

A REPORT FROM THE
NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS

LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND HIV-AFFECTED
INTIMATE PARTNER VIOLENCE IN 2014

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MISSION

The National Coalition of Anti-Violence Programs (NCAVP) works to prevent, respond to, and end all forms of violence against and within lesbian, gay, bisexual, transgender, queer, (LGBTQ), and HIV-affected communities. NCAVP is a national coalition of local member programs and affiliate organizations who create systemic and social change. We strive to increase power, safety, and resources through data analysis, policy advocacy, education and technical assistance.

PREFACE

The National Coalition of Anti-Violence Programs (NCAVP) annual reports on lesbian, gay, bisexual, transgender, and queer (LGBTQ) and HIV-affected intimate partner violence (IPV) remain the most comprehensive reports of their kind in the United States. In 2012, with funding from the Arcus Foundation, NCAVP began to deepen our abilities to analyze the data for these reports. For the fourth year in a row, we are releasing national person-level data on LGBTQ and HIV-affected IPV. Person-level data allows NCAVP to assess which LGBTQ and HIV-affected survivors faced disproportionate rates of violence and service discrimination as compared to overall LGBTQ and HIV-affected survivors. NCAVP's reports on LGBTQ and HIV-affected people's experiences with violence remain the seminal source for such information. Our goal is to show the real impacts that violence has on LGBTQ and HIV-affected survivors. NCAVP's recommendations represent what survivors have told us they need, what we have seen as local organizations out in our communities, and what we have learned from both our current and historic work. The recommendations point to service responses, research, and violence prevention needs that we believe are fundamental to achieving safety for all LGBTQ and HIV-affected communities.

In 2014, LGBTQ and IPV fields continued to lead the way for LGBTQ access in public institutions. LGBTQ inclusion within domestic violence programming is setting an important precedent for other areas of social services and systems. The Violence Against Women Act (VAWA) Reauthorization of 2013 created the first federal legislation to protect against discrimination based on sexual orientation and gender identity. In 2014 NCAVP continued to collaborate with other national LGBTQ and HIV advocacy and anti-violence organizations to provide clarity and support to victim services organizations regarding the sexual orientation and gender identity non-discrimination provisions included in the 2013 reauthorization of VAWA and to call for accountability from those charged with the implementation and enforcement of the non-discrimination provisions. The Family Violence Prevention Services Administration within the Department of Health and Human Services has also issued guidance to grantees prohibiting discrimination based on sexual orientation and gender identity. Since these historic wins, LGBTQ and intimate partner violence fields have shown impressive leadership in changing the practices of the IPV field to be inclusive of LGBTQ survivors. NCAVP's 2014 report findings suggest that this hard work may be paying off and creating better outcomes for LGBTQ and HIV-affected survivors.

System responses to LGBTQ and HIV-affected survivors of IPV may be improving; however, current and historic mistrust of law enforcement continued to impact LGBTQ and HIV-affected communities in 2014. This mistrust is evident when reviewing the rates of LGBTQ and HIV-affected IPV survivors who reach out to law enforcement for support when experiencing IPV. In 2014, NCAVP member organizations continued to work to increase options for survivors without solely relying on criminal legal responses, which can be unsafe, re-victimizing, and violent towards LGBTQ and HIV-affected communities. NCAVP's 2014 data shows that 45% of the survivors who reported to NCAVP members did not report the violence they experienced to the police and that significant percentages of survivors continue to report police misconduct and mis-arrest. LGBTQ and HIV-affected communities continued to face violent profiling,

policing, and deportation in 2014, with nearly 316,000 deportations occurring under hostile anti-immigrant programs and policies.

Recognizing the unsafe and hostile environments LGBTQ and HIV-affected communities often face in the criminal legal system, NCAVP began a two year movement building effort in 2014 founded on the belief that those disproportionately impacted by violence are best able to guide efforts to address such violence. The first year of our Movement Building Committee work occurred by utilizing participatory research to collect examples of community-led efforts already underway to address violence in the lives of transgender people, LGBTQ people of color, and LGBTQ youth. The Movement Building Committee work will continue into 2016 and will produce a final report that provides examples of community-led efforts that demonstrate efficacy or promising practices for reducing experiences of violence in the lives of transgender people, LGBTQ people of color, and LGBTQ youth, as well as changing the contexts of such violence. We believe this will support the ongoing efforts of NCAVP's membership to provide responses to violence without relying on a criminal legal system which can re-victimize LGBTQ and HIV-affected survivors of intimate partner violence.

There were positive developments in LGBTQ and HIV-affected rights and protections in the United States and elsewhere in 2014. The right and freedom to marry for same-gender couples increased from 19 states plus Washington, D.C. to 35 in 2014. President Obama signed executive orders in 2014 that provided limited protections for LGBTQ and HIV-affected people in the areas of federal contractor employment discrimination, immigration, and access to healthcare. A number of U.S. cities enacted anti-discrimination laws that benefited local LGBTQ communities. The United Nations (UN) passed a resolution in September 2014, "*Expressing grave concern* at acts of violence and discrimination, in all regions of the world, committed against individuals because of their sexual orientation and gender identity... [and] *welcoming* positive developments at the international, regional and national levels in the fight against violence and discrimination based on sexual orientation and gender identity." However, even though the United States signed on supporting the UN resolution, the Employment Non-Discrimination Act, which would outlaw employment discrimination based on gender identity and sexual orientation, continues to languish in Congress. Additionally, the Runaway and Homeless Youth Act is also stalled in Congress and still fails to contain explicit protections for LGBTQ youth, even though an estimated 40% of homeless youth identify as LGBTQ. While it is important to celebrate victories for the broader LGBTQ movement, it is also imperative that we reflect on the challenges that our communities face and work to create solutions to end violence in all its forms—violence that certainly creates and sustains the conditions within which intimate partner violence against LGBTQ and HIV-affected people can thrive.

The data collection efforts of the Membership of NCAVP do not exist solely for the sake of having data or for data analysis exercises. What is learned when the data is analyzed is used to support NCAVP's mission to increase power, safety, and resources that ultimately lead to systemic and social change.

This report is a testament to the critical work of our membership and a call to our communities and policymakers to join our efforts to build the power and resources needed to end LGBTQ and HIV-affected intimate partner violence, and to create just and equitable communities. We hope that the findings, recommendations, and best practices within this report compel you to action—to join the movement to end LGBTQ and HIV-affected intimate partner violence.

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EXECUTIVE SUMMARY

This report presents the findings of data collected from 16 member organizations of the National Coalition of Anti-Violence Programs (NCAVP) on the experiences of 2,166 lesbian, gay, bisexual, transgender, queer (LGBTQ) and HIV-affected survivors of intimate partner violence (IPV). NCAVP was able to collect more data in almost all categories as compared to previous years, which provided a more detailed understanding of the unique experiences of the LGBTQ and HIV-affected survivors of IPV. From 2013 to 2014, there was a decrease in the number of survivors reporting to NCAVP member organizations as well as LGBTQ IPV related homicides. A decrease in the number of reports of LGBTQ and HIV-affected IPV to NCAVP member programs does not indicate a decrease in the prevalence of IPV in LGBTQ communities nationally. This decrease between 2013 and 2014 follows an increase between 2012 and 2013, and fluctuations in the total number of reports received each year are a normal occurrence from year to year.

Continuing a multi-year trend, men who were killed by their male partners were the most impacted by IPV homicide. Bisexual survivors were more likely to experience sexual violence than those who did not identify as bisexual, which is consistent with the findings from the *NCAVP Lesbian, Gay, Bisexual, Transgender, Queer and HIV-affected IPV in 2013* report, as well as the National Intimate Partner and Sexual Violence Survey (NISVS). Similar to 2013, LGBTQ and HIV-affected people of color were disproportionately affected by IPV and experienced more severe forms of violence. In 2014, NCAVP collected data on socioeconomic status and found that LGBTQ survivors of color were more likely to be on public assistance. These findings demonstrate the importance of an intersectional approach that looks at the impact that poverty and racism, as well as homophobia, biphobia, and transphobia, have on the lives of LGBTQ people and HIV-affected of color.

In 2014, the 16 reporting NCAVP member organizations provided 2,259 services to survivors in the form of safety planning, court monitoring, emergency funds, legal advocacy and other services to survivors of IPV. The 16 member organizations provided an additional 2,229 referrals to help survivors access housing, medical care, counseling and other resources to help survivors with the financial, emotional, and physical stress of an abusive relationship.

KEY FINDINGS

Total Incidents

- NCAVP member organizations received 2,166 reports of IPV and collected information on 15 LGBTQ IPV related homicides.

Survivor and Victim Demographics

- People of color made up slightly more than half of all survivors (51%), which is similar to the demographics of survivors in 2013 (50%).

- There was an increase in the percentage of gay identified survivors from 2013 to 2014 (43% to 49%, respectively). Lesbian survivors accounted for 20% of reports and bisexual survivors accounted for 12% of survivors.
- There was an increase in the percentage of Latin@ identified survivors from 22% in 2013 to 25% in 2014. In contrast, there was a decrease in the percentage of Black/African American identified survivors from 19% in 2013 to 14% in 2014.

Incident Details

- In 2014, physical violence was the most common form of violence that survivors experienced (20%) followed by threats and intimidation (16%) and verbal harassment (15%).
- Of the 371 survivors that reported experiencing bias within their relationships, 38% experienced heterosexist or anti-LGBTQ bias; 15% of survivors experience anti-transgender bias; 11% experienced HIV/AIDs related bias; and 8% experienced anti-immigrant bias.
- There was an increase in the percentage of survivors who reported experiencing IPV to law enforcement from 35% in 2013 to 55% in 2014.
- Two hundred and sixty survivors reported that they sought an order of protection. Of those survivors who sought an order of protection, 85% were successful in receiving them compared to 58% in 2013.
- Of the 167 survivors who sought shelter, 69% received shelter, 21% were denied shelter, and 10% were not sure of the outcome at the time of reporting.

Disproportionate Experiences of Violence

- Transgender people were 1.98 times more likely to experience IPV in public areas and 3.39 times more likely to experience discrimination than people who did not identify as transgender.
- People who identified as bisexual were 2.02 times more likely to experience sexual violence than people who did not identify as bisexual.
- LGBTQ Black/African American survivors were 1.47 times more likely to be injured as a result of IPV than people who did not identify as LGBTQ and Black/African American.
- Undocumented transgender survivors were 3.83 times more likely to experience discrimination and 1.78 times more likely to experience harassment than people who did not identify as transgender and undocumented.

- LGBTQ survivors of color were 3.34 times more likely to be on public assistance than people who did not identify as LGBTQ people of color, and transgender women of color were 8.43 times more likely to be on public assistance than people who did not identify as transgender women of color.
- Survivors on public assistance in 2014 were 3.13 times more likely to experience physical violence and 5.71 times more likely to be injured than survivors who were not on public assistance.

RECOMMENDATIONS IN BRIEF

- Policymakers should ensure that the federal government collects comprehensive and inclusive information on sexual orientation and gender identity whenever demographic data is requested in studies, surveys, and research, including IPV.
- Policymakers, researchers and advocates should ensure that LGBTQ survivors are included in all prevention assessments, including homicide and lethality assessments, and that coordinated community responses include specific and targeted programming for LGBTQ and HIV-affected survivors.
- Policymakers and funders should fund LGBTQ and HIV-affected specific IPV prevention initiatives.
- Policymakers and funders should fund economic empowerment programs targeted at LGBTQ and HIV-affected communities, particularly LGBTQ and HIV-affected communities of color, transgender communities, immigrant communities, and low-income communities.
- Policymakers should enact compassionate, comprehensive immigration reform to reduce barriers for LGBTQ and HIV-affected immigrant survivors of IPV.

INTRODUCTION

Intimate partner violence (IPV) is a serious and too often deadly problem facing lesbian, gay, bisexual, transgender, queer (LGBTQ) and HIV-affected communities. The National Coalition of Anti-Violence Programs (NCAVP) defines IPV as an inclusive term that means: “a pattern of behavior where one intimate partner coerces, dominates, or isolates another intimate partner to maintain power and control over the partner and the relationship.” IPV is sometimes referred to as relationship violence, dating violence, or domestic violence. NCAVP primarily recognizes IPV as pertaining to current or past romantic partners, but also understands that LGBTQ and HIV-affected people can experience violence in a variety of relationships, such as between roommates or family members. Abusive partners may use a myriad of tactics and strategies to exert and maintain control over their partners, including: psychological/emotional abuse, economic abuse, physical abuse, verbal abuse, sexual abuse, cultural abuse, isolation, and intimidation. IPV can occur in short or long-term relationships, with current or past partners, and affects all communities.

Because the IPV movement initially focused on sexism, patriarchy, and the abuse of male power and privilege in the context of heterosexual relationships between cisgender people, our historical understanding of domestic violence largely excluded LGBTQ survivors.¹ Until the late 1980s, there was virtually no research or literature on IPV within the context of LGBTQ relationships.² However, recent research shows that LGBTQ people experience similar, if not higher, rates of IPV compared to their cisgender or heterosexual counterparts.³ The 2010 National Intimate Partner Violence and Sexual Violence

Definitions In This Report

Cisgender: A term used to describe an individual whose self-perception of their gender matches the sex they were assigned at birth.

Gay: A term that describes a person who identifies as a man who is primarily or exclusively attracted to other people who identify as men. It is also sometimes used as an umbrella term to describe LGBTQ communities.

Gender Identity: A term that describes how a person identifies their gender. A person's gender identity may be different than social norms and/or stereotypes of the sex they were assigned at birth. There are a wide range of gender identities and expressions, including identifying as a man, woman, transgender, genderqueer, and/or identifying as gender non-conforming.

Gender Non-Conforming: A term that describes a person whose gender expression is different from the societal expectations based on their assigned sex at birth. This term can refer to a person's gender identity or gender role and refers to someone who falls outside or transcends what is considered to be traditional gender norms for their assigned sex.

Heteronormative: A viewpoint that expresses heterosexuality as a given instead of being one of many possibilities for a person's sexual orientation. Heteronormativity is often expressed subtly where heterosexuality is "accepted" as the default sexuality.

HIV- Affected: A term that describes HIV- positive people, people living with AIDS, partners, friends, lovers, family members, and communities that are impacted by HIV/AIDS.

(Continued on the next page)

¹ Martin, D. (1976). *Battered Wives*. San Francisco, CA: Glide Publications.; Badenes-Ribera, Laura, Dolores Frias-

² *Ibid.*

³ Cannon, Claire, and Frederick Buttell. "Illusion of Inclusion: The Failure of the Gender Paradigm to Account for Intimate Partner Violence in LGBT Relationships." *Partner Abuse* 6.1 (2015): 65-77. Web. 23 Sept. 2015.

Survey (NISVS) found that 44% of lesbian women, 61% of bisexual women, 26% of gay men, and 37% of bisexual men experience IPV at some point in their lives.⁴ The limited research that exists on how IPV affects transgender and gender non-conforming people shows that they experience higher rates of IPV compared to their cisgender counterparts.⁵ Additionally, Dank, Lachman, Zweigm and Yahner (2013) found that LGBT youth are more likely to experience all forms of relationship violence compared to heterosexual or cisgender youth.⁶

Despite this research, IPV within LGBTQ communities has not been integrated into the mainstream narrative on IPV, and only limited culturally specific services exist.⁷ In a 2010 study by NCAVP and the National Center for Victims of Crime that surveyed 648 domestic violence agencies, sexual assault centers, prosecutors' offices, law enforcement agencies, and child victim services, 94% of respondents said they were not serving LGBTQ survivors of IPV and sexual violence.⁸ Additionally, survivors who identified as men were far less likely to be able to access services, particularly domestic violence shelters, due to the heteronormative belief of many shelter providers that IPV is exclusively cisgender men abusing cisgender women.⁹

Transphobia, biphobia, and homophobia, as well as the intersections of race, poverty, class, or ability status, exacerbate the experience of LGBTQ survivors of IPV.¹⁰

Intimate Partner Violence (IPV): a pattern of behavior where one current or past intimate partner coerces, dominates, or isolates another intimate partner to maintain power and control over the partner and the relationship.

Lesbian: A term that describes a person who identifies as a woman who is primarily or exclusively attracted to other people who identify as women.

Queer: A political and sometimes controversial term that some LGBTQ people have reclaimed. Used frequently by younger LGBTQ people, activists, and academics, the term is broadly inclusive, and can refer either to gender identity, sexual orientation or both. It is also sometimes used as an umbrella term to describe LGBTQ communities.

Sexual Orientation: A term that describes a person's physical or emotional attraction to people of a specific gender or multiple genders. It is the culturally defined set of meanings through which people describe their sexual attractions. Sexual orientation is not static and can change over time.

Transgender: An umbrella term used to describe a group of individuals whose gender identity and how it is expressed, to varying degrees, are different than the sex assigned at birth. Transgender identity relates to a person's gender identity.

⁴ Walters, M.L., and M.J. Breiding. "The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation." *National Center for Injury Prevention and Control*. Centers for Disease Control and Prevention, 22 Sept. 2013. Web. 23 Sept. 2015.

⁵ Walker, Julia K. "Investigating Trans People's Vulnerabilities to Intimate Partner Violence/Abuse." *Partner Abuse* 6.1 (2015): 107-25. Langenderfer-Magruder, Lisa, Darren L. Whitfield, N. Eugene Walls, Shanna K. Kattari, and Daniel Ramos. "Experiences of Intimate Partner Violence and Subsequent Police Reporting Among Lesbian, Gay, Bisexual, Transgender, and Queer Adults in Colorado: Comparing Rates of Cisgender and Transgender Victimization." *Journal of Interpersonal Violence* (2014): 1-17.

⁶ Dank, Meredith, Pamela Lachman, Janine M. Zweig, and Jennifer Yahner. "Dating Violence Experiences of Lesbian, Gay, Bisexual, and Transgender Youth." *J Youth Adolescence Journal of Youth and Adolescence* 43 (2013): 846-57.

⁷ Walker, *op. cit.*; Baker et al., *op. cit.*

⁸ National Center for Victims of Crime and NCAVP, *Why It Matters: Rethinking Victim Assistance for Lesbian, Gay, Bisexual, Transgender, and Queer Victims of Hate Violence & Intimate Partner Violence*. <http://www.avp.org/documents/WhyItMatters.pdf>. Retrieved on 10/004/2014.

⁹ *Ibid.*

¹⁰ Walker, *op. cit.*; Badenes-Ribera, et al., *op. cit.*

A 2013 report by the Williams Institute found that 7.6% of lesbian couples, compared to 5.7% of married different-sex couples, are in poverty.¹¹ Black/African American same-sex couples have poverty rates more than twice the rate of different-sex couples.¹² The National Transgender Discrimination Survey found that transgender people experience poverty at twice the national rates and that transgender people of color experience poverty at four times the national rates.¹³ Additionally, 29% of respondents reported harassment by police officers and 19% reported being refused medical care because of their transgender or gender non-conforming identity.

The NCAVP *Lesbian, Gay, Bisexual, Transgender, Queer and HIV-Affected Intimate Partner Violence in 2014* report analyzes the experiences of LGBTQ and HIV-affected IPV survivors who sought services from 16 NCAVP member organizations in 2014. The report contains detailed demographic data on survivors and victims of violence, information on abusive partners, and data on police, medical, and other direct service responses to LGBTQ and HIV-affected survivors. NCAVP aims to highlight which communities are disproportionately impacted by IPV and which LGBTQ and HIV-affected survivors face the highest barriers to accessing support. The 2014 report examines the intersections between LGBTQ and HIV-affected IPV and various forms of oppression that impact LGBTQ and HIV-affected communities, such as homophobia, biphobia, transphobia, racism, ableism, ageism, sexism, classism, anti-immigrant bias, and anti-HIV bias. These forms of oppression create barriers which limit LGBTQ and HIV-affected survivors', and all IPV survivors', access to necessities such as safety planning, crisis intervention, supportive counseling, health care, law enforcement support, legal remedies, and shelter. NCAVP hopes that this information will be used to inform policies and practices on IPV and other forms of violence in order to make them more inclusive and effective in addressing and ending IPV within all LGBTQ and HIV-affected communities. Following the discussion section, the report will recommend policy and funding interventions toward this goal.

¹¹ Badgett, M.V. Lee, Laura E. Durso, and Alyssa Schneebaum. "New Patterns of Poverty in the Lesbian, Gay, and Bisexual Community." The Williams Institute, 1 June 2013. Web. 22 Sept. 2015.

¹² Badgett, et al., *op cit*.

¹³ Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. "Injustice at Every Turn: A Report of the National Transgender Discrimination Survey." : National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011. Web. 22 Sept. 2015

METHODOLOGY

DATA COLLECTION

NCAVP collected data on the experiences of 2,166 LGBTQ and HIV-affected survivors from 16 local NCAVP member organizations in 13 states. Organizations collected this information either directly from survivors or public sources. Survivors contacted LGBTQ and HIV-affected anti-violence programs in person, by calling a program or hotline, filling out surveys, or making a report online. Most NCAVP member programs used NCAVP's *Uniform Incident Reporting Form*¹⁴ to document the demographics of survivors and the details of the violence that occurred. Some organizations have adapted and incorporated the form into other data collection systems.

NCAVP collected both aggregate and person-level data from the 16 local member organizations. Person-level data allowed NCAVP to anonymously analyze multiple variables about one victim or survivor in connection to their specific race, gender, gender identity, sexual orientation, or age subcategory. This allowed NCAVP to identify themes, such as whether or not types of violence varied across LGBTQ and HIV-affected survivors' identities (i.e. "Are transgender women more likely to experience physical violence?"). It also allowed NCAVP to examine the experiences of survivors with multiple intersecting identities, such as LGBTQ youth, trans women of color, and the types of violence and/or law enforcement response that they received (i.e. "Are LGBTQ youth more likely to report to police?").

DATA COMPILATION AND ANALYSIS

All findings sections of the report except for "Disproportionate Experiences of Violence" were created in Excel by aggregating the totals of each category across member organizations. In some instances, survivors were allowed to select more than one answer to a question so as to best represent their identities and experiences. For example, NCAVP allowed individuals to select more than one category when identifying their gender. The n-value represents the number of responses, rather than number of respondents for each question, with unknowns or undisclosed responses removed unless stated otherwise. Thus all aggregate percentages presenting on survivor and abusive partner demographics and incident information have unknowns removed unless stated otherwise.

The person level data was originally placed into Excel and then imported into STATA. From there, odds ratios were created using the "logistic" command. Only two variables were included in each equation, the dependent and independent variables. Additional variables, or covariates, were not held constant, thus all observations in the "Disproportionate Experiences of Violence" section could be skewed or biased by additional factors. NCAVP selected statistics for publication based upon their relevance and statistical

¹⁴ See Appendix *NCAVP Uniform Incident Reporting Form*

significance either at the 0.1, 0.05, or 0.01 levels. Statistics were disregarded as insignificant if the *n*-value for the sample was less than 100. This ensures the data being analyzed is suitable for analysis and approximation using the normal curve.

Additional data not included in the report may be available upon request by contacting NCAVP. In order to protect survivor anonymity, not all information will be available to the public.

LIMITATIONS OF THE FINDINGS

This report uses a convenience sample of LGBTQ and HIV-affected survivors of IPV who sought support from NCAVP member programs as well as information collected from public records. Since NCAVP only measures data collected from individuals who self-reported and from other public sources, the information presented is not representative of all LGBTQ and HIV-affected survivors of IPV in the United States. NCAVP's data may particularly omit populations such as incarcerated people, people in rural communities, people who may not know about their local NCAVP member organization, people where the closest NCAVP member organization is too far away to reach, people who are not out as LGBTQ or living with HIV, people who are not comfortable with reporting, and people who face other barriers to accessing services or reporting. Therefore, while the information contained in this report provides a detailed picture of the individual survivors who reported to NCAVP member programs, it cannot and should not be extrapolated to represent the overall LGBTQ and HIV-affected communities in the United States.

NCAVP members' capacity for data collection varied based upon the programs' resources, staffing, available technology, and other factors. These considerations resulted in some programs submitting partial information in some categories which creates incomplete and dissimilar amounts of data for different variables within the 2014 data set. Moreover, because of the nature of crisis intervention and direct service work that is done as data is collected through NCAVP's *IPV Uniform Incident Reporting Form*, missing values are often common. Missing values do not affect the accuracy of the data and data analysis, as long as individuals are omitting information at random. This can, however, affect the accuracy of the data if certain IPV survivors are uncomfortable with disclosing information on race, gender identity, or other characteristics because they belong to a specific subcategory of interest (i.e. if gender nonconforming individuals consistently left their gender identity blank) and therefore are not omitting information at random.

Bias can also be introduced if individuals who completed the incident forms had different definitions and protocols for the same categories. These variations can exist between staff at the same program or staff at different organizations. In addition, not all NCAVP member organizations can collect data in the same way. NCAVP member organizations receive instructions on data collection and technical assistance to help ensure that data is both accurate and reliable. Some NCAVP members have more capacity (i.e., staff, volunteers, time) to collect aggregate and person-level data, as well as conduct outreach to educate and inform LGBTQ and HIV-affected survivors of their services, thereby increasing reporting. Some

organizations have less capacity and are unable to submit both aggregate and person-level data. This disparity reflects the historic lack of funding, resources and capacity-building for LGBTQ and HIV-specific organizations, particularly those outside of urban areas. NCAVP is working to increase the capacity to report for all member programs throughout the United States and to increase funding and capacity-building support for these programs. NCAVP's efforts to improve and increase data collection among member programs and affiliates remain an ongoing process. Despite these limitations, this report contains some of the most detailed and comprehensive data on LGBTQ and HIV-affected intimate partner violence nationally.

FINDINGS

NCAVP's 2014 findings are based on analyzing aggregate and person-level data from reporting members. The findings include information on survivor demographics, incident details, most impacted identities, information about abusive partners, data on access to services for LGBTQ and HIV-affected IPV survivors, and information on police response to LGBTQ and HIV-affected specific IPV. This data can help us identify key gaps in survivor's access to support and trends in LGBTQ and HIV-affected survivor demographics over time.

In 2014, NCAVP member organizations received 2,166 reports of IPV, a 20% decrease from 2013 (2,697).

IPV-RELATED HOMICIDES

NCAVP documented 15 IPV related homicides in 2014.¹⁵ This is a decrease from the 21 homicides that NCAVP documented in 2013. Two of the homicides were also counted in the *Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-Affected Hate Violence in 2014* report as these cases constituted a complex interplay of family violence and hate violence.¹⁶

It is difficult for NCAVP to assert victims racial, ethnic, gender or sexual orientation identities given the difficulty of finding accurate information on these identities in the media and other reports. NCAVP is cautious to report this information so as not to misidentify victims. However, NCAVP will report identity information when it has been confirmed. Of the 15 homicides reported in 2015, 1 victim was White, 1 victim was Asian, 2 victims were Black/African American, 1 victim was Latin@, and 11 victims' racial or ethnic identities were not confirmed. Eight (53%) of the victims were cisgender men, 7 of whom were killed by their current or former male partners and one was killed by his partner's mother. Four of the victims were cisgender women, 1 was a transgender woman, and 2 of the victims' gender identities are unknown. Given that NCAVP reports and other research shows a disproportionate impact of IPV on LGBTQ survivors of color and bisexual survivors, NCAVP hopes to find better ways to collect data on the racial, ethnic, gender, and sexual orientation identities of homicide victims in way that provides accurate information and honors victims in all of their identities.

