

A REPORT FROM THE  
NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS

LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND HIV-  
AFFECTED

# INTIMATE PARTNER VIOLENCE IN 2013

2014 RELEASE EDITION

This report was written by the

## NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS

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

240 West 35<sup>th</sup> St., Suite 200

New York, NY 10001

[www.ncavp.org](http://www.ncavp.org)



### DATA COLLECTION, ANALYSIS, AND WRITING:

Osman Ahmed, New York City Anti-Violence Project

Chai Jindasurat, New York City Anti-Violence Project

### ADDITIONAL RESEARCH AND WRITING:

Stephanie Wasser, New York City Anti-Violence Project

### DATA & REPORT DESIGN

Kate Traub, New York City Anti-Violence Project

### ADDITIONAL WRITING AND DATA COLLECTION:

Mary Case, CCDVC, Los Angeles LGBT Center

Aaron Eckhardt, MSW, Buckeye Region Anti-Violence Organization

Mieko Failey, Los Angeles LGBT Center

Patrick Farr, Wingspan Anti-Violence Program

Kim Fountain, PhD, SafeSpace at the R U 1 2? Community Center

Erin G. Gorman, Sojourner House

Susan Holt, PsyD, LMFT, CCDVC., Los Angeles LGBT Center

Noah Kreski, New York City Anti-Violence Project

Lauren MacDade, Buckeye Region Anti-Violence Organization

Anabel Martinez, Los Angeles LGBT Center

Jane Merrill, Center on Halsted Anti-Violence Project

Lindsey Moore, Kansas City Anti-Violence Project

Kristie Morris, New York City Anti-Violence Project

Rick Musquiz, LCSW, Montrose Counseling Center

Monica Padilla, Victim Response Inc./The Lodge

Brenda Pitmon, LICSW, SafeSpace at the R U 1 2? Community Center

Cara Presley-Kimball, Violence Recovery Program, Fenway Community Health

Ann J. Robinson, Montrose Counseling Center

Catherine Shugrue dos Santos, MSW, New York City Anti-Violence Project

Yvonne Siferd, Esq., Equality Michigan

Lynne Sprague, Colorado Anti-Violence Program

Leah Taraskiewicz, Equality Michigan

M.E. Quinn, LCSW, The Network/La Red

Norio Umezu, Community United Against Violence

Rebecca Waggoner, OutFront Minnesota

**Copyright© 2014 New York City Gay and Lesbian Anti-Violence Project, Inc. All Rights Reserved.**



This report was produced in part with the generous support of the Arcus Foundation. The findings and opinions expressed in this report are those of the authors and do not necessarily represent the view of its funders.

# CONTENTS

<b>MISSION</b>	<b>5</b>
<b>PREFACE</b>	<b>6</b>
<b>EXECUTIVE SUMMARY</b>	<b>9</b>
<b>INTRODUCTION</b>	<b>14</b>
<b>DEFINITIONS USED IN THIS REPORT</b>	<b>14</b>
<b>METHODOLOGY</b>	<b>20</b>
<b>FINDINGS</b>	<b>23</b>
IPV-RELATED HOMICIDES	24
TOTAL SURVIVOR AND VICTIM DEMOGRAPHICS	25
MOST IMPACTED IDENTITIES	34
INCIDENT DETAILS	37
<b>DISCUSSION</b>	<b>53</b>
<b>BEST PRACTICES</b>	<b>69</b>
<b>RECOMMENDATIONS FOR POLICYMAKERS AND FUNDERS</b>	<b>75</b>
<b>CONCLUSION</b>	<b>77</b>
<b>LOCAL ORGANIZATION SUMMARIES</b>	<b>79</b>
<b>2013 HOMICIDE NARRATIVES</b>	<b>115</b>
<b>NCAVP MEMBER &amp; AFFILIATE DIRECTORY</b>	<b>123</b>
<b>NCAVP REPORTING AND INTAKE FORM</b>	<b>128</b>

## 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

When President Obama signed the reauthorized Violence Against Women Act (VAWA) into law on March 7, 2013, it marked the first time that LGBTQ communities were explicitly protected in federal laws on domestic violence, dating violence sexual violence and stalking and the first federal non-discrimination protections for LGBTQ survivors of violence. The National Coalition of Anti-Violence Programs (NCAVP), standing in alliance with immigrant survivors, Native American survivors, survivors from communities of color, and advocacy organizations throughout the country, led the effort for LGBTQ inclusion in the reauthorization of VAWA. While the VAWA reauthorization was a landmark event in the anti-violence movement to prevent intimate partner violence within LGBTQ and HIV-affected communities, intimate partner violence remains a present and deadly issue. In 2013, NCAVP documented 21 LGBTQ intimate partner violence homicides, mirroring the number of such homicides in 2012, the highest number of homicides ever recorded by NCAVP since this report was first published in 1997. This trend in high numbers of homicides demonstrate that preventative measures, access to anti-violence services, public awareness, and national discourses surrounding LGBTQ intimate partner violence remain inadequate and that LGBTQ and HIV-affected survivors of intimate partner violence still face incredible barriers when seeking support.

In addition to the historic victory of an LGBTQ-inclusive VAWA, there were several major victories for LGBTQ rights in the United States in 2013. Eight U.S. states granted same-sex couples the right and freedom to marry and the Defense of Marriage Act (DOMA) was struck down by the Supreme Court. However, while same-sex couples in 19 states and Washington, D.C. can legally get married, the Employment Non-Discrimination Act (ENDA), which would outlaw employment discrimination based on gender identity and sexual orientation, continues to languish in Congress. The same federal government that now recognizes same-sex unions also deported over 350,000 undocumented immigrants in 2013, severely impacting the safety of the estimated 267,000 LGBTQ undocumented immigrants living in the United States<sup>1</sup>. LGBTQ and immigrant justice organizers brought national attention and action to this crisis of deportation in 2013, through campaigns like Not One More. Additionally, while an estimated 40% of homeless youth identify as LGBTQ<sup>2</sup>, the Runaway and Homeless Youth Act still does not contain explicit protections for LGBTQ youth. As 45.3 million Americans struggled with poverty in 2013 and unemployment remained rampant, protections for low income communities continued to be stymied. While it is important to celebrate the victories that came 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 against LGBTQ and HIV-affected communities.

