

# LESBIAN, GAY, BISEXUAL AND TRANSGENDER DOMESTIC VIOLENCE IN THE UNITED STATES IN 2006



**A Report of the National Coalition of Anti-Violence Programs**



*The production of this report was coordinated by the*  
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with support from the  
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## Summary and Introduction

This report describes incidents of domestic violence (DV) against people of lesbian, gay, bisexual, and transgender (LGBT) experience that were reported during the year 2006 to community-based anti-violence organizations in 12 regions throughout the U.S. In addition, this year's report also includes general information about LGBT DV as well as regional-specific data, LGBT language and terminology, the impact of homophobia and transphobia on LGBT people experiencing domestic violence, and recommendations for changes to eliminate discrimination against these communities. The author of this annual report is the National Coalition of Anti-Violence Programs (NCAVP), a network of 33 community-based organizations responding to violence in all its forms affecting LGBT and HIV-affected individuals.

Fourteen organizations, all of whom are NCAVP members, participated in collecting data for this report. Twelve out of the 14 organizations submitted statistical data for 2006. Those regions include Tucson, AZ; San Francisco, CA; Los Angeles, CA; Colorado; Chicago, IL; Boston, MA; Minnesota; Kansas City, Missouri; New York, NY; Columbus, OH; Philadelphia, Pennsylvania; and Houston, TX. All of the regions above were able to submit 2005 data, except for three - Los Angeles, Colorado, and Chicago. Thus, previous-year data comparisons will include 9 out of the 12 regions represented.

There were 3,534 reported incidents of domestic violence affecting LGBT individuals in 2006, a slight decrease (-15%) over incidents reported by NCAVP members in 2005. As in past years, the largest numbers of reported incidents continued to be to NCAVP members and affiliates in coastal metropolitan areas. Los Angeles reported 2,243 incidents, the lead group in number of reports, followed by San Francisco with 420 incidents. San Francisco was one of the few organizations logging an increase (+13%) over 2005. New York City reported 401 incidents, a 16% decrease, mirroring the national trend. Colorado reports remained consistent with previous years, tracking 145 incidents of DV in 2006 while Tucson noted a 22% decrease over 2005 with 127 reports. Chicago tracked 83 incidents and Boston noted no significant change in numbers with 52 reports in 2006. Houston reported a 31% increase with 29 DV cases, while Columbus (43 reports in 2006) Kansas City (34 reports in 2006) and both reported decreases (-27% and -46%, respectively). Minnesota (23) and Philadelphia (12) recorded the lowest figures for 2006 and decreases of 48% and 38%, respectively.

## NCAVP MISSION STATEMENT

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The National Coalition of Anti-Violence Programs (NCAVP) addresses the pervasive problem of violence committed against and within lesbian, gay, bisexual, transgender (LGBT) and HIV-positive communities.

NCAVP is a collaboration of grass roots organizations working together to document incidents of violence against our communities and to advocate for victims of anti-LGBT and anti-HIV/AIDS violence/harassment, intimate partner violence, sexual assault, police misconduct, and other forms of victimization.

NCAVP is dedicated to creating a collective, national response to the violence plaguing our communities. Further, NCAVP supports existing anti-violence organizations and emerging local programs in their efforts to document and prevent such violence.

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If you are interested in becoming a member of the National Coalition of Anti-Violence Programs or if you live in a region where there are no organizations addressing LGBT violence issues and you need help or are interested in getting involved, contact the NCAVP at [info@ncavp.org](mailto:info@ncavp.org) or 212.714.1184.

We can also be reached via our 24 Hour bilingual (English & Spanish) Hotline at 212.714.1141.

## **NCAVP MEMBER ORGANIZATIONS**

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### **ARIZONA**

#### **Wingspan**

##### **Anti-Violence Project**

425 E. 7th Street  
Tucson, AZ 85705  
Phone: (520) 624-1779  
Fax: (520) 624-0364  
[www.wingspan.org](http://www.wingspan.org)

### **ARKANSAS**

#### **Women's Project**

2224 Main Street  
Little Rock, AR 72206  
Phone: (501) 372-5113  
Fax: (501) 372-0009  
[www.womens-project.org](http://www.womens-project.org)

### **CALIFORNIA**

#### **Community United Against Violence**

170 A Capp Street  
San Francisco, CA 94110-1210  
Phone: (415) 777-5500  
Fax: (415) 777-5565  
[www.cuav.org](http://www.cuav.org)

#### **L.A. Gay & Lesbian Center/STOP Partner Abuse/Domestic Violence Program**

1625 N. Schrader Blvd  
Los Angeles, CA 90028  
Phone: (323) 860-5806  
Fax: (323) 308-4114  
[www.lagaycenter.org](http://www.lagaycenter.org)

#### **San Diego LGBT Community Center**

2313 El Cajon Blvd.  
San Diego, CA 92104  
Phone: (619) 260-6380  
Fax: (619) 718-644  
[www.thecentersd.org](http://www.thecentersd.org)

While these findings reveal something of the magnitude and perhaps even the relative distribution of domestic violence affecting LGBT individuals in the United States, it is not currently possible to generalize them any further. Specifically, changes in the number of domestic violence incidents reported to NCAVP are almost entirely the function of evolving program and organizational capacities, as well as outreach campaigns and program activity focus. The 15.3% decrease in the total number of cases reported over those reported in 2005 is not likely an indication of a diminishing problem, rather shifts in staffing and a year interruption in the production of this report, as well as other program variables are much more likely causes of the decrease. For reasons this report will make clear, domestic violence affecting LGBT individuals continues to be grossly underreported throughout most of the country, even where there are some LGBT-specific resources.

In addition, it is important to note that there are other community-based programs in some areas of the country addressing and documenting LGBT DV who, for a variety of reasons, including lack of knowledge of our mutual existence, discrepancies in data collection, or lack of staff resources, do not contribute to this report. However, NCAVP does maintain relationships with many of these agencies and is committed to an ongoing effort to include as much information as possible from the widest representation of service providers doing work in this area and hopes and expects that in future years the number of contributing programs and regions will increase. Nevertheless, these agencies are still few and while a handful are well known and longstanding within this movement, many more struggle with inconsistent capacity to maintain operations and services to LGBT individuals on an ongoing basis.

The purpose of this report is to give credence to the reality and voice to some of the stories of DV within the LGBT community. There is such a lack of awareness and denial about the existence of this type of violence, both by those who are part of the LGBT community, as well as those in the “mainstream” anti-DV movement, where services are primarily oriented to heterosexual women. Conversely, there are many who misuse and disproportionately exaggerate information about the existence of LGBT DV to further their own causes of blocking and curtailing the rights of LGBT people to equal protection under the law and within society. Both the exaggeration and denial of LGBT DV, and truly of any type of DV, only serves to exacerbate the isolation of survivors and assists in maintaining an environment in which intimate partner violence is able to flourish within all communities, across all demographic lines.

There is relatively little unique scientific or academic research that has been done on the topic of LGBT DV and its prevalence, though some of the existing research will be referenced throughout this report. However, as service providers and community members we speak with people living in these situations every day, and know that many more continue to suffer silently within abusive relationships. As a result of this gap between published documentation and the experience of many within the LGBT and anti-DV movements, NCAVP and contributors to this report have made a commitment to documenting and reporting the cases of DV we see each year. This report shows only a fraction of the LGBT domestic violence incidents we extrapolate actually happens around the United States every year. We hope that our work to compile these stories and numbers will inspire other service providers, law enforcement, community leaders, families and friends to begin to pay attention to this vastly under reported and under addressed scourge of violence and to begin to work toward further research, development of programs, creation of funding opportunities and community-based solutions.

NCAVP and the contributors to this report look forward to a diminished need for its annual publication. This will result when more researchers, funders, service providers and community members take LGBT DV on and view it as equally important to other issues of violence that affect LGBT communities. This will happen when service providers, community leaders within LGBT communities, and the anti-DV movements integrate appropriate and effective services and prevention efforts for all DV survivors throughout the country. Until that time, we hope that this report will provide the reader with a snapshot of the very real existence of LGBT DV, the experience of survivors, and the work being done in programs in various parts of the country to stop it.

## **NCAVP MEMBER ORGANIZATIONS (continued)**

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### **COLORADO**

**Colorado Anti-Violence Program**  
P.O. Box 181085  
Denver, CO 80218  
Phone: (303) 839-5204  
Fax: (303) 839-5205  
Website: [www.coavp.org](http://www.coavp.org)

### **CONNECTICUT**

**Connecticut Womens' Education and Legal Fund**  
135 Broad Street  
Hartford, CT 06105  
Phone: 860-247-6090, x16  
Fax: 860-524-0804  
Website: [www.cwealf.org](http://www.cwealf.org)

### **ILLINOIS**

**Center on Halsted Anti-Violence Project**  
3656 N. Halsted  
Chicago, IL 60614  
Phone: (773) 472-6469  
Fax: (773) 472-6643  
[www.centeronhalsted.org](http://www.centeronhalsted.org)

### **MASSACHUSETTS**

**Fenway Community Health Center, Violence Recovery Program**  
7 Haviland Street  
Boston, MA 02115  
Phone: (617) 927-6269  
Fax: (617) 536-7211  
[www.fenwayhealth.org](http://www.fenwayhealth.org)

### **The Network/La Red**

P.O. Box 6011  
Boston, MA 02114  
Phone: (617) 695-0877  
Fax: (617) 423-5651  
[www.thenetworkklared.org](http://www.thenetworkklared.org)

## **NCAVP MEMBER ORGANIZATIONS (continued)**

### **MICHIGAN**

**Triangle Foundation**  
19641 W. Seven Mile Rd  
Detroit, MI 48219  
Phone: (313) 537-3000  
Fax: (313) 537-3379  
www.tri.org

### **MINNESOTA**

**OutFront Minnesota**  
310 East 38th Street, Suite 204  
Minneapolis, MN 55409  
Phone: (800) 800-0350  
Fax: (612) 822-8786  
www.outfront.org

### **MISSOURI**

**Kansas City Anti-Violence Project**  
P.O. Box 411211  
KC, MO 64141-1211  
Phone: (816) 561-0550  
www.kcavp.org

### **St. Louis Anti-Violence Project**

4557 Laclede Avenue  
St. Louis, MO 63108  
reedy9@sbcglobal.net  
www.stlouisantiviolence.org

### **MONTREAL**

**Groupe d'intervention en violence conjugale chez les lesbiennes (GIVCL)**  
C.P. 47577, COP Plateau Mont-Royal  
Montréal, (Québec)  
Canada, H2H 2S8  
Phone: (514) 526-2452  
Fax: (514) 526-3570  
www.givcl.qc.ca

### **NEW YORK**

**New York City Gay and Lesbian Anti-Violence Project**  
240 West 35th Street, Suite 200  
New York, NY 10001  
Phone: (212) 714-1184  
Fax: (212) 714-2627  
www.avp.org

## **DOMESTIC VIOLENCE & LGBT INDIVIDUALS**

### **An Inclusive Definition of Domestic Violence**

Definitions for violent acts that occur across identity categories such as race, class, culture, and sexuality are difficult in that they risk both being too broad to have value and too narrow to encompass the enormity of differences in experiences. For trainers who need to communicate information and who seek to encourage change, the conundrum of definitions lies in the ways that interpretation of meaning affect understanding and action.

In the case of Intimate Partner Violence (IPV), several issues arise such as: what constitutes violence; who qualifies as partners; why move away from the commonly known phrase “domestic violence”; and can men be victims and can women be batterers? Within each question and many more, there also exist questions regarding power and control and who is privileged to define terms. What is at stake in answering these questions is everything from who gets services to who is funded to give services and what counts as services. For the purpose of this report, we define Intimate Partner Violence as “A pattern of behavior where one partner coerces, dominates, and isolates the other to maintain power and control over their partner.”

### **The “Cycle” of Violence**

Related to why many victims and survivors do not leave is the commonly used notion of a cycle of violence. According to this scheme, there are three main stages that cycle over and over. There is the honeymoon, where all is good, followed by a tension building stage where the victim feels impending violence and finally, there is the explosion where some form of violence occurs. The cycle then re-sets at the honeymoon stage. Though some parts may or may not be present in every situation, it is also generally accepted that this cycle can occur many times in a day or be stretched out over months. Further, the violence almost always escalates.

For years, this model has been used to explain why victims hold out hope that the batterer is generally a good and loving person. What trainers such as Pat Ferriolli of the New York State Coalition Against Domestic Violence, have discerned is that the "honeymoon" stage is more apt to be another tool used by the batterer to allow the abuse to continue. It is a time during which the batterer can appear remorseful or convince the victim that he or she is at fault for their abuse, or any number of controlling strategies based upon the relationship. It is also the point at which the victim is indeed made to feel hope that the batterer may change.

Intimate partner violence is a pervasive issue that cuts across cultures, sexualities, classes and other identity categories. IPV can be found in an average of 1:4 relationships. The effects of someone's decision to batter results in tremendous amounts of pain and suffering for individuals and high costs for society in the form of health care, criminal justice involvement, lost wages, and tax dollars.

The results of someone who batters another person can span a range including but certainly not limited in form to: physical, emotional, economic, and verbal abuse. According to the National Coalition Against Domestic Violence, in 2001, 20% of all violent crimes against women was intimate partner violence, resulting in 691,710 nonfatal incidents of violence committed by current or former spouses, boyfriends, or girlfriends of the victims, and 1,247 deaths of women and 440 deaths of men killed by an intimate partner. In addition to the toll on human life, IPV costs exceeds \$5.8 billion annually, \$4.1 billion of which is for direct health care expenses. When "direct property loss, ambulance services, police response, pain and suffering and the criminal justice process are considered, the total annual cost of intimate partner violence grows to \$67 billion<sup>1</sup>."

When someone is battered, they most often will benefit greatly from supportive and effective services. Unfortunately, for lesbian, gay, bisexual, and transgender (LGBT) IPV survivors, such services are fraught with potentials for re-victimization that pivots on homophobia, transphobia and heterosexism. To this end, the deleterious effects of homophobia and heterosexism cannot be discounted in the lives of lesbian, gay, bisexual and transgender (LGBT) survivors of IPV.

Survivors, regardless of their identities, often need help to negotiate the manipulation tactics and harm inflicted upon them by batterers. The types of harm they experience as well as the types of assistance they may need, however, are very much impacted by their perceived or actual identities. Batterers often use racism, homophobia, classism, ableism and any other tool of oppression to inflict harm. When such tactics are used, this compounds the effects of the violence and need for help. Support frequently comes from victim service providers in the form of shelter, safety planning, help with orders of protection and court accompaniment. The aim for most providers is to make available the best possible services to victims in order to help them develop the safest possible options given the particular circumstances of the abuse and the relationship. Unfortunately, survivors from marginalized communities do not always receive services on par with those offered to mainstream survivors. As various cultures gain societal power and respect, they challenge inequities in myriad aspects of life, including IPV services.