¹⁵ Detailed information on each homicide in *Homicide Narratives*.

¹⁶ NCAVP (2015) *Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-Affected Hate Violence in 2014*. New York, NY: Author

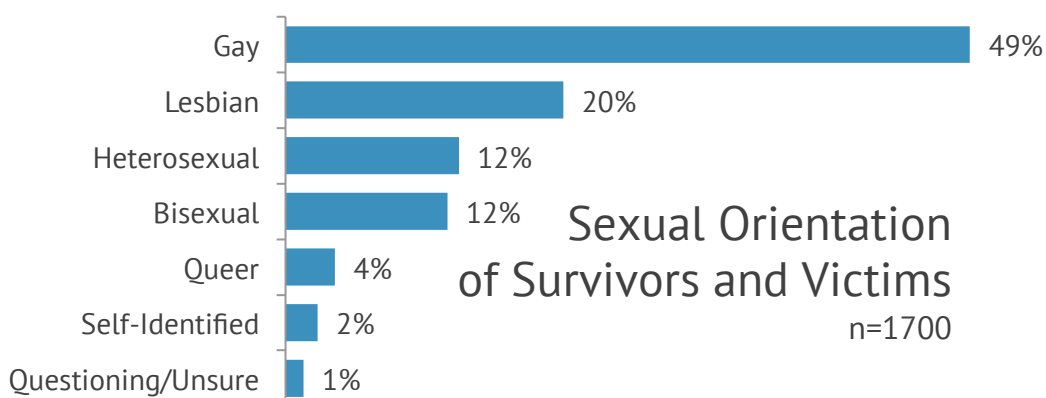
TOTAL SURVIVOR AND VICTIM DEMOGRAPHICS

The data in the following section describes the many identities of LGBTQ and HIV-affected IPV survivors in 2014. LGBTQ and HIV affected people often have several intersecting identities, such as their racial identity, gender identity, socio-economic status, immigration status, HIV-status, age, and ability. In this section NCAVP examines the identities of LGBTQ survivors who sought assistance from NCAVP programs, thus allowing NCAVP to better understand the diversity of LGBTQ IPV survivors in 2014.

Gender Identity and Sexual Orientation

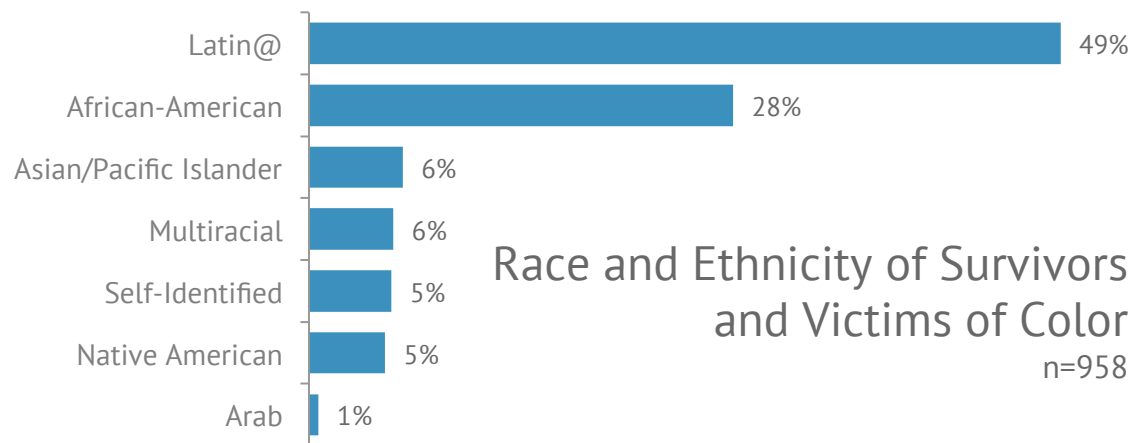
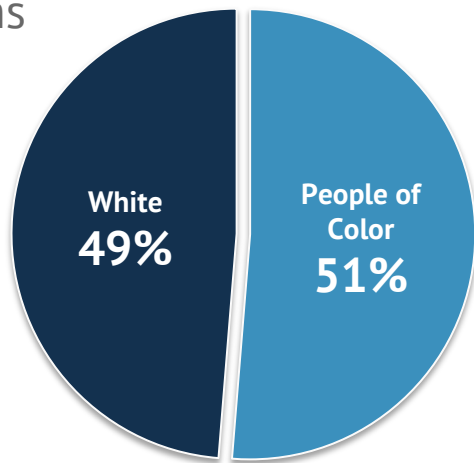
In 2014, the majority of survivors identified as men (29%) or women (24%). There was a large increase in cisgender survivors, from 16% in 2013 to 40% in 2014. This is most likely due to more accurate reporting on cisgender identity rather than an actual increase in the number of cisgender survivors seeking services from member organizations. Transgender identified survivors made up 7% of responses, which is a decrease from 10% of survivors in 2013.

Of the 1,700 survivors whose sexual orientation is known, nearly half of all survivors identified as gay (49%), followed by survivors identifying as lesbian (20%). There was a decrease in the percentage of survivors who identified as lesbian from 24% in 2013 to 20% in 2014. Additionally, there was an increase in the percentage of survivors who identified as gay from 43% in 2013 to 49% in 2014. In 2014, other survivors identified as bisexual (12%), heterosexual (12%), or queer (4%). About 4% of survivors self-identified or identified as questioning.



Race and Ethnicity of Survivors and Victims

n=1868



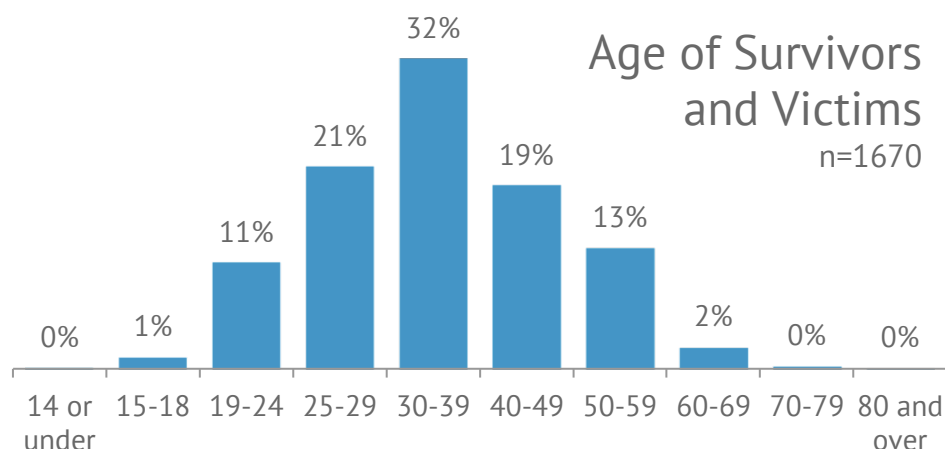
Race and Ethnicity of Survivors and Victims of Color
n=958

Race and Ethnicity

Survivors were able to choose more than one racial or ethnic identity in order to best represent the identities they held. Nearly half of all survivors identified as white (49%) and slightly more identified as a person of color (51%). Of survivors of color, the majority identified as Latin@ (52%) and African-American (30%). The percentage of survivors who identified as Latina@ increased from 22% in 2013 to 25% in 2014. In contrast, the percentage of survivors who identified as African-American decreased from 19% in 2013 to 14% in 2014. Other survivors identified as Asian/Pacific Islander (3%), multiracial (3%), Native American (3%), or Arab/Middle Eastern (<1%).

Age

The majority of survivors were between the ages of 19 to 39 (64%). From 2013 to 2014, there was a decrease in the percentage of survivors between the ages of 19 to 29 (37% to 32%, respectively). In contrast, there was an increase in the percentage of survivors between the ages of 30 to 39 from 25% in 2013 to 32% in 2014.

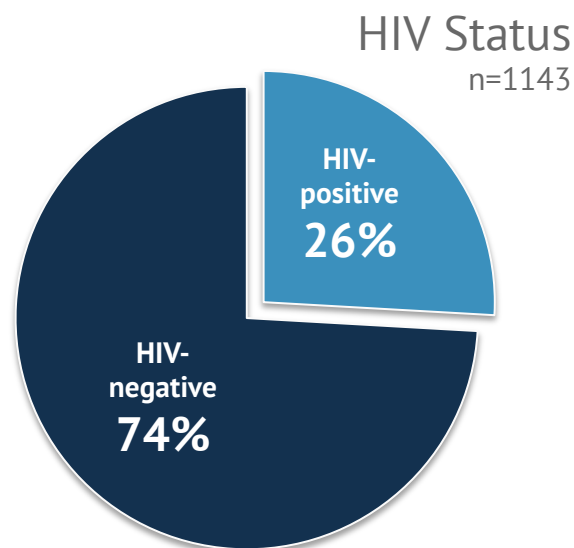


Immigration Status

In 2014, NCAVP was able to collect more data from survivors on immigration status than in previous years. NCAVP gathered data on immigration status from 1,493 survivors in 2014 compared to 752 survivors in 2013. Despite this increase in reporting immigration status, NCAVP members saw a decrease in the percentage of survivors that are undocumented from 8% in 2013 to 6% in 2014. About 3% of survivors were permanent residents and 4% reported their immigration status as “other”. The majority of survivors were American citizens (87%).

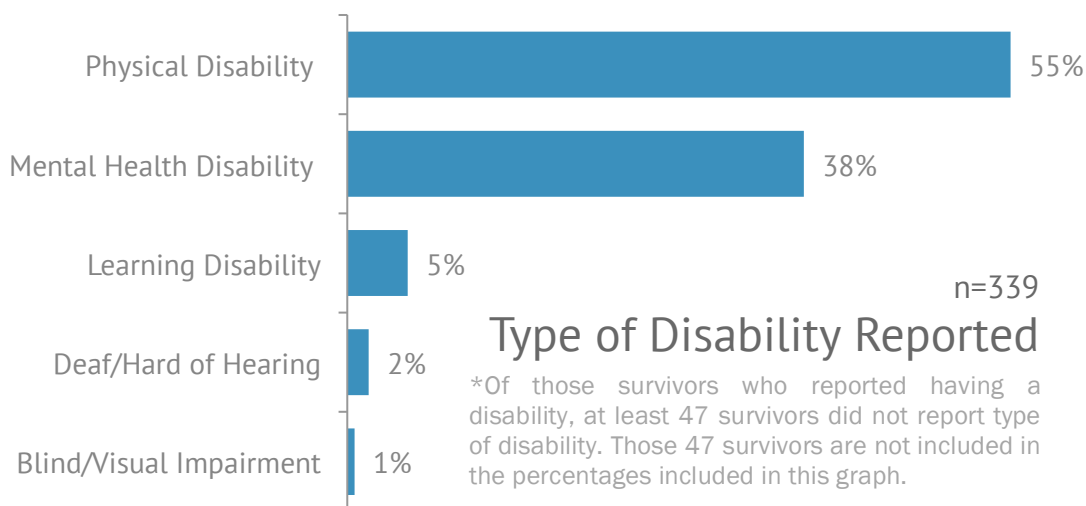
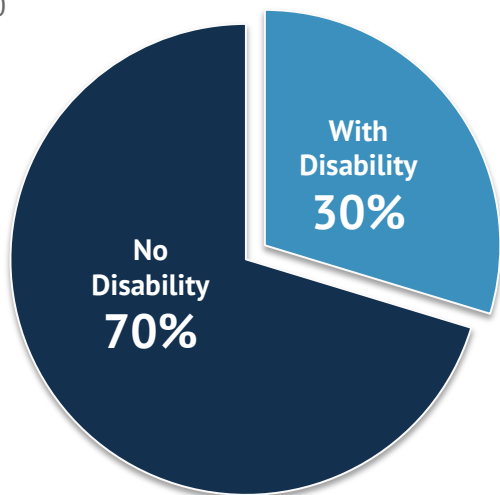
HIV Status

More survivors disclosed information on their HIV status in 2014 (n=1143) compared to 2013 (n=886). Despite this increase in reporting, there was a decrease in the percentage of survivors who disclosed that they are HIV positive from 31% in 2013 to 26% in 2014.



Survivors Reporting a Disability

n=1300

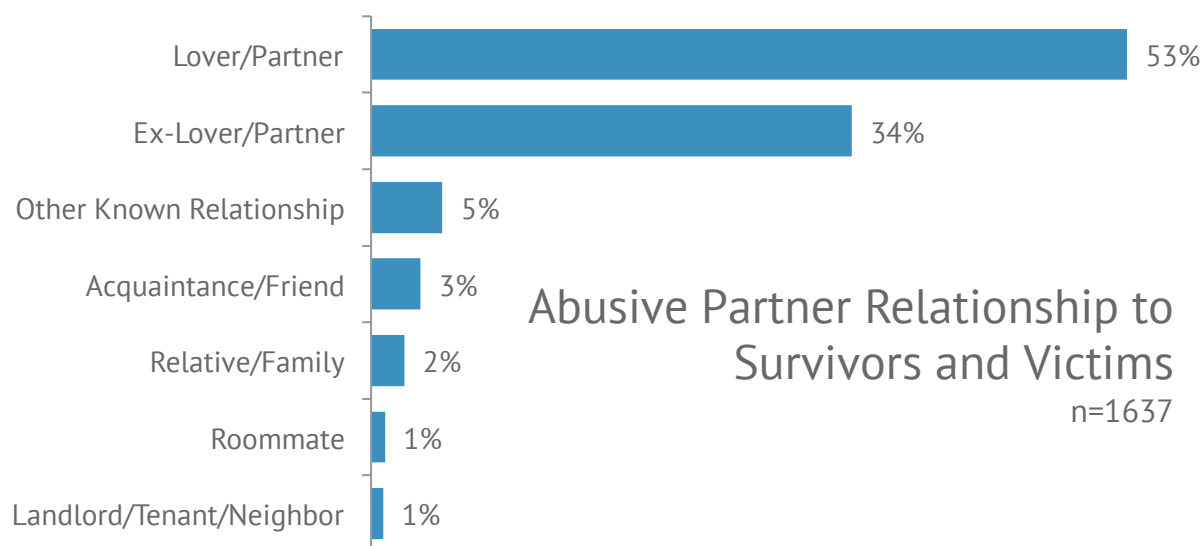


Disability Status

In 2014, 60% (n=1300) of survivors disclosed information on disabilities, and 30% of those who disclosed this information had one or more disability. The majority of these survivors reported having a physical disability (55%) followed by a mental health related disability (38%). Additionally, 5% of survivors reported having learning disabilities, 2% reported hearing disabilities, and less than one percent reported visual disabilities.

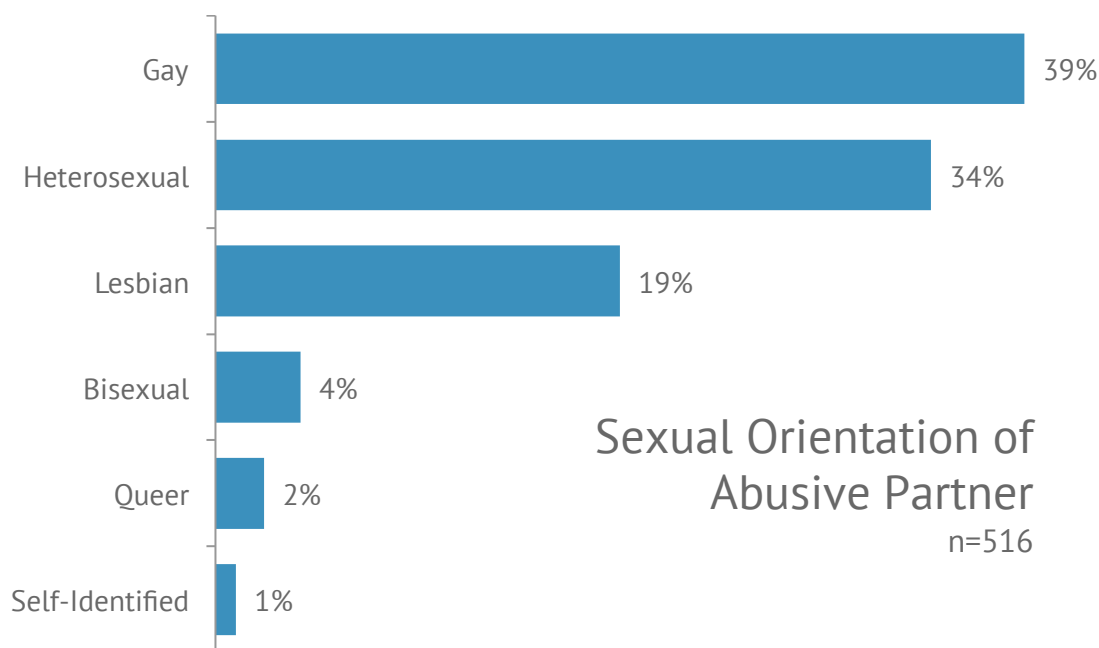
INCIDENT DETAILS

This section provides data and analysis on the demographics of identified abusive partners, dynamics of relationships between survivors and their abusive partners, and survivors' experiences with injury and efforts to access safety, services, and support.



Abusive Partner and Survivor Relationship

NCAVP member organizations work with survivors who experience violence in many different types of relationships such as romantic or sexual relationships, family members, friends, or roommates. Out of the 1,637 instances where the relationship of the abuser to the survivor was known, the majority of instances were perpetrated by a lover or partner (53%). The second most frequently reported relationship was an ex-lover or partner (34%). Other types of relationships include acquaintance/friend (3%) and relative/family (2%).



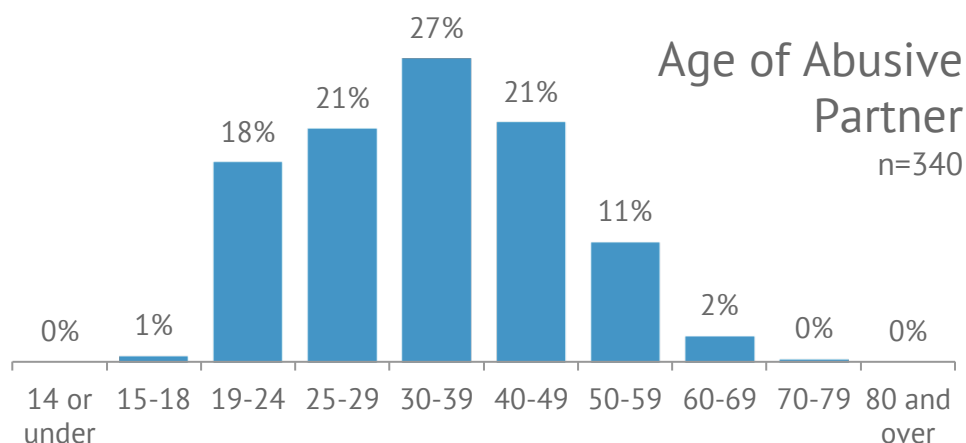
Sexual Orientation and Gender of Abusive Partners

In 2014, the majority of survivors reported that their abusive partner identified as gay (39%). There was an increase in the percentage of survivors who reported that their partner identified as heterosexual from 27% in 2013 to 34% in 2014. There was a substantial decrease from 2013 to 2014 in the percentage of survivors who reported that their abusive partner identified as lesbian (27% to 19%, respectively).

In terms of abusive partners' reported gender identity, of the 1,569 responses, 47% reported that their partners identified cis-gender, 37% identified as men and 15% identified as women. Less than 1% of abusive partners identified as transgender. It is important to note that survivors can choose more than one gender identity for their abusive partners, so there may be overlap between the categories.

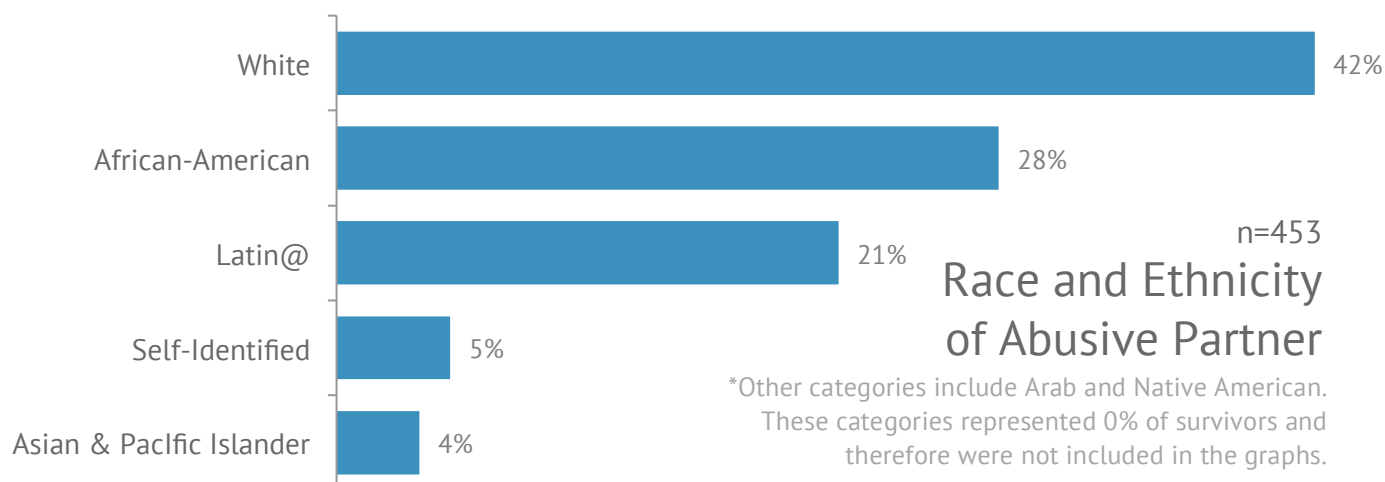
Age of Abusive Partners

Of the 340 incidents in which the abusive partner's age is known, 38% of abusive partners were between the ages of 19-29 and 27% of abusive partners were between the ages of 30-39. From 2013 to 2014, there was an increase in the percentage of abusive partners between the ages of 40-49 (16% to 21%, respectively).



Racial and Ethnic Identity of Abusive Partners

In 2014, the majority of survivors reported that their abusive partners were white (42%) followed by African-American (28%) and Latin@ (21%). Around 4% of abusive partners were Asian or Pacific Islander, an increase from 1% in 2013. Less than 2% of survivors reported that their partners were Middle Eastern/Arab or Native American.



Types of IPV

Abusive partners use a variety of tactics to assert power and control within intimate relationships, ranging from threats to homicide. Physical violence (20%) was the most common form of violence that survivors reported experiencing followed by threats and intimidation (16%) and verbal harassment (15%). About 4% of survivors reported experiencing sexual violence. Of the cases in which we knew whether drugs or alcohol were involved, 726 cases, 50% involved drugs or alcohol.

Survivors with marginalized identities experience unique forms of violence as abusers may use these identities as a tool for power and control within an abusive relationship.¹⁷ Out of the 371 survivors that reported experiencing bias within their relationships, 38% experienced heterosexist or anti-LGBTQ bias. A higher percentage of survivors experienced anti-immigrant bias in 2014 (8%) than in 2013 (2%). Additionally, 15% of survivors experienced anti-transgender bias and 11% of survivors experienced HIV/AIDS related bias.

Weapon Involved, Injury, and Medical Attention

Of the 1,508 who reported whether or not a weapon was involved, 11% of incidents involved a weapon. Of the 1,567 survivors who disclosed whether or not they were physically injured as a result of IPV, 25% of survivors reported experiencing an injury, which is down from nearly 39% in 2013. Two hundred and seventy one survivors sought medical attention as a result of IPV. Of these survivors, 54% went to an outpatient clinic or emergency room and 19% were hospitalized.

Survivors Interactions with Police

Of the 967 survivors who disclosed whether or not they made a report to law enforcement, 55% of survivors made a report, an increase from 35% of survivors who reported to police in 2013. Of the 250 incidents where survivors' perceptions of police behavior are known, 54% reported that the police were courteous, 32% reported that they were indifferent, and 14% reported that they were hostile. Thirty seven survivors reported that police used slurs or bias language and 20 survivors reported that police were verbally abusive. Fifteen survivors were arrested, nine survivors reported experiencing physical violence, and one survivor reported sexual violence by police. Of the 334 incidents in which the police took an IPV complaint from survivors, slightly more than half (54%) of the incidents resulted in the police arresting the abusive partner.

¹⁷ Calton, J. M., L. B. Cattaneo, and K. T. Gebhard. "Barriers to Help Seeking for Lesbian, Gay, Bisexual, Transgender, and Queer Survivors of Intimate Partner Violence." *Trauma, Violence, & Abuse* (2015): 1-16. Print.

Accessing Protective Orders and Shelter

Of the 1,076 survivors who reported information on whether or not they sought a protective order, 24% survivors sought an order of protection compared to 17% of survivors in 2013. Of those 260 individuals who sought protective orders, 58% were successful in receiving them.

One hundred and sixty seven survivors sought access to a shelter or other emergency housing in 2014. Of those 167 survivors, 69% received shelter, 21% were denied shelter, and 10% were not sure of the outcome at the time of reporting. Of the 35 individuals that were denied access to shelter, 7 reported it was due to their gender identity, 5 reported were unsure why they were denied, and 23 stated “other” as the reason for their denial.

Services Provided by NCAVP Member Organizations

NCAVP member organizations provide a wide array of services to survivors, such as legal advocacy, accompanying survivors to court or the hospital, shelter/housing, safety planning, and counseling. In 2014, member organizations provided 2,259 services to survivors in the form of safety planning, court monitoring, emergency funds, legal advocacy, and other services. Member organizations provided an additional 2,229 referrals to help survivors access housing, medical care, counseling, and other resources to help survivors with the financial, emotional, and physical stress of an abusive relationship.

DISPROPORTIONATE EXPERIENCES OF VIOLENCE

NCAVP's person-level data allows us to highlight the survivors that are disproportionately impacted by various forms of IPV and which LGBTQ and HIV-affected survivors experienced the highest barriers to support. This year's data suggests that LGBTQ and HIV-affected survivors who identify as people of color, transgender, bisexual, undocumented, and who may be on public assistance reported disproportionate experiences of IPV as compared to overall LGBTQ and HIV-affected IPV survivors.

GENDER IDENTITY

Transgender survivors were more likely to experience discrimination and intimate partner violence in public areas. Transgender people were 1.98 times more likely to experience IPV in public areas and 3.39 times more likely to experience discrimination than people who did not identify as transgender.

Transgender women were more likely to experience discrimination and intimate partner violence in public areas. Transgender women were 3.82 times more likely to experience discrimination and 3.16 times more likely to experience IPV in public areas than people who did not identify as transgender women.

Transgender people of color were more likely to experience discrimination and intimate partner violence in public areas. Transgender people of color were 2.38 times more likely to experience discrimination and 3.69 times more likely to experience IPV in public areas than people who did not identify as transgender people of color.

