

LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER DOMESTIC VIOLENCE IN THE UNITED STATES IN 2008



A Report From

THE NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS

Inside:

- *Domestic/Intimate Partner Violence statistics in LGBTQ communities*
- *Stories from survivors*
- *Impacts of anti-LGBTQ bias: Barriers to safety and services*
- *Recommendations for policy and practice*
- *Local information and trends*

2009 Release Edition



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2009 RELEASE EDITION

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NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS

MISSION STATEMENT

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

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

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

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 LGBTQ violence issues and you need help or are interested in getting involved, please contact the NCAVP at 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

Organizations in full bold are contributors to this year's report

ARIZONA

Wingspan Anti-Violence Project

425 E. 7th Street
Tucson, AZ 85705
Phone: (520) 624-1779
Fax: (520) 624-0364
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

CALIFORNIA

Community United Against Violence

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

L.A. Gay & Lesbian Center

1625 N. Schrader Blvd
Los Angeles, CA 90028
STOP Partner Abuse Program:
Phone: (323) 860-5806
DV Legal Advocacy Project:
Phone: (323) 993-7649
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

EXECUTIVE SUMMARY

This is a report about domestic violence within the lesbian, gay, bisexual, transgender and queer (LGBTQ) communities in the United States during the year 2008. It is a product of the National Coalition of Anti-Violence Programs (NCAVP), a network of over 35 anti-violence organizations that monitor, respond to, and work to end hate and domestic violence, HIV-related violence, pick-up crimes, rape, sexual assault, and other forms of violence affecting LGBTQ communities. This report builds upon the work of our membership to name, understand, and end LGBTQ domestic violence.

Fifteen National Coalition of Anti Violence Programs (NCAVP) member organizations collected data for this report, thirteen of which submitted data the previous year. The data comparisons include thirteen programs that submitted data for 2007 and 2008.¹ Two programs new to the report also contributed data. They are: Safe Space @ RUI2 Community Center in Burlington, Vermont and The Gay Alliance of the Genesee Valley in Rochester, New York. Programs reported from the Pacific Coast, the West, the Midwest and the Northeast. No programs reported from the Southeast or the South, in part due to a highly limited number of programs and resources.

Reports from LGBTQ survivors of domestic violence and from service providers reveal considerable obstacles in access to shelters and a significant increase in police misconduct in 2008:

- “Seventeen percent of callers sought shelter and half of those callers reported that they were turned away. Unfortunately, if no resource can be found the survivor is left in peril and on their own.” (Buckeye Region Anti-Violence Organization, Ohio)
- “The police were called during a fight between Terri, a white, butch lesbian, mid-20’s, and Monica. Because Terri’s presentation was very masculine and she was the larger partner, the police arrested and charged her. Once Terri was released, she left her abuser and went into a domestic violence shelter.” (The Network/La Red, Boston)
- “Of clients reporting in 2008, it was rare that any sought assistance from the police. One client who did call the police was informed that if they reported to the person’s residence, they would have to arrest both the client and abuser. The client ended up not reporting the incident.” (Anti-Violence Project of the Milwaukee LGBT Community Center)

Major Findings:

- The **total cases reported** to NCAVP members in 2008 was 3419. This represents a slight increase, 1.2%, over 2007.
- Reported **DV-related fatalities** increased from 4 to 9 (125%).
- The number of cases with **reported police** misconduct in 2008 increased by 93%. In 2008, police misconduct was reported by 2.3% of all callers to NCAVP organizations who collect data in this category, compared to 1.2% of callers in 2007.

- The total percentage of those reporting as “Lesbian or Gay” represents the majority of the reported incidents (67%). An increase in reporting in **sexual orientation** in the category “Bisexual” by 18%. There was a 21% decrease in the category of “Heterosexual” reports. The total percentage of those reporting as “Lesbian” or “Gay” still represents the majority of the reported incidents (67%).
- **Age**-specific data reflects an increase in reports among those under 14 (14%), those between 50 and 59 (26%) and those between 60 and 69 (11%).²
- **Race and ethnicity** categories showed increases in many categories, most notably Latina/o (100%), Multi-racial (91%), and African Descent (50%).
- Striking increases were seen in a relatively new category of **immigration**, especially people with recent visas (1700%), refugees and asylees (900%), and people who are undocumented (250%).
- Reports of domestic violence against people living with **disabilities** increased by almost 50%.
- The number of **incidents in which police were called** decreased 41%.
- Reported **mis-arrests** decreased by 6%.

While overall reports of domestic violence, which have grown steadily in the past decade, appear to be maintaining at the same rate, the violence has increased dramatically and interactions with the police appear to be compounding issues of violence. Programs have also reported an increasing demand from LGBTQ communities of color, young and elder, disabled, and immigrant victims of intimate partner violence.

With increased violence at the hands of intimate partners and of the police, and increasingly diverse communities seeking services, increased cultural competency in mainstream institutions and the continued presence of LGBTQ-specific anti-violence programs are needed now more than ever.

NAAVP MEMBER ORGANIZATIONS (continued)

COLORADO

Colorado Anti-Violence Program

P.O. Box 181085

Denver, CO 80218

Phone: (303) 839-5204

Fax: (303) 839-5205

Website: www.coavp.org

CONNECTICUT

Connecticut Women's Education and Legal Fund

135 Broad Street

Hartford, CT 06105

Phone: (860) 247-6090, x16

Fax: (860) 524-0804

Website: www.cwealf.org

GEORGIA

United 4 Safety

PO Box 29458

Atlanta, GA 30359

Helpline: (404) 200-5957

www.united4safety.com

ILLINOIS

Center on Halsted Anti-Violence Project

3656 N. Halsted

Chicago, IL 60614

Phone: (773) 472-6469

Fax: (773) 472-6643

www.centeronhalsted.org

MASSACHUSETTS

Fenway Community Health Center,

Violence Recovery Program

7 Haviland Street

Boston, MA 02115

Phone: (617) 927-6250

Fax: (617) 536-7211

www.fenwayhealth.org

NCAVP MEMBER ORGANIZATIONS (continued)

The Network/La Red
P.O. Box 6011
Boston, MA 02114
Phone: (617) 695-0877
Fax: (617) 423-5651
www.thenetworklaared.org

MICHIGAN
Triangle Foundation
19641 W. Seven Mile Rd
Detroit, MI 48219
Phone: (313) 537-7000
Fax: (313) 537-3379
www.tri.org

MINNESOTA
OutFront Minnesota
310 East 38th Street, Ste 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
PO Box 15067
St. Louis, MO 63110
Phone: (314) 503-2050
www.avap-stl.org*

*Contact information could not be confirmed at time of release.

Recommendations in Brief

1. Increase Local, State and Federal Funding to LGBTQ Domestic Violence Programs

- Support solutions and strategies created by LGBTQ-focused victim assistance providers;
- Restore, maintain, or increase dedicated funds for lesbian, gay, bisexual and transgender people in all local, state and federal domestic violence funding streams;
- Recognize and avoid the opportunity cost of cutting funds to LGBTQ-specific DV programs.

2. Support Community and Non-Profit Based Prevention Initiatives

- Provide LGBTQ DV-specific education, including under-served communities;
- Consider restorative justice programs and working with abusers;
- Foster collaboration.

3. Incorporate the Lived Experience and Expertise of Survivors Wherever Possible

- Respect LGBTQ DV Survivors' expertise;
- Create formal mechanisms for survivor input and decision-making.

4. Fund Research around LGBTQ Domestic Violence

- Support more nuanced analysis through funding and technical assistance;
- Research the impacts of LGBTQ-specific advocacy in criminal legal systems;
- Support community-specific research on LGBTQ DV.

5. Enact LGBTQ-inclusive Non-discrimination Legislation with Plans for Implementation and Enforcement

- Provide adequate training and resources for implementation;
- Authorize and support review bodies to respond to and end discriminatory practice.

6. Increase the Efficacy of Law Enforcement

- Increase police training for LGBTQ-specific domestic violence;
- Provide law enforcement with culturally competent tools to assess and respond to LGBTQ DV;
- Adopt fairer policing protocols for transgender and gender non-conforming people.

INTRODUCTION

This report provides the most comprehensive data on lesbian, gay, bisexual, transgender and queer (LGBTQ) domestic violence in the United States. This report provides recommendations for ways to advance education and prevention strategies regarding domestic violence within LGBTQ communities and ways to hold public institutions more accountable to responding to LGBTQ survivors. It is written by the National Coalition of Anti-Violence Programs (NCAVP), a coalition of over 35 LGBTQ anti-violence programs in 25 states across the country. This report is meant to draw attention to the incidents and trends it documents and to highlight the need for more comprehensive responses to domestic violence within LGBTQ communities.

This report is divided into eleven sections. Sections 1 and 2, the *Executive Summary* and *Introduction*, serve to ground the major findings in the context of the socio-political constructs of LGBTQ DV in 2008. Section 3, *Selected Intimate Partner Violence Narratives*, is included in the sidebar of the report; its content was chosen to reflect issues of particular importance in this year's findings. Section 4, *Defining Domestic Violence in LGBTQ Communities*, relies on the contributions of two NCAVP member organizations, the Los Angeles Gay and Lesbian Center and The Network/La Red, to provide the framework of this report's research. Section 5, *Impacts of Anti-LGBTQ Bias on Survivors, Communities and Systems*, uses an individual case study to illustrate how barriers to services presented by anti-LGBTQ bias are systemically based and state-sanctioned. Section 6, *Report Findings and Discussion*, relates the national trends and findings along seven key demographic and incident-based issues in 2008. Section 7, *DV-Related Fatalities in 2008*, provides readers with eight narratives of LGBTQ DV-related deaths in 2008. Section 8, *Selected Local Summaries and Trends*, presents the local findings and further information from 15 NCAVP member organizations in chart and narrative form. Section 9, *Recommendations*, makes in-depth recommendations for the allocation of funds and the adoption of program models and policy changes on both legislative and institutional levels towards ending domestic violence in LGBTQ communities. Section 10, the *Conclusion*, draws upon the information and recommendations presented in this report to make a final argument for LGBTQ-specific resources, strategies and models to end domestic violence in LGBTQ communities. Section 11, the *Appendices*, include practical tools and resources for providers and policy makers in supporting NCAVP's recommendations.

Domestic violence (DV) exists in lesbian, gay, bisexual, transgender and queer relationships. Each act of domestic violence is unique to the individuals involved: depending on such intersecting identity variables as gender, sexuality, class, race, and ability combined with such institutional factors as citizenship status, government relationship recognition, and access to safe and effective victim services. However, people who batter have a variety of culturally common and, in some instances, state- and socially-sanctioned, options through which to harm another person. While privacy within relationships and the home are critical rights that help to protect individuals, especially from government interference in their lives, privacy within relationships is a cultural

NCAVP MEMBER ORGANIZATIONS (continued)

QUÉBEC
Centre De Solidarité Lesbienne
4126 rue St-Denis, Ste. 301
Montréal, QC H2W 2M5
Canada
Phone: (514) 526-2452
Fax: (514) 526-3570
www.solidaritelesbienne.qc.ca

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

In Our Own Voices, Inc.
245 Lark Street
Albany, NY 12210
Phone: (518) 432-4188
Fax: (518) 432-4123
www.inourownvoices.org

Gay Alliance of the Genesee
Valley, Anti-Violence Program
875 E. Main Street, Suite 500
Rochester, NY 14605
Phone: (585) 244-8640 x 17
Fax: (585) 244-8246
www.gayalliance.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

NCAVP MEMBER ORGANIZATIONS (continued)

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

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

PENNSYLVANIA

Equality Advocates Pennsylvania

1211 Chestnut Street Ste 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

PUENTES LGBT Resources

501 North Kansas
Suite 203
El Paso, TX 79901
Phone: (915) 526-1350
www.freewebs.com/thewordout/

norm used by abusers as a way to isolate their victims. Privacy is also used by community members as a way to not get involved in a couple's "relationship troubles." Isolation resulting from privacy protections is a way for abusers to enact violence without accountability, allowing abusers to justify their violence and to undermine a survivor's sense of reality of their experience of the abuse.

A general guiding definition of domestic violence is, "A pattern of behavior where one intimate partner coerces, dominates and isolates the other intimate partner in order to maintain power and control over the partner and over the relationship." Many within the LGBTQ anti-violence movement assert the need to transition from the traditionally used "domestic violence" language towards the more precise terminology of "intimate partner violence" (IPV). This term may be more accurate in describing the specific patterns within intimate relationships which this report seeks to describe, as DV can also be inclusive of any violence which happens in the home (between parent and child, roommates, etc.). While the report retains the term domestic violence this year, in coming editions of the report, the survey and analysis will likely utilize a more specified definition of intimate partner violence.³

Definitions are important because without a clear understanding of what domestic violence is, it can be difficult for survivors to determine if they are experiencing domestic violence. Providers who do not share a definition of domestic violence may refuse to recognize this violence in LGBTQ relationships and opt to deny services. Further, without a nuanced understanding of the unique aspects of LGBTQ domestic violence, providers may choose to adopt a 'one size fits all' mentality where they claim to deliver services to all equally when LGBTQ survivors are not actually receiving culturally competent or equal services. Despite dilemmas regarding definitions, they are important as they help to frame and name acts of violence and to hold perpetrators of such violence accountable.

For many LGBTQ people, isolation from traditional safety nets is also a part of their experience as LGBTQ people and affects the way they experience domestic violence. Many have been disowned by families of origin and abandoned by friends upon "coming out" as lesbian, gay, bisexual, transgender or queer. Many move away from familiar communities to cities or towns known to have large LGBTQ populations. For nearly all, structural biases and legal anti-LGBTQ discrimination, discussed more fully in Section 5 of this report, creates a culture in which LGBTQ people are not socially or legally permitted full integration into the larger fabric of society. This leaves LGBTQ people more vulnerable to state-sanctioned discrimination and to being cast as looking for 'special privileges,' an argument that willfully ignores the 'special wrongs' that are inflicted upon LGBTQ people, such as explicit discriminatory laws.

NCAVP's *Lesbian, Gay, Bisexual, and Transgender Domestic Violence in 2002* report, written shortly after the Supreme Court decision in *Lawrence vs. Texas* (2003) struck down the last remaining sodomy laws in the United States, foreshadowed a trend that moved away from some more radical and expansive conceptualizations of LGBTQ

families to more traditional, hetero-normative definitions. Focusing on the privacy arguments in Lawrence, the authors of the NCAVP report implored LGBTQ people to not replicate the context in which a great number of domestic violence incidents are perpetrated. They write,

LGBT people throughout the United States, proceeding with great hope, must take advantage of this moment when we have the opportunity to contemplate and redefine privacy, the meaning and actions attached to it, and the traditions we will create out of it. If we refuse to take on the legacy of abuse that has come to be an American tradition associated with privacy, it will be possible to create safety in newly acknowledged and legal relationships; safe and healthy communities in which to celebrate present and future victories and where individuals and families can grow and thrive.

Six years later, as LGBTQ communities advocate for the legal recognition of LGBTQ people and relationships, the LGBTQ communities take another step toward greater access to the type of privacy attendant to that recognition. Once again, NCAVP is issuing the call to LGBTQ communities, allies, mainstream service providers and government agencies: while privacy rights necessarily and correctly keep the government from imposing discriminatory disciplinary tactics upon the lives of LGBTQ people, they must not be used as an excuse to refuse to provide public, accessible and competent services to LGBTQ survivors of domestic violence.

Over the years, the LGBTQ communities have crafted effective, culturally competent, and relevant strategies to end domestic violence. From outreach materials and training modules to assessment tools and theoretical models, LGBTQ communities have developed approaches to domestic violence that do not rely upon traditional definitions of vulnerability, the gender binary or relationship recognition. These tools recognize and prioritize the importance of the full range of survivor strategies. But ending domestic violence within the LGBTQ communities should not be presumed to be the sole responsibility of LGBTQ individuals directly involved in the violence and the few LGBTQ-specific services available to them. Ending LGBTQ domestic violence requires a community willing to actively engage all forms of violence within and against LGBTQ people, and allies willing to help challenge the prevailing norms, which often do not include LGBTQ survivors, within victim assistance programs so that services become relevant and effective for LGBTQ survivors of domestic violence. And this work requires a recognition of the expertise of LGBTQ-specific programs, the inclusion of survivors' voices in education and prevention strategies, and adequately funded programs designed to respond competently to domestic violence within the LGBTQ communities and to the needs of LGBTQ survivors.

NCAVP focuses on addressing and eliminating violence in all its forms against LGBTQ individuals and communities by supporting the work of local organizations through education campaigns, direct services, quantitative and qualitative data collection and public policy work. NCAVP is a national coalition of member programs that combine their regional knowledge and strategies into one national voice reflecting the myriad

NCAVP MEMBER ORGANIZATIONS (continued)

**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
**SafeSpace a Program of the
RU 12? Community Center**
P.O. Box 5883
Burlington, VT 05402
Phone: (802) 863-0003
Fax: (802) 861-6487
www.ru12.org

VIRGINIA
Virginia Anti-Violence Project
virginiaavp.org
info@virginiaavp.org
804.643.4816.

WISCONSIN
**Anti-Violence Project at the
Milwaukee LGBT
Community Center**
315 West Court Street
Suite 101
Milwaukee, WI 53212
Phone: (414) 271-2656
Fax: (414) 271-2161
www.mkelgbt.org

WASHINGTON
**Northwest Network of Bisexual,
Trans, Lesbian and Gay
Survivors of Abuse**
PO Box 20398
Seattle, WA 98102
Phone: (206) 568-777
www.nwnetwork.org

**NCAVP MEMBER ORGANIZATIONS
(continued)**

WASHINGTON, DC
WEAVE Inc,
Anti-Violence Project
111 16th Street NW
Suite 200
Washington, DC 20036
www.weaveincorp.org

NATIONAL
For Ourselves: Reworking Gender Expression, Survivor Project
PO Box 1272
Milwaukee, WI 53201
Phone: (414) 559-2123
www.forge-forward.org

National Leather Association - International Domestic Violence Project
P.O. Box 423
Blacklick, OH 43004-0423
www.nlaidvproject.us

tools and strategies that can be used on a local level. This local approach is imperative to addressing violence because community-based responses can be highly effective as they involve the local actors, networks, and cultures. This collaborative approach to addressing anti-LGBTQ violence fosters national strategies informed by the rich diversity of the LGBTQ communities throughout the United States and the ability to specifically meet the needs of local areas.

There are currently more than 35 NCAVP member organizations across the U.S. and Canada, many of which are the sole LGBTQ anti-violence resource in their entire state. Survivors who access these services often note that they do so as an alternative to less knowledgeable and often more hostile mainstream systems. In areas without NCAVP member organizations, victims and survivors of violence and their families often go without adequate support, resources and options. Mainstream services striving to increase competency to work with LGBTQ survivors rely on the expertise of the few LGBTQ anti-violence programs that exist to provide that technical assistance. Without LGBTQ specific anti-violence programs, LGBTQ survivors are forced to live without support and the violence they experience goes undocumented, further perpetuating the isolation and denial of the violence.

Through collaborative work, NCAVP members have established a coalition that produces the most substantive and relevant data on domestic violence in the LGBTQ communities and is the most strategically positioned group to put forth policy recommendations to address this violence.

DEFINING DOMESTIC VIOLENCE IN LGBTQ COMMUNITIES

This section contains subsections from two of the local member organizations of NCAVP. These subsections are intended to reflect some of the diverse opinions and voices of the NCAVP coalition while also lending contextual support to the *Executive Summary, Introduction, Report Findings and Discussion, Recommendations and Conclusion* included in this report.

Domestic Violence or Intimate Partner Violence? Towards a Common Definition **Stephanie A. Jones, J.D., LL.M., M.P.H., consultant to Los Angeles Gay and Lesbian Center**

This subsection describes some of the challenges in defining what LGBTQ organizations mean when discussing “domestic” or “intimate partner violence.” In naming these dilemmas, it is the aim of this report to advance the consensus around how we talk about it the work we do, and as such, to support a deeper understanding of the work itself.

“Intimate Partner Violence” and “Domestic Violence” - Distinctions Between the Terms
Use of the term “domestic violence” to describe violence in LGBTQ intimate relationships has been disfavored by some feminist researchers. They contend that the language of “domesticity” reflects the patriarchy and hetero-normative tendencies of the law from which it springs, obscuring the dimensions of gender and power at play.^{4,5}

These tendencies have various expressions in state law, but even those with provisions around LGBTQ intimate partnerships tend exhibit some form of sanctioned discrimination in either text or practice.⁶ For example, in order to access a legal remedy under California’s Domestic Violence Protection Act (“DVPA”), one must fall into one of the Act’s categories of “protected persons,”^{7,8,9} as well as demonstrate, to the Court’s satisfaction, “reasonable proof of a past act or acts of abuse.”¹⁰ Categories of “protected persons” under the Act include being the Spouse, Cohabitant, Co-parent, Child, or Blood relative to the alleged perpetrator, or sharing a Dating or Engagement Relationship with the alleged perpetrator.

Thus, there is no conduct which alone is sufficient to satisfy the extension of domestic civil protection orders; whatever proofs the alleged victim provides of a past act (or acts) of abuse by the alleged perpetrator, no protection order will be granted without establishing also that the relationship between the alleged victim and the alleged perpetrator is one which the Act anticipated in crafting the law.

CONTRIBUTING NON-MEMBER ORGANIZATIONS

CALIFORNIA

Asian Women’s Shelter
3543 18th Street, Box 19
San Francisco, CA 94110
Phone: (415) 751-7110
Fax: (415) 751-0806
www.sfaws.org

MINNESOTA

**Battered Women’s
Justice Project**
1801 Nicollet Ave S., Ste 102
Minneapolis, MN 55403
Phone: (612) 824-8768
(612)824-8965
www.bwjp.org

SELECTED INTIMATE PARTNER VIOLENCE NARRATIVES

Colorado Anti-Violence Program

Arthur, 40s, male, white, gay, urban

My partner has started telling people that I'm HIV+, including my family. I've been rebuilding a relationship with my family and I haven't been up to telling them my status yet. My partner also accused me of domestic violence, but the charges were dropped when police discovered that I wasn't anywhere around when the call was originally made. I've changed my name twice and both times, my partner was able to find me. I've cut myself off from all of my friends because I think it's one of them who keeps passing on my new phone number and they'll probably tell him where I am. I'm trying to find housing, but can't seem to find anything because my only income is through SSDI.

Sophia, 40s, transgender female, Latina, gay, urban

It all started with a fight over money. My boyfriend was demanding that I give him back what he gave for his part of the rent. I didn't have it anymore because I had paid the rent. He kept getting angrier and then started yelling inappropriate things about my gender. I got the building's

One only need consider the stated purpose of California's supposedly gender-neutral "domestic violence" law to appreciate its hetero-normative bias: "The DVPA is intended to prevent the recurrence of acts of domestic violence and to provide for a separation between the parties involved for a period of time sufficient to enable them to seek resolution of the causes of the violence."

"Intimate partner violence," (IPV) has been advanced as a narrower "domestic violence," as a better descriptor of inter-personal violence, one liberated from both the generally oppressive cast of the law, and the specific need for the alleged victims to explain that no, they are not carrying on with either their landlord or their mother-in-laws. Intimate partner violence thus applies to a subset of domestic violence's "protected persons" categories – but not all. All intimate partner violence is a form of particular, intimate form of domestic violence; not all domestic violence is intimate partner violence.

Towards A Common Definition: Intimate Partner Violence

Despite limited research on LGBTQ IPV, even across this "meager" body of work, there is no standard definition for the term "IPV," nor are there standard definitions for the constituent elements of "intimate partner violence," namely "intimate partner" nor "violence."

Social scientists agree that the lack of formal, uniform definitions for "intimate partner," "violence," and "intimate partner violence" is significant and attribute the lack of a uniform definition to capture LGBTQ IPV as "one of the obstacles to creating uniform and equal legal protection for gay, lesbian, bisexual [trans or queer] people."

Public Health decrees: "The first step is to define the problem and ask how big it is." It is only after the defining and the counting that any association between the matter defined and counted and any observed or intuited outcome can be ventured.

Intimate Partner Violence 101

Adapted from Kaitlin Nichols, The Network/La Red

As community organizations and service providers, The Network/La Red works with a diverse group of survivors whose identities, experiences and relationships are as varied as the regions they are from, as varied as their gender identities, their sexualities, their cultures, and their economic statuses. Despite this tremendous diversity, there are commonalities in their experiences that help serve as a framework for talking about intimate partner violence (“IPV”) in LGBTQ communities.

A Working Definition of Intimate Partner Violence:

While there is no single, consistently utilized definition of LGBTQ intimate partner violence, there are hallmark features of the experience of LGBTQ IPV.

The term intimate partner violence typically reveals a systematic attempt by one partner to control the thoughts, beliefs, and/or actions of their partner, someone they are dating or had an intimate relationship with. This generally does *not* include pick-up crimes against people who have just met through cruising, sex work, or other means. Therefore, working definitions of LGBTQ IPV almost always specify that the relationship between the parties is now, or has been, an intimate one, and that there is a controlling pattern of behavior to assert power and control of one intimate partner over the other.¹⁶

A working definition of "intimate partner violence," therefore could be, "A pattern of behavior where one intimate partner coerces, dominates and isolates the other intimate partner in order to maintain power and control over the partner and over the relationship."

The experience of LGBTQ intimate partner violence crosses all social, ethnic, racial and economic lines. One cannot determine if someone is being abused or is abusive by their size, strength, politics, gender expression, race, economic level or personality. Intimate partner violence can occur between couples just dating, or those in long term relationships, or between former intimate partners. Intimate Partner Violence is defined by the relationship between the intimate partners and the power and control behaviors exerted by one partner on another, and not on the length of relationship or whether or not the intimate partners live together.¹⁷

How does someone abuse their partner?

Those who abuse may use a number of tactics of abuse to control their partner. Oppressions such as racism, classism, sexism, ableism, anti-Semitism, transphobia and homophobia support the abuser in feeling entitled to have power and control over their partner and give the abuser tools with which to exert that control. Tactics of abuse can include emotional abuse, physical abuse, sexual abuse, economic abuse and abuse

SELECTED INTIMATE PARTNER VIOLENCE NARRATIVES, *continued*

Sofia, 40s, continued

that, he punched me in my face, chest and head. A CAVP staff member came to court with me for a restraining order, but I don't know if that's going to be enough to keep him away from me. The building where I live let me change my apartment, so hopefully I'll have a little bit of a new start.

Steven, 30s, male, white, white, urban

I came to Colorado to get away from the man I've been living with for the past 25 years. When I was a teenager, my parents sent me to live with him and he's done lots of terrible things to me. I didn't know these things weren't ok until I started talking to some people about it. One of the worst things was when he'd stick knives in a dildo and push them inside me. Sometimes I would cut myself so badly that I had to go to a hospital and it was the only time I was able to get a break from him. He controlled everything. I've never had a bank account, I've never gone food shopping for myself, I don't have any friends. I've never been on my own and it's really scary. Sometimes it feels like too much and I'm not sure if I

SELECTED INTIMATE PARTNER VIOLENCE NARRATIVES, *continued*

made a good decision to leave. A few times since leaving, I've called court with me for a restraining detox to spend the night there because I was drinking and too afraid to be alone. Some organizations in Colorado have been working together to help me find permanent housing, but it's been hard because there are such long waiting lists everywhere.

Jocelyn, 40s, female, African American, lesbian, urban

I left my violent ex-husband over 10 years ago and he lives in another state. Recently, he found me and showed up at my house. I called the police, but he was gone when they showed up and I was told that they can't do anything if I don't know where to find him. I'm afraid for my safety as well as my partner and two daughters. I've dealt with a lot of violence over the years (childhood incest and later was raped) and don't want anything to happen to my family. I sent my older daughter out of state to stay with family members and talked to the principal of my younger daughter to make sure the school will only let her come home with me. My partner is out of town and

around someone's culture or identity. An abuser may use only one of the tactics or a combination of many tactics. An abuser can change tactics over time. Often intimate partner violence escalates and increases over time.¹⁸

Cycle of Abuse:

Survivors often describe their relationships as having patterns. At times the abuse is "not as bad" or appears to be not happening. NCAVP members sometimes call this pattern "the Cycle of Violence," or "Cycle of Abuse," and generally includes three phases. Identifying the cycle if and when it exists helps survivors to understand that the moments when things seem to be going well in a relationship are often not signs of the relationship getting better, but actually another abuser tactic to keep the survivor from leaving. The cycle is often described as:

- **Tension Building:** During this time the abuser may use subtle controlling behaviors to create an atmosphere that the survivor feels like they are walking on eggshells.
- **Explosive:** During this time an abuser may use a tactic or multiple tactics of control to gain or regain power over their partner, which "can include extreme violence, emotional cruelty, or even death."¹⁹
- **Honeymoon/Seductive:** During this period an abuser is trying to gain the trust of their partner. At the beginning of the relationship this can be described as the "hearts and flowers" stage. Later in the relationship this is where the abuser may appear apologetic for the abuse, sometimes saying "this will never happen again" or "I will get help." Again, this is often a tactic to maintain power and control.

This cycle is often repeated over and over again, and more rapidly over time. This cycle may take place over the course of several months, or may occur several times in the course of one day. During the cycle, survivors may experience love for their partner, and they may feel hope that things will change and remember that the relationship didn't begin like this. Survivors also feel fear during this cycle, fear for their safety and fear of impending explosive incidents.²⁰

Issues Unique to LGBTQ Intimate Partner Violence

There are many ways in which LGBTQ intimate partner violence differs from this violence in heterosexual relationships.

They include:

- LGBTQ communities may not identify Intimate Partner Violence as a community issue, which can increase isolation and lack of support.
- LGBTQ survivors may be likely to have same support systems, such as friends and social spaces, as an abuser.

- Internalized responses to homophobia, biphobia, and transphobia can often lead to an increase in self-blame.
- Sexual identity and/or gender identity may be blamed for abuse by partner, family or friends.
- Less societal validation of relationship and self may lead to self-doubt.
- LGBTQ survivors experience a lack of mainstream visibility about what they are experiencing and therefore may not recognize what they are experiencing as intimate partner violence.
- LGBTQ survivors experience homophobia, biphobia, and transphobia when interacting with mainstream resources, for example police, legal systems, and domestic violence shelters. As such, many LGBTQ survivors not reaching out for support to these systems.
- Mainstream resources and institutions may incorrectly identify the survivor and the abuser in an intimate partnership. This can diminish options for LGBTQ survivors if the abusive partner access services first, or if services are provided to both partners.

SELECTED INTIMATE PARTNER VIOLENCE NARRATIVES, *continued*

I'm making sure she stays away from home for now, until we can figure something out. CAVP helped me get into an address confidentiality program and I'm going to go and stay with family until we can get a new place to live.

The Network./La Red

*Terri , mid-20s, female,
white, butch lesbian*

Terri left her abuser in the beginning of 2008 after being arrested and charged with assault. The police were called during a fight between Terri and Monica. Because Terri's presentation was very masculine and she was the larger partner the police arrested her and charged her. Once Terri was released she went into a domestic violence shelter in her home state. During her time in the shelter, while out on a pass, she was attacked and raped. When the police arrived at the scene they questioned Terri relentlessly and acted as though they didn't believe her. They then told her they would take her to the hospital for her injuries but first took her to the police station for questioning before eventually taking her to the hospital. Feeling unsafe after the rape, with the police, and in the shelter she left the state and went to stay with family in New England.

**SELECTED INTIMATE
PARTNER VIOLENCE
NARRATIVES, *continued***

While staying with family she was put down about being lesbian, her masculine gender presentation and harassed by her family. Feeling no longer safe at home she moved on to a shelter in Massachusetts. Terri contacted us and started to talk with us about the abuse from her family.

During this time it was apparent that she was experiencing a great deal of PTSD and needed more support so we began meeting with her in one-on-one meetings. During this time much of the support was centered on the abuse by Monica and the recent rape. After her stay at the shelter Monica entered our safehome and eventually from there went into another program. Over the past year Terri has moved between shelters, homelessness, and apartments that she has found through Craig's List. During all of this she has been struggling with a great deal of PTSD, and unfortunately has not been able to get into a supportive, sustainable living situation. We continue to work with Terri and support her through the hotline, and advocacy.