## **NCAPV MEMBER ORGANIZATIONS (continued)**

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### **In Our Own Voices, Inc.**

245 Lark Street  
Albany, NY 12210  
Phone: (518) 432-4188  
Fax: (518) 432-4123

### **Gay Alliance of the Genesee Valley Anti-Violence Program**

875 E. Main St., Suite 500  
Rochester, NY 14605  
Phone: (585) 244-8640 x 17  
Fax: (585) 244-8246  
[www.gayalliance.org](http://www.gayalliance.org)

### **Long Island Gay and Lesbian Youth**

Anti-Violence Program  
34 Park Avenue  
Bayshore, NY 11706  
Phone: (631) 665-2300  
Fax: (631) 665-7874  
[www.ligaly.org](http://www.ligaly.org)

### **OHIO**

#### **Buckeye Region Anti-Violence Organization**

P.O. Box 82068  
Columbus, OH 43202  
Phone: (614) 294-7867  
Fax: (614) 294-3980  
[www.bravo-ohio.org](http://www.bravo-ohio.org)

#### **The Lesbian & Gay Community Service Center of Cleveland**

6600 Detroit Avenue  
Cleveland, Ohio 44102  
Phone: (216) 651-5428  
Fax: (216) 651-6439  
[www.lgbtcleveland.org](http://www.lgbtcleveland.org)

### **ONTARIO**

#### **The 519 Anti-Violence Programme**

519 Church Street  
Toronto, Ontario  
Canada M4Y 2C9  
Phone: (416) 392-6878  
Fax: (416) 392-0519  
[www.the519.org](http://www.the519.org)

## **NCADV MEMBER ORGANIZATIONS (continued)**

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### **PENNSYLVANIA**

#### **Equality Advocates Pennsylvania**

1211 Chestnut Street Suite 605  
Philadelphia, PA 19107  
Phone: (215) 731-1447  
Fax: (215) 731-1544  
www.equalitypa.org

### **TEXAS**

#### **Montrose Counseling Center**

401 Branard Avenue, 2nd floor  
Houston, TX 77006  
Phone: (713) 529-0037  
Fax: (713) 526-4367  
www.montrosecounselingcenter.org

#### **Resource Center of Dallas Family Violence Program**

PO Box 190869  
Dallas, TX 75219  
Phone: (214) 540-4455  
Fax: (214) 522-4604  
www.rcdallas.org

### **VERMONT**

#### **Safe Space a Program of the RU 12? Queer Community Center**

P.O. Box 5883  
Burlington, VT 05402  
Phone: (802) 863-0003  
Fax: (802) 861-6487  
www.safespacevt.org

### **VIRGINIA**

#### **Equality Virginia, Anti-Violence Project**

421 E. Franklin St., Ste 310  
Richmond, VA 23219  
Phone: (804) 643-4816  
Fax: (804) 643-1552  
www.equalityvirginia.org

## **Resisting Change**

Not all providers, advocates, and victim services staff feel that they need to learn more about LGBT IPV. Several factors come into play informing this opinion. Many victim services staff are overworked and underpaid.

Learning about expanding services to include culturally respectful and effective approaches to services is viewed across a wide range. People may be interested in learning something new, annoyed that they are being distracted from their “real” work, or angered by what they feel is liberal propaganda. There are also the attendant ways that the information that people learn is distilled and utilized.

For those who seek to institute changes they are often met with great resistance as such changes constitute a shift in the common understandings of domestic violence. In response to the difficulties of changing a system with few resources, providers often fall back upon a “one size fits all” mode of thinking. They may feel that by treating all DV survivors “equally” they are doing the right thing. This is analogous to claims of 'color blind' services where people claim to not see the color of another's skin when making decisions. While ideal in theory, in practice, it is dangerous.

As sociologist Margaret L. Andersen points out, “Public beliefs about race and gender are framed by implicit liberal philosophy, presuming color-and gender-blindness as the ideal. But this masks the continuing inequities involving race, class, and gender.”<sup>2</sup>

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<sup>1</sup>National Coalition Against Domestic Violence Domestic Violence Facts, [www.ncadv.org](http://www.ncadv.org) [accessed December 16, 2006]

<sup>2</sup>Anderson, Margaret. *Whitewashing race: A critical Perspective on Whiteness*. In *White out: The Continuing Significance of Racism*, edited by Eduardo Bonilla-Silva and Ashley W. Doane. New York: Routledge. 2003.

<sup>3</sup>Homophobia is defined in this report as overt bias against LGB people. Transphobia is defined as overt and systemic bias against Trans people and heterosexism is defined as the creation of systems that benefit heterosexual, non-trans people at the expense of LGBT people

<sup>4</sup>In New York City alone, agencies such as The Violence Intervention Program, The Asian Women's Center, and the New York City Gay and Lesbian Anti-Violence Project all offer IPV services directed respectively at Latina, Asian, and Queer survivors of IPV because mainstream providers did not adequately meet the needs of their populations. This is not the ideal solution. Rather, it is an example that highlights the lack of adequate and effective services for all survivors.

Such claims to serve all equally without regard to sexuality, while sincere, miss the point that intimate partner violence occurs in a homophobic and heterosexist culture that works to limit the lives of LGBT people. Ignoring this is almost certain to cause further harm to LGBT survivors and does little to challenge the oppression. This report helps to demonstrate the extent to which IPV exists in the LGBT communities as well as some of the points of revictimization that are enacted when services are sought.

For many LGBT survivors of IPV, the harm enacted against them occurs at the confluence of streams of violence in the forms of bias and hatred that spring forth from interpersonal, institutional, and cultural points of origin. Experiencing victimization through societal stigma leaves many LGBT people vulnerable to commonly used tools of manipulation of batterers. Quite often, early experiences of bias and hatred results in a form of victimization that erodes the self worth of the survivor based upon self hatred. This is commonly known as internalized homophobia.

Service providers and their agencies do not always recognize how LGBT-related bias impacts survivors. Much of this is due to the fact that traditional domestic violence models are based upon heteronormative conceptions of power dynamics and relationships and they do not tend to take into account the experiences of social stigma in the lifespan of an individual. Together, these two tendencies in service provision make accessing and utilizing IPV services more of an obstacle than a help for many LGBT IPV survivors.

Through a strong legacy provided by the domestic violence movement over the past thirty years, it is clear that to address, and eventually stop batterers, change needs to occur at societal levels through legislation, training, education, and the production of viable and effective options for survivors. Unfortunately, because the mainstream domestic violence movement relies heavily upon hetero-normative (and thus) homophobic practices, LGBT survivors, if they make it past internalized homophobia to accessing services, often suffer re-victimization. NCAVP exists, in part, to both remedy these inequalities and to offer services to LGBT IPV survivors through direct services to LGBT IPV survivors, advocating with other providers and law enforcement for equal services, ensuring equitable representation in legislative proposals, and to educating the LGBT public around issues of IPV.

As with many other forms of victimization that carry societal stigma and whose victims are often silenced, such as sexual assault and trafficking, it is estimated that those who do not come forward far outnumber those who do come forward. The statistics recorded in this report therefore, should be taken to represent only a fraction of the LGBT intimate partner violence that occurs throughout the United States every year. As service providers

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## **NCAVP MEMBER ORGANIZATIONS (continued)**

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### WISCONSIN

#### **Milwaukee Lesbian, Gay, Bisexual and Transgender Community Center**

315 West Court Street Suite 101  
Milwaukee, WI 53212  
Phone: (414) 271-2656  
Fax: (414) 271-2161  
[www.mkelgbt.org](http://www.mkelgbt.org)

### NATIONAL

#### **For Ourselves: Reworking Gender Expression, Survivor Project**

PO Box 1272  
Milwaukee, WI 53201  
Phone: (414) 559-2123  
[www.forge-forward.org](http://www.forge-forward.org)

#### **National Leather Association - International Domestic Violence Project**

P.O. Box 423  
Blacklick, OH 43004-0423  
[www.nlaidvproject.us](http://www.nlaidvproject.us)

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## **CONTRIBUTING NON-MEMBER ORGANIZATIONS**

#### **Asian Women's Shelter**

3543 18th Street, Box 19  
San Francisco, CA 94110  
Phone: (415) 751-7110  
Fax: 415) 751-0806  
[www.sfaws.org](http://www.sfaws.org)

## **INCIDENT NARRATIVES**

### **Community United Against Violence**

*Salvador, 42, male, gay, Latino, urban*

I was taking a shower when Chuck came into the bathroom. He screamed at me that I was wasting all the hot water. I said I'd be done in a second, but he pulled me out of the shower and hit me in the stomach and struck me on the jaw. I tried to grab my cell phone but he threw it out the window. Then he grabbed my hair and pulled real hard. I tried to get away but he kicked me in the ribs. I ran into the living room and called the police. It's hard to keep track of how long everything took, but the police showed up and arrested Chuck. I was given an Emergency Protective Order and part of the order was that Chuck had to stay away from the apartment for five days. But he got out of jail the next morning and came home and told me to leave the apartment. I told him he was violating the EPO but he didn't care. I called a friend who said I could stay there a couple days. I was referred to CUAV by the SFPD. I called CUAV and my advocate and I have been working on getting a permanent Restraining Order. CUAV also got me a hotel room for two weeks. I admit I'm confused if I want a Restraining Order or not. Chuck's been my boyfriend for five years. He's attacked me on three other occasions. This time he fractured my rib. The last time I had to get stitches above my brow. I just wish he'd get some help because I feel he's my life partner. He's the only person who really understands me. I also know he loves me. Right now I'm sad and scared. I want to see him again.

and community members we speak with people living in DV situations every day, and know that many more continue to suffer silently or unheard within abusive relationships. To help ensure that one day, all IPV survivors will be able to make decisions from a full set of service options, NCAVP and contributors to this report have made a commitment to documenting and reporting the cases of IPV we see each year.

In a highly charged political arena in which many LGBT groups, agencies, and organizations use the 'but we are just like everyone else' argument in order to gain equality in everything from marriage to access to orders of protection, NCAVP is a daily witness to the ways in which while LGBT people indeed do reflect the incredible diversity within the United States, we are also different from other groups in ways that may leave us open to homophobia and heterosexism. It is the use, unintentional and otherwise, of these societal tools of oppression within the arena of IPV that are addressed in the next section.

### **Anti-LGBT Violence**

LGBT bias strongly affects the experiences of LGBT people across a lifespan. The emphasis on lifespan is crucial because it helps to situate how many victims may frame the intimate partner violence in their lives. Such framing will greatly influence the ways that services are sought, engaged, and utilized. To this end, it is important that providers and other victim services personnel have an understanding of the intertwined experiences of bias and intimate partner violence.

With this in mind, we present the following scenario in order to highlight a few potential ways that bias and IPV affect a person's life. It is by no means exhaustive or all inclusive. It is meant, rather, to demonstrate the devastating toll exacted by homophobia and heterosexism over time. It is often the cumulative effect of these forms of bias that result in debilitating trauma and suffering. The following scenario is a composite of reports received by NCAVP member programs.

#### **Case Study: Jason**

Throughout his life, Jason has heard what the average youth hears everyday in school, anti-LGBT remarks. He was also socialized strongly into a culture that profoundly privileges heterosexuality and punishes queerness in all its forms. Moving forward, Jason is a junior in high school. He is on the basketball team, gets good grades, is not dating anyone and has begun to lose his friends because someone started a rumor that he is gay. Six months ago, here is what his average day looked like:

- o He would get into school and the kids would call him a faggot.
- o Most of the time, the teachers didn't say anything to stop them.
- o Empowered by the fact that they were able to get away with the name calling, the name calling was soon accompanied by kids throwing stuff at him during lunch and knocking him into the wall as they passed in the hallway.
- o One day, during gym, while everyone was changing, he was thinking about how awful life was getting. He wasn't paying any attention to what was going on until some of the boys rushed over to him and started punching him. When the teacher stopped the fight, the boys said, "That faggot was looking at me in the locker room."

Jason was stunned. Even though he said he wasn't looking at anyone, he was called into the principal's office. The principal asked Jason if he was gay. When Jason refused to say anything, his principal made him start changing after the rest of the boys were finished.

- o One day, after school, a group of kids met him outside school and beat him up while calling him a faggot<sup>1</sup>. They told him that they were going to kill him. He broke free and ran home. When his mother came home, she asked why his face was all bruised. He just said that he got into a fight over a girl. His father came home and said he was proud of his son for fighting over a girl and asked if she was attractive.
- o Finally, after several more beatings, the school guidance counselor called him in and Jason told her that yes, he is gay and that he wants to stop being beaten up. The guidance counselor spoke to the principal. At first the principal was angry at Jason for being gay and claimed that he was the problem because boys will be boys and he should expect to be beaten up. The guidance counselor educated the principal to put the blame where it belonged and they made a plan to try to keep Jason safe.
- o Even with this, Jason started getting calls at home where the caller would yell "faggot" into the phone. His father started getting angry and asked Jason what was going on. Jason said the kids were just being stupid.
- o The pressure just kept building. Jason began to use drugs and to drink<sup>2</sup> to numb the pain. His mother walked in while he was drinking and in a drunken state, he told her that he was tired of hiding everything and tired of being beaten up because he is gay.
- o His mother was shocked and told him that he is nasty. His father began to beat him up, too.

Jason's average day became, wake up and have his mother ignore him because she was embarrassed and his father hit him to toughen him up. At school, he'd get beaten or just ignored. At home, he'd drink to sleep. Then his day would start all over again. How does this story potentially unfold?

## **INCIDENT NARRATIVES (continued)**

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*Lori, 33, female, bisexual, urban*

Tammi and I met at a women's music festival about four months ago. Shortly after meeting her, we began dating. Two weeks ago we attended a party together. At the party she got jealous of attention I was receiving from other women, so we left. Outside I asked her what the problem was and she responded "You're the fucking problem!" She proceeded to push me in the chest and punched me in the face. A man walking by broke it up. I then got in my car and drove home. A few hours later Tammi showed up at my house but was still angry. She yelled that I "was a fucking bitch for embarrassing her". I had no idea what she was referring to and I asked her to leave. She threw a coffee mug at me. It missed me by an inch. Next she got me in a head lock and pushed me into a sliding glass door. I broke free and ran into my room and locked the door. She stayed in the hallway screaming at me. She finally left when I threatened to call the police. Immediately I put the chain lock on the front door. The next morning when I looked in the mirror I saw a bruise on my cheek from her punch.

Right after that I changed the locks. This was the most intense incident but I see now it wasn't the first. Right after we started seeing each other we went to a restaurant and on the way home stopped by a local women's club, where I ran into an old friend of mine. When Tammi saw me talking to her, she went outside and stayed in the car. She wouldn't talk to me the rest of the evening and the next morning she got angry at me. I was confused by this and tried to explain to her how attracted I was to her that I had eyes for no one else and I wanted her to know my friends.

## INCIDENT NARRATIVES (continued)

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### Center on Halsted, Anti-Violence Project

A lesbian woman came to the AVP for crisis counseling and order of protection information after an ER visit for help in the beginning process of leaving her 3 year abusive relationship with her live-in partner. She had most recently sustained box cutter wounds, had been choked several times, even in her sleep, and repeatedly beat about her face and head leaving her so bruised she was required to miss work.