Sexual Orientation

Bisexual survivors were more likely to experience sexual violence. People who identified as bisexual were 2.02 times more likely to experience sexual violence than people who did not identify as bisexual.

Race and Ethnicity

LGBTQ Black/African American Survivors were more likely to experience physical violence. LGBTQ Black/African American Survivors were 1.89 times more likely to experience physical violence than people who did not identify as LGBTQ and Black/African American.

LGBTQ Black/African American survivors were more likely to be injured as a result of IPV. LGBTQ Black/African American survivors were 1.47 times more likely to be injured as a result of IPV than people who did not identify as LGBTQ and Black/African American.

LGBTQ Latin@ survivors were more likely to experience threats as a form of IPV. Latin@ survivors were 1.59 times more likely to experience threats than people who were not Latin@.

LGBTQ White survivors were more likely to experience sexual violence. White survivors were 2.19 times more likely to experience sexual violence than people who were not White.

Immigration Status

Undocumented transgender survivors were more likely to experience discrimination and harassment. Undocumented transgender survivors were 3.83 times more likely to experience discrimination and 1.78 times more likely to experience harassment than people who did not identify as transgender and undocumented.

Public Assistance

LGBTQ survivors of color and transgender women of color survivors were more likely to be on public assistance. LGBTQ survivors of color were 3.34 times more likely to be on public assistance than people who did not identify as LGBTQ people of color. Transgender women of color were 8.43 times more likely to be on public assistance than people who did not identify as transgender women of color.

Survivors on public assistance were more likely to experience physical IPV and more likely to be injured. Survivors on public assistance in 2014 were 3.13 times more likely to experience physical violence and 5.71 times more likely to be injured than survivors who were not on public assistance.

DISCUSSION

NCAVP's Discussion Section examines potential theories for the highlighted findings from the 2014 data, with contextual information from other literature and anecdotal information from the field. The Discussion Section only includes discussion on statistically significant findings from the 2014 dataset, which does not include critical information and subpopulations that are not represented in the 2014 reports. This in no way makes violence uniquely experienced by communities not represented in 2014 reports from NCAVP member organizations any less severe or dangerous. In particular, IPV against transgender men and LGBTQ and HIV-affected youth is not well represented in 2014 reports from NCAVP member programs. This highlights reporting and access barriers for transgender men and LGBTQ and HIV-affected youth, rather than a lack of severity of IPV against these communities.

Decrease in Reports of Intimate Partner Violence

NCAVP recorded a 20% decrease in the number of IPV reports to NCAVP members between 2013 and 2014. A decrease in the number of reports of LGBTQ and HIV-affected IPV to NCAVP member programs does not indicate a decrease in the prevalence of IPV nationally. This decrease between 2013 and 2014 follows an increase between 2012 and 2013, and fluctuations in the total number of reports received each year are a normal occurrence from year to year. Two fewer reporting members contributed to the report in 2014 compared to 2013 (Trans Pride Initiative and the Lodge in Miami); however, their data sets were not large enough in previous years to contribute to a significant decrease in 2014. Certain NCAVP member programs which saw a decrease attributed the decrease in their area to less visibility for their organization due to staffing changes, including OutFront Minnesota, the New York City Anti-Violence Project, and Community United Against Violence in San Francisco.

While NCAVP saw a decrease in reports in 2014, this data remains some of the most comprehensive data available and includes reports of LGBTQ and HIV-affected IPV which may not have been reported to the police. Common sources of data on self-reported experiences of violence come from data collected from law enforcement agencies; however, LGBTQ and HIV-affected survivors have historically been fearful of contacting the police. Trends in data on police reporting are discussed later in this discussion section. Some research indicates that transgender IPV survivors in particular fear reporting incidents of IPV due to the high likelihood of re-victimization by direct service providers, and studies have also shown that gay men fear experiencing discrimination when seeking support leading them to report IPV less frequently.¹⁸ LGBTQ and HIV-affected anti-violence programs offer a unique resource to address these barriers for LGBTQ and HIV-affected IPV survivors. These programs create safer ways for survivors to report IPV and seek assistance without fear of re-victimization based on sexual orientation, gender identity or HIV status and also advocate for LGBTQ and HIV-affected IPV survivors who have experienced discrimination from other first responders when seeking support. However, these programs only exist in slightly more than half the states in the United States. This report, and the level of violence that LGBTQ and HIV-affected people experience in their intimate partnerships, demonstrate the need for LGBTQ-specific service providers in every state.

¹⁸ Davidson, Meghan M. and Alysondra Duke. "Same-Sex Intimate Partner Violence: Lesbian, Gay, and Bisexual Affirmative Outreach and Advocacy." *Journal of Aggression, Maltreatment & Trauma*. 18: 795-816, 2009.

Disproportionate Impact of Homicide Against Gay, Bisexual, and Queer Men

In 2014, a large majority of the IPV homicide victims were men, which continues to be a multi-year trend. Since 2011, cisgender men who have been killed by their male partners have been the most impacted by fatal incidents of IPV. Because very few IPV services are designed for gay, bisexual, and queer men, they may view IPV services as inaccessible. This barrier may put gay, bisexual, and queer men at a higher risk of homicide as they are not able to access resources to help them safely leave abusive relationships. IPV experienced by gay, bisexual, and queer men has historically been under-recognized by traditional violence response systems, including law enforcement, court systems, and social services systems. Access to sex segregated IPV services such as shelters in particular is a major barrier as many any domestic violence shelters only serve cisgender women. Domestic violence shelters can be a critical service for many survivors of IPV, yet men continue to be denied access to them as life-saving resources. While legislation such as the VAWA compels VAWA-funded shelters to provide services to men, this problem will likely persist.

Several studies have shown that the rates of IPV for gay and bisexual men are similar, if not higher, than those for heterosexual relationships. Recent studies have highlighted significant rates of IPV for gay and bisexual men, ranging between 26.9% and 44.6% for gay men, and between 19.6% and 57.1% for bisexual men.¹⁹ A study on men who have sex with men in urban areas concluded that MSM experience significantly higher rates of IPV as compared to their heterosexual counterparts, while also potentially experiencing more abuse in comparison to heterosexual women.²⁰ A study that focused on IPV among gay and bisexual men found that of the 817 men sampled (all of which identified as MSM), over a third had experienced intimate partner abuse and close to a fifth (19.2%) had experienced physical violence. In 2013, the Centers for Disease Control and Prevention released the findings from a 2010 national survey showing that 26% of gay men have experienced physical violence, stalking, or rape as a result of IPV.²¹

Despite this, there is still a lack of understanding of how LGBTQ and HIV-affected communities are uniquely impacted by IPV. Anti-LGBTQ and HIV affected bias in society may make gay, bisexual, and queer men remain silent about IPV in order to prevent further stigma and negative views about their relationships

¹⁹ Goldberg, N. & Meyer, I. (2013) Sexual Orientation Disparities in History of Intimate Partner Violence: Results from the California Health Interview Survey. *Journal of Interpersonal Violence*, 28(5), 1109-1118. Freedner, N., Freed, L.H., Yang, Y.W., & Austin, S.B. (2002). Dating Violence among Gay, Lesbian, and Bisexual Adolescents: Results from a Community Survey. *Journal of Adolescent Health*, 31(6), 469-474. Balsam, K.F. (2001). Nowhere to Hide: Lesbian Battering, Homophobia, and Minority Stress. *Women & Therapy*, 23(3), 25-37.

²⁰ Greenwood, G. L., M. V. Relf, B. Huang, L. M. Pollack, J. A. Canchola, and J. A. Catania. "Battering Victimization Among a Probability-Based Sample of Men Who Have Sex With Men." *American Journal of Public Health* 92.12 (2002): 1964-969. Print.

²¹ Walters, M.L., Chen J., & Breiding, M.J. (2013). op. cit.

in society. Gay and bisexual men may be more likely to create and reach out to informal networks of support, such as family and friends, rather than reaching to more formal resources or services. Formal and trained support, such as medical providers, law enforcement, counselors, shelter providers, and advocates, can be vital in addressing IPV as they provide a broad range of comprehensive of life saving services, such as safety planning and emergency housing.

Disproportionate Impact of Violence against Transgender People

For the fourth year in a row, NCAVP data suggests that transgender survivors, and in particular transgender women and transgender people of color, face severe and disproportionate forms of IPV. In 2014 transgender survivors were more likely to experience IPV in public spaces and discrimination within IPV. Some studies have tried to determine the prevalence of IPV against transgender people, with lifetime experiences of IPV among transgender people ranging from 31.1% to 50%.²² In addition, the National Transgender Discrimination Survey (NTDS), a survey of over 6,000 transgender and gender nonconforming individuals conducted by the National Gay and Lesbian Task Force and the National Center for Transgender Equality, found that 19% of respondents had suffered IPV as a result of anti-transgender and anti-gender-nonconforming bias.²³

Transphobia can be a power and control tactic used by abusive partners, which may increase the transgender survivors' feelings of isolation and shame and further prevent them from accessing services. For example, an abusive partner might tell a survivor that they are not a "real" woman or man or that if they leave the abusive relationship they will experience more violence on the streets. Transgender survivors may also be denied access to basic legal services, due to the limitations in the ways courts often view transgender people, struggling with "legal" identity or seeing only those who have undergone body modification as "real."²⁴ Moreover, in addition to facing the discrimination and harassment that is a byproduct of societal transphobia, transgender women can face the added stigma of transmisogyny. Kae Greenberg borrows Julia Serano's definition of transmisogyny as when "a trans person is ridiculed or dismissed not merely for failing to conform to live up to gender norms, but for their expressions of femaleness or femininity."²⁵ The addition of transmisogyny in an intimate partner relationship can escalate the discrimination, threats, intimidation and harassment a transgender woman may experience from an intimate abuser.

²² Langenderfer-Magruder (2014); Risser (2005); Landers (2009). Langenderfer-Magruder, L., Whitfield, D. L., Walls, N. E., Kattari, S. K., & Ramos, D. (2014). Experiences of Intimate Partner Violence and Subsequent Police Reporting Among Lesbian, Gay, Bisexual, Transgender, and Queer Adults in Colorado: Comparing Rates of Cisgender and Transgender Victimization. *Journal of Interpersonal Violence*, 1-17. Landers, S. & Gilsanz, P. (2009). *The Health of Lesbian, Gay, Bisexual, and Transgender (LGBT) Persons in Massachusetts: A Survey of Health Issues Comparing LGBT Persons with their Heterosexual and Non-Transgender Counterparts*. Massachusetts Department of Health. Risser, J. M. H., Shelton, A., McCurdy, S., Atkinson, J., Padgett, P., Useche, B., Thomas, B., & Williams, M. (2005). Sex, Drugs, Violence, and HIV Status Among Male-to-Female Transgender Persons in Houston, Texas. *International Journal of Transgenderism*, 8(2-3), 67-74.

²³ Kae Greenberg. (2005). Still Hidden in the Closet: Trans Women and Domestic Violence. Individualized Study. <http://genderlawjustice.berkeley.edu/wp-content/uploads/2012/09/Still-Hidden-in-the-Closet-Trans-Women-and-DomesticViolence.pdf>. Retrieved on 10/01/2014.

²⁴ Ibid.

²⁵ Ibid. pp 208-214

The disproportionate impact of IPV and sexual violence on transgender survivors must be understood within the context of intersecting oppressions and broader social, cultural, and economic realities faced by transgender communities. Transphobia remains a formidable and dangerous reality for both the public and private lives of transgender people, creating barriers for accessing essential services at anti-violence programs, law enforcement agencies, advocates, and medical professionals. Empirical evidence suggests that transgender individuals face high levels of housing discrimination, homelessness, unemployment, lack of public accommodations, abuse from police, and discrimination in health care—all of which may increase their vulnerability to IPV and/or their economic dependence on an abusive partner. The NTDS found that 28% of respondents reported postponing medical care due to discrimination and 48% reported an inability to afford it. NTDS also reported that 22% of transgender individuals surveyed had faced police harassment and close to half had felt uncomfortable seeking police assistance.²⁶ Not only can this strained relationship between transgender individuals and the police prevent transgender people from seeking police assistance, it can also provide a basis for abusive partners to threaten that no one, including the police, will believe the transgender survivor when they seek help. Ultimately, NCAVP believes that such evidence only emphasizes the degree to which transgender survivors of IPV are unable to seek basic resources, like shelter, police protection, or healthcare because of transphobic institutional responses to transgender people.

Transgender people of color's experiences of IPV can be compounded by the intersection of transphobia and racism. The NTDS found that transgender people of color were disproportionately affected by anti-transgender bias, as well as structural and interpersonal racism. Black and Latin@ individuals often reported the highest levels of discrimination. In addition, the National Center for Transgender Equality partnered with other organizations to publish separate reports on transgender discrimination for Latin@, Black and Asian and Pacific Islander (API) respondents.²⁷ The results showed that these communities often faced high levels of harassment and physical assault, poverty, discrimination and denial of health care; above all, transgender communities of color faced even higher barriers to basic resources. Specifically, the NTDS showed that while the general transgender community is reluctant to seek medical care because of their gender identity, transgender people of color were even less likely to seek care for injury, illness, or HIV infection. These survivors experience disproportionate rates of employment discrimination and transphobia and racism in the workplace. An abusive partner could capitalize on the discomfort and unwillingness a survivor may show in seeking help and care, as well as their fear of losing or finding employment, and use this knowledge to further isolate and control their partner. This, along with economic dependence a transgender survivor may have on an abusive partner due to disproportionate rates of poverty among transgender people, may increase the IPV abuse for transgender survivors of color. Ultimately, due to these experiences of racism, transphobia, and barriers to access, the use of threats and intimidation by abusive partners against transgender people of color can be a powerful tool of abuse within an abusive relationship.²⁸

²⁶ Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. (2011.) op. cit.

²⁷ NTDS breakout reports (Latin@, Black, API)

²⁸ Kae Greenberg. (2005). Op. cit.

Sexual Violence against Bisexual Survivors

In 2014, for a second year in a row, NCAVP's data found that bisexual survivors who reported to NCAVP member organizations in 2014 were more likely to experience sexual violence within IPV relationships. This data suggests that bisexual survivors are uniquely impacted by some of the most severe and traumatizing tactics of abuse within IPV as well as the dangerous effects of biphobia in intimate relationships. Similar to NCAVP's findings, the NISVS report revealed that 61% of bisexual women and 37% of bisexual men experienced rape, physical violence, and/or stalking in their lifetimes. In comparison, 44% of lesbian women, 35% of heterosexual women, 26% of gay men, and 29% of heterosexual men experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime. This data shows that bisexual survivors are more likely to experience sexual and physical violence than lesbian, gay, or straight identified survivors. The report also revealed that nearly half of bisexual women and men (46% and 47%, respectively) have been raped in their lifetimes; a higher rate than lesbian, gay, or heterosexual identified survivors. The NISVS report showed higher rates of injuries for bisexual women survivors of intimate partner violence and that bisexual survivors, both men and women, were more likely to be sexually and physically assaulted by male identified abusers.

While the NISVS study does not indicate the reason for bisexual survivors increased risk of sexual and physical violence in IPV relationships, biphobia and bisexual invisibility should be looked at as factors in explaining this disproportionate impact. Abusers can employ biphobic bias as a tactic of IPV by denying the bisexual identity of a partner or using bisexuality as a basis for threats, intimidation, and physical violence. Biphobia also manifests itself as abusive tactics in accusations of promiscuity, infidelity, untrustworthiness, and hypersexuality.²⁹ Biphobia and bisexual invisibility are also prevalent in LGTQ communities and society at large and create barriers for bisexual survivors of IPV when accessing support from law enforcement agents, medical health professionals, anti-violence programs, and advocates.³⁰ Public health and social science research routinely ignores bisexual identities by employing the categories of MSM and women who have sex with women (WSW).³¹ Similarly, many bisexual survivors of violence are labeled as straight if they are in a heterosexual relationships or gay or lesbian when in same-sex relationships. This denial of bisexual identity can be retraumatizing and further prevents bisexual survivors from seeking services. The higher risk of physical assault and injury is compounded by research that suggests that bisexual survivors were significantly less likely to have health insurance coverage and more likely to experience financial barriers to receiving healthcare services.³² The culture of biphobia and

²⁹ André, Amy, and L. Bessonova. Bisexual health: An introduction and model practices for HIV/STI prevention programming. National Gay and Lesbian Task Force Policy Institute, 2007.

³⁰ Ibid.

³¹ Young RM, Meyer I. The Trouble With 'MSM' and 'WSW': Erasure of the Sexual Minority Person in Public Health Discourse. *American Journal of Public Health*. 2005;95:1144–1149.

³² Young RM, Meyer I. The Trouble With 'MSM' and 'WSW': Erasure of the Sexual Minority Person in Public Health Discourse. *American Journal of Public Health*. 2005;95:1144–1149. 49 San Francisco Human Rights Commission LGBT Advisory Committee. "Bisexual invisibility: Impacts and recommendations." (2011). http://sf-hrc.org/sites/sf-hrc.org/files/migrated/FileCenter/Documents/HRC_Publications/Articles/Bisexual_Invisibility_Impacts_and_Recommendations_March_2011.pdf. Retrieved on 10/07/2014.

bisexual invisibility is a threat to the wellbeing of bisexual individuals and, in particular, bisexual survivors of violence. Anti-violence programs, medical health professionals, law enforcement agencies, and advocates must educate themselves and create specific programs that meet the unique needs of bisexual survivors of violence.

Disproportionate Impact of Violence against People of Color

NCAVP data suggests that in 2014 LGBTQ and HIV-affected people of color were more likely to report experiencing physical violence and experience IPV in public areas. Specifically, LGBTQ Black/African American survivors were more likely to experience physical violence, violence in public areas, and more likely to be injured as a result of IPV. Latin@ survivors were more likely to experience threats from their partners. In addition, the majority of IPV survivors who reported their race or ethnicity to NCAVP reported being a person of color (51%). This dynamic suggests that LGBTQ and HIV affected survivors of color are more likely to report physical violence as well as threats to NCAVP member programs than other forms of violence.

In a report titled *Domestic Violence Against Lesbian, Gay Bisexual and Transgender People of Color*, The Wisconsin Coalition Against Domestic Violence (WCADV) described the “triple jeopardy” that LGBTQ people of color faced: racism from direct service providers and from white LGBTQ communities, heterosexism within one’s community of color, and abuse from their partners, including transphobic tactics.³³ NCAVP also believes that the 2014 IPV data may reflect disproportionately higher reports by people of color to NCAVP member organizations – specifically by transgender people of color, and Black/African American survivors – because they be more likely to report violence to an NCAVP organization, which often have increased LGBTQ cultural competency and an antiracist anti-oppression analysis. Survivors of color may also be less willing to approach police or law enforcement official because of their concern that they or their abusive partner may face unwarranted harsher treatment from racist, homophobic, biphobic, transphobic, and anti-HIV biased systems. Conversely, survivors of color may be unaware of, or feel less comfortable reporting to, some LGBTQ specific organizations, particularly those perceived as predominantly serving gay white men. LGBTQ and HIV affected survivors of color may not respond to a program’s outreach that does not specifically address the needs of LGBTQ people of color, may prefer services from someone of their same racial identity, or may not live in the same neighborhoods where the programs for LGBTQ and HIV affected communities are located. LGBTQ and HIV-affected survivors of color may face a double bind of either racism in LGBTQ-specific programming that does not focus on the needs and experiences of LGBTQ and HIV affected communities of color or face homophobia, biphobia, and transphobia in mainstream IPV programs that are specific to communities of color. Responses to LGBTQ and HIV-affected survivors of color must address racism as well as institutional homophobia, biphobia and transphobia. LGBTQ and HIV affected communities of color are shown to experience increased rates of homelessness, unemployment, poverty, and HIV. Anti-violence programs and strategies need to create support and prevention programming to address the intersection of violence, race, sexual orientation, gender identity, poverty, and HIV-status and to address the impact that power and control can have on survivors experiencing these multiple marginalized identities.

³³ "Domestic Violence Against Lesbian, Gay, Bisexual and Transgender People of Color." [Wcadv.org](http://wcadv.org). The Wisconsin Coalition Against Domestic Violence (WCADV), n.d. Retrieved on 10/03/2014.

Increase in Survivors Reporting to Police

Of the survivors that provided information on whether or not they made a report to the police in 2014, 55.43% of survivors reported their experience of IPV to the police, a substantial increase from 2013 when 37.2% of survivors reported to police. However, 2013 documented a decrease from 2012, when 54.3% of survivors reported their incidents to the police. In 2011, 45.7% of survivors reported their incidents to the police. Comparing the previous four years shows that the 2014 findings remain somewhat consistent with previous years, but do indicate that a slightly higher percentage of survivors reported the incident to the police. These findings also suggest that a substantial proportion of LGBTQ and HIV-affected survivors continue to not engage with the police in response to their experiences of IPV.

A number of factors may have contributed to the increase in the percentage of survivors who called police in 2014. In 2013, the VAWA Reauthorization contained explicit protections for LGBTQ survivors for the first time. These protections banned discrimination in any VAWA-funded service on the basis of sexual orientation or gender identity. This historic change garnered widespread attention, which may have increased LGBTQ and HIV-affected communities' awareness of VAWA and IPV services. Additionally, many law enforcement agencies receive funding through VAWA and have a requirement to have inclusive services for LGBTQ communities. The new protections in VAWA and the public awareness they generated may have empowered LGBTQ survivors who would have otherwise not engaged with the criminal legal system to feel that they have the right to access these systems.

The increase in the number of reports to police may also be associated with the age of the survivors. Some research has found that the likelihood of reporting to police may increase with adulthood.³⁴ Survivors who reported to NCAVP in 2014 were slightly older than in previous years, which may be an additional factor that contributed to this increase. Research on reporting crime victimization also suggests that the severity of the incidents is one of the most important factors in whether people report victimization.³⁵ In 2014, NCAVP also documented a slight increase in the number of survivors that required medical attention compared to 2013, and a slight increase in the percentage of reports of physical violence in 2014. These factors may have also contributed to the increased percentage of survivors who reported to police.

Many NCAVP member programs are engaged in systemic reform efforts to improve the criminal justice system for LGBTQ and HIV-affected survivors. These initiatives provide LGBTQ cultural competency training to law enforcement on appropriate responses to LGBTQ IPV and advocate for policy changes within police departments on how they respond to LGBTQ and HIV-affected survivors. In some areas, police departments have participated in coordinated community response models and incorporated

³⁴ Bosnik, S. J., Rennison, C.M., Gover, A.R., & Dodge, M. (2012). Reporting violence to the police: Predictors through the life course. *Journal Of Criminal Justice*, 40 441-451. Doi: 10.1016/j.jcrimjus.2012.05.001

³⁵ Ibid.

community-based collaborations with IPV programs in their areas.³⁶ LGBTQ and HIV-affected anti-violence organizations may be becoming more integrated into these efforts, which may also increase collaborations between LGBTQ anti-violence organizations and local law enforcement, contributing to more survivors calling the police with the support of their LGBTQ anti-violence program.

Despite the increase of the proportion of survivors who reported to police in 2014, a substantial number of survivors reported that they did not contact police. NCAVP's data has shown for multiple years that many LGBTQ survivors do not call the police. LGBTQ and HIV-communities have a historical distrust of the criminal legal system, as a result of historic and ongoing criminalization and policing of LGBTQ and HIV-affected communities.³⁷ Not long ago, it was a crime to engage in consensual same-sex sexual activity.³⁸ In 2015, it is legal to discriminate against LGBTQ people in 28 states, and it is legal to discriminate against transgender people in 31 states. Additional research has shown that common barriers to reporting victimization to police are privacy, embarrassment, and shame, which may have contributed to LGBTQ and HIV-affected survivors' resistance to reporting in 2014.³⁹ NCAVP's reports have also shown that all too often, LGBTQ survivors are revictimized when they report to police. It is still too early to assess whether the increase in the percentage of survivors who reported to police in 2014 will be a consistent trend. NCAVP will continue to document this information and analyze trends in future years.

³⁶ Shorey, Ryan C., Vanessa Tirone, and Gregory L. Stuart. 2014. "Coordinated community response components for victims of intimate partner violence: A review of the literature." *Aggression And Violent Behavior* 19, 363-371. ScienceDirect, EBSCOhost (accessed September XX, 2015).

³⁷ Mogul, J. L., Ritchie, A. J., Whitlock, K. (2011) *Queer (In)Justice*. Boston, MA: Beacon Press.

³⁸ Ibid.

³⁹ Bosnik et. Al., 2012. Op. Cit.

Increase in Survivors Accessing Orders of Protection and Shelter Services

NCAVP documented increases in survivors accessing traditionally mainstream remedies for IPV, including orders of protection and domestic violence shelter. In 2014, a higher percentage of LGBTQ and HIV-affected survivors sought orders of protection and a higher percentage of orders of protection were granted. Twenty five percent of survivors sought orders of protection, compared to 17% in 2013. Of those survivors who sought an order of protection, 85% of orders were granted, compared to 58% in 2013. With regard to shelter services, 15% of survivors sought shelter in 2014, compared to 6% in 2013. Of those survivors who sought shelter, 69% received shelter. The increases in the proportion of survivors who sought orders of protection and shelter in 2014 may also be a result of the new LGBTQ protections in the VAWA Reauthorization in 2013. Because of the increased awareness of VAWA services and the protections for LGBTQ people, LGBTQ survivors may have felt more empowered to seek orders of protection and traditional domestic violence services like shelter, which were historically not accessible for LGBTQ survivors, particularly transgender survivors and male survivors. Additionally, many NCAVP member programs are engaged in training and technical assistance efforts to increase access and inclusion for LGBTQ survivors in traditional domestic violence services and the criminal justice system. These efforts may have contributed to increased access within shelter services, and improved relations between local courts and LGBTQ anti-violence organizations. Research has also shown that survivors of IPV are more likely to seek orders of protection after frequent violence and a substantial amount of time in an abusive relationship.⁴⁰ The slightly higher percentages in the severity of violence in 2014, documented by medical attention required and the increase in physical violence, may be additional contributing factors for why a higher percentage of survivors sought orders of protection in 2014.

While NCAVP documented an increase on the proportion of survivors who sought orders of protection and shelter, it should be noted that roughly three quarters of survivors did not seek orders of protection in 2014, and the overwhelming majority (85%) of survivors did not seek shelter. Many resources are invested into these traditional remedies, and while they can be life-saving and critical for some survivors, they are not the main choices survivors make to address IPV. Further, research has also shown that orders of protection are violated between 20% and 40% of the time, which often put survivors at additional, potentially increased risk of severe violence.⁴¹ More research is needed to identify what strategies are working best for LGBTQ and HIV-affected survivors who do not seek traditional remedies for IPV.

⁴⁰ Shorey, Ryan C., Vanessa Tirone, and Gregory L. Stuart. 2014. "Coordinated community response components for victims of intimate partner violence: A review of the literature." *Aggression And Violent Behavior* 19, 363-371. ScienceDirect, EBSCOhost (accessed September XX, 2015).

⁴¹ Ibid.