**IMPACTS OF ANTI-LGBTQ BIAS ON
SURVIVORS, COMMUNITIES AND SYSTEMS**

Maryse Mitchell-Brody, MSW, New York City Anti-Violence Project

Supporting Safety on All Levels

As expressed throughout the body of this report, experiences of anti-LGBTQ bias have tremendous impacts on survivors and those who support them. Today, people in the US are coming to understand the deeply harmful impacts of homophobia, biphobia and transphobia upon the individuals who face it. However, these incidences as experienced by members of our community are discrete expressions of broader systems of power and control. They are not "blips on the radar" but are the mechanisms by which institutions that historically privilege traditional notions of family, intimate partner relationships, gender identity, gender expression, and sexual activity reinforce and maintain that hegemony.

The following case study, from NCAVP member The Network/La Red, illustrates how one man, Davis, experienced the negative consequences of anti-LGBTQ bias on individual, community, and systemic levels. This story gives credit to some mainstream organizations for their efforts to support the needs of LGBTQ survivors. However, it also serves as a reminder of just how many resources are underdeveloped, how many needs are going unmet and how much work there is left to be done on the local, state and national levels. It highlights the critical role of LGBTQ-specific groups in advocating for and providing services that are culturally competent to the communities with whom we work.

Perhaps most importantly, Davis' story appears here because it shows the resilience and creativity of survivors and LGBTQ anti-violence organizations in the face of imperfect, inequitable services and systems. In the face of budget cuts, elevated brutality and persistent cultures of violence, Davis' story is a testament to the powers of community and dedication to the end goal: safety.

Case Study - The Network/La Red (Boston)

Davis, Biracial Trinidadian & Portuguese, gay man, mid-30s

We, advocates working for the Boston-based LGBTQ anti-violence organization The Network/La Red, received a call in 2008 from Davis, a gay man who was in danger because the abuser he had fled had just found him. Davis had just received a death threat on his car from his abuser, Jason. How Jason had found him he didn't know, he had just started to believe he had safely gotten away until finding the note.

Davis had been with his partner for seven years. During that time his partner was always controlling, he monitored his phone calls, wanted to know where he was at all times and controlled all of their money. One day when Davis came home from work, Jason was already home with his friends. Jason and Davis got into a fight and Jason forced Davis to have sex with his friends. A few days later Davis grabbed a few things, got in his car and just started driving. Davis stayed with a friend that Jason didn't know, and got a job. He was away from Jason for a month before he got the note on his car, it was written as a contract on his life.

Davis felt that he needed to keep his car, as it was a means of escape, so we wired him money and strategized about how to get him to a domestic violence shelter. Over the next couple of days we talked with Davis on the hotline and continued to safety plan. With Davis we developed an intensive advocacy plan that was designed to keep him moving across country towards Boston. Together, our advocates and Davis contacted gay-friendly churches, local and statewide domestic violence programs, and the National Coalition Against Domestic Violence (NCADV) to find shelters that would accept men, and programs that would provide food, toll money, and gas cards. The NCADV was helpful with letting us know which shelters were in the areas that Davis was traveling and which would accept men. The information that NCADV provided was not always accurate regarding access for men but provided a good starting point in each area. Calls to statewide coalitions and statewide domestic violence hotlines gave us information about which programs worked with men. Often when advocates called to arrange a place for Davis to stay we were often told, "we don't shelter men." With the help of the statewide programs or by talking to supervisors, in many cases, we were able to get the program to take Davis for a night or two. This happened repeatedly during the twelve day process it took to get him to Boston.

When there was no space to be obtained in domestic violence programs we tried homeless shelters. Due to the very recent sexual assault, Davis did not feel safe in a homeless shelter. We advocated on his behalf with one particular program and made arrangements to have Davis sleep for the night in one of the beds that was in the staff offices. Despite this arrangement, when Davis arrived the staff person that greeted him told Davis that he thought that Davis didn't look gay and looked like he could take care of himself so he would need to stay with the rest of the men.

Davis' experience during this time varied greatly: while some programs were great others treated him horrifically. Through safety and logistical planning by our staff

**SELECTED INTIMATE
PARTNER VIOLENCE
NARRATIVES, *continued***

*Janice, mid-50s, female,
white, lesbian*

Janice started calling us about 3 years ago. She called to talk about the partner that she has been with for 27 years. Janice's partner Alice is confined to a wheelchair and has a chronic illness. Janice is Alice's primary caregiver. Janice started doing research online when she started to feel that perhaps her relationship was unhealthy. While looking online she found information about lesbian domestic violence and eventually found The Network/La Red's website.

Her first calls were really focused on understanding domestic violence and that it could happen between women. During our screening it became clear that Alice was both emotional and physically abusive towards Janice. Alice would throw things at Janice if she didn't do things for her quickly enough, would keep tabs on where she was going, call her names, tell her that no one would ever love someone as fat as her and over the years had isolated Janice from her family and friends.

Janice struggled a great deal with the idea that someone who was confined to a

SELECTED INTIMATE PARTNER VIOLENCE NARRATIVES, *continued*

wheelchair could be abusive towards someone who was able-bodied. She vacillated between blaming her self and being angry with Alice. Janice was depressed, isolated, and the stress of the relationship was affecting her health.

Over the next couple of years we worked with Janice and talked about the physical abuse, about power and control and the isolation that she was experiencing. At one point she reached out to her local domestic violence shelter and found that after talking with them for a few months that they didn't seem interested in continuing to talk with her unless she left her partner. Although discouraged by the experience with her local domestic violence she continued to talk with us. Being together for 27 years she felt as though she didn't even know how to live without Alice and talked about how few connections she had with other people. During this time Janice started to take exercise classes and started talking to a local pastor. She started to make other friends, having more of a social network she started to feel more confident and when things were bad at home she would reach out to us or some of her friends to

and intensive advocacy with church programs for money for gas and tolls, and domestic violence programs and homeless programs for shelter Davis was eventually able to reach Boston and enter our safehome program.

Reflections on the Case

Individual Impacts

What Davis experienced reflects the typical patterns associated with abuse by intimate partners as described in the definitions section of this report. Jason exerted abusive power and control when he attempted to monitor Davis's whereabouts and social interactions. Also, Davis experienced elements of economic abuse, in which money and other resources are controlled by the abusing partner.²¹ One of the more explosive incidents in this particular pattern of violence was Davis's experience of the sexual assault committed by Jason and his friends. When Davis tried to flee his controlling partner, Jason stalked and threatened him, in an escalation of abuse that is common to intimate partner violence.

All of the above factors are compounded by anti-LGBTQ bias. Friends and family members may not be aware or embracing of one's identity, so there may be fewer avenues for community support outside of direct service settings. Because of the limited LGBTQ-affirming resources available to some members of our communities, it may be more difficult to disclose abusive patterns or to access safety. In addition, racism can compound anti-LGBTQ bias and further inhibit people of color like Davis from engaging with institutions that aim to support survivors.

Community Impacts

When Davis first left Jason, he thought he had managed to safely escape his abusive partner. However, when he received the death threat, Davis got the support of The Network/La Red in Boston to help him build a plan for accessing safety. Their tireless efforts to support him in navigating his way across the country provide an uncommon snapshot of someone's experience with the same issue in different local communities.

One of the chief barriers to safety in Davis's case was that of shelter access. This trend relates to anti-LGBTQ bias on both local and national levels, and as such will be discussed in both sections. In some regions, even heterosexually-identified women may have difficulty finding shelter, especially in the wake of the recent fiscal crisis. Nearly all of our NCAVP member organizations report that access to shelter for transgender men and women and non-transgender men is limited or non-existent in their home areas.²² This relates both to outdated notions around the gender identities and sexual identities of domestic violence survivors and the continuation of these perceptions by local providers, who because of limited exposure, resources or government support, may perpetuate inequitable access.

As illustrated by the narrative above, local shelter employees may not understand the basic facts of LGBTQ domestic violence or the needs of those who survive it.

In some of these instances, site-by-site interventions by advocates like those at The Network/La Red may draw attention to the existence of LGBTQ domestic violence and thus the necessity of providing comprehensive services at mainstream organizations. In Davis's case, when local domestic violence programs did not shelter men, his options were limited to homeless services. Because homeless shelters and their staff may sometimes be under-prepared to meet the needs of survivors and LGBTQ people, unsafe situations that may re-traumatize the survivor can occur. This was the case in Davis's experience with the service provider who, despite receiving specific instructions to shelter Davis in his office, housed him in the common area. In this case, the assumptions made around what a gay person "looks like," and consequentially, their safety needs, rendered a survivor of recent sexual assault vulnerable to triggers and potential further violence within the shelter.

Systemic/National Impacts

The inequitable access to shelter experienced by transgender people and non-transgender men as described above is reflective not only of inadequate services on a local level but also of a national systemic failure to meet LGBTQ people's needs. This trend is rooted in the historical anti-LGBTQ bias of the mainstream domestic violence movement. Because the mainstream DV movement was organized by mostly non-transgender, white, and middle class women survivors, the services and program models developed by those efforts tend to reflect the issue and value sets of those identities.²³ As such, the stereotype of domestic violence survivors as being exclusively non-trans women in heterosexual relationships created a paradigm of service provision that itself translates into anti-LGBTQ bias and discrimination. Finally, mainstream programs' over-reliance on law enforcement systems, which may be ill-equipped to respond to the needs and desires of LGBTQ survivors appropriately and respectfully, presents additional barriers. Also, such programming can and often does harbor racism, classism, xenophobia, ableism, and other unequal power systems. The unequal access to shelter, as manifested on the individual and community levels in Davis's experience, is only one expression of a host of interlocking oppressions.

Davis and The Network/La Red were able to draw on the resources of the National Coalition Against Domestic Violence (NCADV) and statewide networks as a starting point for finding funds and appropriate shelter. Within recent years, tremendous efforts have been made by LGBTQ-specific organizations, and ally mainstream domestic violence organizations, to advocate for and expand services available to non-transgender and transgender men, lesbians, and transgender women. However, as indicated by the outdated, conflicting, or minimal information on LGBTQ-specific programs supplied by NCADV in this case, mainstream organizations have much work left in the effort to provide support for LGBTQ survivors.

Reinforcing Structural Bias: Conclusions

Anti-LGBTQ bias and legal discrimination, as manifested on individual, community, and national levels, have contributed to limited services for and understanding around LGBTQ survivors of domestic violence. For reasons described throughout the previous sections and the findings and recommendations of this report, this translates into

SELECTED INTIMATE PARTNER VIOLENCE NARRATIVES, *continued*

Janice, mid-50s, continued
talk about what was going on. After three years of planning, getting support for herself, and building her life she broke off her relationship with her partner and moved into her own apartment. She has been very excited about the changes in her life and was happy when all her friends got together and brought her furniture for her new apartment. Janice continues to talk with us on the hotline.

NYC Anti-Violence Project
Joe, mid-40s, male, white, gay, urban
I was dating my boyfriend on and off for over a year before things got physically violent. We would argue and he would put me down a lot, but we also had a lot of fun together. One night, we got into an argument over money and I got up to leave his house. He pushed me and I lost my balance and fell, twisting my knee. When I got up, he punched me in the face and chest. I'm bigger than he is, but things got out of hand so quickly, he was beating me up before I knew it. He threw my cell phone on the ground so I was not able to call the police, but I made it out into the hall and one of his neighbors heard me and called 911.

SELECTED INTIMATE PARTNER VIOLENCE NARRATIVES, *continued*

The police came and took a report, arresting my ex-boyfriend and calling an ambulance for me. A couple of days later, I called AVP at the suggestion of a friend. I was still in shock, but the counselor was really helpful and reassuring. I asked questions about the District Attorney and the Order of Protection. I dreaded having to go to the court house and see my ex again, but my counselor gave me a lot of support. I also got help filing an application for the Crime Victims Board, since my nose and knee got pretty badly injured. I had no insurance, so CVB paid my hospital and doctor's bills.

Danny, late 50s, male, white, gay

I had been with my now ex-partner for over twenty years. Recently my ex had come out of jail. He is HIV positive, homeless and is blaming me for his hardships. My ex comes to my apartment in the early hours of the day to ask me for money so he can buy drugs. I think that he has the potential to get very violent. He has been violent in the past and has stolen from me. I have recently lost my job and have no money to give to my ex. He makes a scene every time he comes into the building. On a

continued under-reporting by LGBTQ survivors to non-profit and governmental institutions. In turn, the scope and severity of LGBTQ domestic violence, and the urgent need for systemic changes, are under-estimated and inappropriately prioritized. As such, government, community-based and private funding and support for research in these areas is critically insufficient. Ideally, better-supported research would aim not only to delineate the prevalence of the issues, but also foster resource and capacity development around best practices of prevention, intervention, and restorative measures. For a more in-depth discussion of NCAVP's recommendations on this issue, please see Recommendation 4 of this report, *Fund Research around LGBTQ Domestic Violence*.

In the absence of broad-based provisions for such efforts, information on LGBTQ domestic violence is limited across many sectors. LGBTQ people may not be able to find the services they need, a trend which is further compounded by issues of privilege and rank along racial, economic, and other socio-political lines. Providers who wish to develop, enhance or refer to LGBTQ-specific services may not have or know about resources available to them. This can have a profoundly destabilizing effect on programs already struggling to exist amidst structural anti-LGBTQ bias, which may be compounded in times of financial crisis. Those responsible for the production and distribution of knowledge, like academics and media makers, also may not fully grasp or describe the nature of LGBTQ domestic violence. In turn, the general public, in the absence of such knowledge, may be less likely to be LGBTQ allies or to hold elected officials and other government bodies accountable to the needs and rights due to all.

The factors mentioned above interweave and reinforce one another to create a system of anti-LGBTQ bias and state-sanctioned discrimination that can seem impenetrable on a macro scale. In turn, individual and local experiences of anti-LGBTQ bias present additional barriers for survivors in accessing the help that they deserve. Without working for significant structural change, the aforementioned individuals, agencies and institutions will remain complicit in or actively perpetuate unequal power systems, and attempt to keep LGBTQ communities marginalized, leaving LGBTQ survivors' needs unmet and voices unexpressed.

NCAVP member organizations and our change-making allies have a wealth of creative, non-traditional, and thus effective approaches to combating the structural violence inherent to anti-LGBTQ bias and discrimination. Both formally and in the myriad micro-resistance skill-sets that traditionally oppressed communities develop as a means of survival, LGBTQ anti-violence organizations are consistently advancing challenges to systemic bias and demanding the resources and rights that are our due. In the meantime, agencies and community groups like The Network/La Red will continue to maximize limited resources to support people like Davis to access safety as best they can. As a coalition of organizations confronting individual and local expressions of anti-LGBTQ bias and violence, NCAVP members share resources and collectively advocate to uproot the national and structural factors that perpetuate a culture of violence against the communities we represent.

2008 REPORT FINDINGS AND DISCUSSION

The member organizations reporting data represent a broad geographic spread:

Pacific Coast: Community United Against Violence & Asian Women's Society (San Francisco, CA), Los Angeles Gay & Lesbian Center, Northwest Network of Bi, Trans, Gay, and Lesbian Survivors of Abuse (Seattle, WA)

West: Colorado Anti-Violence Project (Denver, CO), Montrose Counseling Center (Houston, TX)

Midwest: OutFront Minnesota (Minneapolis, MN), The Center on Halsted Anti-Violence Project (Chicago, IL), Kansas City Anti-Violence Project (Kansas City, MO), Buckeye Region Anti-Violence Organization (Columbus, OH), The Anti-Violence Project at the Milwaukee LGBT Center (Milwaukee, WI)

Northeast: The Network/La Red (Boston), Fenway Community Health (Boston), New York City Anti-Violence Project (New York, NY), SafeSpace @ RUI2? Community Center (Burlington, VT), The Gay Alliance of the Genesee Valley (Rochester, NY)

NCAVP has four member programs in the **South** which did not report. Additionally this region is underrepresented, due to a lack of LGBTQ-centric services and a decrease in active member organizations, in part due to the fiscal crisis.

The data included from the 15 organizations contains sample sizes ranging from $n=12$ to $n=1483$. Most urban areas had numbers ranging from approximately 200-400 reported incidents, with the exception of the Los Angeles Gay and Lesbian Center (LAGLC), whose comprehensive data collection system provides NCAVP with nearly half of this data (comprising 1577 and 1483 data points in 2007 and 2008 respectively). Because of their strong representation in NCAVP data overall, this report distinguishes LAGLC data in a few categories where national trends across 2007 and 2008 look significantly different without LAGLC figures.

Nearly half the contributing agencies saw increases in the number of reported incidents including: Fenway Community Health Center (28%), Colorado Anti-Violence Program (CAVP) (15%), New York City Anti-Violence Project (12%), OutFront Minnesota (10%), Anti-Violence Project of the Milwaukee LGBT Center (8%), and Montrose Counseling Center (3.7%). Others reported decreases including: The Northwest Network of Bi, Trans, Gay, and Lesbian Survivors of Abuse (-23%), The Buckeye Region Anti-Violence Organization (BRAVO) (-21%), The Center on Halsted (-20%), Kansas City Anti-Violence Project (KCAVP) (-16%), Community United Against Violence (CUAV) (-11%), The Los Angeles Gay and Lesbian Center (LAGLC) (-7%), and The Network/La Red, (-3.6%). Two programs new to the report also contributed data. They are: Safe Space @ RUI2 Community Center in Vermont and The Gay Alliance of the Genesee Valley in Rochester, New York.

SELECTED INTIMATE PARTNER VIOLENCE NARRATIVES, *continued*

Danny, late 50s, continued
number of occasions, he had broken the front door to get into the building. I fear that if this goes on I'll be evicted by the landlord. I do not want him arrested because of his HIV status, but I want to be able to protect myself and maybe get an Order of Protection. I have made numerous police reports, but the police could not find him because he is homeless and a drifter.

I came to AVP and the counselor helped me prepare a safety plan. I had mixed emotions about the whole situation, but the counselor validated my feelings and said it was normal to feel this way. The counselor advocated on my behalf with the police and advised me I could petition for an order of protection from the Family Court, which I didn't know about. With the encouragement from the counselor, I went to the Family Court in my borough and filed a petition. I received a temporary order or protection, but I needed to serve it on my ex-partner. The next time my ex came over to extort money from me, I went directly to the police precinct. He followed me all the way to the precinct where the police served him the protection

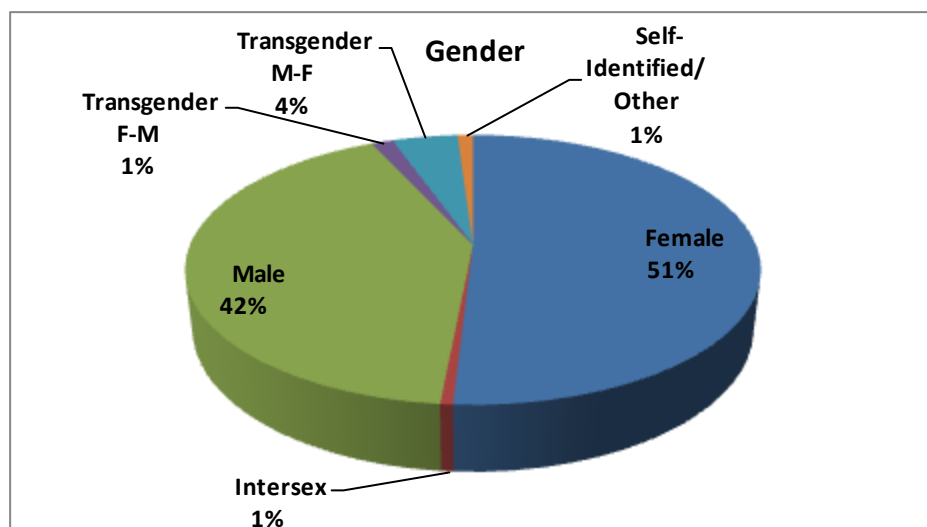
SELECTED INTIMATE PARTNER VIOLENCE NARRATIVES, *continued*

order. I went back to Family Court with the signed affidavit from the police. When the Judge asked me why I wanted the order of protection, I replied: "I want my life back". The Judge granted me a two-year order of protection. Thanks to AVP and the new law, I can now have my life back.

Tamara, 50, Latina female, lesbian

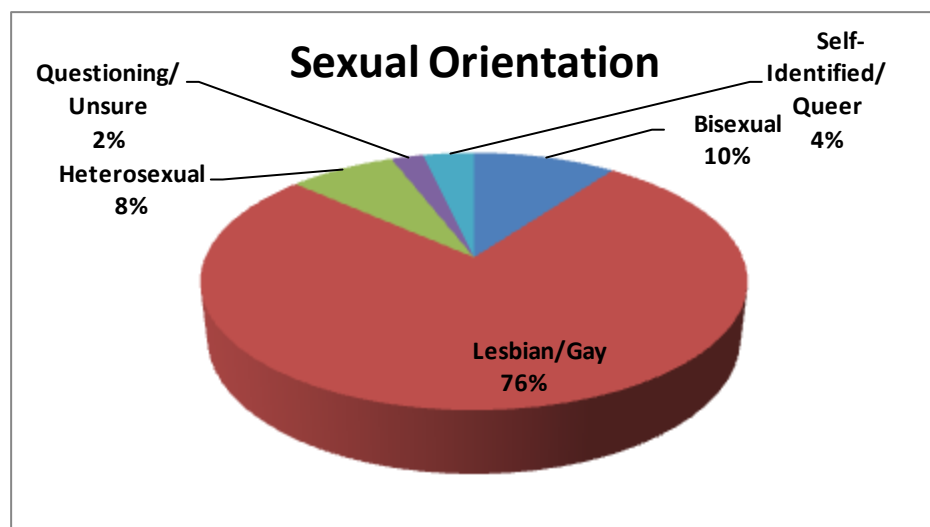
I called the Anti-Violence Project because I was depressed and didn't know what to do. I was in a relationship that wasn't making me happy and the emotional abuse I was getting was unbearable. I never felt physically safe with my girlfriend because she cut me before. The night before I called she had threatened to hurt me and report me to the immigration office because I am undocumented. I knew I wasn't in a safe place. I called the next morning. I spoke to the counselor and he provided me with understanding. I knew I was in a safe place at AVP. My counselor gave me referrals to legal service providers that help people like me who have been victims of domestic violence to apply for immigration relief. With time and the counselor's support, I was able to find my own voice. It

Gender Identity of Victims & Survivors in 2008



(n = 3,419, chart represents 2,989 cases whose sexual orientation was known)

Callers identifying as female comprised the majority of the total (51%), similar to the percentage reported in 2007. Those identifying as male represented the next largest category (42%), signifying a slight decrease in reports (10%). Callers identifying as intersex rose from 7 to 19 (171% increase). Reports from transgender men dropped 14% and those from transgender women rose 1%. The decrease in reports from transgender men is a significant trend as they tend to experience a great deal of societal stigma, as do transgender women, and are therefore less likely to report domestic violence. When transgender people attempt to access services through mainstream providers, they are often met with discomfort, confusion, and at times outright hostility. Many mainstream providers who rely primarily on gender stereotypes when providing services and who, whether consciously or not, provide services that may be rooted in transphobic response, present a significant hurdle to transgender survivors who must negotiate these difficulties while experiencing abuse in their relationship. When transgender survivors question how they are being unfairly treated under these circumstances, they are often quickly and conveniently labeled as difficult or non compliant and asked to seek services elsewhere.

Sexual Orientation of Victims & Survivors in 2008

(n = 3,419, chart represents 2,989 cases whose gender identity was known)

Lesbians and gay men represent the majority of those reporting incidents to participating programs. They represent the 76% of all victims for whom sexual orientation was known. Bisexual individuals constitute the next largest category (10%) with heterosexuals reporting the third highest percentage (8%). It is important to note that transgender people may be included in this category. Too often providers assume that transgender people do not identify as heterosexual or conflate gender identity with sexual orientation. With the data from LAGLC, the most significant increase in this category was among bisexuals up 21% from 249 to 301 reports. In one of the lower reporting percentages yet important categories are the 2% of callers who reported their identity as questioning or unsure.

SELECTED INTIMATE PARTNER VIOLENCE NARRATIVES, *continued*

Tamara, 50, continued
is now several months after I made that phone call and I'm now living on my own. I know without his support, I would not have had the courage to move out.

Kansas City Anti-Violence Project
Scott, 36, male, white, gay
I met my partner Anthony a month or so after I had left another abusive relationship. At first he was a good friend who would listen to me talk about what happened with my ex-boyfriend. A few weeks after we started talking Anthony asked me to move in to his house because I did not have a place to live and I couldn't stay with my friends for much longer. Soon after I moved in, Anthony started becoming very controlling of where I went, who I talked to, how I cleaned the house, and how I cooked his meals. If Anthony did not like the dinner I cooked for him he would tell me that I was useless and make me sleep on the living room floor.

One night I confronted Anthony about him cheating on me after he came home with marks all over his neck. He grabbed a broom and started hitting me on my head and face. I ran out of the house and to a church nearby where

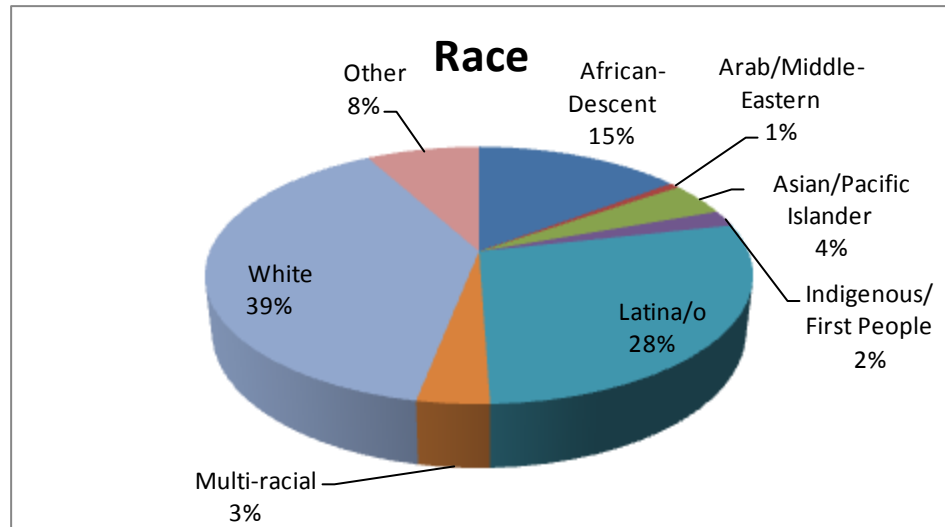
SELECTED INTIMATE PARTNER VIOLENCE NARRATIVES, *continued*

they called an ambulance and the police. I was in the hospital for two days and had staples put in my head to close the cuts.

After I left the hospital I had nowhere to go, no clothes, and no friends to help me. I called KCAVP and they were able to give me emergency housing, food, and clothing. My advocate also helped me file for an order of protection and went with me to meet with the domestic violence detectives. She also worked with me to plan ways to help me stay safe.

Justin, 32, male, white, gay
I have been with my boyfriend Manuel for two years. We both have good jobs and are well known in the LGBT community. About one year ago Manuel started using crystal meth. One night we were supposed to go to dinner with friends but when I went to pick him up he was too high and drunk to go. I left him at his house, went to the dinner, and then returned to my house afterwards. I went to sleep and Manuel started calling me over and over. A half hour later Manuel showed up at my house with his shotgun and kicked my back door in. I heard him coming up the stairs and

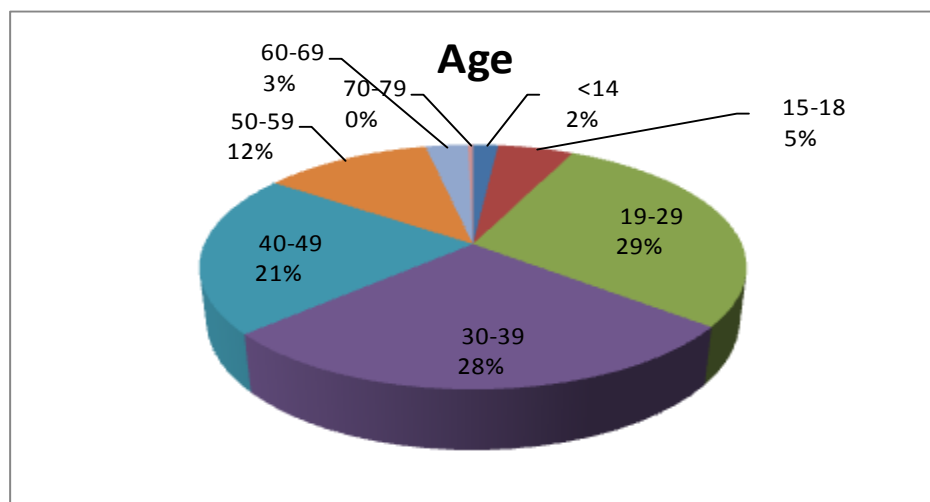
Race/Ethnicity of Victims & Survivors for 2008



(n = 3,419, chart represents 2,869 cases whose race was known)

People of color comprised 61% of callers for whom such data was known in 2008. Specifically, Latina/os made up 28% of callers, people of African-Descent 15% and Asian/Pacific Islanders 4%, Indigenous/First Persons 2% and Arab/Middle Eastern 1%. Not included in the chart are the total number of callers for whom race or ethnicity are unknown (16%). For this category particularly, the LAGLC numbers impact the overall totals in a way that shifts the picture significantly. With LAGLC, Latina/o callers rose 100% and without fell 4%, multi-racial callers rose 91% with LAGLC and 24% without the numbers, callers of African-Descent rose 50% with LAGLC and without 17%; Arab/Middle-Eastern callers rose 33% with LAGLC numbers and fell 53% without, Asian/Pacific Islanders rose 33% with LGAGLC callers and fell 2% without, callers identifying as White rose 37% with LAGLC and 5% without. The category other dropped 93% with LAGLC data and rose 149% without.

The reporting agencies contributing data tend to be located in diverse regions such as Los Angeles, Chicago, Boston, and New York City, which may account for the generally high numbers of people of color. Other factors may also be of importance. As noted by many grassroots people of color organizations, people of color domestic violence survivors are overrepresented and underserved within the victim services.²¹ These communities, for a variety of reasons related to their marginalized status, also tend to access free to low cost services such as those provided by NCAVP member organizations, thus leading to their overrepresentation in this data. It may also be that many NCAVP members act upon an analysis of oppression that includes a deep commitment to anti-racism work and therefore provide increased outreach within these communities.

Age of Victims & Survivors in 2008

(n = 1,936, chart represents 1,402 cases whose age was known)

This section does not include Los Angeles Gay and Lesbian Center data.

Data reflects an increase in reports at the two ends of the span in ages. This may very well relate to an increase in funding for groups often marginalized on the virtue of age. For those under the age of 14, there was a 14% increase and for those between 50-59, there was a 26% increase. It is notable that there was also an 11% increase for callers between the ages of 60-69. Though the percentages increased at the margins, the age categories spanning 19 to 49 comprise the highest number of callers, with the 30-39 age range increasing 14%.

Identifying domestic violence within relationships where the people are either young or old tends to present additional difficulties because both groups are often in relationships that are not very well understood by most mainstream victim assistance providers. Many adults often do not want to believe that young people have relationships or that their relationships can be serious. For LGBTQ youth, talking about their relationships may be difficult enough. To discuss violence within these relationships presents another layer of potential stigma.

