

LESBIAN, GAY, BISEXUAL, TRANSGENDER *and* QUEER DOMESTIC/INTIMATE PARTNER VIOLENCE

in the UNITED STATES *in* 2009

a report from



2010 release edition

This is a report of the

National Coalition of Anti-Violence Programs

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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-affected 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-LGBT 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 starting an anti-violence program, becoming a member of the National Coalition of Anti-Violence Programs or if you would like more information, contact NCAVP at info@ncavp.org or 212.714.1184.

MEMBER PROGRAMS PARTICIPATING IN THIS REPORT:

For a full list of NCAVP member programs and contact information, please see Appendix A.

WASHINGTON

The NW Network of Bi, Trans,
Lesbian and Gay Survivors of
Abuse
PO Box 18436
Seattle, WA 98118
Phone: (206) 517-9670
www.nwnetwork.org

CALIFORNIA

Community United
Against Violence
170 A Capp Street
San Francisco, CA 94110
Phone: (415) 777-5500
www.cuav.org

LA Gay & Lesbian Center
1625 N. Schrader Blvd
Los Angeles, CA 90028
STOP Phone: (323) 860-5806
DVLAP Phone: (323) 993-7649
www.lagaycenter.org

ARIZONA

Wingspan Anti-
Violence Programs
425 E. 7th Street
Tucson, AZ 85705
Phone: (520) 624-1779
www.wingspan.org

EXECUTIVE SUMMARY

This report documents violence experienced by lesbian, gay, bisexual, transgender and queer (LGBTQ) people within domestic and intimate partner relationships,¹ reported in the United States during the year 2009. It is a product of the National Coalition of Anti-Violence Programs (NCAVP), which comprises 41 anti-violence organizations that monitor, respond to and work to end hate violence, domestic/intimate partner violence, sexual violence, HIV-related violence and other forms of violence affecting LGBTQ communities. This report, the only one of its kind, builds upon the work of our membership to identify, understand and end LGBTQ domestic/intimate partner violence.

Fifteen NCAVP member organizations collected data for this report.² These member organizations represent programs that specifically focus on the response to and prevention of LGBTQ-specific domestic/intimate partner violence and are national experts in this work. Programs reported from the Pacific Coast, the West, the Midwest and the Northeast. No programs reported from the South, where LGBTQ-specific anti-violence programs are limited in number and in scope. In 2010, with funding from the Arcus Foundation, NCAVP is intensifying efforts to build capacity for LGBTQ anti-violence work in the Southern regions of the United States.

This report is divided into seven sections. Sections 1 and 2, the *Executive Summary* and *Introduction*, provide an overview of the trends, findings and recommendations of the report. Section 3, *Defining LGBTQ Domestic/Intimate Partner Violence*, defines and situates LGBTQ domestic/intimate partner violence as unique, while reflecting on the systemic, interpersonal and individual factors that may limit survivors' access to critical services and support. Section 4, *Report Findings and Discussion*, presents data and analysis of the domestic/intimate partner violence cases reported to NCAVP member programs in 2009 and related trends. Section 5, *Recommendations*, presents two sets of recommendations aimed at prevention, response and eradication of LGBTQ domestic/intimate partner violence: the first for policy makers and the second for organizers and community-based organizations. Section 6, *Conclusion*, closes the report by looking to the future of the movement to end LGBTQ intimate partner violence. Immediately following the *Conclusion* is *Selected Local Data and Summaries*, a detailed presentation representing submissions from individual member programs on their work with LGBTQ domestic/intimate partner violence survivors in 2009. Finally, the *Appendices* present additional information that may be useful to service providers, policy makers, organizers and the lay public as they seek to learn more about and take action to end domestic/intimate partner violence in LGBTQ communities.

The data contained in this report provide substantial evidence of the existence and scope of domestic/intimate partner violence in LGBTQ communities. To further support the report's findings and recommendations, it is accompanied by the first annual edition of *Survival, Support and Resilience: Stories of LGBTQ Survivors and*

Victims of Domestic/Intimate Partner Violence. This release provides deeper insight into the experiences of LGBTQ survivors of domestic/intimate partner violence as well as the critical need for the programs that support them.

The major findings of the data collected for this report reflect a grim portrait of domestic/intimate partner violence within LGBTQ relationships. Historically, studies have shown that domestic/intimate partner violence happens at least as often to LGBTQ people as to heterosexual and non-transgender people.³ A more recent study indicated that domestic/intimate partner violence may occur at higher rates in some communities: lesbian, gay and bisexual adults were nearly twice as likely to experience domestic/intimate partner violence as heterosexual adults.⁴

An increase in the number of cases reported to NCAVP also reflects an increase in LGBTQ survivors' attempts to seek the services they need to address this violence, despite diminishing resources for LGBTQ-specific anti-violence programming nationwide. This general increase in reporting happened as reports from vulnerable populations, including immigrant survivors without status, declined. More people reported calling police for assistance; however, these trends are coupled with increases in reports of police misconduct and cases of misarrest. There was an increase in reports of LGBTQ survivors' requests for protective orders as well as their ability to receive them. This increase may reflect expanded legal options for LGBTQ domestic/intimate partner violence, increased awareness of the existence of such options, enhanced training of judicial personnel to understand LGBTQ domestic/intimate partner violence or some combination of all of these factors.

NCAVP member programs advocate for increased access to self-determination, safety and support for LGBTQ survivors of domestic/intimate partner violence as part of the larger movement for LGBTQ rights and equality. This report contains information collected in 2009; however, 2010 brought substantial legal gains for LGBTQ survivors across the nation. Noteworthy changes include the federal Department of Justice opinion that the criminal provisions of the Violence Against Women Act applies to same-sex couples⁵ and the inclusion of same-sex couples in myriad state laws.⁶ These victories, as well as the culture shifts that support such gains, illustrate the results of the LGBTQ rights and equality movement, including NCAVP's advocacy, at local, state and national levels. However, a recent study⁷ coauthored by the National Center for Victims of Crime and NCAVP demonstrates significant barriers that LGBTQ people face in accessing necessary support and services in "mainstream" agencies, which may primarily or exclusively serve heterosexual, non-transgender women. This focus often translates into heterosexist service provision and may intentionally or unintentionally exclude or discriminate against LGBTQ survivors. These findings highlight the critical need for culturally competent support for LGBTQ survivors of domestic/intimate partner violence, including the direct services, advocacy and community organizing offered by NCAVP's member programs.

MEMBER PROGRAMS PARTICIPATING IN THIS REPORT (CONTINUED)

COLORADO

Colorado
Anti-Violence Program
P.O. Box 181085
Denver, CO 80218
Phone: (303) 839-5204
www.coavp.org

TEXAS

Montrose Counseling Center
401 Branard Ave., 2nd Floor
Houston, TX 77006
Phone: (713) 529-0037
www.montrosecounselingcenter.org

MISSOURI

Kansas City
Anti-Violence Project
P.O. Box 411211
KC, MO 64141-1211
www.kcavp.org

WISCONSIN

Milwaukee LGBT
Community Center
315 West Court Street Ste 101
Milwaukee, WI 53212
Phone: (414) 271-2656
www.mkelgbt.org

OHIO

Buckeye Region Anti-Violence
Organization
P.O. Box 82068
Columbus, OH 43202
Phone: (614) 294-7867
www.bravo-ohio.org

MEMBER PROGRAMS PARTICIPATING IN THIS REPORT (CONTINUED)

ILLINOIS

Center on Halsted
Anti-Violence Project
3656 N. Halsted
Chicago, IL 60613
Phone: (773) 472-6469
www.centeronhalsted.org

NEW YORK

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

Gay Alliance of the
Genesee Valley
875 E. Main Street, Suite 500
Rochester, NY 14605
Phone: (585) 244-8640
www.gayalliance.org

MASSACHUSETTS

Fenway Community Health
Violence Recovery Program
7 Haviland Street
Boston, MA 02115
Phone: (617) 927-6250
www.fenwayhealth.org

The Network/La Red
PO Box 6011
Boston, MA 02114.
Phone: (617) 695-0877
www.tnlr.org

VERMONT

SafeSpace
RU 12? Community Center
P.O. Box 5883
Burlington, VT 05402
Phone: (802) 863-0003
www.ru12.org

Major Findings

- Total reported cases are up:** An increase of 15% was observed in total reported cases of domestic/intimate partner violence between 2008 and 2009 (from 3,189 to 3,658) and represents a 6.5% increase over a three-year period. This trend is particularly significant in light of a 56% decrease in staff positions and a 66% decrease in organizational and program budgets of member programs which provide services and report on this data.
- Reported incidents of LGBTQ domestic/intimate partner violence are increasingly deadly:** NCAVP received reports of 6 LGBTQ domestic/intimate partner violence related murders in 2009.⁸ This represents a decrease from 2008 (9 murders), but an increase of 50% across a three-year period (4 murders). As of mid-October 2010, NCAVP received reports of 6 confirmed domestic/intimate partner violence-related murders.
- The economic crisis has reduced the ability for the majority of NCAVP member programs to respond to the needs of LGBTQ survivors of domestic/intimate partner violence:** As noted above and directly related to the global economic crisis, in from 2007 to 2009, 50% of NCAVP members, already small and under-funded, laid off staff (at an average decrease of 56% of staff positions), 66% decreased organizational and program budgets, and other programs were unable to expand despite a demonstrated need for such growth.
- Young adults make up one third of reported cases:** Survivors under 30 made up 37.7% of those reporting domestic/intimate partner violence, with the highest proportion of survivors (30.3%) being young adults (19-29), followed by youth ages 15-18 (6.1%) and 14 or younger (1.3%).
- Barriers to reporting and accessing services may have increased for undocumented immigrants:** Disclosures of immigration status increased by 17% between 2008 and 2009. However, reports from survivors who identified as undocumented immigrants also declined by 17%, which may come as a result of increased data collection in this area,⁹ or might indicate increasing obstacles and diminished access among an already marginalized group.
- Reports to police are up, but so are reports of police misconduct and misarrest:** Increases were reported in the number of cases in which the police were called (99%) and in which an arrest was made (135%), which indicates more LGBTQ survivors are accessing police assistance when violence occurs; however, an increase in the reported number of cases of misarrest (144%) and police misconduct (74%) were also observed.

Recommendations in Brief

As a result of the findings in this report and the work of the 41 NCAVP member organizations, NCAVP makes the following recommendations to address LGBTQ-specific domestic/intimate partner violence.

RECOMMENDATIONS TO POLICY MAKERS

Recommendation 1: Increase local, state and federal funding of anti-violence work; maintain and enhance private donor support for community-led initiatives

- 1.1. Increase governmental funding, including resources from the Office on Violence Against Women and the Office for Victims of Crime, for community-based LGBTQ-focused domestic/intimate partner violence direct services and prevention strategies
- 1.2. Maintain and enhance private funding for LGBTQ community-led anti-violence work

Recommendation 2: Support federal legislative and administrative strategies to prevent and respond to domestic/intimate partner violence in LGBTQ communities

- 2.1. Include funding for LGBTQ-specific services in the Violence Against Women Act (VAWA); prohibit discrimination against LGBTQ survivors by VAWA grantees; ensure implementation of LGBTQ-competent prevention and service provision in VAWA-related programming
- 2.2. Eradicate legislative discrimination against and exclusion of LGBTQ people; pass federal laws to prohibit discrimination on the basis of sexual orientation, gender identity and gender expression

Recommendation 3: Enhance governmental and institutional support for researching and reporting LGBTQ domestic/intimate partner violence and include LGBTQ people in on-going research

- 3.1. Fund comprehensive research to document the prevalence and impact of domestic/intimate partner violence within LGBTQ communities in the U.S. and examine strategies for response and prevention

RECOMMENDATIONS TO COMMUNITY ORGANIZATIONS AND SERVICE PROVIDERS

Recommendation 1: Develop specific and competent services for LGBTQ survivors throughout all aspects of mainstream service provision

- 1.1. Prioritize LGBTQ domestic/intimate partner violence-specific education, training and access to technical assistance for all staff
- 1.2. Explore, develop and implement culturally competent tools and materials, support staff and create environments that are reflective and inclusive of the identities and experiences of LGBTQ survivors
- 1.3. Develop meaningful relationships with LGBTQ-specific organizations to encourage shared knowledge and service provision

Recommendation 2: Create competency within LGBTQ-specific organizations to work with survivors of domestic/intimate partner violence

- 2.1. Create and enhance LGBTQ-specific anti-violence programs
- 2.2. Develop domestic/intimate partner violence response and prevention strategies that acknowledge and respect LGBTQ survivors' needs and address intersecting identities, including sexual orientation, gender identity and expression, race, age, ethnicity, HIV status, economic status, ability and immigration status.

Recommendation 3: Incorporate the lived experience and expertise of survivors wherever possible and promote the leadership of LGBTQ survivors of violence in direct service, community organizing, policy advocacy and movement building

- 3.1. Promote LGBTQ survivors' expertise through supported engagement in community-based services, organizing and advocacy
- 3.2. Promote the leadership of LGBTQ survivors of violence in the movement to end domestic/intimate partner violence

INTRODUCTION

NCAVP produces this report in order to document domestic/intimate partner violence in LGBTQ relationships, in support of our broader efforts to examine, explore and eventually eradicate such violence. This edition contains the most comprehensive data available on LGBTQ domestic/intimate partner violence in the United States in 2009. It provides national findings in the context of the broader socio-political factors that impact LGBTQ people's lives, including the economic crisis, discrimination, bias, stigma and limited access to necessities such as shelter, employment and health care.

The Economic Crisis, LGBTQ Poverty and Domestic/Intimate Partner Violence

Over the past several years, the recession in the United States has left individuals, families and communities struggling in the face of rising unemployment, job instability, shrinking social services and increasingly inaccessible public benefits.¹⁰ Even in times of relative economic health, many LGBTQ people live in poverty, particularly lesbian women¹¹ and transgender people.¹² This is especially true for members of LGBTQ communities who face additional forms of identity-based institutionalized bias and discrimination, including people with low incomes, people living with HIV/AIDS, people living with disabilities, immigrants, formerly incarcerated people, people of color, sex workers, youth and elders. In times of economic hardship, the situation becomes all the more dire because those facing these overlapping forms of oppression may be among the first to face job losses, reduction of benefits and difficulty finding employment.¹³

The impacts of institutionalized discrimination in a stark economic climate are deeply challenging for LGBTQ communities in general; for LGBTQ people living with domestic/intimate partner violence, these factors can be devastating. In nearly every part of the U.S., domestic/intimate partner violence-specific emergency shelter and transitional housing options for LGBTQ people are exceedingly rare or even non-existent, particularly for gay men and transgender people. Programs may often turn LGBTQ survivors away due to a lack of capacity or because of institutional and/or individual homophobia, biphobia or transphobia. As these issues and contexts intersect, LGBTQ survivors of domestic/intimate partner violence may face a difficult choice between staying with their abusive partner and becoming marginally housed or even homeless.¹⁴ Limited options for safe, affordable housing and living wage employment can curtail economic independence. These factors, coupled with the real stigma, discrimination and anti-LGBTQ violence survivors face outside of the home create significant barriers to creating a healthier relationship or leaving an abusive one. These factors are explored in further detail in Section 3, *Defining Domestic/Intimate Partner Violence in LGBTQ Communities*.

NCAVP Member Programs and the Economic Crisis

In 2009, NCAVP member programs, already small and under-funded, experienced an unprecedented degree of financial instability due to the fiscal crisis with many programs facing severe cuts to funding and staff. As 75% of NCAVP member programs have five or fewer staff, and 44% of member programs have fewer than three people on staff, such cuts are particularly devastating. In a membership survey in 2010, half of responding programs reported losing, on average, half their staff positions due to funding cuts between 2007 and 2009. Other organizations could not expand staff or program capacity to meet a demonstrated need for such growth. NCAVP member programs had less capacity to respond to and meet the needs of LGBTQ survivors because of the drastic reductions in direct services, outreach, and community organizing despite the demonstrated increase in demand from LGBTQ survivors for supportive, culturally-competent programming.¹⁵

From 2009 to 2010 LGBTQ Survivors Make Gains in Federal Protection

Despite this challenging financial climate, since the last edition of this report, NCAVP and its allies continue to advocate to enhance support for LGBTQ survivors of domestic/intimate partner violence and prevention efforts, through direct service provision, federal policy advocacy and national movement building. NCAVP works to enhance LGBTQ inclusion as a part of the Violence Against Women Act (VAWA) reauthorization process. Additionally, the Department of Justice issued an opinion which asserted that the “criminal provisions of [VAWA] apply to otherwise covered conduct when the offender and victim are the same sex.”¹⁶ While NCAVP believes these gains are necessary first steps, broad-based policy advocacy and implementation efforts are required to recognize the impact of domestic/intimate partner violence on LGBTQ survivors and sustain and grow NCAVP membership’s work in order to address the critical, unique social problem of LGBTQ domestic/intimate partner violence. The following pages demonstrate this need, present an in-depth analysis of factors unique to LGBTQ domestic/intimate partner violence and illustrate the larger social context of bias and discrimination that present barriers to access to safety and support for LGBTQ survivors.

DEFINING DOMESTIC/INTIMATE PARTNER VIOLENCE IN LGBTQ COMMUNITIES

Violence within intimate relationships, known as domestic or intimate partner violence, has been documented as an epidemic in the United States and worldwide¹⁷ and is defined in many different ways. For the purposes of this report, we utilize NCAVP's working definition of domestic/intimate partner violence: "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."¹⁸

Dynamics of Domestic/Intimate Partner Violence

Domestic/intimate partner violence can occur in dating or long-term relationships and affects all communities, regardless of race, ethnicity, economic status, age, ability, HIV status, sexual orientation, gender identity or gender expression. Power and control is the central dynamic of a relationship in which domestic/intimate partner violence occurs and patterns of abuse often escalate over time.¹⁹ Abusive partners use myriad tactics and strategies to exert and maintain control over their partners, including:

- physical abuse, which can include hitting, slapping, punching, kicking, pushing, restraining, withholding food, medication or medical care;
- verbal abuse, which can include insults, demeaning language, slurs and vicious personal attacks;
- sexual abuse, which can include forced or non-consensual sex and verbal sexual abuse;
- psychological/emotional abuse, which can include making the survivor think they are crazy, blaming the survivor for the abuse, denying or minimizing the abuse, withholding psychotropic medication or limiting access to treatment;
- economic abuse, which can include limiting access to money/resources, interfering with school or work, causing the survivor to lose their job through harassment (including "outing" to employers), damaging credit and identity theft;
- isolation, which can include creating rifts between the survivor and their support system, cutting off access to that support system, posing as the abused partner to prevent the survivor from accessing the limited resources available and/or "tracking" the survivor through service providers;
- intimidation, which can include threats of violence, threats to hurt loved ones, threats to "out" the survivor's LGBTQ identity, HIV status, mental health issues, drug or alcohol use or other stigmatized identities or behaviors;
- use of privilege, which can include incorporating biased language and slurs into verbal abuse, utilizing institutions that may be oppressive to LGBTQ survivors like the court and child welfare systems, exposing the survivor to hate violence or "outing" the survivor as outlined above.²⁰

Domestic/intimate partner violence tactics in LGBTQ relationships are similar to those used in heterosexual relationships, but also include the use of anti-LGBTQ societal stigma and bias as a central tactic to exert power and control and increase isolation.

Research on Domestic/Intimate Partner Violence

Research and literature on heterosexual domestic violence began in earnest in the 1970's and 1980's with the emergence of the battered women's movement.²¹ Until the late 1980's, there was virtually no research on domestic/intimate partner violence within the context of LGBTQ communities,²² and even now the majority of research on domestic/intimate partner violence has been conducted in a heteronormative context.²³ Members of LGBTQ communities who are

survivors of violence within intimate relationships are often either missing from this research entirely or they may be there, but invisible—bisexual and lesbian women assumed to be straight, only those identified as non-transgender female being studied, or subjects of the research being offered only binary options for gender identity (i.e. male or female) which do not accurately demonstrate the gender identity and expression of some survivors.

There is a still small but growing body of research being conducted across the country to assess the prevalence of domestic/intimate partner violence within LGBTQ communities and to explore the experiences of LGBTQ identified survivors. A relatively large study conducted using data from 2007 by the UCLA Center for Health Policy Research, released in 2010, indicates that bisexual (40.6%), gay or lesbian adults (27.9%) are almost twice as likely to experience intimate partner violence as heterosexual adults (16.7%). The study concludes that “high rates of IPV among sexual minorities . . . warrant further attention and exploration so that preventative measures may be undertaken.”²⁴

REPORT FINDINGS AND DISCUSSION

This section presents data and analysis that brings to light the unique experiences of LGBTQ survivors of domestic/intimate partner violence.

The member organizations reporting data represent a broad geographic spread:

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

West & Southwest: Wingspan Anti-Violence Project (Tucson, AZ), Colorado Anti-Violence Program (Denver, CO), Montrose Counseling Center (Houston, TX)

Midwest: Kansas City Anti-Violence Project (Kansas City, MO), Milwaukee LGBT Center Anti-Violence Project (Milwaukee, WI), Center on Halsted Anti-Violence Project (Chicago, IL), Buckeye Region Anti-Violence Organization (Columbus, OH)

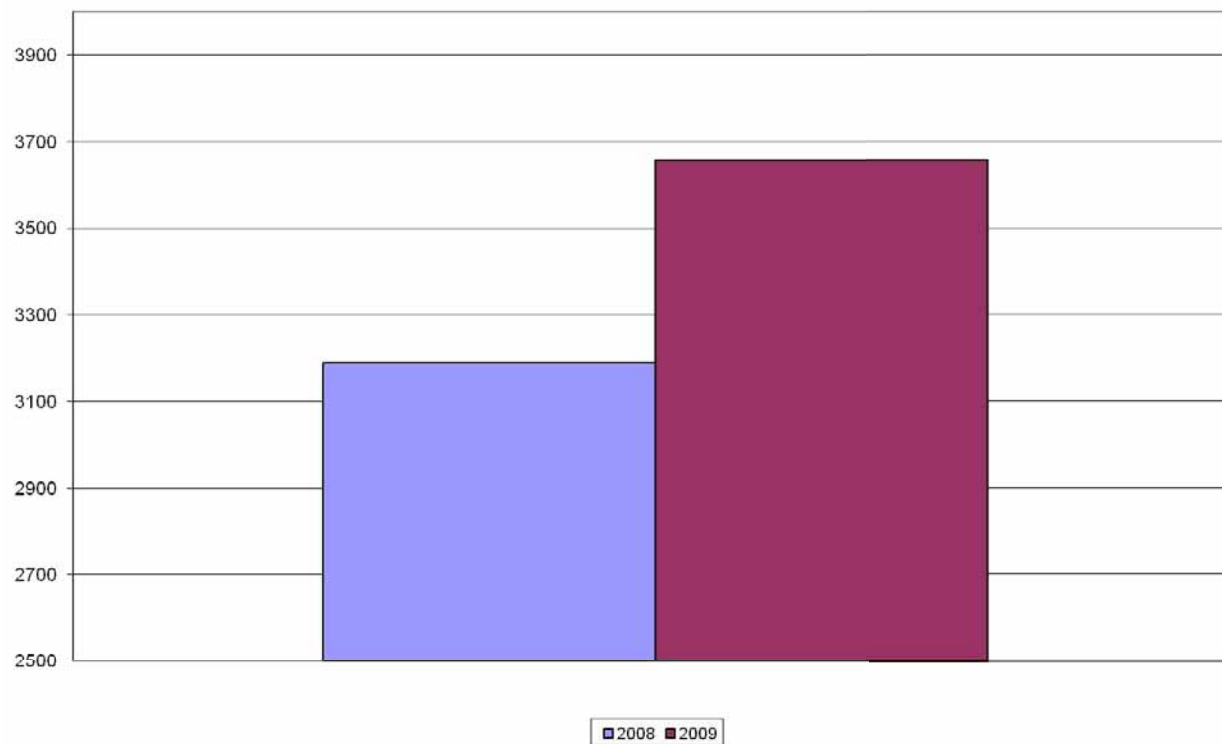
Northeast: New York City Anti-Violence Project (New York, NY), The Gay Alliance of the Genesee Valley (Rochester, NY), The Network/La Red (Boston, MA), Violence Recovery Program at Fenway Community Health (Boston, MA), SafeSpace at the RU12? Community Center (Burlington, VT)

NCAVP has seven member programs in the **South** which did not report, in significant part because LGBTQ-specific programming is under-resourced in that region.

On the whole, NCAVP member programs collected more data in more categories and from more survivors in 2009 than in 2008. This pattern reflects NCAVP's larger efforts to better understand the specific and diverse experiences of LGBTQ survivors. This enhanced data collection yields a richer, broader and thus more reliable survivor sample, however, in some cases, it may also diminish NCAVP's ability to accurately reflect emerging trends supported by new data, which will be reflected in future reports. NCAVP recently received funding from the Arcus Foundation to enhance data collection and analysis, particularly in the South, which will further bolster NCAVP's initiatives to more accurately document LGBTQ domestic/intimate partner violence in the United States.

Total Reported Cases of Domestic/Intimate Partner Violence

Total Number of Survivors Reporting to NCAVP, 2008-2009



An increase of 15% was observed in total reported cases between 2008 and 2009, from 3,189 to 3,658 cases of domestic/intimate partner violence.

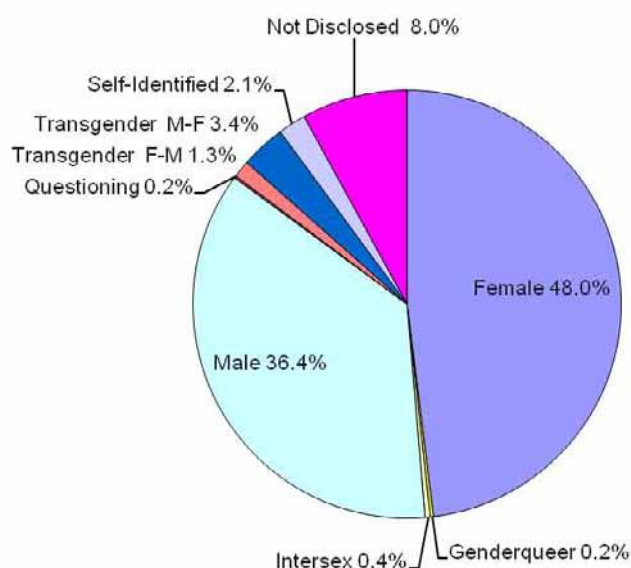
SURVIVOR DEMOGRAPHICS

Unique Challenges for LGBTQ Survivors of Domestic/Intimate Partner Violence

Without further research, we cannot know definitively the reasons for potentially higher rates of domestic/intimate partner violence within LGBTQ communities. However, NCAVP has found that intersecting identities expose survivors to intersecting and mutually reinforcing forms of abuse. Abuse within their intimate relationships is exacerbated and reinforced by larger societal bias, discrimination and even hate violence in a survivor's family, workplace, neighborhood and the world at large. This oppression is based on bias and stigma against or hatred for actual or perceived identity, including gender, sexual orientation, race, ethnicity, religion, ability, age, socio-economic status, immigration status, HIV status, language and other factors. The data and analysis contained within this section demonstrates the diverse forms of intersecting identities that impact the oppression experienced by LGBTQ survivors reporting to NCAVP member programs in 2009.

Gender Identity

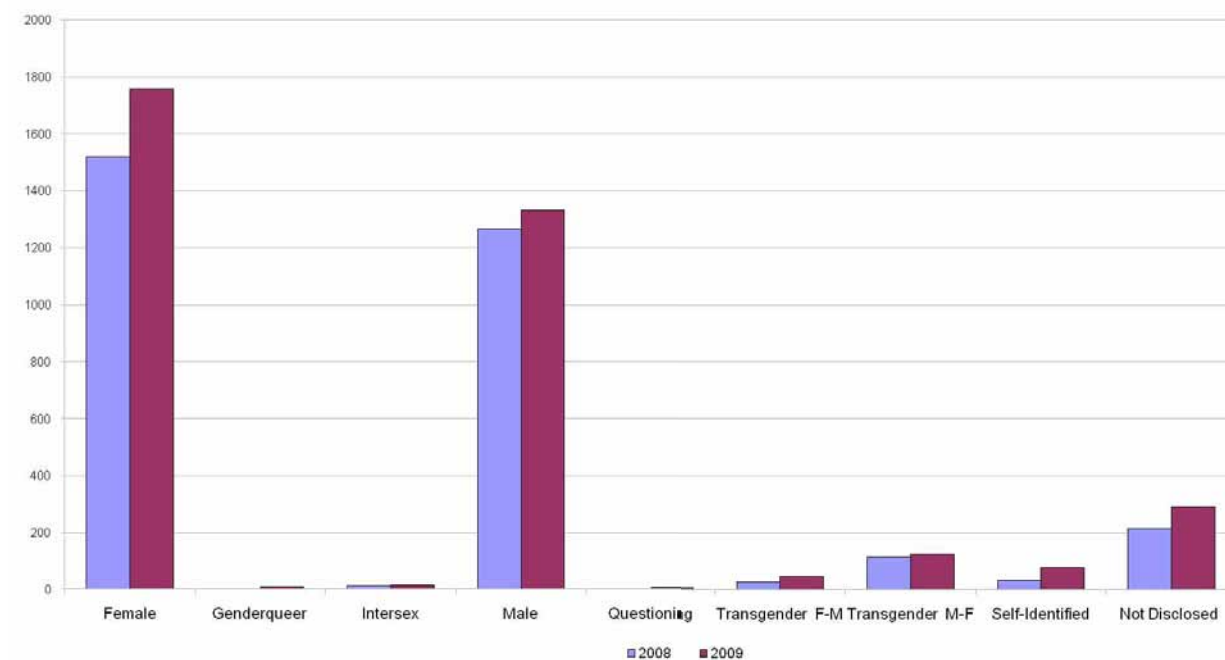
Gender Identity of Survivors Reporting to NCAVP in 2009,
n=3658



Reports from survivors identifying as female comprised the majority of the total (48.0%), an increase of 16% between 2008 and 2009. The number of survivors identifying as male increased by 5% from 2008 to 2009. 2.1% of reporting survivors described themselves as “self-identified” in gender which represents an increase of 126% in this category since 2008.