Disproportionate Impact on People Supported by Public Assistance

For the first time, NCAVP has collected data on experiences of LGBTQ and HIV-affected survivors who are on public assistance in an effort to expand current research to analyze the economic impacts of violence and the relationship between socio-economic status and violence. It is too soon to identify if any of the findings for 2014 regarding public assistance are trends; however, NCAVP did find that LGBTQ and HIV-affected survivors who were on public assistance experienced disproportionate and more severe forms of violence. Survivors in 2014 who were on public assistance were over three times more likely to experience physical violence and over five times more likely to be injured as a result of IPV. LGBTQ people of color were more likely to be on public assistance (3.34 times) than people who were not LGBTQ people of color, and transgender women of color in particular were much more likely (8.43 times) to be on public assistance. These findings are consistent with additional research which has found that LGBTQ people of color and transgender women of color, who experience a long history of multiple forms of oppression in the United States, face severe educational, employment, and housing discrimination which may be a cause for higher rates of unemployment and poverty.

Economic violence is often a central form of abuse within IPV, and survivors who already face societal economic vulnerabilities as a result of oppression and discrimination may be more vulnerable to economic abuse and exploitation from their abusive partners. Survivors who are on public assistance may have much fewer options for support and leaving an abusive relationship, which may be a reason why they seek support from LGBTQ anti-violence programs, who provide free and confidential services. The impact of poverty and unemployment has been documented as a critical vulnerability for survivors of intimate partner violence in marginalized communities.⁴² As a result, a common program of direct service support is to provide resume building and jobs skills classes for IPV survivors. These programs can sometimes be discriminatory towards LGBTQ participants, and LGBTQ survivors, particularly survivors who are transgender, face additional employment discrimination which can increase their risk of IPV victimization. LGBTQ and HIV-affected survivors on public assistance may also face additional barriers to safety and support due to the complicated welfare system. The welfare system has been harshly criticized in literature for their strict requirements which make compliance with benefits extremely difficult for many survivors of IPV.⁴³ These challenges are made more severe for LGBTQ and HIV-affected survivors who may face homophobia, biphobia, transphobia, and discrimination within the welfare system and society at large. Much more research is needed on the impact of welfare systems on LGBTQ and HIV-affected survivors of IPV.

⁴² Grablewski, J. 2013. *Enhancing Safety for Women; Communities of color, domestic violence, and social welfare services for low-income men*. Center for Family Policy and Practice.

⁴³ Gallagher, Rachel J. "Welfare Reform's Inadequate Implementation of the Family Violence Option: Exploring the Dual Oppression of Poor Domestic Violence Victims." *American University Journal of Gender, Social Policy & The Law* 19, 987. LexisNexis Academic: Law Reviews, EBSCOhost (accessed September 18, 2015).

FULL RECOMMENDATIONS

FOR POLICYMAKERS AND FUNDERS

Prevent

- Policymakers and funders should fund LGBTQ and HIV-affected specific IPV prevention initiatives.
- Policymakers and funders should ensure that all dating violence curricula includes information about LGBTQ and HIV-affected dating violence, and that sexual education curricula includes information about dating violence and sexual violence inclusive of LGBTQ and HIV-affected communities.
- Policymakers and funders should support early intervention and prevention programs for youth to prevent and reduce IPV in LGBTQ and HIV-affected communities.
- Policymakers and funders should support programs and campaigns to prevent and increase public awareness of LGBTQ and HIV-affected intimate partner violence.

Respond

- OVW should continue to implement the LGBTQ-inclusive VAWA to improve access to services for LGBTQ and HIV-affected survivors of intimate partner violence, dating violence, sexual assault and stalking.
- OVW grantees, including states, courts, mainstream service providers, state coalitions and domestic violence shelters, should fully comply with VAWA's LGBTQ provisions and make all services, including access to police response, orders of protection, supportive services and shelters, available to all survivors of intimate partner and sexual violence.
- Policymakers, public, and private funders should increase local, state, and national funding to LGBTQ and HIV-affected -specific anti-violence programs, particularly for survivor-led initiatives.
- All sexual and intimate partner service providers, including institutions, should receive training on screening, assessment and intake that is specifically LGBTQ-inclusive.

- All other laws regarding intimate partner and sexual violence, such as the Victims of Crime Act and the Family Violence Prevention Services Act, should be reauthorized or passed with LGBTQ-inclusive language modeled from VAWA.
- Policymakers should institute LGBTQ and HIV-affected specific non-discrimination provisions to increase support and safety for LGBTQ and HIV-affected survivors of violence, including in employment, housing, and public accommodations based on sexual orientation, gender identity, gender expression, and HIV-status to protect LGBTQ and HIV-affected survivors from economic and financial abuse, while also eradicating affirmatively discriminatory laws and policies that increase barriers for LGBTQ and HIV-affected IPV survivors when seeking support.
- Policymakers should support LGBTQ and HIV-affected training and technical assistance programs to increase the cultural competency of all victim service providers to effectively work with LGBTQ and HIV-affected survivors.

Reduce Barriers

- Policymakers and funders should fund economic empowerment programs targeted at LGBTQ and HIV-affected communities, particularly LGBTQ and HIV-affected communities of color, transgender communities, immigrant communities, and low-income communities.
- Policymakers should ban discrimination in employment, housing, and public accommodations based on sexual orientation, gender identity, gender expression, and HIV-status to protect LGBTQ and HIV-affected survivors from economic and financial abuse.
- Policymakers should enact compassionate, comprehensive immigration reform to reduce barriers for LGBTQ and HIV-affected immigrant survivors of IPV.
- The Department of Homeland Security should end the ‘Secure Communities’ detention and deportation program to reduce barriers for LGBTQ and HIV-affected immigrant survivors of IPV.
- Policy makers should revise “mandatory arrest” programs to assess the efficacy of these programs and their unintended consequences on the arrest of LGBTQ survivors of IPV.
- Policy makers should reduce barriers for LGBTQ and HIV-affected survivors on government assistance by creating LGBTQ and HIV-specific protections within government assistance programs and ensuring government assistance programs are safely accessible for survivors of IPV.

Research

- Policymakers and funders, following the lead of the Centers for Disease Control and the Department of Justice's Bureau of Justice Statistics, should increase research and documentation of LGBTQ and HIV-affected IPV.
- Policymakers and researchers should focus on increasing the amount of literature on how transgender and gender non-conforming people are affected by IPV and the unique barriers these communities face in trying to access resources.
- Policymakers should ensure that the federal government collects inclusive and comprehensive information on sexual orientation and gender identity, whenever demographic data is requested in studies, surveys, and research, including IPV.
- Policymakers, researchers, and advocates should ensure that LGBTQ survivors are included in all prevention assessments, including homicide and lethality assessments, and that coordinated community responses including specific and targeted programming for LGBTQ survivors.
- Policymakers and funders should support LGBTQ IPV fatality review research so as to identify the unique risk and protective factors within these communities.
- Policymakers and funders should support research examining the social determinants of LGBTQ and HIV-affected survivors of IPV to identify structural influences on IPV in LGBTQ and HIV-affected communities.

CONCLUSION

Intimate partner violence is a devastating and even deadly reality for many people in the LGBTQ and HIV-affected communities. IPV in LGBTQ and HIV-affected communities has been ignored and made invisible, both within and outside LGBTQ and HIV-affected communities. This creates a host of challenges and barriers for survivors and victims to access safety and support when they need it the most. The isolation that results from IPV is exacerbated by the lack of public awareness and discourse about this issue, which prevents LGBTQ and HIV-affected communities from taking action on IPV, and makes it more difficult to challenge the re-victimization of LGBTQ and HIV-affected survivors by mainstream IPV service providers, law enforcement agencies, and judicial systems.

In 2014, NCAVP documented a continuing trend of record high numbers of IPV related homicides. This not only gives us a clearer picture of the severity of IPV within LGBTQ and HIV-affected communities, but it also gives us the opportunity to learn from the lethal impacts of the barriers LGBTQ and HIV-affected survivors experience when accessing support systems. Lifesaving resources for IPV survivors, including healthcare, shelter, legal support, counseling, and advocacy have expanded over the past few decades, but are often not accessible to all LGBTQ and HIV-affected survivors, particularly for gay and bisexual men and transgender survivors. These resources are essential to support survivors' plans to be safe within their relationships or safe to leave them. LGBTQ and HIV-affected survivors of IPV have been historically underserved by the mainstream support systems created to respond to this violence. The unique experiences of LGBTQ and HIV-affected survivors, within the context of interpersonal and institutional homophobia, biphobia, transphobia, heterosexism, and anti-HIV bias, create barriers to the support and assistance that survivors may need to access. NCAVP members provide that support and assistance, and NCAVP creates this report to highlight these barriers and provide concrete ways to overcome them. NCAVP aims to prevent and eventually eradicate IPV within LGBTQ and HIV-affected communities by utilizing this research to inform direct services, prevention initiatives, public advocacy, public education, and community organizing.

Power and control dynamics continue to permeate the fabric of our society. Popular culture, media, family structures, employment, and educational systems can create and reinforce societal norms that either condone abusive behavior or work to eradicate it. To shift the conditions that create IPV within all relationships, communities must work collectively to challenge these cultural norms and support survivors of abuse. To end IPV, all communities must understand and examine the ways that power, control, privilege, discrimination, and oppression intersect and manifest within relationships and survivor support systems.

NCAVP writes this report annually to ensure comprehensive and current information on the unique experiences of LGBTQ and HIV-affected survivors is available to inform policy and programming. Policy makers and service providers should use the information provided in this report and the recommendations to inform their decisions about developing, implementing, and evaluating inclusive IPV programming. LGBTQ and HIV-affected community members can use this report to spread awareness of IPV, a topic rarely addressed within many LGBTQ and HIV-affected organizations and social settings. We cannot afford to ignore IPV, and the impact on these marginalized communities when it can exact such a terrible price.

2014 LOCAL SUMMARIES

BUCKEYE REGION ANTI-VIOLENCE ORGANIZATION - BRAVO

OHIO STATEWIDE

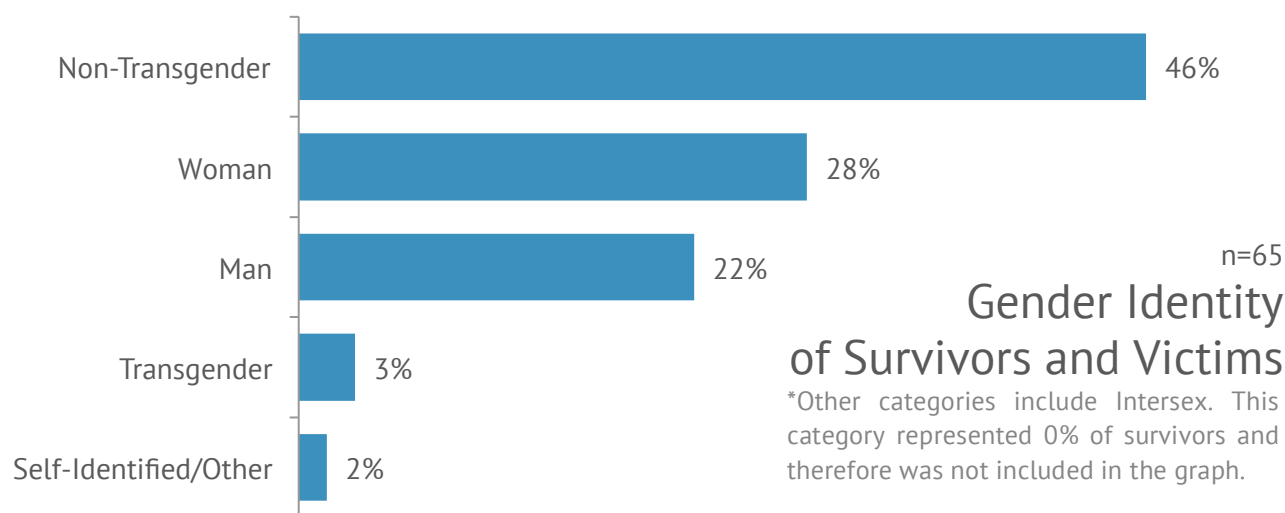
Buckeye Region Anti-Violence Organization (BRAVO) works to eliminate violence perpetrated on the basis of sexual orientation and/or gender identification, intimate partner violence, and sexual assault through prevention, education, advocacy, violence documentation, and survivor services, both within and on behalf of the lesbian, gay, bisexual, and transgender communities.

BRAVO's services include: anonymous, confidential crisis support and information via a helpline with trained staff and volunteer; documentation of hate crimes and intimate partner violence; hospital and legal advocacy; public education to increase awareness of hate crimes and LGBTQ intimate partner violence and to increase knowledge about support services available; and education of public safety workers and service and health care providers to increase their competency to serve LGBTQ victims.

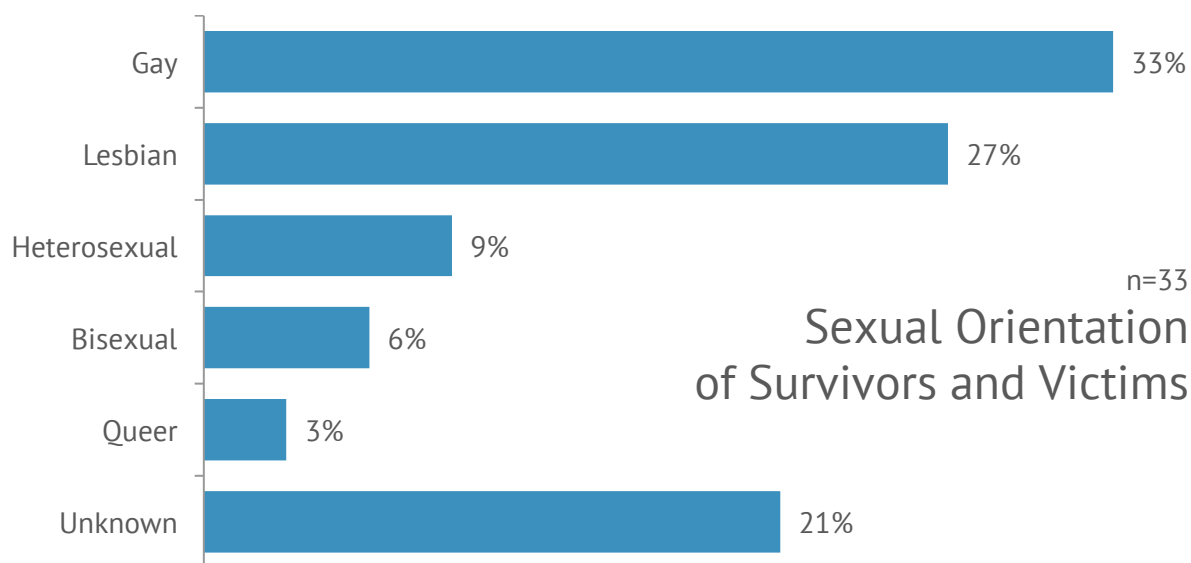
BRAVO is committed to our belief that the best way to reduce violence is to foster acceptance. Only by making people and institutions aware of these issues and "demystifying" LGBTQ people and the issues that LGBTQ people face can we assure quality services to victims and ultimately reduce the incidence of violence. Our work focuses on both bias crimes against LGBTQ people, intimate partner violence, and sexual violence.

BRAVO received 33 reports of intimate partner violence in 2014, which was a decrease from 54 reports in 2013. However, the number of reports received in 2014 was consistent with the number of reports from 2012 in which 34 reports of intimate partner violence were made to BRAVO. The higher number of reports in 2013 could be related to the national dialogue about inclusion of protections for LGBTQI survivors into the Reauthorization of the Violence Against Women Act (VAWA). This created more visibility of intimate partner violence in LGBTQI communities, which may have prompted more LGBTQI survivors to report to BRAVO in 2013. The decrease in reports received in 2014 from 2013 does not indicate that intimate partner violence is occurring any less frequently in Ohio's LGBTQI communities.

There was an increase in reports from survivors aged 25-29 (7 reports; 26.92% of total). The number of survivors between the ages of 30-39 or 50-59 each comprised approximately a quarter of reports received in 2014 (26.92% and 23.08%, respectively). There was a slight decrease in reports in survivors ages 19-24 (7.69% of total).



The gender identity of survivors reporting in 2014 was consistent with previous years. There were 14 reports from survivors identifying as men, 18 from women, 30 from cisgender survivors, and 2 from transgender survivors. Of those survivors reporting their race/ethnicity, there was a slight increase in the number of Black/African American survivors (from 5 reports in 2013 to 6 reports in 2014) and Latina/o survivors (from 0 reports in 2013 to 1 report in 2014) reporting, and a decrease in white survivors reporting (from 33 reports in 2013 to 20 reports in 2014). The sexual orientation of survivors reporting in 2014 was also consistent between years, with 2 survivors identifying as bisexual, 11 as gay, 3 as heterosexual, 9 as lesbian, and 1 as queer.



In 2014, 22 survivors reported having experienced physical violence, 1 survivor reported an attempted murder by their abusive partner, and 4 survivors reported sexual violence in the context of intimate partner violence. Of the 12 survivors indicating they sustained injuries from physical violence, 9 received medical attention, of which 3 required inpatient hospitalization and 4 required outpatient medical care. Harassment by email, mail, or telephone was reported by 15 survivors, while 26 survivors reported verbal harassment and 21 survivors reported threats and intimidation used by their abusive partner. Financial abuse was reported in 13 cases, 9 survivors reported being isolated from friends, family, and other supportive people, and 4 reported stalking behaviors by a current or former partner. There were 8 reports that involved property damage including arson, theft, and vandalism.

In 2014, 14 survivors reported the violence they experienced to police, and in 12 instances (85.71%) police took the complaint and filed a report, which is consistent with 2013. Police made arrests of the abusive partner in 8 of those instances, which is a 300% increase from 2013 where there were only 2 reported arrests documented. Of those survivors that reported to law enforcement and shared information about those experiences, 54.55% reported courteous interactions with law enforcement. Additionally, 8 survivors pursued protection orders, of which 7 were granted. BRAVO continues to provide cultural competency training and outreach to law enforcement agencies across Ohio in order to improve responses by law enforcement to LGBTQI survivors of intimate partner violence.

CENTER ON HALSTED CHICAGO, IL

Mission

Center on Halsted advances community and secures the health and well-being of the LGBTQ people of Chicagoland.

Organization Description

Center on Halsted is the Midwest's most comprehensive community center dedicated to advancing community and securing the health and well-being of the Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) people of Chicagoland. More than 1,000 community members visit the Center every day, located in the heart of Chicago's Lakeview Neighborhood. We work hard to provide a safe and welcoming environment with programs and services for the entire community. Our programs range from volleyball, dance performances and cooking classes to rapid HIV testing, group therapy and vocational training. We partner regularly with other organizations and groups from across Chicago and the nation to provide additional programming for the community.

Currently our LGBTQ Violence Resource Line is inactive. However, AVP volunteers are updating the resource guide to reflect most up-to-date information for IPV victims. Once this guide is updated, the line will be re-activated. The AVP is hoping to move toward a more clinical and direct service approach for the upcoming years. We anticipate the development of more evidence-based group and individual therapy for LGBTQ survivors of violence, along with increasing education and training throughout the community. We also hope to identify additional community partners and be actively involved in policy and advocacy work as it relates to LGBTQ violence survivors.

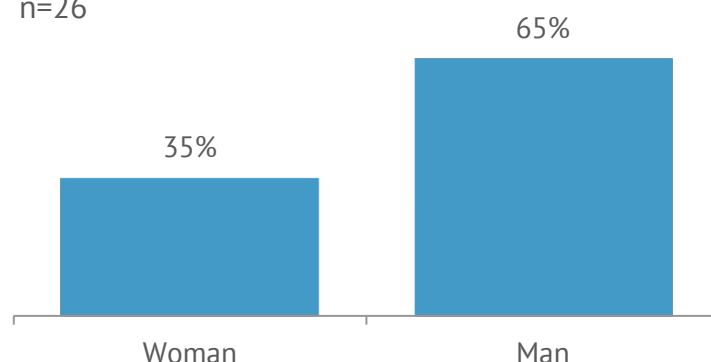
Data Analysis

As of mid-August 2015, COH has hired a new Director of the Anti-Violence Project, Dr. Jessica Punzo. Dr. Punzo is a licensed clinical psychologist with a specialization in traumatic stress. For approximately a year before Dr. Punzo's arrival the director position within AVP was vacant. Therefore, the current summary may not accurately reflect services and populations served in 2014, as the data collection was not closely supervised by any one individual.

According to data collection, COH saw 26 new IPV survivors in 2014. Of these 26, over half identified as gay (54%). Out of the 26 survivors who reported their immigration status, 16 were U.S. citizens, 1 was undocumented, and 3 were permanent residents. In regards to HIV status, 5 clients identified as HIV+, 8 as HIV-, and 13 survivors either chose not to report this information or it was not collected by the individual taking the report. Furthermore, 2 survivors reported having a disability, 14 reported that they did not have a disability, and 13 did not report any information on disability status.

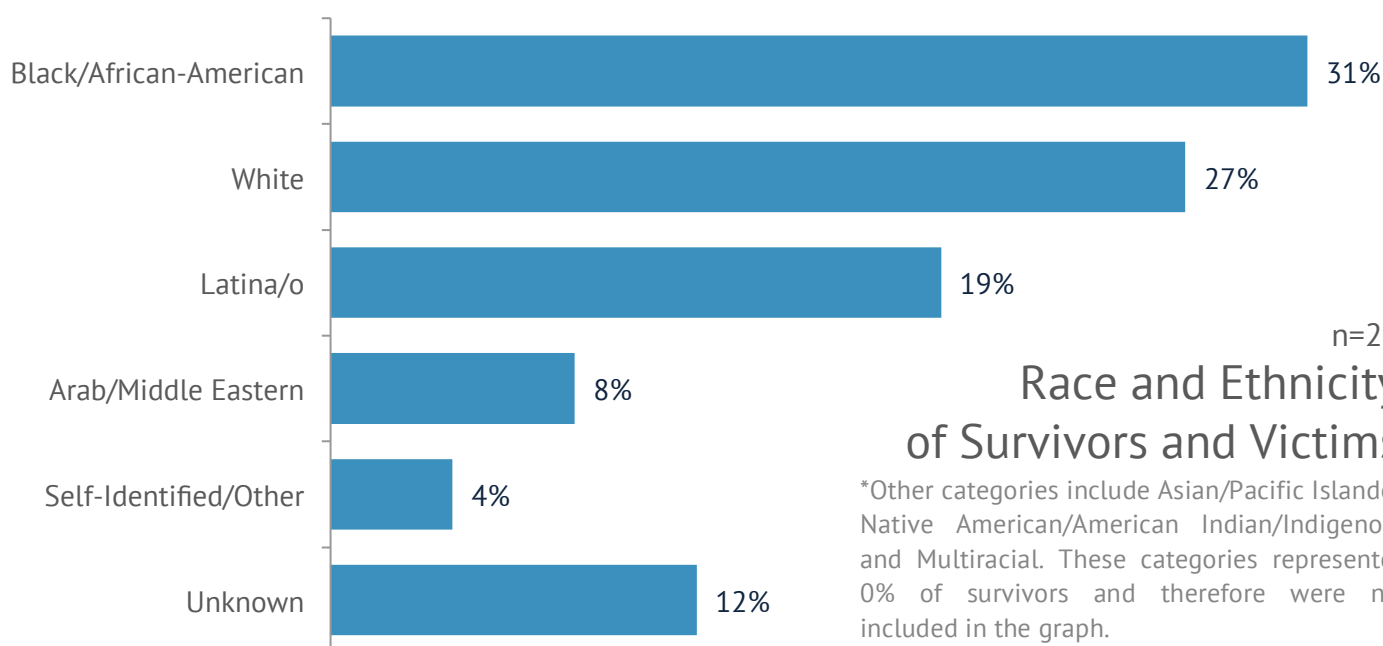
Gender Identity of Survivors and Victims

n=26



*Other categories include Transgender and Intersex. These categories represented 0% of survivors and therefore were not included in the graph.

When examining specific incident information regarding these new survivors, 80% reported there was no weapon used and most did not seek medical attention (77%). Drug use in these incidents was unknown or unreported. Furthermore, all new survivors seen at COH reported they knew their abuser, and majority identified this individual as their lover/partner (58%). Of the 26 new cases, 77% reported they did interact with police and half stated police were courteous, while 10% noted hostile interactions. However, out of the 20 victims who reported incidents to the police, about 90% (18 cases) said police took the complaint, yet only 4 complaints result in an arrest of the abusive partner.



n=26

Race and Ethnicity of Survivors and Victims

*Other categories include Asian/Pacific Islander, Native American/American Indian/Indigenous and Multiracial. These categories represented 0% of survivors and therefore were not included in the graph.