A gay man contacted the AVP seeking shelter services after a physically abusive incident with his partner of 20 years. The reporting man described the incident occurred as a "nightmare" when his partner's live-in mother, who is in poor health, cried as she witnessed the abuse when her son "whaled" on the reporting man, leaving him badly bruised. The abusive partner then disconnected the phones in the home, collected all coats and keys, while he screamed, "No one is going anywhere." The reporting man stated that he is bigger than abusive partner, and is afraid of his own strength if he were to defend himself. The reporting man also expressed concern in not wanting to hurt his partner's mother emotionally.

Jason's life may keep going in this manner, eventually leading to more and more potential for high risk behaviors. He may commit or attempt suicide as LGBT youth are three times more likely than their peers to try to commit suicide. He may run away, lending support to the fact that about a third of, for instance, the youth on the streets of NYC are LGBT and that many of them are there because they feel that the streets are safer than home. Or, tragically, he may be murdered, potentially even by someone related to him, who does not approve of his sexuality. He may also find help and lead a happy life. How does all this fit in with IPV?

Imagine Jason in all this turmoil and now imagine him trying to set up the parameters of a healthy relationship. Without mentors and people willing to be good role models, active allies, and supportive interveners, youth like Jason have a greater potential to end up in unhealthy relationships. Many of the survival skills learned in surviving abuse in youth extend to relationship building in later life:

- o If one can hide their sexuality, chances are rather good that the person can hide IPV. Both are highly stigmatized.
- o Further, it is that much more difficult to access services if one does not have the language for what is happening because the main messages involve negative stereotyping.
- o If one is not out, it may be stressful to try to find services.
- o Isolation is one of the strongest weapons that a batterer uses. If one is already many times removed from support because people have abandoned them, then a batterer's work is that much easier. Many youth do not have an opportunity to build a large LGBT community unless they belong to groups, which means being able to get to the group as well as being able to tell your parent or guardian where you are going, or lying.

Surviving into adulthood is a challenge for youth who have been taught that part of their identity is sick, sinful, a mistake, unnatural, etc., that they should hide who they are, that adults who are supposed to provide safety and care cannot be trusted, and that the systems that they are expected to

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*1 According to the 2005 National School Climate Survey from GLSEN, 75.4% of students heard derogatory remarks such as "faggot" or "dyke" frequently or often at school, and nearly nine out of ten (89.2%) reported hearing "that's so gay" or "you're so gay" frequently or often. (<http://www.glsen.org/cgi-bin/iowa/all/library/record/1927.html>, accessed June 26, 2007)*

*2 According to the Massachusetts Youth Risk Behavior Surveillance, "Gay, lesbian, and bisexual orientation was associated with an increased lifetime frequency of use of cocaine, crack, anabolic steroids, inhalants, 'illegal,' and injectable drugs. Gay, lesbian, and bisexual youth were more likely to report using tobacco, marijuana, and cocaine before 13 years of age." (SEICUS.org, <http://65.36.238.42/pubs/fact/fact0013.html>, accessed June 26, 2007)*

support are not designed to help them. These youth also often prove to be incredibly resilient. Unfortunately, as with heterosexual adults, many become involved with batterers who rely upon societal tools of oppression and who count on homophobic or heterosexist systems and providers to allow the battering to continue.

## The Impact of Homophobia and Transphobia on DV

Tools that may be used by the batterer to gain and maintain control are often highly individualized to the situation, relationship and people involved. It is important in any given situation of IPV to investigate the way the survivor defines the abuse and understand the ways that behaviors which we may not traditionally see as typically abusive can be utilized as such in a context where IPV already exists. However, there are several tactics that are commonly used by batterers against their victims. These behaviors may include:

- ~ Verbal abuse such as name calling
- ~ Emotional manipulation
- ~ Isolation, including limiting or prohibiting a partner's contact with family or friends
- ~ Stealing, limiting access to or destroying a partner's property
- ~ Withholding or otherwise controlling or restricting access to finances
- ~ Depriving partner of shelter, food, clothing, sleep, medication or any other life sustaining mechanism
- ~ Limiting or prohibiting a partner from obtaining or keeping employment, housing or any other station, benefit or service
- ~ Harming or attempting to harm a partner physically
- ~ Harming or threatening harm to partner's family, friends, children and/or pets
- ~ Sexually assaulting or raping a partner
- ~ Using intentional exposure to sexually-transmitted and other diseases
- ~ Threatening suicide or harm to self, if a partner tries to end a relationship or does not comply with an abuser's demands
- ~ Stalking or harassing a partner
- ~ Using of facets of abuser or survivor's identity including race, gender, class, sexual orientation, national origin, physical ability, religion, level of education, occupation, or legal immigration status, etc., to demean, insult, endanger, isolate, or otherwise oppress

All of the above tactics may be used by a batterer. There are additional concerns for LGBT survivors. LGBT domestic violence is as prevalent as heterosexual domestic violence. And perpetrators often attempt highly specific forms of abuse, including:

## INCIDENT NARRATIVES (continued)

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A transgender male contacted Center on Halsted AVP for support after being attacked by his brother in law. A family dispute occurred where the male defended another family member which caused the brother in law to verbally assault the male by calling him a "piece of shit freak transvestite." The offender chased the male throughout the home, lunging at him on a flight of stairs resulting in the reporting male "flying" down the stairs, landing and bouncing against the edge of the sofa. The reporting male got up and ran out of the home to call police. The reporting male required a backboard and neck brace while in transit to the ER in an ambulance. The reporting male sustained head, neck and back injuries which included brain trauma.

### Kansas City Anti-Violence Project

*Tara, 19, transgender woman, straight, urban*

I'm Tara and I lived with my boyfriend Adrian. We had been dating for 4 months when we moved in together. Adrian was the most amazing man I've ever met when we started dating. He was so charming. When I'd go out with him to the club, he told me I couldn't talk to any other guys there. I thought he wanted me all to himself. One night when we left the club, he grabbed me on my arm and said that if I ever talked to another man like I did tonight, he would kill me. From then on, things were different. I was afraid to go out after that because I didn't know what Adrian was capable of. My friends eventually got me out of the apartment and I went out one night without Adrian. When I got home, Adrian was there and he started yelling at me.

## **INCIDENT NARRATIVES (continued)**

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It was intense and scary. He threw my belongings at me and told me that if I left him, he'd hunt me down and kill me. After that night, he would tell me that no one else would ever want a freak like me, that I'm not a real woman, and that I'm worthless. Adrian forced me to have sex with him many times after threatening my life. I finally called KCAVP for help. I used their emergency housing program and found a safe place to live with my friend. Adrian is out of my life now, but I could not have done it if I didn't reach out for help.

*Jake, 43, male, gay, rural*

I'm Jake and I've been with my partner, Chris, for 11 years. I have been clean and sober for 7 years. Chris and I did it together. Then he started drinking again 3 years ago and our relationship changed. Chris started coming home drunk and picked fights with me. The fights were always about small things like not taking out the trash or unloading the dish washer when it was done. Chris started pushing and choking me during these episodes. I learned how to avoid things that set him off, but felt like I was always walking on eggshells. When I called KCAVP my advocate and I talked about what I can do to keep myself safer. I love Chris and did not want to leave him. I'm still with Chris and work with my advocate to plan a safer future for myself.

~ "Outing" or threatening to out a partner's sexual orientation or gender identity to family, employer, police, religious institution, community, or in child custody disputes

~ Reinforcing fears that no one will help a partner because s/he is lesbian, gay, bisexual or transgender, or that for this reason, the partner "deserves" the abuse

~ Alternatively, justifying abuse with the notion that a partner is not "really" lesbian, gay, bisexual or transgender; i.e., s/he may once have had or may still have relationships with other people, or express a gender identity, inconsistent with the abuser's definitions of these terms

~ Telling the partner that abusive behavior is a normal part of LGBT relationships, or that it cannot be domestic violence because it is occurring between LGBT individuals

Following the work of Kimberle Crenshaw on intersectionality, defined as "The need to account for multiple grounds of identity when considering how the social world is constructed<sup>1</sup>", NCAVP recognizes that no one experiences life or moments of oppression, through a singular understanding of his or her identity. For instance, when an African American lesbian is attacked on the street, she experiences the attack as an African American person, a lesbian, a woman, and any number of other identities, and in the context of all her past experiences of violence and bias. This report, while focusing on LGBT identities, recognizes that there is no monolithic LGBT identity and that there is a significant need to work with people as full individuals.

It is important to note that all barriers present in both prevention and intervention of LGBT intimate partner violence are rooted in sexism, heterosexism and transphobia. These attitudes, though often unspoken, are still pervasive in our police departments, court systems, medical centers, shelters, and organizations. The butch lesbian survivor in shelter who is watched more closely by staff than her fellow more feminine heterosexual fellow residents; the gay man who stays at all-night diners and couch hops with friends because he cannot access DV shelter or homeless shelter; the transwoman who is arrested and placed in a men's jail cell along with her abusive boyfriend because the officer "believes" she provoked a fight; the trans man who is denied an order of protection in court because the judge refuses to acknowledge that his girlfriend is a real threat to his safety. Policy and legislation change alone will not eliminate these barriers for our communities.

Over the past several years, many articles, websites, and a handful of books have been written to address LGBT battering. Some take a statistical approach in order to "prove" that LGTBQ IPV exists (Island and Letterlier, 1991), others move toward more anecdotal stories to let victims and sur-

vivors speak of their own experiences (Ristock, 2002), and others rely upon a legal (Fray-Witzer, 1999) or ethnographic/historic approach (Ristock and Timbang, 2005). Combined, these essays, articles and books represent a genealogy that begins to substantively take shape with the second wave of feminism and proceeds forward through queer theory. As these sources, combined with past NCAVP reports indicate, LGTB IPV does exist.

Intimate Partner Violence services that rely solely or predominantly on the rule, that “men beat women while they are in relationship” misses the centrality of the workings of power and control in domestic violence. Rather than focusing on the dynamics of power and control, they focus upon the gender relationships and the assumed roles within the relationships. This method misses the thousands of victims that do not fit this model. It also misses the nuances of how power and oppression affect each of us individually, from the moment we are born. For a survivor who accesses services, their identities will also impact many aspects of these experiences.

Differences between the material and symbolic experiences of LGBT victims and those of heterosexual victims are held in tension through the heteronormative imperative within the prevailing discourse on IPV that frames LGBT victims ultimately as less than or an additional burden. Difference becomes the focus of exclusion and reinforcement of normal behavior rather than an opportunity to expand the scope of services. Far too little is done to compensate for the discrepancies in services, leaving already vulnerable populations subject to further harm. An enormous shift must occur that allows providers to identify how power and oppression work in the lives of individuals with intersecting identities<sup>2</sup>.

Publicly exposing the effects of heterosexism, homophobia, and transphobia within IPV and within our institutions helps combat the stigma inflicted upon LGBT people by breaking the conspiracy of silence that society demands of them. As LGBT people work to lift the stigma that keeps many people in some way shamed or silenced about their experiences of abuse, or wary of sharing their identity, we begin to move closer to a day when LGBT victims and survivors are adequately and fairly provided services, including orders of protection, real safety planning, and shelter. And closer to a day when no single person experiences violence from those they love.

## **INCIDENT NARRATIVES (continued)**

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### **New York City Anti-Violence Project**

*Andrew, male, African American,  
gay, urban*

I was referred to AVP by a social worker at a city hospital where I was being treated after being beaten up by my boyfriend. There were many other times before, but this one was the worst of all. I had to have surgery on my right hand for a snapped and cut tendon and my left eye was swollen shut. I didn't even know if he was arrested. The police had come other times but just saw us as two guys who lived together having a disagreement. A couple of times it was pointed out that I'm bigger than my boyfriend so I should just defend myself. They never said that it was domestic violence. My boyfriend had come home after I was asleep. He was drunk again. I woke up to him beating me. I don't know if he used a weapon or what but I felt this hot liquid coming down my face. When I touched it I realized it was my own blood. I was able to somehow get up and run into the living room. I asked him what was wrong. He went into the kitchen and got a knife. I ran out of the apartment, only wearing a t-shirt and underwear. My neighbors saw him chasing me with a knife and called the police. EMS came and brought me to the hospital. Here I was, homeless (because I feared for my life if I went back home), no money, no ID and no clothing. What was I to do? AVP advocated and placed me in a domestic violence shelter, gave me counseling, and safety planned with me.

### **LGBT Domestic Violence in 2006**

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<sup>1</sup>*Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color.* By: Crenshaw, Kimberle Williams. In: Kimberle Crenshaw, Neil Gotanda, Gary Peller, and Kendall Thomas, eds. *Critical Race Theory: The Key Writings that Formed the Movement.* New York Press, 1995.

<sup>2</sup>*There is evidence of first wave feminists addressing domestic violence, but this did not become a very significant or defining part of early organizing efforts.*

## **INCIDENT NARRATIVES (continued)**

They gave me money for car fare, food and a list of food pantries; I was also given community voicemail for safe contacts. NYC AVP advocated with the police, and the District Attorney's office and I got an order of protection. AVP advised me to write to other agencies to get clothing, like the Salvation Army and Model's. They also gave me the name of and advocated with the domestic violence contact person at Public Assistance for emergency Food Stamps and Medicaid because of the injuries. Six months after my incident I was in my own apartment and had clothes on my back.

*Chris, 24, male, gay, white, urban*

I'm Chris; I'm twenty four years old, and a survivor. When I was seven years old I was abused by my stepfather, who thought that I was too soft and that he could show me how to be a real man. The Administration for Children's Services (ACS) sent me to live with my maternal grandmother in the South. I graduated from Colgate University in South Carolina. After I graduated I re-established contact with my mother and she asked me to move up to New York City to live with her and my stepfather. To me this was a dream come true; I thought things had changed. But not long after being in New York the abuse started up again. It was hard finding a job and the jobs I found were never good enough for them. My mother had become very religious; one Sunday after she came home from church she began the verbal abuse. She called me "faggot" and said I was bringing shame to the family and that I would go to hell for the life I was living. Then she slapped me and called the police on me.

## **YEAR 2006 STATISTICS**

### **Number of Cases Reported**

As noted in the introduction to this report, the twelve regions that compiled data for this report documented a total of 3,534 incidents of domestic violence affecting LGBT individuals in 2006. The following analysis provides information and explanations about the 2006 statistics, as well as previous year comparisons, and some comparisons over a ten year period, from (1997 - 2006). Data comparisons between 2005 and 2006 can be done only with nine out of the overall twelve participating regions (three regions were unable to submit data for 2005).

The most significant increases in overall reported cases compared with 2005 occurred in San Francisco (from 366 to 420, +15%) and Houston (from 20 to 29, +45%). Boston reports stayed about the same and reported cases decreased significantly in the six other regions. Tucson (from 162 to 127, -22%), Minnesota (37 to 23, -38%), Kansas City (63 to 24, -46%), New York City (474 to 323, -32%), Columbus (from 59 to 43, -27%), and Philadelphia (23 to 12, -48%).