---

<sup>1</sup> Gates, Gary. 2013. "LGBT Adult Immigrants in the United States." The Williams Institute, UCLA School of Law, Los Angeles. <http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBTImmigrants-Gates-Mar-2013.pdf>. Retrieved on 10/05/2014.

<sup>2</sup> Durso, L.E., & Gates, G.J. 2012. *Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless*. Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund. <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Durso-Gates-LGBT-Homeless-Youth-Survey-July-2012.pdf>. Retrieved on 10/09/2014.

The work done by NCAVP and its member organizations was essential in the passage of VAWA and NCAVP remains steadfast in advocating for increased recognition, protections, and services for LGBTQ and HIV-affected survivors of intimate partner violence. With the passage of VAWA in 2013, there is increased support for LGBTQ anti-violence organizations which will allow NCAVP, its member programs, and other “mainstream” anti-violence organizations to provide better services and programming for LGBTQ and HIV-affected survivors of violence. NCAVP continues to provide guidance and critical support for victim service organizations throughout the country through NCAVP’s National LGBTQ Training and Technical Assistance (TTA) Center, funded by the Department of Justice’s (DOJ) Office on Violence Against Women (OVW). This multi-year project is critical in providing best practice-based solutions for service providers throughout the country as they begin to implement the provision of the reauthorized VAWA. 2013 saw NCAVP continue its work with the Office on Victims of Crime through a project that will measure the impact of targeted training and technical assistance to increase LGBTQ competency within non-LGBTQ anti-violence organizations. In addition, NCAVP and the Northwest Network of Bi, Trans, Lesbian, and Gay Survivors of Abuse launched the first ever national LGBTQ Domestic Violence Learning Center in 2013, a research body and think tank to provide strategic direction to the national intimate partner violence field. NCAVP continued its multi-year advocacy campaign for the Department of Justice to enact LGBTQ-specific non-discrimination provisions for DOJ grantees and to increase comprehensive data collection about the experiences of LGBTQ survivors of violence.

In 2013 NCAVP continued its commitment to provide support to LGBTQ and HIV-affected survivors of IPV that does not rely on the criminal legal system. NCAVP’s data has shown, year after year, that LGBTQ and HIV-affected survivors of violence continue to be re-victimized by police and law enforcement agencies, which is reflected in distrust shown by low rates of survivors reporting intimate partner violence incidents to the police. The data also shows that in many instances LGBTQ and HIV-affected survivors of violence face hostile behavior, mistreatment, violence, and even wrongful arrests at the hands of the police. This data reinforces the historical criminalization of LGBTQ and HIV-affected communities by law enforcement and the criminal legal system in the United States. These issues of criminalization are further exacerbated for LGBTQ youth, LGBTQ people of color, LGBTQ immigrants, and transgender survivors of violence; the intersections of multiple criminalized identities means that these survivors are even further impacted by the criminal legal system. In response to this crisis NCAVP’s 2014 Roundtable and Regional Training Academy, held in New Orleans, addressed the issues of criminalization of LGBTQ and HIV-affected communities and provided a space for member organizations to strategize about responses to this crisis.

In October of 1997, NCAVP released *Lesbian, Gay, Bisexual, Transgender Domestic Violence*, the first-ever national report on LGBTQ IPV in the United States. At that time, twenty one states had enforceable sodomy laws, which made it illegal to engage in consensual same-gender sexual activity, seven states explicitly did not recognize domestic violence between people of the same gender, and the Violence Against Women Act of 1994, the federal law which provided billions of dollars of funding to support life-saving responses to domestic violence, dating violence, sexual assault, and stalking, was still in its infancy and years away from supporting LGBTQ and HIV-affected survivors of intimate partner violence. In the years since that first release of NCAVP’s groundbreaking report, LGBTQ and HIV-affected survivors of

intimate partner violence have gone from being virtually invisible and silenced in both the LGBTQ and HIV-affected movement and the intimate partner violence movement, to being featured stories in national media outlets, and included in coordinated national advocacy efforts to prevent and end intimate partner violence. Seventeen years onwards, NCAVP's report on lesbian, gay, bisexual, transgender, queer, and HIV-affected intimate partner violence in 2013 continues to bring attention to this critical issue. Widely cited by policy makers, funders, media outlets, advocacy organizations, academics, and leaders, this report shows the severe and sometimes fatal impact of intimate partner violence in LGBTQ and HIV-affected communities. In addition, the report highlights the critical work being done by NCAVP member organizations in preventing intimate partner violence in LGBTQ and HIV-affected communities and providing resources to survivors. Through lessons learned by NCAVP member organizations, the report's best practices and recommendations sections informs policy and legislation and provides guidance to other organizations serving survivors of violence nationally and around the world. Finally, this report stand as a call to action; by highlighting the violence that exists in our communities we seek to empower ourselves and others to find solutions to end violence, in whatever form it exists.

## **NCAVP GOVERNANCE COMMITTEE**

Aaron Eckhardt

Kathy Flores

Lisa Gilmore

Terra Slavin

Lynne Sprague

Rebecca Waggoner

J Zirbel

# EXECUTIVE SUMMARY

Although reports of violence remained consistent with those in 2012, NCAVP's 2013 report documents 21 homicides, the highest number of LGBTQ intimate partner violence (IPV) homicides recorded and on par with the 21 homicides in 2012. These intimate partner violence homicides illustrate the severe and deadly impact of intimate partner violence in LGBTQ and HIV-affected communities.

