaint, no arrest was made. For LGTB domestic violence victims, criminal court is the only access to obtaining an Order of Protection. If no arrest is made, a victim is unable to secure a restraining order. In contrast, domestic violence victims who are married, have a child in-common or are related by blood have access to civil Orders of Protection which generally requires only that a complaint be filed with the police and that the victim express fear for their safety. Gay men and lesbians are not permitted to marry. It is only with rare exception that same-sex partners have been able to gain co-adoption of children. And blood relation is meant to encompass intrafamilial violence. These limitations effectively

block lesbian and gay male victims, most transgender and bisexual victims as well as non-married heterosexual victims.

It is also considerably more difficult for LGTB victims of domestic violence to obtain exclusionary Orders of Protection which ban the batterer from the home. For LGTB victims to obtain this added level of protection requires multiple criminal charges or a charge for a more severe offense usually involving a weapon or serious injury as a result of an assault.

It was reported that 9% (45) of victims had a complaint taken, but no arrest was made. In 6% (32) of cases, victims reported that they intended to file a complaint after contact with AVP. In 3% (14) of cases where victims reported incidents to the police, they reported that the police had refused to take their complaints. This number captures the status of reporting to police made on intake to AVP. This number is likely higher than captured here. Domestic violence victims seen over time frequently report experiencing one or more previous



incidents where police were called but no complaint was taken.

In 2% (10) of reported cases where a victim sought police protection, the victim was himself or herself arrested. This number is likely higher than captured here. Just as service providers using heterosexist standards often have difficulty distinguishing LGBTB victims, police frequently have difficulty distinguishing the victim from the batterer in same-sex relationships. While there is a growing body of documentation on heterosexual female victims who protect themselves through physical means along with gradual changes in the law to acknowledge this awareness, LGBTB victims who act similarly are often incorrectly labeled as batterers by themselves, service providers and law enforcement. Victims who have acted to defend themselves in same sex relationships and who are then arrested frequently identify themselves on intake to AVP as the batterer seeking supportive/corrective services.

For the remaining 9% (48), it was unclear if reporting had occurred at the time of intake. This number likely reflects incidents where clients contacted AVP while in the midst of a crisis. In some cases further client follow up was not possible until sometime later or other interventions were more pressing such as medical attention. It is notable that, of the total number of domestic violence clients, only 77 (13%) stated that they had reported a previous incident to the police, despite 402 (80%) of clients reporting that they had experienced prior incidents. (See also Serial Offenses)

Significant strides have been made to facilitate acquisition of appropriate aid and support for heterosexual female victims of domestic violence. LGBTB victims of domestic violence experience the same forms of abuse, experience violence in relationships with the same frequency, and have the same service needs yet

they are prevented access to improvements available to their heterosexual counterparts. LGBTB victims of domestic violence not only face hurdles that their female heterosexual counterparts faced almost twenty plus years ago, they additionally, must further anticipate the possibility of bias, heterosexist or homophobic, that may result in insensitive or inadequate responses, or other forms of further victimization. Often they are unwilling to take such risks. This serves to make an already vulnerable client more reluctant to access necessary safeguards and supports.

Historically, female heterosexual domestic violence victims had been so reluctant to report incidents of victimization that it became clear that changes to the law, provision of services, and education of service providers were necessary. These changes have occurred over the last twenty or so years. Although there continues to be a crucial need for changes in the law to encompass LGBTB victims and same sex relationships, there are some positive elements of change. These are not LGBTB specific elements, but they do or have shown the potential to have a beneficial impact on serving the needs of LGBTB domestic violence victims. In New York City there are one or more Domestic Violence Police Officers (DVPOs) in every precinct. These officers are specially trained in domestic violence. Their training encompasses how to handle domestic violence situations with same sex couples. DVPOs have, with some exceptions, provided a uniquely receptive and appropriately protective resource to lesbian, gay and bisexual victims and some transgender victims. (Transgender victims often still encounter significant bias and misunderstanding by a majority of service providers. This also likely hinders accurate incident reporting.) Some boroughs within the City have initiated special exploratory programs to facilitate LGBTB victims obtaining Orders of Protection. And throughout

New York City, criminal courts have begun domestic violence 'sections' which ostensibly act to track heterosexual domestic violence cases in criminal court that are corollary to cases being heard in family court. It is unclear the full benefit this last development may have for LGTB victims. At the very least this development may provide a more accurate record of LGTB cases of domestic violence handled within criminal courts. This information will be reviewed for its implications for the law and provision of service.

PRECINCT

A total of 324 police reports were made to New York City Police Precincts by AVP domestic violence clients in 1998. The largest number of incidents occurred in Manhattan with 141 reports (44%); followed by Brooklyn with 67 reports (21%); Queens with 49 reports (15%); the Bronx with 37 reports (11%); Staten Island with 10 reports (3%); and 20 reports (6%) were made to unspecified precincts. Unspecified precincts likely include recording of reports which occurred outside of the New York City area.

POLICE ATTITUDE

Overall, 42% (64) of clients evaluated the attitude of the police as courteous while, 30% (45) reported police attitude as indifferent. A number of domestic violence victims reported that they experienced verbal abuse without bias slurs 4% (6) and 3% (5) reported they had experienced verbal abuse and biased slurs. One domestic violence victim (1%) reported being physically abused in addition to experiencing homophobic verbal slurs. The attitude of the police was unknown in 20% (31) of cases where victims had reported. This number likely reflect two issues. When the initial intake occurs during an immediate crisis, this information may not be obtained until a later time and is therefore not reflected on the intake form. In other instances, domestic violence clients who reported their experience with the police as 'okay' may decline to categorize police attitude as either courteous or indifferent. Alternative categorizations of police attitudes may need to be considered for future reporting.

SERVICES PROVIDED

DIRECT SERVICES

6,566 services were provided to domestic violence clients by AVP in 1998. The two highest categories of service were client follow-up (2173) and provision of referrals (2172). The next highest categories of service were hotline counseling (885) and short-term professional counseling (423); followed by legal advocacy (170); police advocacy (118). Additionally, AVP provided housing advocacy (72), other advocacy (87) (generally, advocacy with social service providers), support group meetings (43), Crime Victims Board (CVB) claim filing

(41), court accompaniment (39). Remaining services included court monitoring, CVB advocacy, hospital accompaniment, emergency funds, medical/hospital advocacy, legal advocacy and representation, letter writing/petitions/phone zaps, assistance from elected officials (65).

OUTREACH

AVP utilizes multiple forms of outreach within the LGTB community, with service providers and to the public generally. Outreach ranges from flier distribution,

presentations at community forums, trainings and workshops, building of alliances and network to advertising campaigns. In spring 1998 a subway campaign was initiated to run for four to six weeks, but ran almost nine months on some train cars due to extended space avail-

ability. An advertising campaign was also conducted in 1996. The cumulative efforts of these multiple forms of outreach conducted yearly have likely added to the increase in reporting.