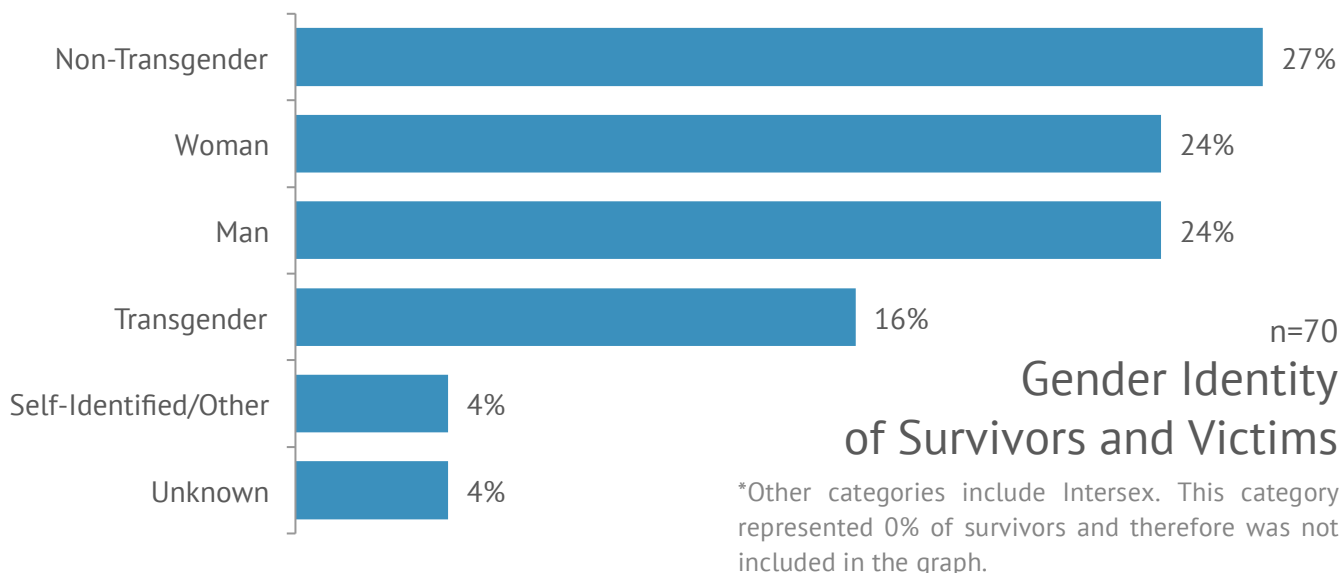
COMMUNITY UNITED AGAINST VIOLENCE - CUAV

SAN FRANCISCO, CA

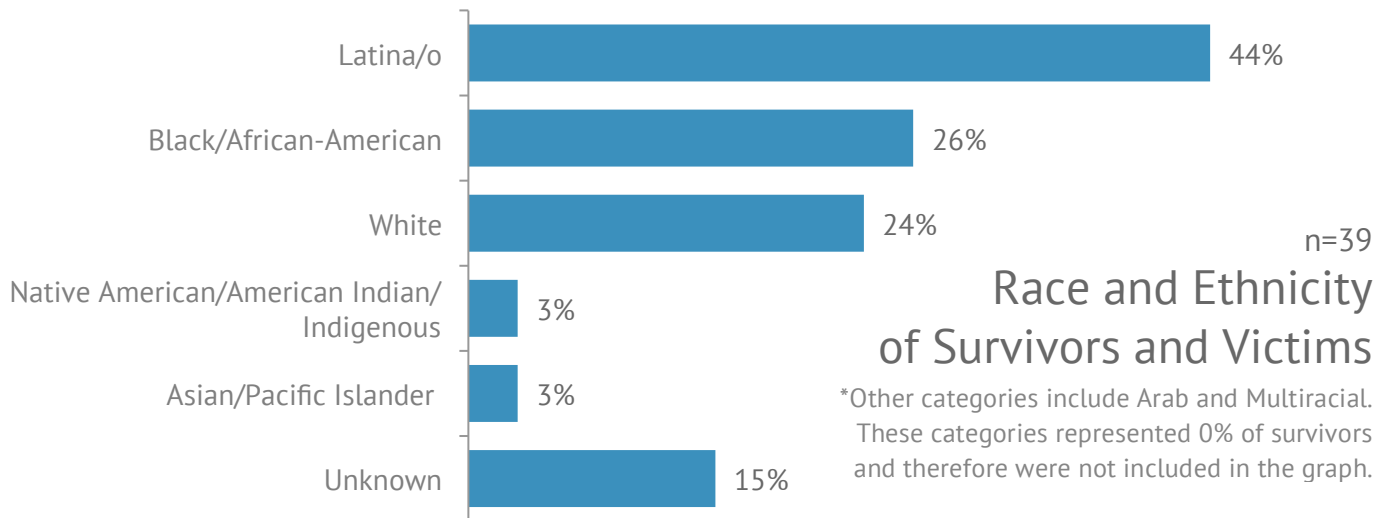
Founded in 1979, CUAV works to build the power of LGBTQQ (lesbian, gay, bisexual, transgender, queer, and questioning) communities to transform violence and oppression. We support the healing and leadership of those impacted by abuse and mobilize our broader communities to replace cycles of trauma with cycles of safety and liberation. As part of the larger social justice movement, CUAV works to create truly safe communities where everyone can thrive.

CUAV works to promote the self-determination of LGBTQ survivors of violence. Survivors seeking services, who are primarily extremely low to no income Latinxs and African-Americans, are supported in their healing process through one on one peer support counseling, a weekly skill based support group, and ongoing leadership development through our participant to member pathway. CUAV organizes survivors of violence to address systemic causes of violence while simultaneously healing from interpersonal violence. Supporting a survivor in seeing the causes of violence as larger than the interpersonal not only helps one overcome isolation, but helps to transform experiences of trauma into wisdom and power. Involving survivors in community organizing allows them to exercise their wisdom and power to collectively create more safety in their lives.

In 2014, CUAV saw a 58% decrease in reports overall (from 122 in 2013 to 58 in 2014). This is likely due to a limited capacity for outreach due to staff transitions. Also, CUAV's long term investment in supporting our members' ongoing healing, skill building, and leadership (quality over quantity) likely detracted from our ability to collect reports from greater amounts of new survivors.



Of the 58 total reports collected, 11 survivors identified as transgender (15.71%). This was a 38% increase in reports from transgender individuals compared to 2013 (from 8 to 11). This increase is likely due to an increased focus to outreach to other services providers that work with the transgender community specifically.



In 2014 there was a decrease in reports from Black/African-Americans (from 18 to 9). In addition to the overall decrease in reports, this is also likely to due to the ongoing gentrification happening in San Francisco, and the The Bay Area at large, which has severely impacted the Black population. The Black population in San Francisco has steadily declined over the past few decades and currently sits at less than 6%. Additionally, 15 survivors identified as Latinx (38.6% of all reports), the highest number of any racial or ethnic identity category. This can be attributed to CUAV's location in San Francisco's historically Latinx Mission District, as well as our language justice framework which allows us to provide all services in Spanish as well as English.

EQUALITY MICHIGAN

DETROIT, MI

Equality Michigan works to achieve equality, equity, and dignity for all Michiganians regardless of sexual orientation, gender identity, gender expression, or HIV status. Our Department of Victim Services is committed to working toward creating safer and more affirming communities for all LGBTQ and HIV-affected people.

Based in Detroit, with an office in Lansing, Equality Michigan is the only statewide organization that uses a holistic approach to support and advocate for LGBTQ and HIV-affected Michiganians. Our Department of Victim Services (DVS) works to support and empower survivors of intimate partner violence and anti-LGBTQ and anti-HIV harassment, discrimination, violence, and intimidation, while our Policy and Field departments work with elected officials and policy-makers at all levels of government to proactively address gaps and improve existing laws and policies affecting LGBTQ and HIV-affected people. For more than 20 years, our DVS has provided free and confidential interventions for LGBTQ and HIV-affected survivors of IPV, as well as personal support and advocacy, criminal justice advocacy, and referrals to LGBTQ-affirming and HIV-non-stigmatizing attorneys, shelters, counseling services, and other resources. We also work with community partners to ensure the diverse facets of Michigan's communities are reached and supported by our work. LGBTQ and HIV-affected Michiganians affected by violence and discrimination may reach us through a toll-free helpline, e-mail, our website, and via social media.

Equality Michigan saw a marked decrease in IPV reports in 2014 (down 57%; 21 in 2013 to 12 in 2014), in spite of increased outreach efforts and a collaborative community education campaign. We do not believe this decrease indicates an actual decrease in incidents of intimate partner violence within our communities, but may instead signify improved outreach and supportive efforts by mainstream organizations.

Unlike previous years, the majority of reported survivors did not identify as gay and male (2 and 4 respectively). Instead, survivors equally reported as lesbian, queer, and heterosexual (3 each), and the majority of reporting survivors identified as female (7). This marks a dramatic decrease in both gay and male identified reporting survivors (10 and 12 in 2013 respectively), while female identified survivors remained about the same (9 in 2013). Transgender survivors also remained about the same (4 in 2014, 3 in 2013). Black/African American survivors sharply decreased from 7 (2013) to 1 (2014), while White survivors remained the same at 10. Abusers were evenly split between men and women (5 each), and the vast majority was cisgender (9).

Through our work with the LGBTQ Abuse Collaborative and other collaborative training opportunities, the DVS is actively working to improve mainstream domestic violence shelters' and other supportive service agencies' knowledge and understanding of LGBTQ and HIV-affected communities through targeted training and technical assistance. We will continue to improve these services, so that all LGBTQ and HIV-affected survivors of intimate partner violence are able to access the services they need in a culturally competent and affirming environment.

THE VIOLENCE RECOVERY PROGRAM AT FENWAY HEALTH BOSTON, MA

The Violence Recovery Program (VRP) at Fenway Health was founded in 1986 and provides direct services and referrals to lesbian, gay, bisexual, and transgender and queer (LGBTQ) survivors of intimate partner violence, sexual assault, hate violence and police misconduct. The VRP mission is to provide services to LGBTQ survivors who have experienced interpersonal violence as well as information and support to friends, family, and partners of survivors. The VRP also aims to raise awareness of how LGBTQ hate violence and intimate partner violence affects the greater community through compiling statistics about incidents of violence and to provide trainings and consultations statewide to ensure that LGBTQ survivors of violence are treated with sensitivity and respect.

The VRP is a program within the larger, multi-disciplinary community health center at Fenway Health where LGBTQ people and neighborhood residents receive comprehensive behavioral health and medical care, regardless of ability to pay. The VRP currently serves over 200 LGBTQ clients per year who are survivors of recent violence in the forms of intimate partner violence, sexual assault, hate violence and police misconduct. Direct services include individual counseling, groups, advocacy and case management. Counselors and advocates provide trauma-informed treatment to help clients to stabilize acute symptoms of posttraumatic stress and to empower clients through education about the impact of violence and the healing process. Violence Recovery Program staff assist survivors to access services and resources, including shelter and housing, public assistance and social services and provide survivors with education and assistance in navigating the criminal justice and legal systems. The staff of the VRP assists survivors to file reports and restraining orders; connects survivors to LGBTQ-sensitive medical and legal services; and advocates on behalf of survivors with police departments, District Attorneys' offices and the Attorney General's Civil Rights and Victim Compensation divisions. Clients of the VRP also participate in psycho-educational, support and activity-based groups. In addition to delivering services directly to LGBTQ survivors, VRP staff provides training and education to social service and healthcare providers, legal and law enforcement personnel, students and community groups.

Data Analysis

In 2014, the Violence Recovery Program (VRP) documented 35 new cases of Intimate Partner Violence (IPV), which is a 22% decrease from 2013. This drop in the number of reports reflects a decrease in staffing and an overall slowdown of programing at the VRP during the second half of the year. The decrease in reports is not, however, indicative of a decrease of incidents of IPV within the regional LGBTQ community. The demographic categories that were most dominant in the 2014 reports were consistent from the dominant demographics from the previous year: survivors ages 30-39 made up 31% of reports; 43% of reporting survivors were men; and survivors identifying as gay made up 46% of total reports. Just as reported on a national level, local reports of IPV were disproportionately high among people of color at 40% (white survivors made up 37% of reports; race/ethnicity of the remaining survivors of IPV was

unknown or not disclosed), and among transgender survivors at 20%. The medical department at Fenway Health is a major referral source for survivors accessing the VRP for services to address IPV. As the Health Center continues to increase the number of transgender patients served, it is likely that the rates of IPV reports by transgender survivors is likely to grow in the coming months and years.

KANSAS CITY ANTI-VIOLENCE PROJECT

MISSOURI & KANSAS

Mission

The Kansas City Anti-Violence Project (KCAVP) provides dedicated services to lesbian, gay, bisexual, transgender and queer (LGBTQ) youth and adults, throughout Missouri and Kansas, who have experienced trauma, violence, harassment or neglect. Through direct advocacy, professional training and community education, we work to prevent and respond to domestic violence, sexual violence and hate crimes.

Organization Description

Since 2003, KCAVP provides emergency assistance, support, and services to LGBTQ survivors of violence, including domestic violence, in metropolitan Kansas City and support and counseling across Kansas and Missouri. KCAVP fills gaps in service for LGBTQ survivors and acts as a gateway to services that LGBTQ people may not have access to or are unable to access due to systemic homophobia and transphobia. KCAVP advocates for survivors and educates service providers and the community about the differences LGBTQ people face when they are victimized in their community or they are victimized because they are part of (or perceived to be part of) the LGBTQ community. KCAVP also acts as a social change agent in the community to increase knowledge about LGBTQ domestic violence, sexual assault, and hate crimes.

2014 Findings

The number of new incidents KCAVP responded to involving domestic violence in 2014 decreased by 31% compared to 2013 (51 in 2013 to 31 in 2014). Physical violence and verbal harassment remain the top types of domestic violence incidents reported at 22% and 21% respectively.

While the number of domestic violence survivors seeking help in 2014 decreased, the amount of advocacy provided to these clients increased 10% compared to 2013. Mental health services were provided to 33% of survivors, public benefits provided to 22% of survivors and housing services to 19% of survivors.

The identities of survivors seeking domestic violence services remain in line with past years data with the following self-reporting as Gay (43%), Male (57%), non-transgender (71%) and white (75%). Thirty one percent of survivors also reported as being between 40 to 49 years of age. Thirty percent also reported having a disability and of those 80% reported a physical disability.

In 2014, only 25% or nine survivors chose to have contact with law enforcement in any way during or after their incident. Of those nine, seven reported the police took the complaint. Two of those survivors were arrested. This shows there is still work to be done with education for law enforcement before LGBTQ survivors feel comfortable reaching out for help.

There was also a dramatic decrease in protection orders sought by domestic violence survivors since 2013 (3 in 2014 from 17 in 2013). Of the three orders sought, two were granted and both were classified as domestic violence by police and the court. Reasons survivors indicated they did not want to seek protection orders included that they already had a protection order in place, fear of accessing the criminal justice system because they feared homophobic and transphobic response or prejudice on their past records, they did not feel like they were in immediate danger or the abuse happened in the past and we were helping them work through trauma.

While the number of domestic violence clients decreased the overall number of survivors supported by the organization increased 3% (65 in 2013 to 67 in 2014). The other survivors included those victimized by sexual violence or hate violence. There were increases of 20% in sexual violence survivors and 78% in hate violence survivors. In 2014, KCAVP only had one full time employee dedicated to victim services. This capacity has limited the amount of clients we can work with each year. In 2015, we have increased our advocacy staff to two full time employees and by the end of the year 3 full time employees. This increase in staff capacity has allowed us to see an 80% increase in clients served in 2015 so far.

LOS ANGELES LGBT CENTER

LOS ANGELES LGBT CENTER'S FAMILY VIOLENCE INTERVENTION SERVICES DEPARTMENT - FVIS

STOP INTIMATE PARTNER ABUSE / VIOLENCE PROGRAM - STOP IPV

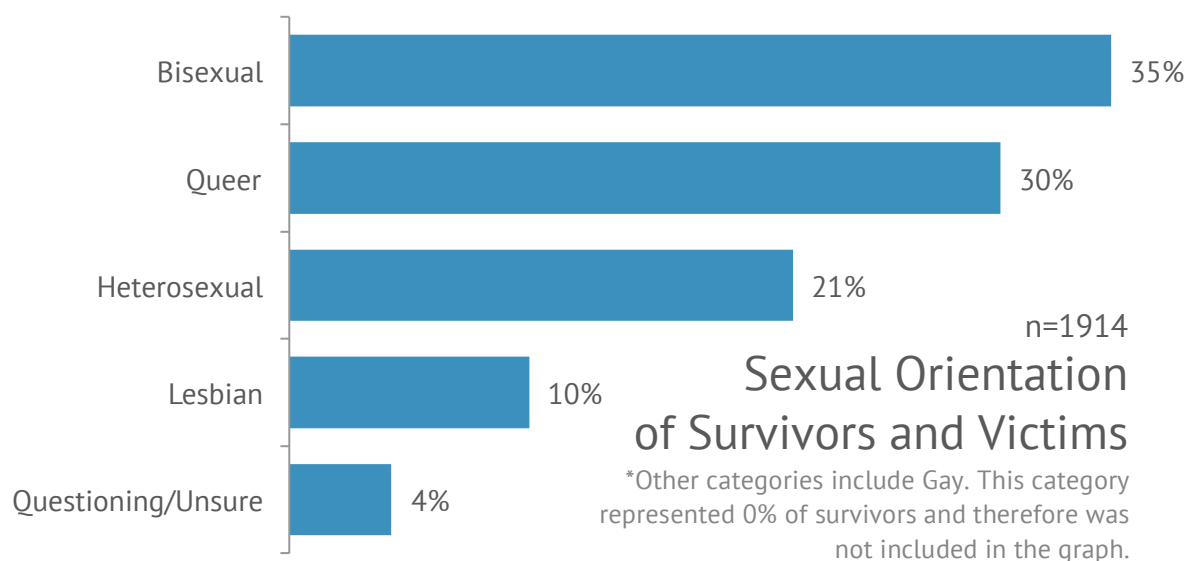
DOMESTIC VIOLENCE LEGAL ADVOCACY PROJECT - DVLAP

LOS ANGELES, CA

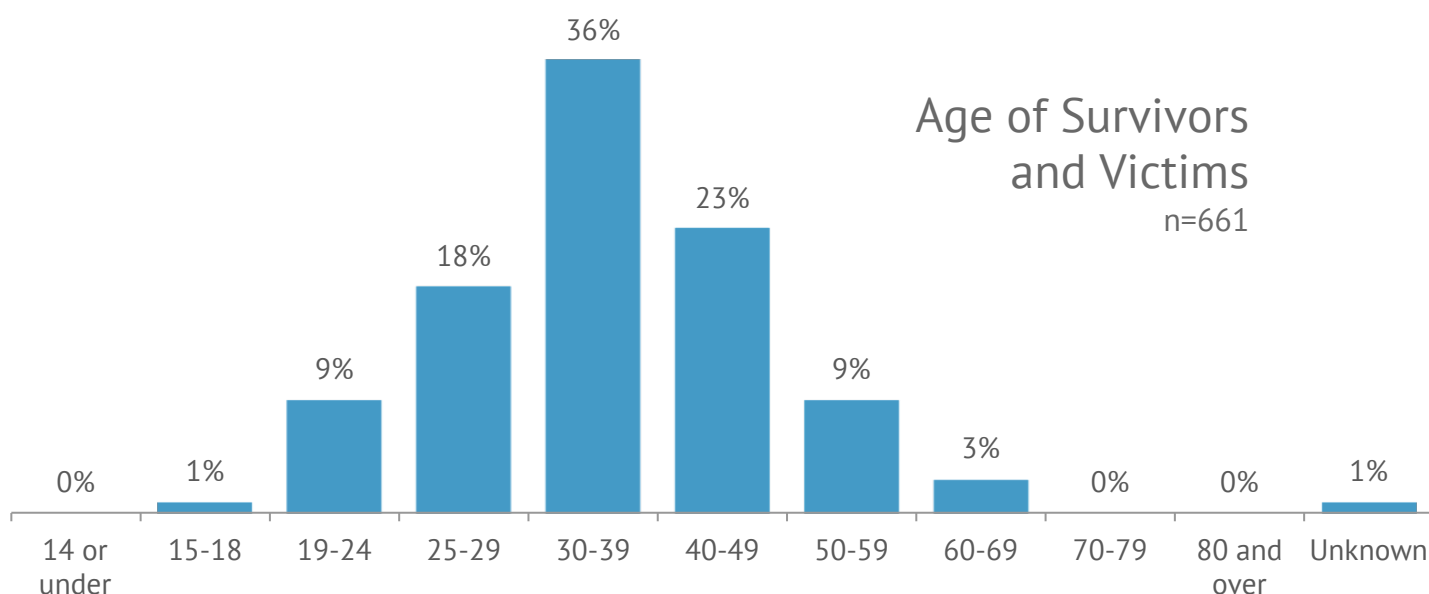
Since 1987, the Los Angeles LGBT Center (formerly the L.A. Gay & Lesbian Center) has remained dedicated to reducing, preventing and ultimately eliminating intimate partner abuse in the LGBTQ communities in Southern California. The L.A. Center's intimate partner violence intervention and prevention services are comprised of those offered by its STOP Intimate Partner Abuse / Violence Program (STOP IPV = Support, Treatment/Intervention, Outreach/Education, and Prevention) and its Domestic Violence Legal Advocacy Project (DVLAP). Together, both STOP IPV and DVLAP provide a broad array of services including survivors' groups, a court-approved batterers' intervention program, crisis intervention, brief and on-going counseling and mental health services, prevention groups and workshops, specialized assessment, referral to LGBTQ sensitive shelters, advocacy, assistance with restraining orders, court representation, immigration and U-visa preparation, and training and consultation on intimate partner violence, dating violence, sexual violence, and stalking.

Reported cases of LGBTQ intimate partner violence in the greater (5-county) Los Angeles area reflected an increase from a total of 565 cases in 2013 to 661 cases in 2014. These cases were assessed by STOP IPV (527 unduplicated individuals assessed to be survivors⁴⁴ of intimate partner violence), or DVLAP (134 unduplicated cases). STOP IPV did not include responses in its data total from community-based surveys distributed at LGBT pride festivals throughout L.A. County as it has in the past. The total of 661 cases only reflects individuals who specifically sought assistance and/or were assessed for IPV from/by the Los Angeles LGBT Center. The lack of inclusion of community-based survey data appears to be the *primary* reason for significant differences in the number of cases tracked prior to 2013. If responses from STOP IPV's community-based surveys had been included in the Center's overall total, approximately 500 additional cases could reasonably be added to the total each year. *

⁴⁴ STOP IPV offers services for both domestic violence survivors as well as perpetrators. Only survivors are included in STOP IPV's total above.



Of the 661 reported cases in 2014, 193 survivors identified as women and 405 survivors identified as men. There were 82 documented transgender cases. The remainder of the total (7) was comprised of individuals with undisclosed gender identities. The majority of cases came from individuals who identified as gay (357), or lesbian (102), while 60 individuals identified as bisexual. Fifteen individuals identified as queer, 10 identified as questioning, and 72 identified as heterosexual. The majority of individuals were between the ages of 19 to 60 with the largest group (240 individuals) between the ages of 30 to 39 followed by those (151 individuals) in the 40 to 49 category. The majority of survivors identified as White/Caucasian (413) followed by those who identified as Latino/a (256) and Black/African American (50).



Although STOP IPV did not include responses in 2014 from community-based surveys, the program focused in part on continuing to develop its capacity to track pertinent data not previously obtained. In 2014, STOP IPV expanded access to survivors between the ages of 19 to 24 and those ages 60 to 69, transgender survivors, and Latino/a survivors. Furthermore, of those cases tracked by STOP IPV in 2014, 34 respondents identified as immigrants, 13 identified as veterans, 57 identified disabled status, and 152 reported that they were HIV positive. Of the total, 11 sought shelter, 8 received shelter and 3 were denied shelter due to their gender identity. One hundred eight two (182) individuals reported witnessing domestic violence during childhood; 298 indicated that they had experienced physical abuse in childhood while 171 reported sexual abuse in childhood; 54 indicated that they were victims of sexual assault outside the context of intimate partner violence; 221 reported that they had been victims of bullying; 54 reported being victims of hate crimes; and 277 disclosed the presence of internalized homo/bi/transphobia. As many as 31 had previously attempted or threatened suicide. While 109 individuals called police because of IPV, no arrest was made in 29 cases while the abusive partner was arrested in 36 instances and the victim was arrested in 9 cases. Additionally, 179 indicated that they had been victimized in a previous relationship by an intimate partner and 119 reported that they had been abusive to an intimate partner in a former relationship. Two hundred and nineteen (219) stated that they had problems with anger management while 24 believed that their partners had anger management problems. Ninety two (92) individuals were assessed by STOP IPV to be primary victims of IPV while, 40 were assessed as defending victims, 64 were assessed to be secondary aggressors, and 107 were assessed to be primary aggressors. Finally, 125 indicated that they abused alcohol, 114 reported that they abused drugs other than methamphetamine (crystal meth), and 94 indicated that they abused crystal meth.

In 2014, DVLAP was able to expand access to immigrant survivors, transgender survivors, HIV positive survivors, and LGBTQ Latina survivors in addition to LGBTQ youth. DVLAP saw a 27% increase (from 52 in 2013 to 66 in 2014) in the number of LGBTQ youth who accessed their services in 2014 to address domestic violence, dating violence, sexual violence and/or stalking, with a 200% (from 3 in 2013 to 6 in 2014) increase in LGBTQ youth ages 15 to 18 who accessed the service. DVLAP continues to address the needs of LGBTQ youth survivors by providing trainings to school administrators and staff, student peer advocates, and LGBTQ student centers on college campuses in addition to providing legal clinic trainings at youth friendly locations. Furthermore, DVLAP has utilized the expansion of immigration services at the Center to ensure that youth are provided the immigration services and protection they need, including access to housing, healthcare, and legal services.

THE MONTROSE CENTER HOUSTON, TX

Mission

The Montrose Center empowers our community, primarily gay, lesbian, bisexual, and transgender individuals and their families to enjoy healthier and more fulfilling lives by providing culturally affirming and affordable behavioral health and preventative services.

Organization Description

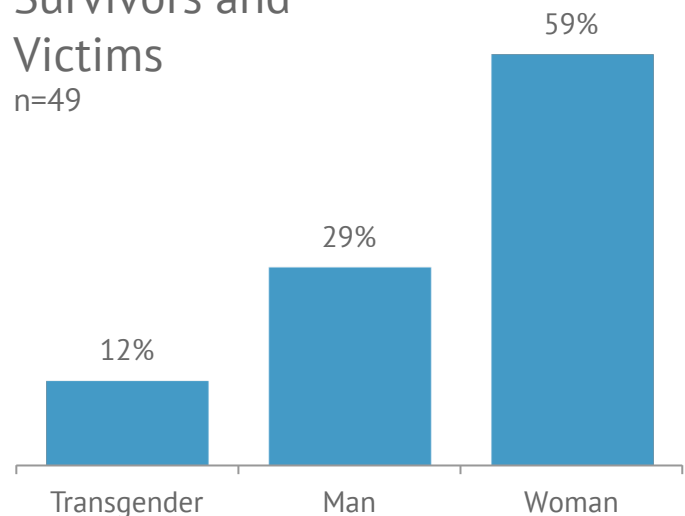
The Montrose Center works with survivors of intimate partner violence by providing counseling, case management, advocacy, hospital/police/court accompaniment, and housing to those fleeing same sex domestic violence or those dealing with intimate partner violence issues in counseling. Montrose Counseling Center offers individual counseling as well as group therapy by specifically trained licensed therapist. We also offer education and training to other agencies in the area which include homeless shelters, law enforcement and other agencies and community support systems. We continue to work on building good relationships with law enforcement and are attending several of their trainings to ensure a better understanding of working with the GLBT community

Data Analysis

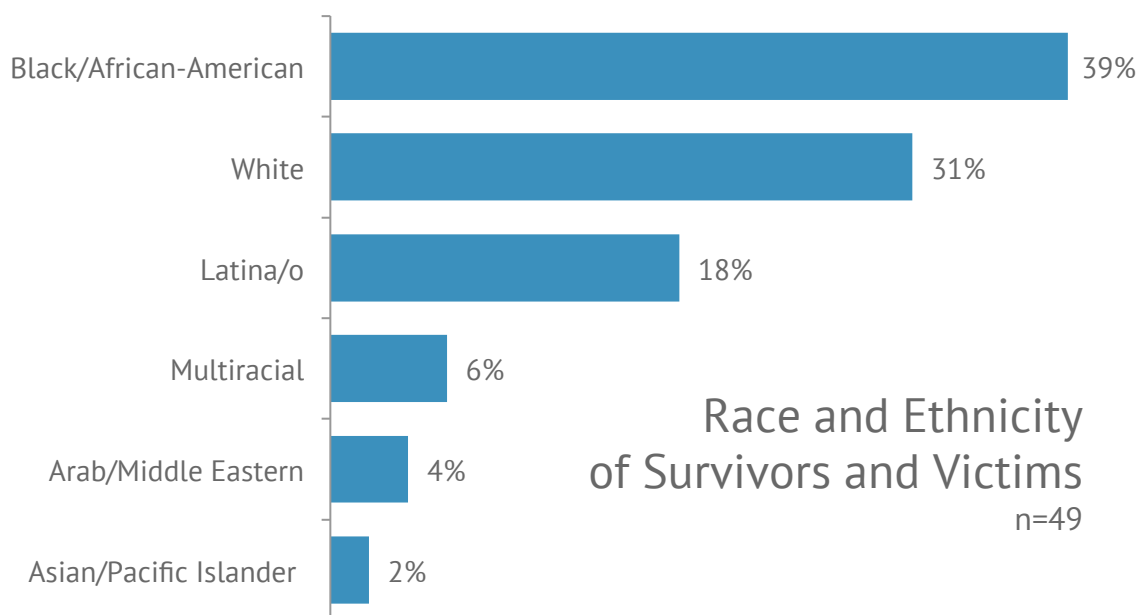
Of the 49 survivors of intimate partner violence assisted in 2014, 14 were men, 29 were women and 6 identified as transgender. Of those survivors, 19 identified as Black/African American, 15 were Caucasian, 9 were Latino/a, 1 identified as Asian, 2 were Middle Eastern and 3 identified as multiracial. Twelve survivors identified as gay, 26 identified as lesbian, 8 as bisexual, 1 as queer, and 2 as self-identified. Age ranges included 5 between the ages of 19 to 24, 16 between 25 to 29, 14 between 30 to 39, 9 between 40 to 49 and 4 between 50 to 59, and 1 between 60 to 69. The age and ethnicity numbers are reflective of the Houston population as a whole. The Montrose Center serves a targeted population of GLBT clients in the Houston area that would otherwise have

Gender Identity of Survivors and Victims

n=49



*Other categories include Intersex. This category represented 0% of survivors and therefore was not included in the graph.



difficulty finding affirming and cost effective services. During the year we saw a large increase in the numbers of LGBT persons seeking services with an emphasis within the lesbian community. We believe that with the legalization of gay marriage and the legitimization of marriage that the numbers of people actually reporting will continue to increase. We also saw more racial diversity over the past year. The Montrose Center has picked-up and filled the gap in dealing with intimate partner violence that other agencies are unable to handle which ensures services to the GLBT community.