Within the 2013 intimate partner violence report, person level data indicates that gay men, LGBTQ and HIV-affected communities of color, LGBTQ youth and young adults, bisexual survivors, and transgender communities experienced the most severe forms of IPV. These findings continue to highlight the importance of IPV prevention, strategic and community-specific responses to IPV, and the need for research and accurate documentation of intimate partner violence in LGBTQ and HIV-affected communities.

## KEY FINDINGS

### Total Incidents

- In 2013, NCAVP programs received 2,697 reports of intimate partner violence, **an increase of .67% from 2012.**
- **One member organization, Sean's Last Wish, was unable to submit data in 2013 due to a lack of institutional capacity.** When Sean's Last Wish data is removed from the aggregate dataset, NCAVP finds a **1.05% increase from 2012** in intimate partner violence cases (2,669 in 2011 to 2,697 in 2013).

### Homicides

- NCAVP documented 21 IPV homicides in 2013, the highest recorded level for two years in a row. NCAVP documented 21 IPV homicides in 2012 as well, up from 19 in 2011 and more than three times the six documented homicides in 2010 and the highest ever documented by NCAVP.
- The majority of homicide victims were gay men (76.19%), while cisgender lesbian women accounted for 19.05% of victims. One of the victims was a Black transgender woman. In 2012 47.6% of IPV homicide victims were gay while lesbian victims accounted for 28.6% of total homicide victims. Of the 21 victims in 2012, 10 were identified as cisgender men, eight as cisgender women, and three as transgender women.
- In 2013 28.6% of victims were people of color, a decrease from 52.4% in 2012. 23.8% of homicide victims identified as Black/African American, 4.76% identified as Latin@, and 52.4% identified as White, while in 2012 28.6% of the victims were Black/African American, 23.8% identified as Latin@, and 23.8% identified as White.

## Survivor and Victim Demographics

- **People of color made up the majority of total survivors (50.2%),** which represents a decrease from 2012 where people of color accounted for 62.1% of survivors.<sup>3</sup> White survivors accounted for 49.0% of survivors, a large increase from 35.5% in 2012.
- Women accounted for 40.1% of survivors while men represented 40.7% of survivors. These are large increases from 2012, where men and women represented 32.6% and 36.1% of total survivors.
- **Gay identified survivors remained the majority of those reporting to NCAVP member programs.** In 2013 42.8% of total survivors identified as gay, similar to 2012 when 41.7% of those reporting identified as gay. Lesbian survivors accounted for 23.8% of total reports to NCAVP members, remaining consistent with 2012 (24.5%).
- **The majority, 36.8%, of survivors of IPV that reported to NCAVP in 2013 were between the ages of 19 and 29,** while in 2012 40.3% of survivors were in that age range. Survivors between the ages of 30 and 39 remained the second largest category, similar to 2012, with 24.8% of survivors falling in that range (25.5% in 2012). 2013 saw a marked increase of survivors between the ages of 60 and 69, from 1.6% in 2012 to 4.1% in 2013.

## Most Impacted Identities

- LGBTQ youth, LGBTQ young adults, people of color, gay men, bisexual survivors and transgender women were the most impacted by IPV in 2013.
- Transgender survivors were more likely to face physical violence and discrimination due to IPV, and more likely to experience IPV in public spaces. Transgender survivors were 1.9 times more likely to experience physical violence and 3.9 times more likely to experience discrimination within IPV relationships. In addition, transgender survivors were 2.5 times more likely to experience incidents if IPV in public spaces.
- Transgender people of color were more likely to report experiencing discrimination as a result of IPV. Transgender people of color were 2.6 times more likely to experience discrimination within IPV.
- Transgender women were more likely to experience physical violence and discrimination within IPV, more likely to experience IPV in public spaces, and more likely to experience police violence when interacting with the police after an IPV incident. Transgender women survivors were 1.6 times more likely to experience physical violence and 3.7 times more likely to experience discrimination. Transgender women survivors were 3.2 times more likely to experience incidents of IPV in public spaces. Transgender women were 5.2 times more likely to experience police violence when interacting with the police after an IPV incident

<sup>3</sup> Race is a category where people can select multiple identities leading the total percentage to be greater than 100%.

<sup>4</sup> Martin, D. (1976). *Battered Wives*. San Francisco, CA: Glide Publications.

- Bisexual survivors were more likely to experience sexual violence and physical violence, and more likely to be injured as a result of IPV. Bisexual survivors were 1.6 times more likely to experience sexual violence and 2.2 times more likely to experience physical violence as a result of IPV. Bisexual survivors were also 2.6 times more likely to report injuries due to IPV.
- Men were more likely to experience threats and intimidation as a result of IPV. Men were 1.4 times more likely to experience threats and intimidation within an IPV relationship.
- Gay men were more likely to experience threats, intimidation and harassment as a result of IPV. Gay men were 1.7 times more likely to experience threats and intimidation and 1.5 times more likely to experience harassment within IPV relationships when compared with other survivors.
- Lesbian survivors were more likely to experience physical violence within IPV, more likely to experience IPV at the workplace, and more likely to experience violence in shelters due to IPV. Lesbian survivors were 1.5 times more likely to experience physical violence within IPV relationships. In addition, lesbian survivors were 2.4 times more likely to experience IPV incidents at the workplace. Lesbian survivors were also 4.9 times more likely to experience violence in shelters.
- LGBTQ people of color were more likely to report experiencing physical violence, discrimination, threats or intimidation, and harassment as a result of IPV. LGBTQ people of color were also more likely to experience IPV incidents in public spaces. LGBTQ people of color were 1.6 times more likely to experience physical violence, 2.2 times more likely to experience discrimination, 1.9 times more likely to experience threats or intimidation, and 1.6 times more likely to experience harassment within IPV relationships. In addition, LGBTQ and HIV-affected people of color were more likely to experience IPV incidents in streets or public spaces.
- LGBTQ Black/African American survivors were more likely to experience physical violence and harassment as a result of IPV. Black/African American survivors were 1.5 times more likely to experience physical violence as compared to other survivors and 1.4 times more likely to experience harassment in IPV relationships.
- Latin@ survivors were more likely to experience threats or intimidation from their partners and more likely to experience incidents of IPV in public spaces and in the workplace. Latin@ survivors were close to two times (1.9) more likely to experience threats or intimidation when compared to survivors who did not identify as Latin@. In addition, Latin@ survivors were 3.2 times more likely to experience incidents of IPV in public spaces and 4.1 times more likely to experience such violence in the workplace.
- Young LGBTQ survivors (up to the age of 24) were more likely to experience sexual violence within IPV relationships. Young LGBTQ were 2.6 times more likely to experience sexual violence in IPV relationships.