CONCLUSIONS

These findings suggest the need to approach LGTB domestic violence from several vantage points. Efforts need to be continued both within the LGTB community and amongst mainstream providers on several levels. These efforts must encompass education and outreach, changes to the way in which domestic violence is conceptualized, changes to the law, access to funding sources to facilitate research and develop appropriate services (E.g. shelters, expanded services for gay male and transgender victims, batterers' programs, etc.)

Both within and beyond the community there is the need to educate and enhance awareness of LGTB intimate partner violence. AVP as an independent organization, does educational outreach and provides training within the community and to other mainstream service providers including law enforcement. These efforts need to be complemented by accurate inclusion under the law and by the expansion of LGTB appropriate services and programs. LGTB victims are not specifically indicated or targeted in educational outreach done by most main-

stream organizations. Where gay victims are meant to be included the effort is usually obliquely made through the subtlety of gender neutral language, a subtlety which usually misses both gay victims as well as service providers, and does not begin to address the needs of transgender or bisexual victims of intimate partner violence. Educational outreach must educate fully through clear and direct language.

Heterosexist perceptions continue to obfuscate the existence of LGTB domestic violence; thus preventing the identification of needed services and the justification for funding to develop appropriate resources. Funding for research is needed to more accurately document incidents of LGTB intimate partner violence. Documentation and understanding of the full scope of the problem and the dynamics unique to the various populations groups within the community is necessary to effect changes in the law, provision of services, and to broaden access to funding traditionally inaccessible to LGTB victims of intimate partner violence.

PART 2. NATIONAL SECTION

EXECUTIVE SUMMARY

NCAVP documented 2,574 reported cases of lesbian, gay, transgender and bisexual domestic violence during 1998. Research attempts to gauge the actual prevalence of violence in LGBTB relationships have generally found rates roughly equal to those estimated in heterosexual couples; i.e., that between 25 and 33% of same-sex couples experience battering behavior.

The statistics in this report were gathered in survey form from nine regions throughout the United States. NCAVP figures, along with other prevalence studies, indicate roughly equal numbers of LGBTB men and women experiencing domestic violence victimization. The survivors in this report identified as gay (47%), lesbian (36%), bisexual (9%) and heterosexual (8%). The highest rate of reporting came from LGBTB survivors between the ages of 30 and 44. The majority of reports came from Whites, Latino, and African American survivors.

LGBTB domestic violence had deadly consequences in 1998, taking the lives of James Carvalho and Marc Kajas, as well the lives of their batterers, who killed themselves after murdering their partners. LGBTB survi-

vors spoke boldly about the impact domestic violence has had on their lives.

I left in the middle of the night while Janice was asleep, stayed with a friend for several days, then moved to California. Even though I've put 300 miles between us, I still look over my shoulder a lot. (Carol)

William beat me so severely; that I had days I was unable to move. Neighbors were complaining to the police about the noise in my apartment. (Antony)

One night she had been upset over a personal issue of hers. I decided to sleep on the couch. Then she grabbed me, slapped me in the face, and broke a glass picture frame on my head. (Michael)

NCAVP RECOMMENDATIONS

- Expand Funding for Community-Based LGBTB Specific Domestic Violence Services
- Develop and Strengthen Community-Based Services
- Begin or Expand Community Education and Prevention Efforts
- Create Legislative Change
- Demand Institutional Change and Accountability

NCAVP RECOMMENDATIONS

I. Expand Funding for Community-Based LGBTB Specific Domestic Violence Services

In order to find viable solutions to the problem of LGBTB domestic violence, funding should be made available for programs that break with traditional service models. Diverse funding sources need to be made available for agencies and communities responding to different aspects of the problem. Heterosexist and rigid gender barriers should be removed from corporate,

foundation and government funding guidelines. These barriers prevent LGBTB services from being equally considered for funding and reinforcing the myth that domestic violence only occurs to heterosexual women.

2. Develop and Strengthen Community-Based Services

The 1998 statistics highlight the need to nurture the creation of community-based LGBTB services in general, especially outside of major coastal urban centers. These

programs should design culturally appropriate support services that are respectful of the specific experiences of LGTB individuals with reference to age, race, gender, and ability factors. All local lesbian, gay, transgender, and bisexual agencies, as well as traditional domestic violence, counseling or violence prevention agencies, should consider ways in which they can collaborate to develop and implement services responsive to the needs of LGTB domestic violence survivors and perpetrators.

3. Begin or Expand Community Education and Prevention Efforts

Only when we succeed in changing mainstream and community cultures to make violence unacceptable will it be possible to find many of the best solutions to LGTB domestic violence. Outreach campaigns can educate LGTB communities about the dynamics of domestic violence and the availability of resources. They can also provide friends, family, and coworkers with tools to support domestic violence victims and hold individuals who batter accountable for their actions. When programs address a broad range of abusive behaviors and offer a spectrum of solutions, domestic violence can be recognized earlier and responded to more effectively.

Traditional models of domestic violence education place primary emphasis on sexism as the precipitating root cause. This emphasis does not provide an adequate explanation for LGTB domestic violence. The cases reported to NCAVP establish the need for a more holistic approach that encompasses racism, homophobia, classism, and other forms of oppression, as they are experienced in the intimate setting of the home.

4. Create Legislative Change

Federal, state and local statutes create explicit barriers to the full recognition of the legitimacy of LGTB families. The first two NCAVP national domestic violence reports highlighted the inequalities in many states'

criminal and civil domestic violence statutes. Legislative initiatives as well as progressive judicial rulings can dramatically improve LGTB individuals' abilities to protect themselves from domestic violence. The LGTB community needs more victories such as *Ohio v. Hadinger*, in which the Ohio appeals court ruled "the legislature intended that the domestic violence statute provided protection to persons who are cohabitating regardless of their sex...and therefore conclude that [the statute] defining a person living as a spouse as a person who otherwise is cohabitating with the offender does not in and of itself exclude two persons of the same sex."

While the majority of legislation concerning domestic violence is written at the state level, deficiencies in federal laws and policies also negatively affect LGTB survivors. For example, federal immigration policies provide for battered spouses to file under special provisions for citizenship, yet because LGTB marriage is not recognized, LGTB survivors of domestic violence are excluded from obtaining this benefit.

5. Demand Institutional Change and Accountability

Important opportunities for collaboration exist when LGTB leaders engage in forthright dialogue and strategic organizing with other non-profit service providers, health care professionals, law enforcement personnel, businesses, social institutions and community leaders about the needs of LGTB domestic violence survivors. We should expect regular trainings of law enforcement, criminal justice personnel, health care professionals and domestic violence agencies and batterers' treatment programs on LGTB domestic violence issues. Our organizing efforts should think beyond trainings, to identify policy modifications, create new services, and develop systems of accountability so that needed resources are consistently available regardless of

the identity of the survivor. Many of the programs participating in this report exist in part due to effective

community organizing after a particularly glaring case of violence or revictimization.