NEW YORK CITY ANTI-VIOLENCE PROJECT - AVP

NEW YORK, NY

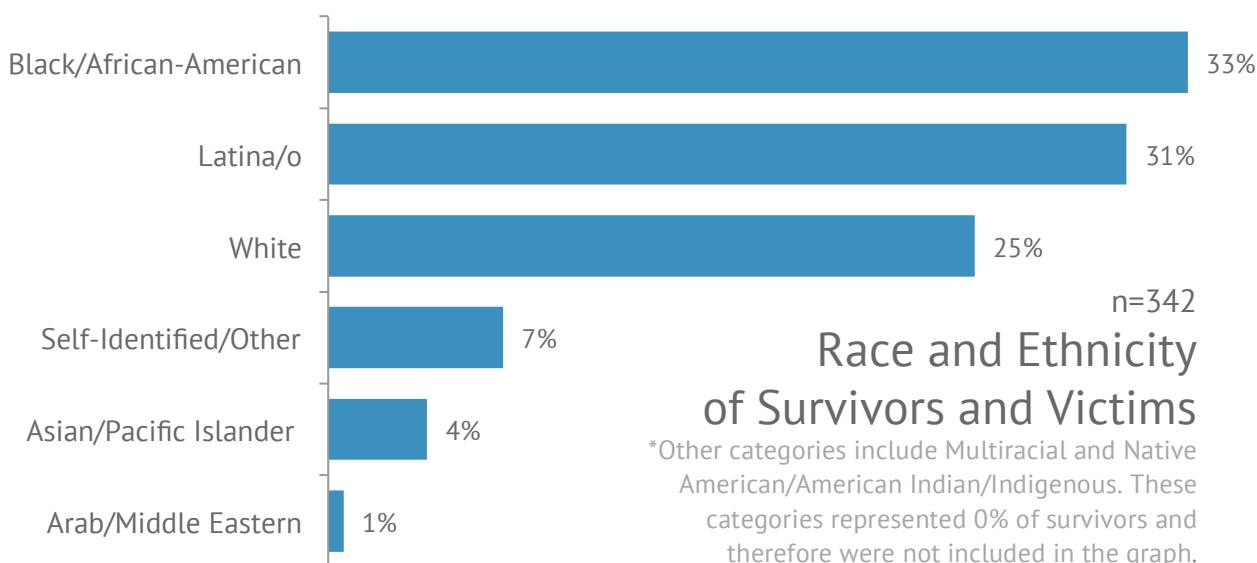
The New York City Anti-Violence Project (AVP) envisions a world in which all lesbian, gay, bisexual, transgender, queer (LGBTQ), and HIV-affected people are safe, respected, and live free from violence. AVP provides free and confidential assistance to thousands of survivors of violence each year in all five boroughs of New York City (NYC) and helps survivors of violence become advocates of safety.

General Findings

In 2014, AVP supported a total of 463 new LGBTQ survivors of intimate partner violence (IPV), a 27% decrease from 2013 (631), which brings reports back to 2012 levels. Our homicide rate remained constant with two IPV-related homicides. Reports in 2013 spiked during a year when AVP ran a Reporting Violence Ends Violence campaign, which dramatically increased the number of people reaching out to AVP, and staff transitions in 2014 left AVP fully staffed only 3 out of 12 months, significantly decreasing our capacity to serve as many clients as the previous year.

Race/Ethnicity of Survivors

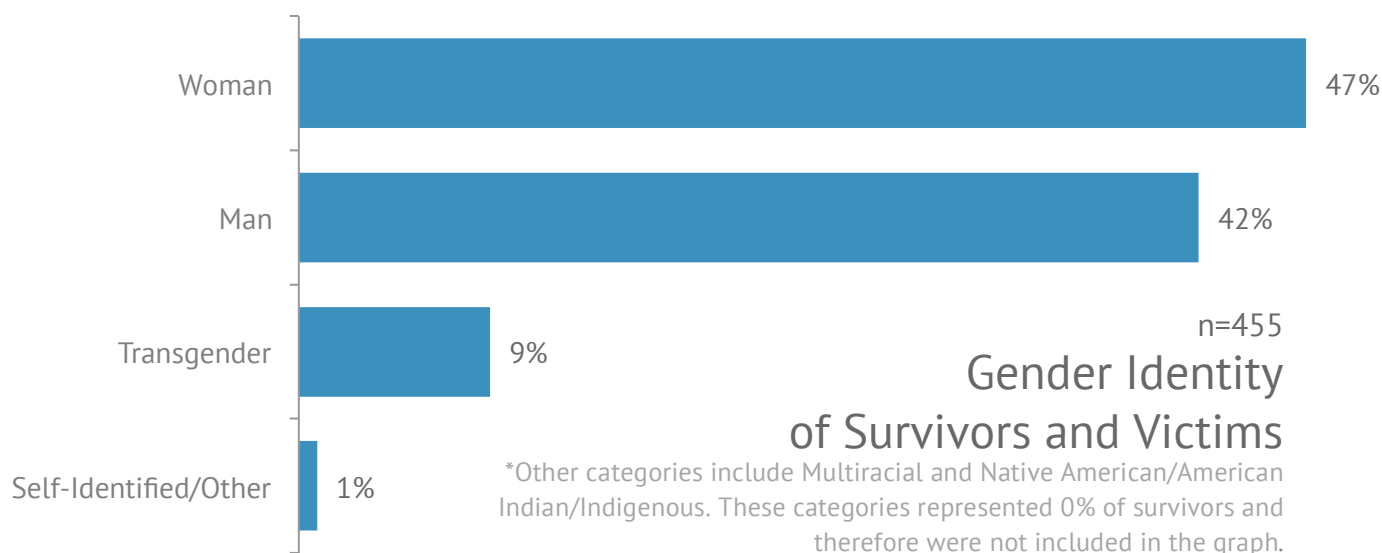
Consistent with previous years, most IPV survivors (75%) reporting to AVP in 2014 identified as people of color, up from 71%.⁴⁵ The proportion of clients served identifying as Black/African American increased (33% from 26%), while those identifying as Latin@ decreased (22%, down from 31%). This shift may be due to AVP's participation in local #BlackLivesMatter organizing, and vacancies among Spanish-speaking staff, which decreased our ability to do outreach and direct services in Spanish.



⁴⁵ 72% of those reporting race/ethnicity.

Gender Identity of Survivors

Of those who shared gender identity with AVP⁴⁶, nearly half identified as Women (48%, up from 42%), 42% as Men (down from 45%), and 10% as transgender and gender non-conforming (TGNC) (down slightly from 14%).⁴⁷



Sexual Orientation

Consistent with previous years, of those who shared their sexual orientation with AVP⁴⁸, the most reported sexual orientation was gay (44%, down slightly from 46%), followed by heterosexual (24%, up from 19%)⁴⁹, lesbian (20%), and bisexual (6% down from 7%).⁵⁰

LGBTQ and HIV-affected Immigrants

In 2014, of those who shared their immigration status with AVP⁵¹, 24% identified as non-citizens (up from 16%), with 12% identifying as undocumented immigrants (up from 9%). This increase may be related to AVP's new legal services program, which was launched in late 2013, and in 2014, was able to provide legal consultation, advocacy, and representation on immigration matters, in English and Spanish.

⁴⁶ 95% of those reporting IPV to AVP shared their gender identity.

⁴⁷ TGNC includes including 9% as transgender, 1% as self-identified, and <1% intersex

⁴⁸ 80% of those reporting

⁴⁹ The increase in heterosexual-identified people may be due to the fact that trans people often identify in this way, and that straight, cisgender men often come to AVP for support with IPV or SV from cis women partners, because they are unable to access services at mainstream programs that don't see men as survivors.

⁵⁰ Other survivors identified as queer (3%, down slightly from 4%), self-identified (2%), and questioning/unsure (1%).

⁵¹ 68% of those reporting

HIV Status

AVP noted no significant change in survivors sharing their HIV status. AVP's IPV services focus on the intersection of HIV and IPV and on linking survivors to care.

Disability

In 2014, 40% of survivors shared whether or not they had a disability, down significantly from 70% in 2013, clearly identifying this as an area on which AVP needs to focus targeted outreach and staff training. Of those who shared their disability status, 48% identified as living with a disability, up significantly from 30% in 2013; of those, 48% identified their disability as related to mental health (up from 46%), and 46% to physical health.⁵² This increase highlights the national data that people living with disabilities are at disproportionate risk for IPV.

Police & Prosecutor Response

In 2014, of those who shared information on police engagement with AVP⁵³, 50% reported that they engaged with the police; of those, 29% reported police misconduct, which more than doubled from 12% in 2013. Of those reporting misconduct, 50% shared they were unjustifiably arrested, down significantly from 93% in 2013, but still a serious concern, one that is often caused by law enforcement's inability to assess which partner in an LGBTQ relationship is the primary aggressor and highlights the need for continued education of law enforcement.

In 2014, there were noticeable strides in correctly classifying IPV incidents by both the police and prosecutors; however there is still more work to do. Significantly, 85% of survivors reported that the police properly classified their case, an increase from 34% in 2013, and 40% of survivors whose case went to a prosecutor reported that the case was appropriately classified as IPV, an increase from 8% in 2013. Some of this improvement may be related to AVP's presence at NYC Family Justice Centers, which co-locate IPV services with criminal legal systems, and our ongoing training for local police and DA's offices on cultural competency in working with LGBTQ survivors.

This data reinforces the need for AVP to continue our work to hold the criminal legal system accountable. AVP's remains a part of the LGBTQ Advisory Council to the NYPD Commissioner and continues our work with Communities United for Police Reform (CPR) in advocacy efforts to end discriminatory policy practices by the NYPD, and with the Access to Condoms Coalition, addressing the State law that allows condoms to be used as evidence in prostitution-related arrests, increasing profiling of LGBTQ people.

⁵² Others identified as: 4% learning disabled, and 2% blind.

⁵³ 77% of those reporting

Conclusion

AVP meets diverse LGBTQ and HIV-affected communities where they live, work, and spend time, providing free and confidential assistance to thousands of survivors each year, through direct social and legal services, and community organizing and education, across all five boroughs of NYC. AVP has incorporated economic empowerment programming into all of our work, with a particular focus on the ways in which economic abuse intersects with poverty and economic instability, especially for those already disproportionately impacted by poverty, including TGNC people and LGBTQ people of color. AVP founded and coordinates the New York State LGBTQ IPV Network, which continues to provide training and technical assistance across the state to expand the “mainstream” understanding of IPV outside of the heteronormative context, in which abusive partners and survivors identify across the spectrum of gender identity and sexual orientation, has created services that reach all survivors and has enhanced the cultural competency of mainstream service providers to create inclusive and accessible services for survivors of all gender identities and sexual orientations.

SafeSpace Program @ Pride Center of Vermont

FORMERLY RU12? COMMUNITY CENTER

VERMONT

Mission

SafeSpace is a statewide social change and social service program working to end physical, sexual, and emotional violence in the lives of lesbian, gay, bisexual, transgender, queer, and HIV affected (LGBTQH) people.

Organization Description

SafeSpace is a program of the Pride Center of Vermont (PCVT). It is the only program in Vermont that provides anti-violence services specifically for the LGBTQH community. As a direct services program, we provide: a support line; short term counseling; information and referrals; support groups; and accompaniment in court, medical settings, and law enforcement. We also offer technical assistance and education and outreach programs in the wider community.

One of Vermont's largest underserved populations is the LGBTQH community. A Gallup Poll recently reported that 4.9% of Vermonters identify as part of the LGBT community, the third highest population percentage in the country. Vermont is also ranks second in the U.S. for percentage of same-sex couples.

Data Analysis

Overall, the number of new survivors of intimate partner violence served by SafeSpace remained similar to the previous year with 26 new survivors reporting in 2014, down from 27 in 2013. The primary direct services advocate left in January of 2015 and so was wrapping up much of her work in the latter part of 2014. This would normally result in a drop in reports. That there was not a significant drop reflects the continuing demand for LGBTQH-specific IPV services in Vermont and the need for a program that addresses the unique needs of this community.

In 2014, 65% [17 out of 26] of survivors who reported intimate partner violence to SafeSpace identified as female, 31% [8 out of 26] of survivors identified as male, and 4% [1 out of 26] self identified. From 2013 to 2014, there was a 2% [67% in 2013 down to 65% in 2014] decrease of survivors who identified as female and a 3% [7% in 2013 down to 4% in 2014] decrease in those who self identified. In contrast, there was a 5% [26% in 2013 to 31% in 2014] increase in survivors who identified as male.

SafeSpace also saw an increase in reports by survivors who identify as transgender in 2014.

Of the 27 survivors who reported IPV in 2014, 65% [17 out of 26] identified as non-transgender, 31% [8 out of 26] identified as transgender, and 4% [1 out of 26] self identified. The number of survivors who identified as transgender increased 12 percentage points, from 19% in 2013 to 31% in 2014.

The increase may reflect more transgender-focused programs being offered. PCVT held a series of trans town halls to discuss issues faced by the transgender community. In addition, 2014 was the first year there was a Gender Fun tent at the Pride Festival. Both of these efforts increased the awareness of SafeSpace programming with trans survivors. SafeSpace will continue to focus efforts to reach the trans and cis gender male identified survivors in the queer community as they continue to be underrepresented among the survivors being served.

Recognizing the need for more services for young adults, SafeSpace increased its efforts to reach people in the 19-24 age range. In 2014, SafeSpace served 4 survivors between the ages of 19-24, which made up 15.4% of the reports, up from 0 reported survivors in 2013. SafeSpace staff continued partnerships and collaborations with the local colleges in addition to increasing our cross program work with GLAM, which provides HIV education and prevention to MSM ages 18 to 35. SafeSpace also provided training and education to Middlebury College's Health & Wellness Center staff and, separately, with the acquisition of OVW Campus Grant funding, their peer violence advocates, in addition to collaborations with University of Vermont's Women's Center and LGBTQA center on intimate partner violence. This focus may have resulted in an increase of services to this age demographic.

SafeSpace saw increases in survivors in two other age groups as well in 2014. Reported survivors' ages 40 to 49 increased by 100% from 3 in 2013 to 6 in 2014 and survivors ages 50-59 increased by 133% in from 3 in 2013 to 7 in 2014. These increases are most likely due to the efforts of utilizing ongoing Pride Center of Vermont events to promote and educate the community about the SafeSpace program and services provided. Pride Center of Vermont's two major fundraisers draw a majority of people from the ages of 35-60 and provide an opportunity to increase awareness of intimate partner violence and the services available through SafeSpace. Building relationships between the SafeSpace staff and the LGBTQH community members who attend these events only increases the likelihood of individuals utilizing the program.

In addition to utilizing ongoing community events to promote SafeSpace services and provide intimate partner violence education, multiple training opportunities occurred in 2014 to programs that serve older adults and elders.

SOJOURNER HOUSE

RHODE ISLAND

The mission of Sojourner House is to provide culturally sensitive support, advocacy, safety and respect for victims of domestic abuse and to effect systems change. As an agency organized to serve victims and survivors of domestic violence and their families, Sojourner House envisions a world where everyone lives their life free from domestic abuse. We embrace respect, compassion, fairness and equality in carrying out our mission. We believe that everyone has a right to live and work in an environment free from abuse of any sort. In keeping with this conviction, we strive to operate a mutually supportive and non-exploitive workplace. We believe that domestic violence is rooted in a social attitude that violence is acceptable, a culture that devalues women, and a society structured by exploitation. In the conviction that individual empowerment and social change go hand-in-hand, we work toward both. By embracing the concept of self-empowerment, we encourage all clients to realize their potential to control their own lives. We value the strengths inherent in diversity of cultures, lifestyles, and ideas.

Sojourner House operates out of two cities with a drop in center in Providence and a residential program in northern Rhode Island although steps have already been taken to expand residential service opportunities to the Providence area. Both locations offer one-on-one advocacy, support groups, various empowerment and healthy relationships workshops for victims and survivors of domestic and intimate partner violence. Sojourner House's residential program is comprised of an emergency safe house and transitional housing for survivors of domestic violence, sexual assault and stalking. Beginning in late 2015, Sojourner House will become the first domestic violence organization in Rhode Island to provide safe housing for male-identified survivors of violence. Sojourner House operates a domestic violence hotline where survivors can access resources and support from advocates seven days a week. Sojourner House also provides sexual health advocacy and rapid HIV testing to the community along with a teen dating violence prevention program. Through the Latin@ advocacy initiative, all services are fully comprehensive in English and Spanish. In addition to the services above, Sojourner House offers immigration advocacy, helping survivors of domestic violence and human trafficking obtain legal residency. To date, our immigration advocacy program has a 100% success rate. Also, the LGBTQ advocacy program at Sojourner House continues to implement programming specific to the unique experience of LGBTQ survivors of IPV.

Overall, the number of LGBTQ and HIV-affected survivors of IPV that received services from Sojourner House increased by over 8% in the past year from 21 survivors accessing services in 2013 to 23 survivors in 2014. The number of survivors who identified as bisexual in 2014 is comparable to the number of bisexual survivors in 2013; however, the number of survivors who identified as gay increased from 0 in 2013 to 5 in 2014. These changes most likely reflect our increased training and cultural competency amongst staff, along with outreach efforts to these communities and the development of more LGBTQ-inclusive promotional materials.

Of the survivors who reported to Sojourner House in 2014, 34.8% identified as Latin@, 26% identified as white and 17.4% identified as Black/African American. There was a drastic increase in survivors between the ages of 25 to 29, from 25% of documented survivors in 2013 to 44% in 2014. This shift in age demographic is most likely due to the growth of our community partnerships with other local organizations that provide services specifically to LGBTQ youth and SOFFA.

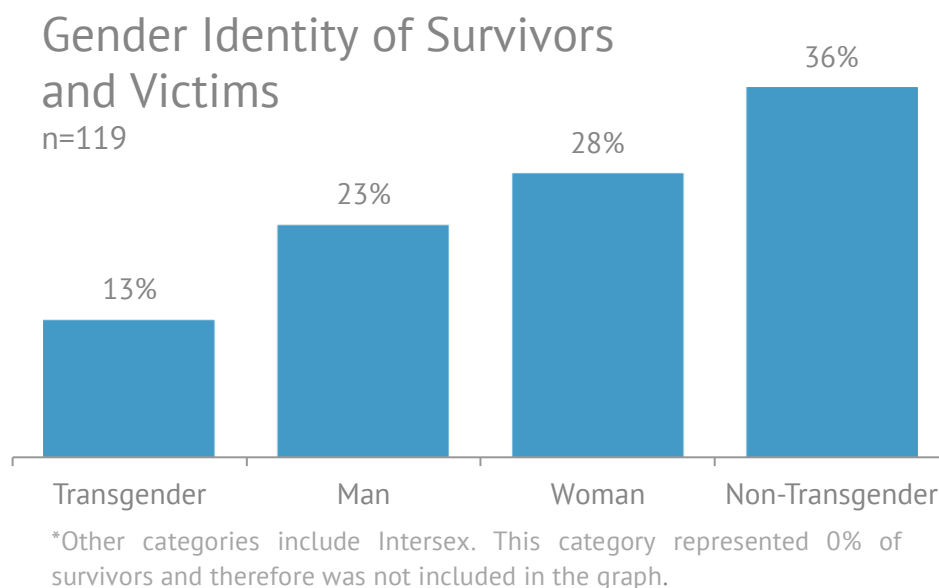
SURVIVORS ORGANIZING FOR LIBERATION - SOL

FORMERLY THE COLORADO ANTI-VIOLENCE PROGRAM

DENVER, CO

Since 1986, Survivors Organizing for Liberation (SOL) has been dedicated to eliminating violence within and against the lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities in Colorado, and providing the highest quality services to survivors. SOL provides direct services including a 24-hour hotline for crisis intervention, information and referrals. SOL also provides technical assistance, training and education, and advocacy with other agencies including, but not limited to, service providers, homeless shelters, community organizations, law enforcement and other community members. Buried Seedz of Resistance (BSEEDZ) is the other half of the organization, and is creating their own legacy by organizing, creating art, building skills, power and leadership. Using strategies of community organizing, arts & media, action research and direct action, BSEEDZ sparks dialogue, educates and empowers youth to take action. Led entirely 'By Youth, For Youth', BSEEDZ continues to build a base of youth leaders locally and nationally who are committed to fighting for safety and justice in their lives, families and communities.

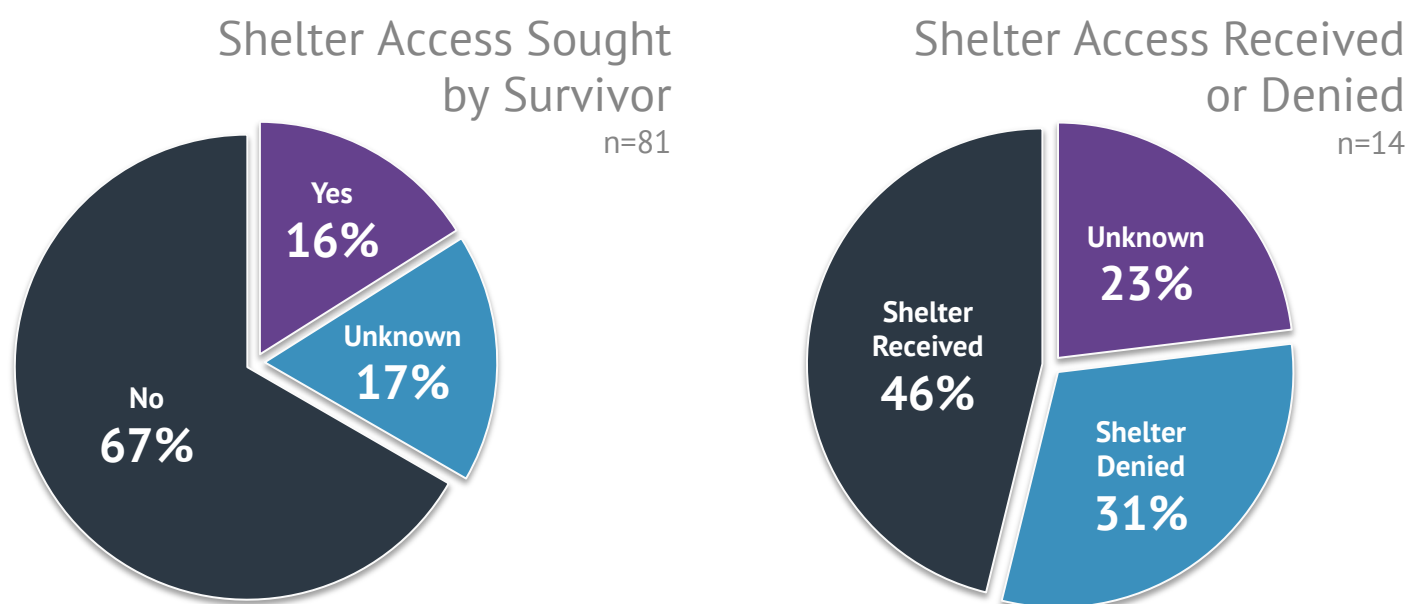
SOL experienced a slight increase (8%) in the number of hotline calls compared to last year, with 81 callers reporting intimate partner violence in 2014 compared to 75 in 2013. In June we added an online reporting form to our website, which is part of a larger initiative to create more ways for survivors to connect with our organization.



Calls from survivors living with disabilities represented 16% of our calls in 2014. SOL has been developing collaborations with organizations that work with survivors living with disabilities so that our work can have a stronger disability justice lens. We are on the planning committee for an initiative that will convene a statewide summit in early 2016 to address issues faced by survivors with disabilities and LGBTQ survivors in an effort to strengthen our work in this area.

Almost 25% of our callers reported being injured during their IPV experience, with only 8% of those survivors seeking medical attention. This is consistent with our data from last year and continues to be a concerning trend.

Thirteen percent of our callers reported their incident to the police, and of those, 14% reported a hostile response from law enforcement responders. This year, we have invested more deeply in a community organizing model to supplement our work, with the knowledge that it will require a deeper level of organizing in order to change the experiences that LGBTQ survivors have with law enforcement and other systems in our communities. We are developing partnerships with other local organizations who also address police brutality and discrimination so that through these new efforts survivors have new information about their rights and ways in which to organize around these issues.



Almost 17% of our callers sought emergency shelter and of those, 31% were denied shelter due to their gender identity. Our concern around this issue continues to be at the forefront of our work, and informs our Trans Shelter Access (TSA) project, which primarily involves training and technical assistance for both domestic violence and homeless shelters in Colorado with a long-term goal of all shelters shifting to all-gender policies.

Calls from transgender survivors totaled 13% of our total calls, which is consistent with previous years. We've continued to grow our outreach and collaboration initiatives so that we are about to connect with transgender and gender nonconforming survivors in Colorado. We've recently developed new hotline outreach materials that highlight shelter discrimination, knowing that currently only 13% of the domestic violence safe houses in Colorado have all-gender policies. With so few emergency housing options, we know that this creates additional safety risks for trans and gender non-conforming survivors. Additionally, we've deepened our collaboration with It Takes A Village, a local organization that works primarily with trans Black women. In 2014, SOL and It Takes A Village co-hosted a Trans Day of Remembrance event, allowing our two organizations an opportunity to strengthen our organizational reach and outreach.