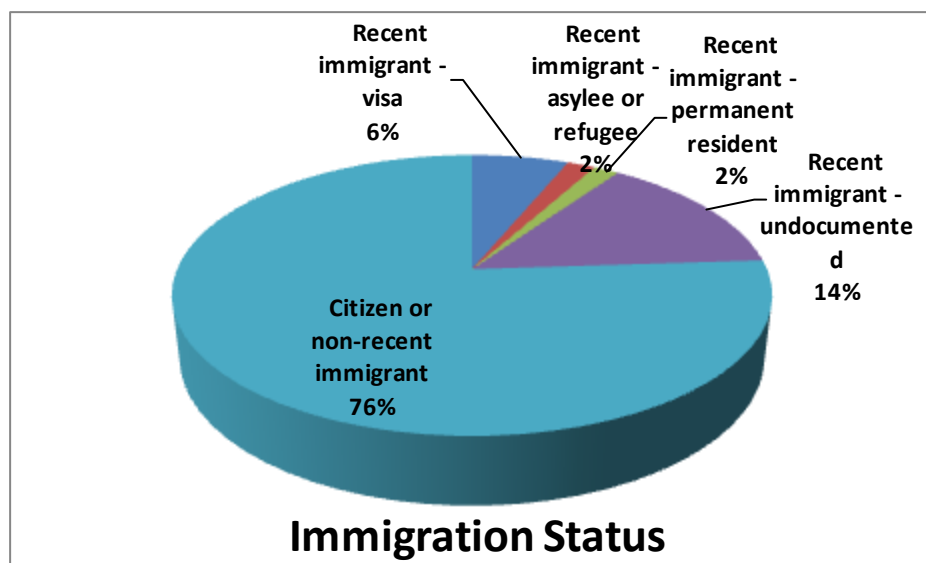
Many older adults face domestic violence in new relationships. Older adults may also experience late onset domestic violence in long term relationships that may be a result of a variety of factors including facing dementia or other age-related illnesses. When combined with issues around fears homophobia or transphobia, these issues are only compounded. Further, both youth and older adults may be reluctant to report their abusers for fear of losing important sources of other types of support such as financial support or their home. Older adults also are not sufficiently reached by HIV and sexually transmitted infection-awareness campaigns, and as such, may be more vulnerable to HIV-related domestic violence.

That NCAVP members have reported increases in both young and old populations reporting reflects a growing knowledge of the importance of reaching out and providing relevant services to these marginalized populations.

SELECTED INTIMATE PARTNER VIOLENCE NARRATIVES, *continued*

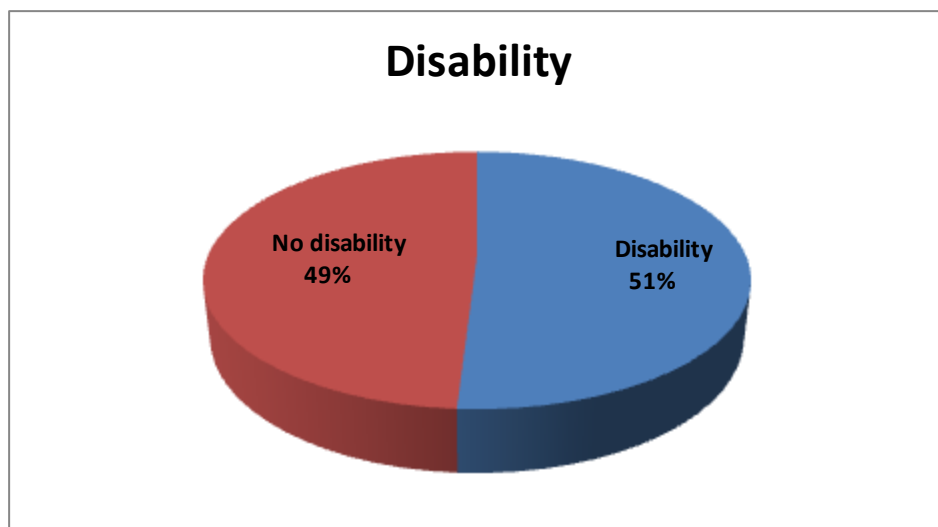
Justin, 32, continued
went and hid in another bedroom. When he got upstairs I ran out of the bedroom and tried to go downstairs and get outside. I hid in the garage until it was safe for me to leave and then I went to a neighbor's house.

I called KCAVP for help the next day and an advocate came to meet with me. I was worried that she would want me to go to the police. I don't want to have a relationship with Manuel anymore but I don't want him to go to jail either. I just want him to stop breaking into my house and to leave me alone. The advocate listened to what I had to say and helped me to think of ways to safety plan. I don't know what is going to happen with Manuel but I feel better knowing that I have someone to turn to if I need help.

Immigration of Victims & Survivors in 2008

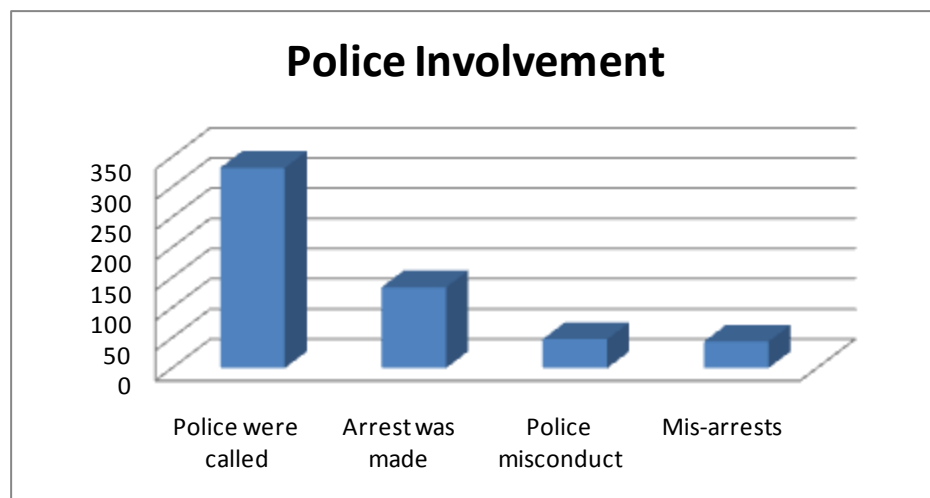
(n = 3,419, chart represents 507 cases whose immigration status was known)

Among the most striking findings was in the data collected concerning immigration. Broader categorization including “Citizen or Non-recent Immigrant,” “Recent Immigrant w/ documents,” or “Recent immigrant w/o documents,” “Recent immigrant – visa,” “Recent immigrant - asylee or refugee,” “Recent immigrant - permanent resident,” “Recent immigrant – undocumented,” and “Citizen or non-recent immigrant” allowed for a wealth of nuanced information not previously available to NCAVP. Striking increases were seen in the most marginalized among these categories, especially people with recent visas (950%), refugees and asylees (>900%), and people who are undocumented (250%). These are people whose shaky immigration status may render them more vulnerable to abuse because their options for support are limited, whether because they do not qualify for services or if they fear accessing services because they feel doing so may lead to issues with their status.

Disability Status of Victims & Survivors in 2008

(n=363, chart represents 1523 cases where disability status was reported)

Reports of domestic violence against people living with disabilities increased by 46%. In part, this increase could be related to increased outreach to and competency with LGBTQ survivors living with disabilities, as reported by some NCAVP member organizations. The rates of violence against women with disabilities are much higher than in the general population.²⁶ Very much related to violence against LGBTQ individuals, the violence against people with disabilities is very much related to their marginalized status. Abusers often rely on the fact that people with disabilities will not report violence or that if they do, they will not be believed or will be re-victimized to the point of opting out of the services. Further, many people with disabilities are often very much dependent upon their abusers (partners, family members, personal care attendants) and often very isolated. Additionally, they are often not perceived as credible self-advocates. Complicating factors concerning domestic violence are that people with disabilities are also often stereotyped as either asexual or hypersexual which further leads to barriers regarding factors such as sexual assault within violent relationships.

Police Involvement with Victims & Survivors in 2008

(n = 3,419, chart represents 536 cases with police involvement)

The number of cases in which police were called went down by 41% with LAGLC and rose by 25% without LAGLC. The number of cases with reported incidence of police misconduct rose 92% with LA and 140% without. In 2007, 1.2% of callers reported police misconduct compared to 2.3% in 2008. Reported mis-arrests rose by 120% without LAGLC (and decreased by only 6% with LAGLC).

These trends speak to basic cultural competency issues and the fact that many LGBTQ community members experience systemic bias and have legitimate distrust of the police supporting them on multiple axes of identity and oppression. As detailed in the local summary by the Anti-Violence Project of the Milwaukee LGBT Center, clients in NCAVP member programs often report that police officers may identify them as the abuser when they are in fact the survivor, or are told that because the partners are of the same gender identity, police “have to take them both in.” Transgender survivors of domestic violence face many hurdles with respect to accessing their basic human rights within the criminal legal system.²⁷ The afore-mentioned factors are undoubtedly among the persistent causes behind these trends of police involvement. They articulate the critical need for increased training, community-specific protocols and accountability for police officers working with LGBTQ survivors, especially those specializing in response to domestic violence. For more in-depth recommendations in response to these trends, please see *Recommendation 6, Increase the Efficacy of Law Enforcement*.

*Domestic Violence-Related Fatalities in 2008**Findings and Discussion*

Each year, domestic violence fatality review boards across the country look at the scope of victims within DV murder cases. The National Domestic Violence Fatality Review Initiative defines a fatality review as the “deliberative process for identification of deaths, both homicide and suicide, caused by domestic violence, for examination of the systemic interventions into known incidents of domestic violence occurring in the family of the deceased prior to the death, for consideration of altered systemic response to avert future domestic violence deaths, or for development of recommendations for coordinated community prevention and intervention initiatives to eradicate domestic violence.”²⁸ Such an initiative holds incredible potential for developing a more nuanced understanding of the range of dangers within domestic violence relationships as well as suggestions for changes that can be made within

the system to help prevent such murders.²⁹ This type of in-depth analysis requires a great deal of time, effort and funding.

NCAVP members are not sufficiently expert to conduct such reviews of LGBTQ DV fatalities. And, though this report does not include data on the broad range of potential fatalities in a domestic violence murder case, each year, NCAVP members receive information about DV murders through hotline calls by family or friends of the victim, community meetings, and media releases of deaths caused by violence occurring within the context of abusive relationships and consider it important to document these deaths. All the information included in the narratives is public. Reports are submitted at the discretion of the reporting program. OutFront (MN) reported no murders in 2007 and one in 2008. The Center on Halstead (IL) reported a decrease in murders from 2 in 2007 to 1 in 2008. The Kansas City Anti-Violence Project (MO) reported three murders in 2008 and none in 2007. The New York City Anti-Violence Project (NY) reported a 100% increase with 4 murders reported in 2008. BRAVO (OH) was also up one murder from 0 in 2007.

It is nearly certain that the DV-related murders in this reports were not the only ones that occurred in 2008. 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 into the home or scene of the murder. The stigma surrounding both LGBTQ issues and DV issues makes it clear that DV murders in our communities are significantly under-reported. Several NCAVP programs are currently working with the fatality review boards in their areas to increase the knowledge of the reviewers regarding LGBTQ domestic violence-related fatalities. Through this type of collaboration, it is our hope to help the reviewers to better understand the dynamics of LGBTQ relationships and the impact of stigma on these relationships in order to more accurately identify and make policy recommendations around LGBTQ domestic violence fatalities.

Selected LGBTQ Domestic Violence-Related Fatality Narratives

These narratives tell the stories of just a few of the fatalities associated with LGBTQ domestic violence in the United States in 2008. It should be noted that a criminal complaint is merely an accusation and that a defendant is presumed innocent until proven guilty.

OutFront Minnesota (Minneapolis, MN)

Michael Reich, 46

Harold Meeks was charged and convicted of second-degree murder in the death of his intimate partner of about a year. On June 13, police were called to Reich’s apartment by Meeks who then confessed to having strangled Reich three days earlier and leaving him in the bathtub in the apartment. Reich exhibited signs of a severe beating including multiple deep tissue bruises and fractured bones throughout the body. Sufficient strangulation force was used to break the bones in Reich’s neck. Meeks is serving a sentence for second-degree unintentional murder (MN Statute 609.19) and has a current anticipated release date of 2019. We are not certain at this time why Meeks was not charged with domestic violence-related first-degree murder (MN Statute 609.185) which carries an automatic life sentence in Minnesota because the murder was committed via strangulation during the course of a domestic assault.

Kansas City Anti-Violence Project (Kansas City, MO)

Sergio Hernandez, 36

On March 19th, 2008, the body of Sergio Hernandez, 36, was found stabbed to death in a drainage ditch located in a wooded area near the Kansas City Downtown Industrial Park. Police later arrested Jose Arturo Banelos-Arteaga and charged him with armed criminal action and second degree murder in the death of Hernandez, who according to the probable cause statement Banelos-Arteaga had a “long-term physical relationship.”

Eugene Stevenson, 42

On August 20, 2008, the body of Eugene Stevenson, 42 was found stabbed to death in his apartment. Earlier that evening police responded to a call from a woman saying her son Marion Chapman had confessed to her that he killed his lover Eugene. Police detained Chapman and found two knives in his possession. Marion Chapman has been charged with second degree murder in the death of Eugene Stevenson. When questioned by police, Chapman denied any involvement in the murder. His trial occurred on September 14, 2009.

New York City Anti-Violence Project (New York, NY)

Olga Rodriguez, 49, Latina female

On June 21, 2008, Olga Rodriguez was found murdered in her bathtub by the landlord who went to her apartment at 715 Eagle Avenue in the Bronx to collect the rent. She was stabbed multiple times and was pronounced dead on arrival by the EMS. She had been in a relationship with Cecilia Rodriguez, 44, for four years before separating. Cecilia’s relative said the separation was amicable, but according to the landlord, Cecilia recently broke the apartment door, possibly during an argument. Cecilia showed up at the scene an hour after police arrived and was questioned by the police but was not charged at that time. On July 21, 2009, Cecilia had been arrested and was arraigned on September 9, 2009 on murder charges. She pled not guilty.

Olympia Peck, 27

Olympia Peck was found stabbed to death in the Bronx home she shared with Angelique McClennahan, 36, after 1:30am on July 3, 2008. Police have arrested McClennahan and charged her with murder and weapon possession. The case is being tried as domestic violence in the Bronx Supreme Court. McClennahan pled not guilty.

Sanjeev Seekoomar, 34, gay male, Guyanese

On March 25, 2008, Sanjeev was found dead with his throat slashed in his apartment in Brooklyn, New York. The landlord noticed a strong smell of bleach and went to Sanjeev’s apartment to look into it. The door to the apartment had been pushed in and the apartment appeared ransacked. On April 1, 2008 Police arrested Paul Norris, 32, in a relative’s home in New Jersey in connection with Sanjeev’s murder and charged him with second-degree murder. Norris and Sanjeev allegedly had a short-term relationship. Norris pled not guilty. The case is still pending in the Kings County Supreme Court.

John Wilson, 37, gay male, African Descent

On the night of January 25, 2008, Wilson apparently got into an argument with his live-in partner Naquan Lidge, 19, in a second-floor apartment on East 243rd Street in the Wakefield area of the Bronx, New York. Lidge stabbed Wilson several times in the torso before he managed to escape the apartment and stumble out onto White Plains Road. Wilson died soon after at a nearby hospital. Lidge was arrested on the scene and charged with murder. Lidge told police Wilson had pulled a knife on him. On August 25, 2009, more than a year and half after his arrest, Lidge changed his plea from not guilty to guilty and was sentenced on September 11, 2009.

Florida

Not reported in NCAVP member data

Jessica Kalish, 57

Jessica was found dead in the back seat of her BMW behind medical offices at 2300 S. Congress Ave. Her former lover, Carol Anne Burger, 57, had stabbed her to death with a screwdriver 222 times. Jessica's body was found two days later on October 22, 2008. Carol did report Jessica as missing to the police but had committed suicide upon hearing police had reported it to the local media that Jessica's body had been found.

Limitations of the Report*Self-Selected Sample*

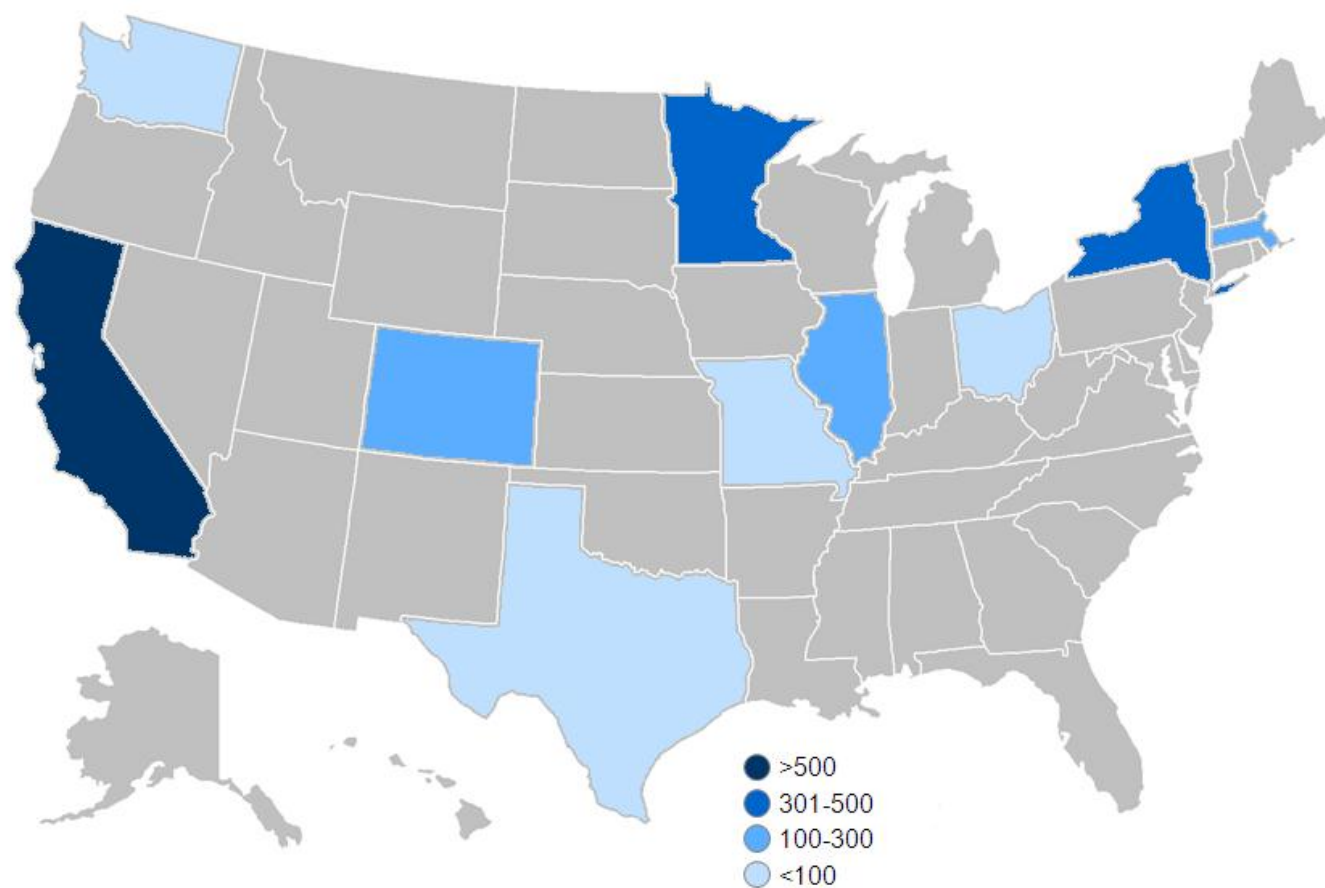
The information contained in this report comes from people who called or visited NCAVP member organizations for information, support, and/or services. There are a variety of factors that impact the number of people who report to a victim services organization. Factors such as outreach campaigns, changes in local, state, or federal legislation, and increased availability of services can have an impact on reporting. For this reason, NCAVP members engage various education and outreach strategies designed to increase the visibility of programs and awareness of services, which can strongly influence the number of reports they receive.

Categories of "Unknowns"

Much of the information in this report is gathered through calls to member organizations' hotlines for LGBTQ victims of violence. The primary purpose of a hotline call is to meet the caller's needs for self determination and safety. On a hotline call it is not always possible to record all data about the victim(s), the offender(s) or the incident(s) while ensuring victim safety. As well, many survivors prefer to remain anonymous and many prefer not to disclose any information beyond the recent incident they experienced. As a result, there is consistently a significant number of individuals whose self-identity is unknown to the member organization with regard to some specific demographics in annual NCAVP reports.

Geographical Gaps

As depicted by the following map, there are large areas of the country without an NCAVP member organization that participated in data collection. Consequently, there are gaps in geographical areas and incidents occurring in those regions are missing from this report. For a map of the distribution of all NCAVP member organizations, please see Appendix A. Of the over 35 programs, only 15 had the necessary staff, technology and funding to appropriately collect data that is contributed to this report for this year. Nonetheless, this report stands as the most comprehensive data reported on domestic violence within the LGBTQ communities.



2008 DV incident reports, by state

RECOMMENDATIONS

Recommendation I

Increase Local, State and Federal Funding to LGBTQ Domestic Violence Initiatives

Support Solutions and Strategies Created by LGBTQ-Focused Victim Assistance Providers

Make additional local, state and federal funding resources available to support the development and nurturing of LGBTQ-specific domestic violence programs and initiatives both within LGBTQ organizations and mainstream ally organizations that support LGBTQ programs. These programs offer vital resources to underserved populations and are at the forefront of innovative strategies in addressing issues of domestic violence. They also provide training and education sessions for mainstream providers to increase their capacity in serving LGBTQ survivors.

Restore, Maintain, or Increase Dedicated Funds for Lesbian, Gay, Bisexual and Transgender People in All Local, State and Federal Domestic Violence Funding Streams

LGBTQ domestic violence work must be supported by local, state and federal governments. Local LGBTQ DV programs do not receive adequate support to provide necessary services to address direct service needs or to do the necessary organizing and prevention work to end LGBTQ domestic violence. In this time of fiscal crisis, even longstanding mainstream DV services have experienced substantial budget cuts and many face closure. In harsh financial climates, social services are often the primary targets for elected officials seeking to reduce budget expenditures – government funding in these areas has been reduced in 41 states, with working-class people bearing the brunt of this shortfall.³⁰

Government agencies must provide resources to mainstream domestic violence service providers to explore ways to transition from services designed for heterosexual women to services that include LGBTQ survivors and that do not re-victimize these survivors. Without this, discrimination in shelters and outreach to LGBTQ communities will continue. As described by NCAVP member organizations in case studies and local narratives, gaps in such culturally competent services require the expenditure of already scarce LGBTQ-specific resources.²⁶ Agencies responsible for funding, licensing, regulating or certifying domestic violence services should create and enforce general service standards that detail appropriate responses to lesbian, gay, bisexual and transgender survivors who present with domestic violence-related concerns.

Recognize and Avoid the Opportunity Cost of Cutting Funds to LGBTQ-Specific DV Programs

In the more grassroots LGBTQ DV movement, various organizations have been forced to reduce or even eliminate their anti-violence programs or close altogether. While many NCAVP member organizations have successfully utilized inventive restructuring measures to continue supplying vital services, LGBT anti-violence organizations need the support of government, foundation, and private donors now more than ever. Many states and localities have no LGBTQ-specific domestic violence services. All local, state and federal entities that provide funding for domestic violence work should explicitly include work with lesbians, gay men, bisexual people and transgender people in funding priorities. Funding for LGBTQ-specific work is both necessary and just, but a more fiscally-minded argument is that the opportunity cost of its reduction or elimination would be devastating. The public health and social costs associated with the unmet needs of survivors of DV are unconscionably high. LGBTQ-specific services are essential to the well-being of LGBTQ and indeed all communities; far too much investment of resources, passion and innovation has been committed to these efforts to see these programs, and in turn, the clients whose very safety they support, fall victim to fiscal crisis.

Recommendation 2**Support Community and Non-Profit Based Prevention Initiatives***Provide LGBTQ-Specific Domestic Violence Education, Including Under-Served Communities*

Provide funds for community-level interventions, especially with youth, older adults, and other groups not often reached. Include LGBTQ trainings in all schools, with a component on domestic violence in our communities. Include LGBTQ issues within all curriculums on sexual education, domestic violence and healthy relationships. Curriculums covering these issues should also be utilized at spaces for older adults, people living with disabilities and other community centers.

Consider Restorative Justice Programs and Working with Abusers

If we truly seek to end violence in LGBTQ communities, we must consider interventions aimed at those who commit it must be considered. Various organizations within NCAVP are working to develop interventions for working with abusers in LGBTQ relationships. As stated by member organization Colorado Anti-Violence Program, government, foundation and private donors should “provide funding for restorative justice, rehabilitation and other alternatives to incarceration to reduce recidivism and interrupt escalating cycles of abuse.”

Foster Collaboration

NCAVP member organizations do and should continue to support each other with technical assistance to clarify best practices in the above models including prevention, working with abusers and other innovative techniques. Particularly in this fiscal climate, inter-agency support maximizes NCAVP member resources and skill sets and introduces models aimed at meeting the challenges posed by shrinking budgets by thinking creatively and expansively as how to best meet LGBTQ clients’ needs in prevention and intervention.

Recommendation 3**Incorporate the lived experience and expertise of survivors wherever possible***Respect LGBTQ Domestic Violence Survivors’ Expertise*

Speaking up about one’s experiences of trauma and violence can be a challenging endeavor. This is especially the case for LGBTQ individuals, many of whom exist at the intersection of various traditionally marginalized identities and so have been conditioned, through stigma and bias, to maintain their silence. NCAVP is comprised in large part of participant-led or participant-driven programs, who seek to work from LGBTQ communities’ stated needs both with respect to direct services and institutional and policy change. Survivors are the experts on their own experience. This is especially the case in LGBTQ communities because the academy and other institutions seen as the repository of conventionally accepted expertise have long been steeped in an anti-LGBTQ bias. This anti-LGBTQ bias has narrowed viewpoints and frameworks of analysis so as to render political and academy-based expertise limited in scope when applied to LGBTQ communities, even when those experts come from LGBTQ communities themselves.

Create Formal Mechanisms for Survivor Input and Decision-Making

As such, LGBTQ survivor-led participant advisory boards, steering committees and other bodies which not only provide input to but have real decision-making power in government bodies and non-profit agencies are of paramount importance. To end violence, survivors, and especially those who experience multiple socio-political oppressions must be at, “the center of the analysis of and the organizing against violence. . . [according to these survivors]

what would it take to end violence against women of color, [LGBTQ people and other traditionally marginalized groups]? What would this movement look like?"

Recommendation 4

Fund Research

Fund comprehensive research involving surveys of LGBTQ people and their experiences of domestic violence throughout the United States. An accurate picture of the trends in domestic violence that LGBTQ people face can help put an end to the victim-blaming, minimizing, and denial of the violence and good documentation will provide a solid basis for effective prevention and intervention practice. Research should include qualitative and quantitative approaches to the prevalence of domestic violence, impacts on physical, financial and social well-being and analysis of data from community organizations that address domestic violence.

Support More Nuanced Analysis Through Funding and Technical Assistance

Among the most fundamental challenges in this research has been limitation on our capacity for multivariate analysis. The experiences of providers at NCAVP member organizations demonstrate that LGBTQ survivors of violence face additional challenges across their race/ethnicity, ability, gender identity, economic class and incarceration status, among many other factors. Cross-identity analysis of this nature is not possible at this time. As such, funding must be provided not only to increase the capacity of researchers to do this work but also for technical assistance and database technologies. The latter would support NCAVP member organizations in designing and tracking patterns so that more nuanced data can be drawn from the direct service case records.

Research the Impacts of LGBTQ-Specific Advocacy in Criminal Legal Systems

NCAVP member organizations also know that advocating for LGBTQ survivors within the criminal legal system can have a tremendous impact on their access to and experience of justice within these systems. Having an advocate support or even accompany a survivor in navigating these potentially re-traumatizing processes can greatly reduce the impact of anti-LGBTQ bias within the law enforcement and courts systems. Funding for qualitative and quantitative research on the best practices in these systems, and that analyzes the experiences of LGBTQ survivors across these systems, across time, would open up further resources for similar efforts that to-date is only supported with lived knowledge. An assessment tool for analyzing interagency responses to domestic violence case, as developed by Graham Barnes of the Battered Women's Justice Project, is included in the appendix of this report. Funding must be secured to develop similar assessment and intervention models for LGBTQ communities.

Support Community-Specific Research on LGBTQ DV

Furthermore, if the research canon on LGBTQ DV is limited, it is even smaller with respect to some of the more traditionally marginalized communities. As discussed elsewhere in this report, transgender people may face extreme bias in institutions providing interventions in DV, and so research must be funded about the specificities of their experiences and thus their needs. As indicated by the data collected in this report, particular immigration statuses can render one vulnerable to abuse, and encourage isolation from services; not surprisingly, little empirical research has been done on LGBTQ domestic violence in these communities. Other specific-issue areas within LGBTQ domestic violence that merit much further attention include the development of resources and interventions in linguistically distinct communities and the intersection of HIV-related violence and LGBTQ domestic violence. Whenever possible, the model of participatory action research, which engages directly with affected community members to design and implement research based in their needs for knowledge and for social change, should be adopted.

Recommendation 5**Enact LGBTQ-Inclusive Non-Discrimination Legislation With Plans For Implementation And Enforcement.**

It is essential that non-discrimination laws governing housing, public accommodations, social services, civil/criminal legal systems, among other laws, 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.

Provide Adequate Training and Resources for Implementation

One key part of implementation is mandatory participation in LGBTQ domestic violence-specific trainings that include an anti-oppressive analysis, as described in Recommendations 1 and 2. Police, medical personnel, shelters, landlords, and other people who hold institutional power over members of LGBTQ communities do not cease discriminating when laws are passed. It is incumbent not only upon LGBTQ community groups but also the agencies themselves to ensure that the new practices required by these laws are clearly understood and carried out. This requires that institutions have the necessary tools, such as assessments, bias-free language, dedicated staff, and continuing education fundamental to any systemic change in approach.

Authorize and Support Review Bodies to Respond to and End Discriminatory Practice

Furthermore, people experiencing discrimination based on any category have little recourse, unless they can afford an attorney and have time to research their options. This trend puts the responsibility on survivors for holding institutions accountable to the law when it should be within the purview of the institutions and government agencies themselves. As such, full implementation demands that clear internal and external policies and procedures exist and are enforced where discrimination exists, and that such enforcement is accorded adequate resources and decision-making power.

Recommendation 6**Increase the Efficacy of Law Enforcement***Increase Police Training for LGBTQ-Specific Domestic Violence*

Collaborate with LGBTQ domestic violence programs to create training modules and mandate LGBTQ-sensitivity trainings in every major metropolitan and state police force both at the academy levels and over the law enforcement career. Too often, when LGBTQ community educators provide “trainings” for law enforcement, they are asked reduce multiple day training material into hours or even minutes, presented at roll calls or other venues in which attention and scope are limited. These trainings must be comprehensive enough as to be accessible and comprehensible.

Provide Law Enforcement with Culturally Competent Tools to Assess and Respond to LGBTQ DV

As documented in qualitative and quantitative findings on police involvement in this report, and as expressed by direct service providers, advocates, and clients themselves, law enforcement officials often lack the skills and practical assessment tools needed to intervene sensitively and supportively in cases where domestic violence may be present. In addition, because many members of LGBTQ communities experience oppression along multiple axes of identity, they may have serious, deeply-founded hesitations as to the quality of response they can expect. As such,

trainings and protocols related to LGBTQ DV must also incorporate an analysis of factors such as race, class, and ability so as to increase the likelihood of equitable response.

Adopt Fairer Policing Protocols for Transgender and Gender Non-Conforming People

Transgender and gender non-conforming people are at particularly high risk for abuse and misconduct in the criminal legal system and consistently have their rights violated with respect to search and arrest, detention, and trial. Because of these elevated risks, members of these communities may be hesitant to seek support from law enforcement. As such, the adoption and implementation of fair policing protocols for transgender and gender non-conforming people will increase the likelihood that they will access their rights in the criminal legal system.