- Young adult survivors (ages 19-29) were more likely to experience physical violence and sexual violence within IPV relationships, and more likely to experience injury and require medical attention as a result of IPV. Young adult survivors were 1.7 times more likely to experience physical violence and 2.2 times more likely to experience sexual violence in IPV relationships. Young adults were also 1.4 times more likely to experience injury as a result of IPV and 1.7 times more likely to require medical attention.
- LGBTQ undocumented survivors were more likely to experience discrimination within IPV relationships. LGBTQ and HIV-affected undocumented survivors were 2.9 times more likely to experience discrimination within IPV relationships.

## Incident Details

- **In 2013, 17.3% of incidents involved physical violence**, an increase from 15.8% in 2012. Physical violence remains the most reported type of LGBTQ and HIV-affected IPV reported to NCAVP.
- **In 2013, 5.8% of all survivors reported to NCAVP that they sought access to domestic violence shelters, an increase from 3.7% in 2012.** Of those seeking shelter, 20.3% were turned away, while 79.7% were admitted to a shelter. A higher number of survivors were refused shelter services in 2013 than in 2012, where only 14.3% of survivors were denied shelter access.
- **In 2013, 22.4% of all survivors reported information about interacting with the police, an increase from 2012 (16.5%).** Of those who did interact, only 37.2% of survivors reported the IPV incidents to police. This is a decrease from 2012 where 46.0% of survivors reported violence to the police. Of those who interacted with the police, 21.0% reported to NCAVP that police attitudes were hostile, 28.0% reported indifferent attitudes from the police, and 51.1% of survivors reported that police attitudes were courteous. Survivors reported that in 30.2% of incidents involving the police, the police arrested the abusive partner, a decrease from 2012 (44.0%).
- **In 2013, 17.0% of total survivors reported to NCAVP that they applied for orders of protection, which reflects a large increase from 2012 (4.9%).**

# RECOMMENDATIONS

## IN BRIEF

- Policymakers and funders should fund LGBTQ and HIV-affected specific intimate partner violence prevention initiatives.
- Policymakers and funders should support early intervention and prevention programs for youth to prevent and reduce IPV in LGBTQ and HIV-affected communities.
- OVW should continue to swiftly implement the LGBTQ-inclusive Violence Against Women Act (VAWA) to improve access to services for LGBTQ and HIV-affected survivors of intimate partner violence, dating violence, sexual assault and stalking.
- 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 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 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.
- Policymakers should ensure that the federal government collects information on sexual orientation and gender identity, whenever demographic data is requested in studies, surveys, and research including IPV.

# INTRODUCTION

Intimate partner violence (IPV) is a devastating and deadly problem facing lesbian, gay, bisexual, transgender, queer (LGBTQ), and HIV-affected communities. Violence within intimate relationships, known as domestic violence, intimate partner violence, dating violence, and/or partner abuse, has been documented as a national and international epidemic. While the definitions vary, within this report 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.” 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.

Research and literature on IPV began in earnest in the 1970’s and 1980’s with the emergence of the battered women’s movement.<sup>4</sup> This movement was closely associated with the feminist movement of the 1970’s, and focused on ending structural and cultural sexism and patriarchy that encouraged and allowed men to abuse their masculine privilege by battering the women and children in their lives. This movement successfully created some of the first resources to support IPV survivors, including the first domestic violence shelters in the country, to offer safe haven to survivors and their children. By valuing the experiences of survivors, early organizers of this movement, many of whom were survivors themselves, identified power and control as the central dynamic in an abusive relationship. Power and control is a dynamic in which an abusive partner uses tactics of abuse to control their partner and their relationship. This concept of power and control became the bedrock of the

## 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.

*(Continued on the next page)*

<sup>4</sup> Martin, D. (1976). *Battered Wives*. San Francisco, CA: Glide Publications.

modern understanding of what violence within relationships looks like. Because the battered women's movement was 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. Until the late 1980's, there was virtually no research or literature on IPV within the context of LGBTQ and HIV-affected communities<sup>5</sup>, and even now, in the majority of research on IPV, LGBTQ and HIV-affected survivors are often invisible. Most research does not specifically address sexual orientation, and/or gender identity along a spectrum rather than a binary. Scholars often fail to ask about sexual orientation and assume that bisexual and lesbian women they study are heterosexual, and exclude from their analysis transgender men and women, gay and bisexual men, and heterosexual-identified men who have sex with men<sup>6</sup>. Research that identifies only binary gender identity categories (i.e. only men or women), and assumes heterosexuality and cisgender identity as the norm, does not accurately capture the variety of gender identities, sexual orientations, and relationship structures within LGBTQ and HIV-affected communities.