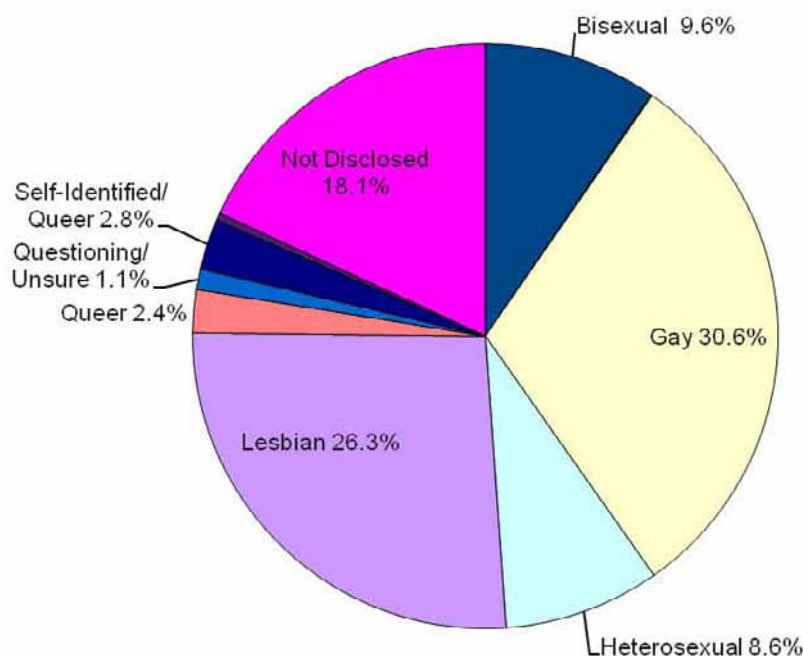
Transgender people comprised 4.7% of reporting survivors (1.3% transgender men, 3.4% transgender women), a proportion very similar to the previous year (4.5%). An increase in reports from people who identified as transgender men was also observed in 2009 (75%), and reports from transgender women increased by 8%, a hopeful sign that may indicate the success of enhanced outreach efforts and increased competency with transgender people. In 2009, two new gender identity categories were introduced: genderqueer (0.2%) and questioning (0.2%). Most intersex (0.4% of reports) and self-identified (2.1% of reports) survivors were from Los Angeles (79% intersex and 91% self-identified survivors).

Gender Identity of Survivors Reporting to NCAVP in 2008-2009



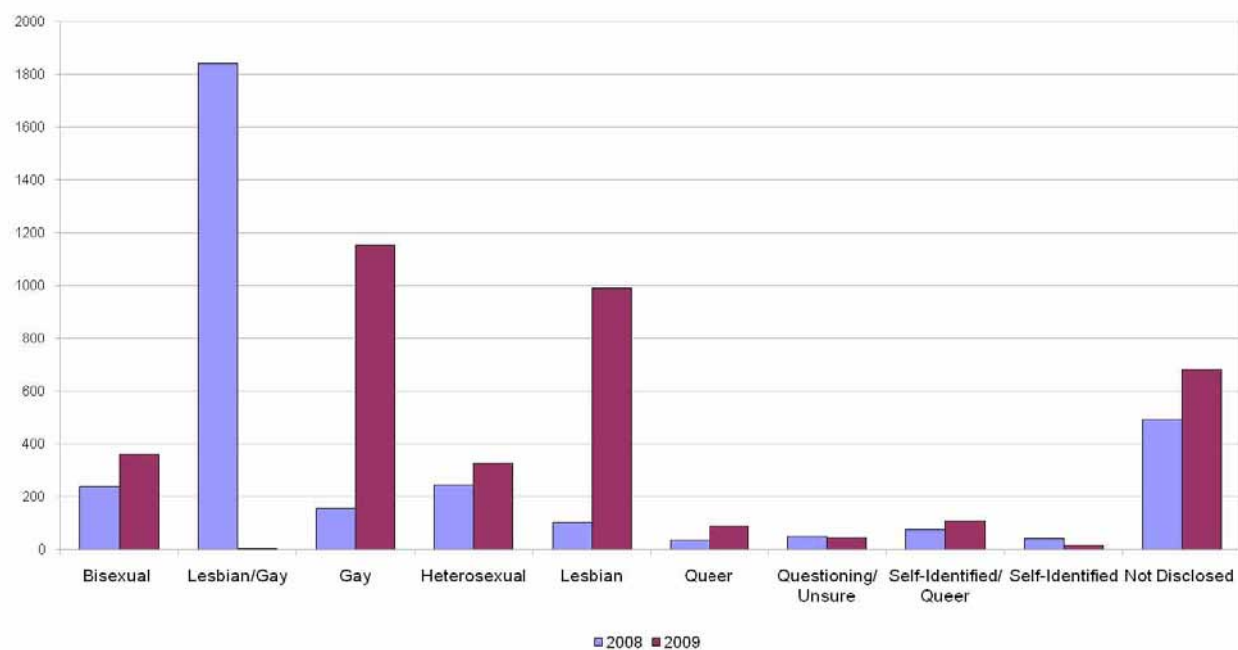
Sexual Orientation

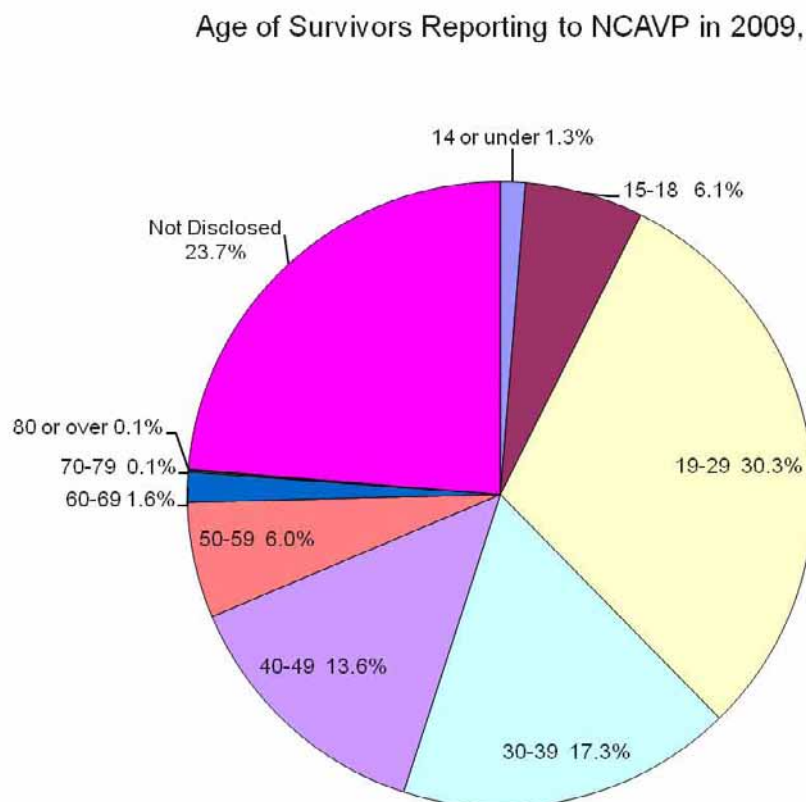
Sexual Orientation of Survivors Reporting to NCAVP in 2009, n=3658



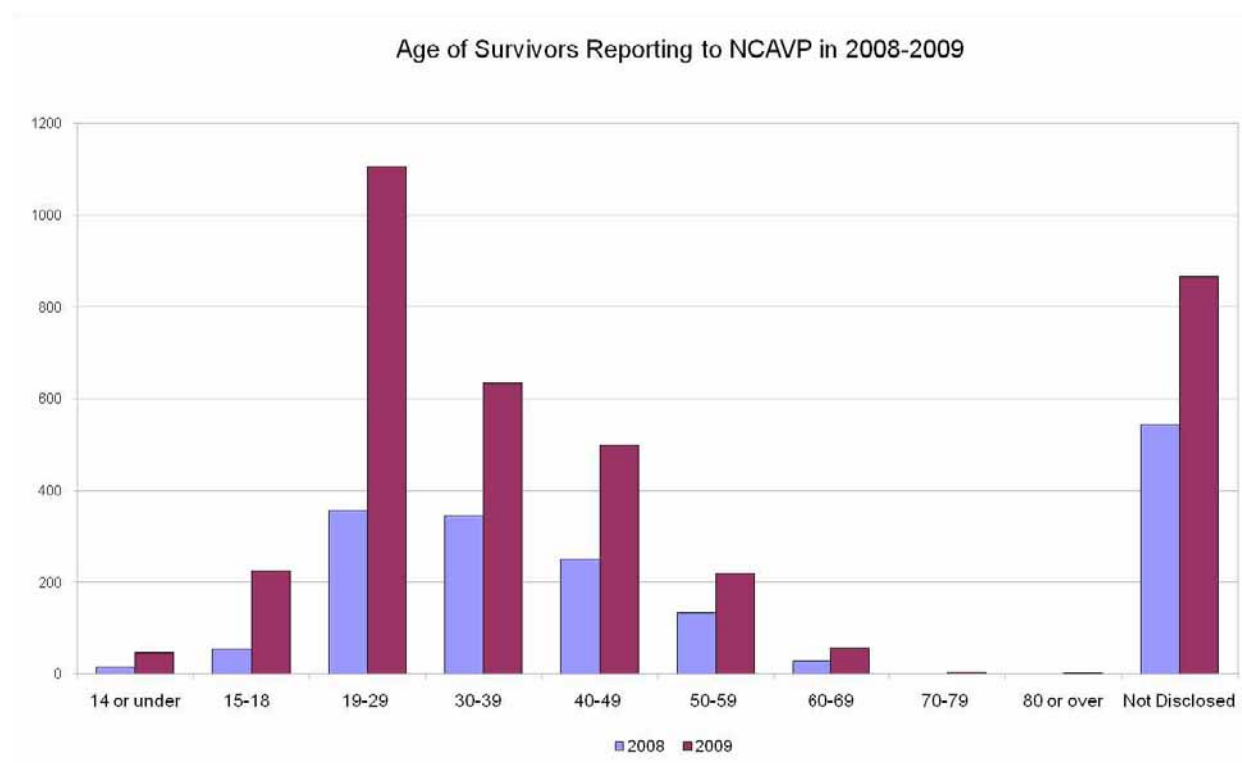
Gay (31.5%) and lesbian (27.1%) were the most common sexual orientation identities among those reporting incidents, forming a total of 58.7% of all survivors, a slight decrease from 2008, when the total combined reports received from gay/lesbian survivors was 64%. A combined 38.2% increase from 2008 was observed among survivors identifying as self-identified and queer, almost exclusively due to an increase in survivors identifying as queer (44%), which reflects both the expanding language used by LGBTQ survivors to describe their identities as well as NCAVP's efforts to more accurately reflect those identities. Reports from heterosexual survivors also increased by 34%. The proportion of reports with undisclosed sexual orientation decreased from 15.1% in 2008 to 11.5% in 2009. Most reports from bisexual (84%) survivors were from Los Angeles.

Sexual Orientation of Survivors Reporting to NCAVP 2008-2009



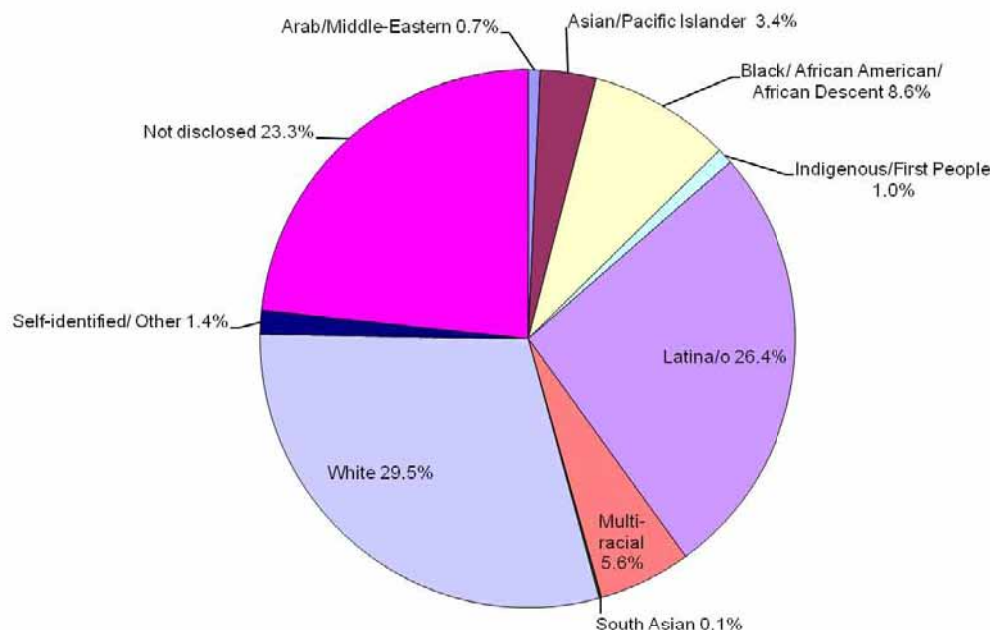
Age

37.7% of reports came from survivors under age 30, with the highest proportion of survivors (30.3%) being young adults (19-29), which may indicate that outreach from NCAVP member programs to youth and young adults is effective. 23% did not disclose age, possibly due to the fact that much of the data contained within this report was disclosed on crisis hotlines. NCAVP members report that age remains one of the more difficult categories of information to collect while a caller is in crisis.



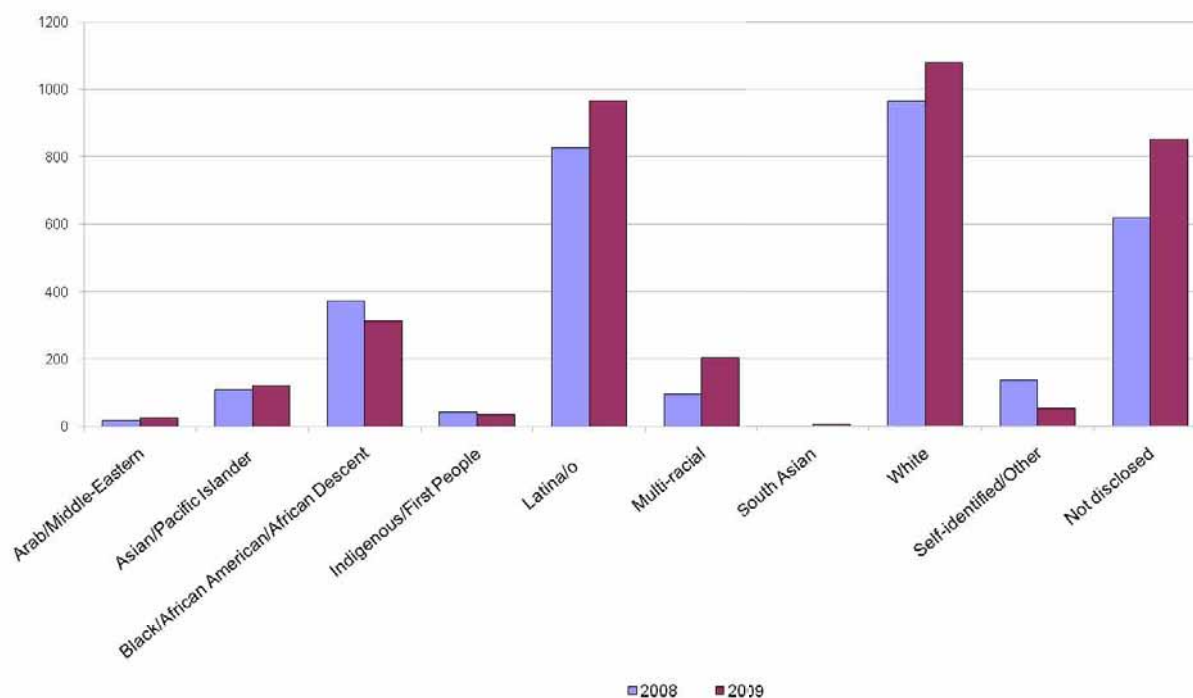
Race and Ethnicity

Race/Ethnicity of Survivors Reporting to NCAVP in 2009, n=3658



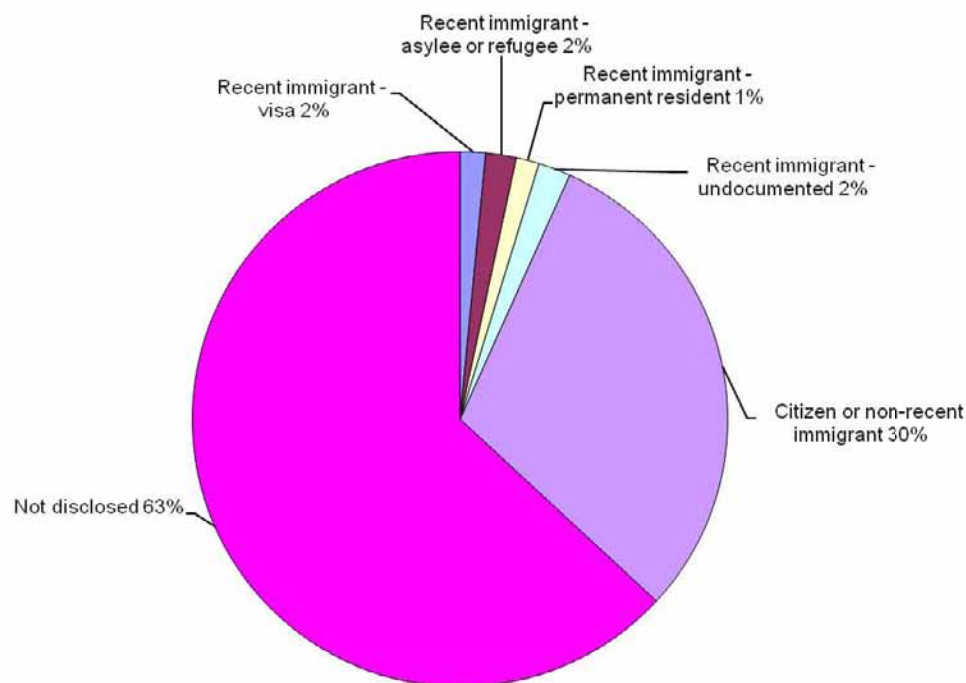
47.2% of reported survivors identified as people of color, while 30% of reporting survivors identified as white (with 23.3% not specified). While it is difficult to determine whether these factors reflect prevalence among various racial and ethnic categories, it does indicate that NCAVP member programs are providing a significant proportion of services to LGBTQ survivors who may also experience discrimination on the basis of racial or ethnic identity. Latin@s²⁵ were 26.4% of reported survivors, an increase of 17% since 2008, which is significant given that recent upward trends in reports of anti-Latin@ bias may make Latin@ survivors more hesitant to access services. For further discussion of these and other considerations, see the findings on the impact of immigration status on survivors below. Reports from multiracial survivors increased by 110% from 2008 to 2009. This demonstrates the need for expanding categories in order to reflect the steadily diversifying self-identities of LGBTQ communities. Decreased reports were received from Black/African American/African Descent communities (16%) and Indigenous/First Peoples, but that may be due, in part, to the addition of the option to identify as multiracial. Most reporting survivors identifying as Arab/Middle Eastern (77%), API (85%), Latin@ (76%) were from Los Angeles.

Race/Ethnicity of Survivors Reporting to NCAVP in 2008-2009



Immigration Status

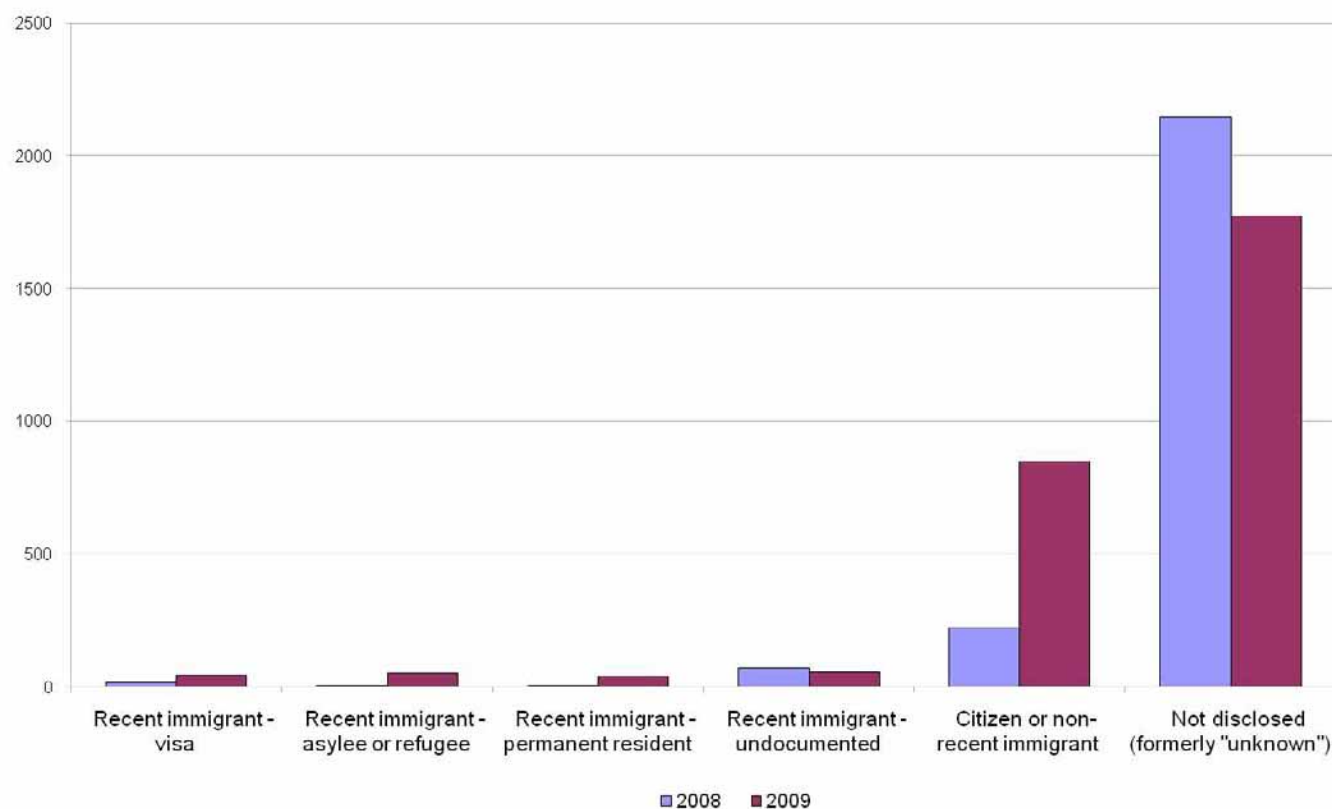
Immigration Status of Survivors Reporting to NCAVP in 2009, n=2811

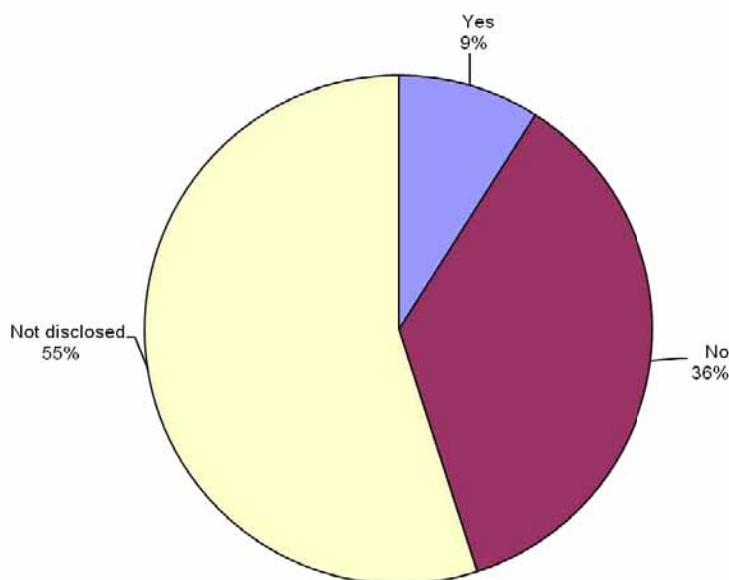


While the majority of survivors reporting in 2009 did not disclose immigration status (63%), the proportion of people who did disclose information in this category rose by 17% in 2009 (37%) from 2008 (20%). Among those who reported, a decrease of 17% in reports from undocumented immigrants was observed, from 2.9% of all reports in 2008 to 2.0% of all reports in 2009.

These findings are of concern because they may indicate that fewer undocumented people are coming forward for services at anti-violence programs. Non-citizen immigration status can increase vulnerability and decrease a survivor's ability to access services.²⁶ LGBTQ survivors who are undocumented immigrants represent a small proportion of those survivors served by NCAVP member programs; however, the intersection of anti-LGBTQ and anti-immigrant bias, particularly against Latin@, Arab/ Middle Eastern and Muslim communities²⁷ renders them among those most vulnerable to LGBTQ domestic/intimate partner violence. These survivors may experience discrimination or fear deportation if they report to the police. In addition, they may be unable to access health care or other supportive services, many of which are contingent on citizenship or other forms of documentation.²⁸ Abusive partners may leverage this isolation as a part of their pattern of power and control. This indicates a need for increased outreach and increased coalition work with community members and groups who may face institutional and societal stigma and bias that is similar in nature to anti-LGBTQ discrimination.

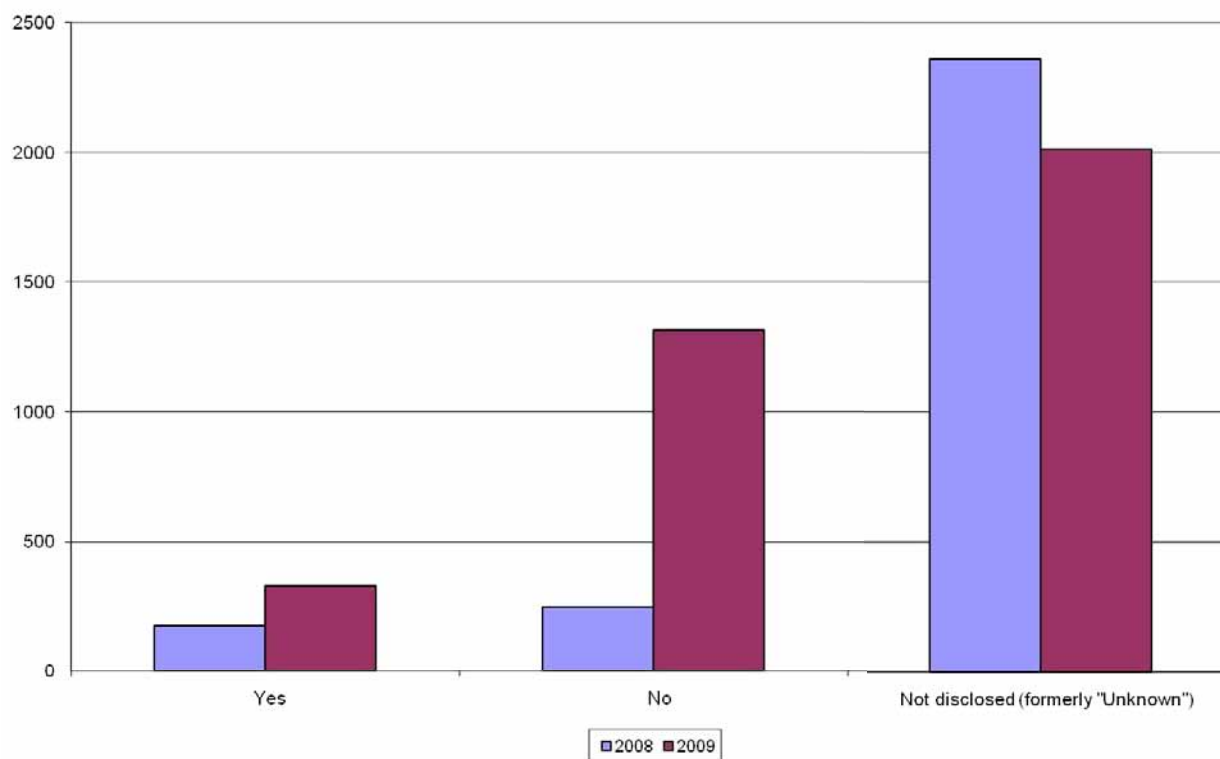
Immigration Status of Survivors Reporting to NCAVP, 2008-2009



Disability**Disability Status of Survivors Reporting to NCAVP in 2009, n=3658**

Overall, more survivors disclosed their disability status in 2009: from 15% of all survivors in 2008 to 45% of all survivors in 2009. The number of survivors reporting a disability increased by 89% between 2008 (representing 6.3% of all reports) and 2009 (representing 9% of all reports). Among survivors whose disability status was disclosed, 20% reported a disability. This likely reflects enhanced efforts on NCAVP member programs' parts to collect this information. Studies indicate that survivors with disabilities may experience heightened vulnerability to domestic/intimate partner violence.²⁹ These survivors may depend on their abusive partners as care-givers, who may manipulate the survivor's needs for access to medications, health care or services as a means of exerting power and control.

Disability Status of Survivors Reporting to NCAVP, 2008-2009

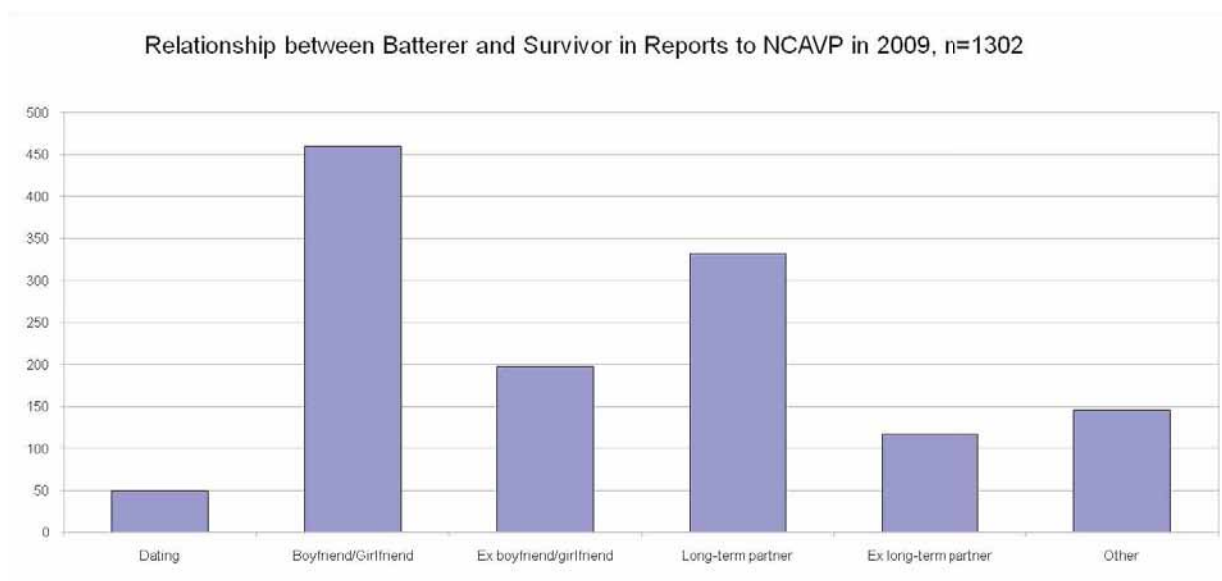


CASE DETAILS

Structural Barriers to Safety and Self-Determination

This section presents data on and analysis of the dynamics of relationships between survivors and their abusive partners as well as survivors' efforts to access safety, services and support.