CONCLUSION

The need for LGBTQ communities to acknowledge and address the pervasiveness of domestic violence within LGBTQ communities is undeniable. As this report finds, heteronormativity and transphobia greatly impact the lives of LGBTQ people and LGBTQ survivors of domestic and intimate partner violence. These forms of discrimination also significantly affect the experiences of LGBTQ survivors when they are used as tools of the abusers and as obstacles to safe and effective services. Such obstacles, whether in the form of denial of access to shelters, an absence of culturally competent assessment processes, no outreach to LGBTQ communities, lack of state recognition of LGBTQ relationships, or funding streams that do not specifically address the needs of LGBTQ survivors, add to the marginalization of LGBTQ communities and to the heightened vulnerability of LGBTQ survivors of domestic violence.

Through NCAVP and its allies, there are services that address these obstacles and that offer alternatives to mainstream approaches. NCAVP members have developed LGBTQ-specific trainings, outreach materials, assessment tools, media strategies and alternatives to traditional mainstream remedies that are based in years of providing such services and alternatives across geographic regions. A collaborative approach to addressing domestic violence within LGBTQ communities presents an effective strategy that combines the expertise and capacity within NCAVP membership and mainstream programs and government agencies to provide the broadest and most relevant services to LGBTQ survivors.

This report must be used to support increased efforts to establish and maintain domestic violence services that are accessible to LGBTQ survivors and that meet their needs. Through increased funding for LGBTQ-competent services, the support of community based solutions, the encouragement of future research, and increased collaborative efforts the needs of LGBTQ survivors will be more comprehensively integrated into mainstream domestic violence services while also ensuring that LGBTQ-specific organizations continue their valuable work. The recommendations made in this report are critical to the continuation of NCAVP member organizations' primary goals: to meet LGBTQ survivors where they're at, provide relevant and effective advocacy and support, and, individually and collectively, to assist LGBTQ survivors in reaching a place of safety in their lives.

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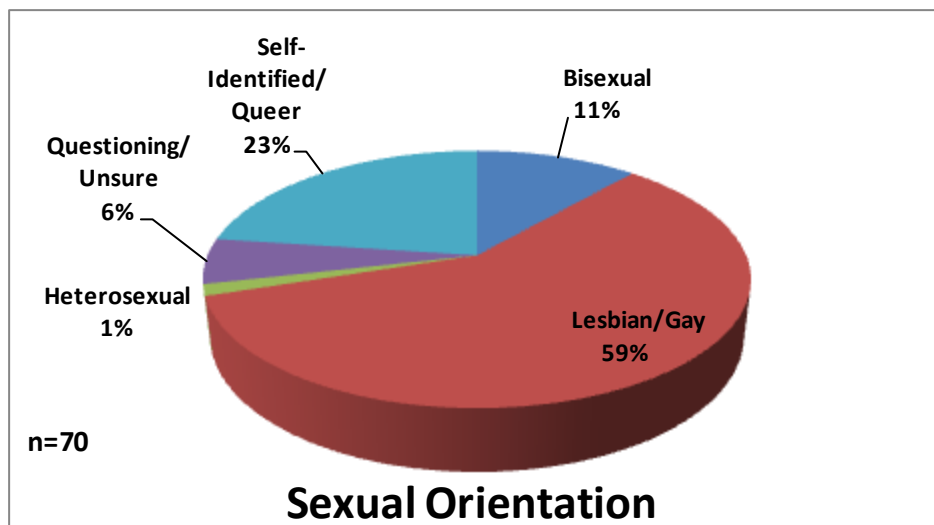
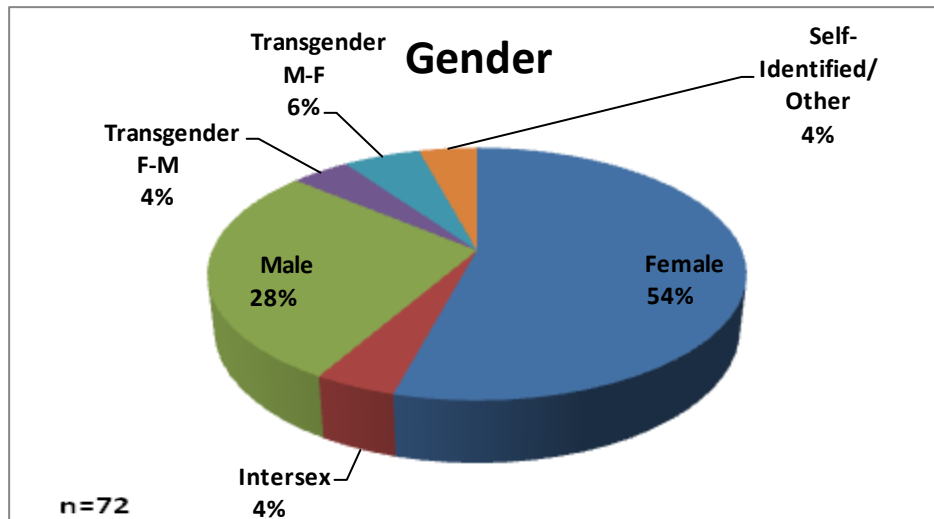
1. The Los Angeles Gay and Lesbian Center (LAGLC) data comprise nearly 44% of all the total data. In some instances, to better discern trends reflected across the country, numbers are given with and without LAGLC data. Unless otherwise noted, the percentages contain the LAGLC data.
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SELECTED LOCAL SUMMARIES AND TRENDS, BY REGION

Pacific Coast

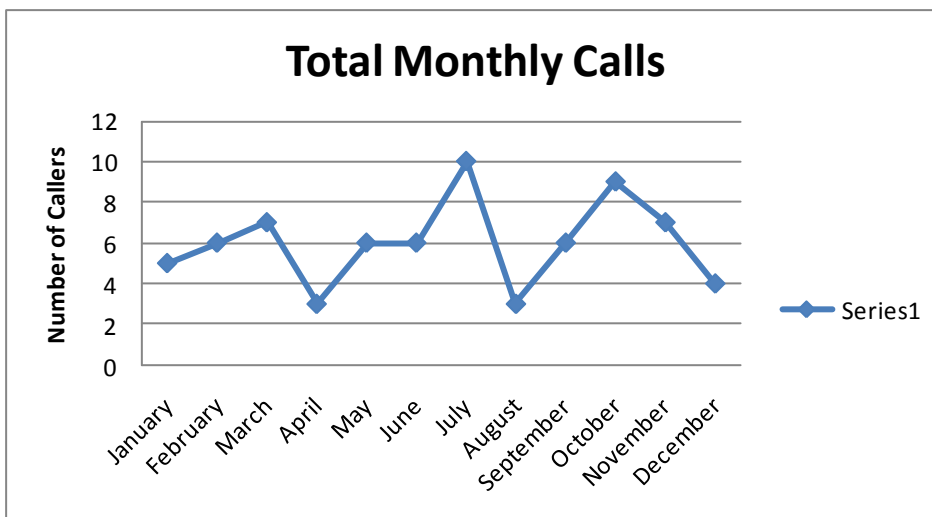
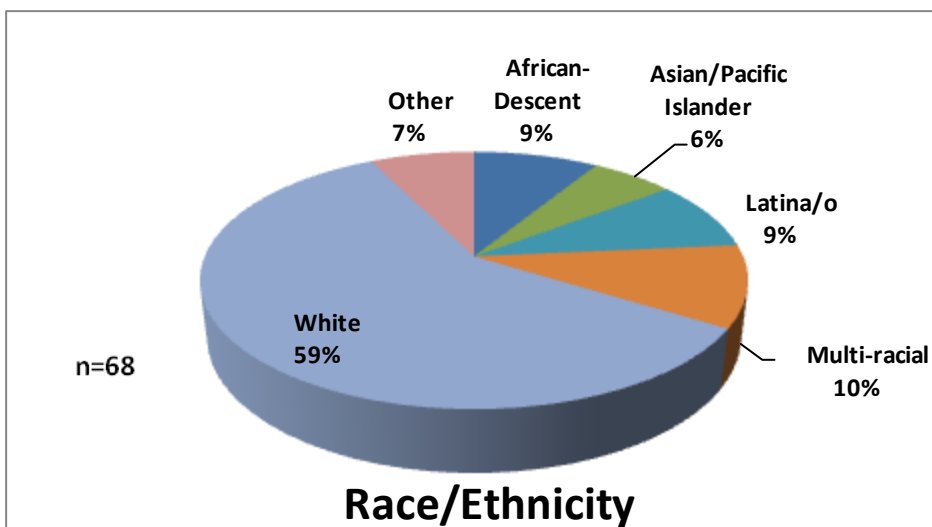
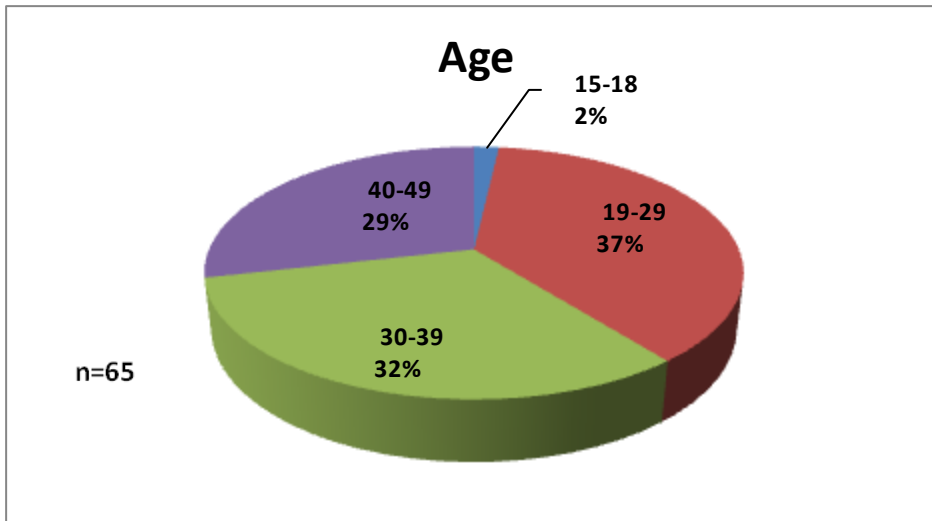
Seattle, WA—The Northwest Network



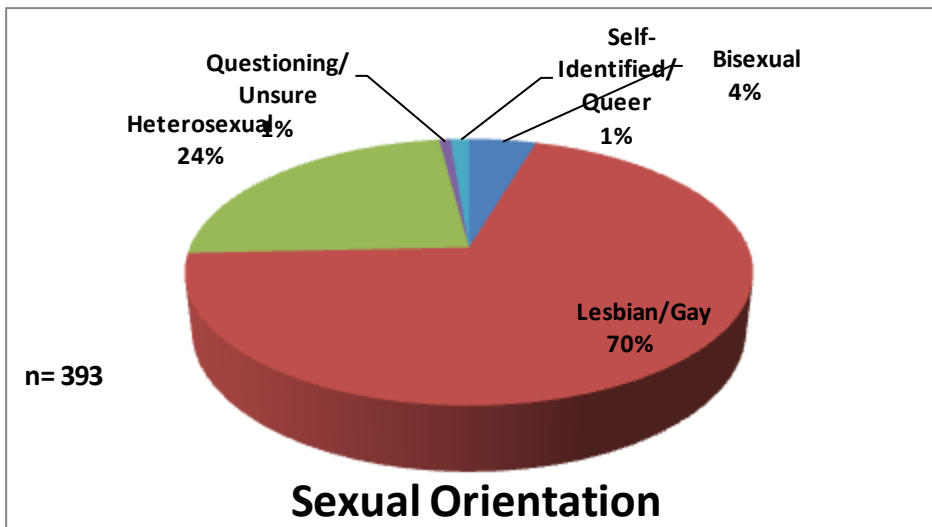
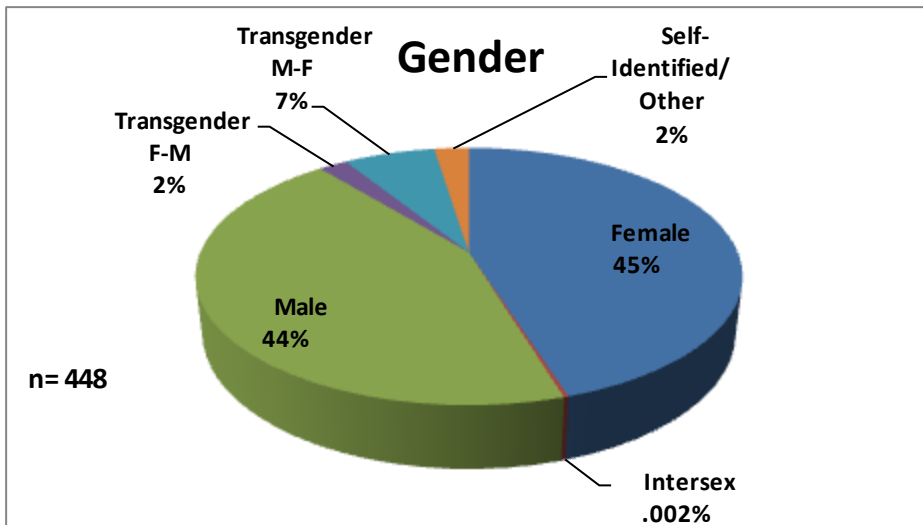
Over the course of the past year, we have noted the following trends in respect to participants experience with domestic violence: lack of accessible housing, including emergency, short term and long term housing,, as well as a lack of comprehensive civil legal services that are specific to LGBTQ survivors experiences and legal needs. The ever changing legal nature of our partnerships has also been an issue in Washington state with domestic partnership laws, presenting legal questions around right to property, dissolution, and child custody.

The trends listed above have been a persistent issue in our region, though we have been actively cultivating relationships with allied organizations to address these disparities. The NW Network is collaborating with a local "mainstream" DV agency that provides shelter and transitional housing to increase their capacity to serve gay & bisexual men and trans folks of all genders in their housing programs. This technical assistance project has been partially funded by the Pride Foundation, and will continue through 2009 - 2010. We are also connecting with an emerging LGBT legal organization for future collaboration.

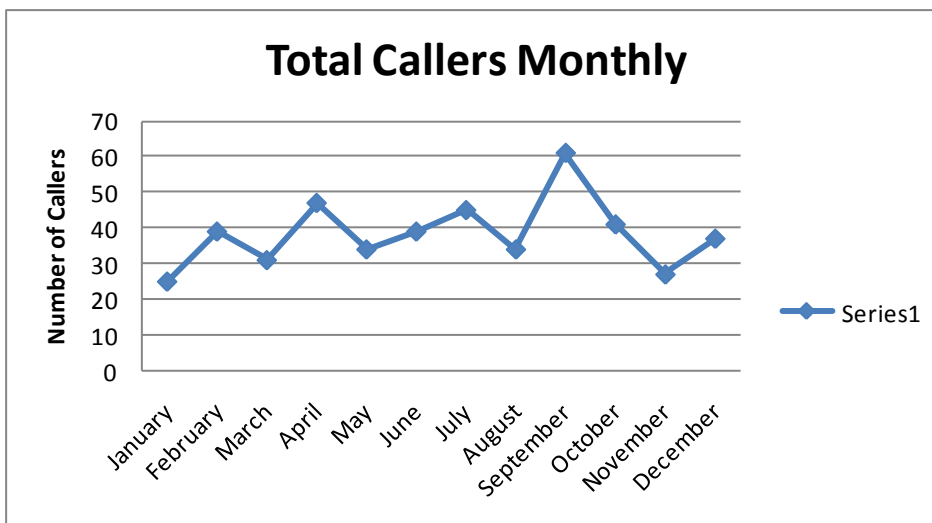
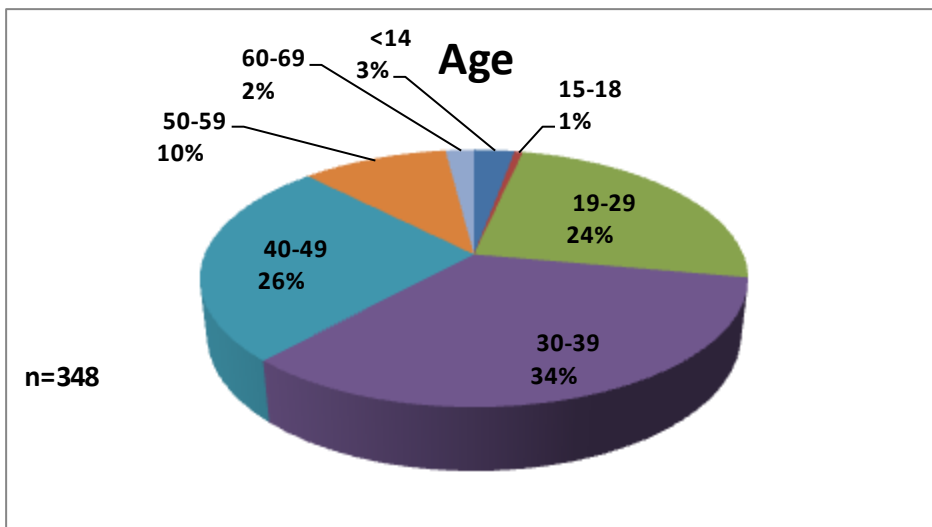
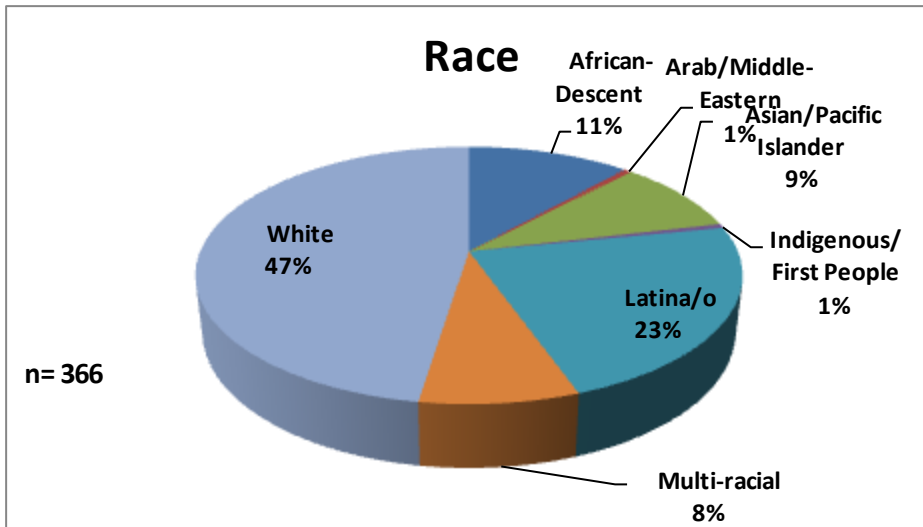
Seattle, WA—The Northwest Network, continued



San Francisco, CA- Community United Against Violence & Asian Women's Shelter



San Francisco, CA- Community United Against Violence & Asian Women's Shelter, continued



San Francisco, CA- Community United Against Violence & Asian Women's Shelter, continued

San Francisco documented 460 cases of LGBT domestic violence in 2008. The findings were compiled through collaboration between two agencies, Queer Asian Women and Transgender Support (QAWTS) of the Asian Women's Shelter (AWS) and Community United Against Violence (CUAV). QAWTS focuses on women and transgender survivors and CUAV serves all genders. Female survivors accounted for 202 cases and CUAV documented 196 incidents from male survivors. Transgender identified survivors comprised 38 cases. There were 11 cases from survivors who identified on the self-identified/genderqueer spectrum.

Domestic violence is defined as a set of behaviors used by one person in a relationship to control the other, and can include extreme violence, emotional cruelty, and even death.

In 2008 CUAV provided vital counseling and support services, healthy relationship trainings and LGBT youth services to create increased safety, resources and skills for individual survivors and LGBT communities. CUAV also devoted much time and focus to a strategic planning process, which tried to answer the question: What is CUAV's role now, thirty years after we were founded, with all that has changed since then? We assessed what has worked and what are new approaches we need to employ to better identify the most useful work that CUAV can do. Part of this process focused on developing a long term agency vision and ways to increase our impact, including an analysis of the root causes of violence, and identifying and interviewing key organizational stake holders, ally organizations, clients, volunteers, and community members for feedback.

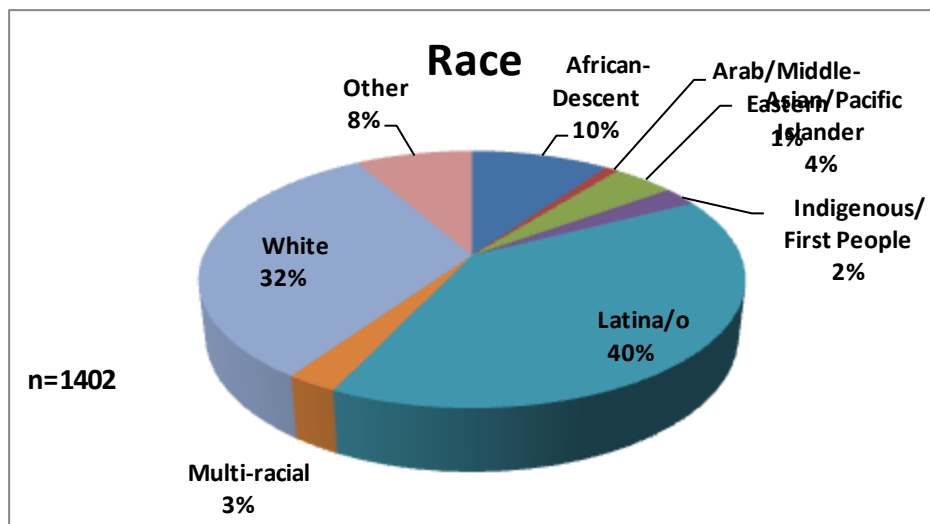
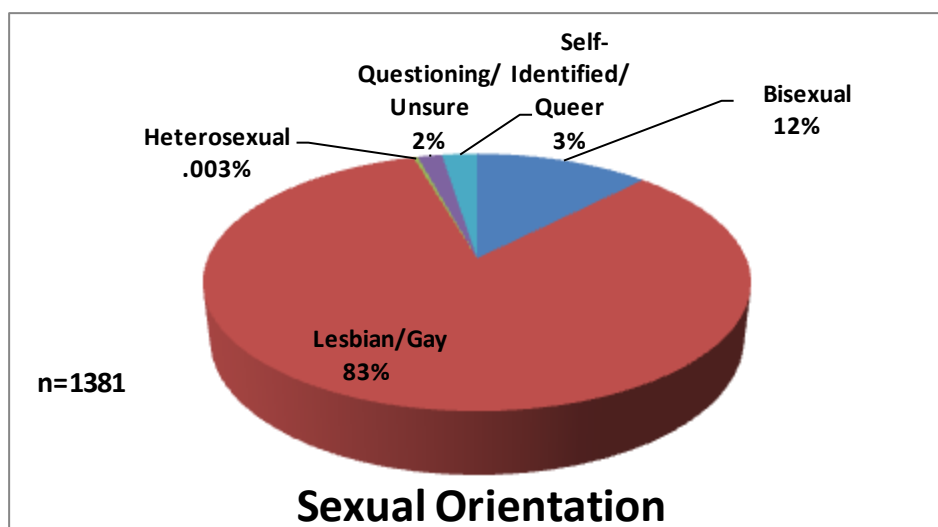
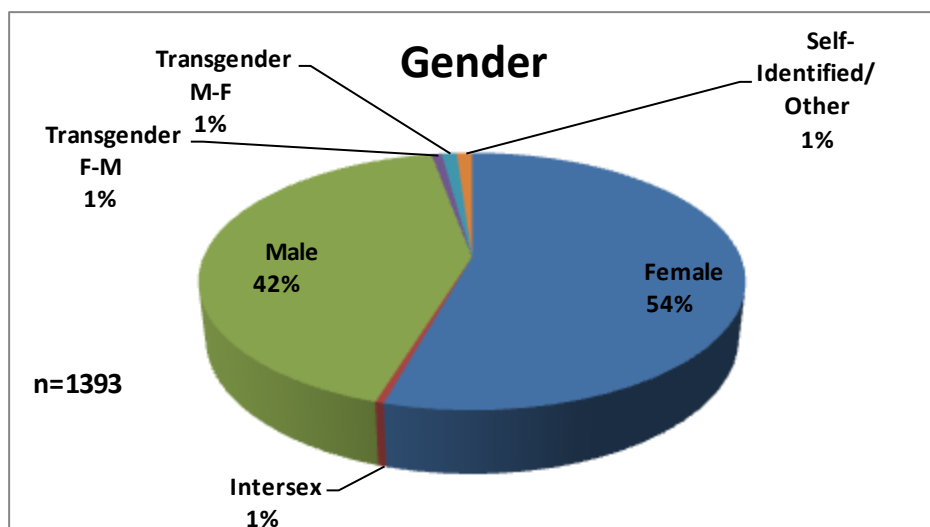
Queer Asian Women and Transgender Support (QAWTS), like CUAV, looked for innovative ways to have positive impact for their API LGBT communities while providing clients with emotional support, peer support counseling, conversations on healthy relationships, safety planning and batterers' accountability. One of the innovative approaches QAWTS took was creating safe space outside of their shelter for API LGBT victims to gather and share and support each other through a peer group program. This peer group, titled "Chai Chat" created a safe and supportive space for API LGBT community members to share and offer support to each other, and seek ways to create change towards healthy and non-violent lives.

The majority of the CUAV/QAWTS 2008 cases, 274 out of 460, came from individuals identifying as gay or lesbian. There were 18 reports from bisexual identified survivors and 93 from people who identify as heterosexual. There were 5 cases from individuals identifying as self-identified/queer. There were 3 reports from individuals self-identifying as questioning/unsure.

Also in 2008, there were 366 cases where the race/ethnicity of the survivor was known (out of 460 cases total). Reports from survivors of color (192 out of 366) accounted for more than half of the total (52%). Latina/o survivors accounted for 23% of the total of known cases; African-American survivors accounted for 11.48 %; Asian/Pacific Islander survivors accounted for 9.2 % of the cases and Multi-racial survivors accounted for 8 %. White survivors accounted for 48% of the cases (174 out of 366).

QAWTS and CUAV were assisted in their work by other San Francisco based agencies, who, while not contributing findings to this report, were invaluable allies throughout 2008; these allies include CDPH, CPEDV, W.O.M.A.N., Inc., the Riley Center, La Casa de Las Madres, LYRIC, the Family Violence Project, the San Francisco Domestic Violence Consortium, Center for Special Problems, Cooperative Restraining Order Clinic and Asian and Pacific Island Legal Outreach. Finally, CUAV and QAWTS were ably assisted by our volunteers who brought their passion, expertise, and experience to build CUAV and QAWTS' capacities to do anti-violence work.

Los Angeles, CA — Los Angeles Gay & Lesbian Center



Los Angeles, CA (Los Angeles Gay and Lesbian Center), continued

With the broadest array of lesbian, gay, bisexual and transgender services available anywhere, the L.A. Gay & Lesbian Center (LAGLC), founded in 1971, is the world's largest LGBT organization and home to a wide array of health, legal, employment, educational, cultural and social programs specially designed for the LGBTQ and closely aligned communities. In 1988, LAGLC conducted one of the first studies ever done on same-gender domestic violence, finding that the prevalence of LGBTQ domestic violence nationally approximated that in the general population. Recognizing the need for culturally competent and LGBTQ *specific* domestic violence programming, LAGLC developed services for gay and lesbian victims and abusers. In 1996, Susan Holt, M.A., CDVC, created the LAGLC's STOP Partner Abuse/Domestic Violence Program (STOP - Support, Treatment/Intervention, Outreach/Education, and Prevention), which is housed within the LAGLC's Mental Health Services Department. In 2005, the LAGLC again expanded its domestic violence programming with the creation of the Domestic Violence Legal Advocacy Project (DVLAP). STOP and DVLAP are two of only a handful of programs in the country providing comprehensive domestic violence services specifically for survivors of LGBTQ partner abuse and addressing systemic barriers that impede LGBTQ victims' full and equal access to justice and necessary life-saving services. Services offered by STOP and DVLAP include survivors' groups; a court-approved batterers' intervention program; crisis counseling; brief and on-going individual counseling; legal assistance; assistance with restraining orders; criminal justice and social service advocacy; specialized assessment; LGBTQ domestic violence training, education, and consultation; prevention services for those-at-risk; domestic violence, mental health, and legal service provider workshops; referral to LGBTQ sensitive shelters; and a paraprofessional, law student and mental health intern training program.

NCAVP Reporting

Since the first NCAVP Domestic Violence Report in 1999, each year the LAGLC has collected and reported the largest number of tracked LGBTQ domestic violence cases anywhere in the country,¹ with the intent of bringing much needed visibility to an insidious, neglected, and too often invisible public health problem. These record numbers have historically reflected not only those LGBTQ domestic violence cases assessed by and served within the Center proper, but also LGBTQ domestic violence cases tracked by and/or served by the Center's legal, mental health and social-service community collaborators.

In 2009, the LAGLC launched a seven month effort to identify those unique cases of clients who, in 2008, directly received domestic violence services by STOP counselors, or through the DVLAP, or who completed a STOP Survey at one of three Pride Festivals in greater Los Angeles. The goal of this research was to identify how many cases of LGBTQ Intimate Partner Violence (hereafter "IPV") came to the Center via what route, and what it is that a collective study of these cases could reveal about the problem of LGBTQ IPV itself. The LAGLC 2008 data therefore crosses the entire LGBTQ community population, not only via self-reports (i.e. surveys), but also through professional assessment by STOP and DVLAP personnel.

Three individual studies followed by a fourth joint study (a "meta-study") was conducted. The three studies included the DVLAP 2008 IPV Study (n=133 IPV cases); the STOP Counselor 2008 IPV Study (n=425 from 5 STOP Counselor reports); and the PF STOP 2008 Survey Study (total 1634 responses from three Pride Festivals³, with n=925 (or 56%) responses IPV). Statistical independence was secured between the three study sets. After the three separate studies were completed, the fourth joint study of these three studies was conducted (1483 IPV cases). It is this meta-study that represents the LAGLC 2008 IPV Case Count.

Study Inclusion Standards

As previously discussed, there is no uniform, standard definition for IPV or for its constituent elements, namely

Los Angeles, CA -Los Angeles Gay and Lesbian Center, continued

“Intimate Partner” or “Violence,” a fact that one could argue is “one of the obstacles to creating uniform and equal legal protection for gay, lesbian, or bisexual (GLB) people.”⁴

Meeting the “Intimate Partner” Standard

Multi-disciplinary research into definitions of “Intimate Partner” was conducted.⁵ Evidently, the “Intimate Partner” definition is that there exists bona fide intimacy between the parties (sex is neither required for nor sufficient for intimacy), and that there exists some time frame to the relationship such that either a pattern of behavior can be revealed, or that the power expression in the relationship can shift. There is a temporal feature here: both patterns AND shifts necessarily involve the passage of time.

Intimates are neither the cohabitants nor the blood relatives included in the protected categories of persons under standard Domestic Violence Prevention Acts,⁶ nor acquaintances (friend, co-worker, neighbor, schoolmate, someone known) nor strangers (anyone not previously known by the victim.)⁷

Given the absence of any uniform, standardized definition, intimate partnership sufficient for inclusion in the studies was established by designation on the survey, assessment by the STOP Counselors, or by DVLAP personnel.

Meeting the “Violence” Standard:

Multi-disciplinary research into what constitutes violence between partners was conducted.⁸ Actual or threatened physical or sexual violence,⁹ emotional abuse¹⁰ or LGBTQ IPV-related threats (to out as to gender identity, sexuality, HIV status, immigration status) was required for inclusion as IPV in the studies.