Some progress is being made. In 2013, the Centers for Disease Control and Prevention released 2010 data on intimate partner and sexual violence that included sexual orientation, but not gender identity, in a special report of its National Intimate Partner and Sexual Violence Survey (NISVS).<sup>7</sup> The NISVS found that 44% of lesbian women, 61% of bisexual women, and 35% of heterosexual women have experienced physical violence, stalking, or rape as a result of IPV. Similarly, 26% of gay men, 37% of bisexual men, and 29% of heterosexual men had also experienced the same as a

## Definitions In This Report

**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.

**Intimate Partner Violence (IPV):** 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.

**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.

<sup>5</sup> Kelly, E. E. & Warshafsky, L. (1987). *Partner abuse in gay male and lesbian couples*. Paper presented at the Third National Conference for Family Violence Researchers, Durham, NH; Island, D. & Letellier, P. (1991). *Men who beat the men who love them*. New York, NY: Harrington.; Richards, A., Noret, N. & Rivers, I. (2003). *Violence & abuse in same-sex relationships: A review of the literature*. In Social Inclusion & Diversity Paper No. 5, Research into Practice. Retrieved on 10/01/2014.

<sup>6</sup> Barker, M., & Yockney, J. (2004). Including the B-word: Reflections on the place of bisexuality within lesbian and gay activism and psychology. *Lesbian and Gay Psychology Review*, 5(3), 118-122.

<sup>7</sup> Walters, M.L., Chen J., & Breiding, M.J. (2013). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <http://www.cdc.gov/violenceprevention/nisvs/specialreports.html>. Retrieved on 10/07/2014.

result of IPV. While the NISVS has gone far in establishing that bisexual, gay, and lesbian individuals suffer similar or higher rates of abuse from intimate partners than heterosexual people, and is one of few reports on LBG IPV to utilize national data, its limited categories of sexual orientation and the failure to include transgender communities due to a small sample size prohibits the report from being truly comprehensive for LGBTQ communities. Individuals who identify as transgender or queer, for example, are not represented in the NISVS' 2010 findings because the survey is limited to those who only identify sexual orientation as heterosexual, gay, lesbian, or bisexual, and gender as male and female. In a 2010 study by NCAVP and the National Center for Victims of Crime, surveying 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. Survivors who identify as men are also far less likely to be able to access services, particularly domestic violence shelters, due to the heteronormative beliefs of many shelter providers that IPV is exclusively cisgender men abusing cisgender women.<sup>8</sup>

Research about LGBTQ and HIV-affected communities that does not focus on violence but on the conditions of LGBTQ people's lives can help to understand the needs of LGBTQ and HIV-affected survivors. LGBTQ and HIV-affected survivors of IPV face myriad challenges in accessing support and safety. Structural determinants such as discrimination, poverty, criminalization, limited support networks, and hostile health care, criminal justice, and social service systems all contribute to these challenges.<sup>9</sup> Intersections of race, class, and other marginalized identities exacerbate inaccessibility. A comprehensive 2013 report by the National Gay and Lesbian Task Force and the National Center for Transgender Equality documents the heightened threat and lack of access to support amongst transgender and gender non-conforming communities, citing a double rate of unemployment and higher rates of homelessness. Almost half of the study's respondents reported being uncomfortable seeking police assistance, illustrating the multiple barriers that transgender survivors face when seeking support in response to a violent relationship. Transgender survivors also face pervasive institutionalized discrimination and transphobia when seeking support from health care agencies and domestic violence shelters, and this discrimination is much higher for transgender survivors of color.<sup>10</sup> 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. African American same-sex couples have poverty rates more than twice the rate of different-sex couples.<sup>11</sup> The National Center for Transgender Equality 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.<sup>12</sup> LGBTQ

---

<sup>8</sup> 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.

<sup>9</sup> *Ibid.*

<sup>10</sup> Grant, J., Mottet, L, and Tanis, J. (2012) *op. cit.*

<sup>11</sup> Badgett, M.V. Lee, Laura E. Durso & Alyssa Schneebaum. (2013). *New Patterns of Poverty in the Lesbian, Gay, and Bisexual Community* <http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGB-Poverty-Update-Jun-2013.pdf>. Retrieved on 10/06/2014.

<sup>12</sup> Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. (2012) *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. [http://www.thetaskforce.org/downloads/reports/reports/ntds\\_full.pdf](http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf). Retrieved on 10/02/2014.

people may be nearly twice as likely to experience IPV as non-LGBTQ people, but bisexual people are nearly twice as likely to experience IPV as those identified as gay or lesbian.<sup>13</sup> Transgender people are at much higher risk for IPV and sexual violence than non-transgender people.<sup>14</sup> This high rate of violence is exacerbated by institutional discrimination in service provision.<sup>15</sup> Lambda Legal has reported that overall, LGBTQ survivors of IPV are reluctant to seek services utilized by heterosexual women such as law enforcement or victim services due to the perceived risk of re-victimization.<sup>16</sup> Among men in prisons and jails, gay and bisexual men and other men who identify as non-heterosexual are at greatest risk of sexual victimization.<sup>17</sup>

Without comprehensive federal data about LGBTQ and HIV-affected communities, policymakers, advocates, direct service providers, and organizers have less information about the dynamics of LGBTQ and HIV-affected IPV survivors and face greater obstacles to creating programs that prevent violence and increase support for LGBTQ and HIV-affected communities. Without national data on the prevalence and occurrence of LGBTQ and HIV-affected IPV advocates and providers have a limited road map with which to create universally inclusive direct services and violence prevention programs, and to accurately evaluate programs geared towards serving LGBTQ and HIV-affected survivors. NCAVP's IPV report provides some of the most comprehensive data about the experiences of LGBTQ and HIV-affected IPV survivors across the nation.