DATA, DYNAMICS AND ANALYSIS

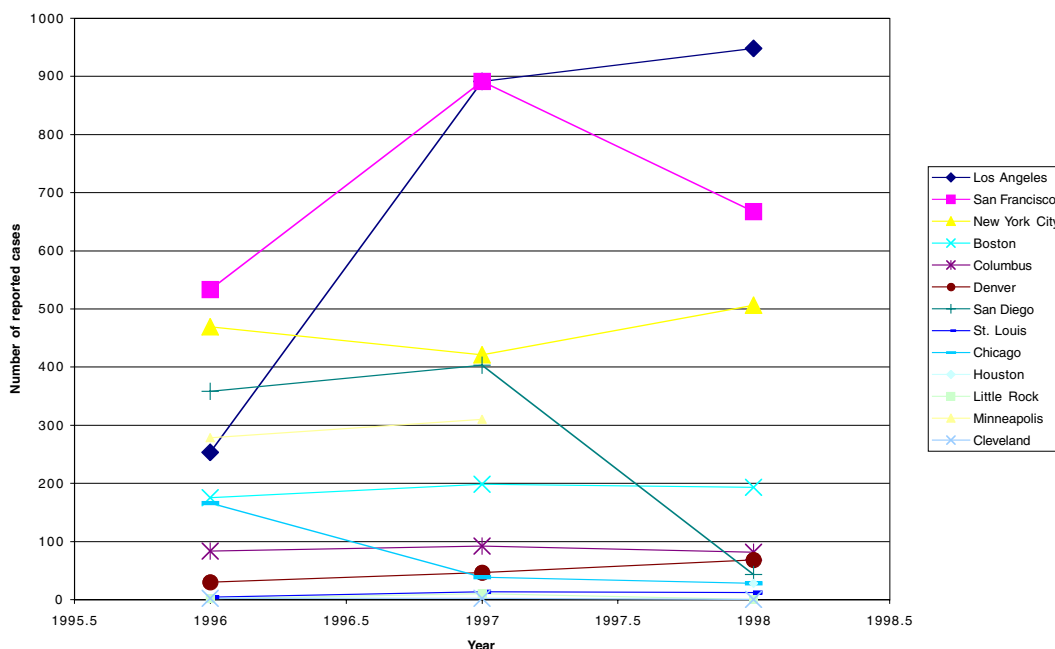
THE PREVALENCE OF LGTB DOMESTIC VIOLENCE

NCAVP documented 2,574 reported cases of lesbian, gay, transgender and bisexual domestic violence during 1998. Research attempts to gauge the actual prevalence of violence in LGTB relationships have generally found rates roughly equal to rates estimated in heterosexual couples (i.e., between 25 and 33% of LGTB couples experience battering behavior). In 1998, only two programs showed a substantial rise in reported cases, Denver (+47%) and New York (+20%). Stable rates of reporting in cities such as Los Angeles and Boston resulted in part from stable staffing levels. Constrained by available staff time and financial resources, all pro-

grams surveyed emphasized that the total local community need exceeded their current reporting levels.

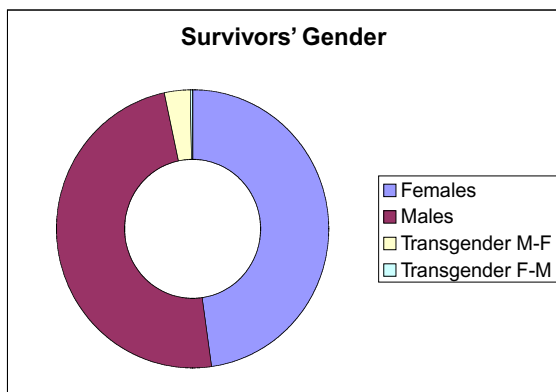
Major urban centers such as Los Angeles, San Francisco, and New York accounted for the greatest number of cases. Meanwhile, some smaller programs that had previously reported a small number of cases sank under the pressure of resource scarcity and the challenge of confronting LTGB social problems within less organized and visible communities. Little Rock, Cleveland, and Minneapolis, for example, reported no new cases of domestic violence in 1998, or were unable to report actual case levels due to staffing changes. The vast majority of regions in the U.S. lack active LGTB specific domestic violence service programs. As a result, larger programs sometimes work with a victim from a town

Reported Cases by Geographic Area 1996-98



without services who has traveled hundreds of miles just to find support and assistance. This is not an option for survivors with few economic resources. Survivors of violence need services and positive community response in the region within which they have roots. Lack of services also affects where LGBTB people feel they can live.

GENDER IDENTITY OF SURVIVORS

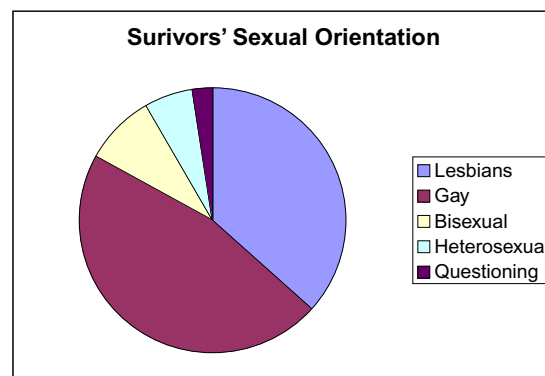


The 1998 gender breakdown of cases in which the gender identity of the survivor was known was 49% male, 48% female, 3% transgender M-F, and less than 1% transgender F-M. Roughly equal numbers of male and female cases were reported. Often, the mission and history of a particular agency played a determining role in the proportion of female to male clients. Agencies that provide women specific services or those that grew out of traditional domestic violence organizations reported significantly more female cases. While the bulk of cases came from LGBTB center agencies that work with survivors of any gender, many of the partner agencies grew out of the broader domestic violence movement and therefore focus on providing services to lesbian and bisexual women. In 1998, slightly more female and transgender M-F's reported abuse than males and transgender F-M's. Reports in 1997, by contrast, showed slightly more male and transgender F-M's than females

and transgender M-F's. These NCAVP figures taken together with academic prevalence studies seem to indicate that domestic violence in LGBTB relationships is roughly as likely in male couples as in female couples.

The presence of transgender staff, volunteers, and board members, along with explicitly transgender-inclusive language and outreach efforts, had direct impacts on transgender reporting. A survivor's likelihood of reporting abuse may be strongly tied to their perceptions of available resources. The transgender F-M category of survivors had the lowest reporting number and also had the fewest number of services available to them.