Having “ever” been called a name, or having ever “name called” was not sufficient for inclusion in the study. The PF STOP Survey Study did tabulate these instances of “ever” name called/name calling, classifying these cases as ones of “Verbal Aggression,” and not as IPV. Thus, verbal descriptors “shouted” and “yelled” were insufficient to meet the inclusion standard. However, an indication of psychological or emotional abuse expressed via a verbal method (such as partner “ridiculed” or “humiliated” me¹¹) were sufficient to meet the IPV standard, without more.¹²

Meeting the LGBTQ Standard

Persons identifying as exclusively heterosexual were not included in the study. LGBTQ persons experiencing IPV from a current or former heterosexual intimate partner were included, as were persons gender-identified beyond gender binary that also self-identified as “heterosexual.”

Highlights of DVLAP 2008 IPV Study (n=133)

From the over 1800 LGBTQ clients served by the LAGLC’s Legal Division in 2008, 133 cases which met the IPV study inclusion standards were included in the DVLAP IPV study.

These 133 cases of IPV from the DVLAP reveal the exceptional complexity of the legal issues facing LGBTQ persons. There arguably is a belief that there is a “typical” domestic violence case: a client seeks legal counsel for assistance in obtaining orders of protection; counsel assists in the preparation of the paperwork; counsel or a trained Victim Advocate provides the client support in court; the Court grants the order of protection; the now-protected Survivor lives peaceably – and far away – from her abusive partner.

In fact, an examination of the patterns from the DVLAP 2008 IVP cases make plain that such an “ordinary” domestic violence case is extraordinarily rare, and that clients sought legal services from the LAGLC’s Legal Division for a wide

Los Angeles, CA -Los Angeles Gay and Lesbian Center, continued

variety of reasons, only to have domestic violence revealed during consultations.

Also notable in the patterns is the reciprocally-referring practices between DVLAP and STOP. The study of the 2008 DVLAP and STOP IPV cases reveal each project's ready use of the other's services when necessary, which is often the case, and supports the validity of the interdependent mental health and legal approaches to domestic violence work.

Common to all 133 cases: efforts were made to provide education about domestic violence, and to safety plan with the client.

In alignment with the national data trend, the 133 DVLAP IPV cases considered the measure of legal misconduct (by police, judges, other law enforcement, or by evidence of a heteronormative bias) reveal a total of 18 cases.¹³ The STOP Counselor Reports reveal 25 cases of Police Misconduct; between the DVLAP 2008 IPV cases (n=133) and the STOP Counselor 2008 IPV Cases (n=425) there was a combined 7.7% frequency of report of legal misconduct.

Highlights of the STOP Counselor 2008 IPV Study (n=425)

Universal IPV screening was conducted of all clients presenting to STOP, and of each individual and couple seeking services from LAGLC's mental health services department (MHS) generally. One of the most progressive and cutting edge features of this STOP design is the provision of individual assessments for IPV of both parties to *any couple* who comes to LAGLC's MHS *for any reason*.¹⁴

The fact that STOP/MHS requires that each member of the couple be screened, and to be screened *individually*, is an example of how STOP's services exceed not only the standards, generally, in the mental health field,¹⁵ but also of the U.S. Preventative Services Task Force (USPSTF): in 2004, the USPSTF conducted a research review of family violence studies, and determined there was insufficient evidence to recommend for or against universal screening for family violence. STOP/MHS's insistence upon universal, individual screening has served to protect many LGBTQ clients at risk for or experiencing IPV, and has provided a safe LGBTQ-competent setting in which a client's experience can be named, validated, and treated. According to STOP, "LGBT persons who are experiencing intimate partner violence will frequently not identify the abuse as such but will perceive and define it as a "communication or relationship problem" or "difficulties with anger management"¹⁷ This assertion is clearly supported by the findings in the PF STOP SURVEY 2008 Study below.

Highlights of the PF STOP Survey 2008 IPV Study (n=925)

The frequency of IPV was 56%. If verbal name calling ("Verbal Aggression¹⁹") is considered to meet the standard for "violence," the frequency of IPV is 71%.

Interestingly, 39% of the IPV cases were instances in which the survey respondent responded "No" as to having ever experienced DV but the behavior measures indicate either perpetrating, or being on the receiving end of violence (something more than verbal to meet independent emotional abuse scale)²⁰

Highlights from the LAGLC 2008 IPV Case Count Meta-Study (n=1483)

The meta-study yielded a total number ("n") of 1483 LGBTQ IPV cases, believed to be the highest IPV case count with statistically independent data. This "n" was amassed under very conservative, multi-disciplinary standards defining "IP" and "V." This "n" represents unduplicated cases as between the two LAGLC divisions (STOP and DVLAP). This "n" was taken from across three disciplines not ordinarily considered together: mental health, law and community voices in self-reports. The entirety of the LAGLC 2008 IPV Case Count is across the full array of gender identities, sexual orientations, ages and racial and/or ethnic backgrounds. Of the 1,483 cases where IPV existed in 2008, females accounted for

Los Angeles, CA -Los Angeles Gay and Lesbian Center, continued

763 of these cases, while males accounted for 602 of the total. There were 15 documented IPV cases in which “M-F Transgender” was selected or indicated as “Gender Identity,” 11 cases in which “F-M Transgender” was selected or indicated as “Gender Identity,” and 6 individual cases in which “Intersex” was selected or indicated as “Gender Identity.” Additionally, 15 people indicated gender identities in the data which was best captured in the “Self-Identified/Other” reporting category. There were a total of 71 “Unknowns” as to gender-identity.

In terms of Sexual Orientation, 1,158 of the 1,483 total cases indicated a Sexual Orientation of “Lesbian” or “Gay,” 171 individuals identified as “Bisexual,” and 12 individuals (each with other indicia of inclusion in the LGBTQ community) identifying as “Heterosexual.” Additionally, 24 individuals identified themselves as “Questioning/Unsure,” 34 identified themselves in terms beyond the PF STOP Survey response options, and were therefore reported under “Self-Identified/Other.” In 84 of the IPV cases, sexual orientation was “Unknown.” In terms of Racial or Ethnic Identity, of the 1,483 total IPV cases, 137 individuals who identified themselves as Black /African American /African Descent, 13 persons who identified themselves as Middle Eastern, 63 persons who identified themselves as Asian/Pacific Islander, 34 persons who identified themselves as “Native American/Indigenous First People,” 556 persons who identified themselves as Latino/a or Hispanic, and 470 persons who identified themselves as White or Caucasian. A total of 117 individuals identified themselves in racial or ethnic terms outside the provided PF STOP Survey responses, and were, therefore, reported as “Other.” In 57 cases, racial or ethnic identification was “Unknown.” Given space constraints, this is simply an initial analysis of the study, but what is clear is that LGBT IPV is a reality for a high number of LGBTQ individuals.

Comments on the LAGLC 2008 IPV Case Count

Despite the substantial work that LAGLC has done to address the problem of LGBTQ IPV, numerous complex barriers remain for LGBTQ survivors of domestic violence in securing culturally appropriate services and protection. One of the major barriers still facing LGBTQ survivors in the Los Angeles area is the too often inadequate response by criminal justice and social service providers (including law enforcement officers, mental health providers and counselors, mainstream domestic violence organizations, and criminal justice personnel). Because of the reliance of mainstream service providers on a heterosexually focused gender-based paradigm, errors in assessment are common. Survivors rather than batterers have been arrested, charged with domestic violence, mandated to pay a fine, and to attend 52 weeks of batterers’ treatment; batterers have been inadvertently sheltered with their victims or attend the same drop in support groups designed for survivors; both partners are arrested; survivors are subject to restraining orders or unable to obtain them; violations of restraining orders are dismissed; batterers are mandated to attend an arbitrary number of anger management sessions rather than the standard 52 weeks of batterers’ treatment as required by California Penal Code (§273) thereby increasing their ability to convince others that they are not abusive by learning the language of anger management but making no significant changes; and multiple individuals and couples are exposed to potentially damaging and oftentimes dangerous interventions by their therapists.

Appropriate response to LGBTQ IPV has been made even more complicated by California’s Proposition 8. Some couples are registered as domestic partners within the county in which they reside and mistakenly believe that this means they are registered for legal court purposes, others are registered domestic partners with the State of California and don’t realize that if the relationship ends, they may have to go through a court dissolution process, and still others are one of the 18,000 couples who were married when same-sex marriages were allowed in the state prior to the passage of Proposition 8. The status of all of these relationships, what occurs when they end, and how custody should be handled is in a state of flux, and will most likely continue to be so as the law changes to address these inequities. Further,

Los Angeles, CA –Los Angeles Gay and Lesbian Center, continued

formal inequality remains in reference to relationship recognition within the LGBTQ community and LGBTQ survivors are not necessarily eligible for certain legal remedies that would otherwise be available to them if their partner were of the opposite-sex. Complexities in immigration law, for example, differently affect LGBTQ-identified persons: VAWA immigration relief requires the parties to be married (i.e., opposite-sex marriages) for federal purposes. This insistence upon heterosexual-marriage places the burden on legal advocates to be more knowledgeable and creative (e.g., capable of using the U-Visa or other immigration relief as alternative solutions) when working with LGBTQ IPV survivors.

Conclusion

The cross-referral that takes place between the LAGLC's STOP and DVLAP's domestic violence programs both reveals and verifies the validity of the multi-disciplinary approach to LGBTQ IPV. Not only do both programs avail themselves of the expertise of the other, but key staff from each design and deliver joint-trainings in LGBTQ IPV prevention. This joint Mental Health and Legal approach to LGBTQ IPV prevention and intervention is not only theoretically grounded but has been demonstrably effective in practice.²²

As STOP's manager remarks, "We believe that neither criminal justice intervention or mental health intervention is more important than the other . . . just different. Some cases may need and/or want one or the other intervention but not both. Similarly, both types of interventions may not always be preferable depending on the variables of the case. Ideally, criminal justice and social service personnel in every community should be trained in the complex and unique variables of LGBTQ IPV for more effective and safe outcomes and a higher degree of coordinated care."

References

1. In 2006, however, for the first time in nearly a decade, several factors resulted in the decrease reported to the NCAVP by the L.A. Gay & Lesbian Center including: (1) the decision of STOP's primary funder (California Department of Health Services – DHS) to re-distribute all prevention funding exclusively to mainstream domestic violence shelters and the subsequent decrease in outreach, education, prevention, and counseling services that STOP was able to offer; the failure of previous contributing agencies to track/collect LGBT data; and a difference in the way that crime statistics were categorized by the Los Angeles Police Department (LAPD).
2. The Long Beach Lesbian and Gay Pride Festival and Celebration held May 17-18, 2008 (796 survey responses); b) The Los Angeles LGBT Pride Festival and Parade held June 6-8, 2008 (709 survey responses); c) The Los Angeles/Valley GLBT Pride Awareness Festival held on October, 12, 2008 (129 survey responses).
3. A limitation of the LAGLC research: there exists the possibility that a Pride Survey respondent classified herein as IPV could have become a client of either STOP's or the DVLAP's in the last months of 2008 by virtue of the survey (contents), the survey administration environment (a booth at each Pride Festival staffed with the LAGLC's LGBTQ IPV-knowledgeable staff), or simply randomly. See, e.g., Fowler, F. J. (2009). *Survey Research Methods*. California: Sage Publications or Brace, I. (2008). *Questionnaire Design: How to plan, structure and write survey material for effective market research*. Philadelphia, PA: Library of Congress.
4. Potoczniak, M. J., Crosbie-Burnett, N., Mourrot, J.E., & Potoczniak, D.J. (2003). Legal and Psychological Perspectives on Same/Sex Domestic Violence: A Multisystemic Approach. *Journal of Family Psychology*, 17(2), 252-59.
5. Fanslow, L. J., McMahon, P. M., Saltzman, L. E., Shelley, G. A. (2002, 2d ed.). *Intimate Partner Violence Surveillance Uniform Definitions And Recommended Data Elements*. Center for Disease Control Prevention; Little, S. (2008). *Challenging Changing Legal Definitions of Family in Same-Sex Domestic Violence*. *Hastings Women's Law Journal*, 19, 259-78.
6. See, eg. California's Domestic Violence Prevention Act, Ca Fam §6200 et seq.
7. National Institute of Justice, US Department of Justice, Office of Justice Programs, *Intimate Partner Violence* (2007), downloaded 14 August 2009 from <http://www.ojp.usdoj.gov/nij/topics/crime/inmate-partner-violence>, see also, Domestic Violence Prevention Act, Ca Fam §6200 et seq.
8. Fanslow, et. al., *supra*, fn. v.
9. Ibid.
10. Turrell, S. C. (200). A Descriptive Analysis of Same-Sex Violence for a Diverse Sample. *Journal of Family Violence*, 11(3), 281-93.
11. Klein, D. C. (1991). The humiliation dynamic: An overview. *The Journal of Primary Prevention*, 12, 93-121.
12. See, Turrell, S. C., *supra*, fn. x.
13. (17) cases, but (18) incidents
14. Individual clients who seek LAGLC MHS are evaluated for IPV; if it is determined there is any suspicion of IPV, the client is referred to STOP for a full IPV assessment.

Los Angeles, CA (Los Angeles Gay and Lesbian Center), continued

14. Compare the couple-centered Marital and Family Therapy “unbalancing” of power approach, Goldenberg, H & Goldenberg, I. (2007) *Family Therapy: An Overview*. Belmont, CA: Brooks/Cole – Thomson Learning

16. none of LGBTQ IPV, for there no methodologically-rigorous LGBTQ IPV studies existed

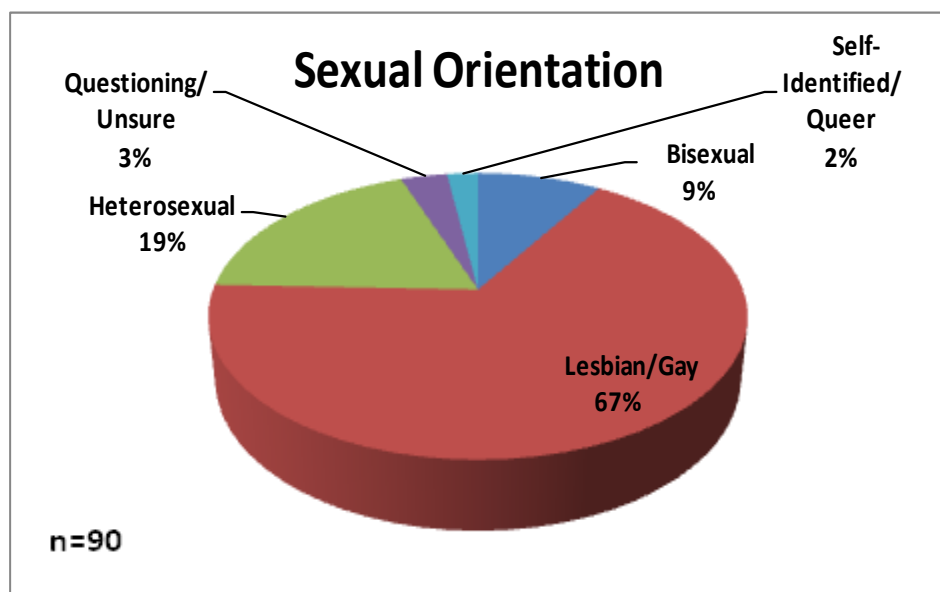
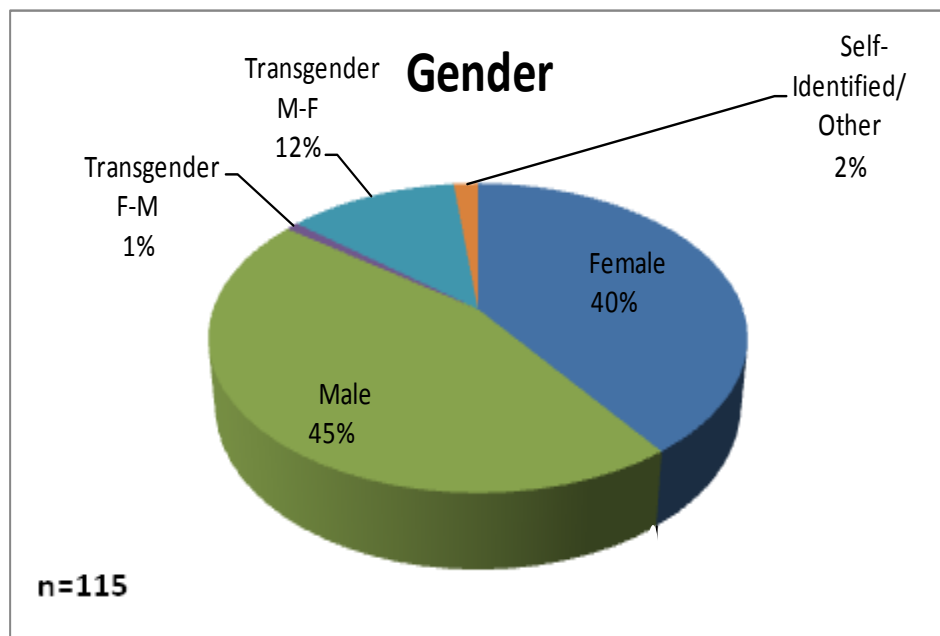
17. Donovan, C.I. & Hester, M. (2008). Because she was my first girlfriend I didn’t know any different: Making the case for mainstreaming same-sex sex/ relationship education. *Sex Education*, 8(3), 277-87; see also, The Harvard Medical School Family Health Guide, “Recognizing domestic partner abuse” downloaded 26 August 2009 from <http://www.health.harvard.edu/fhg/updates/update1006d.shtml>

18. Interview, Susan Holt, M.A., CDVC, Founder and Director, STOP Partner Abuse/Domestic Violence, 12 August 2009. This absence of awareness of what constitutes LGBTQ IPV was confirmed in the PF STOP Survey 2008 IPV Study.

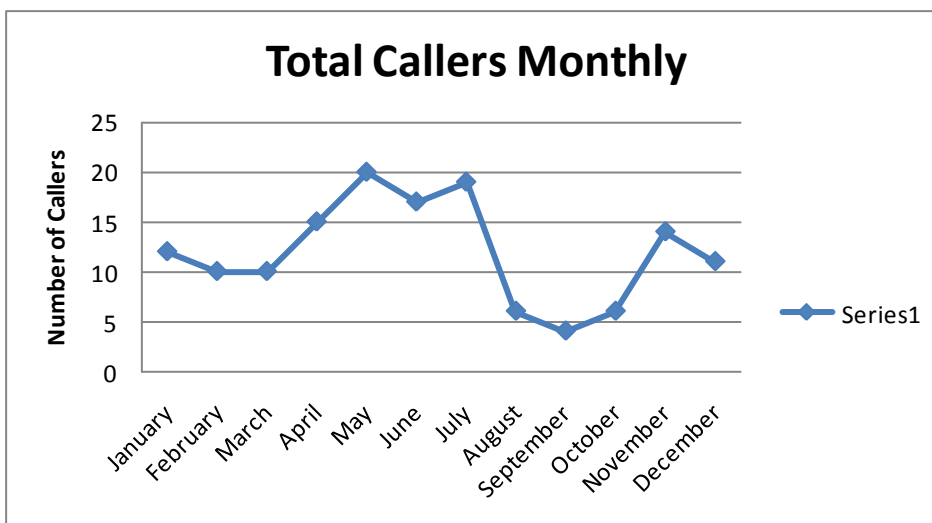
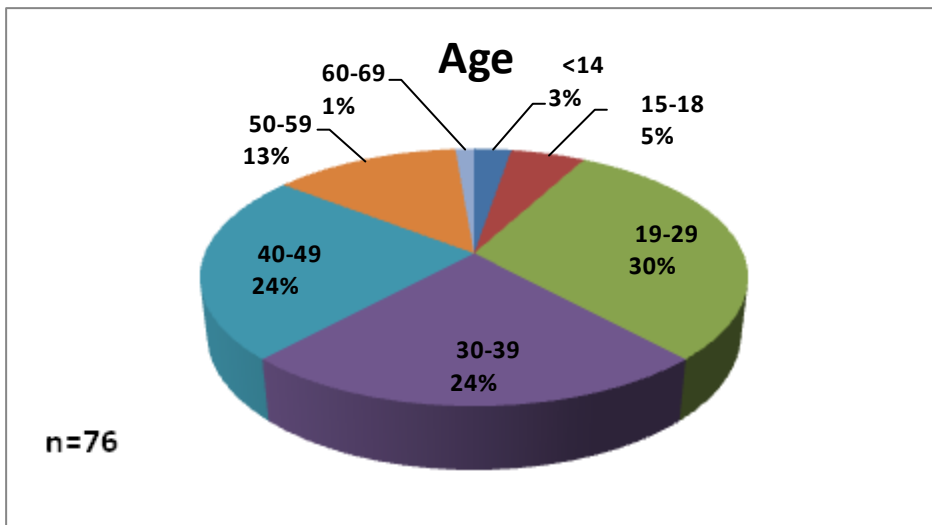
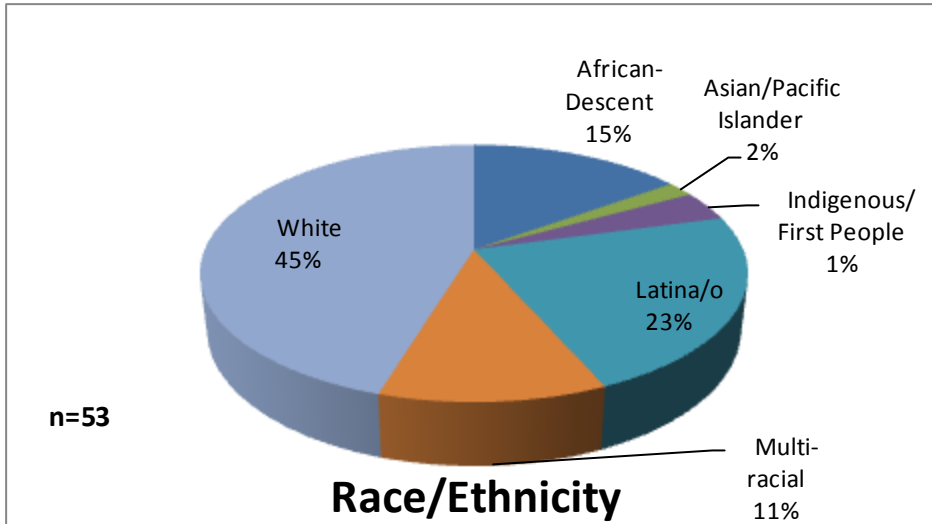
19. Susan Holt, M.A., CDVC.

20. Turrell, *supra*, fn. x.

21. Whereas previously reported fairly large “n’s” are all on exclusively self-report measures and where usually tailored to a specific sub-population in the LGBTQ community. While 62% of the LAGLC 2008 IPV Case Count is from self-reports (the PF STOP 2008 Survey IPV Study), the remaining 38% is from the assessment of the LAGLC’s mental health and legal professionals.

West**Denver, CO — Colorado Anti-Violence Program**

Denver, CO—Colorado Anti-Violence Program, continued



Denver, CO—Colorado Anti-Violence Program, continued

In 2008, the Colorado Anti-Violence Program (CAVP) documented 144 new cases of domestic violence statewide. This number has remained fairly consistent for the last three years with a slight decrease in 2007 (2007: 125; 2006: 145).

We noticed a spike in reports May through July, a dramatic decrease August through October and then a return to the steady rate witnessed by CAVP of approximately 10-15 calls per month.

The percentage of reports from non-transgender male survivors of domestic violence decreased from 2007 to 2008 (from 57 to 52), making up 45% of new cases in 2008. We continue to see a gap in services for these callers. Very few mainstream domestic violence programs offer direct services for non-transgender male victims. One program that had previously provided counseling services for males has discontinued doing so for various reasons. Unfortunately, this means that almost half of our callers about domestic violence, who already are facing limited resources and support, may not feel they have many options.

Reports from transgender women have increased from 2007 to 2008 (from 9 to 14), and reports from transgender men have decreased (from 2 to 1). Through technical assistance from CAVP, several domestic violence shelters have changed their policies over the past few years to be inclusive of transgender individuals. Most often, these policies only include transgender women, but there have been a few who, in policy, are welcoming of transgender men. While we do not know of any transgender men accessing these resources at this time, we are both hopeful about the commitment of these programs to transgender community and also cautious about the specifics of how this will be implemented (i.e. making sure staff is knowledgeable about how to serve transgender people appropriately and confident enough to respond to inappropriate actions/comments from other residents in shelter).

CAVP provides services through several strategies:

Direct Services

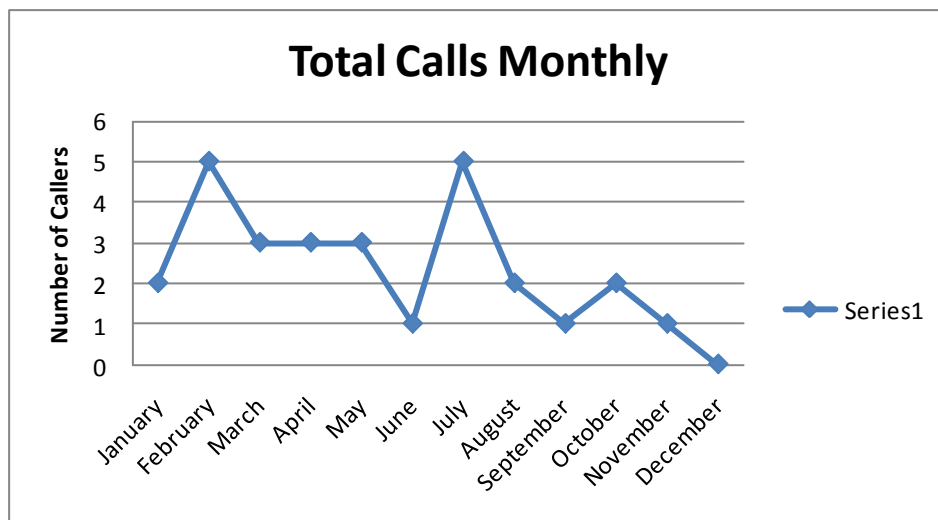
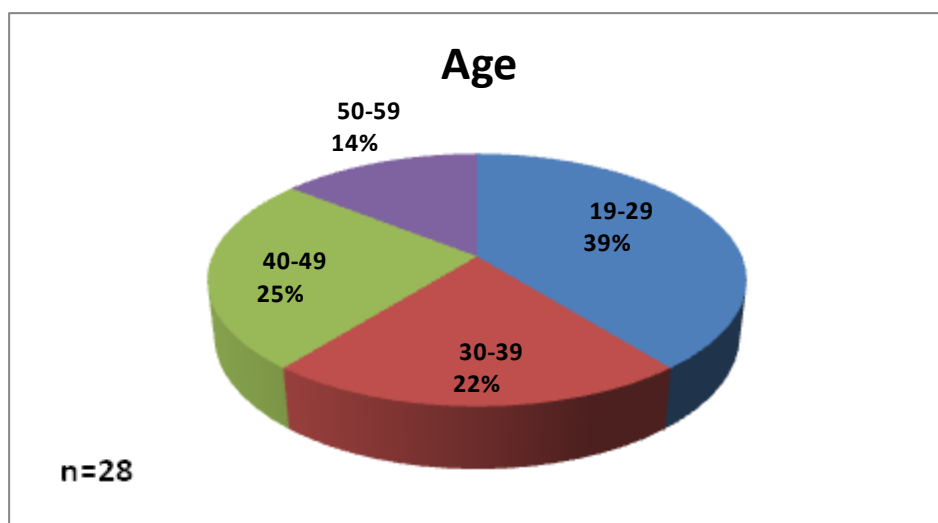
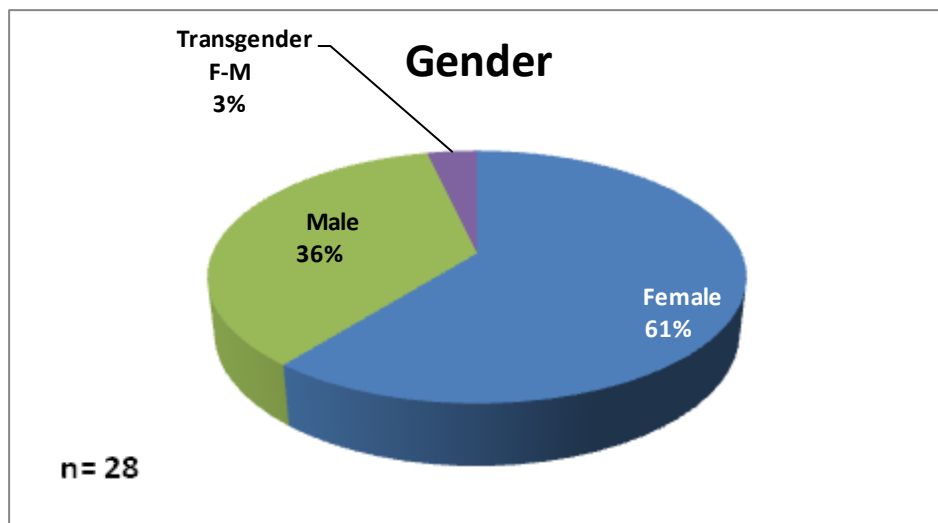
Most of our direct services are provided through our 24-hour statewide crisis hotline, including crisis intervention, information, and referrals. We can also help arrange emergency needs such as food, transportation, and emergency shelter for victims of violence. For LGBTQ people in need of further assistance, CAVP can help with court accompaniment, system advocacy, and short and long term case management. We identify and coordinate resources, as well as maintaining lists of therapists, service agencies, and attorneys who have experience with LGBTQ people and issues.

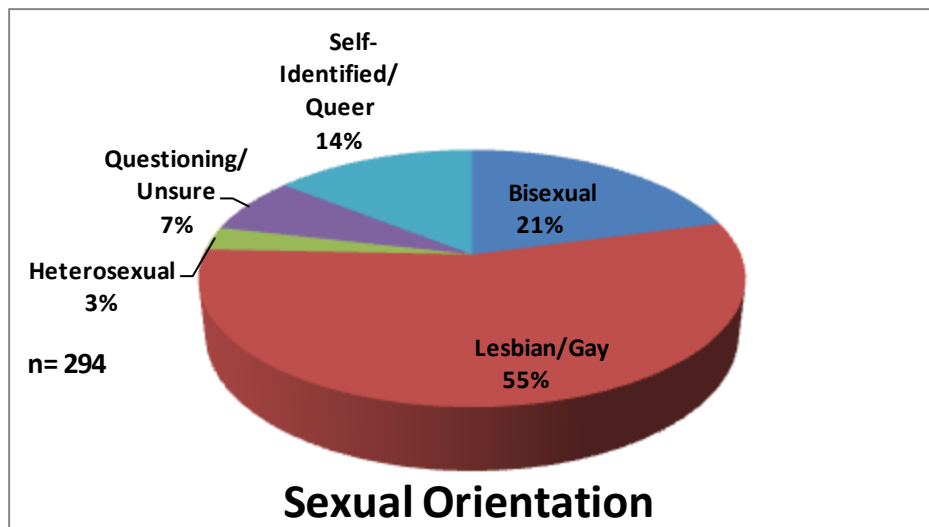
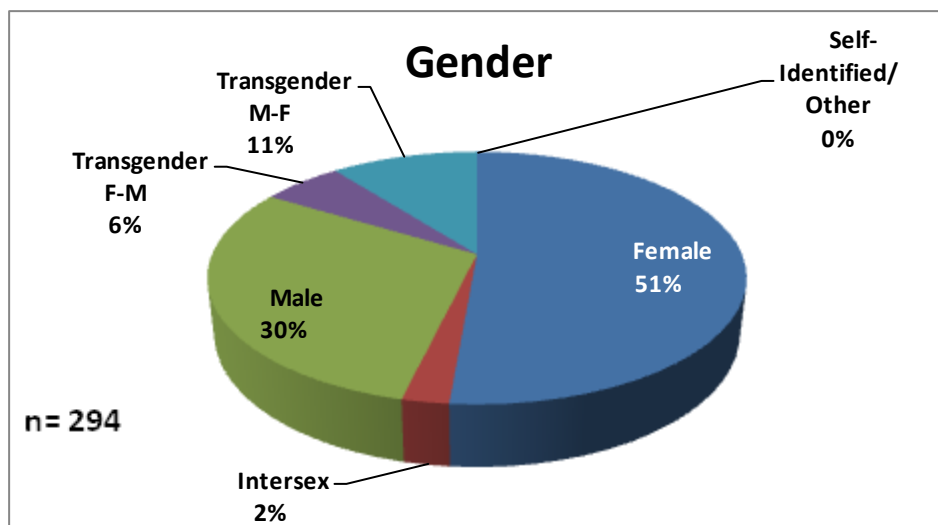
Training and Education

CAVP helps train professionals who work with LGBTQ people and with victims of violence to understand the experiences and needs of our community. We provide technical assistance and case-by-case consultation to law enforcement, healthcare professionals, domestic violence and homeless shelters, and service providers when individuals from the LGBTQ community are the victims of violence. CAVP also educates generally about cultural competency for service providers and the dynamics of partner abuse and hate crimes. We participate in cross-training with other service providers and agencies to raise awareness in others and ourselves.