NCAVP's 2013 *Intimate Partner Violence 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 documents the impact of IPV within LGBTQ and HIV-affected communities as a part of our continuing effort to prevent and end this violence. Federal and national data on LGBTQ and HIV-affected communities in the United States is extremely limited, making it challenging for NCAVP to contextualize its data on LGBTQ and HIV-affected survivors to overall LGBTQ and HIV-affected communities. For example, the 2010 U.S. Census did not ask the sexual orientation or gender identity of its respondents. The 2010 Census did include for the first time the option for both same-sex partners and spouses to identify themselves as unmarried partners, or as husbands or wives. These new options for LGBTQ and HIV-affected people within census reporting will allow for some documentation of same-sex relationships within federal data. However, the American Community Survey, one of the main data collection surveys for the federal government, continues to omit questions on sexual orientation or gender identity. The National Crime Victimization Survey, the federal survey on violence in the United States, tracks minimal data on same-sex IPV, but this data is not specifically separated from its dataset and is not tracked annually, which substantially limits what this data can tell us about LGBTQ and

---

<sup>13</sup> Zahnd E.G., Grant, D., Aydin, M., Chia, Y.J. & Padilla-Frausto, D.I. (2010). op. cit.

<sup>14</sup> Stotzer, Rebecca. (2009). *Violence against transgender people: A review of United States data*. *Aggression and Violent Behavior*, 14, 170-179.

<sup>15</sup> 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*. op. cit.

<sup>16</sup> 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.

<sup>17</sup> Lara Stemple and Ilan H. Meyer. *The Sexual Victimization of Men in America: New Data Challenge Old Assumptions*. *American Journal of Public Health*: June 2014, Vol. 104, No. 6, pp. e19-e26.

HIV-affected IPV. However, changes are happening; the Bureau of Justice Statistics (BJS) is working toward collecting data on the sexual orientation and gender identity of crime victims, in part because of the advocacy from NCAVP and the Williams Institute.

Recognizing the unique and critical role that NCAVP's report serves, NCAVP strives to ensure that this report is accessible to multiple audiences, reflects the current lived experiences of LGBTQ and HIV-affected communities, and provides practical tools to assist anti-violence programs and policymakers working to end LGBTQ and HIV-affected IPV. In this year's report, NCAVP includes person-level data for the second year in a row, allowing NCAVP to identify which communities are disproportionately impacted by IPV and which LGBTQ and HIV-affected survivors face the highest barriers to accessing support. This report includes three sections to assist readers in their efforts to address LGBTQ and HIV-affected IPV: the *Discussion* section compares our data with current research on LGBTQ and HIV-affected IPV; the *Best Practices* section gives anti-violence programs specific recommendations to tailor their programming to best support LGBTQ and HIV-affected survivors; the *Recommendations for Policymakers and Funders* section provides a roadmap for LGBTQ inclusion in federal, state, and local legislations and identifies priorities for funders. This report also highlights the efforts of local organizations in working to end IPV in LGBTQ and HIV-affected communities nationwide.

NCAVP continues to advocate for the inclusion of LGBTQ survivors in all responses to IPV. The passage of legislation including LGBTQ communities under the Reauthorization of the Violence Against Women Act (VAWA) of 2013 is a landmark victory for LGBTQ communities and survivors. This victory includes explicit protections from discrimination by any VAWA funded program for LGBTQ survivors. This addition to VAWA is currently being implemented, and the Department of Justice released guidance on these changes to the domestic and sexual violence field in April of 2014. NCAVP continues to work to include LGBTQ survivors in data collection, direct response and prevention work throughout the country on the local, state and national levels. As laws like the Violence Against Women Act expand, it is critical to recognize that these laws also form inclusive values and attitudes that shape LGBTQ survivors' access to support and change discriminatory institutional policies to include all survivors.

As the nation continues to pay closer attention to IPV within LGBTQ and HIV-affected communities, NCAVP will continue to support survivors, document their experiences, and advocate for their access to safety, support, and services locally and nationally. The 2013 report examines the intersections between LGBTQ and HIV-affected IPV and various forms of oppression that affect 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 can 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 builds on the 2012 data and recommendations in a climate of growing awareness of LGBTQ and HIV-affected IPV, highlighting the growing body of national anti-violence work by LGBTQ and HIV-affected organizations. This report is a call for cultural competency, speaking to a broader definition of gender identity and challenging traditional assumptions of binary gender expression, identity, and roles. This report is also a

vehicle to amplify the experiences of LGBTQ and HIV-affected survivors nationally and to examine strategies that will create safety within LGBTQ and HIV-affected communities and relationships.

# METHODOLOGY

## HOW ORGANIZATIONS COLLECTED THE DATA

This report contains data collected in 2013 by 18 NCAVP member and affiliate programs in 17 states.<sup>18</sup> Organizations collected this information from survivors and public sources. Survivors contacted LGBTQ and HIV-affected anti-violence programs either in person, by calling a hotline, filling out surveys, or making a report online. Most NCAVP member programs used NCAVP's Uniform Incident Reporting Form, revised in 2010, to document the violence that occurred to these individuals, while others have adapted and incorporated the form into other data collection systems. NCAVP then collected aggregate and person-level data from local organizations. Person-level data allowed NCAVP to anonymously analyze multiple facts 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 in intimate partner violence, such as, whether or not types of violence varied across LGBTQ and HIV-affected survivors' identities (i.e. "do transgender women experience more physical violence?"). It also allowed NCAVP to examine survivors with multiple intersecting identities, such as gay youth, and the types of violence and/or law enforcement response that they received (i.e. "do gay youth report more to the police?").