THE NETWORK/ LA RED - TNLR

BOSTON, MA

Mission

The Network/La Red is a survivor-led, social justice organization that works to end partner abuse in lesbian, gay, bisexual, queer, transgender, SM, and polyamorous communities. Rooted in anti-oppression principles, our work aims to create a world where all people are free from oppression. We strengthen our communities through organizing, education, and the provision of support services.

Organization Description

The Network/La Red has been providing services since 1989 which have expanded to include hotline, safehome, and support groups both in person and phone support group, and advocacy. TNLR also provides technical assistance and training nation-wide on LGBTQ/T communities, LGBTQ/T partner abuse, and how to screen to determine who is the abuser and who is the survivor.

Data Analysis

The numbers of new survivors calling TNLR's hotline for information or advocacy in 2014 increased 14% compared to 2013 with 270 callers in 2014 from 236 in 2013. This increase is mostly due to our new database, which allows for better data recording of callers and our increased outreach with short presentations at non-domestic violence focused spaces such as local open mics, comedy shows, and general relationship workshops.

The overall demographic data has remained consistent from 2013 to 2014 which reflects TNLR's longer term work with survivors and steady outreach effort. We directly ask for specific demographic and incident information when there is an expectation of an ongoing relationship between the survivor and The Network. For one time callers it is unlikely that we are able to collect all demographic and incident statistics.

Of the survivors where gender was known, 31% of the survivors who accessed our services identified as women whereas only 19% identified as men and 15% identified as transgender and 4% identified as self-identified/other.

This distribution is very similar to that of 2013. There are several potential reasons for this, one is that many mainstream domestic violence programs target their advertising specifically to cisgender women. Therefore it is possible that lesbian, bisexual, and queer women are more likely than people of other genders to reach out.

The combined total for people utilizing our services who identify as transgender or self-identified/other is 19%, which can be attributed to our strong ties to transgender organizations and community groups in the state.

The low number of men utilizing our services may be attributed to both the difficulty of men identifying as survivors of domestic violence and the perception of exclusion from domestic violence programs. This may also have to do with the fact that although TNLR has been, in practice, working with gay and bisexual men for many years, gay and bisexual men were only added to our mission statement in 2010 and so the perception by many service providers making referrals is that we only work with lesbian, queer, and bisexual women and transgender individuals.

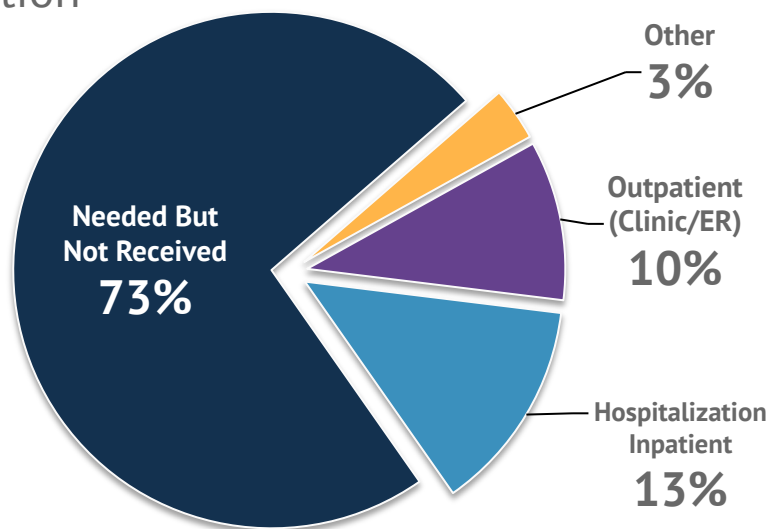
WINGSPAN ANTI-VIOLENCE PROJECT

TUCSON, AZ

The Wingspan Anti-Violence Project is an anti-oppression activist program organized by and for LGBTQIA&HIV+ survivors of domestic violence, sexual assault, hate violence, discrimination, police brutality and institutional violence. Its Mission is “to prevent, respond to, and end all forms of violence against and within the LGBTQIA&HIV+ and ally communities of Southern Arizona” by envisioning “a world in which all LGBTQIA&HIV+ people and their allies are safe, respected, and live free from violence, discrimination, harassment, and oppression.” Through a 24-Hour Bilingual Crisis-Line, community organizing and a public office, the Wingspan AVP offers crisis intervention, survivor advocacy, grass roots organizing and community education. These programs of the Wingspan AVP serve primary, secondary and potential survivors of both recent and past incidents of violence. In order to accomplish this, the Wingspan AVP believes that any and all homonationalist tendencies within the LGBTQIA&HIV+ movement must be rejected and all instances of pinkwashing must be uncovered. As such, the Wingspan AVP urges that only by building a solidarity network with all other movements against oppression and violence can the struggle of LGBTQIA&HIV+ people for self-determination be successful.

Type of Medical Attention

n=30



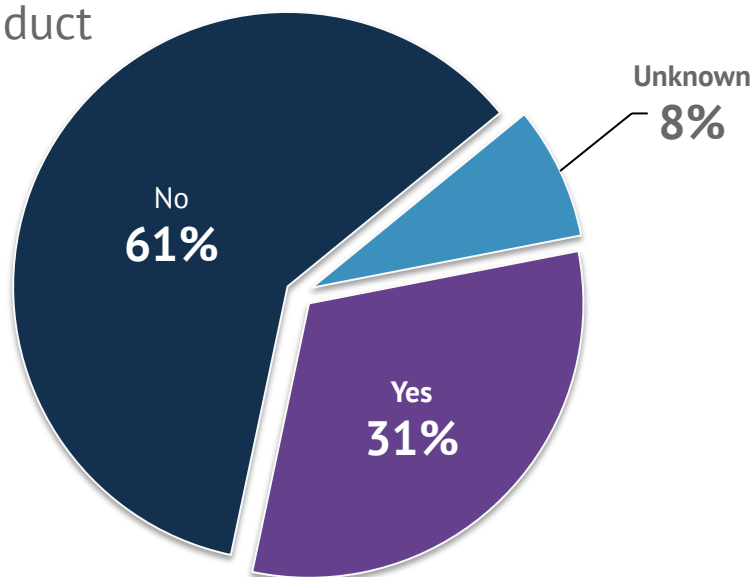
The year 2014 was an especially violent year for LGBTQIA&HIV+ survivors of IPV in Southern Arizona, and this can be extracted from the data submitted to this report. Of the 189 survivors who reported IPV to the Wingspan AVP, 123 survivors, 65.1%, reported physical violence. There were 8 of the total IPV reports involved a weapon, 4.2% of 189 total reports, but these 8 reports also involved physical violence and thus 6.5% of 123 reports of physical violence involved a weapon. Additionally, 30 survivors required medical attention, 24.4% of the total 123 cases. However, most of the survivors in these incidents did not receive

the medical attention they needed for their injuries. Only 7 survivors requiring medical attention received either outpatient services or hospitalization, 23.34% of 30, whereas 23 survivors requiring medical attention did not receive any medical attention, 76.67% of 30. Six of the cases requiring medical attention involved injuries resulting from physical violence with a weapon, 20% of 30. Only 1 of the 6 survivors requiring medical attention resulting from physical violence with a weapon received any medical attention albeit inpatient hospitalization. This reluctance of seeking medical attention may be due to the difficulty of low income people to receive Medicaid.

Most of the survivors who sought services with the Wingspan AVP are living in poverty. Many LGBTQIA&HIV+ people are systematically excluded from participation in the local economy thereby resulting in heightened poverty among Arizona's LGBTQIA&HIV+ population seeking services through the Wingspan AVP. According to the latest census data, 25.2% of people living in Tucson are living in poverty. However, 137 survivors, of the total 189 survivors that reported to the Wingspan AVP, 72.4% of survivors were living in poverty according to the Federal Poverty Guidelines at the time of the report. Thus LGBTQIA&HIV+ survivors of IPV reporting to the Wingspan AVP are at a higher risk of living in poverty than the average Tucsonan.

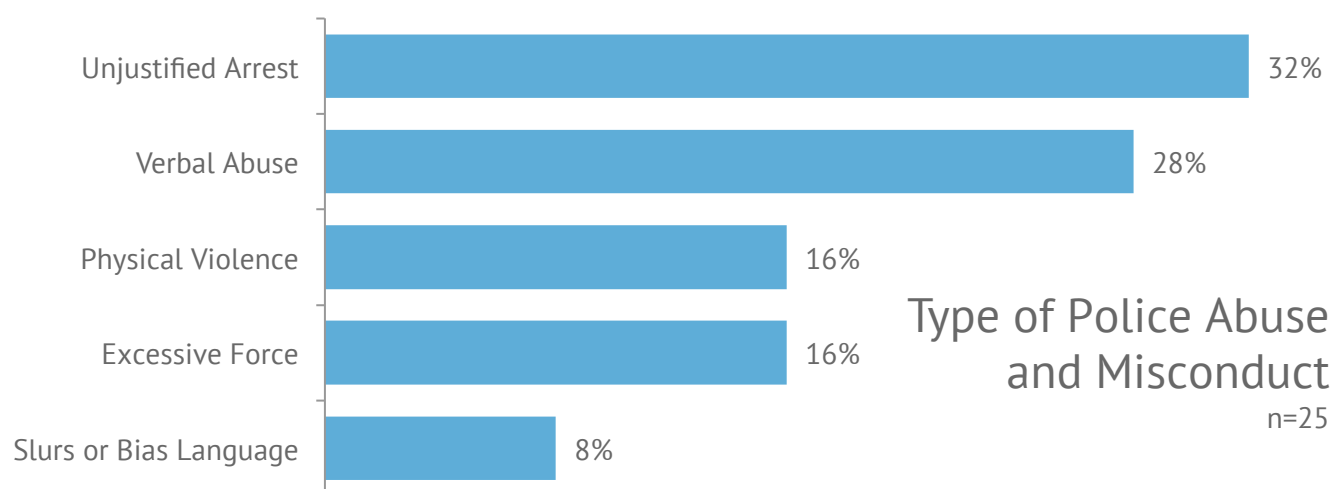
Police Abuse and Misconduct

n=51



The economic and social injustices facing LGBTQIA&HIV+ people lead to a lack of ability for survivors to seek and receive safety from the criminal legal system. LGBTQIA&HIV+ people have consistent difficulty reporting crimes to the police due to social stigmas and oppression. Of the 189 survivors that Wingspan interacted with in 2014, 51 (26.98%) reported IPV to the police. Although 44 of the cases involving physical violence were reported to the police, 35.7% of 123, and 4 of the cases involving a weapon were reported to the police, 50% of 8, the response of police to survivors reporting is consistently abusive and/or violent. Of the total 189 cases reported to the AVP, 25 cases involved police abuses including

verbal abuse, slurs, and physical violence, or police misconduct including excessive force, entrapment, and unjustified arrest, 13.23% of 189. Yet, of the IPV reports made to police by survivors, 16 of these reports were met with police abuses including verbal abuse, slurs and physical violence, or police misconduct including excessive force, entrapment and unjustified arrest, 31.37% of 51. It is this continued aggression of police against LGBTQIA&HIV+ people that forms the barrier for survivors seeking and receiving justice and safety. Hence, the continued police violence against LGBTQIA&HIV+ people acts as an integral piece in the systematic exclusion of LGBTQIA&HIV+ people from economic and social justice.



The above statistics regarding IPV in LGBTQIA&HIV+ relationships, the lack of access to economic and social justice, and the high rates of police violence are especially important for advocates working in the South West. In order to create changes to the levels of IPV affecting LGBTQIA&HIV+ people, and to help LGBTQIA&HIV+ people seek and receive justice and safety, these problems must be confronted. As found through the Wingspan AVP's report, the levels of IPV are highly correlated to the level of economic and social justice available to survivors. Additionally, the police responses to LGBTQIA&HIV+ cases of IPV help establish and reinforce the economic and social inequality within local communities. Consistent with the Mission and Vision of the Wingspan AVP, in order to end IPV within LGBTQIA&HIV+ communities, anti-violence activists must keep their eyes on the oppression and stigma that our communities face. Only by struggling to end oppression can the anti-violence movement truly struggle against the economic and social realities facing LGBTQIA&HIV+ survivors of IPV.

HOMICIDE NARRATIVES

2014 Intimate Partner Violence Related Homicides

This report was written by the

NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS

A program of the **NEW YORK CITY ANTI-VIOLENCE PROJECT**

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FOUNDATION

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INTRODUCTION

The National Coalition of Anti-Violence Programs (NCAVP) presents this collection of stories of lesbian, gay, bisexual, transgender, queer (LGBTQ), and HIV-affected intimate partner violence (IPV) homicide victims in 2014 as a supplement to the annual intimate partner violence report. This document provides a snapshot of IPV victims' experiences and seeks to honor their memory.

The report highlights the narratives of 15 known LGBTQ and HIV-affected IPV homicides in 2014. All stories listed here were selected by NCAVP member programs because they include information that indicates a strong likelihood that IPV either motivated or was related to the homicide. However, this list is not exhaustive as some homicides of LGBTQ and HIV-affected people may not have been documented because of misidentification of victims' sexual orientation or gender identity in media and other reports. It is often difficult to assert victims' racial, ethnic, gender, or sexual orientation given the difficulty of finding accurate information in the media and other reports. NCAVP is cautious not to report information on identities that has not been confirmed so as not to misidentify victims. NCAVP has provided all demographic information that we were able to confirm. Given that NCAVPS reports and other research shows a disproportionate impact of IPV on LGBTQ and HIV affected survivors of color and bisexual survivors, NCAVP hopes to find ways to collect data on the racial, ethnic, and sexual orientation identities of homicide victims in a way that provide accurate information and honors victims in all of their identities.

While honoring the memory of the victims, NCAVP would like to note many of these homicides are the culmination of complicated and nuanced forms of violence. To not consider self-defense within the framework of the homicide narratives is to not fully understand the complexities of IPV, and the desperation and isolation that may drive a survivor to commit physical violence. NCAVP wrote these narratives using information from media outlets, family and friends, and local NCAVP members. NCAVP is not responsible for the complete accuracy of these narratives and the specific details pertinent to allegations, police investigations, and criminal trials.

These narratives illustrate the need for the existence and expansion of LGBTQ and HIV-affected anti-violence programs. 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.

NCAVP would like to acknowledge and express gratitude for the work of Kristie Morris, PhD who volunteered their time to research and write the homicide narratives for this report.

HOMICIDE NARRATIVES

IN CHRONOLOGICAL ORDER

Andrew Jay Tongate, 28, Cisgender Man

Raleigh, North Carolina - January 12, 2014

Andrew Jay Tongate was stabbed to death on January 12, 2014 in Raleigh, NC. His boyfriend, Gavin Joseph Zacherl, had called police and said, “My boyfriend has been doing methamphetamines and stabbed himself in the chest.” Zacherl was later charged with Tongate’s murder. Allison Tongate said her brother “...was just very caring and gentle and very generous. He loved his family, especially his nieces and nephews. He just touched so many people’s hearts and lives.” Prior to his death, Andrew had been a volunteer at a suicide prevention hotline and volunteered with refugees.

Britney Cosby, 24, Black, Cisgender Woman

Crystal Jackson, 24, Black, Cisgender Woman⁵⁴

Galveston County, Texas – March 7

Crystal Jackson, 24, and Britney Cosby, 24, were found near a convenience store trash dumpster in Galveston County, Texas on March 7, 2014. Jackson died from a fatal gunshot, and Cosby died from severe head trauma. Britney Cosby’s father, James Larry Cosby, was arrested for tampering with evidence in this case. Britney’s mother, Loranda McDonald, said he had a problem with his daughter being gay. Police Captain Barry Cook said investigators weren’t ruling out a hate crime as being a possible motive, but they weren’t ruling other possible motives either. No one has been charged with the murders. Jackson and Cosby had been together for two years.

Kurtland Ma, 34, Cisgender Man

West Hollywood, California - March 29, 2014

Kurtand Ma was stabbed to death on March 29, 2014 in his West Hollywood, CA apartment. Ma lived in the apartment with his boyfriend Andre Damiane Davids. Police went to the apartment to conduct a welfare check. They received no answer at the door and proceeded to break down the door. They found Ma’s body and Davids in the bathroom; Davids had swallowed a large number of pills in an attempt at suicide. Davids had sliced Ma’s body open and placed some organs in Ma’s mouth. Lt. John Corina said, “It

⁵⁴ Britney Cosby and Crystal Jackson were also included in the *Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-Affected Hate Violence in 2014* Report because of the complex interplay of hate violence and family violence related factors. NCAVP (2015) *Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-Affected Hate Violence in 2014*. New York, NY: Author

appears to be a crime of passion where you know one boyfriend wasn't as faithful to the other. The other one got upset." Ma's friends described Davids as possessive and told police that Ma wanted to end his relationship with Davids. Friends said Ma was always happy and in a good mood. Christian Sipaco, a nurse in NYC who knew Ma in medical school, said, "I asked him why he always smiled. He described it as his 'perma-grin.' He said 'I can't take it off.'" Friend Anne Chung said, "He loved his friends; he loved his family. He was just such a good person."

Jamie Johnson, 36, Cisgender Man

McCalla, Alabama - April 14, 2014

Anita Hill, 51, was charged with murder after killing her unnamed son's partner, Jamie Johnson, 36. Hill and her son asked Johnson to meet them at a local truck stop in McCalla, Alabama to discuss moving. At the truck stop, the son went back to his vehicle while Johnson and Hill continued to talk. Witnesses at the scene say that Johnson attempted to turn and walk away from Hill, and then Hill took out a handgun and shot Johnson in his back. Hill returned to her car, and when the police arrived, her son was trying to save Johnson's life. The police do not believe the murder was planned. Sgt. Dale Phillips of Tuscaloosa Metro Homicide said, "The mother had concerns about her son's safety because over the past several years their relationship has been, in her mind, physically and emotionally abusive."

Elliana Lucas-Jamason, 2

Jupiter, Florida - May 26, 2014

Elliana Lucas-Jamason, 2, was killed on May 26, 2014 in Jupiter, FL. Her body was found by her older brother in their bathroom. He tried to resuscitate her, but was unable to revive her. Jupiter Police Chief Frank Kitzerow said, "I think he's the bravest person I ever met." Lucas-Jameson was killed by her mother's former domestic partner, Kimberly Lucas. Lucas additionally tried to kill Elliana's older brother before trying to commit suicide; she was unsuccessful with both attempts. A memorial service was held on June 1 at Elliana's favorite place—The Metropolitan Community Church of the Palm Beaches. Guests in attendance sang Elliana's favorite songs and wore her favorite colors. Her mother said, "I believe that my Elliana was a special gift, an angel. I saw it in her eyes every day."

Kelly Phillips, 48, Cisgender Man

Arden Hills, Minnesota - Aug. 11, 2014

Kelly Phillips, 48, was shot and killed at an Arden Hills, Minnesota gas station on August 11, 2014. Josh Polos, a witness to the crime, said he saw two men get out of a car at the gas station, and the driver shot the passenger three times. After the first two shots, Phillips tried to run while begging for his life. The driver then shot at Phillips's head. The driver then returned to the driver's seat, turned the car on, backed up, went forward, and ran over Phillips with the car. Lyle "Ty" Hoffman, Phillips's ex-boyfriend, was a suspect early in the investigation, but the police had difficulty locating him. Hoffman and Phillips had previously been in a romantic relationship and in a business partnership; however, both of these relationships had ended. Phillips was planning to marry his partner, Nathon Bailey, in a couple weeks.

Hoffman led police on a manhunt until September 11 and was finally captured at a local Arby's. Hoffman used a false name and had altered his appearance. Hoffman pled guilty to second-degree murder, and he is expected to be sentenced to 25 ½ years in prison. Bailey said, "I don't think justice was served. But no amount of time will ever be appropriate for what he did."

Scott Rogers, 52, Cisgender Man

St. Gabriel, Louisiana - August 27, 2014

Scott Rogers, 52, was shot and killed in his home in St. Gabriel, LA on August 27, 2014. The alleged gunman, Mathew Hodgkinson, was believed to have shot and killed Rogers and then shot himself. Hodgkinson, Rogers's son-in-law, was taken alive to a local hospital. The local police had received a call that gunshots were heard. The Sheriff said, "It's topsy-turvy at this residence. We responded to a couple of calls. It's been a high stress environment for this family and looks like it culminated in this." Rogers was the host of a local television show and sometimes preached at the Unity Church of Christianity. Rogers' attorney, Seth Dornier said, "It's very unfortunate. Scott Rogers was a great man. He was kind, honest, truthful, a great father, and a great leader. At this time, I think everybody is just shocked and deeply saddened." Iberville Parish Sheriff Brett Stassi explained that Rogers and Hodgkinson had been lovers for years before the shooting. Hodgkinson's marriage to Rogers's daughter was only to keep him in the United States. There were allegations made regarding sexual abuse by another man living with Rogers and Hodgkinson, and he described on a radio program the alleged abuse he and Hodgkinson had endured as adolescents by Rogers.

Alejandra Leos, 41, Latin@, Transgender woman

Memphis, Tennessee - September 5, 2014

Alejandra Leos, 41, was fatally shot near her front door in Memphis, TN on September 5, 2014. She was attempting to ride away from her home on a bicycle following a fight with her boyfriend, Marshall Pegues, when he shot her in her back. Pegues, 21, has been charged with first-degree murder. Police first misidentified Leos, a transgender woman, as a man. Leos's friend, Melisa Smith said she was the type of person who would say, "'You don't have a jacket? I'll give it to you. It was to the point where if you didn't have no place to sleep [Alejandra] would help you.'"

Ronald Fischman, 54, Cisgender Man

East Mount Airy, Pennsylvania - September 30, 2014

Ronald Fischman, 54, was stabbed to death in his East Mount Airy, PA home on September 30, 2014. The victim had previously taken two homeless men into his home, but had told one of them, Jonathan Williams (AKA Williams James) to leave and not return. Williams returned on September 30th to see his former boyfriend, Gordon Branch, who still resided at Fischman's residence. Branch saw that Williams had broken into the house and ran from Williams. Williams took a knife from the kitchen and continued to run after his ex-boyfriend. Fischman tried to calm down Williams, and Williams stabbed Fischman in his shoulders,

back, and legs. Branch jumped out of a window and sought police. Later, Williams confessed to the murder and said he “just lost it.” He was charged with burglary and murder. Fischman was a member at Mishkan Shalom synagogue in Roxborough. Rabbi Shawn Zevit said, “He was one of the most compassionate people I know. He had an enormous heart.”

Kitty Collins, 60

Cobb County, Georgia - October 6, 2014

NCAVP was unable to confirm the gender identity of Kitty and therefore will be using they/them/theirs pronouns throughout Kitty’s narrative except for in direct quotes.

On October 6, 2014, Kitty Collins’s body was found inside their Cobb County, GA home. Police found their body after finding Frank Bowles, their domestic partner, in what appeared to be abandoned vehicle in Tennessee. Bowles was charged with being in possession of a shotgun and a driving under the influence. Police also found him in possession of some of Collins’s possessions, which led Tennessee police to contact Cobb County police, who conducted a welfare check on Collins. Bowles later confessed to shooting Collins over a fight over their dinner. Bowles pled guilty and was sentenced to life in prison. Collins’s sister said to Bowles, “Frank, you are not a bad guy, but you did a very bad thing. A thing that cannot be taken back or changed. And because of this bad thing we buried our brother. You have not denied what you did and even though it’s very hard, I must call it what it is...murder. As ugly as that is and as malice as it seems, it is still forgivable. That is exactly what we have done, Frank is to forgive you, totally and fully.” Collins toured the nation under the drag name “Kitty Litter since 1972. Drag legend Lily White said, “Everyone loved her. She didn’t have any enemies. She was kind and sweet to all the drag queens coming up in that time period. Everyone is going to miss her.”

Tawnee Maria Baird, 21, Cisgender Woman

Ogden, Utah - October 17, 2014

Tawnee Maria Baird, 21, was stabbed to death on October 17, 2014 in Ogden, UT. Her domestic partner, Victoria Mendoza, confessed to the stabbing and was charged with first-degree felony murder. The two were traveling to Ogden to see friends and began arguing. Mendoza allegedly told police they were physically fighting during while traveling. An Ogden police detective wrote in the probable cause statement, “Victoria stated she ‘lost it’, drew her knife from her pocket and began stabbing [Baird] multiple times.” After Mendoza stabbed Baird, she drove to a parking lot and called her sister; Mendoza’s sister then called 911. Mendoza surrendered when police arrived at the parking lot. Baird’s family later said that Mendoza had been abusing Baird, and she wanted out of the relationship. They had been living together for two years. Baird’s siblings said she had a deep love of singing and animals. Baird’s stepbrother, Keaton Murray, said, “I don’t get how somebody could do something like that to someone so kind and loving...I wish she got to follow her dreams.” Aleksei Gunn, Baird’s half-sister, said of Mendoza, ““She’s always been really nice to me, caring. I didn’t know she’d ever do that to Tawnee. I know she has a temper, but I didn’t know it could get that bad.”

Ledaryl (Daryl) Burns, 38, Cisgender Man***Brooklyn, New York - October 24, 2014***

Ledaryl (Daryl) Burns, 38, was stabbed to death by his boyfriend, Samuel Joseph, on October 24, 2014 in Brooklyn, NY. He had been stabbed in the chest, and his neck had been cut. Shavon Coakley, Joseph's sister, said the two often fought throughout their five-year relationship because Burns was not working. Relatives had said Joseph would "never hurt a fly."

William Ewell, 42, Cisgender Man***Bronx, New York - November 30, 2014***

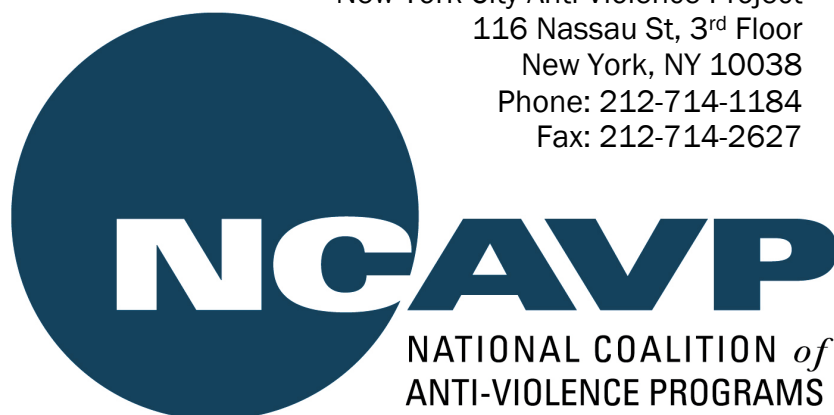
William Ewell, 42, was killed at Bronx Park East and Mace Ave. in New York, NY on November 30, 2014. The victim's boyfriend punched him, knocking him to the ground. The victim later died from head injuries.