Caseloads in excess of 100 were recorded in five of the reporting regions: Los Angeles, San Francisco, New York City, Colorado and Tucson. Seven other regions - Philadelphia, Minnesota, Houston, Kansas City, Columbus, Boston, and Chicago - each reported smaller numbers of cases, ranging from 12 in Philadelphia to 83 in Chicago.

### **Murders**

Three regions reported murders attributable to LGBT intimate partner violence for a total of 4 DV-related deaths in 2006. Murders were reported by New York (1), Illinois (2), and Minnesota (1). It should not be assumed that these were the only LGBT domestic violence related murders that occurred last year throughout all regions represented in this report. Many NCAVP member programs struggle with how to classify murders reported by news media as "roommate conflicts" or murders in which the victim is reported as single and where there was no apparent forced entry. Secrecy surrounding both LGBT issues and DV issues make it clear that DV murders in our communities will be significantly under-reported, perhaps even more so than non-lethal incidents of DV.

## **NCAVP documented the following domestic violence-related deaths in 2006:**

### **Illinois**

On February 19, 2006 Frances McCoy, 28, died of multiple injuries after her estranged husband, Martin McCoy was accused of running her over with his SUV when he saw her with her female partner. On February 17, Martin McCoy appeared outside his wife's suburban apartment and shattered her car window with a golf club. After putting his SUV in reverse and missing Frances, he shifted into drive and accelerated, hitting her and pulling her under the vehicle before speeding off. Frances McCoy was the mother of two children. After turning himself in, Martin McCoy was later charged with first degree murder.

Krystal Heskin's body was discovered in a suburban motel on April 18, 2006. The transgender woman, 31, died due to injuries and blunt force trauma to the head after being repeatedly hit with a hammer. Michael Davis, 20, of Chicago was arrested and charged with two counts of first degree murder.

### **New York**

The body of Ryan Paul Boody (23), who had been missing for several days, was found on December 3rd, 2006 stuffed inside a container in his ex-boyfriend's apartment in Wellsville, NY. Police first discovered Mark Harkenrider (26), Boody's ex-boyfriend, lying on the floor of his apartment. He later died of drug overdose. An autopsy showed that Boody had been strangled. Police are investigating this as possible murder-suicide. According to reports from Boody's friends and mother, Boody left Harkenrider because he had been abusive.

### **Minnesota**

Kathy Rabideau, 47, was charged with two counts of second-degree murder and a single count of third-degree murder in the death of her intimate partner, Susan Keezer, also 47, in Bagley, Minnesota. At 6:43 a.m. on July 22nd, local law enforcement received a phone call from a woman requesting a welfare check on Susan. When an officer arrived at the home Rabideau and Keezer shared, he saw Rabideau run into the street, covered with blood and waving her arms. She allegedly said, "Wake up my wife! Wake her up!"

## **INCIDENT NARRATIVES (continued)**

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I didn't wait for the police to come; I ran to my sister's home and stayed there. I couldn't stay there for long though, because it would be too difficult for my sister. I had been suicidal in the past because of their abuse and I was feeling suicidal again. That's when I called AVP. The agency advocated with Safe Horizon and I was placed in a designated domestic violence shelter. I was given community voicemail for safe communication so all my contacts could reach me. At the shelter I was referred to go through a number of medical and psychological evaluations. I had panic disorder anxiety attacks and was suicidal. The shelter referred me to Bronx Lebanon Hospital for treatment, but because I did not have medical insurance I couldn't get my medications. AVP and the shelter advocated with public assistance to get an emergency Medical card and I was able to get my medications and have my case opened on an emergency basis. AVP provided me with supportive counseling for inter-familial domestic violence as well as subway fare while the shelter helped me look for Section Eight and Housing Stability Plus housing, and helped me with the necessary forms. Now I have my own Section Eight apartment and am getting long-term psychological treatment at Callen -Lorde Community Health Center. My plan is to go back to school and train as a social worker.

## **INCIDENT NARRATIVES (continued)**

*Luna, 20s, transgender woman, Mexicana, rural/urban*

My name is Luna. I am from Mexico and have been in the US for seven years; I'm also HIV positive. I was at a men's shelter when I met my boyfriend and we hit it off very well. After the second month I noticed that he wanted more control of me and what I was doing. He did not want me to see any of my friends at the shelter and became very controlling of my time. He made threats that he would kill me if I did not do what he wanted me to do, and once he pulled a knife on me. That's when I called AVP. I went there and they placed me in a domestic violence shelter and gave me money for carfare and food & a list of food pantries. They advocated with Immigration Equality so my case could be reviewed for my green card and I could begin the steps to becoming a US citizen. They also advocated with the Sylvia Rivera Law Project to have my name changed legally and made contacts with Gay Men's Health Crisis and other health agencies so my health needs could be taken care of. I was given community voicemail so people would be able to contact me and I could have a safe link of communication. At AVP I received domestic violence counseling I needed and learned that real love has no demands. I also learned a lot through their Power and Control wheel about the general characteristics of partners in abusive relationships. I learned that I could be a productive person if I set my mind to it, and that I had talents I could use for my own benefit. I now have my own cleaning business and share an apartment with another transgender girl who was also in the shelter.

She led the officer to the kitchen, where he found Susan lying facedown in a pool of blood. Stab wounds were seen in Susan's back and a bloody knife was found in the yard. A neighbor reported that she heard the two women arguing the evening of July 21 and the early morning hours of July 22. The criminal complaint stated that Rabideau and Keezer had been in a relationship for three or four years. Rabideau was convicted of second-degree murder and sentenced to twenty years in prison.

### **The National Picture**

In discussing trends and demographics of this report, a few considerations are important to note. First, in most examples, data will not be collapsed into an overall national statistic because there is currently a large range in numbers of reported cases. Los Angeles, for example, reported over 2,000 of this year's 3,534 total DV cases. Thus, providing a national figure of men verses women reporting, for example, would essentially be reporting on trends in Los Angeles and individual variations within other regions would be lost. Second, many regions have small sample sizes for a variety of reasons discussed throughout this report. Therefore, changes in numbers either between regions or from year-to-year within regions will only be reported when they amount to an absolute percentage change of 5% or greater. Any graphs however, will illustrate all the reported cases, regardless of sample size.

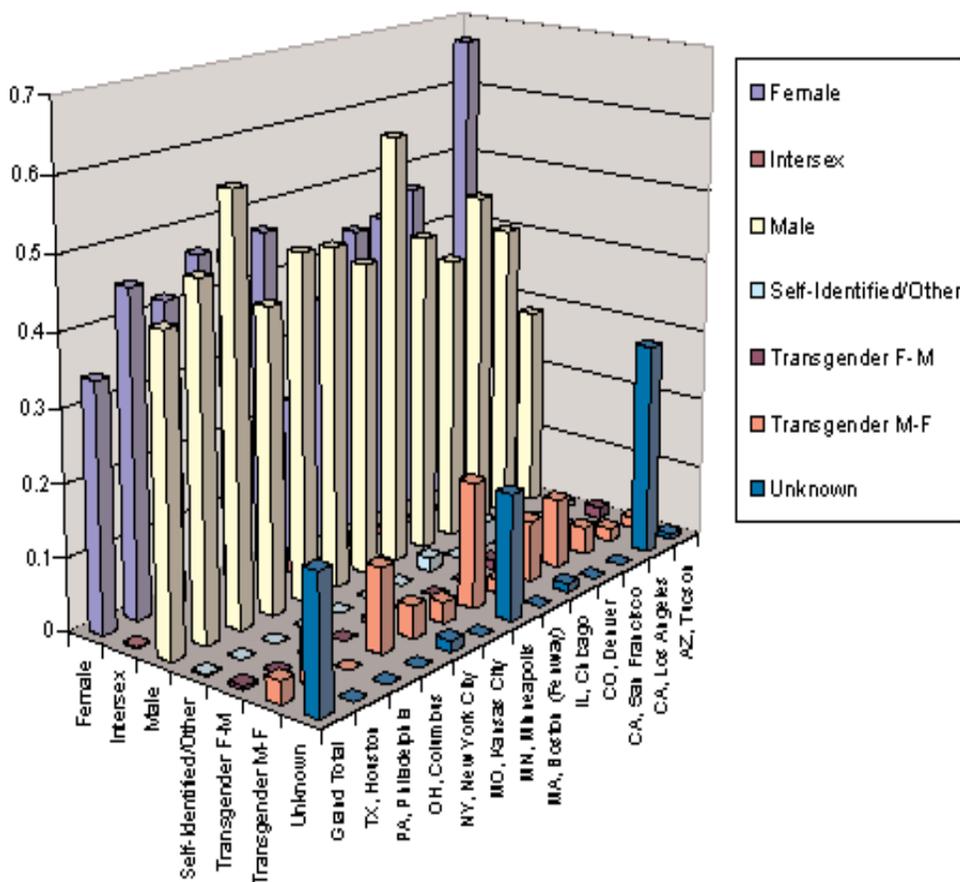
### **Gender**

For the nine regions that reported in both years, the overall trend from 2005 to 2006 was a decrease in reports of DV cases to NCAVP programs (-15%). Thus, changes in demographics will be discussed not as simple increases or decreases, but rather changes in the distribution of men, women, trans people, intersex people, and self-identified people within each reporting region. The graph on the following page is a snapshot of the gender demographics from the twelve reporting organizations in 2006. See Appendix A for NCAVP's definitions of the gender categories listed in the graph.

The majority of organizations receive about equal reports from male and female victims of DV. Tucson is a notable exception, with 67% of DV cases in 2006 being female, an absolute increase of 8% over the 59% female cases in 2005. Kansas City also saw an increase in the percentage of female victims, an absolute increase of 18% over 2005. The corresponding distributional decreases came out the male and transwoman categories.

## Gender of victims reporting to NCAVP member organizations in 2006

(in percentages of total number of victims)



Boston saw an absolute increase of 11% in male victims, from 49% in 2005 to 60% in 2006. Minnesota had only 23 cases in 2006, so the percentages by gender are somewhat unstable. The data for this region reflect a large drop in female victims from 65% to 22% of the total. The decrease was offset by absolute percentage increases for males, transwomen, and people of unknown gender.

Almost all regions report a very small sample size of transgender, intersex, and self-identified/other categories. Because identity terminology can vary between individuals, many people who may be gender non-conforming in some way may not self-identify as such, especially when seeking services. However, small numbers of trans-identified and intersex clients can also be an indication of real or perceived levels of accessibility of our organizations, or fear of reporting in general. However, Minnesota and Columbus both logged absolute increases in the percentages of transwomen from 2005 - 2006 (+9% and +12%, respectively).

## INCIDENT NARRATIVES (continued)

Jane, 34 female, white, bisexual, urban

I am the mother of two boys, ages 13 and 12. I met my partner in a shelter in Queens. She also has a son, who's five years old. We were both survivors of domestic violence. We got along well and so did the children, so we decided to get Domestic Partnership and move into a Section Eight apartment as a family. Soon after the move my partner began to get very aggressive with me, and started verbally abusing me. I contacted AVP then, but chose not to begin counseling. Five months later, the abuse became physical. I tried to move out, but because I wasn't the head of household I couldn't get my own budget and couldn't get the transfer I applied for. Our case worker at New York City Housing Authority (NYCHA) told my partner that I had tried to apply for new housing and that made the abuse worse. I didn't want to file police reports on her because of her child, so I kept taking the abuse. But when she began to abuse my kids I had to put a stop to it. I called AVP again and asked for assistance. This time I went to the counseling session and they advocated and safety planned with NYCHA to review my case. They also connected me to the domestic violence officer at my local precinct. They made a house visit to make sure that all was well in the home and had me file a report. After NYCHA reviewed my case I was given a new voucher and my own budget and began to look for my own apartment. I didn't feel safe in the city so I asked if I could transfer to my home state of Vermont. AVP wrote letters of recommendation for the move. I'm now living with my children in own apartment and safe from abuse.

## **INCIDENT NARRATIVES (continued)**

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*Claudia, 42, female, Latina, HIV +, lesbian, urban*

My name is Claudia. I'm forty two years old and HIV positive. I have six children in my care; they are from twelve to twenty-one years of age. My oldest has an 11 month old baby boy. I first heard of AVP when they did domestic violence training at the agency I work at. I was in a ten year relationship with my partner. We had met at a shelter in the city and gave support to each other. She had been arrested three years into the relationship for trying to kill me by choking me. She was arrested and spent time in jail. I had an order of protection but it ran out. After she completed her sentence she made contact with me and begged me to take her back. I thought things had changed and she'd learned her lesson. But soon after she moved in she began to carry on with the same controlling routine. One night when I came home she was waiting for me in our bedroom. She told me that she did not want me working anymore because it was taking time away from her, and if I did not stop she would hurt my children. She also said that she had a gun. I was not going to go through that again and my tolerance ended when she threatened my kids. I contacted AVP to see how they could help me. AVP advised me to come into their office and sign releases so we could call the necessary agencies, and my job. We did a lot of safety planning for me and my children and called ACS. Because the threats were verbal and I was willing to report them to the police, ACS thought that the case didn't require its services.

In 2006, both Minnesota and Los Angeles had significant percentages of victims of unknown gender (17% and 29% respectively). San Francisco, New York City, Houston, and Philadelphia had no significant shifts in the gender breakdowns of victims from 2005 to 2006.

### **Sexual Orientation of Victims**

Among all the victims reported to NCAVP in 2006, 57% (2,050) identified themselves as lesbian or gay. The next highest sexual orientation category was 'Unknown' (22%) with Los Angeles, Minnesota, and Chicago reporting the largest percentage of sexual orientation unknowns (31%, 30% and 24% respectively). Heterosexual-identified victims made 9% of the total reports. In Tucson, heterosexual identified victims accounted for 35% of their total reports in 2006 and this was not a significant increase over 2005 when 33% of callers identified as heterosexual. San Francisco logged the next highest numbers of heterosexual identified people (21.2) while the remaining regions hovered between 0% - 15%.