Relationship between Batterer³⁰ and Survivor



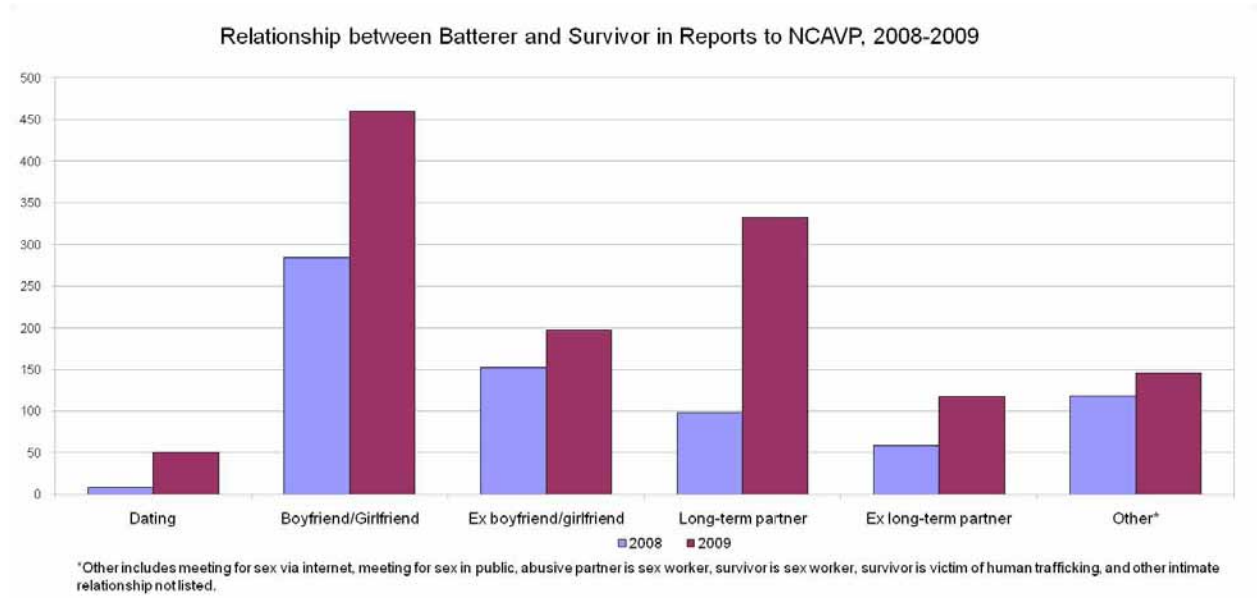
Information on the relationship between the abusive partner and survivor was available for 1302 survivors (35.6%), an 81% increase over the number of reports with such information in 2009, due to an increase in NCAVP member programs collecting information in this category. The majority of survivors reported experiencing violence with a boyfriend/girlfriend (35.3%) or long-term partner (25.5%), with ex-partners comprising an additional 24.1% of relationship types reported. An increasing proportion of reports were received from those experiencing violence with a long-term partner, from 13.6% of reports in 2008 to 25.5% of reports in 2009.

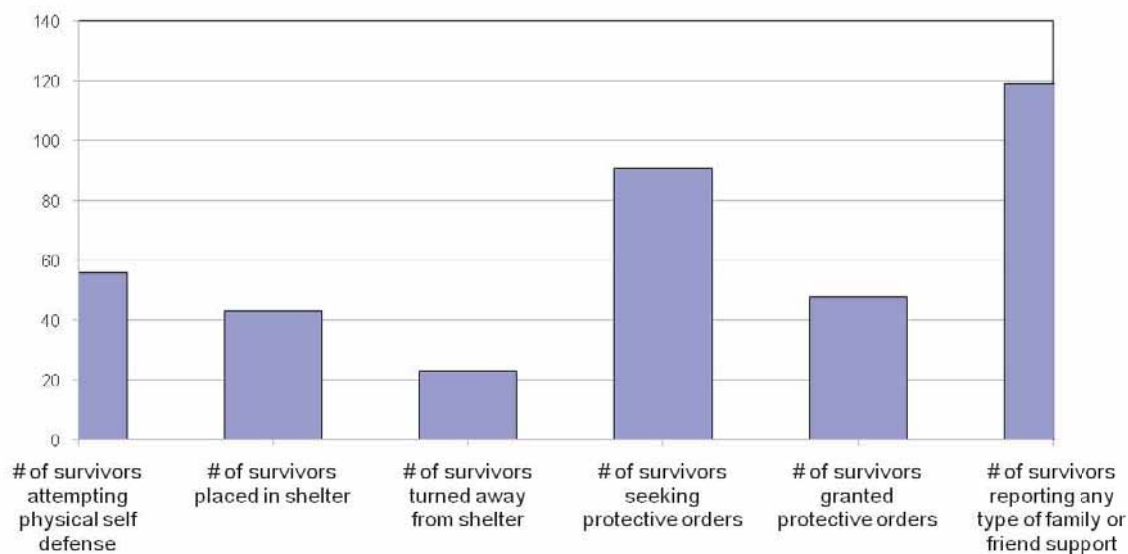
Intervention with Abusive Partners

Many survivors articulate the desire for services to be provided to their abusive partner in hopes that the abuse will end. Research on intervention with abusive partners is far from definitive, but there is some indication that interventions aimed at behavior change with current or former abusive partners may help to remedy current harms, interrupt patterns of abusive behavior and prevent future instances of domestic/intimate partner violence.³¹ NCAVP member experiences indicate that culturally-sensitive programs for LGBTQ abusive partners have great potential to mitigate the harms created by incarceration and increase survivors' access to justice and healing, particularly when they recognize the systemic factors influencing violence in LGBTQ relationships.

For the past twenty years, the LA Gay & Lesbian Center, an NCAVP member program, has run an innovative batterer intervention program for both court-mandated and voluntary participants. Staff provide an individual counseling and group program that centers on the ways in which abusive partners' experiences of anti-LGBTQ discrimination and hate

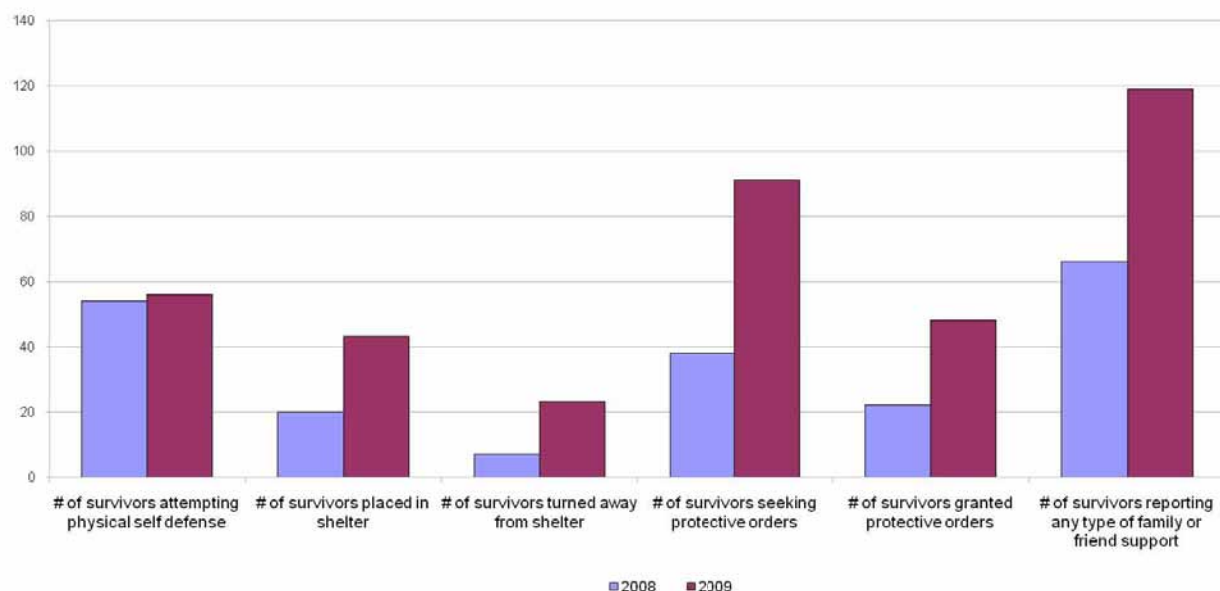
intersect with domestic/intimate partner violence. Program staff report that these factors are necessary to the process of LGBTQ abusive partners accepting responsibility for their behavior, achieving behavioral change and building healthy LGBTQ relationships. Staff and consumer satisfaction surveys reveal high rates of client satisfaction and insight, as well as reduced recidivism among long-term participants.³² This unique experience for LGBTQ abusive partners remains largely unexplored in mainstream, heterosexual batterer’s intervention programs.



Survivor Efforts to Access Safety**Survivor Efforts to Access Safety Reported to NCAVP in 2009, n=380**

Survivors reported a range of different experiences as they responded to the violence and attempted to access safety and support. NCAVP is presenting this information for the first time based upon data collection in 2008 and 2009. 31.3% of survivors reported receiving some form of support from family or friends, 23.9% sought protective orders – an increase from 18.4% in 2008, while 12.6% reported that protective orders had been granted in 2009, compared to the 10.6% of reports in 2008. 14.7% of reporting survivors attempted physical self-defense in 2009, a decrease in the proportion of reporting survivors compared to 26.1% of survivors reporting in 2008. 11.3% of survivors reported being placed in shelter; however 6.1% reported that they had been turned away from shelter in 2009 – an increase from 3.4% of survivors who reported being turned away in 2008.

Survivor Efforts to Access Safety Reported to NCAVP, 2008-2009



Structural Barriers to Culturally Competent Services and Support

The above data reflects the various strategies, services and supports available to LGBTQ survivors reporting to NCAVP member programs in 2009. Among the 3,658 reporting survivors, there were only a total of 380 reported cases in which survivors accessed any form of support described in this category. Such limitations on access and availability of services may be due in large part to the lack of culturally competent programming for LGBTQ-identified survivors in mainstream service provision.³³

Structural Barriers to Shelter

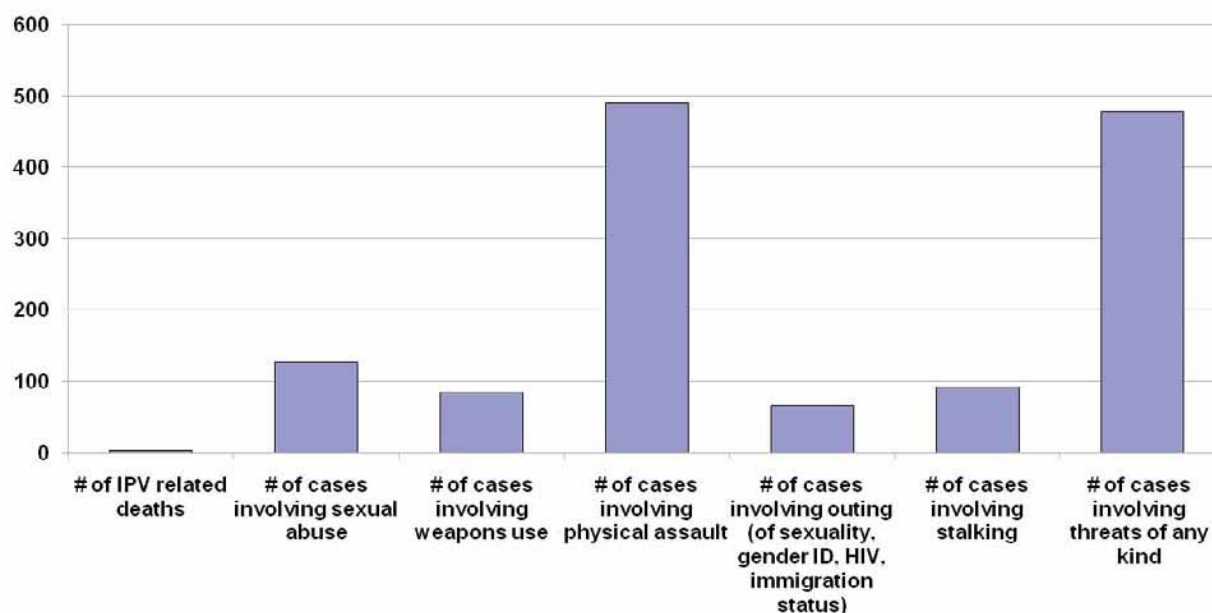
NCAVP's member programs work with thousands of survivors of domestic/intimate partner violence each year, very few of whom are able to gain access to the confidential domestic/intimate partner violence shelter system. While many survivors may want to remain with their partner if the violence within the relationship stops, there are those who do seek placement in shelter in order to be able to leave their partner. Member organizations consistently report that their clients, particularly gay men and transgender and gender non-conforming individuals, are far too often denied shelter due to their sexual orientation, gender identity or gender expression. In some cases, these survivors who are seeking to leave an abusive situation may resort to staying in less secure arrangements, such as homeless shelters, inexpensive hotels or motels or "safe homes" in the community. LGBTQ survivors in these settings may face discrimination or violence on the basis of their identities and may be at risk for retraumatization due to inadequate supportive services.

Even when mainstream shelters do admit LGBTQ people they may still perpetrate institutional homophobia, transphobia and biphobia. Discriminatory behavior within the shelter system may range from subtle micro-aggressions³⁴ (such as judgmental looks, making assumptions about sexual orientation or gender identity or other reflections of heteronormative bias) to more severe forms of institutional discrimination. Such practices may include forcing transgender people to conform to assigned gender roles in order to receive services or denying or minimizing the existence or impact of domestic/intimate partner violence in LGBTQ communities.

When LGBTQ-inclusive or -specific services do exist for survivors who wish to leave an abusive relationship, there may be few viable options, because of a survivor's age, income, geography or other restrictions or because their abusive partner may have access to the same shelters. Additionally, shelter staff may not be adequately trained in screening for primary aggressors in LGBTQ relationships so survivors may run the risk of being housed with their abusive partner or another person with a history of committing domestic/intimate partner violence. In fact, abusive partners may pose as survivors in order to prevent the actual survivor from accessing the limited resources available. For those who wish to leave, alternative options, such as staying with friends or relatives, may not exist because an LGBTQ survivor may have been ostracized on the basis of their identity or their disclosure of the domestic/intimate partner violence. Where a survivor does have connection to a support network, LGBTQ communities may be small and relatively tight-knit and thus informal confidential housing options of any kind may be limited. These factors may exacerbate the survivor's sense of isolation and strengthen their belief that they have "nowhere else to go" – a tactic that is commonly used by abusive partners regardless of sexual orientation or gender identity. This may be particularly true in rural or small town environments where there may be fewer people, little or no LGBTQ community, limited or no public transportation and fewer resources for survivors of any kind. All of these factors may contribute to a survivor's choice to stay with an abusive partner or risk additional harm in unsafe or unwelcoming shelter environments.

Batterer Tactics

Batterer Tactics Reported to NCAVP in 2009, n=1341



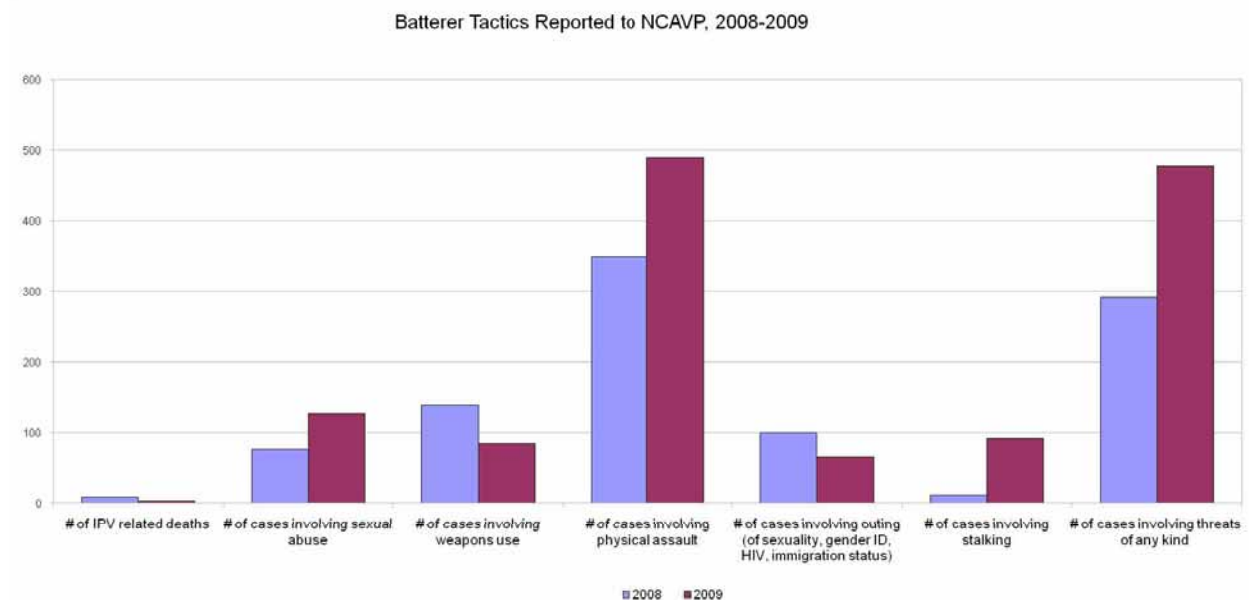
There was a 37% increase in reports from survivors containing this information between 2008 and 2009, which likely reflects enhanced data collection among NCAVP's member programs. Reports indicated a 39% decrease in cases involving weapons use, and 34% decrease in number of cases involving "outing" which may reflect positive trends for survivors. However, reports between 2008 and 2009 reflected a 67% increase in reports involving sexual abuse, 64% increase in cases involving threats of any kind and 40% increase in cases involving physical assault, which may reflect an increase in use of these tactics. Such findings further indicate the aforementioned need to leverage support for future in-depth research on the use of such tactics and other factors within LGBTQ domestic/intimate partner violence.

Structural Barriers to Physical and Emotional Health Care

Many of the abusive tactics described above may result in considerable emotional and physical harm to LGBTQ survivors. Health care settings, particularly emergency departments, are often the first place that survivors of domestic/intimate partner violence seek supportive services.³⁵ Therefore health care providers have critical roles to play in identification of and support for domestic/intimate partner violence survivors, including LGBTQ people. However, LGBTQ survivors face substantial barriers to accessing emergency services as well as the ongoing physical and emotional health care that may be critical for healing and recovery from the abuse and trauma they have suffered.⁴⁶ Elevated rates of poverty and job instability in LGBTQ communities exacerbate these inequities, often translating into limited health benefits and lower ability to pay for needed services out of pocket. This is particularly true for LGBTQ people who are members of other marginalized identity groups, including people with low-incomes, people living with HIV/AIDS, immigrants, formerly incarcerated people, youth, elders, people of color, people living with disabilities and sex workers.³⁷

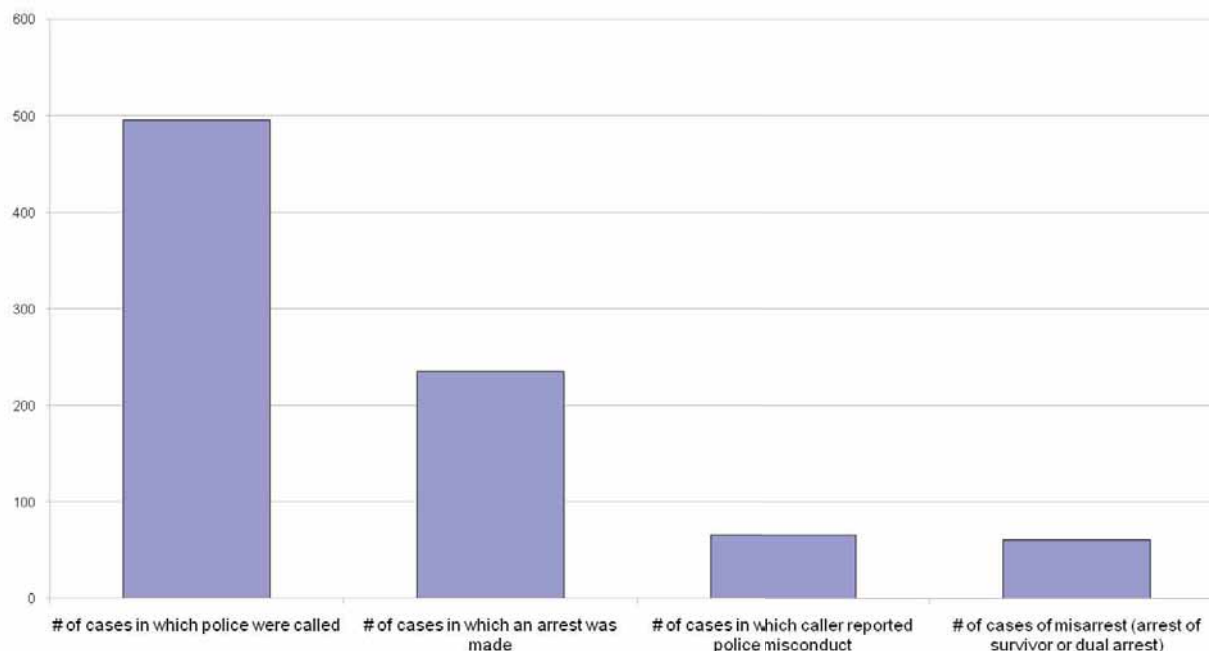
Even if LGBTQ people have the economic means to access health services, providers may operate in a heteronormative context, demonstrating a lack of understanding about domestic/intimate partner violence in general or disrespect for

LGBTQ identities. Thus, even if staff has received training on domestic/intimate partner violence, they may be ill-equipped to identify or to provide culturally competent services to LGBTQ survivors. LGBTQ-specific domestic/intimate partner violence programs are few and far between. The vast majority of such programs are contained within NCAVP's membership, which exists in only 23 states in the United States, leaving more than half of the country without competent services. The above challenges illustrate the critical need both for LGBTQ-inclusive training and service provision in health care, as well as expansion of LGBTQ domestic and intimate partner violence initiatives.



Police Involvement

Police Involvement Reported to NCAVP in 2009, n=858



Survivors reported that the police were called in 57.8% of cases, a significant increase (99%) from 2008 with arrests made in 27.4% of cases, an increase (135%) from 2008. It is encouraging to see that LGBTQ survivors are more frequently able to access the police as a resource, however, a 74% increase in the number of cases of misarrest and reported police misconduct were also observed from 2008 to 2009. 7.1% survivors reported cases of misarrest, while reports of police misconduct were noted in 7.7% of reports.

Structural Barriers to Justice: Law Enforcement Response

Historically, LGBTQ individuals and communities have experienced discrimination and violence at the hands of law enforcement officers. The last remaining laws prohibiting homosexual activity were only deemed unconstitutional in 2003.²⁸ The legacy of criminalized LGBTQ identities is still deeply felt among many communities today, particularly by people of color, transgender people, youth and immigrant communities. Transgender and gender non-conforming individuals frequently experience police profiling for engagement in prostitution or other illegal activities.³⁹ NCAVP's annual reports on hate violence against the LGBTQ communities continually count law enforcement personnel among primary categories of offenders.⁴⁰ Abusive partners in LGBTQ relationships have most likely also experienced identity-based discrimination.⁴¹ Survivors may not want to expose their partners to additional bias or violence from homophobic, biphobic and transphobic institutions. For all of these reasons and more, many LGBTQ survivors may be hesitant to call the police for support in response to domestic/intimate partner violence. As such, NCAVP is working to study, explore and create strategies for addressing violence against and among LGBTQ communities, without engaging with law enforcement.

It is important to note, however, that there remain LGBTQ people for whom calling the police may be a viable option and who would like to be able to do so. Because NCAVP member programs are committed to expanding the range of options available to survivors of violence, anti-violence programs regularly engage with local, state and federal law

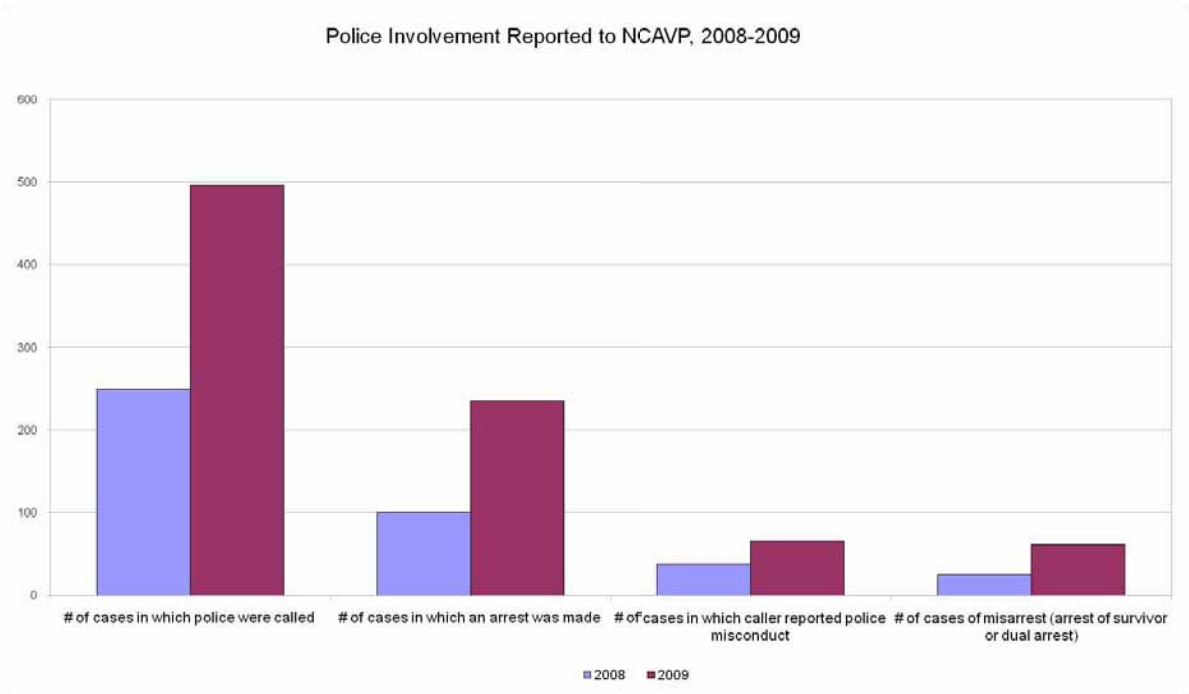
enforcement agencies to provide information and training on the needs of LGBTQ victims of crime, including domestic/intimate partner violence. Effective, comprehensive trainings, as well as zero-tolerance policies for police violence against LGBTQ people, are important ways to encourage best practices and to reduce negative outcomes of LGBTQ engagement with law enforcement personnel.⁴² It is perhaps in part due to such activities that in 2009, NCAVP member programs reported an increase in the number of LGBTQ survivors who reported notifying the police.⁴³

However, these statistics are coupled with substantial increases in reports of police misconduct and in cases of misarrest. Police misconduct may be motivated by anti-LGBTQ bias or discrimination or lack of LGBTQ-specific competency and may comprise disrespectful or dismissive speech or behavior, false arrest or imprisonment, sexual harassment or assault, physical assault and other forms of violence.⁴⁴

Gender identity and expression are used as major indicators in screening for primary aggressors in heterosexual relationships. Studies of violence within heterosexual relationships have shown men to be more likely to be perpetrators than women.⁴⁵ These gendered assumptions may be present, although not useful, in law enforcement's assessment of violence in LGBTQ relationships. While reports of misarrest, in which the survivor or both partners were arrested, are common even among heterosexual couples,⁴⁶ this gendered assessment likely contributes to the fact that cases of misarrest in police responses to LGBTQ intimate partner violence occur at much higher rates. A comparative study of police response to domestic violence indicated that "26.1 percent of female same-sex cases and 27.3 percent of male same-sex cases resulted in dual arrests, compared to only 0.8 percent with male offenders and female victims, and 3 percent with female offenders and male victims."⁴⁷ Without LGBTQ-specific competence in screening and assessment of primary aggressors in LGBTQ relationships, law enforcement officers often rely on heteronormative training and assumptions. As a result, responding officers may claim that they are unable to identify the offender and thus have to arrest both partners or arrest the partner who presents as more masculine or butch when they may in fact be the victim of the violence.

NCAVP member programs across the country are expert in the development, training and implementation of LGBTQ-inclusive screenings to identify primary aggressor. However, it is still exceedingly rare to find this kind of training as a part of ongoing law enforcement training curricula. When provided to domestic/intimate partner violence "first responders," LGBTQ-inclusive primary aggressor assessment training is a key tool in beginning to change these problematic practices, allowing these "first responders" to more readily identify the abusive partner. As LGBTQ relationships receive more social and legal sanctions, LGBTQ survivors of domestic/intimate partner violence may increasingly call upon law enforcement to provide support. In turn, law enforcement agencies have the responsibility to increase their competency in response to and assessment of LGBTQ domestic/intimate partner violence.⁴⁸

Reports of police misconduct, including homophobic and transphobic bias and discrimination against LGBTQ survivors while responding to requests for assistance, may reflect that recent shifts in societal and institutional attitudes and policies around issues of gender identity, gender expression and sexual orientation are uneven in scope and that training and implementation vary widely from institution to institution.⁴⁹



The Importance of Self-Determination

The findings and discussion contained within this section demonstrate that LGBTQ survivors of domestic/intimate partner violence not only experience power and control exerted by abusive partners, but also must cope with broader societal bias and discrimination in their efforts to access support and services. Most LGBTQ survivors have experienced widespread homophobia, biphobia and transphobia that may have delegitimized their identities and their relationships. LGBTQ survivors in the United States have been deprived of basic civil rights and their self-determination has been undermined. Therefore, support and services for survivors of domestic/intimate partner violence must prioritize the survivor's right to self-determination.

While safety is an essential need of survivors of domestic/intimate partner violence, survivors are the experts on their own experiences and service providers must support survivors' rights to self-determine their own needs and conditions for safety and well-being. Messages that a survivor *must* leave an abusive partner, *must* seek out assistance from law enforcement or *must* create a safety plan that is acceptable to the service provider often recreate the abusive dynamic of power and control for the survivor. Many LGBTQ survivors are choosing between an unsafe relationship and an unsafe world in which they face further stigma, bias and discrimination. Survivors may make choices that optimize but do not guarantee their safety as there may be no viable alternative that will guarantee this safety. Services and support should ensure that LGBTQ survivors have access to the maximum number of options and the most information possible in order to exercise their rights to agency and self-defined safety.

RECOMMENDATIONS

As a result of the findings in this report and the work of the 41 NCAVP member organizations NCAVP makes the following recommendations to address LGBTQ-specific domestic/intimate partner violence.

RECOMMENDATIONS TO POLICY MAKERS

Recommendation 1: Increase local, state and federal funding of anti-violence work; maintain and enhance private donor support for community-led initiatives

1.1. Increase governmental funding, including resources from the Office on Violence Against Women and the Office for Victims of Crime for community-based LGBTQ-focused domestic/intimate partner violence direct services and prevention strategies

Efforts to prevent and respond to LGBTQ domestic/intimate partner violence must be supported by local, state and federal governments, particularly in light of the demonstrated increased demand for LGBTQ-specific domestic/intimate partner violence services. Over the past ten years, many LGBTQ-specific organizations have been excluded from these funding sources because of discriminatory laws or policies. In 2009, NCAVP saw a marked shift in the inclusion of LGBTQ people in federal policy discussion, particularly around LGBTQ violence issues and encourages continuation of this trend. However, local LGBTQ anti-violence programs still do not receive adequate support to provide necessary direct services to survivors, nor to do the critical organizing and prevention work to end domestic/intimate partner violence. Many states and localities have no LGBTQ anti-violence programs at all. All local, state and federal entities that provide funding for work with survivors and victims of LGBTQ domestic or intimate partner violence should explicitly include work with LGBTQ people in funding priorities. Such entities include:

- **Victim service provisions** from local and state law enforcement and criminal legal systems and the federal Department of Justice agencies, especially the Office for Victims of Crime and the Office on Violence Against Women; and
- **Preventative and health focused initiatives** from local and state health departments and the U.S. Department of Health and Human Services and the Center for Disease Control.