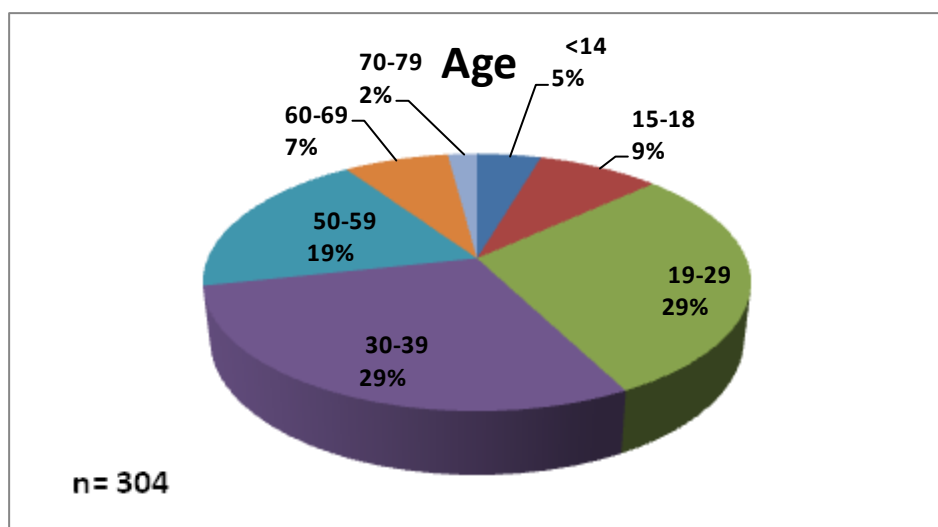
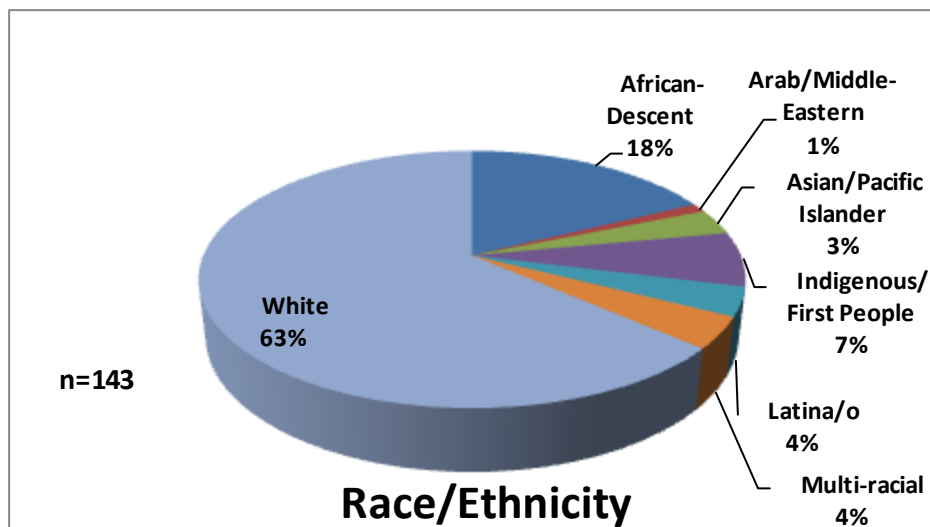
Prevention and Outreach:

CAVP has developed a series of posters, pamphlets, palm cards, wallet cards, bumper stickers, matchbooks and other tools to help us in our outreach efforts. We poster in bars, speak at meetings of LGBTQ organizations, and sponsor events that publicize the problem of violence within and against our community. As we continually educate the LGBTQ community about violence prevention, safety issues, and resources, we raise community awareness that builds support for survivors and accountability for perpetrators.

Houston, TX—Montrose Counseling Center

Midwest**Minneapolis, MN- OutFront Minnesota**

Minneapolis, MN—OutFront Minnesota, Continued



OutFront Minnesota is the state's leading advocacy organization for the GLBT communities in Minnesota. Our Anti-Violence Program's main areas of focus include domestic violence/intimate partner violence survivors, hate/bias crime survivors and survivors of sexual violence. The program provides short-term crisis services including a 24 hour crisis line, individual peer counseling, support groups for both survivors and their families, friends and other concerned persons who have survivors of violence in their lives. In addition, we provide extensive individual crime victim advocacy related services including the navigation of systems, such as criminal justice, medical and social services, which have historically been sites of significant barriers to obtaining safe and effective services for GLBT survivors of violence. Finally, we offer a variety of trainings, community forums and other outreach strategies to create safe climates in schools, workplaces and other community areas as well as work in collaboration with other organizations toward violence prevention. We work to develop networks of safe and effective service providers in all areas of the state. Our mission is to improve the climate of safety for all GLBT Minnesotans in every facet of their lives.

2008 continued a trend of increased domestic violence activity throughout Minnesota. Critical analysis of our survivor reports this year unfortunately mirrored many of the same trends of increased intimate partner violence activity as in past years. While certainly not all the data was dismal and concerning, its analysis gave us significant pause in some very key areas.

Minneapolis, MN—OutFront Minnesota, Continued

We have reported statistical similarities in domestic violence cases between 2007 and 2008 and 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 are continuing to see more reporting of domestic/intimate partner violence within the transgender communities as well as within immigrant communities. For example, we have seen a significant increase in East African immigrant GLBT community members reporting intimate partner violence.

The use of weapons and sexual violence during the course of intimate partner violence incidents has increased about 17% during the last year. The weapons have included guns, knives, ropes and other household objects including coat hangers and garden tools. In addition to the increased use of weapons, we have had over a 100% increase in the reported use of outing as a tool to maintain power and control in the relationship.

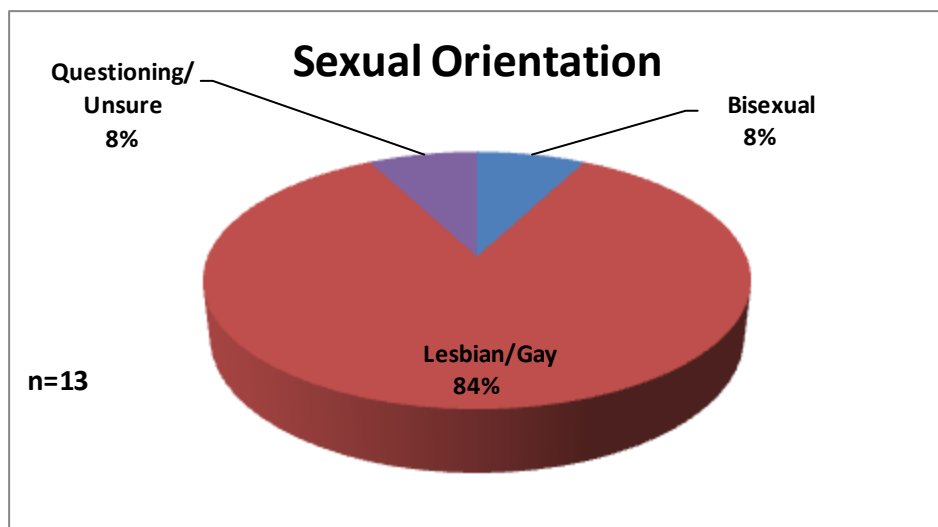
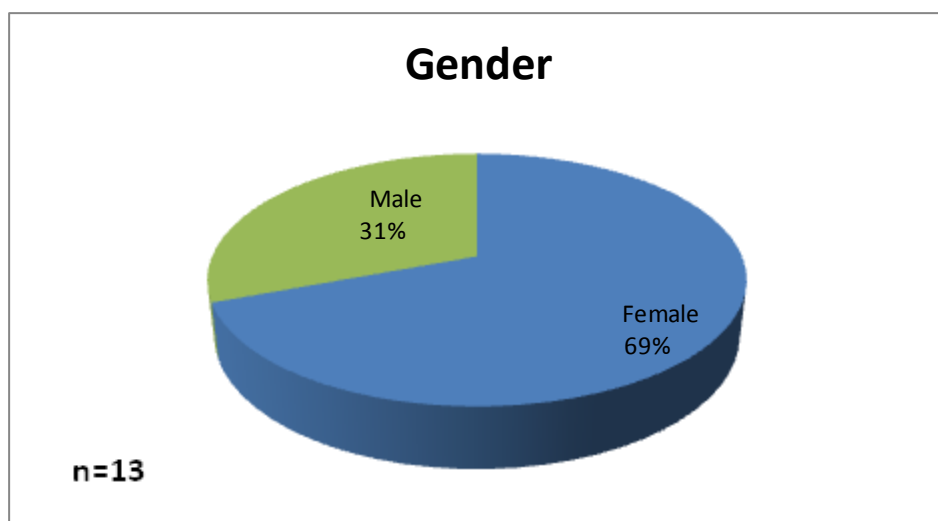
While law enforcement seemed to be responding in an improved way to intimate partner violence reports, very few of the cases were actually reported to the police. Less than 1/3 of cases were reported to law enforcement. While we are working very closely with local law enforcement agencies to properly address the unique barriers facing same gender intimate partner violence survivors, there is much work that is still needed to be completed.

After analysis of current same sex domestic violence incidents reported to our agency, we have identified the following needs as crucial:

Increased shelter access for male-identified victims of intimate partner violence: Currently few, if any, domestic violence shelters provide housing services to men beyond offering hotel stipends. This does not allow for full access to all aspects of the supportive programming that is crucial to the holistic healing process for survivors.

Increased training and program assessment for mainstream service providers: GLBT community members utilizing some domestic violence programs continue to report that they cannot or do not feel comfortable coming out while receiving services. Survivors have reported that their needs are not being reflected in mainstream service strategies, that they have had to educate the people that they have reached out to regarding the uniqueness of their experiences or discussed the lack of access to traditional services options. For example, one service provider asked a trainer from OutFront Minnesota if she should have her lesbian identified clients “remain closeted” so that “...sexual orientation doesn’t become an issue....”

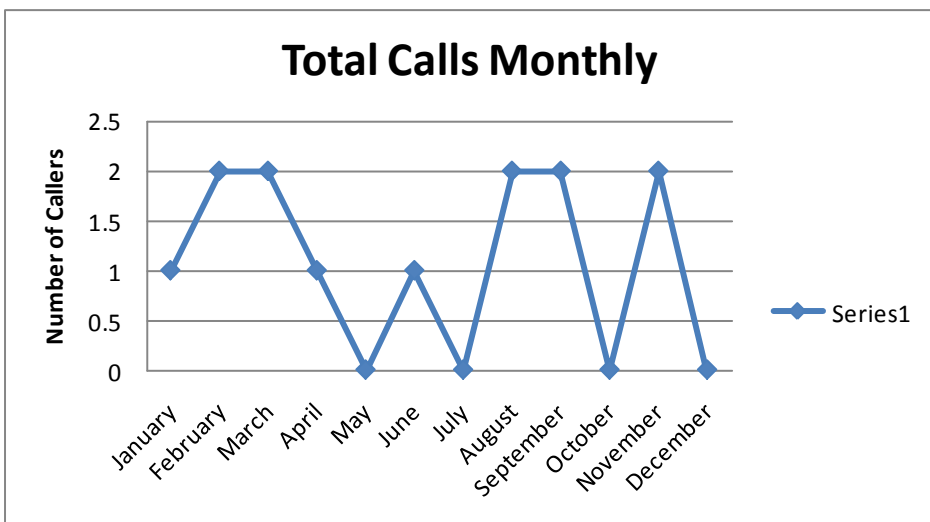
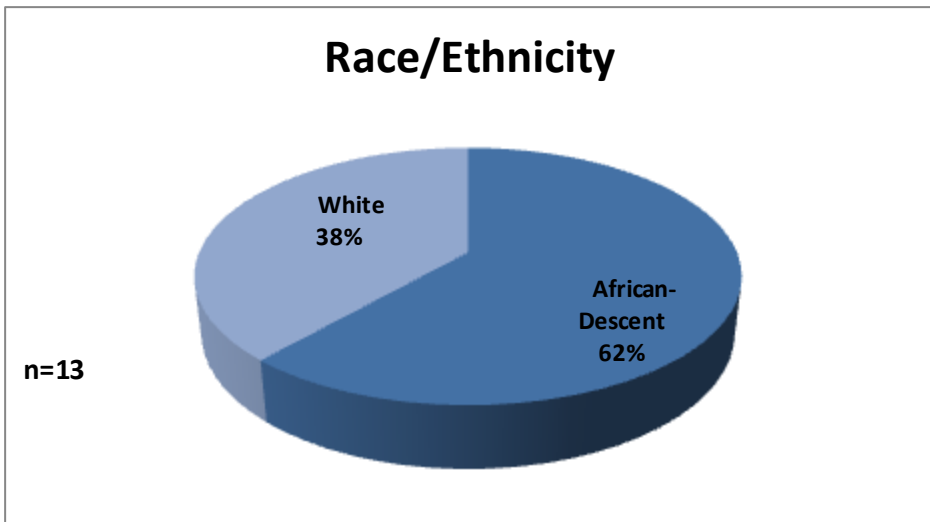
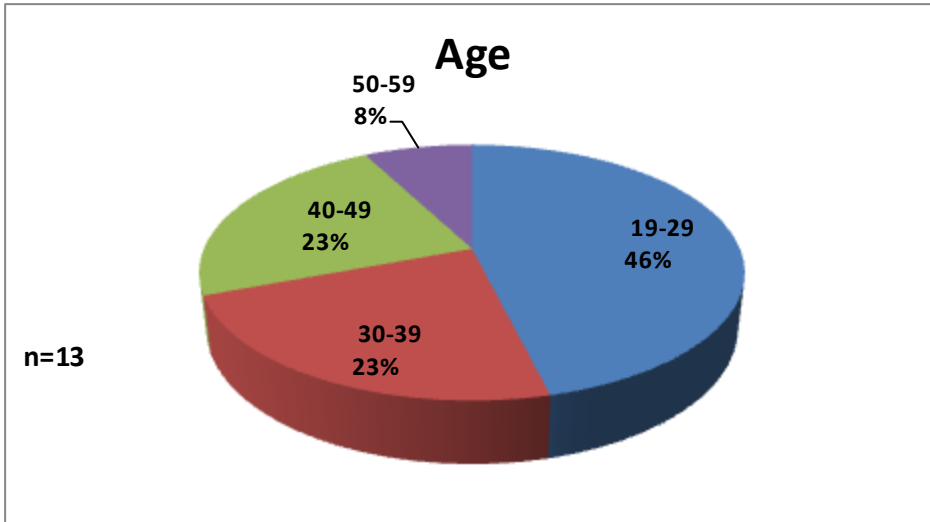
Issues of domestic violence sadly remain “deep in the closet” for many GLBT community members. However, we also believe that through deliberate and thoughtful collaborative efforts with both mainstream, community specific service providers and systems professionals, we can end this forever. Together we can make a difference to create supportive and safe options in the lives of those currently living in fear and harm and to prevent this from happening in the future.

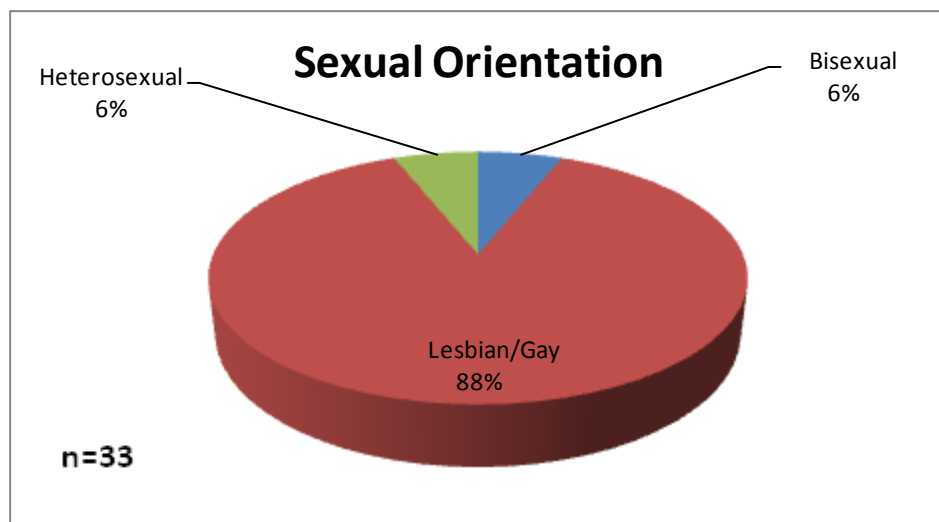
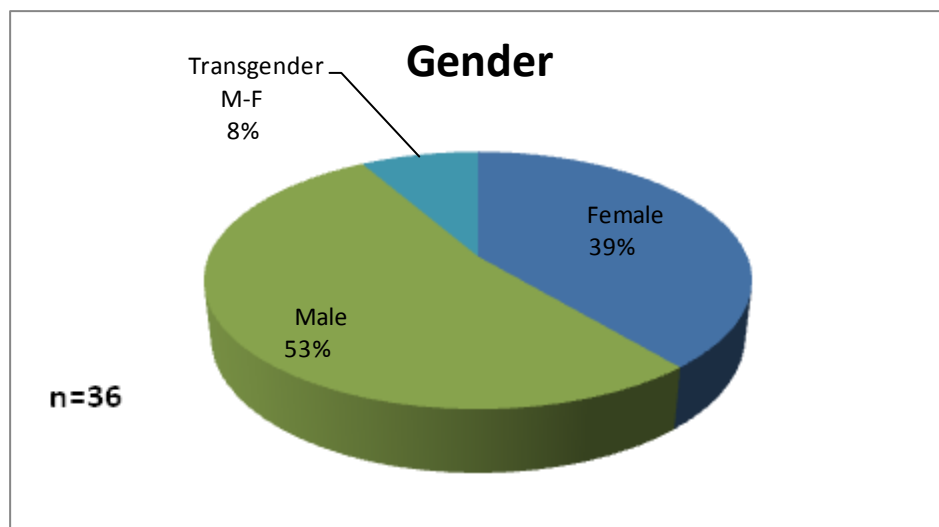
Milwaukee, WI — Milwaukee Anti-Violence Project

A trend that developed in 2008 was both an increase in the number of individuals seeking advocacy for Intimate Partner Violence who experienced physical abuse from their partner, as well as the number of incidents of victims physically fighting back in defense. Reports indicated that arguments escalated to physical violence quickly. Examples of physical violence that victims experienced include being shoved into walls, being slapped, and being punched. Incidents of physical abuse occurred during charged emotional arguments, and reports indicate that the level of physical violence escalated when alcohol was involved.

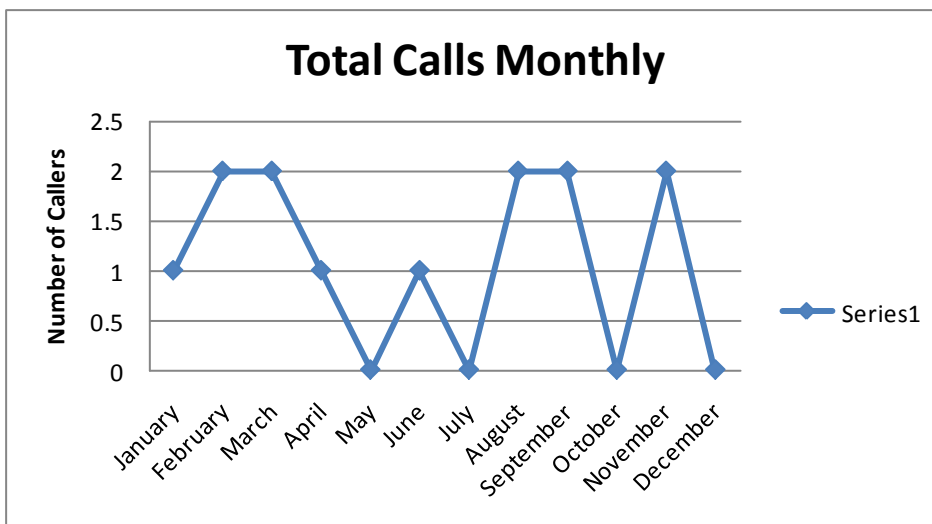
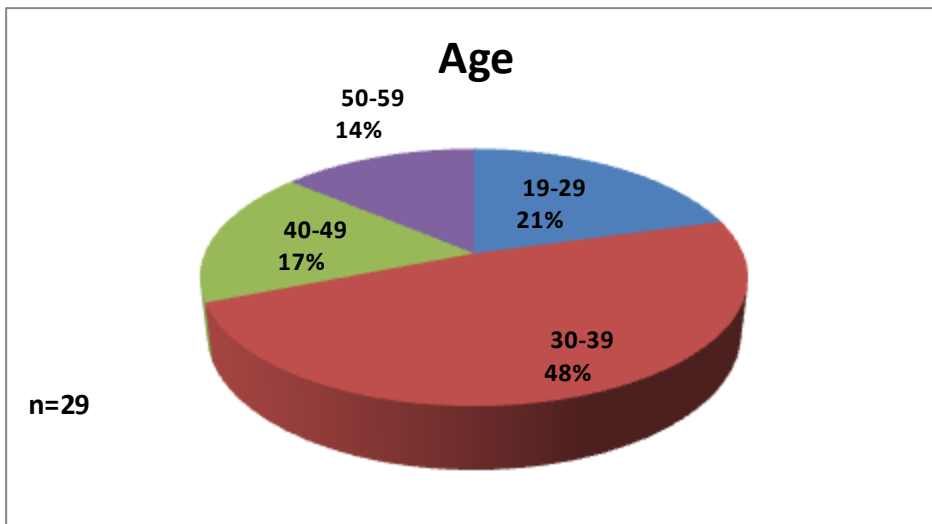
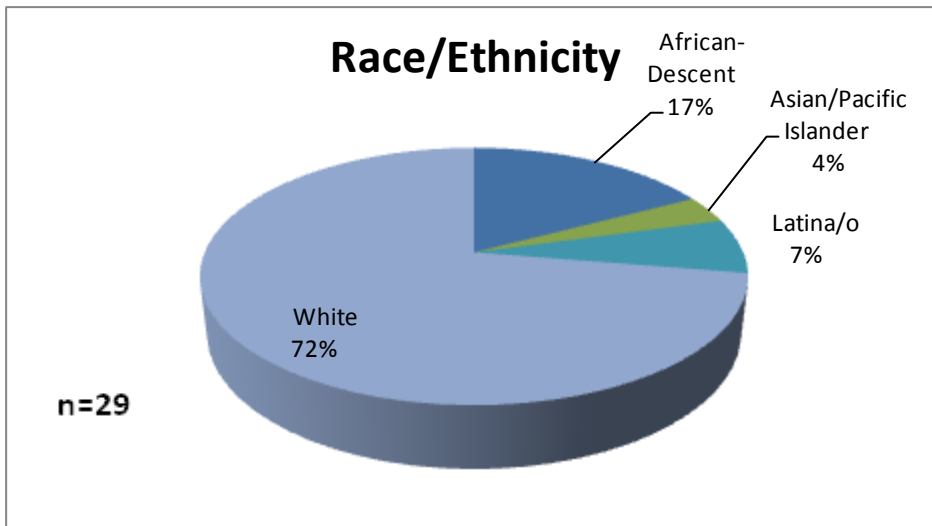
A trend that occurred in the past three years was not something that did occur, rather something that did not. Of the client reports of Domestic Violence, it was rare that any sought assistance from the police. In one instance a client did call the police, and they informed this person that if they reported to this person's residence, they would have to arrest both this client and this client's abuser. As a result this client ended up not reporting the incident of abuse. In addition to the possibility of misarrest or dual arrest, clients cited other reasons for not calling the police including, fear of harassment and assault, ability to handle the situation themselves, and wanting to retain privacy in their residence.

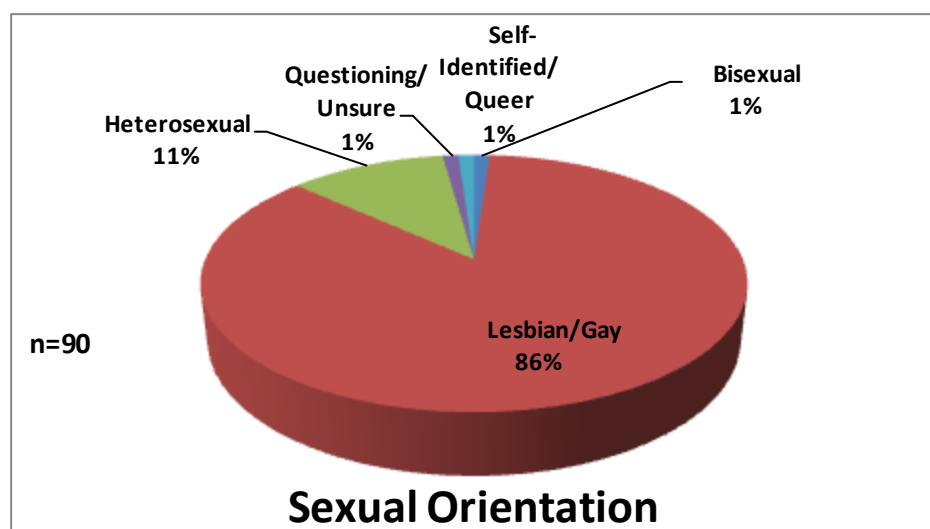
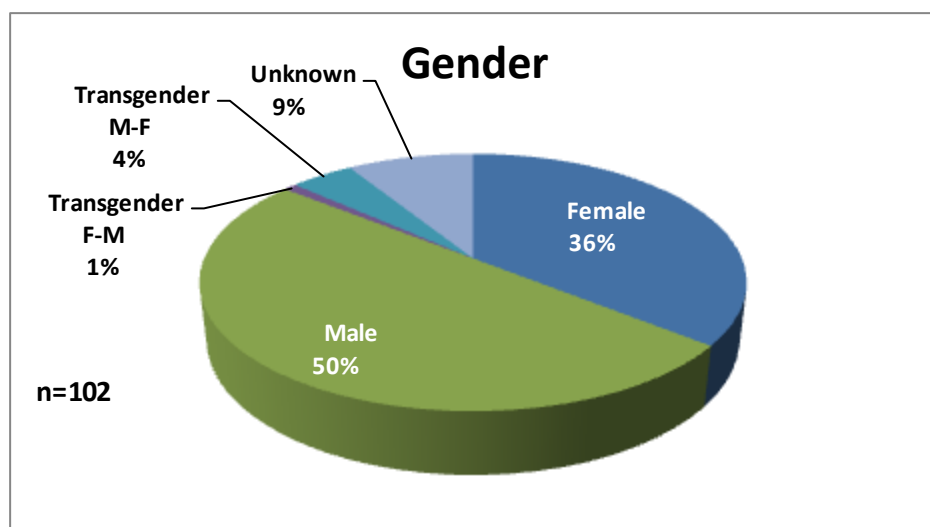
Milwaukee, WI — Milwaukee Anti-Violence Project, continued



Kansas City, MO — Kansas City Anti-Violence Project

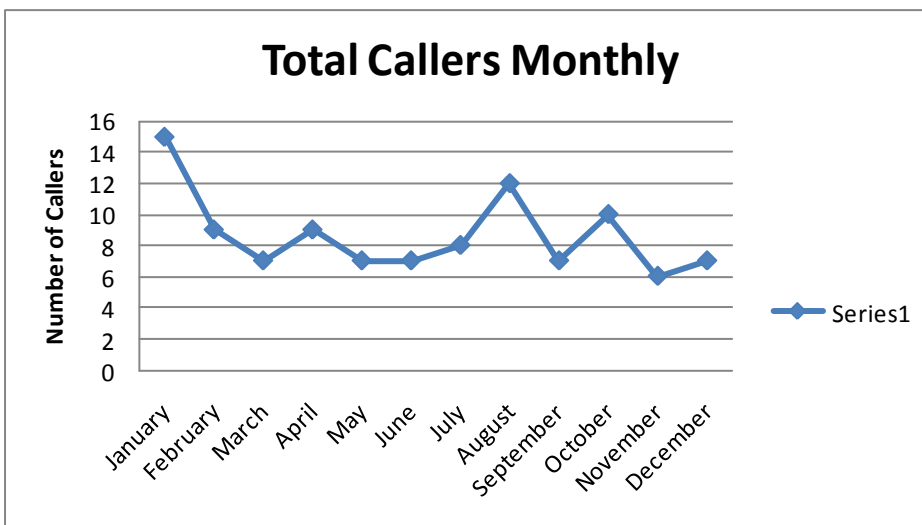
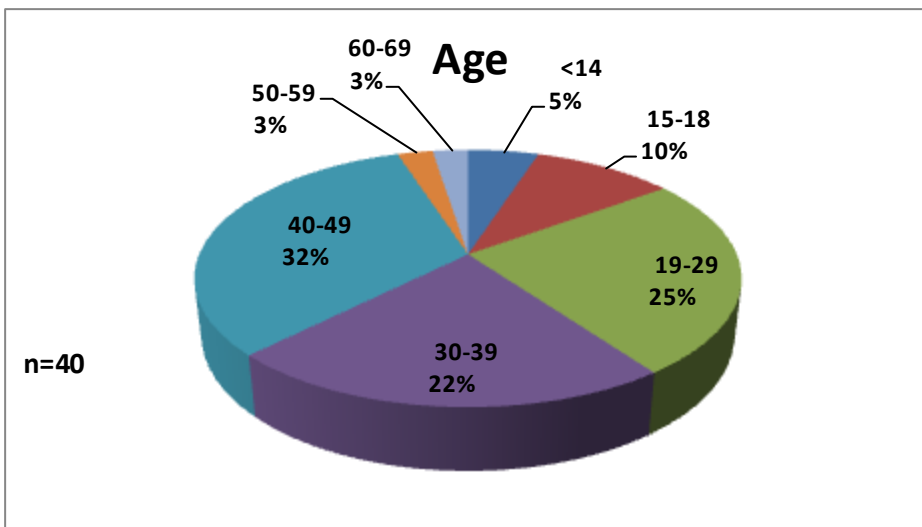
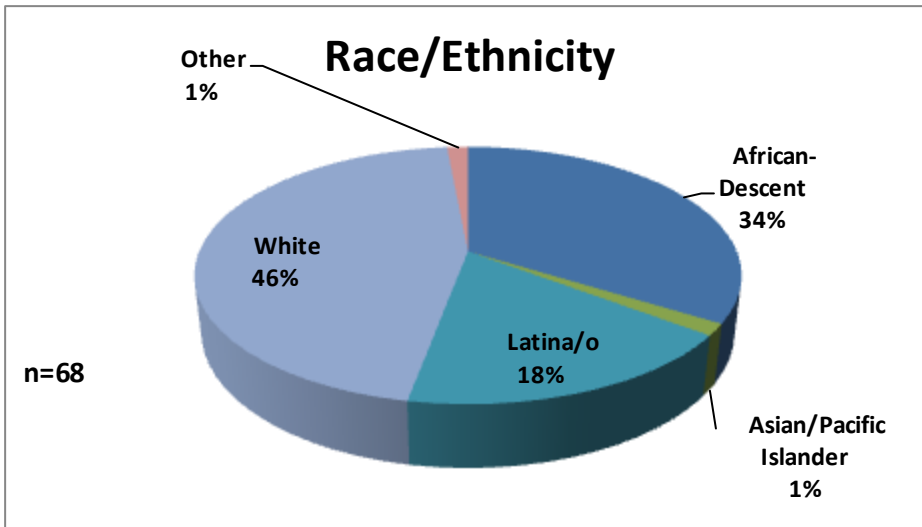
Kansas City, MO — Kansas City Anti-Violence Project, continued