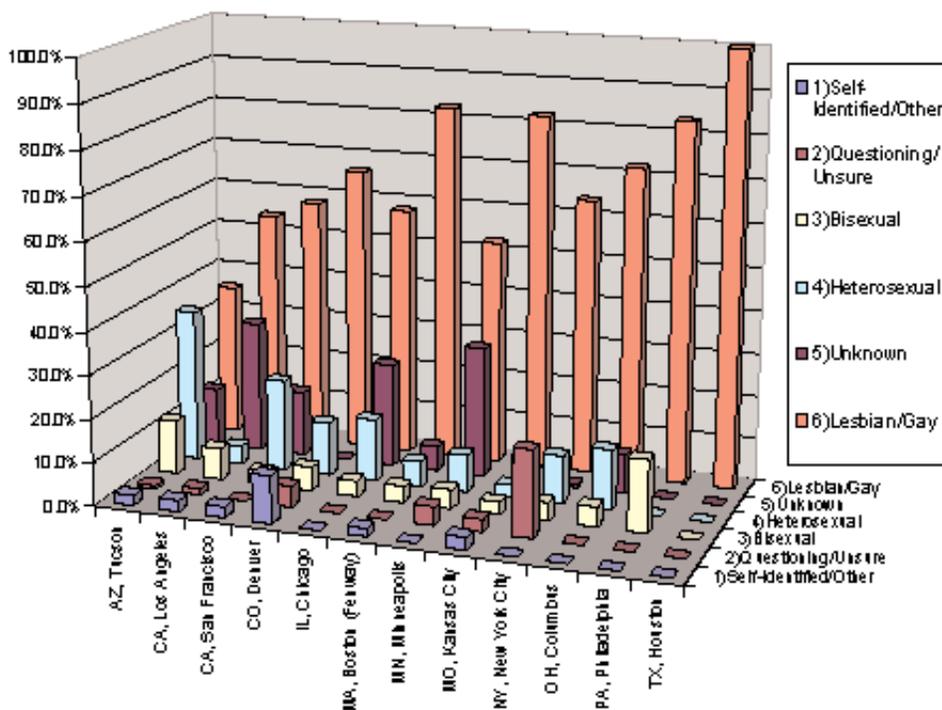
Heterosexuals who access domestic violence services at LGBT agencies, do so for a variety of reasons. Some are transgender individuals who identify as heterosexual. Others are HIV-affected individuals who seek services from LGBT agencies because the latter are better equipped to address the occurrence and consequences of domestic violence involving HIV-affected partners. Finally, some are people who choose to access services at a particular LGBT agency because of its reputation, advertising, location, referral by an LGBT acquaintance or relative, or for other reasons, which may include their questioning their sexual orientation, or that they do not see people like themselves reflected in the public advertising or outreach of other domestic violence service providers.

Changes from 2005 - 2006 of note include a decrease in San Francisco in the percentage of lesbian/gay victims from 71% to 58%. This was largely offset by increases in the heterosexual and "unknown" percentages. In contrast, Kansas City saw an absolute increase of 14% in the percentage of lesbian/gay victims which was counterbalanced by decreases in the heterosexual and "unknown" percentages. In New York City, the primary change was a significant increase in questioning/unsure victims, accompanied by a decrease in the unknown category. Overall, the questioning/unsure category and the self identified category accounted for a very small percent of overall reports (3% for each). Bisexual victims accounted for the fourth highest category reported by victims, at 6%.

Bisexual victims are likely to be undercounted if the agency from which they seek services constructs the sexual orientation of the victim based on the gender identity of the abusive partner and does not explicitly query victim self-identification. In general, however, NCAVP member agencies strive to avoid such assumptions by asking for victim to self-identification.

These figures should be approached with caution. Some people seeking services from LGBT agencies may identify themselves as “lesbian” or “gay” even if they might describe themselves as “bisexual” or “questioning” or “queer” in other contexts. Conversely, some individuals who say they are bisexual do so as an alternative to describing themselves as lesbian or gay: identities they may not wish to express for reasons that have little if anything to do with their actual gender or affectional preferences. It is also likely that some bisexual individuals will try to seek assistance from mainstream service providers, particularly if the domestic violence they experience occurs within the context of an opposite sex relationship - so too, may some self-identified lesbian women, particularly if they are seeking shelter. See Appendix A for NCAVP’s sexual orientation definitions. The graph below illustrates sexual orientation of victims in each reporting region.

**Sexual Orientation of victims reporting to NCAVP member organizations in 2006**  
(in percentages of total number of victims)



## INCIDENT NARRATIVES (continued)

NYC AVP called to have our family placed at a shelter but I was not willing to put my children through that again because we were separated in the past and I had young men, and they wouldn't be allowed in a women's shelter. We then planned to file a police report, and called my local precinct and spoke to the domestic violence officer. I filed a report for harassment. This scared my partner and she left the apartment and moved down south, but before she left she called ACS and reported that I was abusing my children. ACS came and took the children away and placed them with my family while they did an investigation. After three days my children were returned to me. Thanks to the previous call that AVP and I had placed to ACS, the case was dropped. AVP connected me with project safe and I had my locks changed. I received domestic counseling and I'm going to preventive classes at ACS. This will help keep our family in a positive atmosphere. I am so relieved that I'm safe, and the environment in my home is positive. My children go to school not having to worry if I am safe at home.

### Buckeye Region Anti-Violence Project

*Robin*

*Columbus (Urban), 32 year old, African-American, Transgender female*

Six months ago a friend moved in with me. We were just roommates at first, but we have become involved. I quit my job and am taking care of the household. Lately he has become demanding and controlling and I am not sure what to do. He comes home drunk sometimes and demands sex.

## **INCIDENT NARRATIVES (continued)**

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He has forced oral and anal sex on me. I don't want to leave, but have no place to go. The local domestic violence shelter will not take me in because they consider me a male. I cannot afford hormones or surgery to change my body and not sure if I even want to. I just want to be treated better by my boyfriend and don't know what I can do to make things better.

*Aaron  
Dayton (Urban) 26 , male, white gay*

My boyfriend and I have been together for eight years. In the past one to two years things have gotten very bad. My boyfriend likes to drink and get high. When he does he becomes aggressive and yells and screams at me. Last night I was out with friends. When I came home he said, "did I tell you you could go out." He grabbed me and put me in a chokehold. I got away, but he hit me and broke my nose and jaw. This is the worst it has ever gotten and I am really scared. My boyfriend collects knives and has a gun and I know now that I really need to get out. My family lives in another state and cannot help me. I called BRAVO and got information about resources in my area. They said the local shelter was good with working with LGBT people. I called them and they made an appointment for me to come in and speak to an advocate the next day. BRAVO also told me of a shelter in Marion that will take men in and who have housed BRAVO's clients before. It was a relief to have someone to talk to. I really need to do something.

## **Age of Victims**

NCAVP changed our age categories on our intake forms in 2005. Therefore, accurate comparisons of age trends from year-to-year will be more accurate in next year's report. This section will focus on ages of victims reporting in 2006 specifically.

"Unknowns" dominate this demographic category as the single largest age category overall and the largest category for six of the twelve participating programs: Chicago (59%), Columbus (56%), Minnesota (39%), Los Angeles (37%), San Francisco (34%), and Tucson (27%).

For all regions, when age is reported, the percentages are highest for the following ranges: 19 - 29, 30 - 39, and 40 - 49. Overall, when unknowns were excluded, 81% (1,187) of the 2,463 remaining cases fall into the 19 - 49 range. This probably reflects the circumstance that most of the organizations participating in this report have been designed to serve non-elderly adults. NCAVP believes that in actuality, domestic violence affecting younger and older LGBT individuals occurs with much greater frequency than is documented here.

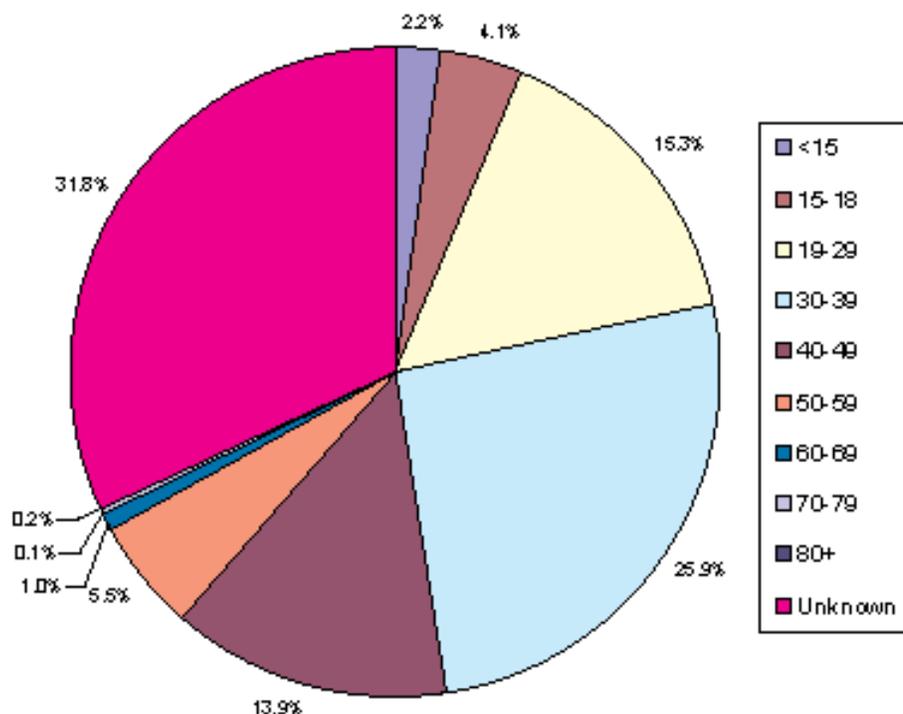
Houston documented the highest percentage of victims in 50 - 59 age range. Tucson, Colorado, Boston, and New York City also reported significant numbers in the 50 - 59 category. In all age categories over 59, no program reported significantly high numbers. When "unknowns" were excluded, only four regions reported 10% or higher for victims under 18: New York City (29%), Chicago (18%), Philadelphia (17%) and Colorado (10%).

It is important to note that violence in the lives of LGBT people under the age of 18 or over the age of 65 may be characterized somewhat differently. While both groups on either end of the age spectrum experience violence within their intimate partnered relationships, abuse by family of origin, guardians or other care-givers is also of major concern during these stages of life. As well, teenagers may be reluctant to report violence by any person in their lives for fear that service providers will make reports to child welfare personnel or statutory rape reports to police.

There are additional barriers to charting partner violence among young people, given anecdotal evidence that they may be the least likely group to respond to outreach using "domestic violence" terminology. It is clear that

the existence of violence in the lives of LGBT teenagers and seniors is real and may even present more of a threat than for people in middle age ranges. Specific programs need to continue to be developed to address violence experienced during the earlier and later stages of life.

**Age of victims reporting to NCAVP member organizations in 2006**  
(in percentages of total number of victims)



### Race/Ethnicity of Victims

As with age, the race/ethnicity of a large number of reporting survivors was unknown, representing 31% of all reports received in 2006. The next largest race/ethnicity category is white, accounting for 30% of the total. This is a decline from previous years when whites accounted for around 43% of the total reports. However, comparisons with previous reports may be somewhat unreliable because participating regions have differed to some extent from year to year.

## INCIDENT NARRATIVES (continued)

### Outfront Minnesota, Anti-Violence Project

*Gabriel, 31, male, multi-racial, gay, urban*

I had been dating my boyfriend for 2 years and we broke up recently. I ran into him last night and he punched me in the face several times and broke my nose. He also stole keys to my car and apartment. I went to the hospital and am now staying with a friend but I am still very scared. I am afraid that he will be angry enough to kill me.

*Sue, 21, female, white, lesbian, rural*

I was out with some friends and was verbally harassed by my ex-girlfriend at a local bar. I decided it would be safest for me to leave but my ex followed me to the car, tore off my shirt and hit me several times.

*Elizabeth, 43, African American, transgender woman, urban*

I confided recently to my boyfriend that I was raped, not too long after he and I had started dating. He accused me of cheating on him and beat me up. I knew he he might be upset but I was not expecting this and now I don't know what to do.

*Joe, 29, male, Latino, gay, urban*

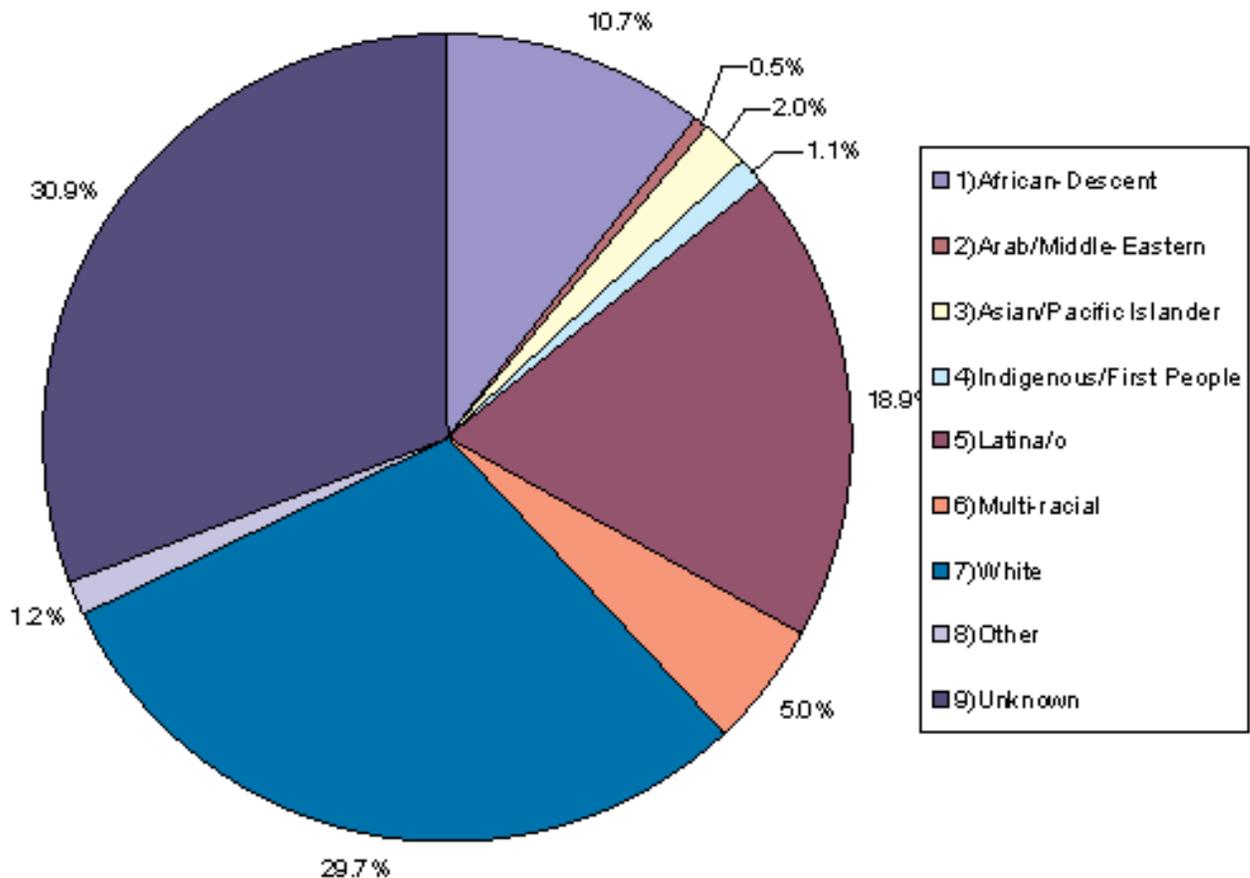
I was recently beat up by my boyfriend. He held me hostage for three days in my own apartment. He tied a rope around my neck and strangled me until I passed out. He said to me: "I could kill you whenever I want to." My boyfriend then destroyed my apartment including punching holes in the walls and urinating on my clothes. During the beating, I saw my blood sprayed across the living room walls.