Public health-based government agencies present particularly promising opportunities for community-based organizations seeking to develop domestic/intimate partner violence prevention strategies that do not rely on law enforcement. This approach may be particularly valuable because many LGBTQ-identified people may not feel comfortable engaging with police.

1.2. Maintain and enhance private funding for LGBTQ community-led anti-violence work

Some community-based organizations may not wish to pursue government funding for a wide variety of reasons. Some groups may not wish to engage with law enforcement, often a requirement of government-funded initiatives. Other more nascent programs may not have the infrastructure necessary to navigate the government's complex labyrinth of application and reporting systems. For these and other reasons, private funders, including foundations and individual donors, have been among the most valuable resources for organizations seeking to find funding alternatives. We urge other private funders to explore how they can offer critical resources to meet the ongoing need for LGBTQ-specific funds and support for domestic/intimate partner violence work within these communities.

Recommendation 2: Support federal legislative and administrative strategies to prevent and respond to domestic/intimate partner violence in LGBTQ communities

2.1. Include funding for LGBTQ-specific services in the Violence Against Women Act (VAWA); prohibit discrimination against LGBTQ survivors by VAWA grantees; and ensure implementation of LGBTQ-competent prevention and service provision in VAWA-related programming

NCAVP makes the following recommendations with respect to VAWA reauthorization:

- Clarify that LGBTQ survivor service agencies are eligible recipients of VAWA grant programs and that grant funding cannot be used to exclude LGBTQ individuals. This includes emphasizing the four targeted crimes (domestic violence, dating violence, sexual assault and stalking) rather than the gendered language of “violence against women” throughout the legislation where appropriate. NCAVP supports the inclusion of language that reflects the legislative intent of VAWA to recognize the specific history of violence against women and the gendered nature of such violence in the United States.
- Include LGBTQ individuals in the "underserved communities" grant program of VAWA and strengthen this program by outlining a more specific structure and by incorporating a much larger request for authorization.
- Create specific provisions in the STOP funding formula grant that would fund services for LGBTQ survivors of domestic violence, dating violence, sexual assault and stalking.
- Prohibit VAWA grant recipients from discriminating against people based on their sexual orientation, gender identity and gender expression.

NCAVP also supports requirements that grantee organizations of the Department of Justice, namely the Office on Violence Against Women and the Office for Victims of Crime, and across all agencies, receive comprehensive training around LGBTQ victimization issues.

2.2. Eradicate legislative discrimination against and exclusion of LGBTQ people; pass federal laws to prohibit discrimination on the basis of sexual orientation, gender identity and gender expression

Policy makers must take immediate legislative, judicial and administrative action to overturn laws such as Don't Ask, Don't Tell (DADT) and the Defense of Marriage Act (DOMA), which promote and sanction discrimination against LGBTQ people and deny them rights equal to those of any other person. In practice, DADT means that service members who are LGBTQ survivors may not be able access necessary services for fear of reprisal and DOMA curtails considerable benefits and supports associated with family and relationship recognition. Such laws promote the broader culture of violence and discrimination against LGBTQ people and thus support structural barriers to safety and self-determination for LGBTQ survivors of domestic/intimate partner violence.

Further, Congress must act without delay to pass laws that specifically prohibit discrimination on the basis of LGBTQ identities, such as the Employment Non-Discrimination Act (ENDA) and proposed expansion of the Civil Rights Act to explicitly include LGBTQ people. Swift passage of an ENDA that is fully inclusive of gender identity and expression would support economic empowerment and independence of LGBTQ survivors of domestic/intimate partner violence. An LGBT-inclusive Civil Rights Act would send a clear message that governmental discrimination on the basis of LGBTQ identity is not only immoral but is illegal. Passing and implementing ENDA and ensuring LGBT inclusion within the Civil Rights Act represent strong steps towards fostering a climate of respect for all LGBTQ people.

Recommendation 3: Enhance governmental and institutional support for researching and reporting LGBTQ domestic/intimate partner violence and include LGBTQ people in ongoing research***3.1. Fund comprehensive research to document the prevalence and impact of domestic/intimate partner violence within LGBTQ communities in the U.S. and examine strategies for response and prevention***

Further research is needed on the prevalence and character of domestic/intimate partner violence in LGBTQ relationships. If national surveys such as the Behavioral Risk Factor Surveillance System (BRFSS), which are designed to monitor the health of the US population, ask consistent, valid questions about both domestic/ intimate partner violence and LGBTQ identities, it will become possible to establish the population prevalence and health disparities related to LGBTQ experiences of domestic/intimate partner violence. By including sexual orientation and gender identity questions in all surveys that include other, similar demographic information (such as race/ethnicity or age), LGBTQ identities are acknowledged and affirmed and health disparities can be monitored and rectified.

Beyond population-based surveys, university and community researchers and experts, including NCAVP and its member programs, should receive funding to comprehensively study the character and consequences of LGBTQ domestic/ intimate partner violence so that they may identify methods to support behavior change in abusive partners and assist survivors in coping with their experiences and recovering from the trauma of abuse. Funding for research that is participatory in nature and empowers survivors to speak their truth and define their experiences is particularly necessary.

RECOMMENDATIONS TO COMMUNITY ORGANIZATIONS AND SERVICE PROVIDERS**Recommendation 1: Develop specific and competent services for LGBTQ-survivors throughout all aspects of mainstream service provision***1.1. Prioritize LGBTQ domestic/intimate partner violence-specific education, training and access to technical assistance for all staff*

LGBTQ people face individual and structural barriers to accessing necessary support and services in mainstream settings, particularly with respect to shelter and housing, living wage employment, health care and law enforcement response, as demonstrated by this and other reports.⁵⁰ While LGBTQ-specific services, including anti-violence programs, may be best-suited to meet survivor needs, they are scarce resources and may not exist locally for survivors who will then be limited in their attempts to access support in mainstream settings. Therefore, mainstream organizations have the responsibility to ensure that staff members receive comprehensive training as well as ongoing technical assistance in the provision of services to LGBTQ survivors. Such trainings should be based in the expertise of the LGBTQ anti-violence movement and provide in-depth information on various forms of violence that may impact diverse LGBTQ communities, illustrating the structural and organizational discrimination that may present barriers to accessing support. Both training and technical assistance should also provide promising practices and replicable models for creating mainstream services and advocacy that are inclusive of the needs of LGBTQ survivors.

1.2. Explore, develop and implement culturally competent tools and materials, support staff and create environments that are reflective and inclusive of the identities and experiences of LGBTQ survivors

Mainstream organizations should conduct organizational audits to examine their LGBTQ cultural competency and take necessary steps to build capacity in their areas for growth. NCAVP member programs have identified a broad variety of concrete tools, approaches and programmatic shifts to support LGBTQ cultural competency in mainstream service and advocacy settings. These include:

- **Culturally competent materials:** Staff and administrators at mainstream domestic/intimate partner violence and sexual assault programs should ensure that all outreach materials, intake forms, posters, and other organizational media reflect the experiences, pronouns and images that are inclusive of a broad range of gender identities, gender expressions and sexual orientations.
- **LGBTQ-inclusive screening and assessment tools and protocols:** Screening and assessment tools and protocols must be inclusive of LGBTQ identities and experiences, including an assessment of use of anti-LGBTQ discrimination as a part of patterns of power and control and a primary aggressor assessment. Such measures may minimize the risks of inadvertently placing abusive partners within shelter and other supportive services, and avoid re-traumatization of LGBTQ survivors.
- **LGBTQ inclusion in organizational structure:** As a part of broader agency-wide initiatives, LGBTQ staff, board and volunteers can provide critical support for LGBTQ survivors and support necessary shifts in organizational culture. In consultation with LGBTQ cultural competency experts, administrators should create working environments and policies that meet the needs of LGBTQ people and actively include LGBTQ people as staff, board, and volunteers.

1.3. Develop meaningful relationships with LGBTQ-specific organizations to encourage shared knowledge and service provision

Institutions with LGBTQ cultural competency may provide safer, more welcoming environments in which survivors may be more likely to disclose their experiences and access necessary supports. If local agencies do not have the capacity or resources to dedicate programs to LGBTQ communities, they must find alternate ways to meet the needs of LGBTQ survivors. Mainstream domestic/intimate partner violence agencies should strive to foster their LGBTQ competency through internal education and external linkages with LGBTQ-specific anti-violence programs including NCAVP member organizations and allies.

Recommendation 2: Create competency within LGBTQ-specific organizations to work with survivors of domestic/intimate partner violence

2.1. Create and enhance LGBTQ-specific anti-violence programs

LGBTQ survivors of domestic/intimate partner violence have distinct experiences that require programs tailored to their identities and needs. LGBTQ-specific service organizations, such as Pride Centers, may not have specialized training or experience working with survivors of domestic/intimate partner violence. LGBTQ anti-violence programs are uniquely positioned to provide comprehensive support and prevention efforts that understand the various intersections of identity and experience that influence the needs of LGBTQ survivors. LGBTQ organizations should prioritize collaborations with these programs. Where such programming is not available, service providers and community organizers should advocate for their development and take advantage of opportunities for technical assistance from NCAVP.

2.2. Develop domestic/intimate partner violence response and prevention strategies that acknowledge and respect LGBTQ survivors' needs and address intersecting identities, including sexual orientation, gender identity and expression, race, age, ethnicity, HIV status, economic status, ability and immigration status

If local agencies do not have the capacity or resources to dedicate programs to anti-violence specific initiatives they must find ways to expand the competency of their agencies to identify and meet the needs of survivors of domestic/intimate partner violence, as survivors will certainly be among service seekers at LGBTQ organizations. Staff, particularly those in case management and health and wellness programs, should be trained in to identify domestic/intimate partner violence, to provide support within their capacity and to make appropriate referrals when survivor supports are beyond their scope of practice. Additionally, such programs should work to meet the unique needs of LGBTQ people who belong to other marginalized groups, such as people living with HIV/AIDS, low-income people, people of color, youth, immigrants, people living with disabilities, elders and sex workers, among others. Each identity may present a distinct set of considerations for a survivor, particularly with respect to socially constructed beliefs about such violence and LGBTQ identities. Finally, specific education and awareness-raising efforts in and among LGBTQ communities can support LGBTQ people in identifying and accessing support for experiences of domestic/intimate partner violence and provide community members with skills and strategies to build healthy relationships.

Recommendation 3: Incorporate the lived experience and expertise of survivors wherever possible and promote the leadership of LGBTQ survivors of violence in direct service, community organizing, policy advocacy and movement building*3.1. Promote LGBTQ survivors' expertise through supported engagement in community-based services, organizing and advocacy*

NCAVP is comprised in large part of participant-led or participant-driven programs which seek to work within LGBTQ communities basing direct services and institutional and policy change on their expressed needs. LGBTQ survivor-led advisory boards, steering committees, constituent-led community organizing groups and other bodies are of paramount importance to ensure that survivors provide input and have real decision-making power in government bodies and non-profit agencies. Survivors, especially those who experience multiple socio-political oppressions, must be central to the analysis, practice, organizing and advocacy efforts of the anti-violence movement in order to achieve the ultimate goal of eradicating violence in all of its forms.

3.2. Promote the leadership of LGBTQ survivors of violence in the movement to end domestic/intimate partner violence

In order to ensure the authenticity and relevance of both LGBTQ-specific and mainstream movements to end domestic/intimate partner violence, organizations must work to support LGBTQ survivors of violence in taking on leadership positions. This includes non-staff initiatives such as speaker's bureaus, participatory action research projects, community advisory boards and organizing campaigns. Additionally, LGBTQ survivors of violence possess lived experience that qualifies them to make significant contributions as paid staff, particularly if survivors are supported in enhancing professional skill sets. Their development and sustained presence as service providers, organizers and administrators can help to ensure organizational accountability and expertise.

CONCLUSION

As this report demonstrates, domestic/intimate partner violence has devastating effects on LGBTQ survivors, who not only struggle to survive and heal from domestic/intimate partner violence but also to overcome the systemic obstacles of oppression and discrimination against LGBTQ people throughout the United States. These structural barriers diminish LGBTQ people's access to living wage employment, safe shelter, healing and justice which furthers the marginalization of LGBTQ communities and the heightened vulnerability of LGBTQ survivors of domestic/intimate partner violence.

NCAVP member programs work in coalition to eradicate domestic/intimate partner violence as well as the structural conditions that promote these and other forms of violence against and within LGBTQ communities. This report contains extensive evidence of the scope and persistence of domestic/intimate partner violence within LGBTQ communities and its impacts on survivors, particularly those who exist at the intersections of various forms of oppression. Through direct services, research, policy advocacy, public education and community organizing initiatives, NCAVP and its member programs work to promote increased attention, resources and understanding of the distinct needs of LGBTQ survivors of domestic/intimate partner violence.

The information, analysis, and recommendations presented in this report demonstrate the critical and urgent need to establish and maintain domestic/intimate partner violence services that are dedicated and accessible to LGBTQ survivors. NCAVP member programs seek to expand the options available to all LGBTQ survivors of violence and are actively engaged in exploring and creating prevention and response strategies both inside and outside of engagement with law enforcement. Collectively, NCAVP's membership reflects both veteran expertise and innovative strategies at the forefront of the national movement to end violence against and within LGBTQ communities. Through increased funding for LGBTQ-competent services, the support of community-based solutions and the encouragement of future research and increased collaborative efforts, the needs of LGBTQ survivors will be more comprehensively integrated into mainstream domestic/intimate partner 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's primary goals: to provide culturally-specific support and effective advocacy, to assist LGBTQ survivors in reaching self-determination and safety in their lives and, more broadly, to eradicate domestic/intimate partner violence and structural discrimination from LGBTQ communities.

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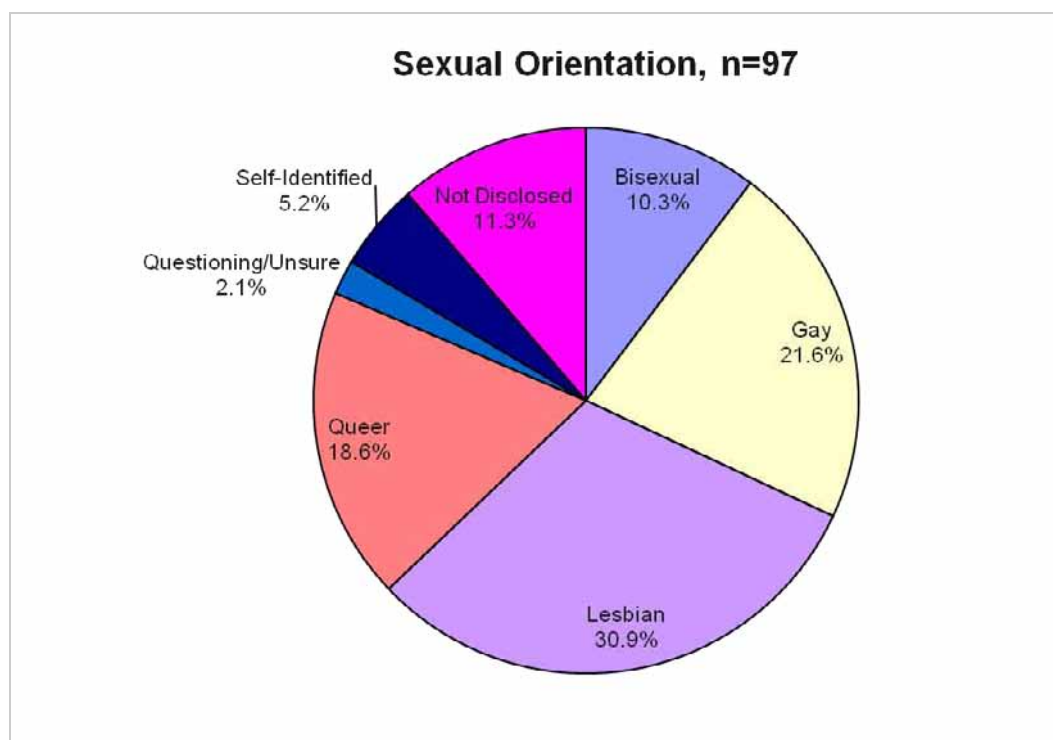
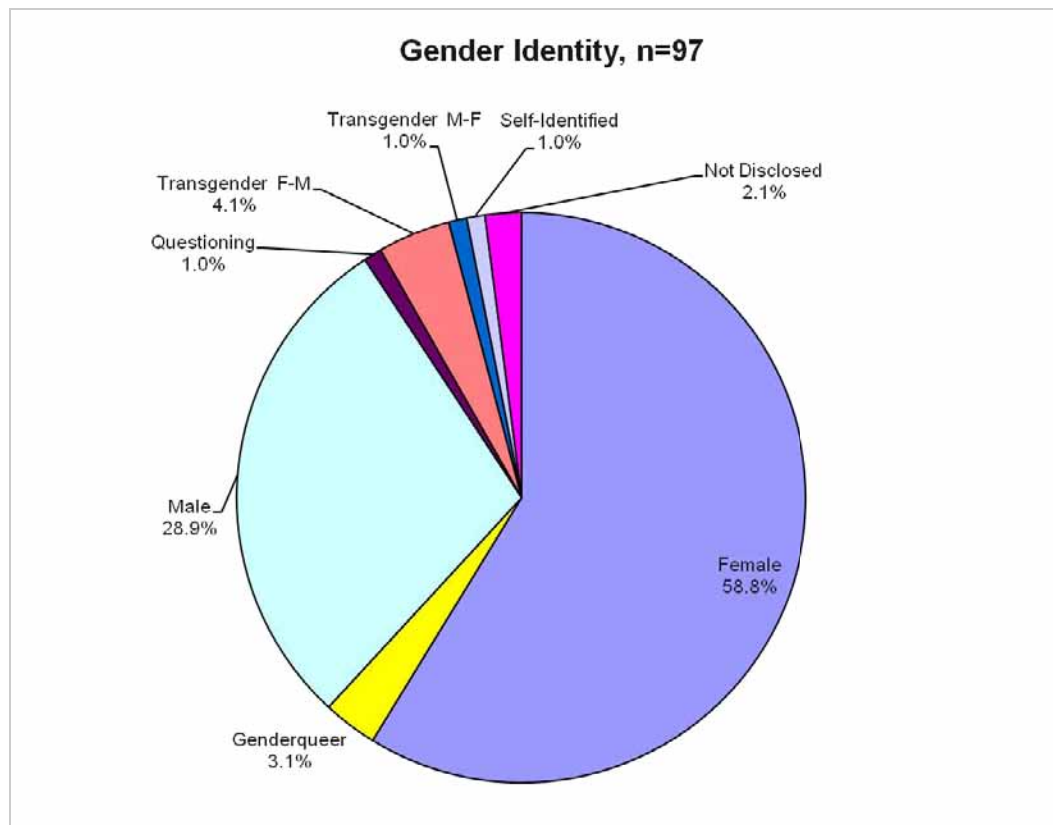
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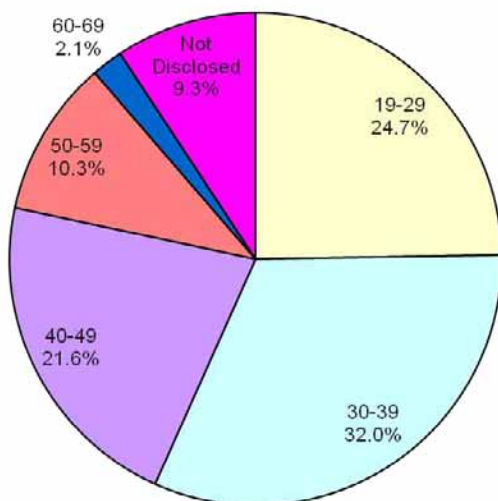
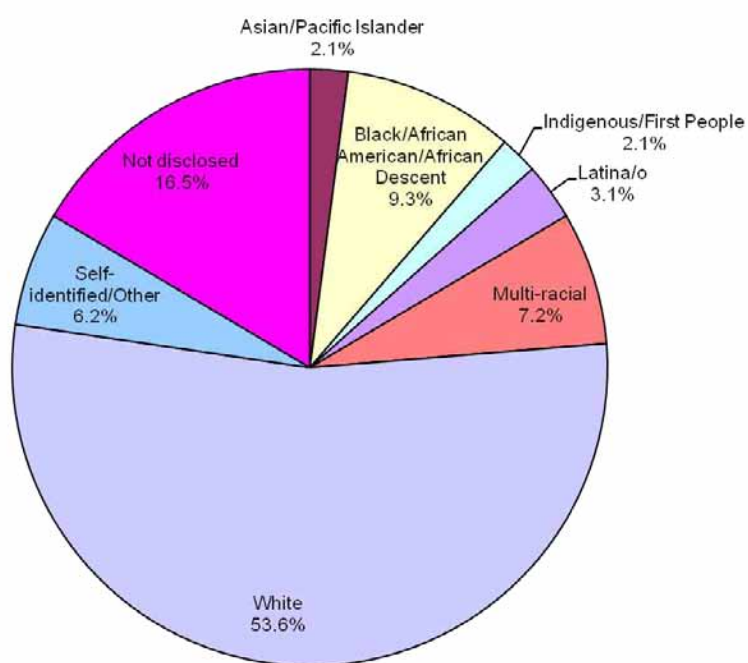
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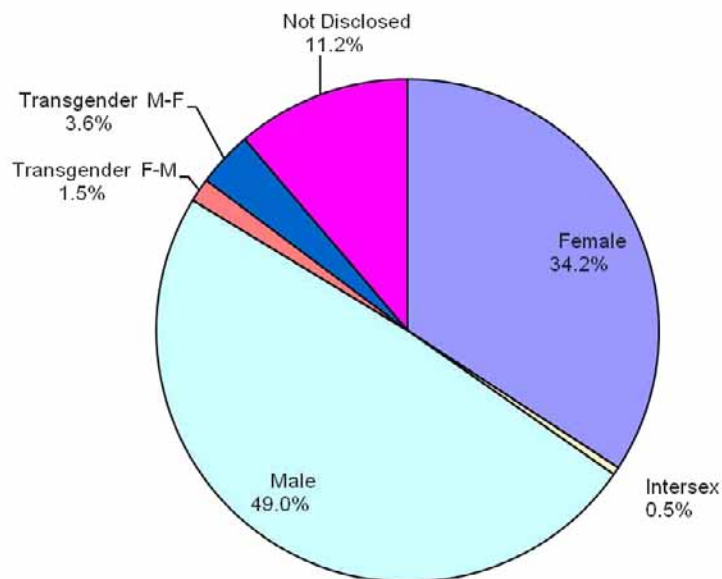
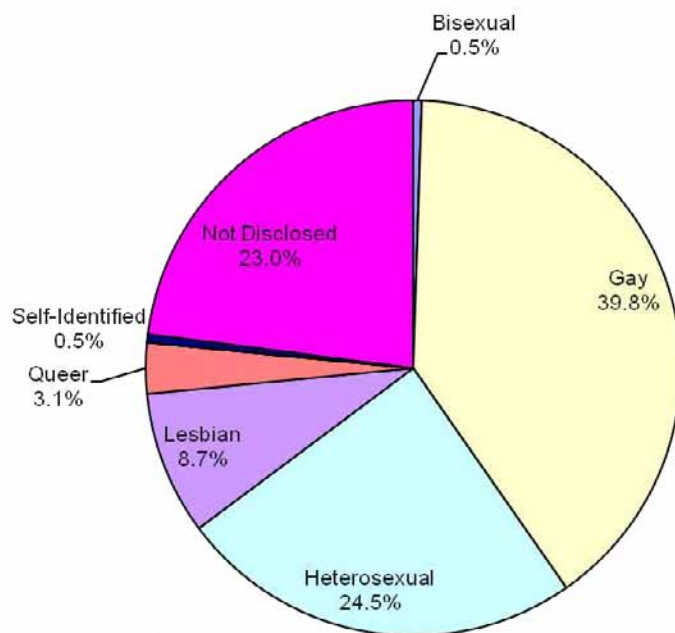
SELECTED LOCAL DATA AND SUMMARIES

The following pages contain graphic representations of selected data from the 15 member programs that contributed to this report. Local and cumulative data is available upon request by writing to info@ncavp.org.

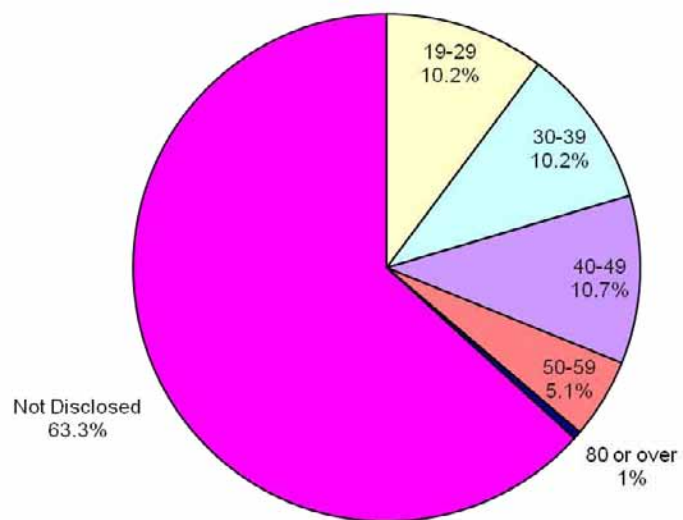
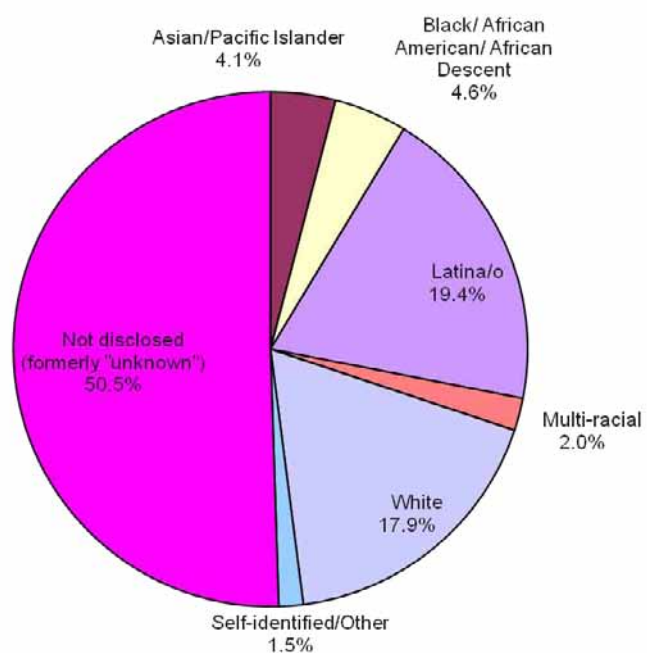
Northwest Network of Bi, Trans, Lesbian, and Gay Survivors of Abuse (Seattle, WA)

Northwest Network of Bi, Trans, Lesbian, and Gay Survivors of Abuse (continued)

Age, n=97**Race/Ethnicity, n=97**

Community United Against Violence (San Francisco, CA)**Gender Identity, n=196****Sexual Orientation, n=196**

Community United Against Violence (continued)

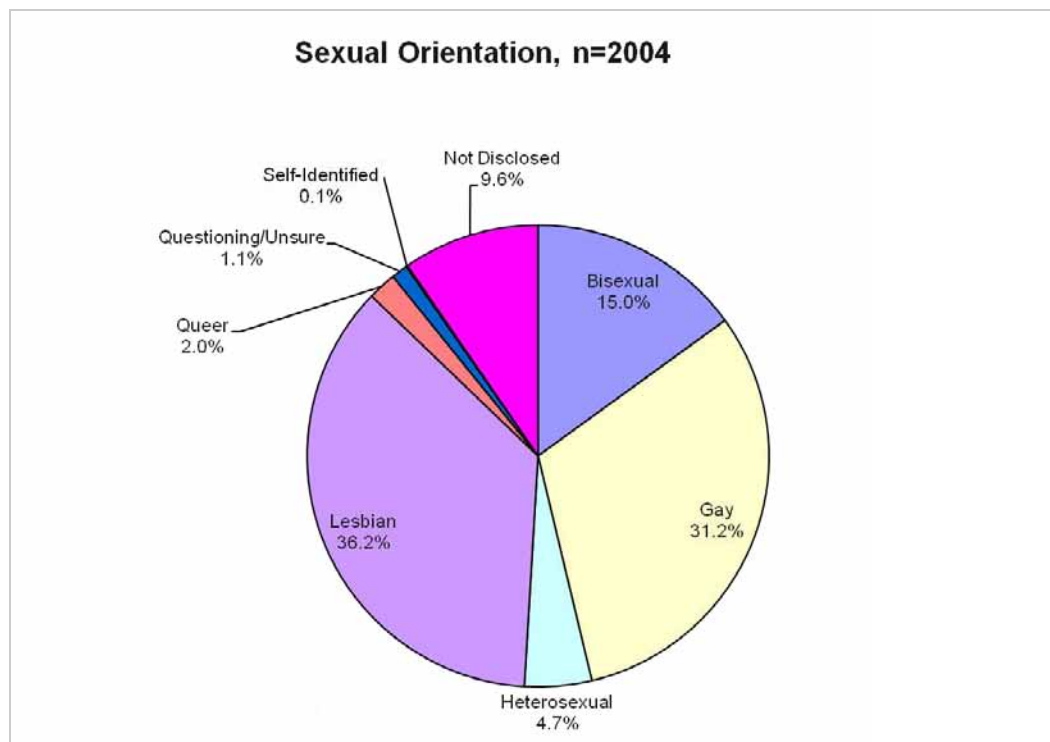
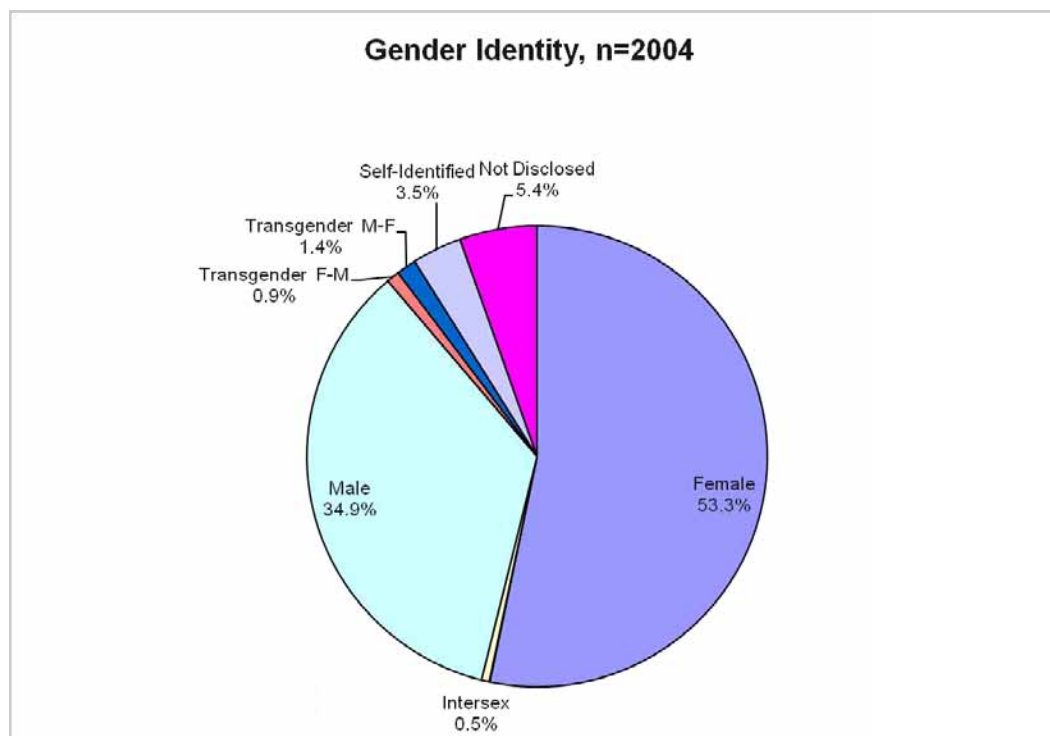
Age, n=196**Race/Ethnicity, n=196**