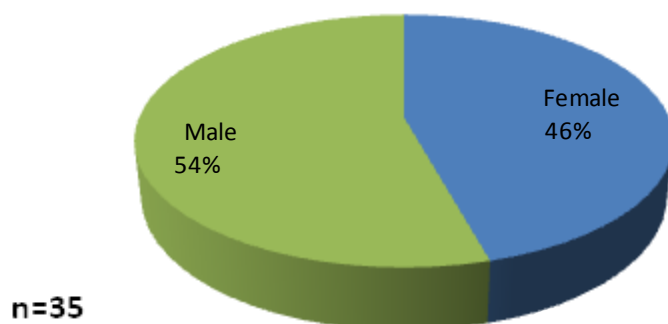
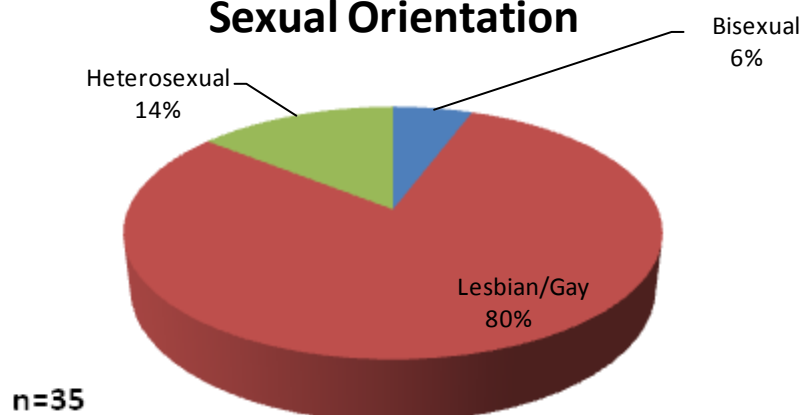
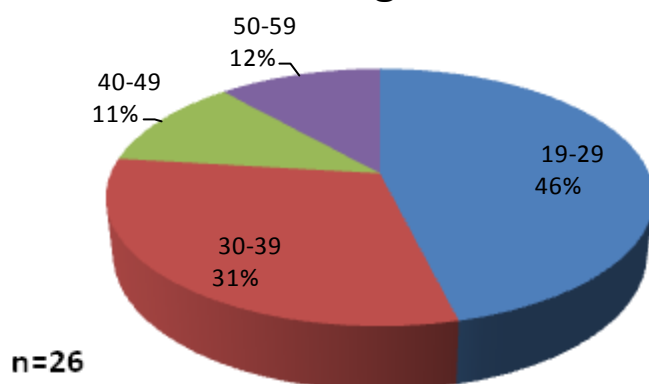


Chicago, IL - Center on Halsted, Anti-Violence Project

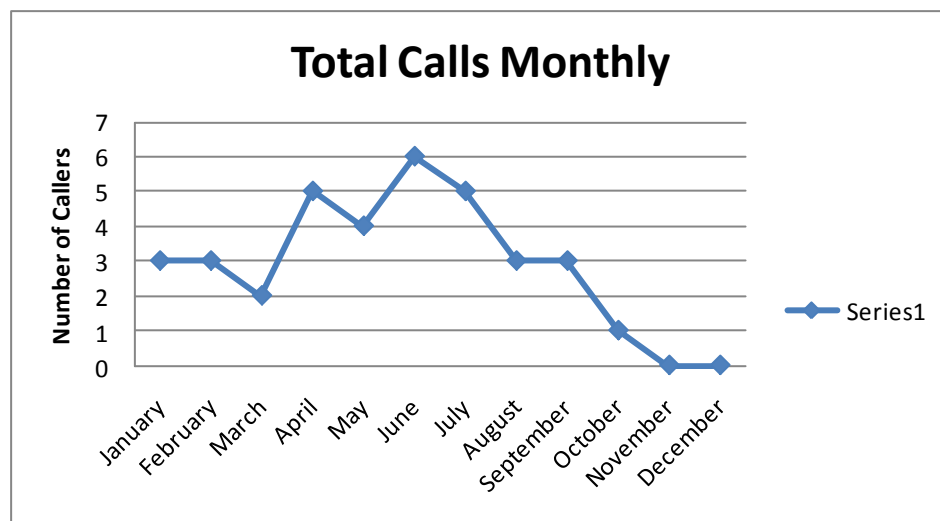
The Center on Halsted Anti-Violence Project offers a 24-hour crisis hotline, counseling, support groups, legal advocacy, information and referrals and provides professional trainings and presentations on violence, discrimination, LBGT sensitivity and workplace issues. Services are available in both English and Spanish. Chicago's Center on Halsted is the Midwest's largest community center for LGBT people. As a resource and gathering place for youth and adults in a safe, inviting atmosphere, the Center offers support and programming to meet the cultural, emotional, social, educational and recreational needs of the LGBT community.

Chicago, IL - Center on Halsted, Anti-Violence Project, continued



Columbus, OH - Buckeye Region Anti-Violence Organization**Gender****Sexual Orientation****Age**

Columbus, OH—Buckeye Region Anti-Violence Organization, continued



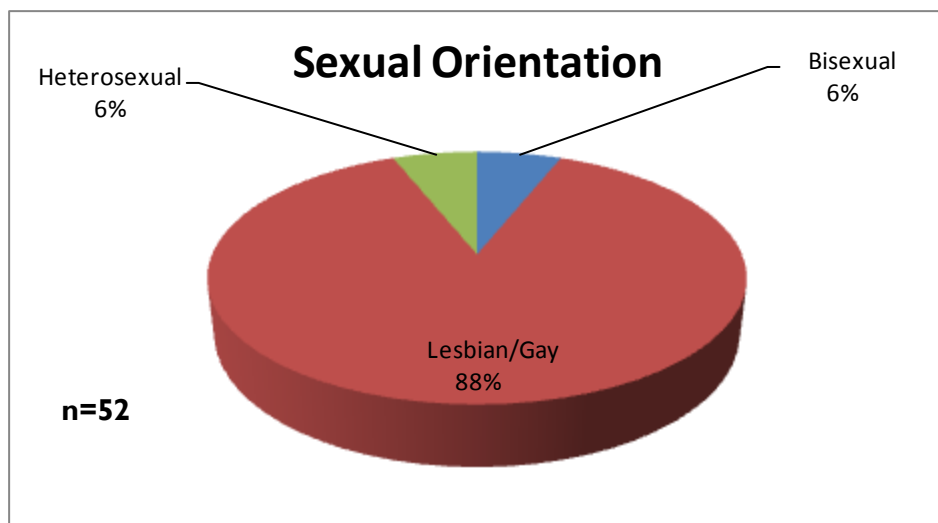
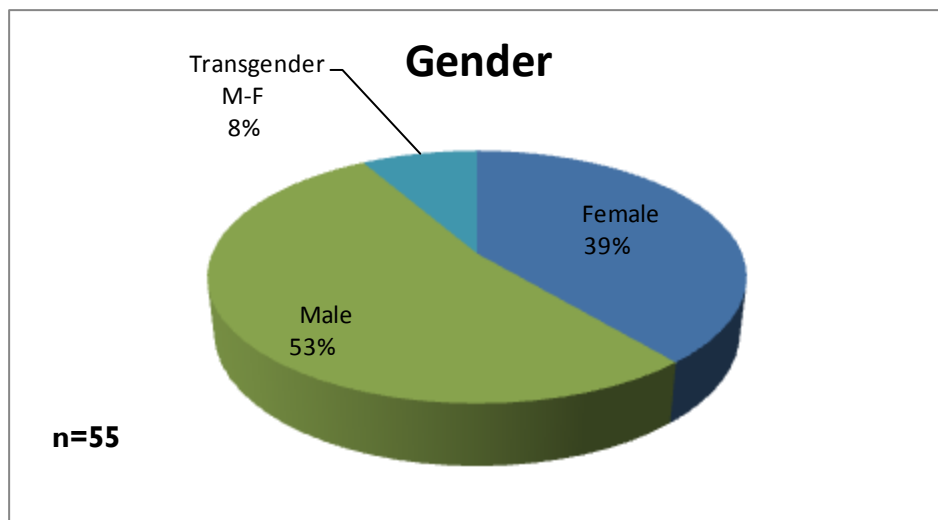
Columbus received 35 reports of domestic violence in 2008, which reflects a 20% decline in reporting from 2007. As in previous reporting years approximately half of all victims/survivors were female (16) and half were male (19), however broken down by sexual orientation BRAVO had 26% more gay men reporting intimate partner violence than lesbians in 2008. There were no trans-identified callers for 2008 and no significant change in the age or racial makeup of those reporting in 2008. Twenty six percent of survivors reported having a disability compared to 11% the previous year.

Sixty percent of survivors reported physical assault by their intimate partner with 5% reporting fighting back in self defense. Forty-five percent reported threats from their partner and 14% of incidents involved outing of sexuality, gender ID, HIV status or immigration status. BRAVO was able to document the death of a gay male related to intimate partner violence in Cincinnati. This came from a review of newspaper articles and court records.

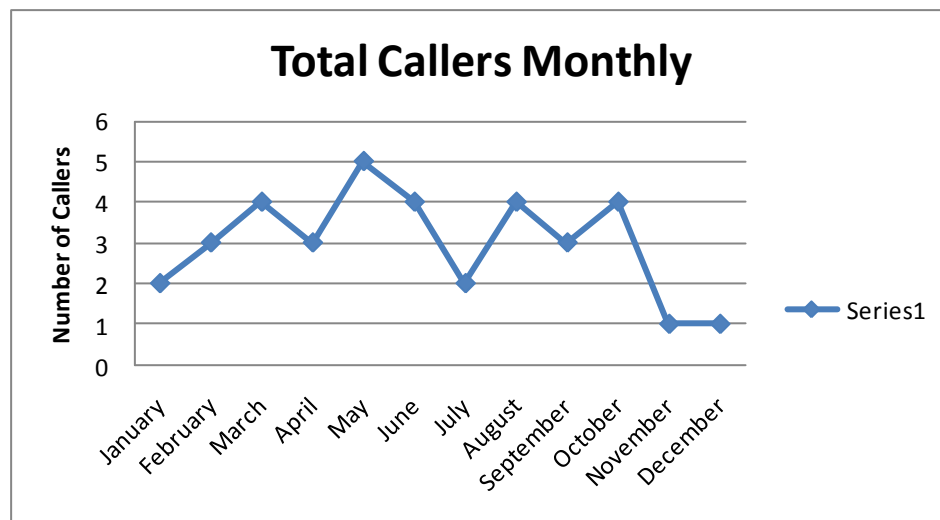
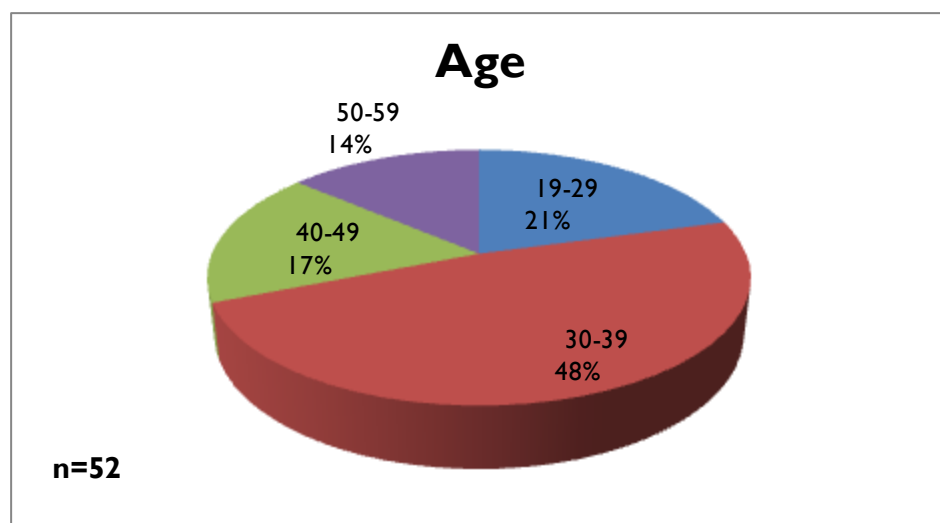
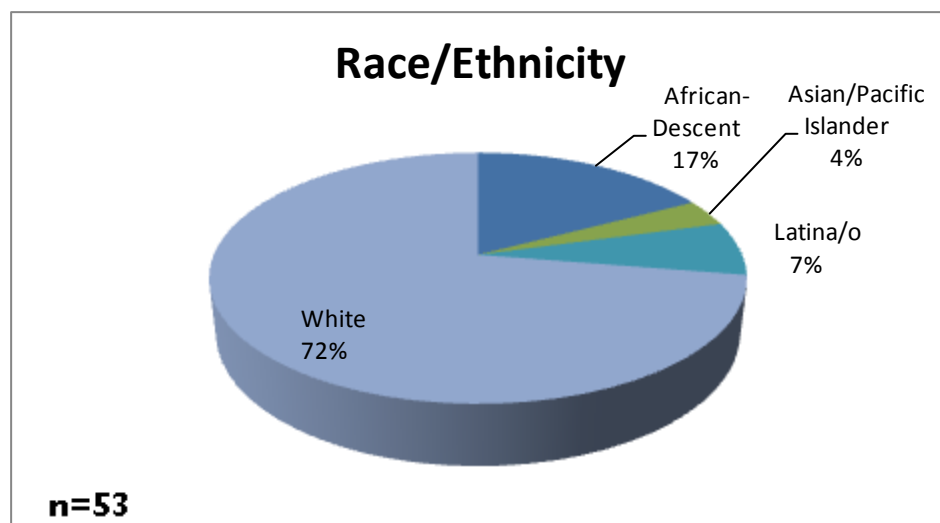
Thirty-four percent of survivors reported that the police were called, which was nearly 50% higher than the previous year, with an arrest occurring one out of four times. One of those arrests was documented as a misarrest in which the victim/survivor was arrested. The survivor was eventually acquitted of the charges.

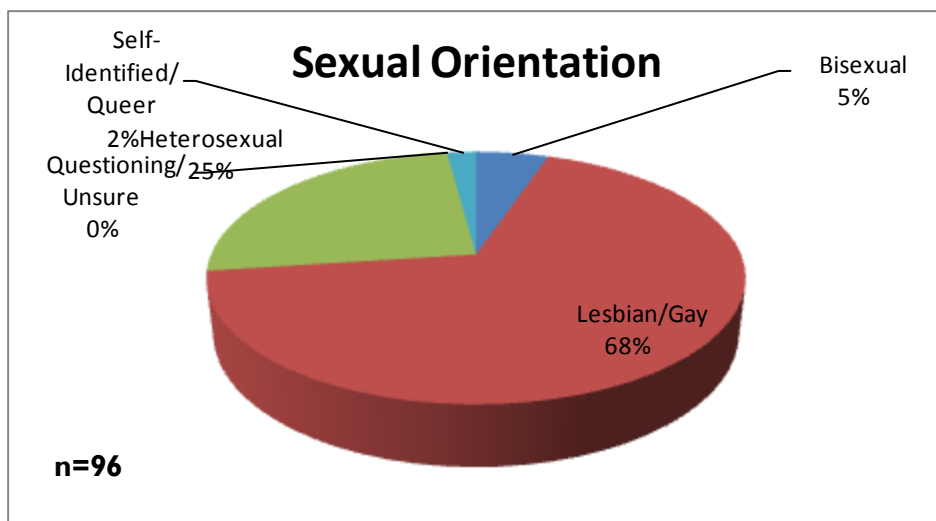
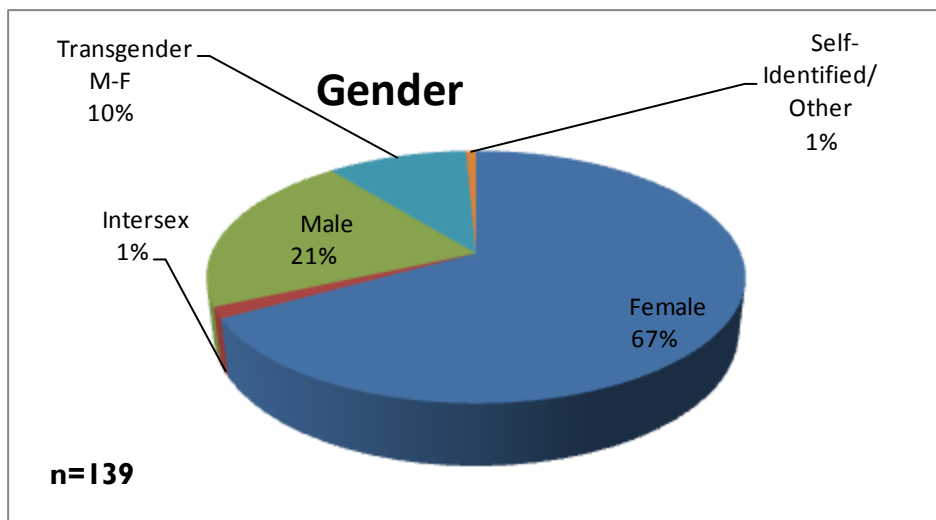
Seventeen percent of callers sought shelter and half of those callers reported that they were turned away. Of those callers who reported seeking on order of protection all were successful in obtaining them.

While BRAVO had fewer reports in 2008, much more time was spent with callers. Issues of homelessness, unemployment, mental illness, substance abuse, HIV disease and other disabilities required working more closely with survivors. Working through systems to find survivors appropriate help and resources was challenging. Accessibility to domestic violence shelters for LGBT survivors, in Ohio, continues to be a problem meaning much time spent on finding alternative resources and solutions. Unfortunately, if no resource can be found the survivor is left in peril and on their own.

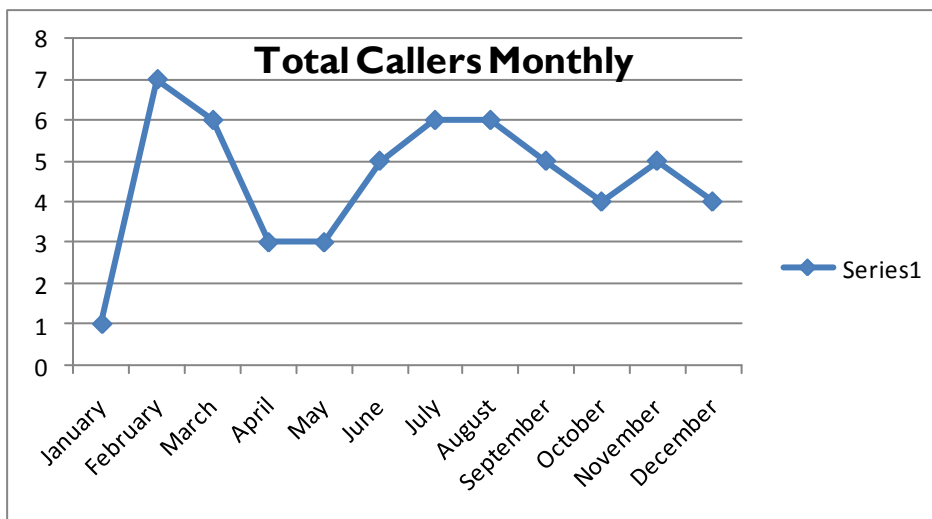
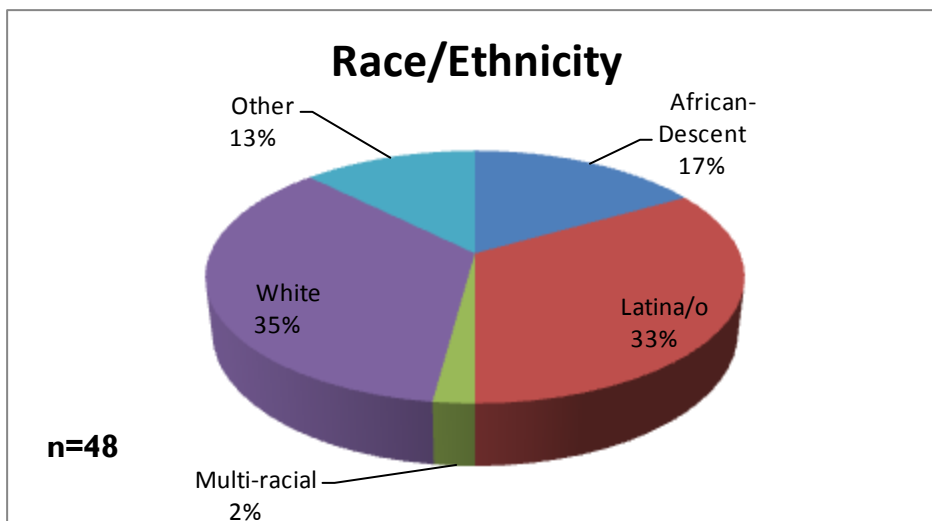
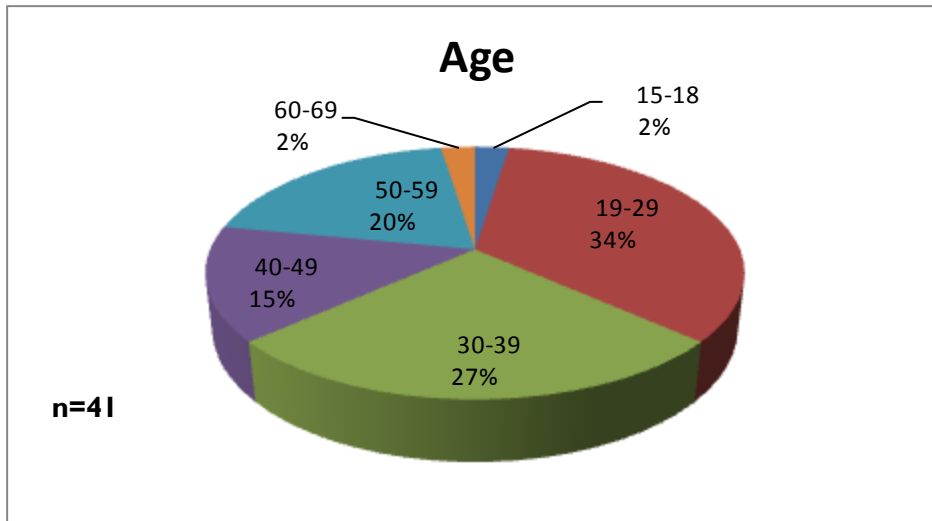
Northeast**Boston, MA—The Violence Recovery Program at Fenway Community Health**

Boston, MA - The Violence Recovery Program, Fenway Community Health, continued



Boston, MA — The Network/ La Red

Boston, MA — The Network/ La Red, continued



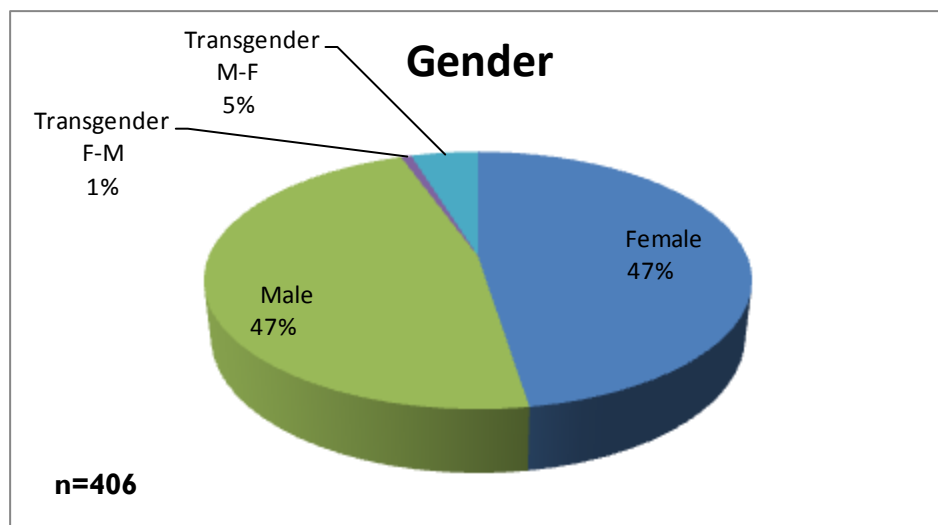
Boston, MA — The Network/ La Red, continued

The state of the economy continues to weigh heavily on everyone, but is most poignantly felt by those most in need of crisis support services. The trend that stands out most is the lack of available emergency shelter as well as longer term shelter (14 days vs. 90 days) to survivors in the LGBT communities. In 2008 advocates at The Network/La Red reported a marked increase in the amount of advocacy time spent looking for emergency shelter space despite the fact that there was no significant change in the number of clients served. While the number of available beds has remained the same between 2007 and 2008 the policies for access seem to be leaning towards women with children. In the past year there have been numerous incidents where despite the fact that there was space listed as available on the state-wide bed update (the system which tracks emergency domestic violence beds in the state of MA) advocates and survivors have been told the space was only available for a woman with children. This had meant that single women regardless of whether they are heterosexual, bisexual, or lesbian and men and transgender folks have been left with much fewer options.

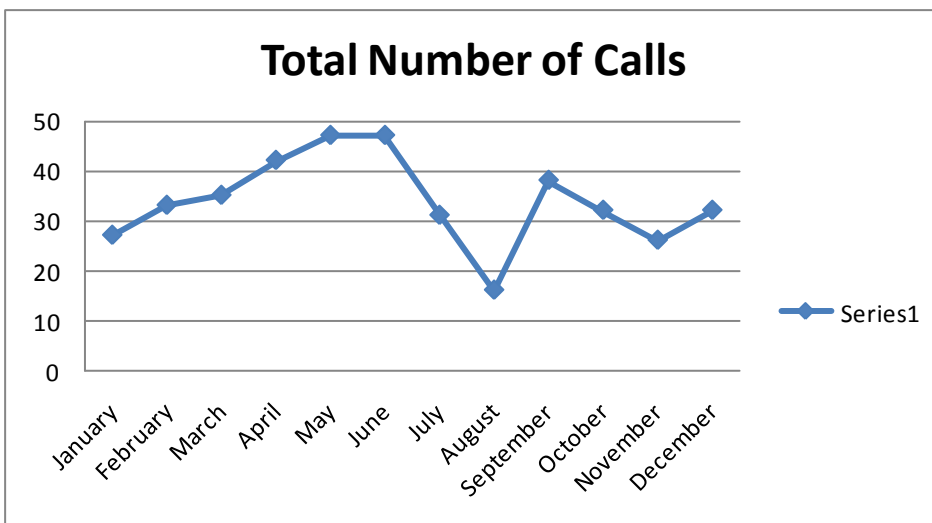
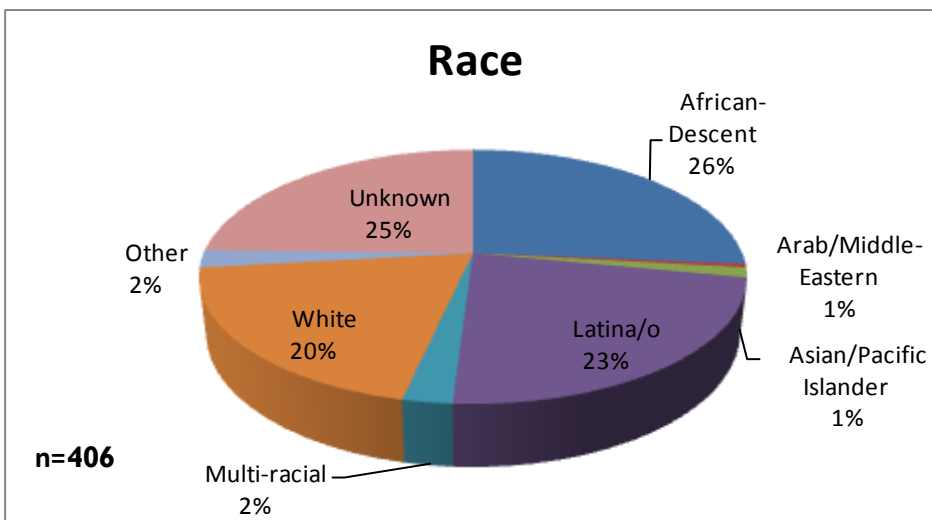
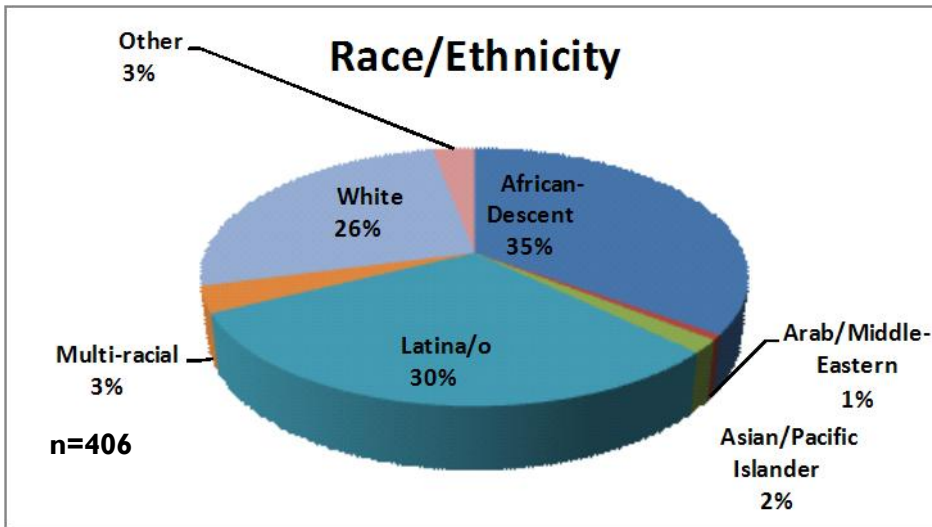
In addition to beds being held for women with children, emergency stays have been shorter for everybody, with shelters often only giving 2 nights stay in shelter. Getting into longer term shelter has been more challenging as people are staying in shelter longer. In these economic times people have a harder time finding jobs and securing housing which results in beds being unavailable for longer periods of time.

In the domestic violence service world access for LGBT survivors continues to be an issue. The reality is that many programs either feel unable to provide adequate services to LGBT survivors, or don't see the issue as being as urgent. When an LGBT person is granted space the experience varies it can be great with the few programs who work well with LGBT survivors or can be horrific and everything in between. In the shelter an LGBT survivor is often faced with homophobia from other residents and staff. In other cases survivors receive supportive services which are not tailored to their needs. Support that does not take into account the differences between heterosexual and LGBT domestic violence or without an understanding of the unique circumstances survivors may face in the LGBT communities. All of these factors taken together has created a situation in which LGBT people have less consistent access to domestic violence shelters. For those who were already struggling for access to domestic violence shelters there is an even greater backlash felt, I speak specifically of men and transgender survivors of domestic violence. The combination of heterosexual women and LGBT people vying for the same amount of available space and the reality that most mainstream domestic violence programs still look at domestic violence as a women's issue results in very little space being available for men and transgender individuals.

In Massachusetts, despite the economic downturn, Governor Deval Patrick has been trying to save the much needed domestic violence services. In October of 2007 he issued an executive order of zero tolerance of domestic violence and sexual assault. Since that time the governor's office has been very supportive of saving not only domestic violence and sexual assault monies that support mainstream programs but also those moneys specifically set aside for LGBT specific domestic violence services. This is an enormous change from the cutting of all LGBT language from the state budget that occurred under the Romney administration a few years ago. In fact not only was there an increase to the line item that supports LGBT specific domestic violence services last year but that item was level funded for the coming year. While the economic projections for Massachusetts and the rest of the country are not good and we may eventually receive cuts to these services it is nice to have a administration that is committed to maintaining domestic violence and sexual assault services as long as possible.