SEXUAL ORIENTATION OF SURVIVORS



The bulk of individuals who reported domestic violence to survey participants were either lesbian (36%) or gay (47%). Twelve years after “Naming the Violence,” edited by Kerry Lobel, and seven years after “Men Who Beat The Men Who Love Them,” co-authored by David Island and Patrick Letellier, these lesbians and gay men are continuing the process towards making a healthy community by breaking their silence about domestic violence. Nine percent of the cases involved bisexual survivors. Bisexuals have not always received unbiased welcomes from lesbian and gay service providers; therefore, some bisexuals may have opted not to reveal their sexual orientation out of fear of bi-phobic responses.

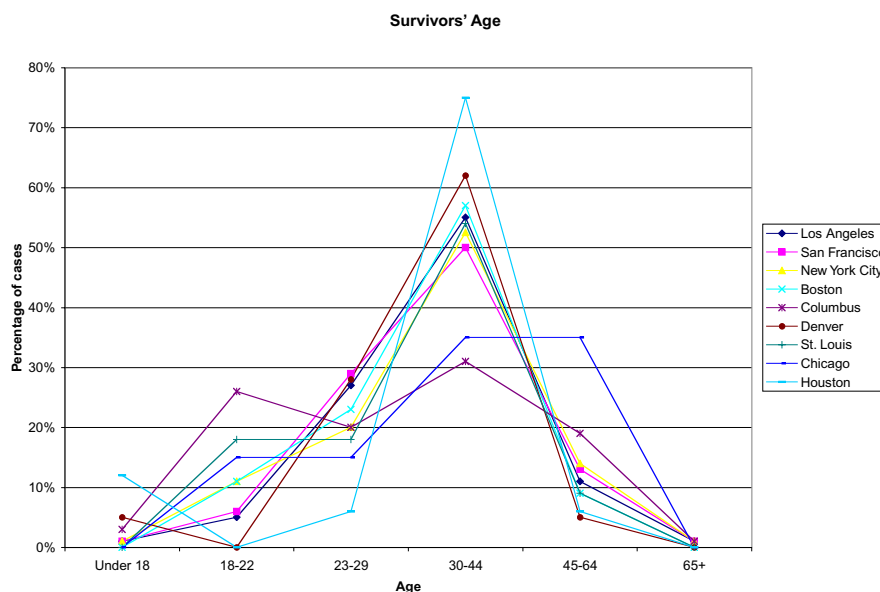
Some individuals who are part of the LGBT community who were abused by a partner of a different gender may have attempted to obtain services from a general domestic violence agency. Their stories can not be captured fully in these statistics. On the other hand, 129 heterosexuals have been included in these statistics. All sought services with LGBT service projects. Some of these reports came from heterosexual men who did not receive help from battered women’s agencies. Others were from transgender men and women who identify as heterosexual; heterosexuals for whom lesbian and gay baiting and other forms of homophobia were significant dynamics of the abuse they suffered; and heterosexual partners of lesbian gay, transgender, or bisexual abusers.

While the prevalence of violence appears similar for lesbian and gay men, the face of the violence can look very different. A lesbian survivor is likely to confront the myth of a “lesbian utopia” free of male violence. Gay male victims often relate to counselors similar feelings of violation felt in adult abuse as experienced in childhood name calling of “sissy” and “faggot.” Abusers are skilled at using myths and stereotypes to emotionally abuse

their partners and to prevent them from accessing assistance. For example, a bisexual’s partner may use the myth that bisexuals are not satisfied unless they are sleeping with both a man and a woman and accuse them of promiscuity. In these instances, bisexual victims may shy away from outside friendships, hoping to prove to their partners that they are capable of having a monogamous relationship.

AGE OF SURVIVORS

The largest number of reports of domestic violence came from individuals between the ages of 30 and 44. The fewest number of reports were from individuals over 65 or under 18. These numbers contribute to a bell curve whose shape is similar to reports of heterosexual domestic violence: Under 18 (1%), 18-22 (8%), 23-29 (25%), 30-44 (52%), 45-64 (12%), 65+ (1%). Several other factors probably also account for this dynamic. First, individuals in their middle age are most likely to be living in a situation in which they are safe to be out as LGBT and therefore are more aware of LGBT specific resources. Second, different systems of support exist for individuals under 18 or over 65. School counselors and



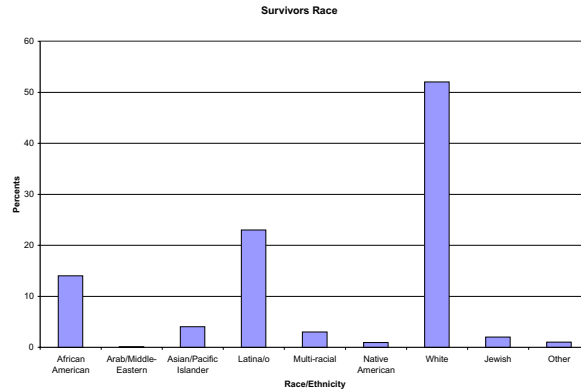
PART 2. NATIONAL SECTION

home health care aides may be less likely to identify warning signs of violence or to see youths' and elders' relationships in a domestic violence framework, particularly if they do not know that the individual is lesbian, gay, transgender or bisexual.

At first glance, it is unclear what types of program design restructuring would make a significant impact on this dynamic, since at present, each program, regardless of size, location, or focus, showed a very similar bell curve for victims' ages. However, engaging youth and elders in a process of outreach and education directed towards their own communities may hold the greatest promise for change. Research by Bergman (1992) and Mahlsted and Keen (1993) found that young people who are victimized are most likely to turn to their peers for support. Being aware of language, and respecting an elder's choice whether to come out or not, have been essential lessons when a senior has come in for domestic violence services.

RACE/ETHNICITY OF SURVIVORS

No racial or ethnic community is immune to domestic violence. 52% of reported cases came from whites, 23% from Latino's and 14% from African Americans. The fewest reports came from Asian Pacific Islander (4%), Multi-racial (3%), Jewish (2%), Other (1%), Arab/ Middle-Eastern (<1%), and Native American (<1%) survivors. Overall, this pattern seems dissimilar to general population demographics for the United



States; however, one must consider that the three largest reporting sites, Los Angeles, San Francisco, and New York, have much larger populations of communities of color than are reflected nationally.

Patterns of reporting violence differ by race, ethnicity and cultural factors. These patterns are shaped simultaneously by societal racism and xenophobia, by individual batterers and by the internal belief systems and resources of survivors. For example, while white survivors were more likely to call an agency or the police directly, many of the reports by Latinos and Asian/Pacific Islanders came through informal networks that eventually came to include a particular person within an agency. Agencies need to make structural changes in their programs, such as maintaining representational staffing, culturally specific outreach and services, and increasing language resources, in order to increase utilization of services by communities of color.

DYNAMICS OF VIOLENCE

TYPES OF ABUSE

Domestic violence is the intentional, non-consensual pattern of harm by one's intimate partner for the purposes of gaining and maintaining control over that

partner. Batterers often use a range of tools to force harm on their partner. These include threats and coercion, intimidation, emotional abuse, isolation, sexual abuse, physical abuse, economic manipulation, threat-

ening or abusing children, pets or other family members, and utilizing personal entitlement and institutional oppression.