The next highest percentages are for Latina/o (19%) and African descent (11%) victims. Members of several communities continued to account for very small percentages of domestic violence reports in 2006. These groups include Asian/Pacific Islanders (2%), Native Americans (1%), and Arab/Middle Easterners (1%).

From 2005 to 2006, the percentage of reports from victims of African descent increased in both Houston and New York City. These two cities also have the largest percentages of victims of African descent, 45% and 30% respectively. Boston had a decline in victims of African descent, accompanied by an increase in reports from Latina/o victims. These changes ideally speak to changes in perceived accessibility of these organizations to their local communities. However, in almost all the reporting organizations for 2006, white victims still predominate.

### Race/Ethnicity of victims reporting to NCAVP member organizations in 2006

(in percentages of total number of victims)



Generally, few conclusions can be drawn from NCAVP's limited data about the racial/ethnic distribution of LGBT domestic violence victims as a whole. Barriers to reporting domestic violence in some communities of color may be even greater than described elsewhere in this report, especially if the victims have additional reason to fear or mistrust the police. The increased hostility of U.S. policy to undocumented immigrants probably also creates a hesitancy to report and even a belief that services are not available to undocumented people experiencing DV. Finally, large numbers of LGBT people in every racial/ethnic community do not necessarily identify themselves using some language or definitions found in this report, nor do they willingly seek services from LGBT-identified organizations. People in some communities of color may not feel comfortable utilizing many of the venues traditionally offered by many DV organizations as gateways into services, including hotlines, support groups, etc. These ways of reaching out for assistance or communicating may be less culturally aligned with some particular communities of color.

### **Other Information Recorded About Incidents**

There is significant variation between regions of percentages of cases in which police were called. NCAVP does document whether the victim, the batterer, or a third party calls police in each case, but it is interesting to note that cases involving police range from as low as 5% (San Francisco) to 50% (Philadelphia). 12% of cases in Columbus involved police, 14% in Houston, 25% in Colorado, 25% in Chicago, 26% in Minnesota, 33% in Boston, 34% in New York City, and 35% in Kansas City (Tucson and Los Angeles did not report numbers of cases involving police). At 12%, Colorado reported the highest number of cases of police misconduct (defined as verbal abuse, physical abuse, and/or the use of slurs). All other regions, reports of misconduct hover around 2%-5% of cases in which police were called. Cases of misarrests, in which a victim of DV was arrested either instead of, or along with, their abuser averaged to about 3% of cases, with Colorado again logging the highest number of misarrests at 5%. In 2007, we hope to have more organizations reporting data on police involvement and conduct in LGBT DV cases.

There is also significant diversity in reports of weapon use, indicating that NCAVP may need to standardize our definition of what constitutes weapons use. In Columbus, 0% of cases involved use of a weapon but in Boston, 27% of victims reported weapons use. Other regions that reported weapons use rates include Tucson (1%), San Francisco (2%), Philadelphia (8%), Kansas City (9%), Chicago (16%), Colorado (17%), and New York City (19%). The remaining organizations did not report weapons use.

### **Future Research**

NCAVP hopes to soon be capable of reporting on multivariate data as it pertains to our communities. For example, it would be interesting to know if the majority of transgender victims reporting to our programs are of a particular age group or if police misconduct is more prevalent against DV victims of a specific racial category or if weapons use correlates with age or gender of the batterer. Such data will offer a much more nuanced understanding of the ways in which IPV is experienced in our communities and inform our outreach, prevention, and services. As our programs increase in capacity, so does our ability to collect such data. It is also unclear how accurately data from victims who call to seek services can be extrapolated to the larger LGBT victim population. We can only speculate how many people experiencing LGBT DV are not calling our organizations. Recommendations for research and LGBT program accessibility can be found at the end of this report.

## **LOCAL SUMMARIES**

The following local reports were prepared directly by NCAVP members. The first group of summaries is from regions/programs who contributed statistics to this report. The second group of summaries is from NCAVP member programs who will be contributing statistics to this report in the future. All Summaries have been edited slightly to ensure consistency of presentation.

### **Regions That Contributed Statistics to this Report**

#### **Los Angeles, California**

##### **The L.A. Gay & Lesbian Center's STOP Partner Abuse/ Domestic Violence Program**

The L.A. Gay & Lesbian Center (LAGLC) offers a wide array of domestic violence-related intervention, prevention, and legal services through its STOP Partner Abuse/Domestic Violence Program (Support, Treatment/Intervention, Outreach/Education, and Prevention) and its Domestic Violence Legal Advocacy Project. Services for survivors and those at risk, a court-approved batterers' intervention program, a prevention project, training and consultation, and legal assistance exists to address the unique needs of youth and adults in the lesbian, gay, bisexual and transgender (LGBT) and closely aligned communities in Los Angeles County as well as in neighboring Orange, Ventura, Riverside, and San Bernardino Counties.

Reported cases of domestic violence in greater Los Angeles decreased from 4,964 in 2003 to 2,243 in 2006. The vast majority of cases were either reported to, or assessed by, the L.A. Gay & Lesbian Center's STOP Partner Abuse/Domestic Violence Program and the L.A. Center's Domestic Violence Legal Advocacy Project. A smaller number of cases were tracked by the L.A. County Sheriff's Department-West Hollywood Station and Women Shelter of Long Beach.

Between 1996 - 2003, the L.A. Gay & Lesbian Center's STOP Program saw a consistent increase in the number of LGBT persons who reported domestic violence, or were assessed to be experiencing it. The increases were attributable to progressively expanded domestic violence programming by the L.A. Gay & Lesbian Center, funding from the City of West Hollywood as well as the California Department of Health Services, and an increase in the ability of law enforcement in Los Angeles to document LGBT cases of domestic violence.

However, for the first time in nearly a decade, several factors resulted in the decrease reported by the L.A. Center for the 2006 calendar year including: (2) the decision by STOP's primary funder (the California Department of Health Services) to re-distribute all prevention funding exclusively to mainstream domestic violence shelters and the subsequent decrease in outreach, education, prevention & counseling services that LAGLC was able to offer; (2) the failure of previous contributing agencies to track/collect LGBT

data in 2006; and (3) a difference in the way that crime statistics were categorized by the Los Angeles Police Department (Note: the LAPD reported a reduction in domestic violence cases overall because of the new categorization method used and failed to contribute any LGBT domestic violence statistics to this report).

Los Angeles County is one of the nation's largest and most diverse counties with 4,060 square miles and a 72 mile coastline. It has the largest population of any county in the United States. In 2004, the county's population was larger than the population of 42 states and home to a quarter of all of California's residents. Because members of the highly diverse LGBT community in a region as geographically vast as L.A. County can be challenging to reach, the L.A. Gay & Lesbian Center maintains collaborative relationships with other domestic violence organizations including the California Partnership to End Domestic Violence, the L.A. County Domestic Violence Council, and the City of L.A.'s Domestic Violence Task Force among others. Nevertheless, the substantial loss of state funding to the Center's STOP Program made it significantly more challenging to provide outreach, education, and crucial domestic violence services to the area's LGBT population. To help address this loss, the Center works closely with various members of the California Legislature as well as Equality California. One result was Assembly Bill 2015 - the Equality in Prevention and Services for Domestic Abuse Fund. This fund utilizes fees collected by persons registering as domestic partners to support a number of initiatives to address the problem of domestic violence in the LGBT community.

As in previous years, the L.A. Gay & Lesbian Center saw a large number of victims and abusers who were inaccurately assessed by non-LGBT specific service providers and/or the criminal justice system. In 2006, the L.A. Center saw an increase in the severity of aggressive behaviors displayed by abusers as well as an increase in the number of victims who reported fighting back in self-defense or retaliation. The organization also saw higher numbers of victims and abusers who reported using methamphetamine.

Females accounted for 588 of the total of reported cases in 2006 while males accounted for 939 of the total. There were 41 documented M - F transgender cases and 5 cases involving F - M transgender individuals. 5 individuals identified as intersex. Gender identity was undisclosed for the remainder of the reported total.

The majority of reports (1209) came from individuals who identified as gay or lesbian. 163 individuals identified as bisexual while individuals identifying as heterosexual accounted for 95 cases. 33 individuals identified themselves as questioning and 57 identified as other. Sexual orientation was not reported for 686 of the documented cases. Of those cases in which the ethnicity of the individual was known, 155 identified as being of African descent, 430 identified as Latino/a, 44 identified as Asian/Pacific Islander, 7 identified as Arab/Middle-Eastern, 599 identified as Caucasian, and 126 identified as multi-racial. Of those cases in which the age of the individual was known, 618 were between the ages of 30 - 39, 330 were between ages 40 - 49, 284 were between 19 - 29, 82 were between 15 - 18, 74 were between 50 - 59, and 1 was in the 70 - 79 age range.

San Francisco, California  
Community United Against Violence  
Queer Asian Women's Services of Asian Women's Shelter

For lesbian, gay, bisexual and transgender people who are abused by their intimate partners, finding help can be extremely difficult. No more than a mere two dozen agencies across the entire United States provide services to this population. Even fewer offer help or resources to LGBT people who batter their partners. As a result, battering in LGBT relationships is left largely unchecked by outside institutions and by the LGBT community itself, leading only to greater isolation and injury for domestic violence survivors.

Statistics about LGBT battering must be viewed in this context. In other words, the 457 cases of LGBT domestic violence reported to two San Francisco agencies in 2006 are but a small part - an infinitesimal part, in fact - of a much larger problem that has two distinct dimensions: the public health crisis of domestic violence in the LGBT community; and the utter absence of services available to the vast majority of people dealing with this crisis.

In addition to a desperate dearth of services, LGBT people who seek help because of domestic violence often face prejudice or outright hostility from the institutions that are supposed to help them: the police and criminal justice system; the medical system; and the mainstream DV movement.

In a 2006 report on police brutality in America, for instance, Amnesty International found that, "across the country, lesbian, gay, bisexual and transgender people endure the injustices of discrimination, entrapment and verbal abuse as well as brutal beatings and sexual assault at the hands of those responsible for protecting them - the police."

This mistreatment, of course, extends to LGBT survivors and perpetrators of domestic violence, many of whom are understandably reticent to call the police for help. Amnesty also found that transgender people and all LGBT people of color, as well as immigrants, youth and homeless LGBT people are at risk for even greater levels of police abuse and misconduct, rendering these individuals more vulnerable to the isolation that fuels domestic abuse.

The impact of such widespread brutality is obvious when examining LGBT battering in San Francisco. Of the 457 incidents of LGBT domestic violence reported in 2006, the police were called in just 24 (approximately 5 percent) of the cases. And despite reports by survivors that weapons were used in 15 incidents (approximately 3 percent), arrests were made in just 7 cases (approximately 2 percent). It is likely that even in a city with many out gay police officers, years of abuse and misconduct by individual officers against LGBT people - abuse which generally receives widespread coverage in the LGBT media - still deters many LGBT people from calling the police for help.

Due to a California law passed in 2006, LGBT survivors of domestic violence in this state may, in coming years, face fewer barriers when they seek help. The Equality in Prevention and Services for Domestic

Abuse Fund, which went into effect in January, 2007, attaches a \$23 fee to domestic partner registrations across the state. Those funds will be used to conduct educational campaigns about LGBT battering, support agencies that provide help to LGBT domestic violence survivors and, as importantly, train police officers and other services providers to recognize and respond appropriately.

The limited funds this law is likely to generate - particularly in a state that is home to two of the largest LGBT communities in the U.S. (in Los Angeles and San Francisco) - make the law a noteworthy, if small, step in the right direction. In addition, given Amnesty International's deplorable findings on police brutality, trainings are an absolute and immediate necessity in California and in every other state, and will require significant additional funding in order to be effective.

On a hopeful note, the experience of San Francisco shows that, when accompanied by community activism, such trainings can work. In San Francisco, incidents of police brutality against LGBT people have decreased remarkably in recent years. Just five years ago, and for many years before that, police officers were perpetrators in nearly half the reported incidents of hate violence against transgender people. In 2004, however, police officers were implicated in just 8 percent (or 27) of such incidents. That number shot up again to 82 incidents in 2005, demonstrating that the problem, though greatly improved, is far from solved. Nonetheless, police sensitivity trainings, improved police-LGBT community relations, and the presence of an out transgender woman, Theresa Sparks, on the city's Police Commission have all contributed to a marked decrease in anti-LGBT violence by San Francisco police officers.

Such improvements are sometimes reflected in the reports of LGBT domestic violence survivors. Salvador, a 42-year-old gay man who had been with his abusive partner for five years, reported this assault to CUAV:

“He [the abusive partner] pulled me out of the shower and hit me in the stomach and struck me on the jaw. I tried to grab my cell phone but he threw it out the window. Then he grabbed my hair and pulled real hard. I tried to get away but he kicked me in the ribs. I ran into the living room and called the police. It's hard to keep track of how long everything took, but the police showed up and arrested Chuck. I was given an Emergency Protective Order and part of the order was that Chuck had to stay away from the apartment for five days.”

Salvador, whose ribs were fractured in this attack (a previous assault had resulted in stitches on his face), was also referred to CUAV by the arresting officers. In other words, the officers on the scene handled this incident effectively: they arrested the right person, issued an Emergency Protective Order, and made an appropriate referral.

Besides the low level of police intervention in cases of LGBT battering in San Francisco, three other findings stand out this year. First, the 457 incidents reported in 2006 represents an almost 25 percent increase (or 91 incidents) over 2005. This is the highest number of reported incidents in the past four years. (In 2002, 521 incidents were reported).

Second, the number of incidents reported by LBT women jumped from 166 in 2005 to 232 in 2006 - an increase of almost 40 percent. The increase in female clients may be due to the consistent and increasingly visible female members of the domestic violence counseling staff at CUAV. Over time, female community members who see themselves reflected at the agency itself may be increasingly willing to turn to the agency for help.

Third, the number of incidents reported by transgender people (24 incidents, or 5 percent of the total) in San Francisco is among the highest of any city in the nation.

Transgender survivors of domestic violence are among the LGBT community's most underserved populations. In general, transgender people report experiencing high levels of abuse and violence in their lives - including family members who assault them for their gender non-conformity, hate-violence by strangers, abuse by police officers, medical providers and other authority figures, and intimate partner violence. Given these high levels of abuse, transgender survivors of domestic violence can face seemingly insurmountable obstacles in seeking help.

The high numbers of transgender reports of battering in San Francisco may stem, in part, from the large, organized and politically active transgender community in the Bay Area. Additionally, CUAV has for many years had highly visible transgender people among its volunteers, staff and board. The agency's director of domestic violence services, for instance, is a transgender woman and a visible community activist. The organization strives to be a safe place for transgender survivors of abuse and for the transgender community as a whole.