New York, NY — New York City Anti-Violence Project

New York, NY — New York City Anti-Violence Project, continued



New York, NY — New York City Anti-Violence Project, continued

In New York State the 2008 has been a year of anticipation and granted wishes for domestic violence advocates and victims of intimate partner violence. With the signing of the Fair Access to Family Court Bill in July 2008, the new law expanded access to civil orders of protection from Family Court to all domestic violence victims including LGBTQ people and those dating or in other intimate relationships. Earlier that year on May 14, 2008 New York Governor David Paterson also issued a directive mandating that all state agencies recognize same-sex marriages from other jurisdictions. With these important changes, more LGBTQ couples and relationships can now receive recognition in the Empire state.

NYC AVP had supported the passage of the Fair Access to Family Court Bill from the day it was first introduced by the Assemblywoman Helen Weinstein 20 years ago. We have made a relentless effort through the NYS Coalition for Fair Access to Family Court to make this law a reality. It has been an important accomplishment, but our work does not end there. Much of the success of our 20-year long campaign and the law itself will depend on our vigor in educating the general public and our respective communities about the law's existence. Education and awareness raising are important next steps in helping this law to be put into practice swiftly and effectively. For the Fair Access law to be effective both groups - victims and the providers who work with them (legal professionals, law enforcement, victim advocates/counselors, etc.) need to be aware of the law and understand its application as well as the law's limitation. To aid the LGBTQ victims and survivors of DV seeking orders of protection, NYC AVP has produced a one page, quick and easy to digest Fact Sheet which demystifies this new law. AVP also provides accurate and timely information related to the Fair Access to Family Court law via its 24-hour bilingual (Eng/Spanish) hotline. NYC AVP hopes that as the time goes on and more people become aware of this law and more LGBTQ survivors of DV are knowledgeable about their rights, we will see more and more survivors seeking the relief and safety from their offenders in the form of a civil order of protection.

In addition to raising awareness among the survivors, we focused a great deal of our efforts on educating shelter providers, health and human service professionals and law enforcement about this new law and issues affecting the LGBTQ communities to ensure that every survivor will receive appropriate and quality domestic violence related services regardless of where they choose to access these services. In 2008 alone, NYC AVP trained more than 3000 health and human service providers and professionals from criminal justice and law enforcement fields at over 60 trainings.

2008 TRENDS

Overview

In 2008, the New York City Anti-Violence Project registered 406 new victims of domestic violence. This is a 13% increase from the previous year, when we have documented 358 new victims. This figure represents the number of victims and not the actual number of incidents experienced by the survivors who reported to AVP. Victims of domestic violence are often re-victimized by their abusive partners and it is possible that each individual survivor has experienced more than one incident of violence during the course of the abusive relationship. In fact, some survivors experience more than 10 incidents which can range in the level of intensity and violence from subtle control tactics to severe physical violence.

On an average, NYC AVP's counseling staff and volunteers assisted 33 survivors per month. Since 1997, NYC AVP has documented and assisted 5,141 survivors of domestic violence; on an average 428 survivors annually.

Demographic Trends

As for the gender breakdown, we have seen an increase in reports from both males and females and a decline from

transgender individuals. Out of the 406 individuals who reported having experienced domestic violence, 191 identified as females, a 35% increase from 141 in 2007. Overall, 47% of the reports in 2008 came from female identified survivors and an equally sizable number of reports came from male survivors. In the male category we have registered a 6% increase from 178 reports in 2007 to 189 in 2008. Transgender females made up 5% and transgender males 1% of the total number of reports with 19 and 3 survivors reporting respectively, which was a decline from prior year. Gender identity of 4 survivors was unknown at the time of report to NYC AVP.

269 of the survivors self-identified as lesbian or gay (14% increase from 2007), 49 identified as heterosexual (69% increase from 2007), 12 identified as bisexual (33% drop from 2007), and 8 said they were questioning or unsure of their sexual orientation (300% increase over 2007). For 67 of the survivors their sexual orientation was unknown at the time of report to NYC AVP and 1 person self-identified as queer.

More than 50% of DV survivors in 2008 were between the ages of 19 and 39 when they made the report to NYC AVP. The greatest number of reports, 121, came from 19-29 year-olds, followed by 91 reports from people in their 30's and 58 reports were made by survivors in their 40s. No reports were received from people over 70 or under 14, and the age of 50 additional survivors was unknown at the time of the report.

There was a 41% increase in reports from survivors of African-Descent up from 76 in 2007 to 107 in 2008. Latinos/as make up the second largest group with 93 reports (down by 9% from 2007) followed by Whites with 80 reports (up by 5% from 2007). Reports from people of other ethnic backgrounds remained relatively low, and with the exception of Arab-Middle Eastern group they all registered a drop from the previous year. For 100 survivors the information pertaining to their ethnic identity could not be collected.

Incident Trends

Types of Violence

We will explore now the connection between anti-LGBTQ bias and domestic violence in LGBTQ relationships. People often associate anti-LGBTQ bias with situations involving strangers, rejection by the family or with systems such as police. But bias can also play an important role in LGBTQ relationships that have domestic violence in them. The abusive partners use different means of power and control and often times a combination of tactics to manipulate and control their victims. In many cases bias and prejudice regarding partner's identity (e.g. sexuality, gender or ethnic identity) and status (e.g. HIV/AIDS, immigration, disability) is also present and used as a weapon against the victim. These biases, but especially bias related to gender identity and sexual orientation can further complicate one's experience with domestic violence and act as a serious barrier for LGBTQ victims to report domestic violence and seek services. Examples include using the victim's HIV/AIDS status to inflict emotional pain and suffering or threatening to out the victim as LGBTQ to the employer or family. In 2008, we have documented 79 cases where the abusive partner used bias and outing of the victims' sexual orientation, gender identity, HIV/AIDS status or immigration status as a means to exert power and maintain control over the victim.

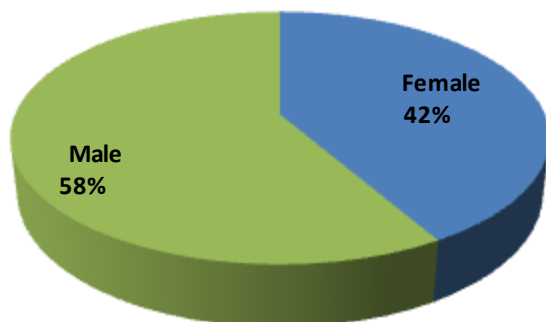
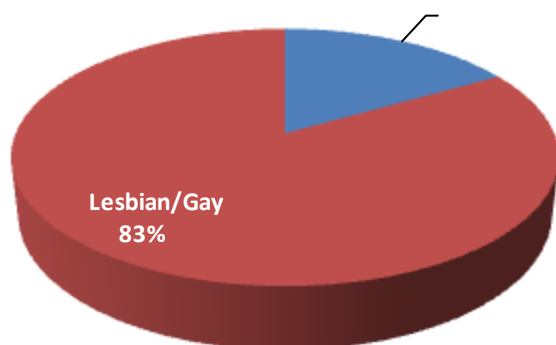
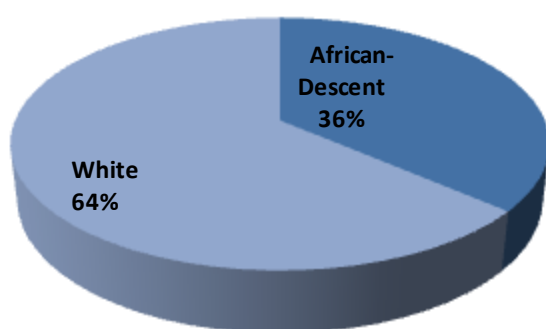
Although we have registered a drop in physical violence (-31%) and weapons use (-16%) there was a significant increase in DV related murders (+100%). Specifically, we have documented 4 such homicides, up by 2 from 2007. Because we only count cases that have been directly reported to us or that have been reported in the media, this number should not be interpreted as an actual number of all LGBTQ domestic violence murders in New York City. The other disturbing trend observed in 2008 is the continuation of sexual abuse occurring in the context of domestic violence. Although the actual number DV cases that involved sexual abuse went down by 42% from 55 cases in 2007 to 33 in 2008, sexual violence remains a serious concern and health issue affecting many LGBTQ New Yorkers. Sexual violence remains New

New York, NY—NYC Anti-Violence Project, continued

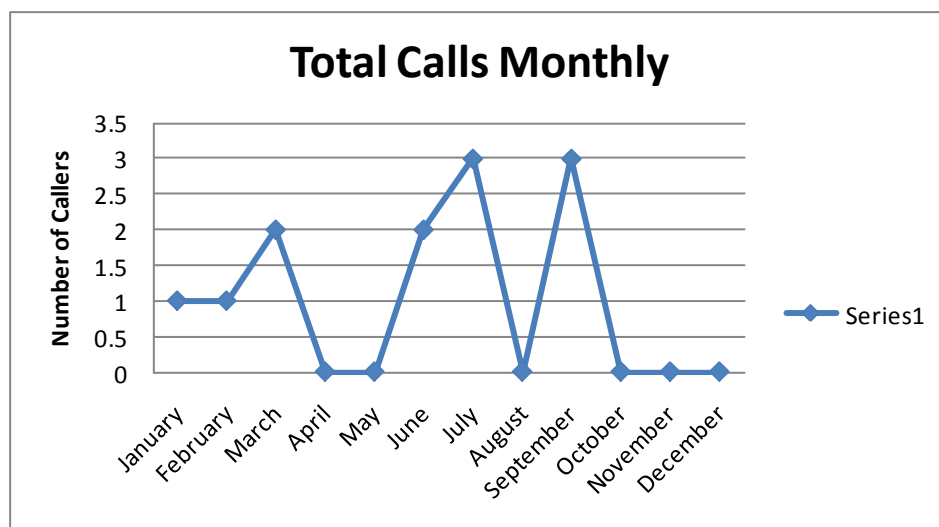
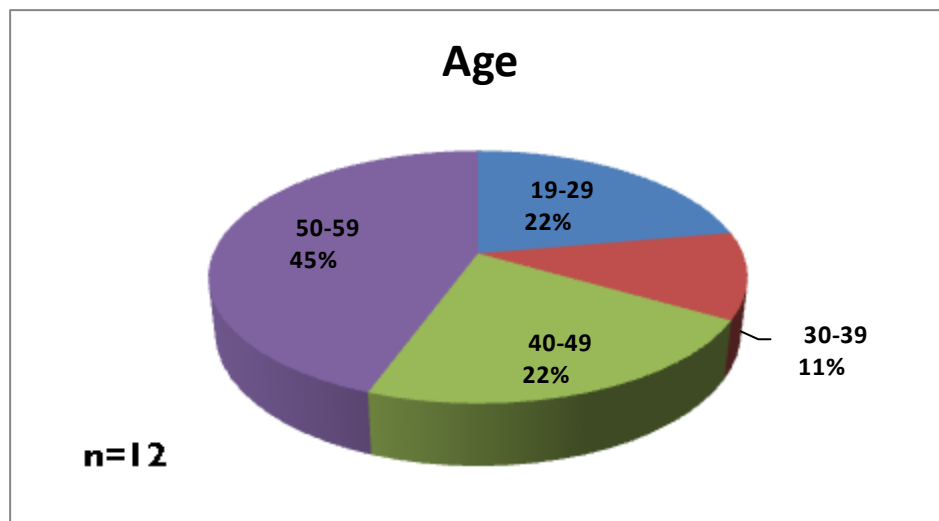
largely stigmatized and continues to be seriously underreported due to many reasons, culturally sanctioned bias and oppression of LGBTQ communities being most significant.

Police Involvement

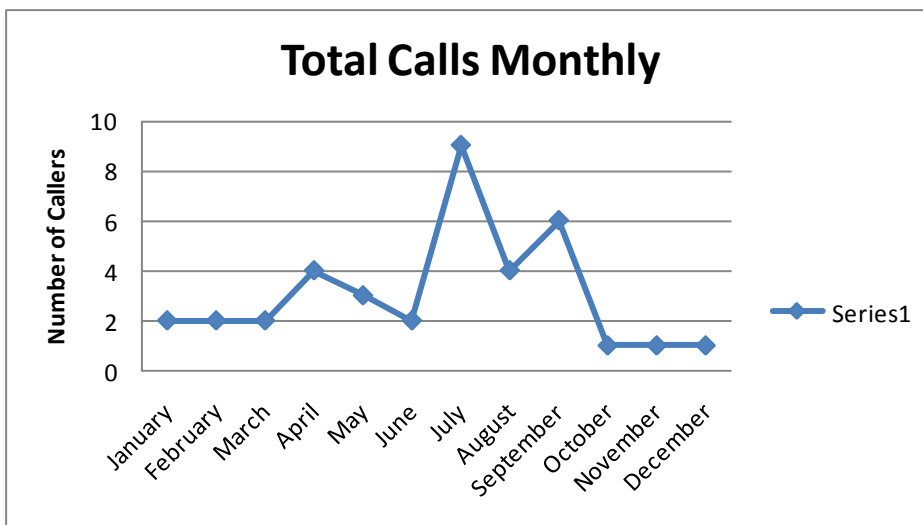
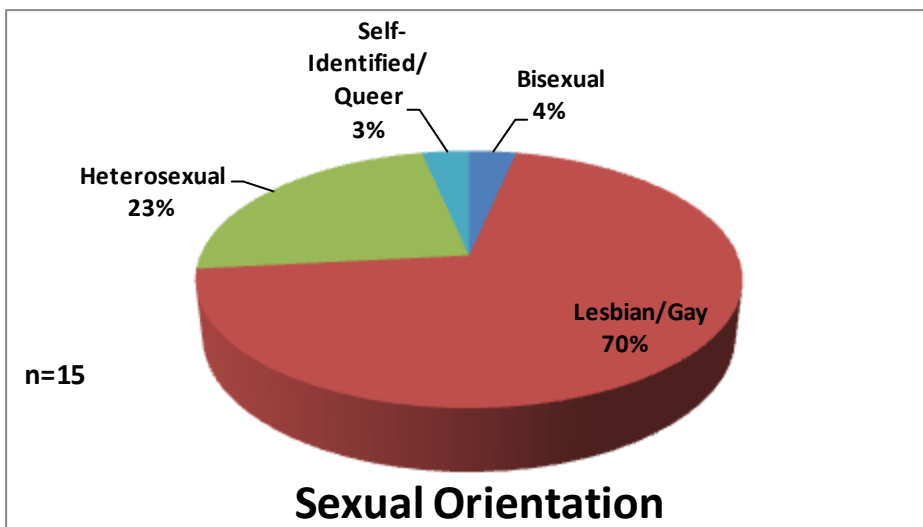
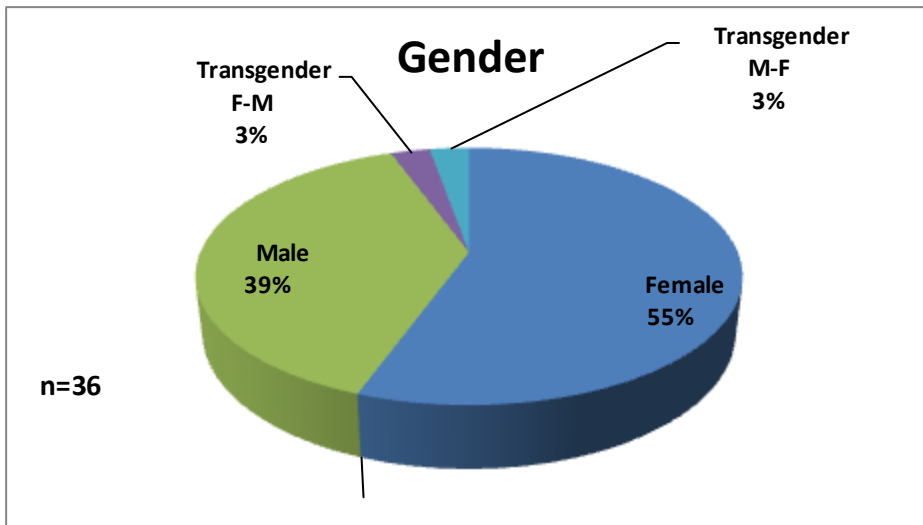
While there were significantly more cases in 2008 where survivors turned to law enforcement for help (+30%, up from 103 to 134) and more cases where the police arrested the abusive partner (+13%, up from 45 to 51), we were alarmed to find out that the number of cases in which survivors reported police misconduct skyrocketed by more than 800%. The cases involving police misconduct went up from 3 in 2007 to 29 in 2008. For the purpose of this report, we have distinguished four types of misconduct that were included in the overall number of 29: verbal abuse, physical abuse, arrest of survivor, and arrest of survivor and offender. Further, the number of cases of misarrest where police either arrested the victim or arrested both the victim and the offender went up from 3 in 2007 to 8 in 2008 (+167%). It appears that in situations where the person may need to reveal their sexual orientation or gender identity to the police (such as in cases of domestic violence or bias incidents), that individual may be at a greater risk for police misconduct than in situations where the person could keep their identity secret from the police. Evidently, more work needs to be done on sensitizing the NYPD and other law enforcement and criminal justice professionals to improve their responses to LGBTQ communities and LGBTQ survivors of domestic violence.

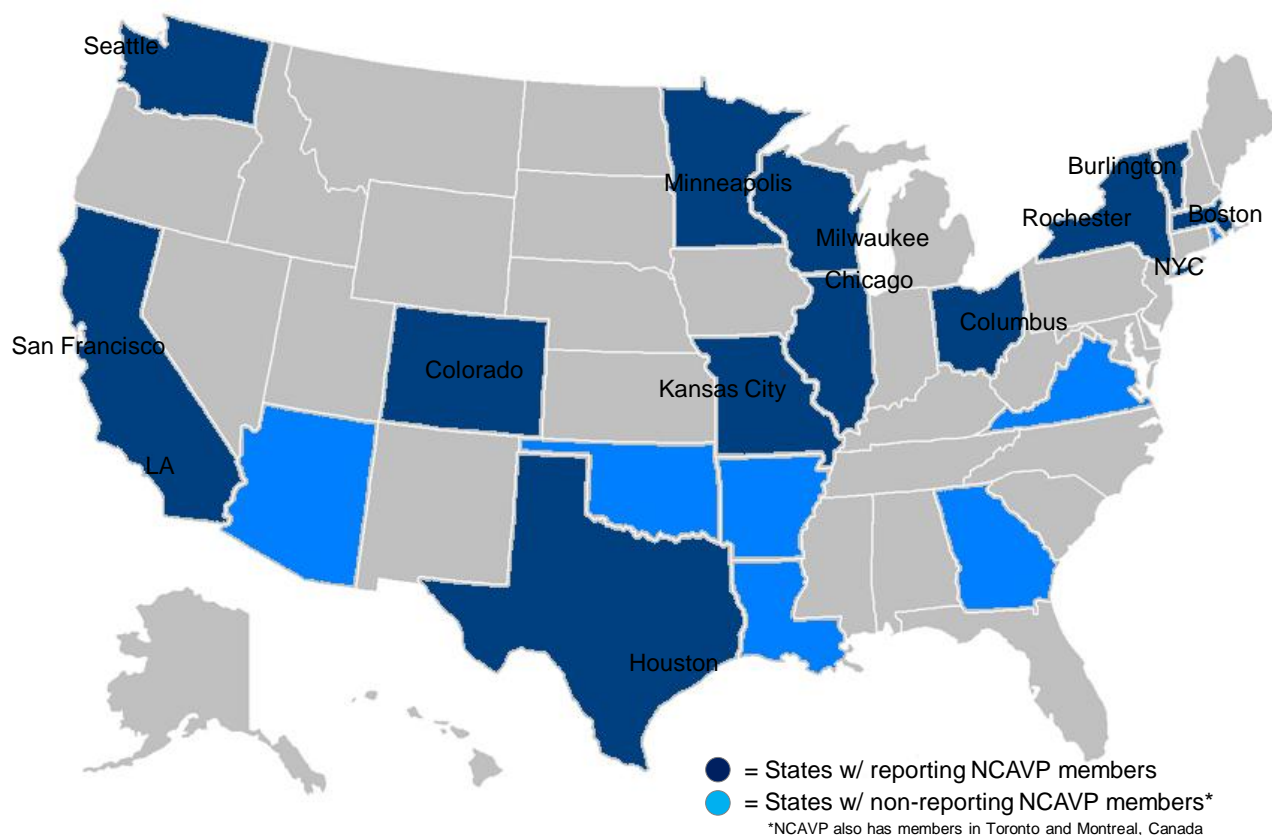
Rochester, NY - Gay Alliance of the Genessee Valley**Gender****n=12****Sexual Orientation****n=12****Race/Ethnicity****n=12**

Rochester, NY - Gay Alliance of the Genessee Valley, continued



Burlington, VT — Safe Space @ RU 12 Community Center



APPENDIX A: NCAVP MEMBERS BY STATE

State-by-state distribution of NCAVP members and the 2008 Domestic Violence Report

APPENDIX B



*Ending abuse in lesbian, bisexual women's,
and transgender communities*

*Acabando con el abuso en comunidades de
lesbianas, de mujeres bisexuales,
y de gente transgénero*

PO Box 6011
Boston, MA 02114
Office: 617-695-0877
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TTY: 617-227-4911
Fax: 617-423-5651
info@tnlr.org
www.tnlr.org

LGBTIQ Partner Abuse

Partner abuse is a systematic pattern of control where one person tries to control the thoughts, beliefs, and/or actions of their partner, someone they are dating or had an intimate relationship with.

Partner abuse is also called domestic violence, battering, and/or intimate partner abuse.

Abuse crosses all social, ethnic, racial, and economic lines.

You can't tell if someone is abused or abusive by his or her size, strength, politics, gender expression, race, economic level or personality.

Abuse is not about violence, it's about control.

Physical violence is often unnecessary to maintain control.

Verbal, emotional, and economic abuses are powerful weapons.

Abuse is never mutual.

Although both partners may use violence, abusers do so to control their partners; a survivor may use violence in self-defense or to try to stop the abuse.

Abuse can happen regardless of the length of relationship or living situation.

Abuse does not lessen; it tends to get worse over time. Couples counseling, anger management, and communication workshops do not help abusers stop abusing and can be dangerous for the partner who is being abused.

In Massachusetts you maybe eligible for a restraining order (209A), a civil court order intended to provide protection from abuse from a partner, family member, or household member, regardless of marital status, gender, or sexuality. (Outside of Massachusetts eligibility varies from state to state.)

Abuse is NOT about size, strength, or who is "butch" or more masculine

Abuse is about using control to gain power and control regardless of a person's gender or sexual identity.

Abuse is NOT about both partners just "fighting it out" all the time.

Partner abuse is not mutual. Although the abused partner may fight back, there is a difference between self-defense and abuse

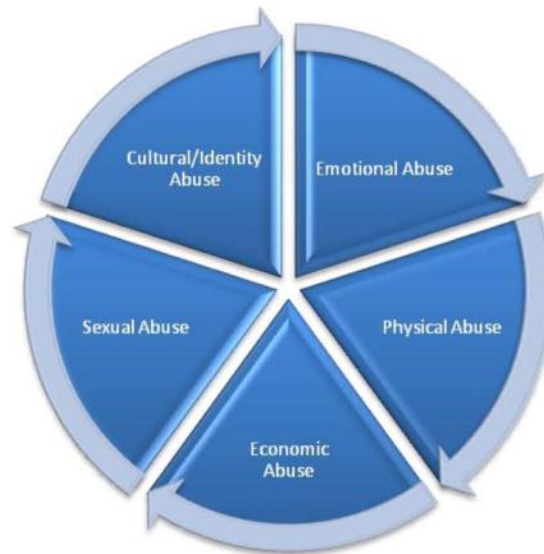
Abuse is NOT just happening in heterosexual, male/female relationships (where neither partner is transgender.

1 in 4 Lesbian Gay Bisexual Transgender people are abused by a partner during their lifetime.

How does someone abuse his or her partner?

Those who abuse may use a number of tactics of abuse to control their partner. Oppressions such as racism, classism, sexism, abelism, anti-Semitism, transphobia and homophobia support the abuser in feeling entitled to have power and control over their partner and give the abuser tools with which to exert that control.

Tactics of Abuse:



Emotional Abuse: name-calling, lying, undermining self esteem, manipulation, isolation, humiliation, monitoring whereabouts, blaming, threats and/or intimidation

Physical Abuse: pushing, hitting, punching, choking, withholding medications or hormones, sleep deprivation, forced substance abuse, hurting pets, depriving prosthetics, locking in or out of the house, threats of suicide, stalking, murder

Sexual Abuse: rape, forcing sex and/or sex with others, exposure to HIV or sexually transmitted infections, non-consensual sex acts, not respecting boundaries

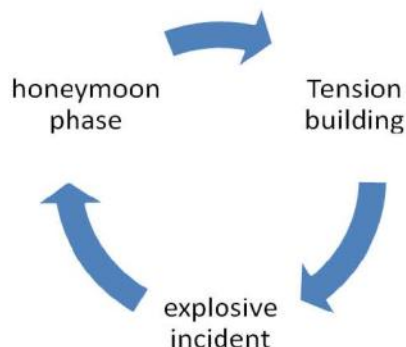
Economic Abuse: controlling money & resources, forcing partner to pay for most things, stealing, getting someone fired from job, running up credit, forcing partner to live beyond their means, not allowing partner to go to work or school, identity theft

Cultural/Identity Abuse: threat of outing partner's sexual orientation, gender identity, S/M, polyamory, HIV status, or any other personal information. Using partner's race, class, age, immigration status, religion, size, physical ability, language, and/or ethnicity, against them.

An abuser may use only one of the tactics or a combination of many tactics. An abuser can change tactics over time. Often abuse escalates and increases over time.

Cycle of Abuse:

Survivors often express how their relationships have patterns. At times that the abuse is "not bad" or not happening. This pattern is sometimes called the cycle of violence, which includes 3 phases:



Tension Building- time during which the abuser may use subtle controlling behaviors to create an atmosphere that the survivor feels like they are walking on eggshells. Survivors often become aware of their own behavior and try to change their behavior to avoid conflict, or "not get in trouble". Abuser maybe using tactics such as guilt and blame against the survivor.

Explosive- time in which abuser uses a tactic or multiple tactics of control to gain or regain power over their partner. This includes not only physical violence, but can be any of the tactics of control, such as financial, sexual or emotional abuse.

Honeymoon/Seductive- time during which the abuser is trying to gain the trust of their partner at the beginning of the relationship. Later in the relationship this is the time that the abuser may appear apologetic for the abuse, sometimes saying "this will never happen again" or "I will get help," suggests couples counseling, blame abuse on other factors such as drugs/alcohol, stress, etc. In some cases abusers may become nurturing and/or for some time may stop using tactics of control or use more subtle control.

While going through the cycle there is a great deal of confusion for the survivor. The cycle is often repeated over and over again, more and more rapidly over time. The survivors are also going through their own cycle that includes:

They feel Love...

for their partner; they are reminded that the relationship has/had its good points, and that everything in the relationship is not all bad.

They feel Hope...

That things will change, and remember that the relationship didn't begin like this.

They feel Fear...

That the threats to hurt or kill them or their family will become reality.

****While the Cycle of Abuse is a useful model it does have its limitations. Abusive relationships are about power and control. The Cycle of violence in some ways over simplifies what survivors feel. It also separates the abuser's behaviors into "good" and "bad." The reality is that the entire cycle about control. Even the "good" behaviors are a means of trying to control their partner to keep them invested in the relationship and to control their thoughts, beliefs and/or actions. ****

APPENDIX C: THREE LEVELS OF INTERAGENCY RESPONSE TO DOMESTIC VIOLENCE CASES—ASSESSMENT TOOL

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The purpose of interagency approaches is to improve safety and autonomy for victims and reduce offender's opportunity and inclination to harm victims. Many practitioners who work with domestic violence cases believe they have a "coordinated community response" (CCR) to domestic violence. Many communities will have elements of each level described here. This is not a prescription for CCR development, rather an observation of how different communities have evolved. This is a discussion guide to encourage deeper interagency work between government and community agencies. Consider what elements your community has, and what helps and hinders further development. Questions or comments to gbarnes@bwjp.org, 612 824 8768 x107, www.bwjp.org

Almost all CCRs have **"level one capabilities"**

This can mean:

- ☐ Several of the key agencies (e.g. community based victim advocates, law enforcement, prosecution, criminal and civil court staff, judiciary, probation, batterer programs, sometimes child protective services, sexual assault programs) have shared policy and procedures, and attend regular interagency meetings.
- ☐ Most CCR work is done in interagency meetings, based on practitioner's ideas for solutions.
- ☐ There is informal support for the CCR from some agency heads.
- ☐ There may not be a paid CCR coordinator, but some practitioners informally take leadership, as well as their assigned work.
- ☐ Meetings are mostly cordial, and practitioners are learning more about each other's roles.
- ☐ Relationship-building across agencies supports problem solving with difficult or dangerous cases.
- ☐ Training raises awareness of the dynamics of domestic violence and the value of working together.
- ☐ Representatives of marginalized communities may be invited to meetings.
- ☐ The CCR has a plan; produces some resources; and promotes community awareness of domestic violence.

However:

- ☐ Some key agencies may not be routinely participating, or are hostile.
- ☐ Practitioners do CCR work on top of their regular work.
- ☐ Advocacy programs believe there is inadequate commitment from other agencies, and they may be resentful for criticizing other agency's work and forcing collaboration.
- ☐ When CCR partners critique each other's work, there may be ill feeling, and/or problem solving is blocked.
- ☐ The needs of culturally marginalized groups may not be identified or addressed.
- ☐ Domestic violence coordination may not account for related issues such as stalking; abuse in later life; sexual violence; child abuse.

Some CCRs have most of level one capabilities, but may also have **“level two capabilities”**

This can mean:

- ☐ A paid coordinator follows up on tasks set by CCR meetings and coordinates small working groups to fix intervention “gaps.”
- ☐ CCR members observe and learn the detail of other partners’ work.
- ☐ Previous victims of abuse are invited to assess the CCR effectiveness.
- ☐ There is some effort to understand the specific problems experienced by marginalized communities, to improve services.
- ☐ An interagency tracking and monitoring mechanism enables CCR partners to accurately assess the effectiveness of the many parts of intervention.
- ☐ CCR partners can critique each other’s role without it becoming personal or involving public humiliation.
- ☐ Interagency working groups develop agency policy and procedures informed by their own experiences and promising practices from other communities.
- ☐ Training is mostly discipline-specific and built around implementing new policies and procedures.
- ☐ Some agency heads directly support the CCR by: freeing staff to do CCR problem solving; seeking funding for CCR projects; encouraging problem solving that is informed by front line practitioners.

However:

- ☐ CCR coordinators may spend more time coordinating meetings and encouraging attendance than fixing gaps in the system.
- ☐ Marginalized communities have few opportunities to give feedback and shape changes.
- ☐ New “system gaps” may emerge as staff changes, problematic new practices, and inadequate monitoring reduce the CCR effectiveness.

A few CCRs have most of level one and two capabilities, but may also have **“level three capabilities”**

This can mean:

- ☐ Diverse focus groups of persons the CCR intervenes with are routinely used to evaluate and inform changes in policy and practices.
- ☐ Marginalized community members have their specific needs addressed and built into the CCR process.
- ☐ Each intervention point has been examined to ensure that workers are coordinated by their agencies and inter-agency agreements to maximize victim safety and offender/system accountability.
- ☐ The CCR produces innovative policies, procedures, written resources, and training activities, and shares them with other communities.
- ☐ Agency representatives who have been involved in system change become co-presenters and trainers capable of helping other communities.
- ☐ The CCR has reinvented itself as previous system changes have become outdated or lost their effectiveness.
- ☐ Government agency practitioners are trusted by their CCR partners to initiate system changes that ensure battered women’s experiences guide new practice.
- ☐ The CCR is active in community organizing to raise awareness of domestic violence and related abuse issues and partners with community agencies beyond the criminal justice system.