While the basic dynamic of domestic violence is the same in both LTGB and heterosexual abusive relationships, the manifestations of abuse often differ. For example, in a lesbian relationship, economic abuse is more likely to take the form of the batterer controlling her partner's earnings rather than demanding that she stay at home. In another example, a batterer may not ever have to isolate a transgender woman from her family, because she may have already been disowned due to bigotry, leaving the batterer to exploit her isolation. A batterer may harass his ex-partner by mailing pornographic material, confident that the partner, aware of gay male stereotypes, would not want to show sexual material to the police. Abusers in LGTB relationship will also often use "outing," or the threat of "outing" as a tool against their partners, even in cases where doing so might out the abuser, as well.

USE OF WEAPONS

The presence of a weapon is one of the clearest indicators of the potential lethality of domestic violence, whether employed as a threat or actually used to cause physical harm. Common weapons reported in 1998 included but were not limited to guns, knives, broken glass, pipes, wooden two-by-four's, hammers, lit cigarettes, household objects, hot water, automobiles, bottles and scissors. Part of the terror for the victim comes when ordinary objects of daily living become weapons in the hands of an abuser. A phone ripped from the wall and thrown tells the victim, "You can't call for help" and "I'm going to hurt you" all at once.

The threat of or use of a weapon is an important marker of escalation of the pattern of violence. Many

states have adopted stronger restraining order provisions when the batterer has used or has access to firearms.

However, when the weapon used is a common household item the victim's family, friends and the courts may fail to recognize the item as a weapon, thereby minimizing its importance.

DISABILITY AND DOMESTIC VIOLENCE

Individuals with disabilities are two to ten times more susceptible to abuse than their able bodied contemporaries. Disability adds additional high risk factors to an abusive relationship. The combination of disability and domestic violence increases the lethality of abusive situations, contributes to extreme isolation, limits access to services and can have detrimental effects on the self-esteem of the victim.

The most common forms of disability reported to NCAVP by the survivors surveyed were: chronic illnesses such as AIDS, diabetes, and lupus; mental disabilities, such as schizophrenia or depression; or birth or injury induced disabilities, such as paraplegia, deafness, or chronic pain. Abusers often try to use a partner's disability to create additional barriers to that person's ability to find health care, support services and a violence-free environment. Many survivors with disabilities are unable to leave an abuser due to limited economic opportunities, lack of transportation, or additional low self-esteem. Some survivors may feel responsible for financial and social tensions their disability brings to the relationship, or may feel the need to make up for perceived lack of "normalcy".

Often, it is hard for some victims to leave the abusive relationship because the abuser has stated, "no one else will want you" and the survivor may feel that sustaining the abuse is better than being alone. For most survivors, leaving an abusive relationship means the

possibility of becoming independent. For a survivor with a disability, leaving may mean the possibility of becoming dependent on institutional care, a prospect that might cause additional concern for LGTB individuals because of the knowledge of having to confront institutional heterosexism and homophobic oppression. Further complications arise when service providers do not accommodate the disability, by not having a TTY device, not recognizing ASL as an important language, or failing to recognize forms of abuse in which disability is a factor. In addition, extreme isolation may be exacerbated for some disabled individuals because of society's prejudicial belief that people with particular mental or physical impairments are asexual. How does someone seek help for domestic violence if the community they live in does not even acknowledge the person's sexual orientation or ability to have an intimate relationship in at all?

CHILDREN AS WITNESSES TO ABUSE

Few LGTB community centers or counseling services are set up to address the needs of children of LGTB parents. Fewer still are capable of addressing children's trauma at witnessing domestic violence. Children of

LGTB parents often experience anti-gay harassment by other students, teachers, administrators and parents at school. A child who has been told by society that his or her parents' relationship is wrong faces the challenging task of having to articulate, "Yes, it is; but not for the bigoted reasons you think." Even when the abused partner seeks help for the child, the child is most likely to go into a children's group attended by children of predominantly heterosexual parents.

Because of the legal somersaults LGTB parents must go through to gain legal guardianship over their own children, many find they don't have recognized legal parental rights. For example, in many states that allow LGTB adoption, the biological parent must first turn over custodial rights to the courts and then apply for guardianship of their own child jointly with their partner. Leaving an abusive relationship often means leaving the children behind. Parents who are able to take their children with them then face the difficulty of finding emergency housing that is children-friendly and free of homophobia. However, despite these challenges, more survivors with children are bravely coming forward to seek help.

1998 REGIONAL HIGHLIGHTS

BOSTON: Boston continues to have one of the strongest local networks of LGTB specific service providers in the country. In 1998, they were able to provide trainings on LGTB domestic violence to law enforcement and the courts.

CHICAGO: Chicago's numbers have significantly dropped over the past two years due to rapid staff turnover and funding cuts, which limited staff time to provide direct service and gutted an advertising budget.

However during the final two months of 1998, Horizons was able to use the momentum of community coalitions forming in response to Matthew Shepard's death to raise visibility about the full range of violence experienced by LGTB people.

COLUMBUS: BRAVO in Columbus continues to be a model program. still relatively young as an organization, its leadership includes some of the most experienced leaders in the movement. It seems to get more done for

being a relatively small organization then just about anyone.

COLORADO: The statewide program in Colorado has been particularly successful in conducting training and education about LGBT partner abuse for a wide range of criminal justice, service, and community based organizations in both rural and urban areas.

LOS ANGELES: The courts in Los Angeles are beginning to standardize expectations for batterer's attendance in treatment programs. Previously the court would not hold LGBT batterers accountable to as many weeks of batterers' treatment as heterosexual men. The strength of these programs is in sharp contrast with other parts of the country, many of which reported not having batterers' treatment programs for LGBT batterers. The next step appears to be popularizing LGBT specific batterer's treatment curriculum.

SAN FRANCISCO: A coalition of San Francisco service provider' lead by CUAV designed a bold trilingual

LGBT specific anti-violence visibility campaign. It also expanded multi-lingual services and housing accessibility for LGBT survivors.

NEW YORK: NY AVP had the largest numerical rise in clients of any anti-violence program. NY AVP has successfully been able to hire professional staff, and clients are benefiting from clinical counseling. NY AVP has been awarded on behalf of NCAVP to hire a national coordinator for domestic violence services.

ST. LOUIS: On a shoestring budget, the St. Louis program is able to maintain a crisis line and provide criminal justice advocacy.

SAN DIEGO: The San Diego LGBT domestic violence program is a new addition to its community center. Staff is becoming better at assessing domestic violence.

HOUSTON: NCAVP is pleased to be able to include data from Houston for the first time in this report.