## DATA COMPILATION AND ANALYSIS

With support from the Arcus Foundation, NCAVP provided each member program tailored support to submit data in ways that met the program's needs, yet provided consistency across all organizations. NCAVP local member organizations then submitted their local data to NCAVP and NCAVP aggregated the data and analyzed the differences between the 2012 and 2013 data sets. In this report, NCAVP compares data proportionally for each variable between 2012 and 2013 and, when possible, accurately assesses increases or decreases in IPV, demographic changes for survivors, and changes in incident details over time. It is important to note that NCAVP primarily presents changes from 2012 to 2013 as percent changes, since the variability in overall reports and reports within each survey category year over year make percent change a more reliable indicator of increases and decreases in IPV and IPV related information. NCAVP also includes the n value (or the number of individuals who reported data in the category of interest) for every chart presented in the report. For example, if the race of survivors reports an n=2561, this indicates that 2,561 survivors reported their race to the NCAVP. It is possible for the n value to be greater than the total number of reports in 2013 (n=2683) in cases where individuals can select multiple categories. The n value also indicates a number with unknowns or undisclosed responses removed. Thus all aggregate percentages presenting on survivor and abusive partner demographics and incident information have unknowns removed. This may in instances inflate the percentages presented. For the person-level data, NCAVP staff coded more than 200 variables on 1,163 survivors. NCAVP selected statistics for publication based upon their relevance, statistical significance (p value <0.05), and

---

<sup>18</sup> Some member programs collected data from multiple states either through direct reports and / or through media sources.

reliability. All confidence intervals presented in the report are 95% confidence intervals. Statistics were also disregarded as insignificant if the n value for the sample was less than 20. This ensures that 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 confidentiality, not all information will be available to the public.

## LIMITATIONS OF THE FINDINGS

This report is based upon information largely gathered from LGBTQ and HIV-affected identified individuals who experienced IPV and who sought support from NCAVP member programs. Since NCAVP only measures data collected from individuals who self-reported and from other public sources, these numbers do not represent all incidents of LGBTQ and HIV-affected IPV in the United States in 2013. Consequently, the dataset that NCAVP works with is not a random sample and is thus subjected to sample selection bias. In essence, since individuals self-select into the dataset by reporting to NCAVP, NCAVP's data may particularly omit populations such as incarcerated people, people in rural communities or areas without a local AVP, people who may not know about their local AVP, people who are not out, people who are not comfortable with reporting, and people who face other barriers to accessing services or lack the adequate resources to report. 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 population in the United States. NCAVP is constantly researching new data sources to expand and increase data for this report, including engaging in capacity building for member programs to increasingly be able to report data. NCAVP also spends significant time advocating with federal agencies which collect prevalence data on IPV to ensure that sexual orientation and gender identity demographics are included and analyzed in the data.

NCAVP members' capacity for data collection also 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 2013 data set. As with many reports, data inconsistency can also affect the data's accuracy. Moreover, because of the nature of crisis intervention and direct service work that is done as data is collected through NCAVP's IPV questionnaire, missing values are often common. However, 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 individuals of 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). 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. Some NCAVP members have more capacity (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, preventing direct and accurate comparison between the two datasets. This disparity reflects the historic lack of funding, resources and capacity-building for LGBTQ and HIV-specific organizations, particularly those outside of urban areas. Nevertheless, NCAVP is working both to increase the capacity for all member programs throughout the United States to increase reporting and to increase funding and capacity-building support for these programs.

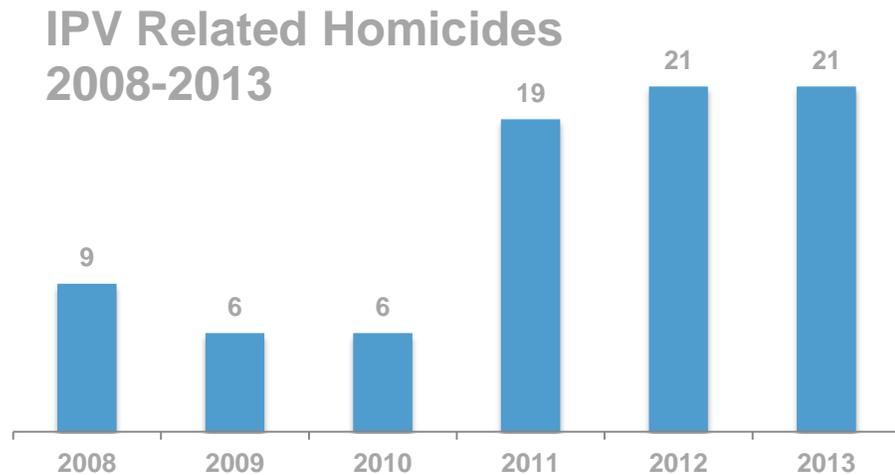
NCAVP continues to endeavor to improve the scope of the variables analyzed and the effectiveness and efficiency of its data collection method. As a result, NCAVP reformatted the 2013 survey and data collection forms in order to more accurately track, report, and analyze data, but kept variables consistent between the 2012 and 2013 IPV dataset, so comparable data is available. NCAVP's efforts to improve and increase data collection among member programs and affiliates remain an ongoing process. Despite these limitations, this report contains the most detailed and comprehensive dataset to date on LGBTQ and HIV-affected intimate partner violence nationally.

## FINDINGS

NCAVP member organizations received 2,697 reports of IPV in 2013, a 0.67% increase from 2012 (2,679). However, in 2013, one member organizations that contributed data in 2012 was unable to do so in 2013. When this organizations' data is removed from the aggregate dataset, NCAVP finds a further **1.05% increase from 2012** in intimate partner violence cases (2,669 in 2012 to 2,697 in 2013).

NCAVP's 2013 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 survivors' access to support and trends in LGBTQ and HIV-affected survivor demographics over time.

# IPV-RELATED HOMICIDES



NCAVP documented 21 IPV homicides in 2013, the highest recorded number since NCAVP began tracking LGBTQ and HIV-affected intimate partner violence homicides.<sup>19</sup> NCAVP documented 21 IPV homicides in 2012 as well, up from 19 in 2011 and more than three times the six documented homicides in 2010 and the highest ever documented by NCAVP. The majority of homicide victims were gay men (76.19%), while cisgender lesbian women accounted for 19.05% of victims. One of the victims was a Black transgender woman. In 2012 47.6% of IPV homicide victims were gay while lesbian victims accounted for 28.6% of total homicide victims. Of the 21 victims in 2012, 10 were identified as cisgender men, eight as cisgender women, and three as transgender women. In 2013 28.6% of victims were people of color, a decrease from 52.4% in 2012. 23.8% of homicide victims identified as Black/African American, 4.76% identified as Latin@, and 52.4% identified as White, while in 2012 28.6% of the victims were Black/African American, 23.8% identified as Latin@, and 23.8% identified as White.