Community United Against Violence (continued)

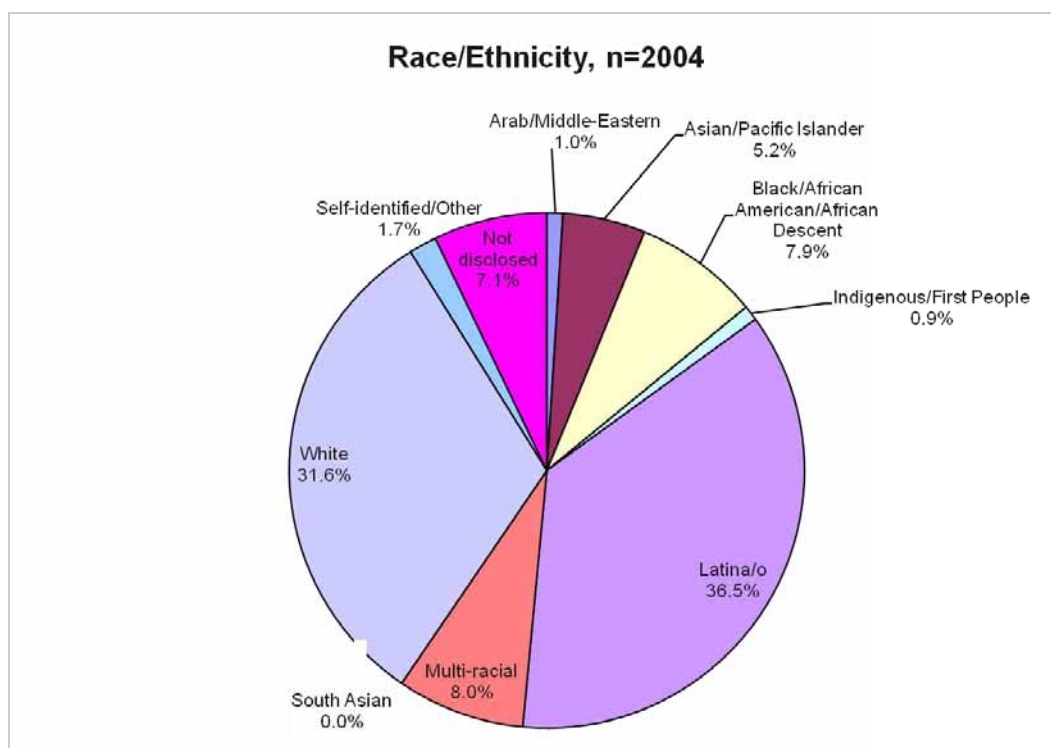
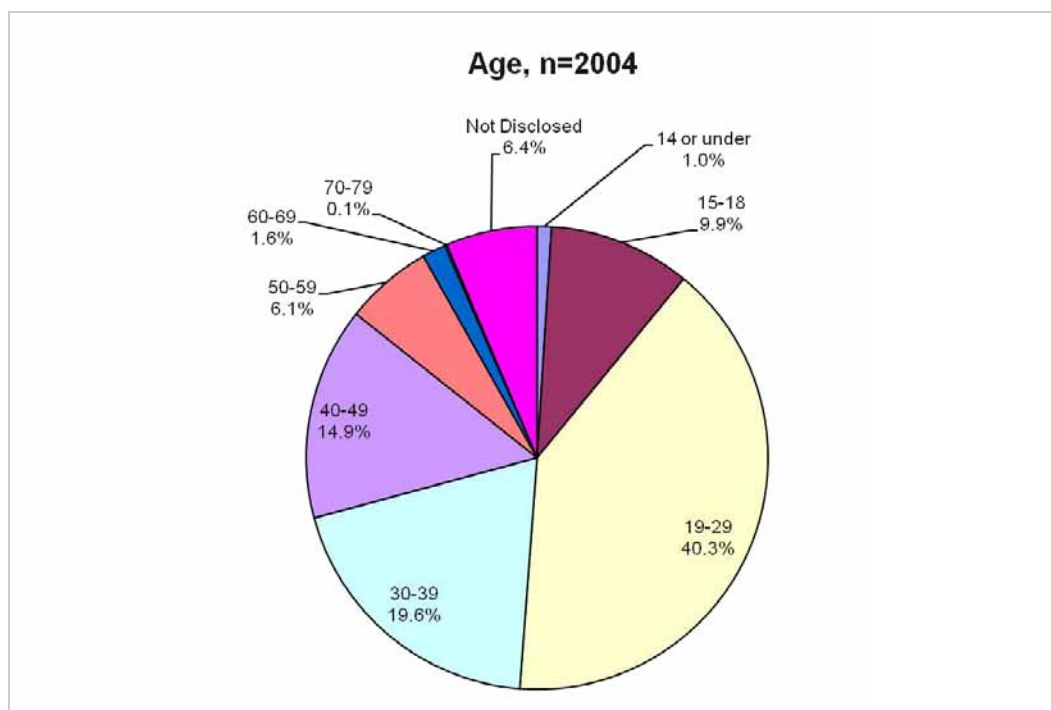
We noticed a spike in numbers in March 2009 and lower number of incidents during the rest of the year. We might be able to attribute the high number to the fact that during March, CUAV gained a lot of visibility through our outreach efforts in celebration for our 30th anniversary event and the final push for outreach recruitment for our Spring Crisis Line training. March was also the last month when we had a staff of 13 working full time. Towards the end of March we started to lose staff due to budget cuts in California. The biggest loss came from the California Department of Public Health domestic violence funding which was completely eliminated by Governor Schwarzenegger. CUAV lost half of its funding and, with it, half of its staff. In addition to lay offs, the remaining staff had to reduce their hours until the Fall of 2009. The decline in numbers for the rest of the year reflects CUAV's decreased capacity to attend to the demand of callers requesting support.

CUAV also noticed an overall increase in survivors of DV making police reports while the numbers of DV survivors wrongfully arrested also increased. We may have seen such increase in survivor contact with police due to escalation of abuse to more physical abuse while supportive services were decreasing due to budget cuts. Furthermore, we believe the increase in survivors arrested is a consequence to the community's increased contact with law enforcement. Because of homophobic bias and racial profiling, police tend to make assumptions based on race and gender presentation which leads to the wrongful arrest of survivors.

L.A. Gay & Lesbian Center (Los Angeles, CA)
STOP Domestic Violence Program (STOP DV) & Domestic Violence Legal Advocacy Project (DVLAP)



L.A. Gay & Lesbian Center (continued)



L.A. Gay & Lesbian Center (continued)

With the broadest array of lesbian, gay, bisexual, transgender and queer (LGBTQ) services available anywhere, the L.A. Gay & Lesbian Center (LAGLC), founded in 1971, is the world's largest LGBTQ organization and home to a wide variety of health, legal, educational, cultural and social programs specifically designed for LGBTQ communities and allies.

The first research studies that looked at the prevalence of same-gender domestic violence were conducted in the mid and late 1980's but all had only female/lesbian samples. However, LAGLC conducted the first prevalence study ever done on lesbian and gay domestic violence in 1987 in conjunction with the California School of Professional Psychology (Kelly & Warshafsky) and, shortly thereafter, developed services for gay and lesbian victims as well as abusers. In 1996, LAGLC expanded its domestic violence programming by creating the STOP Partner Abuse/Domestic Violence Program (Support, Treatment/Intervention, Outreach/Education, and Prevention). LAGLC expanded its domestic violence programming again in 2005 with the development of the Domestic Violence Legal Advocacy Project (DVLAP). Together, the STOP Domestic Violence Program (STOP DV) and DVLAP provide a comprehensive range of domestic violence services including 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 affirmative safe housing; and a paraprofessional, law student, and mental health intern training program.

Reported cases of LGBTQ domestic violence in greater Los Angeles increased from 1551 cases in 2008 to 2004 cases in 2009. These cases were either reported to, or assessed by, the L.A. Gay & Lesbian Center's STOP Domestic Violence Program (205 unduplicated individuals assessed to be domestic violence victims/survivors), its Domestic Violence Legal Advocacy Project (198 unduplicated cases), or via STOP DV surveys distributed at two LGBTQ pride festivals throughout L.A. County (1601 unduplicated cases). *Note: STOP DV offers services for both domestic violence victims/survivors as well as abusers. Only victims/survivors are included in STOP DV's total of 205 individuals above. Furthermore, STOP DV's total of cases obtained via survey includes only those respondents who have not obtained services from STOP DV and who indicated that they had been victimized by an intimate partner. It does not include respondents who reported that they had abused an intimate partner.)* In previous years, the Los Angeles Police Department and the West Hollywood Station of the L.A. County Sheriff's Department, in addition to a handful of mainstream domestic violence organizations, contributed data to the L.A. total. In 2009, however, none of these entities attempted to track LGBTQ domestic violence cases. *(Note: In 2009, LAGLC conducted multi-disciplinary research utilizing highly conservative standards that yielded LAGLC's 2008 case count. See the NCAVP Report published in 2009 entitled "Lesbian, Gay, Bisexual, Transgender and Queer Domestic Violence in the United States in 2008 – Los Angeles Regional Summary." The research was conducted by Stephanie A. Jones, JD., LL.M., MPH. and, while the data summarized in this 2009 report was obtained under very strict data compilation standards and the numbers of LGBTQ victims/survivors reflected in this report are unduplicated, neither STOP DV or DVLAP have the resources needed to apply the same methodology used in the 2008 multi-disciplinary meta-study every year. Therefore, it is not recommended that readers compare data obtained in 2008 with 2009 data.)*

Females accounted for 1068 of the total of reported cases in 2009 while males accounted for 699 of the total. There were 146 documented transgender cases (18 cases involving F-M individuals and 28 cases involving M-F individuals) as well as 11 intersex cases and 1 case in which the individual identified as gender queer. In 2009, both STOP DV and DVLAP saw a rise in the number of transgender cases due, in part, to LAGLC's increased outreach efforts and implementation of transgender specific programming.

The majority of reported cases involved individuals who identified as either gay (626 cases) or lesbian (726 cases). Three hundred and one (301) individuals identified as bisexual while individuals identifying as heterosexual accounted for 94 cases. Sexual orientation was undisclosed for 192 of the documented cases. Of those cases in which the race/ethnicity of the individual was disclosed, 104 individuals identified as Asian/Pacific Islander, 158 as being of African

L.A. Gay & Lesbian Center (continued)

Descent or Black/African American, 731 identified as Latino/a, 633 as White/Caucasian, 20 as Arab/Middle Eastern, 19 as Indigenous/First People, and 161 identified as Multi-Racial. Of those cases in which the age of the individual was known, the majority (807) were between the ages of 19 – 29, 393 were between ages 30 – 39, 298 were between ages 40 – 49, 199 were between ages 15 – 18, 123 were between ages 50 – 59, 33 were between ages 60 – 69, 20 were age 14 or under, and 3 were between ages 70 – 79. One hundred and twenty eight (128) individuals did not disclose their age.

Ninety two (92) individuals indicated that they had a disability. Six hundred and fifteen cases (615) involved either citizens of the U.S. or non-recent immigrants while 173 cases involved recent immigrants. Immigration status was not disclosed by 1216 of the total. Three hundred and forty six (346) individuals reported police involvement. Of those, one hundred and three (103) individuals indicated that an arrest was made, 41 indicated that there had been police misconduct, and 21 reported a mis-arrest (arrest of the survivor or a dual arrest).

In 2009, respondents of STOP DV's surveys continued to provide LAGLC with valuable information about the LGBTQ community's perceptions and experience of domestic violence. One thousand six hundred and one (1601) individuals that were screened/assessed to be victims/survivors of domestic violence completed surveys that was distributed at Christopher Street West (L.A. Pride Festival) and the Long Beach Pride Festival. One thousand seventy two (1072) individuals completed STOP DV's survey distributed at Christopher Street West (L.A. Pride) held in West Hollywood in June of 2009.

52.7% of the respondents of the Christopher Street West survey identified as female and 38.8% identified as male. Two percent (2%) identified as transgender (1.2% F-M; .8% M-F) while .5% identified as intersex. 5.9% declined to state their gender or failed to respond to the question. Thirty seven percent (37%) of the respondents identified as lesbian, 35.5% identified as gay, 15.5% identified as bisexual, 8.6% identified as heterosexual, 1.3 identified as queer, and 7.4% identified as questioning, declined to state their orientation, or failed to respond to the question. The largest percentage of respondents (44.5%) indicated that their age was between 19 – 29 years. 1.3% of the respondents indicated that they were under the age of 14 while 13.9% indicated that they were between 15 – 18 years of age. 17.2% of the respondents indicated that they were between ages 30 – 39, 10.6% were between ages 40 – 49, 5.9% were between ages 50 – 59, 1.2% of respondents were between the ages of 60 – 69, and .4% were between ages 70 – 79. 4.8% of the respondents failed to state their age. 5.9% of the respondents indicated that they were HIV positive.

A slight majority of the survey's respondents (53.8%) indicated that they believed that domestic violence in the LGBTQ community is a serious problem. 49.4% of the respondents indicated that they believed that awareness of LGBTQ domestic violence would increase negative perceptions about the LGBTQ community. 38.5% of the respondents indicated that they had either experienced domestic violence themselves or had a LGBTQ friend or family member who had experienced it. Of those respondents who had experienced domestic violence, 20.6% indicated that they had thrown objects at a partner; 13.7% had hit, shoved or kicked a partner; 5.2% had pulled hair; 40.1% had called a partner names; 4.9% had threatened to out a partner to cause harm; 1.9% had harmed pets; 9.2% had blocked exits; and 1.8% had used a weapon against a partner. 22.5% of the respondents indicated that a partner had thrown or broken objects when angry; 23.5% indicated that a partner had hit, shoved, or kicked them; 9% indicated that they had their hair pulled by a partner; 41.7% had been called names; 9.1% had been threatened with outing; 3.5% had a pet that was harmed by a partner; 14.3% had a partner who had blocked exits; 4.9% had been the recipient of coerced or forced sex; and 3% had a partner who used a weapon against them.

The vast majority of respondents (82%) indicated that they believed LGBTQ specific domestic violence services to be important (21.7%) or very important (60.3%) while only 2.2% of the respondents did not consider them to be important. Respondents indicated that they believed the following strategies in descending order of importance would best help reduce domestic violence in the LGBTQ community: (1) information/education campaigns and workshops-

L.A. Gay & Lesbian Center (continued)

56.5%, (2) outreach to LGBTQ persons at risk for domestic violence – 47.8%, (3) more LGBTQ specific domestic violence services – 43.8%, and (4) training of mainstream service providers to increase sensitivity to and understanding of LGBTQ people and LGBTQ domestic violence – 28.5%.

When respondents were asked what they believed would be most helpful for LGBTQ persons who were being abused by their partners, responses in descending order of importance included (1) talking to friends – 72.5%, (2) support groups – 53.7%, (3) talking to family members – 51.5%, (4) individual counseling – 41.7%, (5) couple counseling – 41.3%, (6) legal remedies such as restraining orders – 31%, (7) soliciting help from/reporting to law enforcement – 27.2%, (8) soliciting help from a mainstream domestic violence shelter – 26%, (9) talking to clergy – 15.9%, (10) obtaining a motel voucher – 14.6%, and (11) staying at a homeless shelter – 10.1%. When asked what they believed would be most helpful to LGBTQ persons who were abusing their partners, the responses in descending order of importance included (1) individual counseling -58.8%, (2) group counseling-51.7%, (3) talking to friends-48.8%, (4) couple counseling-42.2%, (5) talking to family members-37.6%, (6) soliciting help from/reporting to law enforcement-28%, (7) legal remedies-26.3%, and (8) talking to clergy-17.4%.

While only 19.7% of the respondents indicated that they would be likely to call a domestic violence shelter that was *not* designed *specifically* for the LGBTQ community if they were being abused by their partner, 39.7% indicated that it was *not very likely* that they would call a shelter, and 5.5% indicated that they would not consider calling a shelter. However, 78% indicated that they would call a domestic violence shelter if the shelter was designed specifically for the LGBTQ community. Of those who indicated that they would not be apt to call a mainstream domestic violence shelter, their choices for safe housing in descending order of importance included (1) staying with friends – 52.1%, (2) staying at a LGBTQ safe house – 36.3%, (3) staying with family members – 28.5%, (4) staying at a motel/hotel – 10%, and (5) staying at a homeless shelter – 2.8%. 4% of the respondents indicated that they probably wouldn't leave home if they were being abused by a partner and 7.4% did not know what they'd do if abused.

In 2009, LGBTQ survivors continued to face often enormous challenges including the response by law enforcement to LGBTQ domestic violence; accurate assessment of the involved parties in domestic violence cases; and level of understanding of service providers of the unique differences and complexities of LGBTQ domestic violence as well as the differences regarding domestic partnerships and the marriages conducted in 2008 in California prior to the passage of Proposition 8. Additionally, in 2009, STOP DV continued to see a significant number of survivors, defending victims, or secondary aggressors who were mandated by the court to attend batterers' (dominant/primary aggressors) treatment. Furthermore, despite attempts by a small number of mainstream domestic violence service providers and agencies to be inclusive of the LGBTQ community, significant problems were consistently reported by LGBTQ survivors and abusers alike. These problems included the high number of agencies that employ exclusionary policies and procedures with gender-variant survivors; the heterosexist language and images used in educational and outreach materials as well as documentation; inconsistent, minimal, or entire lack of training of staff and volunteers on the topic of LGBTQ domestic violence; verbal and sexual harassment of shelter staff towards lesbian clients; lack of sufficient assessment and training to distinguish between primary victims, defending victims, secondary aggressors, and dominant/primary aggressors and the subsequent lack of effective intervention; and re-victimization of survivors and/or a substandard level of care by mainstream providers. For example, one mainstream organization that was the recipient of state funding to specifically address LGBTQ domestic violence offered a drop-in group for LGBTQ survivors of domestic violence, a potentially damaging and dangerous modality that is generally not recommended for LGBTQ individuals because of the lack of adequate screening of participants.

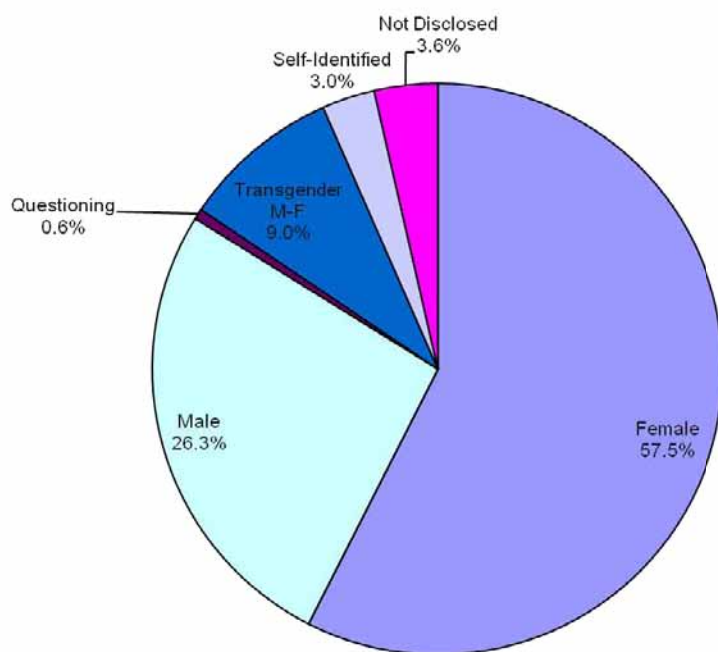
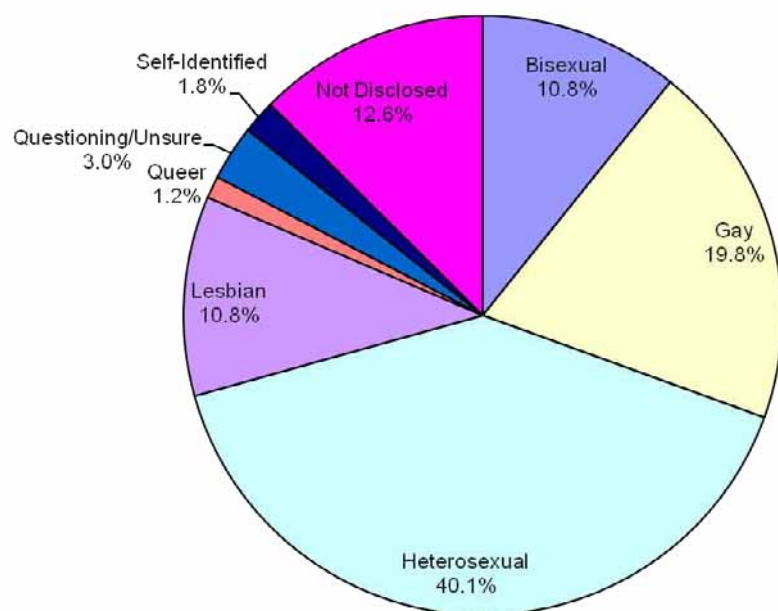
During 2009, STOP DV's 3 year contract with the California Alliance to End Domestic Violence (funded by the California Department of Public Health) to provide training and technical assistance to domestic violence shelters in the southern portion of California ended. Over a 21 month period that began in 2007, the project delivered nearly 400 technical assistance and training sessions on LGBTQ domestic violence to California's shelters. However, the need for

L.A. Gay & Lesbian Center (continued)

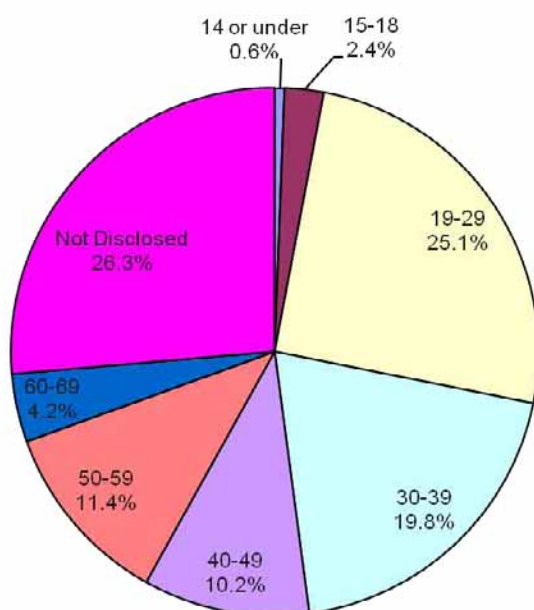
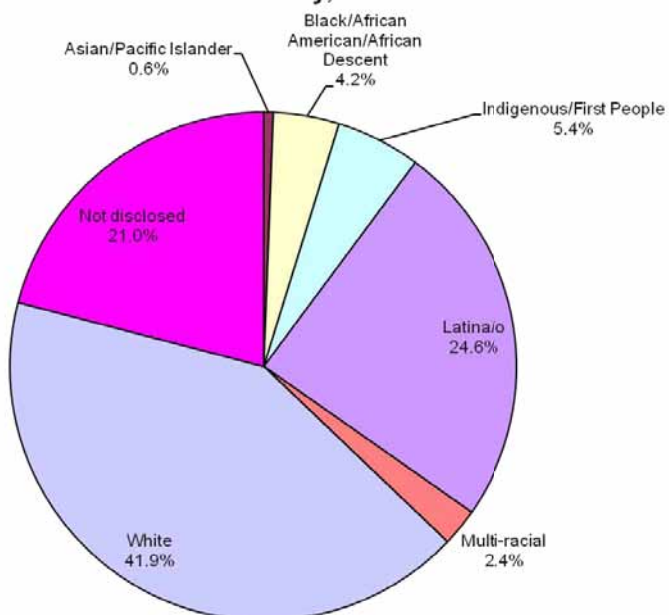
LGBTQ specific domestic violence training and technical assistance is still significant. Many recipients of the training have failed to implement internal trainings at their agencies despite their attendance at train-the-trainer trainings and receipt of train-the-trainer materials, and many organizations simply turned down or failed to request LGBTQ training and technical assistance during the contract period. Furthermore, one shelter that had been funded by the state to provide LGBTQ specific domestic violence services provided a gay survivor with a hotel voucher for five nights as well as one visit with a counselor but otherwise failed to provide him with other necessary services including additional counseling and follow-up, case management, LGBTQ specific safety planning, and access to adjunctive services such as groups and legal services.

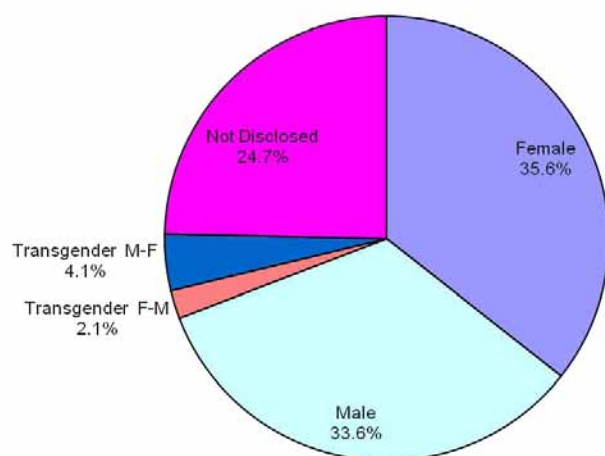
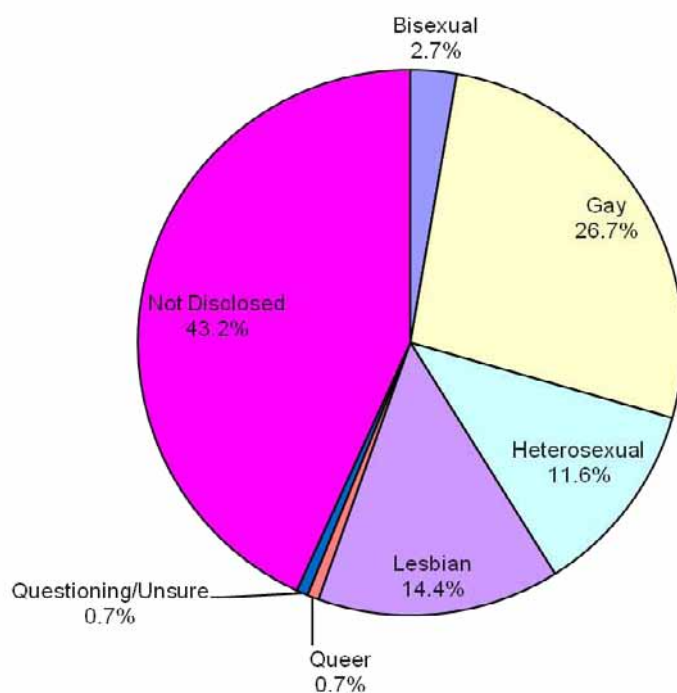
In 2009, LAGLC continued to work towards addressing systemic issues like those indicated above. One outcome of this work was California Assembly Bill 1003. This bill was developed by STOP DV in collaboration with Equality California and Assembly member John Perez, and was signed into law in October. AB 1003 expanded access of service providers with demonstrated expertise in LGBTQ domestic violence to a state fund that supports LGBTQ specific domestic violence programs and is subsidized by a \$23.00 fee from domestic partner registrations in the state.

Unfortunately, the ending of 2009 was a prelude to one of the New Year's first LGBTQ domestic violence cases – the homicide on January 1, 2010, of a gay theater director who was stabbed to death in his Los Angeles apartment by his intimate partner.