1998 DOMESTIC VIOLENCE HOMICIDES

James "Jimbo" Carvalho. A coworker remembering Mr. Carvalho said, "Losing him is something we can never really recover from, we are all so sad we won't be seeing his smiling face around city hall anymore."

According to Detective Bobby Taylor, of the Los Angeles County Sheriff's Department, Carvalho had recently ended a several month relationship with Romangeo Don Joel Miller. Miller went to Carvallio's apartment in the early morning hours, where he found Carvalho and another man. Carvalho was able to calm Miller down and convinced him to leave. The next day, August 1, 1998, Miller took a .38 caliber pistol and returned to the

apartment where Carvalho, accompanied by a female friend, was preparing to leave. At 12: 57pm, Miller entered the apartment. Seconds later Carvalho yelled "get out of here, he has a gun" to his friend, who fled out the back of the apartment. Miller then shot Carvalho four times before turning the gun on himself. Both men were dead when Sheriff's Department deputies arrived. In Carvalho's memory, the city of West Hollywood and its Lesbian and Gay Sheriff's Conference Committee will develop an Anti-Domestic Violence Education Program.

Marc Daniel Kajs. Marc Daniel Kajs was shot to death by his former boyfriend just 11 hours after he was

turned away from the storefront police station where he sought help. İlhan Yılmaz shot Kajs on a Sunday afternoon, then turned the gun on himself and committed suicide. The officer at the police station filed a detailed report about the threats Kajs was receiving. Kajs was told to go to a shelter and avoid locations, including his job, where he might encounter his ex-partner. The department stated that police officers trained to handle domestic violence did not follow up because the unit was closed on the weekends. Kajs parents said that their son had talked with the police at least four times about the domestic violence and stalking from Yılmaz and no officer ever followed up. As Houston Police Chief C.O. Bradford unveiled departmental changes to a group of about three dozen LGTB community members he concluded, “this was simply an unfortunate tragedy that caused a lot of grief in all of our hearts. It has been a tremendous learning incident for the Houston Police Department.”

To fully understand LGTB homicides, we need also to look at cases where the victim kills a batterer in self-defense. The case of Annette Green is believed to be the first case in which a judge has permitted the “battered person’s defense” to be used by a LGTB survivor. Based on hospital record, and testimony by friends and coworkers who had witnessed attacks, this case included clear evidence that Green was abused during her eleven year relationship. However, the jury showed Green little sympathy, returning a guilty verdict in under three hours. One potential juror had even spoken openly about wanting to serve on the jury in order to “hang that lesbian bitch.”

All of these cases taken together make it abundantly clear that LGTB domestic violence is deadly business. Murder, suicide, and self-defense killings can all be the tragic consequences.

AVAILABILITY OF SERVICES

The availability of services to survivors of domestic violence varies considerably according to geography. Nothing speaks to this point more strongly than the number of contributing organizations participating in this report. The loss of Cleveland, Little Rock and Minneapolis as reporting sites for LGTB domestic violence during 1998 is deeply felt by NCAVP. We hope each will obtain the resources and staffing necessary to report cases in 1999. The services most likely to be available to any victims, regardless of sexual orientation or gender

identity, are crisis-line support (which may not be available 24-hours a day), peer or clinical counseling, criminal justice advocacy, and restraining order assistance. Many services taken for granted as available to battered heterosexual women are simply not in place for lesbians, gays, transgenders, bisexuals, and heterosexual male victims. Emergency shelter, support groups, batterers’ treatment, community education and multi-lingual services are often unavailable or are severely limited in availability.

SURVIVORS' STORIES

David's Story. I am a thirty-four year old gay man and over a six-month period, attempted to leave my abusive partner, Ryan on three separate occasions. Each time I left, Ryan would track me down at my job or at the home of a friend. I returned to the relationship twice because of a combination of threats and promises that Ryan made. The physical abuse became more frequent until I was hospitalized twice after being beaten and kicked in the head.

I left for the third time in November of 1998. Ryan followed me from work a few days later and tried to convince me to return to him. When I refused, he stabbed me three times in the neck and chest. He then pushed me back into my car while telling me he was leaving me there to die. Thankfully, I was able to call for help on my cell phone and was transported by ambulance to the hospital. Because of my fear of retaliation by Ryan, I reported the incident as a robbery by a stranger, and left central Ohio. Ryan is currently in prison for DUI and assaulting a police officer.

Michael's Story. My name is Michael and I recently moved here from the Midwest to transition. I had become homeless after my landlord tried to choke me to death. In my vulnerable state, I began seeing a counselor. After one month of regular sessions with her, she confessed to attempting to poison a previous boyfriend. At that time, I saw this as endearing since I had bore my soul to her. She accepted that I am transsexual, which many people do not. Since I pass perfectly well, many people do not know and I felt very alone. Soon afterwards, in session one day, she told me that she had feelings for me, romantic feelings. The next thing I know, we were in love and moved in together.

One night she had been upset over a personal issue of hers. I decided to sleep on the couch. Then she grabbed me, slapped me in the face, and broke a glass picture frame on my head. I was so shocked at her rage. She admitted that she needed help and enrolled in a program. As it turns out, she dropped out. One month later, she flew into a rage again. I dashed for the front door. She grabbed six steak knives from the kitchen drawer and stabbed me three times. My biggest wound required 11 stitches.

I got out of our apartment with little more than the clothing I wore. I managed to get a domestic violence restraining order to protect myself from her. She made a point to out me, as being a transsexual man, in court, saying that I used to have breasts and refusing to use my male name. As part of my restraining order, my ex-partner was mandated not to be in the apartment the day I was to have a police standby come so I could pick up my things. When I arrived there, she answered the door. Apparently she had attempted to get a restraining order against me, but the judge did not find she had the grounds for one. She had presented these papers to the police officers and they assumed that I was the batterer. After all, I am the man. She had placed some of my belongings in a pile near the front door. Then as I tried to carry my belongings into the U-Haul I rented, she started screaming and yelling, accusing me of stealing her things. She started grabbing my things and scattering them about the house. I went to try and find those items when the police perceived I was going after her and grabbed me and head-butted me. They removed me from my ex-apartment and I was ordered to leave. She tried to out me again, yelling and screaming personal things about my body and what changes I had made,

though I do not know if the police could understand her since she was so out of control.

I then came to CUAV for support and help, my spirits dropped to a low and muddy level. I felt like I could not trust anyone. As a woman, and a very feminine woman at that, I considered the police as neighborhood allies. I could see so clearly to what extent my privileges as a pretty White female were gone. Given this and a previous encounter with the police, who did know I was transsexual, I have come to distrust and fear them.

I feel I have an important perspective since I have walked both sides of privilege, the have and the have not. I am not able to do the same things on my own, like get a police stand-by or make a police report, without the risk of discrimination and abuse.

Antony's Story. I first called the New York City Gay and Lesbian Anti-Violence Project (AVP) four years ago. At that time, I had been involved with my lover William for almost four years. I am the only child of immigrant parents. William and I were different from the beginning but with him I felt more alive than I'd ever felt with anyone else. He was passionate, caring, and intense, everything I hadn't had and I loved him more than I loved myself.