Pamela Donahue, 50, Cisgender Woman***Providence, Rhode Island - December 2, 2014***

Pamela Donahue, 50, was murdered on December 2, 2014 in her second-floor apartment in Providence, RI. Sandra Beauregard, Donahue's girlfriend, was charged with her murder. Donahue's roommate informed police that he had been with her and Beauregard that day, but he left to visit a nearby store. When he returned to the apartment, he found Donahue by herself, on the floor, and unconscious. After trying to resuscitate her, the roommate called 911. The paramedics first believed the cause of death was drug-related, but they later found a bullet wound. The roommate later said Donahue and Beauregard "...had been arguing for two weeks straight."

NATIONAL OFFICE

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Fax: 212-714-2627



NCAVP MEMBER AND AFFILIATE LIST

The following NCAVP member and affiliate list is current as of March, 2015. The member organizations and affiliates 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 the NCAVP Coordinator, at extension 50, or info@ncavp.org.

PROGRAM INFORMATION IS LISTED AS FOLLOWS:

STATE

City

Organization Name

Focus Areas:

- HV (Hate Violence)
- IPV (Intimate Partner Violence)
- PM (Police Misconduct)
- SV (Sexual Violence)

Phone Numbers

Web

ALABAMA

Huntsville/Birmingham

The Free2Be Safe Anti-Violence Project

HV, IPV, SV

Birmingham: (205) 202-7476

Huntsville: (256) 886-1150

E-mail: info@free2be.org

Web: <http://free2be.org/free2be-safe/>

ARIZONA

Tucson

Wingspan Anti-Violence Programs

HV, IPV, PM, SV

Client: (800) 553-9387

Office: (800) 624-0348

Web: www.wingspan.org

CALIFORNIA

Los Angeles

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

HV, PM, SV

Client (English): (800) 373-2227

Client (Spanish): (877) 963-4666

Web: www.lalgbtcenter.org

LAGLC Domestic Violence Legal Advocacy Project

IPV, SV

Office: (323) 993-7649

Toll-free: (888) 928-7233

Web: www.lalgbtcenter.org

LAGLC STOP Domestic Violence Program

IPV, SV

Office: (323) 860-5806

Web: www.lalgbtcenter.org

San Francisco

Community United Against Violence

HV, IPV, PM, SV

24 Hour Hotline: (415) 333-HELP

Web: www.cuav.org

COLORADO

Denver

Colorado Anti-Violence Program

HV, IPV, PM, SV

Client: (888) 557-4441

Office: (303) 839-5204

Web: www.coavp.org

FLORIDA

Broward County

Broward LGBT Domestic Violence Coalition (NCAVP Affiliate)

IPV, SV

Office: (954) 764-5150 x.111

Miami

The Lodge/Victim Response, Inc.

IPV, SV

Crisis Line: (305) 693-0232

Web: www.thelodgemiami.org

Tallahassee

Inclusive LGBTQA Task Force

HV, IPV

E-mail: yfairell@hotmail.com

Wilton Manors

Sunserve Sunshine Social Services

IPV

Office: (954) 764-5150

Web: www.sunserve.org

GEORGIA

Atlanta

SpeakOut Georgia

HV, IPV, SV

Hotline: (678) 861-7867

Web: www.speakoutgeorgia.org

United4Safety

IPV, SV

Helpline: (404) 200-5957

Web: www.united4safety.org

East Point

Racial Justice Action Center

HV, PM

Office: (404) 458-6904

Web: www.rjactioncenter.org

ILLINOIS

Chicago

Center on Halsted Anti-Violence Project

HV, IPV, PM, SV

Office: (773) 472-6469

Resource line: (773) 472-6469, Ext. 474

Web: www.centeronhalsted.org

Illinois Accountability Initiative

HV, IPV, PM, SV

Office: (630) 661-4442

KENTUCKY

Louisville

Center for Women and Families

IPV, SV

24 hr Crisis Line: (877) 803-7577

Web: www.thecenteronline.org

LOUISIANA

New Orleans

BreakOUT!

HV, PM

Office: (504) 522-5435

Web: www.youthbreakout.org

HIV/AIDS Program, Louisiana Office of Public Health (NCAVP Affiliate)

HV, IPV, SV

Office: (504) 568-7474

LGBT Community Center of New Orleans

HV, IPV, PM, SV

Office: (504) 945-1103

MASSACHUSETTS

Boston

Fenway Community Health Violence Recovery Program

HV, IPV, PM, SV

Intake: (800) 834-3242

Office: (617) 927-6250

Web: www.fenwayhealth.org

The Network/La Red

IPV, SV

English/Spanish Hotline: (617) 742-4911

Web: www.tnlr.org

MICHIGAN

Detroit

Equality Michigan

HV, IPV, PM

Client: (866) 926-1147

Web: www.equalitymi.org

MINNESOTA

Minneapolis

OutFront Minnesota

HV, IPV, PM, SV

Hotline: (612) 824-8434

Web: www.outfront.org

MISSOURI

Kansas City

Kansas City Anti-Violence Project

HV, IPV, PM, SV

Client: (816) 561-0550

Web: www.kcavp.org

St. Louis

Anti-Violence Advocacy Project of ALIVE

HV, IPV, SV

24 hr Crisis Line: (314) 993-2777

Web: www.alivestl.org

St. Louis Violence Response Initiative

HV, IPV, SV, PM

Office: (314) 329-7660

Hotline: (314) 329-7668

Web: www.ejustmo.org

NEVADA

Las Vegas

Gender Justice Nevada

HV, IPV, SV

Hotline: (702) 425-7288

NEW MEXICO

New Mexico GLGBTQ Centers

Office: (575) 635-4902

Web: www.newmexicoglbtcntrs.org

NEW YORK

Albany

In Our Own Voices

HV, IPV, SV

Hotline: (518) 432-4341

Office: (518) 432-4341

Web: www.inourownvoices.org

Bayshore

Long Island GLBT Services Network

HV, IPV, SV

Office: (631) 665-2300

Long Island Gay and Lesbian Youth, Inc.

Web: www.ligaly.org

Long Island GLBT Community Center

Web: www.liglbtcntr.org

Buffalo

Western New York Anti-Violence Project

HV, IPV, SV, PM

Office: (716) 948-5744

New York

New York City Anti-Violence Project

HV, IPV, PM, SV

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

Office: (212) 714-1184

Web: www.avp.org

Rochester

Gay Alliance of the Genesee Valley

HV, IPV, PM, SV

Office: (585) 244-8640

Web: www.gayalliance.org

NORTH CAROLINA

Raleigh

Rainbow Community Cares, Inc.

HV, IPV, PM, SV

Office: (919) 342-0897

Web: www.rccares.org

OHIO

Statewide, Columbus Office

BRAVO (Buckeye Region Anti-Violence Organization)

HV, IPV, PM, SV

Client: (866) 86 BRAVO

www.bravo-ohio.org

ONTARIO

Toronto

The 519 Anti-Violence Programme

HV, IPV, PM, SV

Client: (416) 392-6877

Web: www.the519.org

OREGON

Eugene

Oregon Anti-Violence Project, The Gender Center, Inc.

HV, IPV, PM, SV

Office: (541) 870-5202

RHODE ISLAND

Providence

Sojourner House

HV, IPV, PM, SV

Client: (401) 658-4334

Web: www.sojournerrri.org

SOUTH CAROLINA

Greenville

Sean's Last Wish

HV, IPV, PM, SV

Office: (864) 884-5003

Web: www.seanslastwish.org

TENNESSEE

Memphis

Tabernacle of Love Ministries – Memphis

HV, IPV, PM, SV

Office: (901) 730-6082

Web: www.tabernacleofloveministries.org

TEXAS

Dallas

Resource Center Dallas

IPV

Office: (214) 540-4455

Web: www.rcdallas.org

Trans Pride Initiative

HV, PM, IPV, SV

Office: (214) 449-1439

Web: www.tpride.org

Houston

Montrose Counseling Center

HV, IPV, SV

Office: (713) 529-0037

Web: www.montrosecounselingcenter.org

VERMONT

Burlington

SafeSpace at the Pride Center of Vermont

Previously the RU12? Community Center

HV, IPV, PM, SV

Client: (866) 869-7341

Web: www.pridecentervt.org

VIRGINIA

Richmond

Virginia Anti-Violence Project

HV, IPV, PM, SV

Office: (804) 925-8287

Web: www.virginiaavp.org

QUEBEC

Montreal

Centre de Solidarité Lesbienne

IPV, SV

Client: (514) 526-2452

Web: www.soldaritelesbienne.qc.ca

WASHINGTON, D.C.

Casa Ruby

HV, IPV, PM, SV

Office: (202) 355-5155

Web: casaruby.org

DC Trans Coalition

HV, IPV, PM, SV

Office: (202) 681-DCTC

Web: www.dctranscoalition.org

GLOV (Gays and Lesbians Opposing Violence)

HV, PM

Office: (202) 682-2245

Web: www.glovdc.org

Rainbow Response Coalition

IPV, SV

Office: (202) 299-1181

Web: www.rainbowresponse.org

WISCONSIN

Appleton

Fox Valley/Oshkosh LGBTQ Anti-Violence Project

HV, IPV, PM, SV

E-mail: foxoavp@gmail.com

Milwaukee

Milwaukee LGBT Center Anti-Violence Project

HV, IPV, SV

Office: (414) 271-2656

Web: www.mkelgbt.org

NATIONAL

Milwaukee, WI

FORGE Sexual Violence Project

SV

Office: (414) 559-2123

Web: www.forge-forward.org

Blacklick, OH

National Leather Association (NCAVP Affiliate)

IPV

Web: www.nlaidvproject.us

National Coalition of Anti-Violence Programs Case Intake/ Incident Reporting Form	Your Name: _____ Date: ____/____/____ Time of Intake: ____ AM/PM <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern	1
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%; background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">CALLER INFORMATION</div> <div style="width: 68%;"> <div style="display: flex;"> <div style="width: 30%; padding-right: 10px;"> Case Number: _____ </div> <div style="width: 35%;"> Intake Type: <input type="checkbox"/> Hotline/Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Ofc/Walk-in <input type="checkbox"/> Media <input type="checkbox"/> Website </div> <div style="width: 35%;"> Entered Into Database ____/____/____ Call Back Needed <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%; background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">Case Type(s)</div> <div style="width: 68%;"> <div style="font-size: 0.8em;">(select all that apply):</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> H: Hate Violence P: Police Violence </div> <div> I: Intimate Partner Violence S: Sexual Violence </div> <div> NA: Other Z: Pick-up </div> </div> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%; padding-right: 10px;"> Caller's Name: _____ Caller's Address: _____ _____ Phone: (____) _____ Ok to call? Alt Phone: (____) _____ Ok to call? Caller's E-mail: _____ Ok to email? </div> <div style="width: 68%;"> <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">Caller presents as (check one):</div> <div style="font-size: 0.8em;"> <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Lover/Partner <input type="checkbox"/> Offender <input type="checkbox"/> Organizational Survivor/Victim <input type="checkbox"/> Service provider <input type="checkbox"/> Survivor/Victim <input type="checkbox"/> Witness <input type="checkbox"/> Other (specify): _____ </div> <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">Caller assessed as (For IPV cases, complete after using IPV Assessment Form):</div> <div style="font-size: 0.8em;"> <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Lover/Partner <input type="checkbox"/> Offender <input type="checkbox"/> Organizational Survivor/Victim <input type="checkbox"/> Service provider <input type="checkbox"/> Survivor/Victim <input type="checkbox"/> Witness <input type="checkbox"/> Other (specify): _____ </div> </div> </div>		
Caller Was Referred By (Check one) <input type="checkbox"/> AVP Publicity <input type="checkbox"/> Court <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Hospital <input type="checkbox"/> Internet <input type="checkbox"/> LGBTQ Org <input type="checkbox"/> Media <input type="checkbox"/> Phone Book <input type="checkbox"/> Police <input type="checkbox"/> Other (specify): _____		
<div style="display: flex; justify-content: space-between; background-color: black; color: white; padding: 5px;"> <div style="width: 30%; font-weight: bold; font-size: 1.2em;">SURVIVOR/VICTIM #1</div> <div style="width: 68%; font-weight: bold; font-size: 1.2em;">SURVIVOR/VICTIM INFORMATION</div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Number of Survivors/Victims: _____ Survivor/Victim is: <input type="checkbox"/> Person <input type="checkbox"/> Organization Name: _____ Address: _____ _____ Phone: _____ Email: _____ Prefers contact via: <input type="checkbox"/> Phone <input type="checkbox"/> Email OK to say 'AVP?' <input type="checkbox"/> Yes <input type="checkbox"/> No OK to leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No OK to email 'AVP?' <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="width: 25%;"> <div style="background-color: #cccccc; font-weight: bold; font-size: 0.8em;">AGE:</div> <input type="checkbox"/> 14 or under <input type="checkbox"/> 15-18 <input type="checkbox"/> 19-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> 70-79 <input type="checkbox"/> 80 or over <input type="checkbox"/> Not disclosed Age (if known): _____ </div> <div style="width: 30%;"> <div style="background-color: #cccccc; font-weight: bold; font-size: 0.8em;">GENDER ID (check all that apply):</div> <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-Transgender <input type="checkbox"/> Transgender <input type="checkbox"/> Self-Identified/Other (specify): _____ <input type="checkbox"/> Not disclosed <div style="background-color: #cccccc; font-weight: bold; font-size: 0.8em;">INTERSEX:</div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <div style="background-color: #cccccc; font-weight: bold; font-size: 0.8em;">RACE/ETHNICITY (check all that apply):</div> <input type="checkbox"/> Arab/Middle Eastern <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American/ African Descent <input type="checkbox"/> Indigenous/First People/ Native American/ American Indian <input type="checkbox"/> Latina/o </div> <div style="width: 25%;"> <div style="background-color: #cccccc; font-weight: bold; font-size: 0.8em;">SEXUAL ORIENTATION:</div> <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Queer <input type="checkbox"/> Questioning/ </div> <div style="width: 25%;"> <div style="background-color: #cccccc; font-weight: bold; font-size: 0.8em;">IMMIGRATION STATUS:</div> <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Undocumented <input type="checkbox"/> Other <input type="checkbox"/> Not disclosed </div> <div style="width: 20%;"> <div style="background-color: #cccccc; font-weight: bold; font-size: 0.8em;">HIV STATUS:</div> Survivor/victim is HIV+? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed <div style="background-color: #cccccc; font-weight: bold; font-size: 0.8em;">DISABILITY:</div> </div> </div>		

<input type="checkbox"/> White <input type="checkbox"/> Self-Identified/Other (specify): _____ <input type="checkbox"/> Not disclosed	Unsure <input type="checkbox"/> Self-Identified/Other (specify): _____ <input type="checkbox"/> Not disclosed	Survivor/victim has a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed If yes, check all that apply and specify: <input type="checkbox"/> Blind/Visually impaired: _____ <input type="checkbox"/> Deaf/Hard of hearing: _____ <input type="checkbox"/> Learning disability: _____ <input type="checkbox"/> Mental health: _____ <input type="checkbox"/> Physical: _____
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SURVIVOR/VICTIM USE OF ALCOHOL/DRUGS

Alcohol involved? ☐ Yes ☐ No ☐ Not disclosed

Drugs involved? ☐ Yes ☐ No ☐ Not disclosed

If yes, describe: _____

CASE/INCIDENT INFORMATION

2

Date of Incident: __/__/__ Time of Incident: __: __am/pm Precinct where incident occurred: _____		Location/ Address of Incident: _____ _____ ZIP _____
TYPE(S) OF VIOLENCE (check all that apply): <input type="checkbox"/> VIOLENCE AGAINST PERSON (check all that apply): <div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> Physical violence against person (check all that apply): <input type="checkbox"/> Forced use of alcohol/drugs <input type="checkbox"/> Murder <input type="checkbox"/> Attempted murder <input type="checkbox"/> Physical violence <input type="checkbox"/> Attempted physical violence <input type="checkbox"/> Robbery <input type="checkbox"/> Attempted robbery <input type="checkbox"/> Sexual violence <input type="checkbox"/> Attempted sexual violence <input type="checkbox"/> Self-injury <input type="checkbox"/> Suicide <input type="checkbox"/> Attempted suicide <input type="checkbox"/> Other self-harming behavior (cutting, etc.) </div> <div style="flex: 1;"> <input type="checkbox"/> Other violence against person (check all that apply): <input type="checkbox"/> Blackmail <input type="checkbox"/> Bullying <input type="checkbox"/> Discrimination <input type="checkbox"/> Eviction <input type="checkbox"/> Financial <input type="checkbox"/> Harassment (NOT in person: mail, email, tel. etc) <input type="checkbox"/> Isolation <input type="checkbox"/> Medical <input type="checkbox"/> Sexual harassment <input type="checkbox"/> Stalking <input type="checkbox"/> Threats/Intimidation <input type="checkbox"/> Use of children (threats, outing, etc.) <input type="checkbox"/> Verbal harassment in person <input type="checkbox"/> Violence against pet <input type="checkbox"/> Pet injured </div> </div> <p>Was a weapon involved? _____</p>		SITE TYPE (check one): <input type="checkbox"/> Cruising area <input type="checkbox"/> In or near LGBTQ-identified venue <input type="checkbox"/> Non-LGBTQ-identified venue (bar, restaurant, public transportation, etc.) <input type="checkbox"/> Police precinct/ jail/ vehicle <input type="checkbox"/> Private residence <input type="checkbox"/> School/college/university <input type="checkbox"/> Shelter <input type="checkbox"/> DV/IPV <input type="checkbox"/> Non-DV/IPV <input type="checkbox"/> Street/public area <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Workplace (place where survivor or abusive partner is employed) <input type="checkbox"/> Not disclosed <p>Was this incident related to pick-up violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, did survivor/victim & offender meet through cruising website or phone app? _____</p>

☐ Yes ☐ No ☐ Unknown

List weapon: _____

Did the person die?

☐ Yes ☐ No ☐ Unknown

Was the person injured?

☐ Yes ☐ No ☐ Unknown

If yes, severity of injury:

☐ No injuries requiring medical attention

☐ Injuries requiring medical attention (specify):

☐ Needed but not received

☐ Outpatient (Clinic/MD/ER)

☐ Hospitalization/Inpatient

☐ Not disclosed

Type of injury (specify): _____

☐ Pet killed

☐ Other (specify): _____

☐ Police violence/misconduct (check all that apply):

☐ Excessive force

☐ Police entrapment

☐ Police harassment

☐ Police raid

☐ Unjustified arrest

Reported to internal/external police monitor?

☐ Yes ☐ No ☐ Will Report

☐ Attempted, complaint not taken

☐ Not available ☐ Unknown

☐ Other (specify): _____

☐ Yes ☐ No ☐ Unknown

If yes, specify website/app:

☐ Adam4adam ☐ Craigslist ☐ Eros

☐ Grindr ☐ Manhunt ☐ Rentboy

☐ Other website/app (specify): _____

MOTIVE (check all that apply):

☐ Intimate partner violence

☐ Pick-up violence

☐ Police violence

☐ Sexual violence

☐ Bias violence

☐ Anti-Immigrant

☐ Anti-LGBQ/Homophobia/Biphobia

☐ Anti-Sex worker

☐ Anti-Transgender/Transphobia

☐ Disability

☐ HIV/AIDS-related

☐ Racist/Anti-ethnic

☐ Religious (specify perceived religion): _____

☐ Sexist

☐ Other (specify): _____

☐ Unknown

☐ **VIOLENCE AGAINST PROPERTY** (check all that apply):

☐ Arson

☐ Theft

☐ Vandalism

☐ Other (specify): _____

*Est. stolen/damaged property value:

\$ _____

OFFENDER INFORMATION

3

Total Number of Offenders:

Is offender a member of identifiable **hate group**? ☐ Yes ☐ No ☐ Unk.

Hate group's name(s): _____

Vehicle used in case/incident? ☐ Yes ☐ No If yes, describe vehicle: _____ License #: _____

Note: If there is more than one offender, CREATE A DESIGNATION FOR EACH OFFENDER for use in the

blank following each demographic category below (A, B, C, etc.)

Offender A Name: _____ Offender B Name: _____ Offender C Name: _____

OFFENDER(S) KNOWN TO SURVIVOR? ☐ Yes ☐ No **If YES, fill out 1), below. If NO, fill out 2).****1) KNOWN OFFENDER(S): RELATIONSHIP TO SURVIVOR/VICTIM:**

- ☐ Acquaintance/ Friend ☐ Employer/Co-Worker ☐ Ex-Lover/Partner ☐ Landlord/Tenant/Neighbor
☐ Lover/Partner (☐ Live-in ☐ Non Live-In) ☐ Pick-Up ☐ Police ☐ Other law enforcement (FBI, ICE, etc.)
☐ Other first responder (EMT, Court personnel, etc.) ☐ Relative/Family ☐ Roommate ☐ Service provider
☐ Other (specify): _____ ☐ Unknown

2) UNKNOWN OFFENDER: RELATIONSHIP TO SURVIVOR/VICTIM:

- ☐ Police ☐ Other law enforcement (FBI, ICE, etc.) ☐ Other first responder (EMT, Court personnel, etc.)
☐ Pick-Up ☐ Stranger ☐ Other (specify): _____ ☐ Unknown

AGE:

- ☐ 14 or under _____
☐ 15-18 _____
☐ 19-24 _____
☐ 25-29 _____
☐ 30-39 _____
☐ 40-49 _____
☐ 50-59 _____
☐ 60-69 _____
☐ 70-79 _____
☐ 80 or over _____
☐ Not disclosed _____
☐ Unknown _____
 Age (if known) _____

GENDER ID (check all that apply):

- ☐ Man _____
☐ Woman _____
☐ Transgender _____
☐ Non-Transgender _____
☐ Self-Identified /Other _____
 (specify): _____
☐ Not Disclosed _____
☐ Unknown _____

INTERSEX:

- ☐ Yes ☐ No
☐ Not disclosed ☐ Unknown

RACE/ETHNICITY

(check all that apply):

- ☐ Arab/Middle Eastern _____
☐ Asian/Pacific Islander _____
☐ Black/African American/ African Descent _____
☐ Indigenous/First People/ Native American/ American Indian _____
☐ Latina/o _____
☐ White _____
☐ Self-Identified /Other _____
 (specify): _____
☐ Not disclosed _____
☐ Unknown _____

SEXUAL ORIENTATION:

- ☐ Bisexual _____ ☐ Gay _____
☐ Heterosexual _____ ☐ Lesbian _____
☐ Queer _____ ☐ Questioning/Unsure _____
☐ Self-Identified/Other _____
 (specify): _____
☐ Not disclosed _____ ☐ Unknown _____

OFFENDER USE OF ALCOHOL/DRUGS

- Alcohol involved?
☐ Yes ☐ No ☐ Not disclosed ☐ Unk.
 Drugs involved?
☐ Yes ☐ No ☐ Not disclosed ☐ Unk.
 If yes, describe:

POLICE/COURT RESPONSE**Did survivor/victim interact with police in any way?** ☐ Yes ☐ No ☐ Unknown**POLICE RESPONSE***What was police attitude toward survivor/victim?*

- ☐ Courteous ☐ Indifferent ☐ Hostile ☐ Unk.

Did police do any of following to survivor/victim?

(check all that apply):

- ☐ Arrest survivor/victim
☐ Verbal abuse
☐ Use slurs or bias language
☐ Physical violence
☐ Sexual violence
☐ Other negative behaviors (specify): _____

If police violence/misconduct, reported to internal/external police monitor?

POLICE REPORTING*Did survivor/victim report incident to police?*

- ☐ Yes ☐ No ☐ Unknown

Did the police take a complaint? ☐ Yes ☐ No Complaint # _____Did the police arrest the offender(s)? ☐ Yes ☐ No ☐ Unknown

Police involved (check all that apply):

- ☐ City/Muni. ☐ County ☐ State ☐ Federal (specify): _____
☐ Other (please specify): _____ Police Badge # _____

PROTECTIVE ORDERS*Was a protective order sought by survivor/victim?*

- ☐ Yes ☐ No ☐ Unknown

Was the protective order granted?

- ☐ Yes ☐ No ☐ Unknown

Protective order obtained (check all that apply):

- ☐ By survivor/victim ☐ By offender ☐ Both survivor/victim &

REFERRALS (check all that apply):	ADVOCACY (check all types that apply):	FOLLOW-UP NEEDED?	OTHER SERVICES (check all that apply):
<input type="checkbox"/> Counseling <input type="checkbox"/> Housing <input type="checkbox"/> Legal <input type="checkbox"/> Shelter <input type="checkbox"/> DV <input type="checkbox"/> Homeless <input type="checkbox"/> Medical <input type="checkbox"/> Police <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Housing <input type="checkbox"/> Medical <input type="checkbox"/> Police <input type="checkbox"/> Public benefits <input type="checkbox"/> Disability/SSD <input type="checkbox"/> Medicaid/Medicare <input type="checkbox"/> Public Assistance/Food Stamps <input type="checkbox"/> Shelter/Housing <input type="checkbox"/> Unemployment <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Agency follow-up <input type="checkbox"/> Caller follow-up ACCOMPANIMENT <input type="checkbox"/> Court <input type="checkbox"/> Hospital <input type="checkbox"/> Police <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Safety planning <input type="checkbox"/> Court monitoring Next court date: _____ <input type="checkbox"/> Emergency funds <input type="checkbox"/> Other (specify): _____

☐ Yes ☐ No ☐ Will Report

☐ Attempted, complaint not taken

☐ Not available ☐ Unknown

offender

☐ Civil ☐ Criminal ☐ DV ☐ Non-DV ☐ Temporary ☐ Permanent

☐ Unknown

POLICE/COURT RESPONSE (continued)

4

DOMESTIC VIOLENCE CLASSIFICATION ☐

N/A

 Did the survivor/victim identify the case/incident as domestic violence? ☐ Yes ☐ No ☐ Unknown

 Did the police classify the case/incident as domestic violence? ☐ Yes ☐ No ☐ Unknown

If criminal case, was the case/incident classified as domestic violence by prosecutors?

☐ Yes ☐ No ☐ In process ☐ Unknown

BIAS INCIDENT CLASSIFICATION ☐

N/A

Did the survivor/victim describe the incident as hate-motivated?

☐ Yes ☐ No ☐ Unknown

Did the police classify the incident as hate-motivated?

☐ Yes ☐ No ☐ Unknown

Was the incident classified as a hate crime by prosecutors?

☐ Yes ☐ No ☐ In process ☐ Unknown

Violence/misconduct by other first responder?

☐ Yes ☐ No ☐ Unknown

 First responder was: ☐ EMT/Paramedic ☐ Court personnel ☐ Service provider

☐ Other (specify): _____

Type of violence/misconduct (check all that apply):

☐ Verbal abuse ☐ Use of slurs or bias language ☐ Physical violence ☐ Sexual violence

☐ Other negative behaviors (specify): _____

SERVICES PROVIDED

LOCAL INFORMATION & REFERRALS

NARRATIVE

In your description of the case/incident, please make sure that you give the scenario of the violence, including the use of weapons, the specific anti-LGBTQ words used (if any), and extent of injuries.