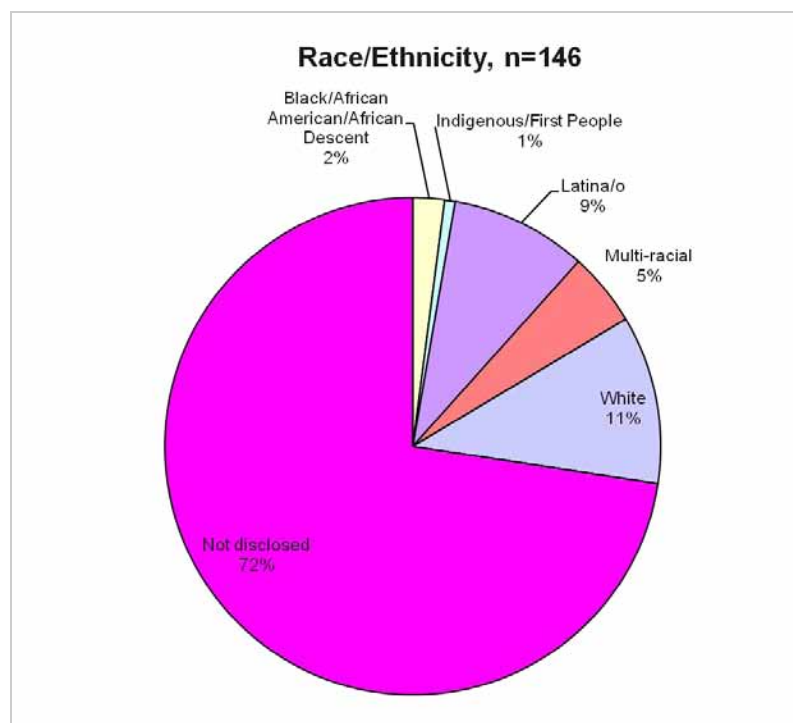
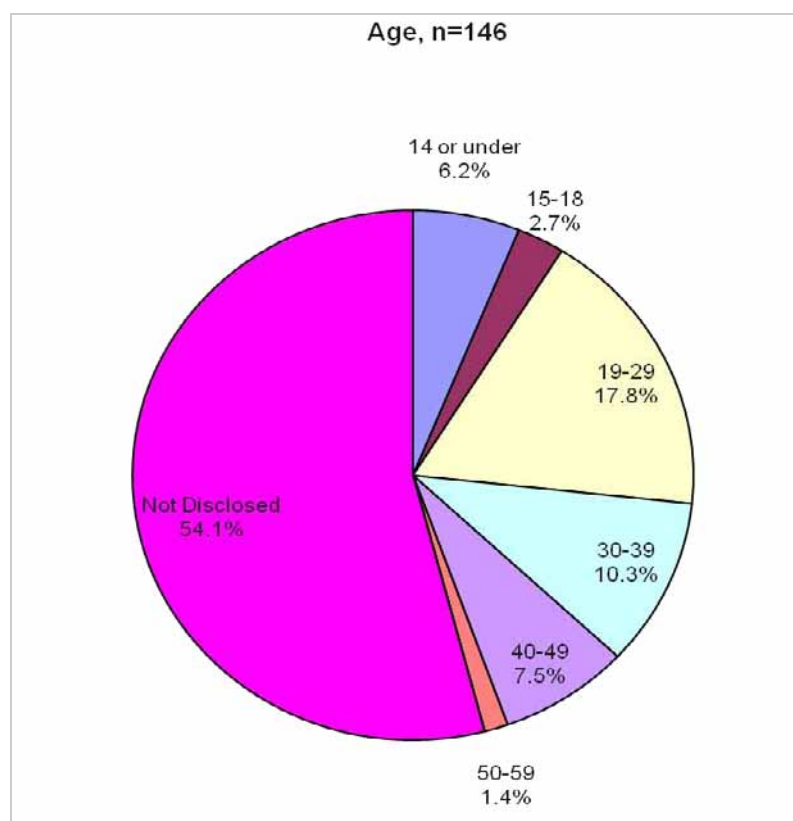
Wingspan Anti-Violence Programs (Tucson, AZ)**Gender Identity, n=167****Sexual Orientation, n=167**

Wingspan Anti-Violence Programs (continued)

Age, n=167**Race/Ethnicity, n=167**

Colorado Anti-Violence Program (Denver, CO)**Gender Identity, n=146****Sexual Orientation, n=146**

Colorado Anti-Violence Program (continued)



Colorado Anti-Violence Program (continued)

The Colorado Anti-Violence Program (CAVP) works to eliminate violence within and against the lesbian, gay, bisexual, transgender and queer (LGBTQ) communities in Colorado, and to provide the highest quality services to survivors. CAVP provides direct services including, a 24-hour hotline for crisis intervention, information and referrals, advocacy with other agencies, and court accompaniment. CAVP also provides technical assistance, training and education for varied audiences including, but not limited to, service providers, homeless shelters, community organizations, law enforcement and LGBTQ community members. Topics cover violence issues affecting LGBTQ community, safety skills, dynamics of bias-motivated violence and more.

While CAVP works with victims/survivors of many types of violence (including hate violence, sexual assault, police misconduct, HIV-motivated violence and random violence), one of the highest rates we document is domestic violence.

CAVP has documented approximately the same number of cases of domestic violence in 2009 as 2008 (144 in 2008 and 146 in 2009), but has noticed a few trends:

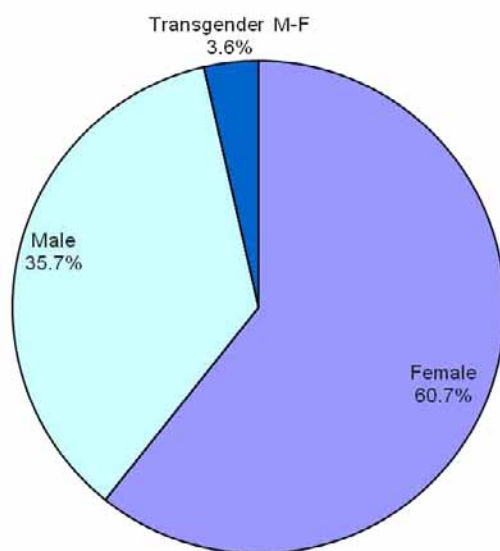
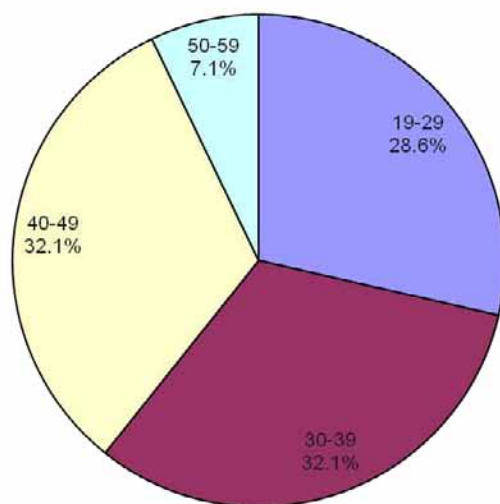
- There were slight increases in reports from women (13%) and transgender men (from 1 to 3). The most notable decrease regarding gender was related to reporting from transgender women (from 14 to 6).
- Reports from people age 50-59 have decreased 80% (from 10 to 2).
- Reports from people self-disclosing a disability decreased 68% (from 25 to 8). Because the Americans with Disabilities Act provides protections for people who are HIV positive, some reporting conflates the two. At CAVP, we allow people to self-identify disability status and want to note that we worked with 5 (HIV +) people who did not disclose having a disability.
- Police reporting increased 158% (from 12 to 31 cases). Additionally, there were decreases in reports of police misconduct (from 4 to 1) and misarrest/dual arrest (from 7 to 5). Despite this increase in reporting directly to law enforcement, CAVP staff and advocates still hear from victims/survivors hesitant to report because of previous negative experiences with police. While not experiencing physical or verbal harassment/bias from law enforcement, callers have indicated that they were treated with general disrespect, had difficulty accessing information or were not receiving return calls about their cases.
- There has been a 93% decrease in use of weapons during assaults (from 15 to 1), but have seen a 111% increase in all physical assaults (from 18 to 38).

In 2009, CAVP saw a rise in numbers of cases of domestic violence affecting families (as opposed to single individuals). In this vein, CAVP documented a 350% increase (from 2 to 9) of youth affected by domestic violence. These reports brought up some unique dynamics to families. We received questions about legal issues regarding co-parenting, specifically when both same-sex parents are on a child's birth certificate. CAVP relies on other agencies for legal advice and advocacy, but wanted to highlight this concern. In addition, when working with families, we've addressed concerns of adults whose current same-sex partner's ex-spouse was threatening them. Partners who are both fleeing an ex-spouse of one have run into various barriers regarding securing safety for both. For example, we've documented one partner being refused a protection order because they did not have a prior relationship with their partner's ex and a domestic violence shelter turning a couple away based on shelter policy. CAVP successfully advocated for a shelter to reexamine their policy, which has since been changed from denying all couples to working on a case-by-case basis. In the case where a couple and their children were denied shelter at a confidential safehouse, one of the adults was acting as a caregiver for the other, who had a disability.

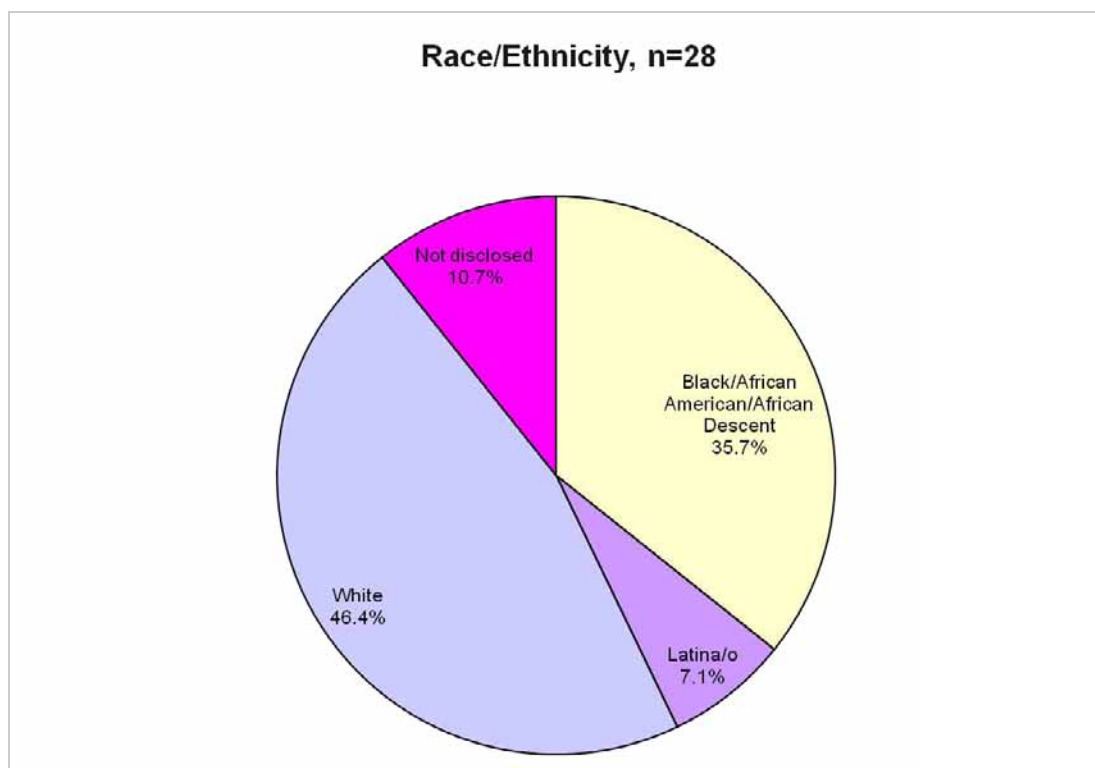
The number of people provided motel vouchers by CAVP increased from 3 to 14 in the past year. This is partially connected to the barriers experienced by families seeking safety as well as barriers connected to gender. Non-

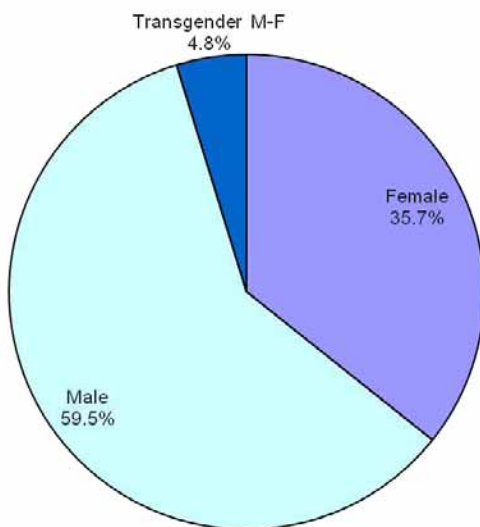
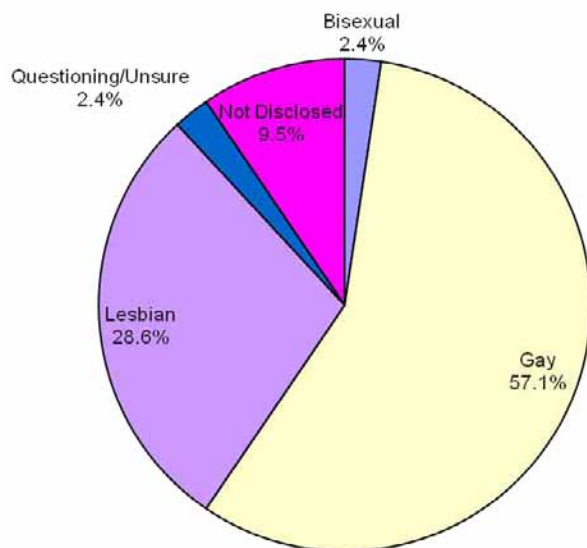
Colorado Anti-Violence Program (continued)

transgender men continue to experience very limited options and resources in Colorado, often relying on short term motel vouchers of one to three nights rather than a 30-60 day stay in a domestic violence shelter. While several shelters statewide have changed their policies to be inclusive of transgender women, some still explicitly exclude these women. Even in shelters with an inclusive policy, we've received feedback that not all staff and volunteers are knowledgeable about the policy with some transgender women experiencing discrimination/harassment from staff while others from other residents. Some shelter staff has been very responsive to this harassment while others have not. The final reason for increase in motel vouchers is that there are times when all confidential shelters have been full and there have been safety concerns about staying in a homeless shelter.

Montrose Counseling Center (Houston, TX)**Gender Identity, n=28****Age, n=28**

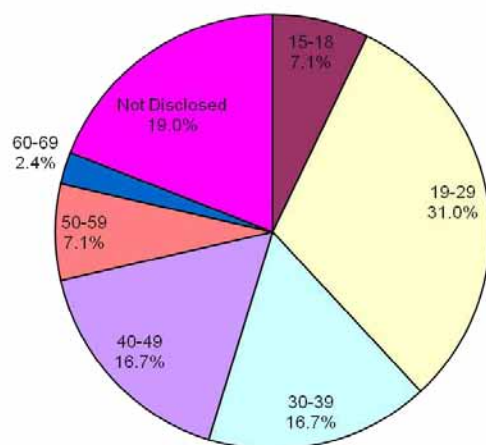
Montrose Counseling Center (continued)



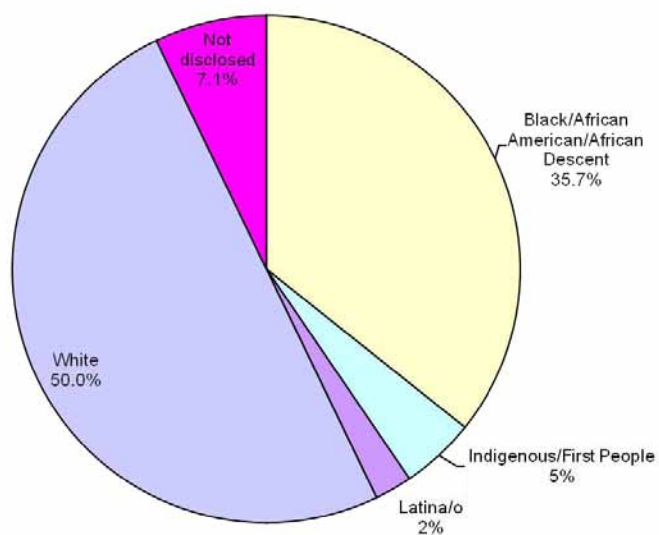
Kansas City Anti-Violence Project (Kansas City, MO)**Gender Identity, n=42****Sexual Orientation, n=42**

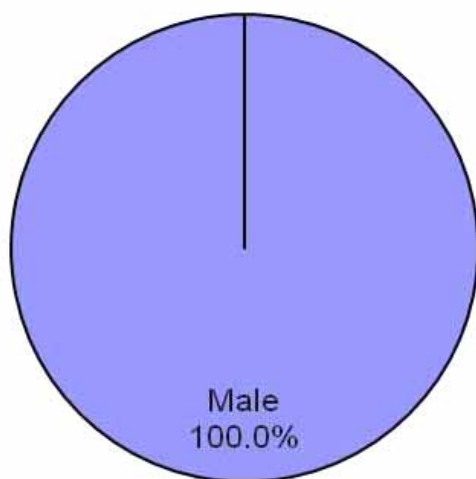
Kansas City Anti-Violence Project (continued)

Age, n=42



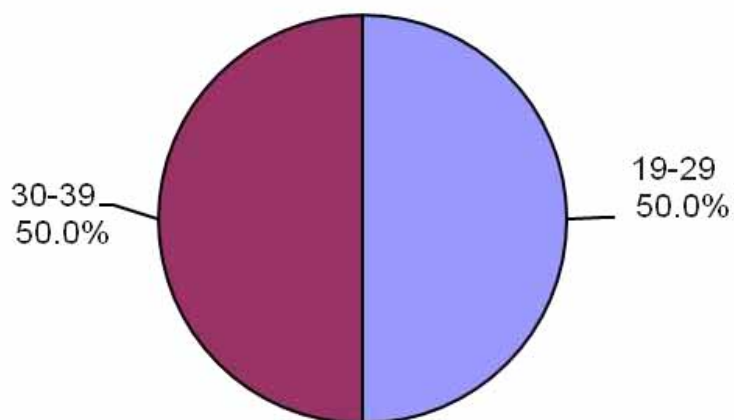
Race/Ethnicity, n=42



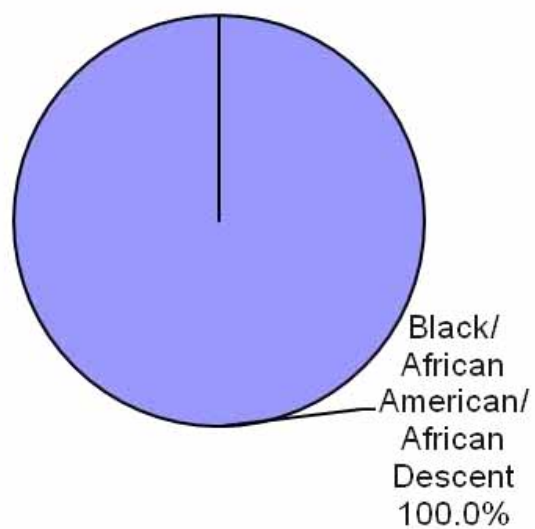
Milwaukee LGBT Center Anti-Violence Project (Milwaukee, WI)**Gender Identity, n=2****Sexual Orientation, n=2**

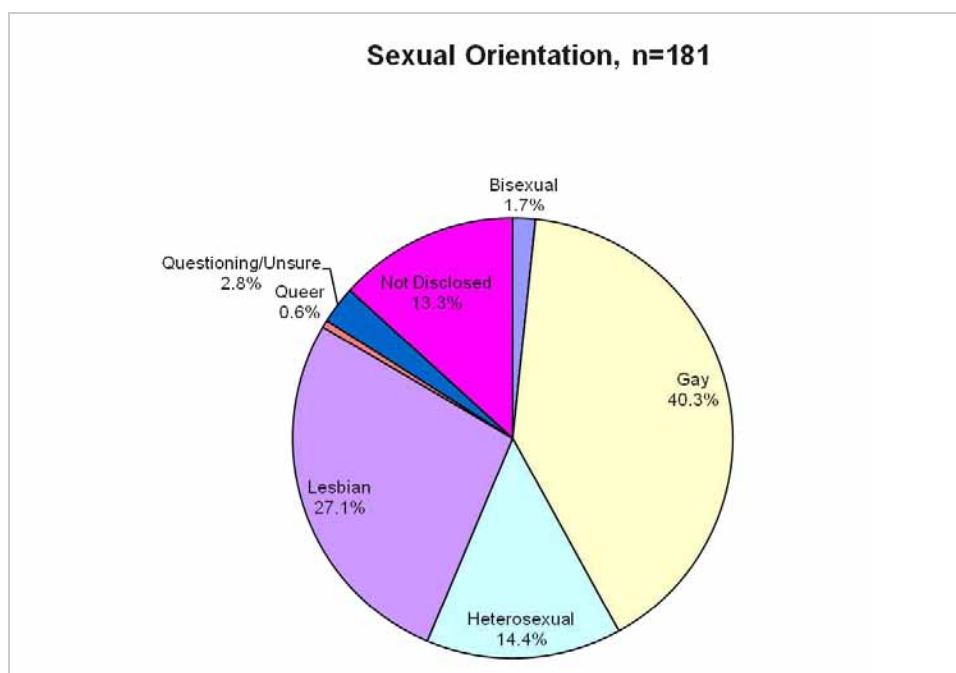
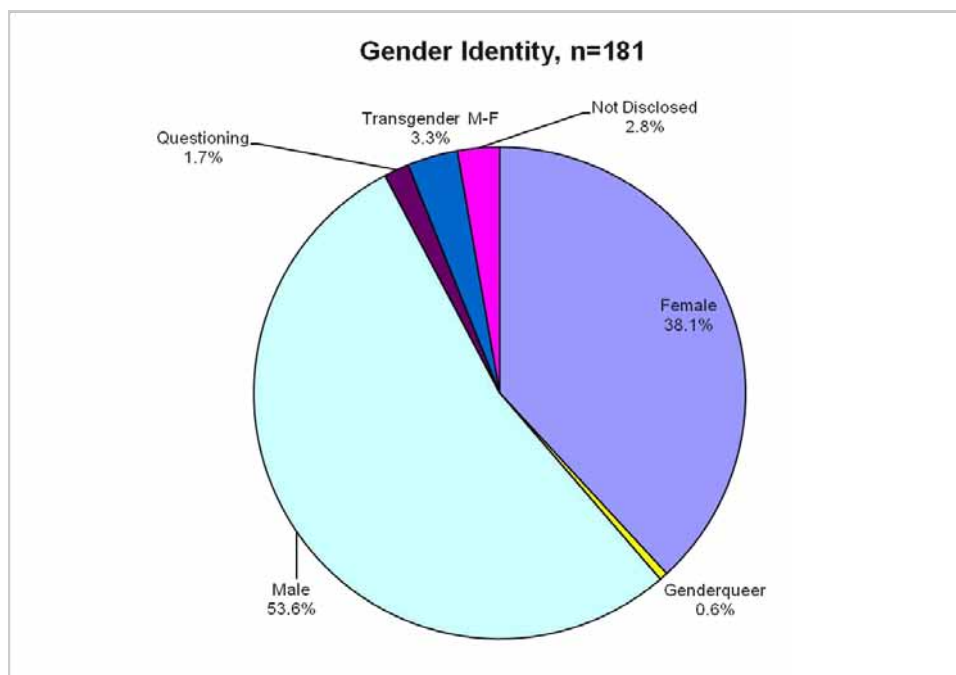
Milwaukee LGBT Center Anti-Violence Project (continued)

Age, n=2

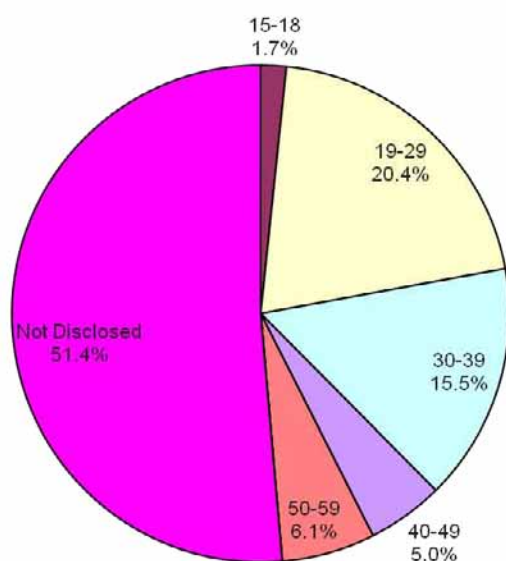
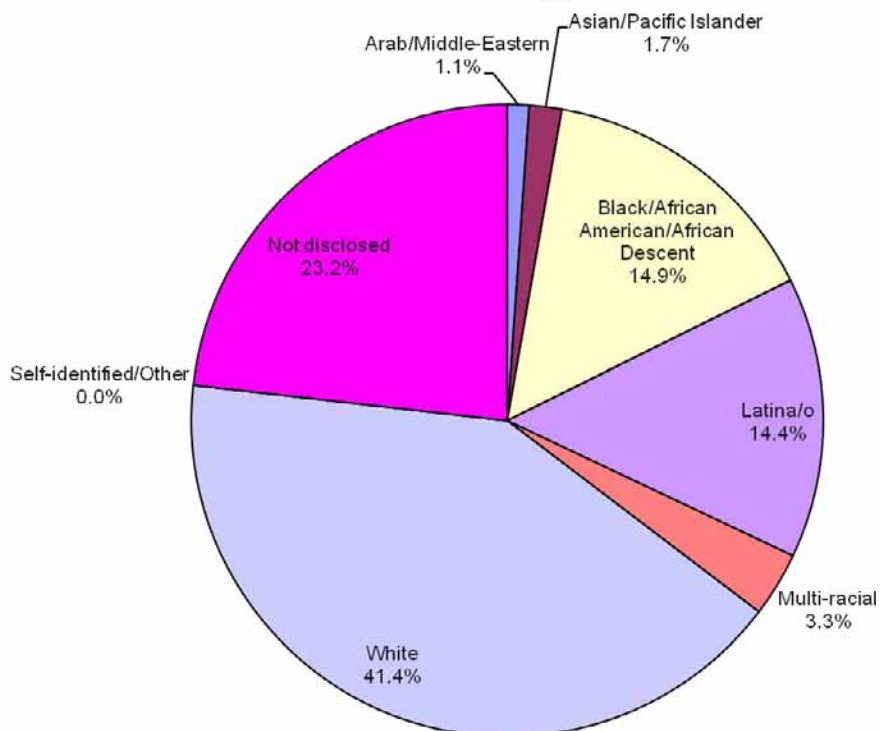


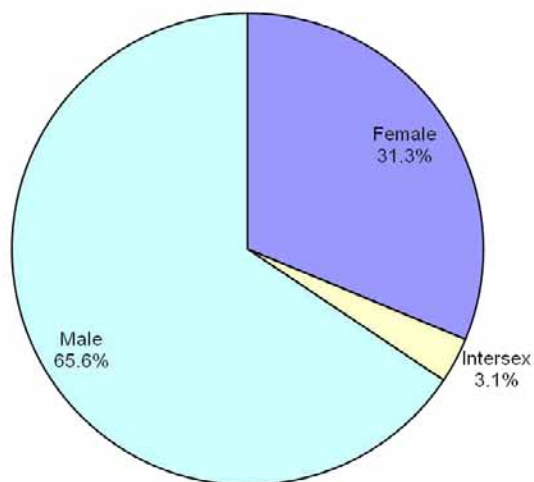
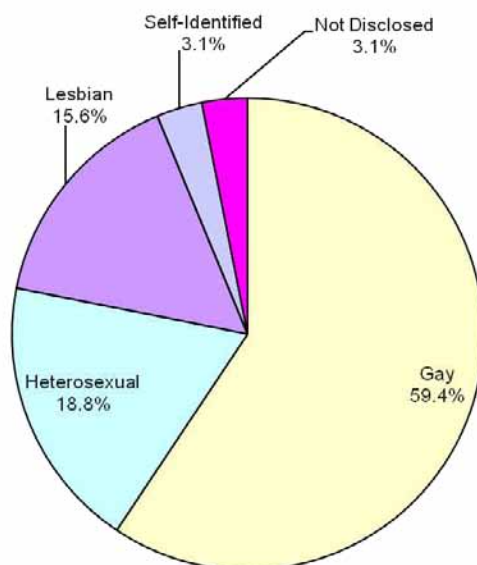
Race/Ethnicity, n=2



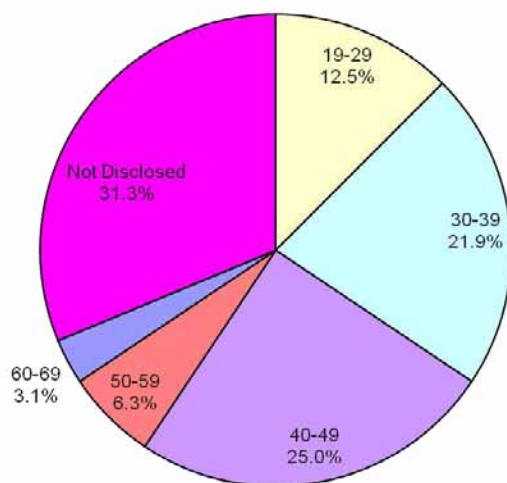
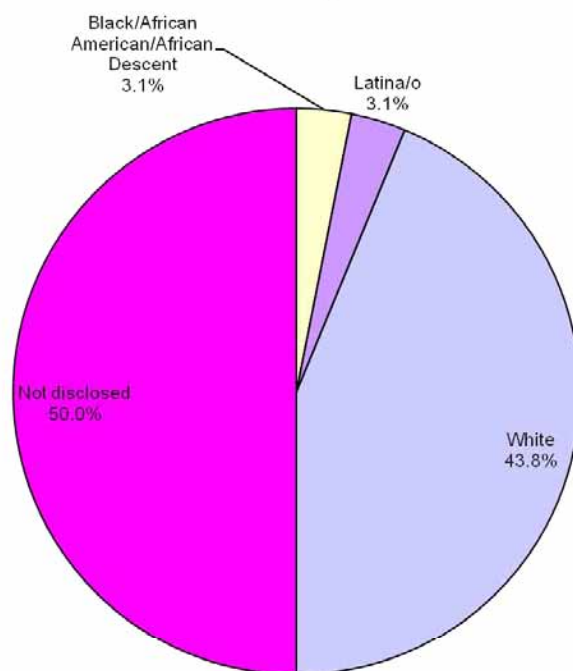
Center on Halsted Anti-Violence Project (Chicago, IL)

Center on Halsted Anti-Violence Project (continued)

Age, n=181**Race/Ethnicity, n=181**

Buckeye Region Anti-Violence Organization (Columbus, OH)**Gender Identity, n=30****Sexual Orientation, n=32**

Buckeye Region Anti-Violence Organization (continued)

Age, n=32**Race/Ethnicity, n=32**

Buckeye Region Anti-Violence Organization (continued)

Columbus received 32 reports of domestic violence in 2009, which is slightly lower than the 35 reports taken in 2008. Sixty-six percent of callers were male and 32% were female. The year 2008 also showed a trend of more male than female callers, which is a change from earlier reporting years which generally show a 50-50 gender split. This trend may be a result of males continuing to be turned away from mainstream shelters and greater acceptance of lesbian and bisexual women. Two callers identified themselves as straight males and one was determined to be the abused partner/victim. One caller identified as intersex. Thirty-two percent of survivors reported having a disability compared to 26% in 2008.

It was hard to determine if there were any major changes in callers' race or ethnicity since it was only disclosed by half of the callers. Ages seemed to trend upward with much fewer calls from those in the 19-29 age group. There were no calls from anyone under age 19.