When I first came to AVP based on advice from a friend, I did not think of myself as being the victim of domestic violence. I told the counselor that I was having relationship difficulties. I was concerned because William often ignored me, especially right after having sex. I was worried that I was not attractive enough to deserve William's attention. I was always trying to guess how William wanted me to look and act. I talked to a counselor a couple of times but really felt that I needed to try harder.

Several months later, I walk through the doors of AVP again, thinner and more disheveled. I had bruises

over part of my upper arm and chest. Pictures were taken to document the abuse. I shared with my counselor that I used to have a drinking problem, and that I occasionally indulged. The counselor talked to me about the dynamics of abuse and explained that I was not responsible for the abuse. I did not believe them; I was in denial about the domestic violence and about my drinking. I dropped out of services again.

It proceeded this way for a number of years, going into AVP at periodic intervals. Each time I would have further evidence of violence, often large areas of my body were covered in bruises days and even weeks after an incident. I was drinking more. I lost my job as a technical researcher. Making the simplest decisions for myself was becoming harder and harder. I did not want to think about leaving William. I would come in and view the documented materials, and cry. I kept asking myself if it was really as bad as it appeared.

William beat me so severely; that I had days I was unable to move. Neighbors were complaining to the police about the noise in my apartment. I was back working with a counselor at AVP who was actively addressing my impairments and working to build my strength. One day the beating spilled out into the hallway. This time the neighbors called the police and as witnesses were able to actively press charges against William. Terrified, I called AVP and asked them to help me get the charges dropped. They refused to help me drop the charges. Instead they tried to build up my strength and connect me to resources, such as the local Alcoholics Anonymous. With support that respected me as a gay man and recognized the relationship as violent, I stopped needing the bottle. I had panic attacks every few weeks, missing William and fearing his return. Nevertheless, I was able to look for work for the first time in two years.

A criminal case began against William. I made multiple attempts to withdraw from the case, and was surprised that the Assistant District Attorney continued to emphasize the severity of the abuse. Fearing Williams's anger, I tried to reassure him that it was not my idea that the case go forward. The fact that everyone else was remaining so firm, helped me to slowly internalize the reality of the abuse and its impact on me. My denial was not as strong; I no longer needed to review the photographs to remember what happened. I was working and sober for one month when William called me. Against the recommendation of my counselor, I met William. It was just like they predicted, William only wanted to see me because a significant court date was coming up. William blamed me for all of his problems. I was crushed, and for a brief while I was angry.

I continued to feel uncomfortable about the criminal trial, and after three months, impeded by my reluctance, it was dropped. My counselor did not give up on me. Instead we continued to work on helping me. I remained in AA. I got a full-time job. I began ongoing counseling to address the other personal issues that had complicated my ability to get help for the domestic violence. For me the big breakthrough, was when I realized that for all the time I had spent worrying about William, he had never asked me how I felt. It was time for me to take care of me.

Patty's Story. I met Jane at a substance abuse program that we were both in. On our first date, I turned up the car stereo because a gay-bashing incident several years earlier had injured my hearing. She said, "If you haven't gotten over it by now..." and started yelling. The next day she apologized and brought me flowers.

A month into the relationship, she bought me a diamond ring and asked me to marry her. Because that was something I wanted all my life, I said yes. When we

moved in together, she became physically abusive. She wouldn't let me leave during a fight and when I did try to leave once, she broke my watch. Jane was in charge of the finances, decisions, everything. She didn't want to pay her share of the rent so I paid what I could but we left owing the landlord money.

The day we moved into our new place she was abusive; yelling and screaming. She wanted cocaine and hit another car as she drove off to get it. Because I didn't want her to go by herself after this, I went with her and ended up relapsing. On the way home, she started yelling again, so I got out of the car. She chased me with her car and eventually got out and attempted to strangle me. I broke away and banged on someone's door while asking them to call the police. The police arrested her and she was charged with assault. Her lawyer convinced her to go to trial and I had to appear as a witness. The day of the trial, her lawyer told me that Jane would be in a lot of trouble if I told the truth and encouraged me to lie. Because I was afraid of what Jane would do if I told the truth on the stand, I lied and she was found not guilty.

She constantly put me down and insulted me. She wanted sex all the time and yelled at me if I didn't want it so I usually gave in just to quiet her. I was diagnosed with endometriosis and she was always angry about my health problems. When my doctor recommended bed rest, she yelled at me and told me that I was lazy and made me vacuum the house.

She hurt my cat all the time too. She kicked him and slammed the door on him. When I asked her why she hurt him, she said, "So I can hurt the things you love." When she drank, the abuse was usually physical. Once she slammed my head so hard against the wall that it punctured my eardrum and cracked the wall.

The police were called to our house seven or eight times in one year. In the beginning, she was always apol-

ogetic afterwards and brought me gifts. Towards the end, she stopped apologizing and I hit her back a few times in self-defense. There was a lot of love in addition to the abuse so I kept wishing and hoping that it would get better...that she would change. I tried to get her to go into counseling but she refused and told me that I was responsible for her anger and that she never got angry at anyone but me.

Because of the abuse, I ended up in a psych ward a few times. It caused me to have flashbacks from childhood abuse and made me feel suicidal. She wouldn't let my family come to the house and threatened to out me as an incest survivor. During one big fight, she pushed me around, took my ring and walked out. I was tired of it and knew I couldn't do it any longer. I bought a pint of rum but threw it away and took all of my medications (Prozac, Trazadone, Synthroids, and Atavan) at once in an attempt to end my life. I realized I didn't want to hurt my mother so I made myself throw up by sticking my finger down my throat and driving myself to the hospital. I guess some of the drugs were absorbed into my system because I was arrested for drunk driving. I pled guilty and was given six months in jail with two years probation. I served five months in prison.

I have a restraining order against Jane, which she violated once by assaulting me. The assault charge was ultimately dropped because I couldn't remember the details of it. I realized, though, that I was as miserable with her as without her. I'm much happier now. I love my life in recovery and I'm meeting lots of people. I no longer want to see Jane or talk to her.

Jack's Story. I am a 56-year-old man who found myself entrapped in a domestic violence situation. I thought I was too savvy to have this happen to me. I met Jim after being downsized out of a twenty-year career, which resulted in the loss of my confidence and self-

esteem. I felt that I was in love with him and when Jim would have outbursts, I attributed it to "human nature." After nine months of constantly being together, at his insistence, I gave up my home of sixteen years and moved in with all of my belongings. A week later, he took away my keys and would not answer the door or phone for three days. When he finally returned my keys, he told me that it was "for my own good." Occasionally he would wake me up in the middle of the night, put bright lights in my face and say, "Get up, we're going to talk!" These two to four hour interrogation sessions consisted of badgering and harassment.