CUAV staff report anecdotal evidence that some attacks against transgender women that are thought to be perpetrated by strangers, and are classified as hate violence, may in fact be committed by partners or former partners of transgender individuals. Like many other domestic violence survivors - regardless of gender or sexual orientation, transgender survivors may have difficulty accurately identifying intimate partner abuse, even as it's happening to them. And like other survivors, they may be tremendously reluctant to name their intimate partners as their abusers. Their transgender status in no way shields them from the complicated psychological process of having to admit that someone they love may be deliberately hurting them.

Other key findings at CUAV:

Number of incidents involving survivors ages 18 or younger: 10 (up from 6 in 2005)

Number of incidents involving survivors ages 50 or older: 37 up (from 25 in 2005)

Number of incidents involving survivors who are Asian/Pacific Islander: 51 (up from 31 in 2005)

Number of incidents involving alcohol and drug use: 19

## Chicago, Illinois Center on Halsted, Anti-Violence Project

The Center on Halsted Anti-Violence Project offers a 24-hour crisis hotline, counseling, support groups, legal advocacy, information and referrals, and in addition, provides professional trainings and presentations on violence, discrimination, LGBTH sensitivity and workplace issues. Services are available in both English and Spanish.

During 2006 83 survivors of domestic violence accessed services through the Anti-Violence Project. This is an increase from the 72 survivors who accessed services in 2004, when the last domestic violence report was released. Females accounted for 36 of the total reported cases while males accounted for 37 of the total. There were 7 M-F and 1 F-M transgender reports, 1 inter sex and 1 undisclosed gender identity report. The majority, 48 of the reports came from individuals who identified themselves as gay or lesbian. Three individuals identified as bisexual while 12 people identified as heterosexual and the remaining 20 did not disclose their identity. Reflected in these numbers are two female murder victims whose lives were taken by ex- intimate partners.

The Center on Halsted Anti-Violence Project hosted their 3rd annual vigil in October to remember LGBT victims and survivors of violent crimes. The vigil was held in collaboration with a local university who later that evening hosted a speaking event by Judy Shepard, mother of Matthew Shepard. As in the past, Djembe drummers, survivor stories, local activists and community co-sponsorship all contributed to the evening's success.

The Anti-Violence Project increased the volume of advertisement in local LGBT media in 2006. Weekly ads that promoted the Anti-Violence Project's 24-hour crisis line led to an increase in program visibility and client services. In addition, the AVP added several new organizations to its list of educational trainings and presentations.

## Minnesota Outfront Minnesota, Anti-Violence Project

While we had a significant drop in reported domestic violence cases, we continue to see the effects of intimate partner violence in all of the work that we do. Much of the reported violence has been as a result of severe physical assault and has been in conjunction with writing orders for protection and harassment restraining orders.

We have continued to see a constant level of male identified clients although our female identified client numbers have dropped. Finally, we are seeing more reporting of domestic/intimate partner violence within the transgender communities as well.

The use of weapons has more than doubled this year. The weapons have included guns, knives, ropes and other household objects. In addition to the increased use of weapons, we have had a 100% increase in the reported use of sexual violence/sexual assault during the course of domestic violence incidents.

While law enforcement seemed to be responding in an improved way to intimate partner violence reports, very few of the cases were actually reported to the police. Less than 1/3 of cases were reported to law enforcement and of those, only two cases reported an arrest at the scene.

### **Kansas City, Missouri Kansas City Anti-Violence Project**

The Kansas City Anti-Violence Project serves lesbian, gay, bisexual and transgender victims of violence, including domestic violence, sexual assault, and hate crimes in the Kansas City metro area, eastern Kansas and Western Missouri. KCAVP was started in 2003, with 2006 being the third year of data collection in the Kansas City area. KCAVP experienced a decline in the number of total clients in 2006. The decrease may be due to a greater need for outreach to the LGBT community. In 2006, KCAVP received funding to hire a full-time outreach and education coordinator to address prevention of LGBT violence through education.

KCAVP continued to add sites for emergency housing for victims who need a safe haven from domestic violence or other violent situations in the metropolitan Kansas City area as well as western Missouri and eastern Kansas. KCAVP also ran the only support group for LGBT victims and survivors of domestic violence. KCAVP established new relationships with other service providers and offered technical assistance for other service providers to become friendly to LGBT people.

### **New York City Gay and Lesbian Anti-Violence Project New York, New York**

In 2006, NYC AVP opened 322 new domestic violence cases and served 401 new victims. This constitutes a 30% decrease in victims from 2005, when NYC AVP opened 466 new cases and served 577 new victims. NYC AVP also continued to serve 71 on-going domestic violence victims who had come to the organization for services prior to 2006, totaling 393 victims/survivors who received services from NYC AVP this year.

A decrease in the number of DV victims seeking services in 2006 was reported by other agencies serving domestic violence victims city-wide. The reduced number of victims seeking services is believed to reflect a change in city policy that has severely limited access to housing supports for domestic violence victims after securing safety in confidential shelter locations. Before 2006, shelter residents were able to secure up to two additional extensions on a three-month shelter placement, providing up to nine months to apply for subsidized housing and other benefits for victims and their families.

Under new regulations effected in 2006, shelter residents were given a maximum of three months in which to secure work and independent housing in a location unknown to their perpetrators if the safety of children was not an issue. Subsidized housing has also been sharply cut in the New York City metropolitan area, and affordable housing in general has become a thing of the past.

For childless lesbians and gay men in particular, this diminished availability of resources may be impeding their ability to re-establish life independent of a perpetrator who maintains economic, social and psychological control of their lives. NYC AVP is closely monitoring this trend, and is working with other DV service agencies and coalitions to advocate for improved supports for LGBT victims of domestic violence, who are particularly vulnerable to such policy changes given the lack of access to family court remedies for LGTB domestic violence victims in New York.

In 2006, 50% of new reports to NYC AVP came from females (201 clients), and 48% of new reports came from males (194 clients). Of these, clients who identified as transgender accounted for 5% (18 transgender female and 3 transgender males), compared with 6% in 2005 (31 transgender females and 2 transgender males). In addition, NYC AVP served six new clients who preferred to identify as unknown/unspecified gender in 2006. This category includes victims/survivors who identify their gender identity beyond these binary gender categories, and represents the remaining 2% of clients served by NYC AVP this year. In the previous year, 24 victim/survivors declined to state their gender identity, representing 4% of the total 577 clients served by NYC AVP in 2005.

Lesbians represented 28% of victim/survivor reports in 2006 and gay males represented 35%, reflecting the same percentages based on sexual orientation as were reported in both categories in 2005.

Victim/survivors who identified as heterosexual represented 11% of reports to NYC AVP in 2006, of which 37% identified as transgender. In 2005, 13% of victim/survivors identified as heterosexual, of which 32% identified as transgender. It has been the experience of NYC AVP that the majority of transgender clients seeking services have identified as heterosexual. However, this should not be taken as representative of the overall composition of the transgender community, but more likely speaks to who chose to access the agency's services. Victims/survivors identified as bisexual continued to represent 4% of all reports, as in 2005.

The relative number of African American victim/survivors reporting to NYC AVP increased from 23% in 2005 to 30% in 2006. Reports by Latina/os, on the other hand, decreased from 26% of the total number of victim/survivors in 2005 to 24% in 2006, and reports by whites decreased from 24% in 2005 to 21% in 2006. The number of Asian/Pacific Islander, Native American, Arab/Middle Eastern and Multi-racial DV victims who reported to AVP each dropped slightly (1% or less) from 2005 to 2006.

The comparative number of incidents reported in the five boroughs of New York City was highest in Manhattan at 26% in 2006, the same percentage as in 2005. Bronx reports comprised 16% of cases in 2005 and increased to 20% in 2006. Queens reports increased from 9% of all cases in 2005 to 11% in 2006. Brooklyn reports actually decreased from 20% of cases reported in 2005 to 16% in 2006, and Staten Island stayed the same at 1%. An additional 9% of reports were made from undisclosed locations

within the five-borough area. Reports from the outer counties, upper New York State and other areas beyond New York accounted for 13% of cases, and New Jersey represented 4% of cases in 2006.

The number of victims who called to report their own experience of victimization increased, in an encouraging trend, from 67% in 2005 to 74% this year. Service providers initiated the first contact with NYC AVP in 12% of cases reported, a figure consistent with advocacy efforts reported in 2005. The percentage of perpetrators who contacted AVP before their victims did remained steady at 7%. A significant aspect of clinical assessment in same sex domestic violence work is the challenge of distinguishing victim from perpetrator based on the dynamics of power and control demonstrated by the individual seeking services. NYC AVP client services staff assess the presentation of any caller reporting domestic violence or abuse with the understanding that there is a fifty-fifty chance that any potential client may be either the victim or the perpetrator, and maintain focus on safety planning for both partners until it becomes clear who holds the power and control in the relationship.

The most prevalent forms of domestic violence victimization reported in 2006 were intimidation at 31%, including economic threats (33%), heterosexual threats such as outing (24%) and HIV-related threats, including status disclosure and discontinuation of medical treatment supports (also 24%). Verbal harassment, including emotional abuse, telephone stalking, and other forms of psychological control, represented 30% in 2006. These percentages remain level with reports made in 2005. Percentage of assaults reported, both with and without a weapon, remained fairly steady in 2006 (5% with a weapon and 18% without a weapon). Injuries requiring medical attention were up 6% in 2006, and those who needed medical attention but did not receive it increased from 9% in 2005 to 21% in 2006.

Current abusive partners constituted 50% of all reported offenders, ex-partners accounted for 28%, and relatives, including foster parents, accounted for 11%, the next highest category of offenders. The number of reported cases of intra-familial domestic violence affecting youth increased from 14% in 2004 to 17% in 2006. NYC AVP has begun to develop new programs to reach out to LGBTQ identified youth, including safe dating education, sexual assault prevention initiatives and a youth drop-in center.

Consistent with the overall trend of reduced domestic violence reporting, NYC AVP saw a 30% decrease in the number of incidents reported to the police in 2006 (209 incidents reported in 2005 and 148 reported in 2006). In cases where victims did report to the police, 37% fewer offenders were arrested (68 offender arrests in 2005 and 43 arrests in 2006). On a more encouraging note, 47% fewer victims were arrested (15 in 2006 compared to 7 in 2005) when the police called to the scene of a domestic incident. Police response when called to the scene of a domestic incident reflected a 50% decrease in abusive language and slurs, and there were no reports of physical abuse on the part of police responding to domestic violence incidents in 2006. Disturbingly, there was a 75% increase in the number of incidents where police refused to take a report when called to the scene. The number of victims/survivors who did interact with the police reported that police attitude was courteous in 32% of total instances in 2006, consistent with statistics from 2005.

NYC AVP continues its partnership with Safe Horizon, the largest mainstream domestic violence and crime victim services in New York City. Through this partnership, Safe Horizon has set aside safe space

in a secure domestic violence shelter for LGBT victims of domestic violence. This is the first known mainstream shelter space formally set aside for LGBT victims/survivors of domestic violence. NYC AVP works closely with Safe Horizon staff to support the case workers and mainstream residents in their efforts to support and include LGBT domestic violence survivors in all resources available to the residents in the shelter. Regular case conferencing with Safe Horizon shelter staff and ongoing counseling supports for LGBT shelter residents are provided by NYC AVP staff. This successful collaboration is resulting in expanded access for LGBT victims/survivors in other shelter residences throughout the five boroughs of New York City.

## **Columbus, Ohio**

### **The Buckeye Region Anti-Violence Organization**

Columbus reported 43 incidents of domestic violence in 2006, a decrease from the 59 reports collected in 2005. This decrease was in part a result of having fewer calls from heterosexual women. This year lesbian, gay, bisexual, and transgender survivors reported increasing levels of violence by their perpetrators and an increased use of weapons when attacked. More survivors reported that their partners had sexually assaulted them. We also had an increase in reporting from transgender individuals. This year we had five transgender women (M-F) report. We had none in 2005.

Lack of access to domestic violence shelters continues to be an ongoing concern for LGBT people. In Ohio, many mainstream shelters and domestic violence programs recognize that LGBT people are an underserved population. Many programs in Ohio are genuinely striving to train and educate their staffs to address this gap. Most shelters, some of whom provide sensitive and caring services to lesbians, bisexual women, and transgender women will only accept women. There are a very few shelters throughout Ohio who will house gay, bisexual, and transgender men.

The Ohio state constitutional amendment banning same-sex marriages, passed in the year 2004, continues to plague LGBT relationships. The amendment has caused much confusion in the LGBT communities regarding the issuance of and access to civil and criminal orders of protection. The Supreme Court of Ohio heard the first case, in January 2007, involving an unmarried woman whose boyfriend's criminal conviction was overturned in a domestic violence case due to the "marriage amendment." A decision is expected this summer (2007), which will affect eight other appellate cases. All of these appellate cases have involved unmarried heterosexual couples, and as a result, Ohioans see this amendment as only harming heterosexual women. This continues to perpetuate the notion that LGBT intimate partner violence does not exist or is rare.

## Regions Contributing Summaries Without Statistics for 2006

### Boston, Massachusetts The Network/La Red

While the debate of same-sex marriage may, for some, be a strictly political one, for the communities we work with, this debate has a very tangible affect on their lives. There are currently efforts underway to amend the state constitution and make same-sex marriage illegal in Massachusetts. While the survivors we work with may or may not be married, the anti-GLBT atmosphere alone is enough to impact their daily life, safety and choices. As a community under siege, it can be difficult to publicly acknowledge domestic violence for fear of giving ammunition to those who view LGBT relationships as invalid, unhealthy, and/or inferior.

Abusers use this “fear of airing our dirty laundry” as a means to manipulate and coerce silence. Survivors fear coming forward because to do so not only means acknowledging what has happened to them as individuals but it may feel like they are somehow letting down the larger community. In addition, in this atmosphere of hate how can we expect survivors to come forward and talk about their abuse when the very validity of their relationships is debated by our government and the larger community?

In the latter part of 2006 we noticed an increase in the number of male-identified survivors accessing our safehome services. While Massachusetts has always been woefully unable to provide adequate housing for GLBT survivors of domestic violence there was a shift in October that made this reality even worse. Prior to October there were eight programs that would provide emergency housing for a male survivor of domestic violence for at least a few days. After a shift in philosophy by the primary funder of domestic violence shelters, of those eight programs, three completely lost their safehomes and are now not providing any sort of shelter services to men. The loss of these housing resources for male survivors is devastating.

In addition, there have been several instances over the last year in which domestic violence survivors would comment that The Network/La Red was their only option as a place for support. Many of the individuals who have reported this could identify with three or more of the following terms: differently-abled, immigrant, non-English speaking, homeless, person of color, LGBT, on Section 8 Housing, poor, mentally ill, etc. It was sobering to observe that those who have the most forces working against them systemically are those who receive the least support.

### Long Island, New York Long Island Gay and Lesbian Youth

AVP-LI was started to address the growing violence being committed against gay, lesbian, bisexual, transgender (GLBT), and HIV positive youth and adults on Long Island. Long Island's GLBT community frequently report incidents of hate-motivated violence at their schools and in their communities. GLBT

survivors of domestic violence are unsure of whether or not to seek assistance for fear of discrimination or marginalization. Individuals have reported to LIGALY discrimination at work due to their HIV status. LIGALY created AVP-LI to assist these GLBT and HIV-positive survivors of domestic violence, sexual assault, hate crimes, and HIV-related violence.