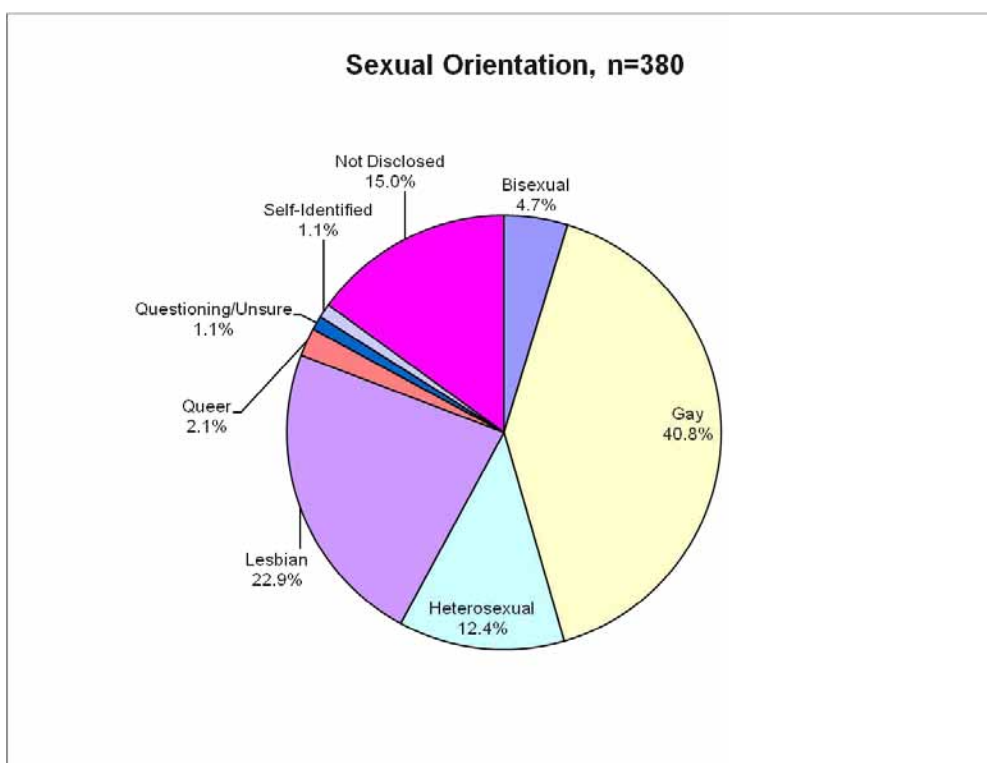
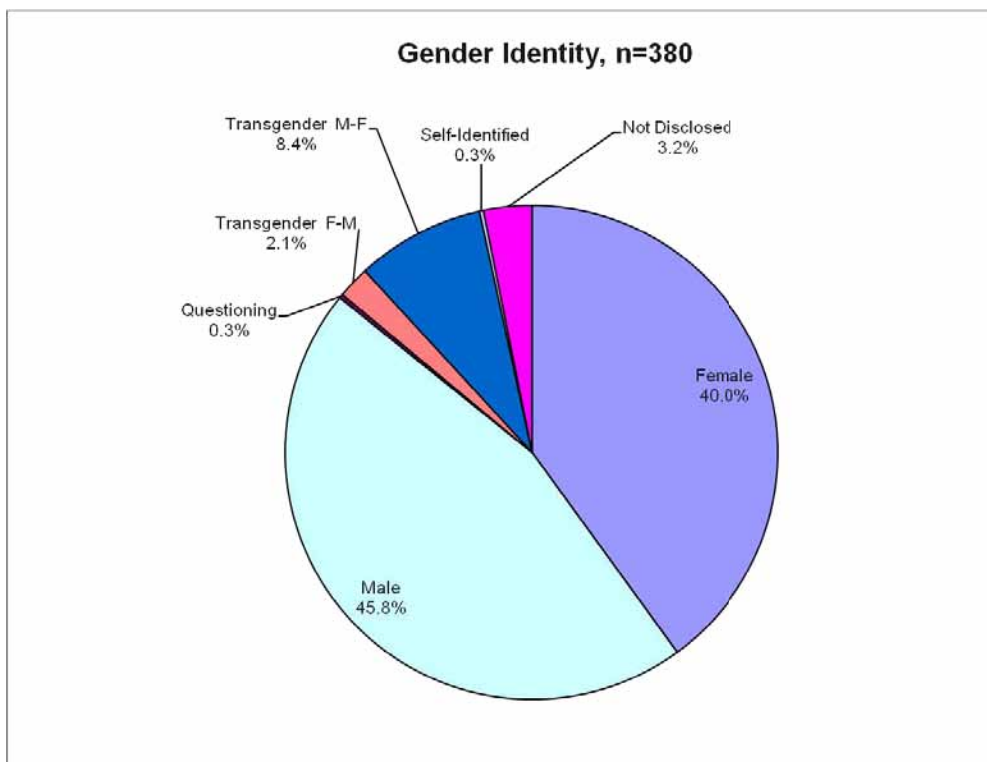
Sixty percent of survivors reported physical assault by their intimate partner with 19% reporting fighting back in self defense; a threefold increase from last year. Seventy-five percent reported threats from their partner and 6% of incidents involved outing of sexuality, gender ID, HIV status or immigration status. One survivor was the victim of human trafficking.

Thirty-eight percent of survivors reported that the police were called, with an arrest rate of 16%. One arrest was considered a misarrest where the victim/survivor was arrested. Two callers or 6% reported misconduct or abuse by the police.

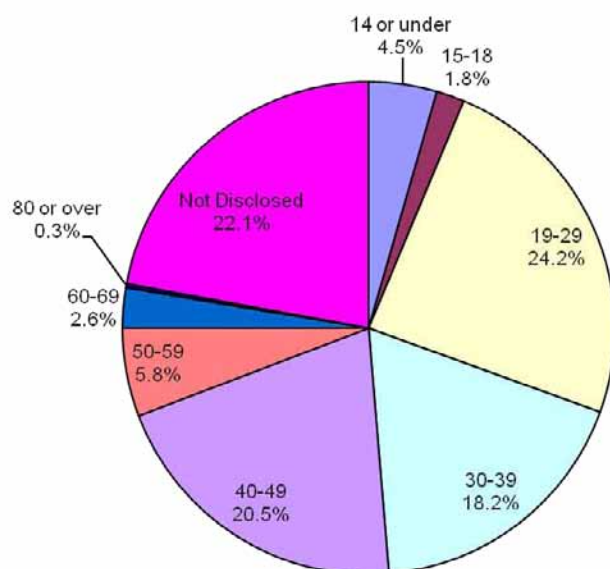
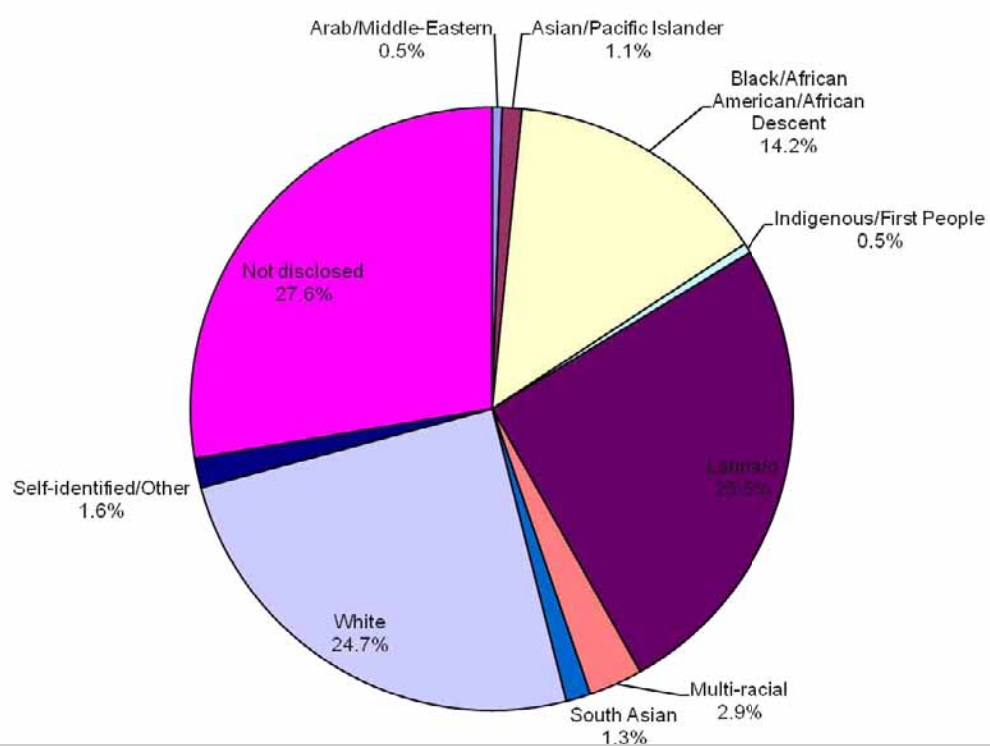
Nineteen percent of callers sought shelter and all were turned away. Six callers sought protection orders and four were successful in obtaining them.

Ohio like many states has experienced a recession and downturn in the economy, which has had a disproportionate impact on many seeking help of any kind. These hard times have created an atmosphere that has made it easier for abusers to use economic abuse as effective tactics to isolate survivors and keep them from coming forward.

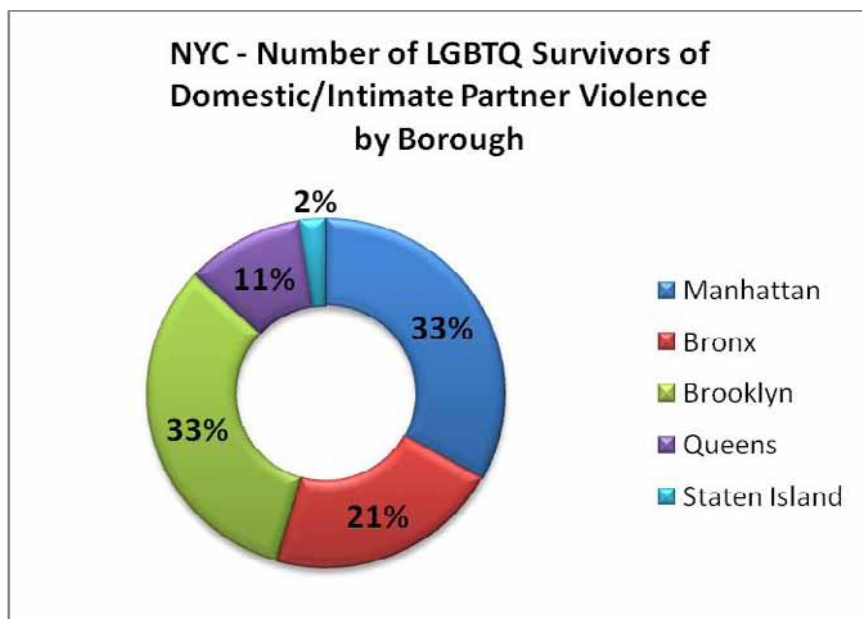
On a positive note, Ohio has seen a more progressive political environment the past two to three years, which has created a more positive environment for LGBTQ programming and victim assistance. Agencies such as the Ohio Department of Health (ODH), Ohio Domestic Violence Network (ODVN), Ohio Alliance to End Sexual Violence (OAESV), Office of Criminal Justice Services (OCJS), the Attorney General's office, the Justice League of Ohio, and local programs such as Sexual Assault Response Network of Central Ohio (SARNCO), Columbus Coalition Against Family Violence (CCAFV), Helpline of Delaware Morrow Counties, and Cleveland Rape Crisis Center (CRCC), just to name a few, are seeking us out for technical assistance and trainings and to actively engage BRAVO in working with marginalized and underserved communities.

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

New York City Anti-Violence Project (continued)

Age, n=380**Race/Ethnicity, n=380**

New York City Anti-Violence Project (continued)



In 2009, the New York City Anti-Violence Project assisted 380 new self-reported survivors of domestic violence (DV) or intimate partner violence (IPV), in this report, identified as domestic/intimate partner violence (D/IPV). This is a 6% decrease from the previous year, when we had reports from 406 new survivors of domestic/intimate partner violence (D/IPV). We do not believe that this slight decline in the number of D/IPV survivors reporting to us is an indication that violence/IPV prevalence is decreasing within the LGBTQ communities of New York City. This figure strictly reflects the number of survivors who have come into contact with our agency and self-identified as having experienced D/IPV. Since 1997, NYC AVP has documented and assisted 5,521 survivors of D/IPV; on an average 424 survivors annually. The following section provides information on geographic, demographic and incident trends in 2009 based on self-reports of LGBTQ people who have contacted NYC AVP for services.

Geographic information helps us inform our outreach and service delivery efforts, provide more targeted services, and intensify our advocacy in the parts of town where LGBTQ survivors of D/IPV live and are likely to come in contact with various service providers. The majority of the D/IPV survivors assisted by NYC AVP in 2009 have lived in Manhattan (n=96; 33%) and Brooklyn (n=94; 32%), followed by the Bronx (n=62; 21%), Queens (n=31; 11%) and Staten Island (n=7; 2%). This geographic distribution was based on a total of 290 D/IPV survivors for whom the borough of residence was known.

In contrast to the 2008 report, during this reporting period we have seen a decrease in reports from non-transgender survivors (-14% overall) and an increase among transgender identified people (+82% overall) who reported D/IPV. Specifically, out of the 380 DV/IPV survivors in 2009, 152 identified as female (-20%, from 191 in 2008 to 152 in 2009), 174 identified their gender as male (-8%, from 189 to 174), 8 self-identified as transgender male (+167%, from 3 in 2008 to 8 in 2009), and 32 self-identified as transgender female (+68%, from 19 to 32). Since D/IPV in transgender communities tends to be heavily underreported or misclassified, we see this increase as a welcome trend indicating that we were successful in reaching a higher number of transgender survivors this past year than the previous one. One survivor identified as questioning, 1 survivor self-identified as other, and 12 survivors did not disclose their gender identity or the information was not collected by NYC AVP staff at the time of a report due to the crisis nature of the survivor's situation.

New York City Anti-Violence Project (continued)

Approximately 64% of the survivors self-identified as lesbian (n=87; 23%) or gay (n=155; 41%) which is a 10% decline from 2008 (down from 269 to 242). Of the 380 D/IPV survivors with whom we came in contact, 47 identified as heterosexual (-4%), 18 identified as bisexual (+50%), 8 identified as Queer (this was a new category added in 2009 therefore no comparable data for 2008 is available) and 4 were questioning/unsure of their sexual orientation (-50%). The sexual orientation of 57 survivors was either not disclosed or not collected by NYC AVP staff at the time of a report due to the crisis nature of the survivor's situation.

In 2009, there was a 34% increase in reports from D/IPV survivors who were between the ages of 40-49 (n=78). Additionally, we have registered 17 youth survivors who were under 14, in contrast to last year when we did not have any survivors in this category. On the other hand, the number of reports from 15-18 year-olds dropped by 83% (from 41 in 2008 to 7 in 2009). The reports from all other age groups also declined. Despite a 24% decline, the largest number of reports (n=93) in 2009 still came from 19-29 year-olds. Survivors ages 30-39 made 69 reports (-24%), and ten reports were from survivors in their 60's (-29%). Only one report was received from a survivor over 70. Additionally, 84 survivors either did not disclose their age or this information was not collected at the time of the report, possibly due to the crisis nature of the survivor's situation.

There was a 50% decline in reports from survivors who identify as African/American or African-Descent (down from 107 in 2008 to 54 in 2009). Latin@s make up the largest group with 97 reports, which is a 4% increase over last year. Increase in reports was also registered for White/Caucasian survivors with 94 reports (+18%). As in previous years, reports from people of other ethnic backgrounds remained relatively low. Eleven survivors identified as Multi-racial, 5 identified as South Asian, and 4 identified as South Asian/Pacific Islander. Two people self-identified as Arab-Middle Eastern and 2 as Indigenous/First People. Among those who identified as Other (n=6), 3 identified their ethnicity as Haitian/Haitian-American. For 105 survivors, the information pertaining to their race or ethnicity was not collected. Immigration status can be a sensitive issue for any person, particularly in light of the anti-immigrant hate violence that continues to plague New York City and may other parts of the country. For LGBTQ survivors of D/IPV who are also immigrants, this intersection of identities can create heightened vulnerabilities and may discourage reporting. All of the information collected by NYC AVP is provided on a voluntary basis. While we strive to maintain as complete and accurate data as possible, we fully respect every person's right to privacy and confidentiality. As a result, some demographic information may not be available for certain people, and some categories, such as the immigration status, may receive fewer responses. Out of the 179 DV/IPV survivors who volunteered information about their immigration status, about 9% reported being non-U.S. citizens. Furthermore, approximately 63% of the non-U.S. citizens disclosed they were undocumented. As such, the immigration status may contribute to D/IPV incidence by serving a double purpose - as a barrier to the survivor in reaching out for services and as a tactic used by the abusive partner to manipulate the victim into staying and feeling trapped in an abusive relationship.

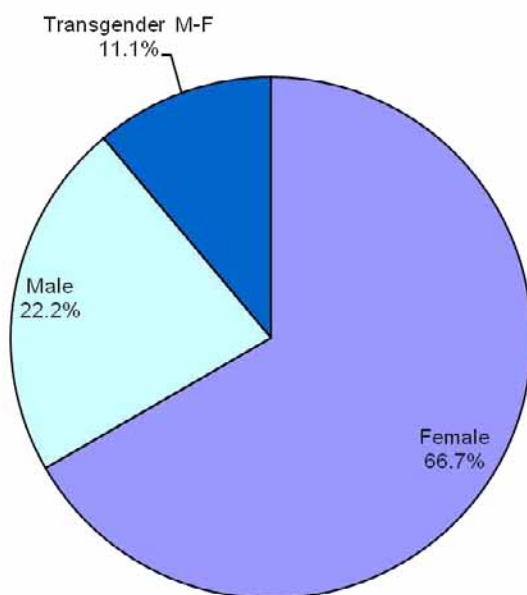
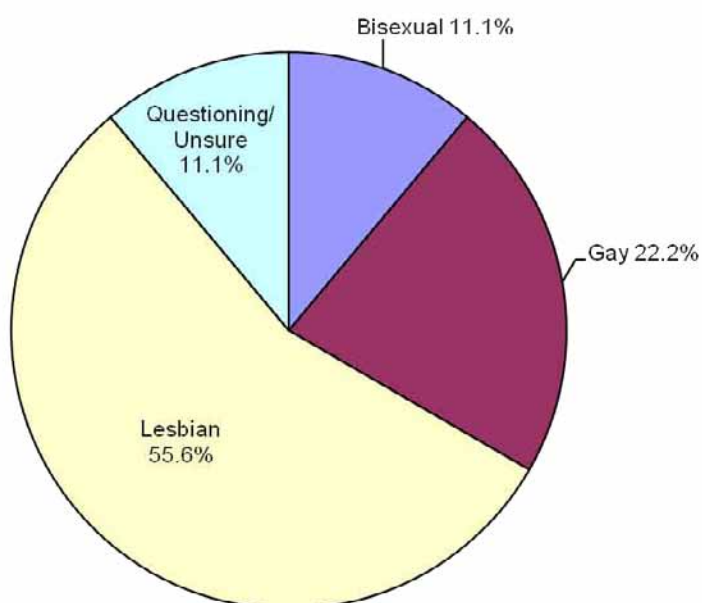
In 2009, we have documented 20 cases where the abusive partner threatened to out or outed the survivors' sexual orientation, gender identity, HIV/AIDS or immigration status. The threat of outing is a powerful form of control that is frequently utilized by abusive partners in LGBTQ relationships. Approximately 22% or 86 of the 380 survivors of DV/IPV in 2009 reported having at least one form of disability. For 60% of survivors with disabilities, their disability was related to HIV/AIDS (n=52). The second leading cause of disability in this group of survivors was mental illness (24%, n=21), followed by other physical conditions (12%, n=10). A survivor's disability status can serve as additional barrier to seeking help, and can also heighten one's vulnerability to D/IPV.

New York City Anti-Violence Project (continued)

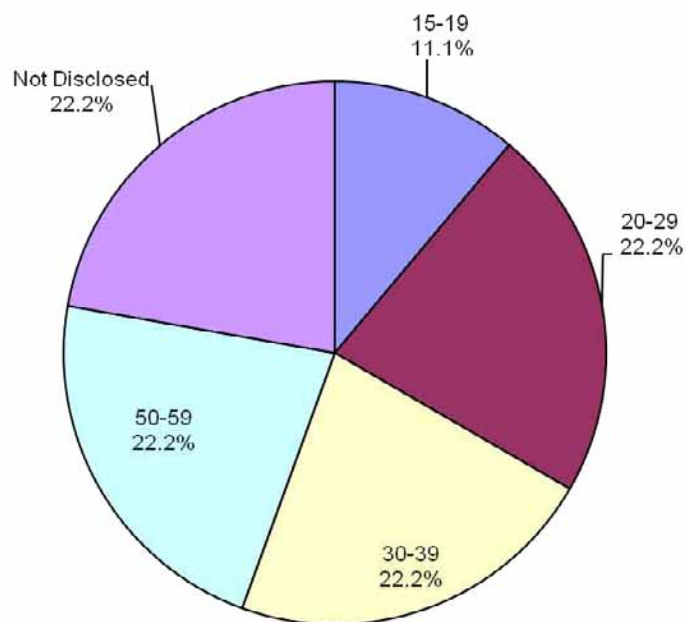
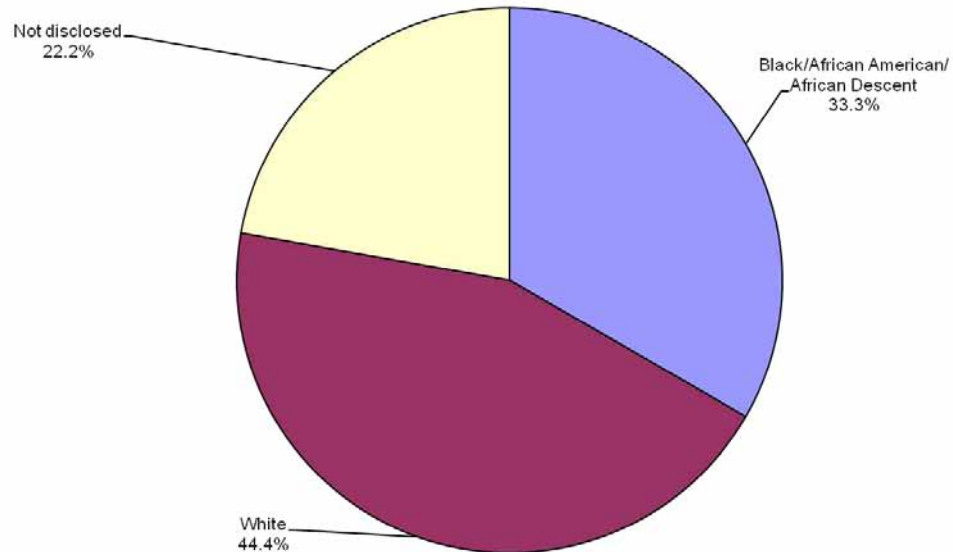
We have seen an overall decrease in D/IPV related murders (down from 4 in 2008 to 1 in 2009), physical assault (-33%, from 190 to 128) and weapons use (-49%, from 71 to 36), and an increase in sexual violence (+50%, up from 32 to 48). Other frequently reported forms of D/IPV by survivors in 2009 include: harassment (e.g. verbal, sexual, telephone, or email) (216), threats (91), emotional abuse (77), use of anti-LGBTQ bias language (30), isolation (26) and stalking (27). One can see from these examples that LGBTQ D/IPV can take on many forms in addition to physical abuse. Of the survivors looking to escape an abusive relationship, 21 presented in need of a domestic violence shelter. Out of those, 14 LGBTQ survivors were placed in DV shelters, 3 were turned away, and 4 decided not to pursue a DV shelter for various reasons, including concerns about experiencing anti-LGBTQ bias in spaces that are almost exclusively geared towards heterosexual women. NYC AVP had collaborated extensively with mainstream DV shelter providers to help facilitate these placements.

A degree of caution is advised when interpreting the incident data. The declines in specific forms of violence or victimization should not be understood as signaling that the problem is on the retreat or that D/IPV experienced by LGBTQ survivors is becoming less severe in comparison with the last year. The information synthesized in this section pertains to the most recent incident of DV/IPV reported by the survivor, and not necessarily the most violent one. The incident data presented here do not reflect all of the incidents in which these forms of abuse might have been perpetrated against LGBTQ survivors of DV/IPV. The same applies to the police reporting and police involvement data discussed in the following paragraph. As for the DV homicides, it should be noted that we only count cases that have been directly reported to us or reported by media outlets. The method of reporting may undercount LGBTQ D/IPV murders in New York City.

The number of cases in which police were called dropped only slightly in comparison with 2008 (-4%, from 134 to 129). We do not know if this decrease in police reports is related to the expanded access to Family Court orders of protection, a growing mistrust of police among the LGBTQ survivors, or other factors. In any case, we will continue to explore these issues. The number of incidents in which police arrested the abusive partner remained relatively unchanged (-2%, 51 in 2008 and 50 in 2009), and the reports of police misconduct dropped by 72% (from 29 to 8). For the purpose of this report, we have distinguished four types of police misconduct: verbal abuse, physical abuse, arrest of survivor, and misarrest (arrest of survivor or dual arrest). On the other hand, the number of reported misarrests rose by nearly 38% (up from 8 to 11). We have received many reports from survivors of police officers discouraging them from filing a police report or threatening to arrest both parties if the survivor pressed on with the charges. It is extremely worrying that this dangerous trend continues even though a law has been in place since 1998 prohibiting police officers from threatening an arrest for the purpose of discouraging police intervention in D/IPV situations. Many survivors, when faced with a threat of getting arrested, choose to drop all charges against the abusive partner. This police practice is endangering the lives and well-being of the D/IPV survivors and is putting them at further risk for violence. Although this is not unique to the LGBTQ D/IPV, we know that due to the pervasive stigma, bias and myths regarding LGBTQ relationships, this trend is far more frequent when both partners are of the same-sex.

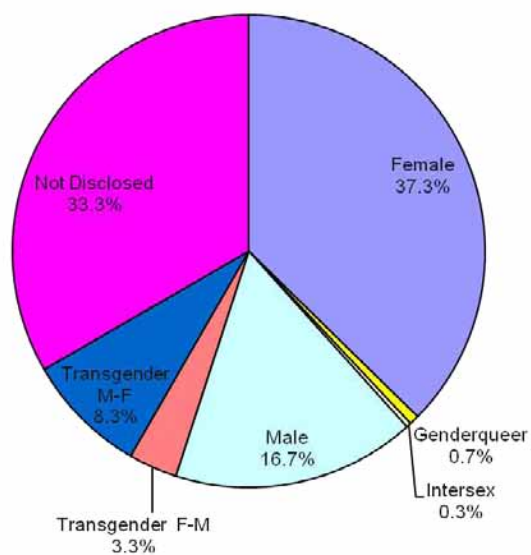
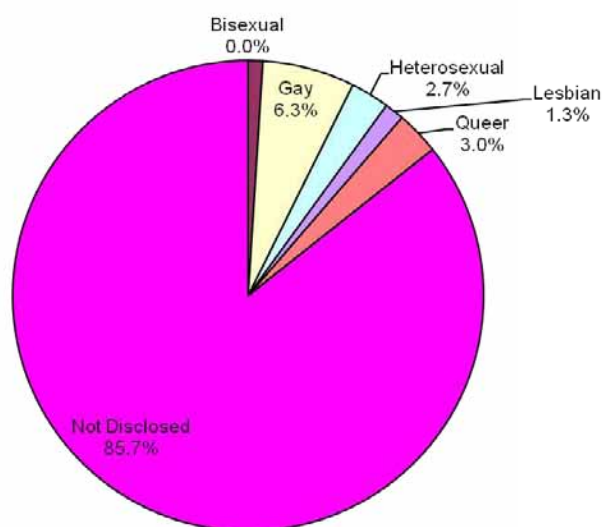
Gay Alliance of the Genesee Valley (Rochester, NY)**Gender Identity, n=9****Sexual Orientation, n=9**

Gay Alliance of the Genesee Valley (continued)

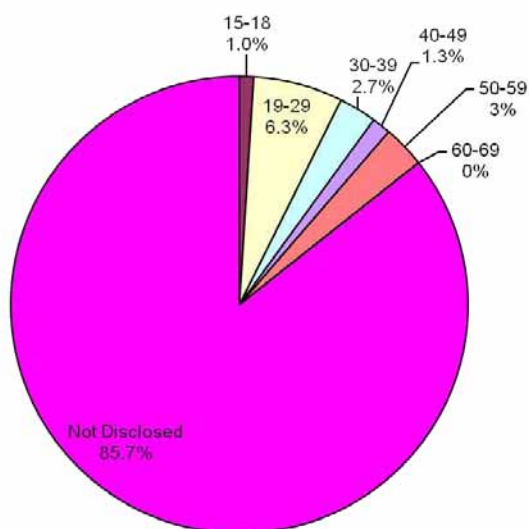
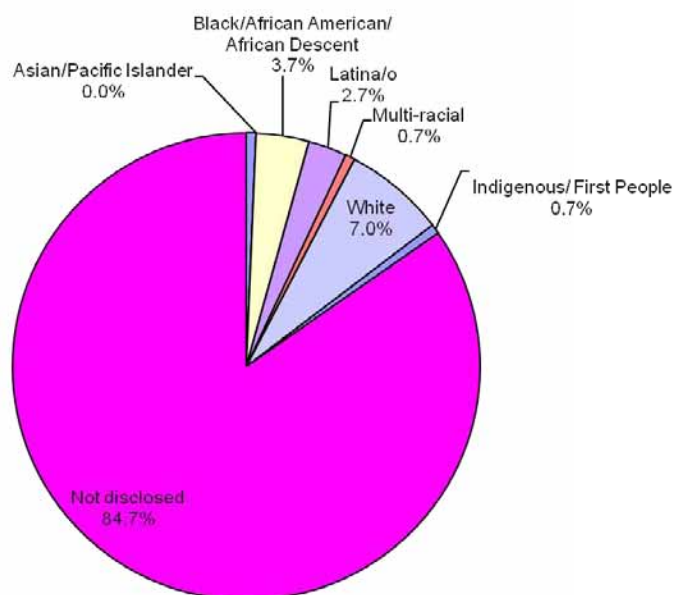
Age, n=9**Race/Ethnicity, n=9**

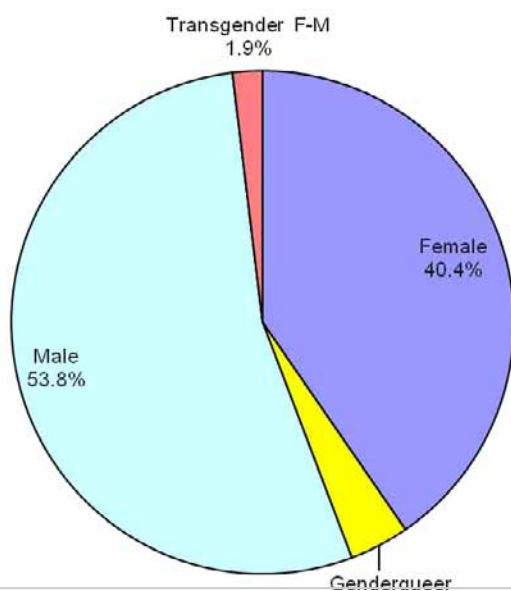
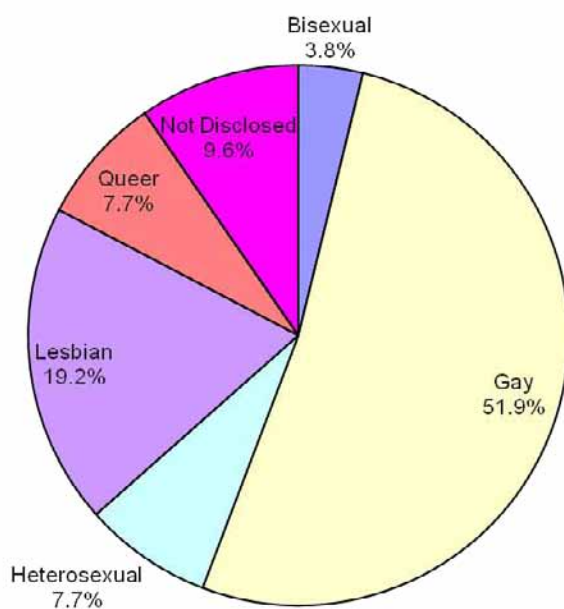
Gay Alliance of the Genesee Valley (continued)

In 2009 the AVP conducted its first comprehensive outreach campaign. The “Report It” campaign included a new brochure, poster, refrigerator magnet and safety whistles. We recruited AVP Street Team volunteers to do street outreach to the community. Volunteers tabled at the Rochester Public Market, local bars, the Pride Parade and other Pride events. Posters and brochures were mailed to all local colleges, police and sheriff's department victims' advocates, and other area victims advocate programs. The Director conducted 11 trainings on working with LGBT victims of violence for area agencies including, Rochester Police Dept, Finger Lakes Sexual Assault Nurse Examiners, the Western New York Coalition for Crime Victims, Planned Parenthood Rape Crisis, and the Monroe County District Attorney's Office. A significant uptick in reports were noted in the months following the launch of the campaign. We have also seen an increase in referrals from agencies where training has taken place. We also conducted an LGBT Safety Needs Assessment in conjunction with the RIT Center for Public Safety Initiatives. We are currently processing the data hoping to learn more about the safety issues and concerns of the local LGBT community. The needs assessment covered general perceived safety, hate violence and discrimination, and domestic violence.