After my savings ran out, he would deny me food as well as the use of gas to heat a cup of tea. I got a job sweeping the streets of San Francisco and food stamps. Jim took my entire check totaling \$345.00 each month, gave me \$5.00 to \$10.00 per week and made me account for where the money went. When I tried to hide a few dollars under a rug, he found it and called me a "deceiver and user". When I got a better paying job, he didn't like the loss of control and sabotaged my employment, forcing me to leave my job. He bugged the telephones at home and refused to allow my family to call. I found voice activated tape recorders hidden around the house...even under the bed.

Outside the house, Jim appeared as a jovial "good old boy." I said nothing in an effort to protect his image. I suppose I thought I could change him with my love and I didn't think that anyone would believe me if I disclosed what was happening. I always hoped it would get better even when he would punch and kick me, throw things at me or break my belongings. I finally walked out one Saturday evening with only the clothes on my back after he threw me into the bathroom wall.

Jim has stolen much of what I had. I have begun to slowly rebuild my life and have made great strides. I've

rented a room and have a job but I have a very long way yet to climb.

Carol's Story. Janice and I had a fairy tale-like romance. I thought we were compatible in so many ways and felt very committed to the relationship. Shortly after we moved in together, however, Janice began questioning me about all of my friends and activities that didn't involve her. At first, I didn't think much of it...in fact, I assumed it was because she cared about me and my life but, as time went on, she became increasingly jealous. Every time I made plans independent of her, she would yell and scream about it and then refuse to speak to me for several days.

The first time she hit me during one of our arguments, I was stunned. She was apologetic and promised she'd never do it again. She said she did it because she loved me so much and was afraid that she'd lose me because I'm bisexual. My dad physically abused my mother when I was growing up but it was harder for me to see Janice as violent because she was a woman. I believed her because her remorse seemed so sincere but as time went on I began to feel more and more threatened when I spent time away from her.

She insisted on maintaining control of our finances and made the majority of the decisions in our relationship. Eventually, it felt like my opinion didn't matter at all so we always ended up doing what she wanted. Most

of the time, it just seemed easier that way and I wanted so badly to believe that this was the way that she demonstrated her commitment to the relationship.

Three years into our relationship, Janice admitted to having an affair with someone she worked with. She insisted that she had the right to do it because my bisexuality posed a "constant threat to our relationship" but warned me about making the same mistake. Several months after that, a friend of mine from out of town called and wanted to make lunch plans. Janice was convinced that he and I were having a sexual relationship despite my assurances that we were just friends and not sexually involved, but she shoved me against a wall and put a knife to my throat while telling me that I had "lied (to her) one too many times." She punched me in the stomach than forced me to have sex with her "to prove my love."

I left in the middle of the night while Janice was asleep, stayed with a friend for several days, then moved to California. Even though I've put 300 miles between us, I still look over my shoulder a lot. I no longer believe that my bisexuality was the problem as she insisted. Rather, I believe that it was a choice she consistently made to control and abuse me. I can't imagine being in a relationship again, with a man or woman, for a very long time.

RESOURCE AVAILABILITY

FUNDING STREAMS

The main source of funding for LGTB specific domestic violence programs is government grants. These grants can be federal, state, or locally based with a majority coming through Victim of Crime Act (VOCA)

funding or Violence Against Women Act (VAWA) funding. The amount that is actually going to LGTB-specific projects is unclear because of the number of heterosexual based programs that now claim to be providing lesbian-sensitive services.

These grants are also the primary sources of funding for heterosexual domestic violence. Only a small fraction of this pool of funding is going to LGTB services. Funding equity is a very big concern with regard to government fund distribution. Domestic violence streams of VAWA and VOCA funding are almost universally grants to provide services exclusively to women. LGTB agencies are left struggling to provide services to male victims with other resources. New LGTB service providers are also at a disadvantage in seeking government funding, because often the agency is required to provide a wide range of services and have been operative for two to three years before meeting eligibility requirements.

Foundation support for LGTB specific services is extremely limited. Most LGTB-specific foundations are relatively small and have a civil rights focus rather than a direct service agenda. LGTB foundations have proven their willingness to fund domestic violence programs, but for the most part those funds are not available in significant amounts or with sufficient consistency to sustain a program that is unable to attract other funding sources. In addition, many domestic violence specific foundations are hesitant to fund any program that directly confronts the dominant heterosexual paradigm of women as victims and men as abusers. Most domestic violence specific foundations that provided funding did so specifically for lesbian and bisexual women-specific projects.

Some agencies have had success finding local funding from community chests such as United Way or the Progressive Way. Having this type of funding is most likely to occur in communities that have significant LGTB voices, such as San Francisco, that are able to articulate the need.

This leaves many LGTB domestic violence agencies turning to the “bake sale” approach to fundraising, relying on grassroots donations from individuals and/or and small fees/donations from clients to pay for significant portions of their budgets, draining time and effort from the provision of direct services. Some service providers rely on umbrella support for their programs from the larger agency with which they are affiliated. Others simply remain extremely small, with volunteer driven efforts.

However, regardless of the source of funding, the following are some overarching barriers that make seeking LGTB specific funding for domestic violence difficult.

1. Lack of research and visibility of the problem

For the individual experiencing LGTB domestic violence, the problem is all too clear. While there is a mature body of research about domestic violence and a growing body of research about LGTB issues, little has been written about the combined dilemma of being LGTB and experiencing domestic violence, and even less of what has been written has been published. Combined with community silence on this subject, this makes it extremely difficult for service providers to “prove” their need for funding. Programs are forced to rely on information that is intuitive or anecdotal.

2. LGTB service needs are different from and behind the curve of other domestic violence agencies.

Early pioneers in the domestic violence movement were often the targets of “lesbian baiting”, a false allegation that a woman who is feminist must be lesbian. This left lesbian, bisexual, and transgender women in less than a position of strength to deal directly with issues related to their own communities because they were so busy fighting off homophobic attacks. This has resulted

in LGTB services being ten-twenty years behind the development curve, making it difficult for them to cut into existing funding streams. Also, funding sources are crafted to prioritize the needs of heterosexual women, including shelter and employment related programs. These services require a different framework when working in LGTB communities.

3. Lack of understanding and phobias

Foundation boards, program managers, and other funding decision-makers still need education about the dynamics of LGTB domestic violence. For example, one funder touring a program did not understand why a “feminist analysis” of domestic violence did not apply to

lesbians; after all, “They are all butch /femme, aren’t they?”

The problem of LGTB domestic violence is not going away soon. As we improve our own communities’ understanding we must also continue to advocate with government, private, and community-based sources to provide the necessary resources to do the work. In order for government, private, and community sources to provide the necessary resources statistic research to help establish the need, education about the specific dynamics of LGTB, and modifications in funding guideline will all be necessary. This report has been written specifically to make strides in each of these three areas.