To help begin an Anti-Violence Project on Long Island, LIGALY held two sold out performances of The Vagina Monologues (part of the National V-Day Campaign) that helped raise enough money to lay the groundwork for the new program. The Vagina Monologues fundraiser was important because, with five hundred people in attendance, it informed the community of the issue of violence against GLBT people. Finally, LIGALY secured state funding to officially launch the AVP-LI program and hire a full time Anti-Violence Project Coordinator in November of 2006.

Now that a full range of services are available, AVP-LI has begun to assist individuals who are affected by violence. Information is being collected on incidents of violence against GLBT people on Long Island. This information will be used to document and report the prevalence of GLBT violence on Long Island to the community at large. AVP-LI is also working to build relationships and establish referrals with other community-based organizations. A New Program Orientation has been planned where service providers can learn more about GLBT violence and the AVP-LI program. AVP-LI will also be educating youth, teachers, and service providers through the LIGALY's Annual Gay, Lesbian, Bisexual and Transgender Conference.

Prevention education with youth has been a priority with workshops being presented at LIGALY's Friday night drop-in program, Club LIGALY. A second annual performance of The Vagina Monologues will raise more money for the program and increase community awareness about GLBT violence and AVP-LI services.

AVP-LI is dedicated to responding to the needs of our clients and community. The program offers the following services for survivors and professionals:

- o Individual and group counseling
- o Police and court advocacy
- o Incident reporting
- o Educational presentations
- o Technical assistance

Moving into the future, AVP-LI will secure funding to maintain the program and will continually evaluate its services to help survivors of violence on Long Island and the GLBT community in the best way possible.

## RECOMMENDATIONS

In order to move toward an end to LGBT DV and all DV, we must continue to work toward overall social and cultural change in all levels of our society. While NCAVP and its member organizations prioritize social change work, incremental steps are also necessary to create additional safety and access to services and resources for survivors of DV. Modest changes in government laws and policies, law enforcement practices, funding allocation strategies and service provision standards could bring to domestic violence in the LGBT community the same powerful responses that are currently only available to some heterosexual women. To this end, NCAVP makes the following recommendations to federal, state and local governments, government agencies, funders of domestic violence services and service providers:

### **Recommendation 1. Adopt LGBT-inclusive standards of service**

Domestic violence agencies and organizations who are implicitly or explicitly focused on serving heterosexual women only need to expand their understanding of the complexity of domestic violence so that they do not revictimize LGBT survivors coming to them for help or miss the opportunity to provide services to an entire category of survivors. Without this, discrimination in shelters and outreach to our communities will continue. Agencies responsible for funding, licensing, regulating or certifying domestic violence services should create and enforce general service standards that detail appropriate responses to lesbian and bisexual women, and especially to gay men and transgender people who present with domestic violence-related concerns.

### **Recommendation 2. Enact LGBT-inclusive non-discrimination legislation *with plans for implementation and enforcement***

It is essential that non-discrimination laws governing housing, public accommodations, social services, criminal/legal systems, etc., include provisions relating to sexual orientation and gender identity and expression. These laws, however, have little more than symbolic value unless legislation also includes plans for implementation and enforcement. Police, medical personnel, shelters, landlords, and other people who hold institutional power over members of our communities do not cease discriminating when laws are passed. Furthermore, people experiencing discrimination based on any category have little recourse, unless they can afford an attorney and have time to research their options. Access to anti-discrimination protections for only middle class or wealthy people defies the spirit in which such legislation was enacted in the first place.

### **Recommendation 3. Increase access to public and private funding for LGBT domestic violence services and research**

It is imperative to the development of more capable services and research in response to LGBT domestic violence that new and continuing funding initiatives include LGBT communities, along with other under-represented groups, including communities of color, immigrant communities, people disabilities, among others, as priorities. NCAVP applauds the small number of public agencies and private corporation and foundation funders that have taken this step in recent years, and calls on others to do the same.

#### Recommendation 4. Utilize training resources offered by LGBT groups

While LGBT people are affected by domestic violence in many of the same ways as other individuals, some aspects of the violence many experience are specific to their LGBT identities. All those working to fight domestic violence, ranging from police officers to courtroom personnel and general domestic violence service practitioners, need to understand these issues in order to provide the most appropriate response. Training programs are one highly effective way to foster this broader awareness.

Throughout many areas of the country, LGBT community-based anti-violence organizations will gladly offer training and other technical assistance to help general domestic violence service providers learn about and better respond to the needs of LGBT individuals. For more information, readers are encouraged to contact NCAVP members in their areas.

# Appendix Section

LGBT Language and Terminology: Appendix A

LGBT Power and Control Wheel: Appendix B

LGBT IPV Quick Reference Guide: Appendix C

## SEXUAL ORIENTATION AND GENDER IDENTITY TERMS AND DEFINITIONS

A Note on Definitions: Please know that all definitions and labels do not mean the same to all people. Use the preferred terminology of the person/people with whom you are interacting. This list represents common usages and meanings of these terms within communities, but is neither exhaustive nor universal.

1) Gender: The set of meanings assigned by a culture or society to someone's perceived biological sex. Gender is not static and can shift over time. Gender has at least three parts:

- a) Physical Markers - Aspects of the human body that are considered to determine sex and/or gender for a given culture or society, including genitalia, chromosomes, hormones, secondary sex characteristics, and internal reproductive organs.
- b) Role/Expression - Aspects of behavior and outward presentation that may (intentionally or unintentionally) communicate gender to others in a given culture or society, including clothing, body language, hairstyles, socialization, relationships, career choices, interests, and presence in gendered spaces (restrooms, places of worship, etc).
- c) Identity - An individual's internal view of their gender. Their own innermost sense of themselves as a gendered being and/or as masculine, feminine, androgynous, etc. This will often influence name and pronoun preference.

2) Sexual Orientation: The culturally-defined set of meanings through which people describe their sexual attractions. Sexual orientation is not static and can shift over time. Sexual orientation has at least three parts:

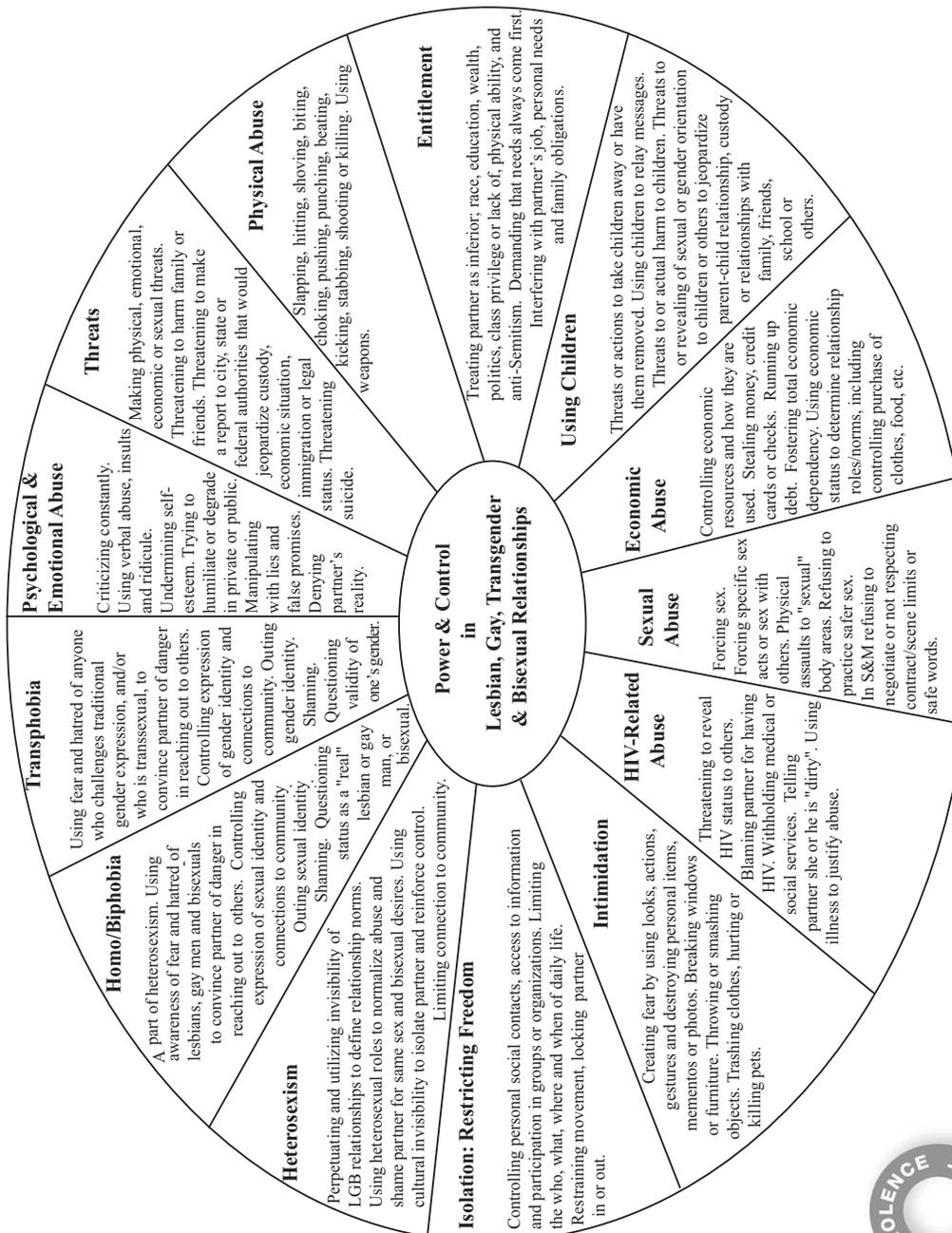
- a) Attraction - One's own feelings or self-perception about to which gender(s) one feels drawn. Can be sexual, emotional, spiritual, psychological, and/or political.
- b) Behavior - What one does sexually and/or with whom
- c) Sexual Identity - The language and terms one uses to refer to their sexual orientation. It may or may not be based on either of the above and can also be influenced by family, culture, and community.

3) Transgender: A term used broadly that refers primarily to individuals who identify differently from the sex assigned at birth or a term used by people for whom the sex they were assigned at birth is an incomplete or incorrect description of themselves. The term "genderqueer" has the same basic meaning but is used somewhat more loosely.

4) Intersex: A term referring to people who have physical markers that differ from the medical definitions of male or female. Most commonly, it is used to speak about people whose genitalia is not easily classifiable as 'male' or 'female' at birth but it can be used to refer to any biological marker that falls outside medical norms for masculine and feminine.

5) Gay: Most frequently used by male-identified people who experience attraction primarily or exclusively for other male-identified people.

- 6) Lesbian: Most frequently used by female-identified people who experience attraction primarily or exclusively for other female-identified people.
- 7) Bisexual: A term used to indicate attraction or potential for attraction to more than one gender.
- 8) Same Gender Loving: A term created by African American communities and used by some people of color who may view labels such as 'gay' and 'lesbian' as terms referring to and/or representing white people.
- 9) Two Spirit: An English translation of a concept present in some Indigenous cultures that refers to someone who is assigned one sex at birth but fulfills the roles of both sexes or of another sex.
- 10) MSM: Abbreviation for Men who have Sex with Men, a term used to describe men who engage in same-sex sexual behavior but who may choose not to label themselves as 'gay/bisexual.'
- 11) Femme: An identity term most frequently used by people with a more feminine gender identity and/or gender presentation
- 12) Butch or Stud or AG: An identity term most frequently used by people with a more masculine gender identity and/or gender presentation
- 13) Queer: A political and sometimes controversial term that some LGBT people have reclaimed, while others still consider it derogatory. Used most frequently by younger LGBT people, activists, and academics, the term can refer to either to gender identity, sexual orientation, or both and can be used by any gender.
- 14) Questioning: A term that can refer to an identity, or a process of introspection whereby one learns about their own sexual orientation and/or gender identity. Can happen at any age in and multiple times throughout ones lifetime.
- 15) Gender Nonconforming: This term can refer to gender identity, or gender role and refers to someone who falls outside or transcends what is considered to be traditional gender-norms for their assigned sex.
- 16) Transphobia: Societal, systemic, and interpersonal oppression against people of transgender experience. Also something experienced by some gender queer and gender nonconforming people.
- 17) Homophobia: Societal, systemic, and interpersonal oppression against LGBTIQ people and communities. Also can be experienced by those who are perceived to be LGBTIQ.
- 18) Heterosexism: Systemic belief that heterosexuality and the binary gender system are superior. Also, the overall creation of institutions that benefit heterosexual people exclusively and/or oppress LGBTIQ people.



Building Safer Communities for Lesbian, Gay, Transgender, Bisexual and HIV-Affected New Yorkers  
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## **LGBT IPV Quick Reference Guide**

### General Trends

- The longer the IPV lasts, the more likely it is that the violence will escalate
- Stalking and sexual assault may be significant parts of an IPV relationship
- It takes on average, about nine tries for a victim to leave (The most dangerous moment in a relationship where there is IPV is the moment that the victim tries to leave)
- Few know the batterer better than the victim and so listening to the victim is imperative for that person's safety

### Confronting the myths: IPV is NOT:

- Mutual Abuse
- Because society so narrowly defines gender roles and expectations, women are seen as capable of battering and men are rarely labeled as victims. This often leads people to mislabel abuse within LGBT relationships as mutual violence. Such a designation leaves victims in these incidents without the proper safety plan.
- A form of violence that is always physical
- Something that only occurs between domestic partners who cohabit
- Many people in IPV situations do not live together.
- Something that only happens to adults
- Many adults are uncomfortable with the idea of youth in heterosexual or LGBT relationships. However, youth do enter relationships and statistics indicate that they experience a tremendous amount of violence within these relationships.

### What Might You Say/Do?

When talking with survivors, there are several ways of responding that may help put the survivor at ease. These may include:

- It is great that you are here.
- No one ever deserves to be abused or hurt.
- Know that you are not alone.
- I am here to listen, not to pass judgments.
- I think your reactions/ feelings are totally normal/valid.
- It sounds like you have been put in a tough situation.

In working with LGBT Survivors of IPV, remember:

- o Use the client's preferred terminology and pronouns
- o If you mess up, do not over-apologize or expect your client to take care of your feelings
- o Acknowledge and validate patient discomfort in answering personal questions or talking about details of an assault
- o Utilize and refer clients to NCAVP and/or member programs
- o Have culturally relevant conversations with LGBT patients about the meaning of consent
- o Train your advocates and anyone else who might come into contact with the survivor
- o Understand your current limits and do not make promises out of guilt or embarrassment
- o Become comfortable with fluidity
- o Know that someone who is absolutely comfortable with their transgender identification may be fluid in their sex/gender identity
- o Have gender-neutral bathrooms available
- o If someone assumes that you are LGB or transgender because you are ally, don't rush to deny it as it may signal a level of disapproval.