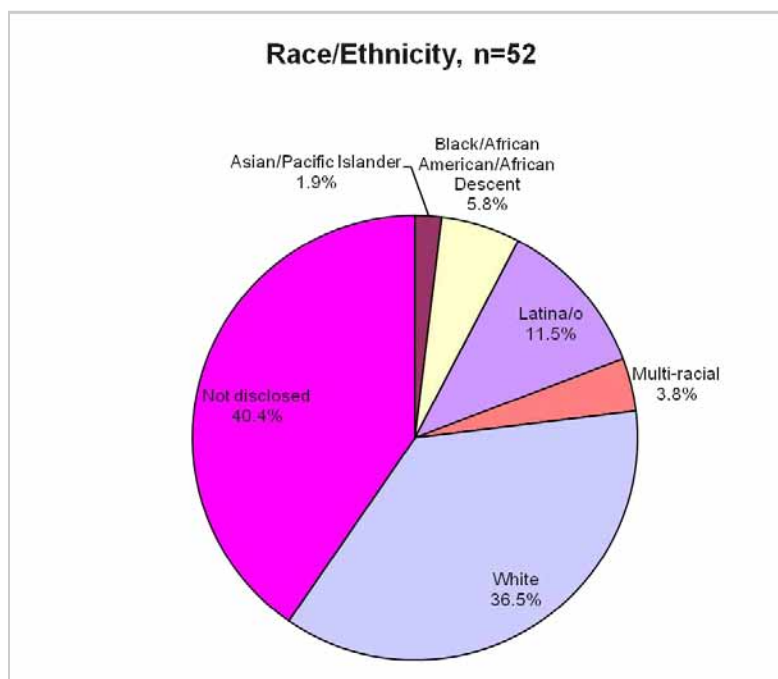
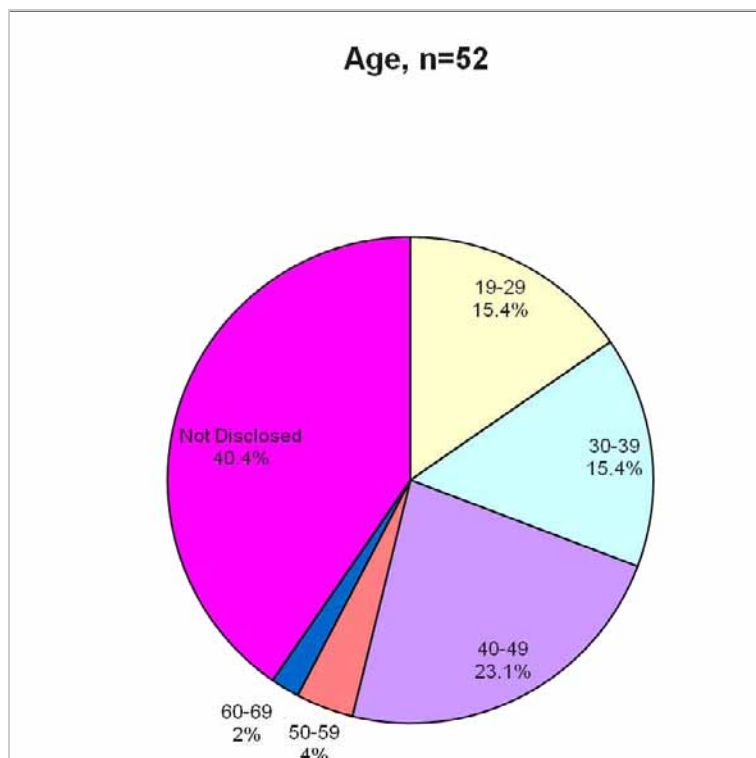
The Network/La Red (Boston, MA)**Gender Identity, n=300****Sexual Orientation, n=300**

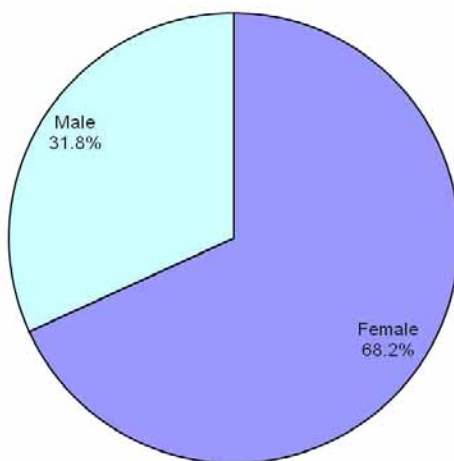
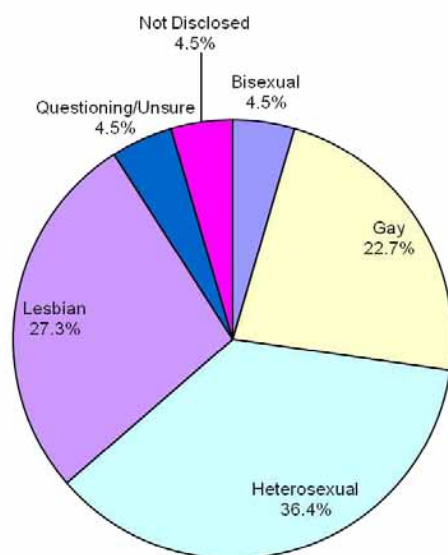
The Network/La Red (continued)

Age, n=300**Race/Ethnicity, n=300**

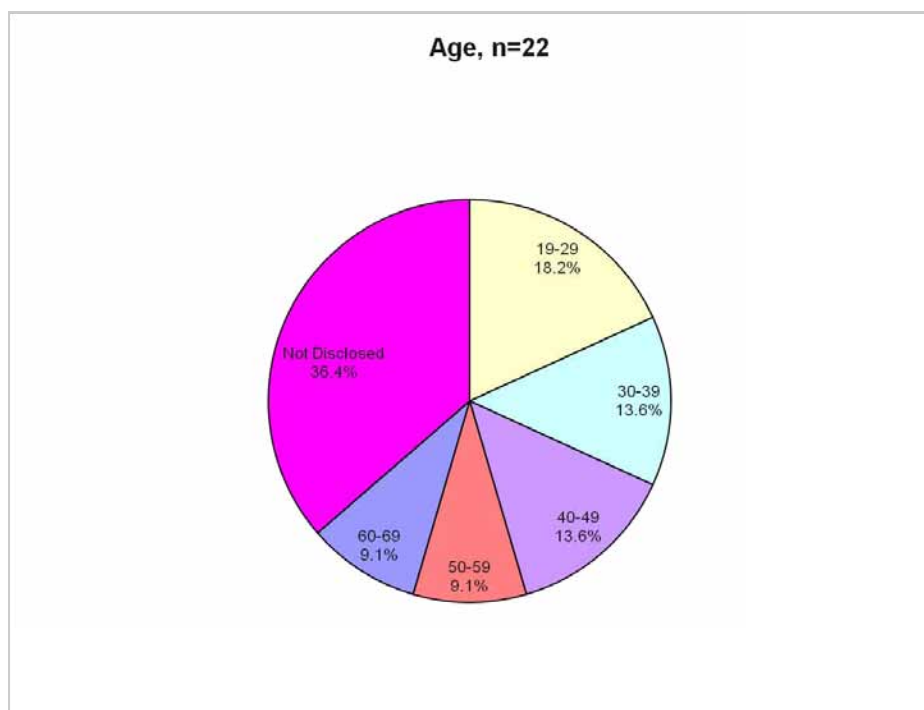
Violence Recovery Program, Fenway Community Health (Boston, MA)**Gender Identity, n=52****Sexual Orientation, n=52**

Violence Recovery Program, Fenway Community Health (continued)



SafeSpace @ R U 1 2? Community Center (Winooski, VT)**Gender Identity, n=22****Sexual Orientation, n=22**

SafeSpace @ R U 1 2? Community Center (continued)



APPENDIX A. NCAVP MEMBER LIST



National Office

New York City Anti-Violence Project
240 West 35th Street, Suite 200
New York, NY 10001
Phone: 212-714-1184
Fax: 212-714-2627

The following member list is current as of October, 2010. The member organizations are listed alphabetically by state or province for ease of reference. If you have corrections, want to learn more about our work, or know of an organization that may be interested in joining NCAVP, please contact **Maryse Mitchell-Brody, National Programs Coordinator, at extension 50, or mmitchell-brody@avp.org.**

Program information is listed as follows:

STATE

City

Organization Name

Focus Areas: DV (Domestic Violence), HV (Hate Violence),
PM (Police Misconduct), SV (Sexual Violence)

Contacts

Address: Street Address, Zip

Phone Numbers

Email

Website

ARIZONA

Tucson

Wingspan Anti-Violence Programs

DV, HV, PM, SV

Oscar Jimenez, AVP Coordinator

Address: 425 E. 7th Street, 85705

Client: (800) 553-9387, (800) 624-0348

Office: (520) 624-1779 OJ x24

Email: ojimenez@wingspan.org

Web: www.wingspan.org

ARKANSAS

Little Rock

***Women's Project/Proyecto Mujeres**

Focus Areas: DV, SV

Address: 2224 Main Street, 72206

Client: (501) 372-5113

Office: (501) 374-4090

Email: karlostena@womens_project.org

Web: www.womens-project.org

CALIFORNIA

San Francisco

Community United Against Violence (CUAV)

DV, HV, PM, SV

Stacy Umezu

Address: 170 A Capp Street, 94410

24 Hour Hotline: (415) 333-HELP

Office: (415) 777-5500, SU x316

Email: stacy@cuav.org

Web: www.cuav.org

Los Angeles

LA Gay & Lesbian Center (LAGLC) - Anti-Violence Project

HV, PM, SV

Jake Finney, Lead Client Advocate

Address: 1625 N. Schrader Blvd., 90028

Client (English): (800) 373-2227

Client (Spanish): (877) 963-4666

Email: jfinney@lagaycenter.org

Web: www.lagaycenter.org

CALIFORNIA (continued)

Los Angeles

LAGLC - Domestic Violence Legal Advocacy Project

DV, SV

Terra Slavin, Lead Staff Attorney

Address: 1625 N. Schrader Blvd., 90028

Office: (323) 993-7649

Toll-free: (888) 928-7233

Email: tslavin@lagaycenter.org

Web: www.lagaycenter.org

Los Angeles

LAGLC - STOP Domestic Violence Program

DV, SV

Susan Holt, Program Manager;

Mary Case, Program Coordinator

Address: 1625 N. Schrader Blvd., 90028

Office: (323) 860-5806

Email: domesticviolence@lagaycenter.org,
mcase@lagaycenter.org

Web: www.lagaycenter.org

San Diego

San Diego LGBT Center

DV

Dr. Diane Pendragon

Address: 2313 El Cajon Blvd, 92104

Client: (619) 260-6380, x107 or x105

Office: (619) 260-6380, DP x109

Email: dpendragon@thecentersd.org

Web: www.thecentersd.org

COLORADO

Denver

Colorado Anti-Violence Program

DV, HV, PM, SV

Crystal Middlestadt, Director of Training and Education

Address: P.O. Box 181085, 80218

Client: (888) 557-4441

Office: (303) 839-5204

Email: crystal@coavp.org

Web: www.coavp.org

FLORIDA

Orlando

***PASSAGE**

DV, HV, SV

Jake Green, Director;

Allison Asbuty, Assistant Director

Address: P.O. Box 141434, 32814

Office: (407) 704-9121

Email: jake@flavp.comWeb: www.flavp.comGEORGIA

Atlanta

United4Safety

DV, SV

Jennifer Thomas, Laura Barton

& Jasmine Williams Murphy (Coordinators)

Address: P.O. Box 29458, 30359

Helpline: (404) 200-5957

Email: united4safety@gmail.comWeb: www.united4safety.orgILLINOIS

Chicago

Center on Halsted Anti-Violence Project

DV, HV, PM, SV

Lisa Gilmore, Director of Education & Victim Advocacy

Address: 3656 North Halsted Street, 60613

24 hr Crisis Line: (773) 871-CARE,

Office: (773) 472-6469, LG x224

Email: lgilmore@centeronhalsted.orgWeb: www.centeronhalsted.org

Chicago

Howard Brown Health Center

DV, HV, SV

Kathleen Young, Psy.D, Coordinator of Trauma Services

Address: 4025 N. Sheridan Road, 60613

Office: (773) 388-1600

Email: kathleen@howardbrown.orgWeb: www.howardbrown.orgKENTUCKY

Louisville

Center for Women and Families

DV, SV

Jessica Underwood, Grants Manager

Address: 4300 West Broadway, 40211

24 hr Crisis Line: (877) 803-7577

Office: (502) 775-6408

Email: junderwood@thecenteronline.orgWeb: thecenteronline.orgLOUISIANA

New Orleans

HIV/AIDS Program, Louisiana Office of Public Health

DV, HV, SV

Jack Carrell, Prevention Program Manager

Address: 1010 Common St, 70112-2401

Office: (504) 568-7474

Email: jcarrell@dhh.louisiana.govWeb: <http://www.dhh.louisiana.gov/offices/page.asp?ID=264&Detail=9035>MASSACHUSETTS

Boston

Fenway Community Health Violence Recovery Program

DV, HV, PM, SV

Kelcie Cooke, Coordinator

Address: 7 Haviland Street, 02115

Intake: (800) 834-3242

Office: (617) 927-6250

Email: kcooke@fenwayhealth.orgWeb: www.fenwayhealth.org

Boston

The Network/La Red

DV, SV

Chai Jindasurat, Director of Education & Organizing

Address: P.O. Box 6011, 02114

Hotline: (617) 423-7233

Office: (617) 695-0877

Email: info@tnlr.orgWeb: www.tnlr.org

MICHIGAN

Detroit

Equality Michigan

HV, PM

Nusrat Ventimiglia, Director of Victims Services

Address: 19641 W. Seven Mile Rd, Detroit, MI, 48219

Client: (877) 787-4264

Office: (313) 537-7000 NV x112

Email: nusrat@equalitymi.org

Web: www.equalitymi.org

MINNESOTA

Minneapolis

OutFront Minnesota

DV, HV, PM, SV

Rebecca Waggoner, AVP Program Manager

Address: 310 East 38th Street, Ste 204, 55409

Hotline: (612) 824-8434

Office: (800) 800-0350, RWK x7656, press 1

Email: rwaggoner@outfront.org

Web: www.outfront.org

MISSOURI**Kansas City Anti-Violence Project**

DV, HV, PM, SV

Beth Savitzky, Executive Director;

Lindsey Moore, Victim Advocate

Address: P.O. Box 411211, Kansas City, MO 64141-1211

Office: (816) 561-0550

Email: beth@kcavp.org, lindsey@kcavp.org

Web: www.kcavp.org

St. Louis

ALIVE

DV, SV

Marissa McCormick, "After Hours" Coordinator

P.O. Box 11201, 63105

Crisis Line: (314) 993-2777

Office: (314) 993-7080

Email: mmccormick@alivestl.org

Web: www.alivestl.org

NEW YORK

New York

New York City Anti-Violence Project

DV, HV, PM, SV

Jarad Ringer, Hate Violence Program Coordinator;

Ivana Chapcakova, Domestic Violence Program Coordinator

Address: 240 W. 35th St. Suite 200, 10001

24 hr (English/ Spanish) hotline: (212) 714-1141,

Office: (212) 714-1184, JR x40, IC x12

Email: jringer@avp.org, ichapcakova@avp.org

Web: www.avp.org

Albany

In Our Own Voices

DV, HV, SV

Tandra LaGrone, Executive Director;

Jasan Ward, Program Coordinator;

Phillip Burse, Program Specialist

245 Lark Street, 12210

Hotline: (518) 432-4341

Office: (518) 432-4188

Email: tlagrone@inourownvoices.org,

jward@inourownvoices.org,

pburse@inourownvoices.org

Web: www.inourownvoices.org

Rochester

Gay Alliance of Genesee Valley

DV, HV, PM, SV

Kelly Clark, Community Safety Director;

Kelly Baumgartner, Victim Advocate

Address: 875 E. Main St., Suite 500, 14605

Office: (585) 244-8640, KC x 17

Email: kellyc@gayalliance.org, kellyb@gayalliance.org

Web: www.gayalliance.org

Bayshore

Long Island Gay and Lesbian Youth

DV, HV, SV

AVP Coordinator

Address: 34 Park Avenue, 11706

Office: (631) 665-2300

Web: www.ligaly.org

OHIO

Cleveland

LGBT Community Center of Greater Cleveland

DV, HV, SV

Mika Major

Address: 6600 Detroit Avenue, 44102

Office: (216) 651-5428, MM x22

Toll-free: (888) 429-8761

Email: mmajor@lgbtcleveland.org

Web: www.lgbtcleveland.org

OHIO (continued)

Columbus

BRAVO (Buckeye Region Anti-Violence Organization)

DV, HV, PM, SV

Gloria McCauley, Executive Director;

Gary Heath, DV Program Coordinator

Address: 870 N. Pearl Street, 43215

Client: (866) 86-BRAVO

Office: (614) 294-7867

Email: gloria@bravo-ohio.org, gary@bravo-ohio.org

Web: www.bravo-ohio.org

ONTARIO

Toronto

The 519 Anti-Violence Programme

DV, HV, PM, SV

Howard Shulman, Coordinator

Address: 519 Church Street,

Toronto, ON, CANADA, M4Y 2C9

Client: (416) 392-6877

Office: (416) 392-6878 HS X117

Email: avp@the519.org

Web: www.the519.org

PENNSYLVANIA

Philadelphia

Equality Advocates Pennsylvania

DV, HV, PM, SV

AVP Coordinator

Address: Chestnut Street, Suite 605, 19107

Office: (215) 731-1447 (client x15)

Web: www.equalitypa.org

QUEBEC

Montreal

Centre de Solidarite Lesbienne

DV, SV

Karol O'Brien, Coordinator

Address: 4126, rue St-Denis, Bureau 301,

Montreal, QC CANADA H2W 2M5

Client: (514) 526-2452

Office: (514) 526-2452

Email: info@solidaritelesbienne.qc.ca

Web: www.solidaritelesbienne.qc.ca

RHODE ISLAND

Providence

Sojourner House

DV, HV, PM, SV

Address: 386 Smith Street, 02908

Office: (401) 658-4334

Web: www.sojourner-house.org

TEXAS

Houston

Montrose Counseling Center

DV, HV, SV

Ann J. Robison, PhD, Executive Director;

Rick Musquiz, LCSW, Program Coordinator;

Sally Huffer, Community Projects Specialist

Address: 401 Branard, 2nd Floor, 77006

Office: (713) 529-0037 AR x 305, RM x 327, SH x324

Email: ajr@montrosecounselingcenter.org,

casemanager2@montrosecounselingcenter.org,

mcc2@montrosecounselingcenter.org

Web: www.montrosecounselingcenter.org

Dallas

Resource Center Dallas, Family Violence Program

DV

Stephanie Nicks, Family Violence Program Coordinator;

CeCe Cox, J.D., Associate Executive Director

Address: PO Box 190869, 75219

Office: (214) 540-4455

Email: snicks@rcdallas.org, ccox@rcdallas.org

Web: www.rcdallas.org

TEXAS (continued)

El Paso

Puentes LGBT

DV, HV, PM, SV

Sam Aguilera; Cesar Campa

Address: 580 Giles Rd, 79915

Office: (915) 526-1350

Email: sam@puenteslgbt.org, ccampa@cafvl.org

Web: www.puenteslgbt.org

VERMONT

Winooski

SafeSpace at the R U 1 2? Community Center

DV, HV, PM, SV

Kara DeLeonardis, Executive Director;

Ann Atkins, Program Director;

Brenda Pitmon, Program Coordinator

Address: P.O. Box 5883, 05402

Client: (866) 869-7341

Office: (802) 863-0003 (V/TTY)

Email: kara@ru12.org, ann@ru12.org,
brenda@ru12.org

Web: www.ru12.org

VIRGINIA

Charlottesville

Virginia Anti-Violence Project

DV, HV, PM, SV

Rachel Smith, Project Director

Postal: P.O. Box 7445, Richmond, VA 23221

In-Person: 1415 Sachem Place, Unit 1, Charlottesville, VA

Office: (804) 925-8287

Email: info@virginiaavp.org

Web: www.virginiaavp.org

WASHINGTON

Seattle

The Northwest Network of Bi, Trans, Lesbian, & Gay Survivors of Abuse

DV, SV

Connie Burk, Executive Director;

Kristin Tucker, Program Manager;

Shannon Perez-Darby, Community Advocate

Address: PO Box 20398, 98102

Office: (206) 568-7777

TTY: (206) 517-9670

Email: connie@nwnetwork.org, kristin@nwnetwork.org,
shannon@nwnetwork.org

Web: www.nwnetwork.org

WASHINGTON, D.C.***(GLOV) Gays and Lesbians Opposing Violence**

HV, PM

Kelly Pickard & Joe Montoni (Co-Chairs)

Address: c/o The DC Center, 1810 14th St, NW, 20009

Office: (202) 682-2245

Email: kelly@glovdc.org, joe@glovdc.org

Web: www.glovdc.org

Washington, D.C.

Rainbow Response Coalition

DV, SV

Amy Loudermilk, Co-Chair

Address: c/o DC Coalition Against Domestic Violence,
5 Thomas Circle NW, 20005

Office: (202) 299-1181

Email: theoc@rainbowresponse.org,
aloudermilk@rainbowresponse.org

Web: www.rainbowresponse.org

Washington, D.C.

WEAVE, Inc. Anti-Violence Project

DV, SV

Morgan Lynn, LGBTQ Program Manager & Staff Attorney

Address: 1111 16th St NW, Suite 200, 20036

Office: (202) 452-9550

Email: morgan@weaveincorp.org

Web: www.weaveincorp.org

WISCONSIN

Milwaukee, WI

Milwaukee LGBT Center Anti-Violence Project

DV, HV, SV

MaryAnn Gorski, AVP Program Coordinator

Address: 315 West Court Street, Suite 101, 53212

Office: (414) 271-2656

Email: mgorski@mkelglt.org

Web: www.mkelglt.org

NATIONAL

Milwaukee, WI

FORGE Sexual Violence Project

SV

Loree Cook-Daniels & michael munson (SVP Coordinators)

Address: PO Box 1272, 53201

Office: (414) 559-2123

Email: loreecd@aol.com, info@forge-forward.org

Web: www.forge-forward.org

Blacklick, OH

***National Leather Association – International Domestic Violence Project**

DV

Bill Reed, Chair

Address: P.O. Box 423, 43004-0423

Email: bigbill01@yahoo.com

Web: www.nlaidvproject.us

APPENDIX B. CONDUCTING AN INTIMATE PARTNER VIOLENCE ASSESSMENT

Modified 09/08 from “Developing Screening Tool” C. Burk, R. Baum et al. 09/00

Consider the following issues in setting the stage for the assessment:

- Where there is IPV in a relationship, both partners do not have equal power to express themselves without fearing repercussion. Therefore it is vitally important that assessments, both for the presence of IPV and to determine the batterer and the survivor, be done with each member of the couple separately from the other and with complete confidentiality. A survivor will not be free to speak in the presence of the abuser for fear of how the abuser will punish him/her later for expressing the truth about his/her experience of abuse in the relationship, and is therefore likely to hide the truth and skew your assessment in order to provide self-protection.
- Engage with both partners until you make a determination, offer limited services and then refer the batterer elsewhere (to another counselor or another provider – depending on the services you provide)
- If another organization assessed the person as the aggressor that is a red flag, follow up on it.
- If law enforcement assessed a person to be the aggressor, flag it but do not use it as part of your overall assessment. The role of law enforcement is to look for the commission of a crime at a point in time, not for a history and pattern of power and control.
- Remember that whoever is talking with you has approached you for help and treat them with respect, regardless of how you assess the situation.
- It is okay to do assessments on the phone, and it is sometimes necessary. However, as soon as there are red flags it becomes more urgent to meet the person so you can observe overall behavior and responses.
- Use the language used by the client (i.e. to refer to his/her partner, his/her role in the relationship, to identify his/her gender and sexual orientation, etc.), but do not buy into attempts to lessen the seriousness of the situation or deflect accountability through the use of language that fails to name the reality of the situation (i.e. primary aggressor, defendant, etc.).
- Develop safety plan for agency staff.
- Develop crisis intervention and referral protocol to be used with assessment for your agency.
- Nurture community responsibility around DV incidence, accountability for survivors, and accountability for batterers.

Doing the assessment:

What you are looking for, questions and issues to cull out in an assessment and red flags:

When listening to your client speak and doing the initial intake interview much of this information is likely to come out. Other things will need to be asked more directly and where you are unsure, ask additional questions.

In hearing your client’s story, taking in their behavior and observing the way he/she interacts with agency staff and volunteers keep three things in mind and use them to filter the information you get.

Context in which the behavior occurred

Motivation of the use of the behavior

Impact on each person (whose life gets smaller)

Also consider:

- Look at dread rather than fear (not only who's afraid a lot but who dreads coming home).
- Look at the way one partner uses the vulnerabilities of the other partner, this will be different for each situation and may not be readily apparent upon first uninformed look
- Examine what happens when each partner exercises autonomy, is it okay or is there a consequence that is dreaded and that makes that person avoid attempting to do these things in the future (i.e. every time there are plans to visit one person's family, her partner gets sick or depressed or moody – does this cause her to dread these consequences and thus not try to make plans to see her family in the future to avoid such circumstances).
- Ask the person you're speaking with how would your partner, your best friend and others describe the relationship and answer these questions?
- Look for non gender-based sources of power that may exist in the relationship
- What is the client's mental health like?
- What is the client's physical health like?
- What is the profession of each person? Is that person using their professional status to claim authority, knowledge or power (i.e. Batterer who is a therapist may be constantly "diagnosing" the victim and claiming to know what abuse isn't and be immune to perpetrating DV)?
- Has either partner used your agencies (or other victim services) before? (as for other names that either partner might have used in the past)
- Look at mood and affect. Is the person making excuses for him/her own behavior, for the behavior of his/her partner? Is the person defensive? Is the person diminutive?
- If the person claims to have used violence before, this is a red flag. Ask more questions.

The idea is to get the answers to as many of these questions as possible. These are things to consider including in your assessment, not necessarily a list of questions to ask. Use questions that look at the types of abuse on the power and control wheel. Ask key questions during your assessment interview in open-ended form whenever possible. Avoid starting questions with "why," as it can sound accusatory.

As you are taking in the information, assess through the lens of **Context, Motivation & Impact**:

- Who lies, when, how, why – what's the goal?
- How do house rules work? What are they?
- Can you visit friends?
- Can you have a relationship with your family?
- How does sex work? When/how/who can initiate?
- How does sleeping work?
- Can you leave when you want?
- How does anger work? Who is allowed to be angry? What happens when you're angry?
- What needs to happen to resolve your anger/your partner's?
- Who expresses guilt/feels guilty? How is this expressed?
- How is mental health history used - including thoughts, actions and threats about suicide?
- Is immigration status used?
- How is race, culture, religion used?
- How is your gender used?
- How is your sexual orientation and how "out" you are used?
- How are vulnerabilities used?
- How do you access health care, etc. when needed?
- Who's working/who's not?

- How do finances work? Who pays the bills? In whose name are bills, the home, the bank account and credit cards? Who makes the decisions about spending money? Who holds the money?
- Who is responsible for supporting the family?
- What happens with kids? What would happen with the kids if you left the relationship?
- What happens with pets? What would happen with the pets if you left the relationship?
- Who has access to the system/information?
- Who does/did the “systems” talk to (police, welfare, INS, etc.) when you interact(ed) with them?
- What would happen if you left the relationship?
- How did you leave the relationship and/or leave to come to this meeting today?
- What’s keeping you in the relationship?
- What happens when you assert yourself or set boundaries?
- How is bad news dealt with?
- Whose choices are getting bigger/smaller?
- What was the first incident you remember?
- What was the most recent incident?
- What types of wounds do you have? (Are they offensive or defensive wounds?)
- Are you in danger of harming yourself or someone else?
- What was the first red flag for you that something might be wrong in the relationship?
- What lead you to reach out for help?
- If the person claims to have a problem with anger management, ask what that means to him/her.
- What would it look like to you if you were away from your partner?
- How has the relationship impacted on each of the partners lives (what changes have happened)?
- What was your family (of origin) like? What was your childhood like?
- What is your definition of abuse?
- What has been the involvement with police and courts so far?
- Have you used violence before? How? What was the nature of it?
- What other providers are you working with?
- What is your/your partner’s immigration status? **(Do not ask this question if you cannot guarantee 100% confidentiality and unconditional services to someone without legal immigration documentation.)**

National Coalition of Anti-Violence Programs Batterer Screening Query	Case Number: _____
	Counselor: _____
	Entered Into Database ____/____/____

BATTERER SCREENING QUERY

Answer each question for both the client and their partner, keeping in mind that the context, as well as the intent of the behavior is being described.

	Client	Partner
Agency (ability to make decisions for oneself):		
Affect/Consequences (of behavior):		
Use of Physical Violence:		
Entitlement (Based on race, education, economic resources, citizenship, etc.):		
Fear/Dread (of being hurt, or of hurting the other):		
Isolation:		

Caller Assessed As: ☐ Victim ☐ Witness ☐ Lover ☐ Friend ☐ Family ☐ Perp/Batterer
☐ Service Provider ☐ Rep. of Institutional ☐ Other (Specify): _____

APPENDIX C. 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 organizations providing services to survivors. 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 in 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 “Not Disclosed”

Much of the information in this report is gathered through calls to member organizations’ hotlines for LGBTQ survivors 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 survivor(s), the abuser(s) or the incident(s) while ensuring survivor safety. Also, 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 for whom demographic elements of their identity is unknown to the member organization, and therefore represented as “not disclosed” in annual NCAVP reports.

Geographical Gaps

There are large areas of the country without an NCAVP member organization. Consequently, there are gaps in geographical areas served by AVP’s, and cases occurring in those regions are missing from this report. Of the 41 programs, only 15 had the necessary staff, technology and funding to appropriately collect the data that is contained in this report for this year. Nonetheless, this report stands as the most comprehensive data reported on domestic/intimate partner violence within the LGBTQ communities.