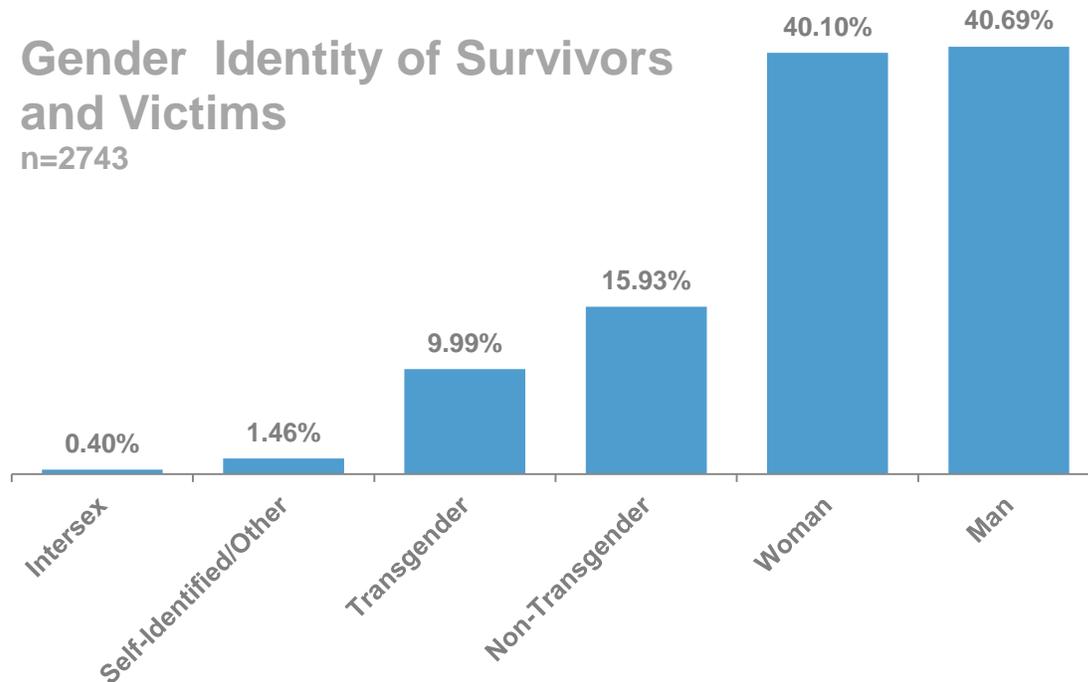
<sup>19</sup> Detailed information on each homicide in the Appendix.

## TOTAL SURVIVOR AND VICTIM DEMOGRAPHICS

The data in the following section describes the many identities of LGBTQ and HIV-affected IPV survivors in 2013. 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 and HIV-affected survivors who sought assistance from NCAVP programs, thus allowing NCAVP to better understand the diversity of LGBTQ and HIV-affected IPV survivors in 2013.

## Gender Identity of Survivors and Victims

n=2743

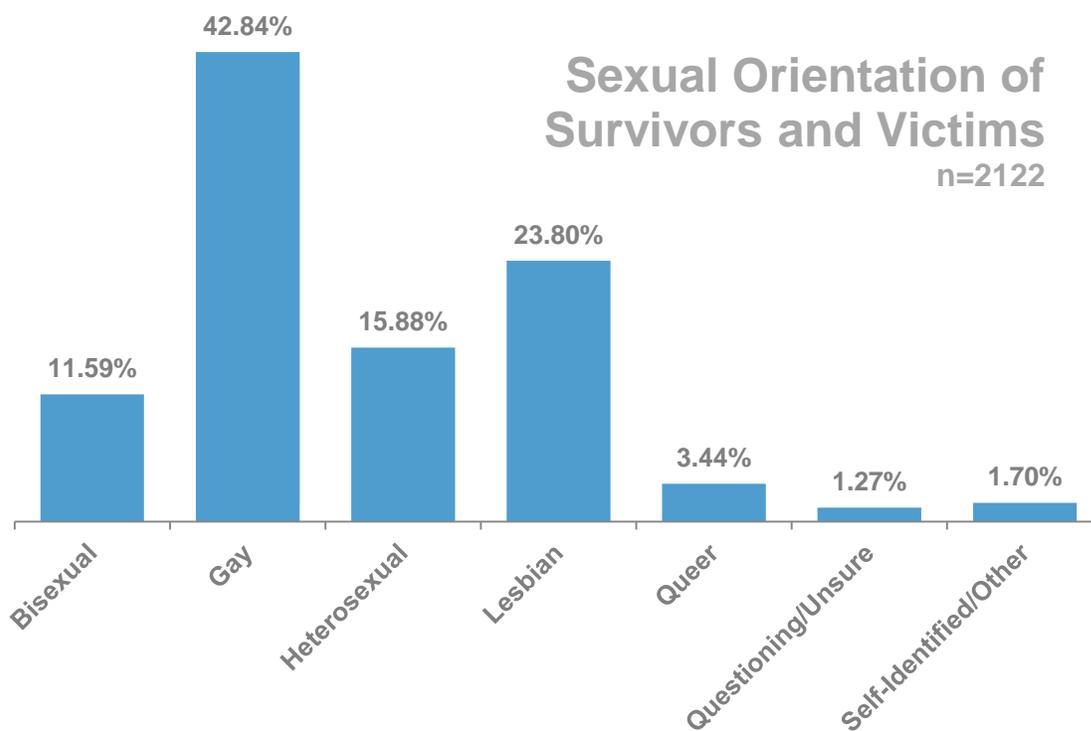


## GENDER IDENTITY

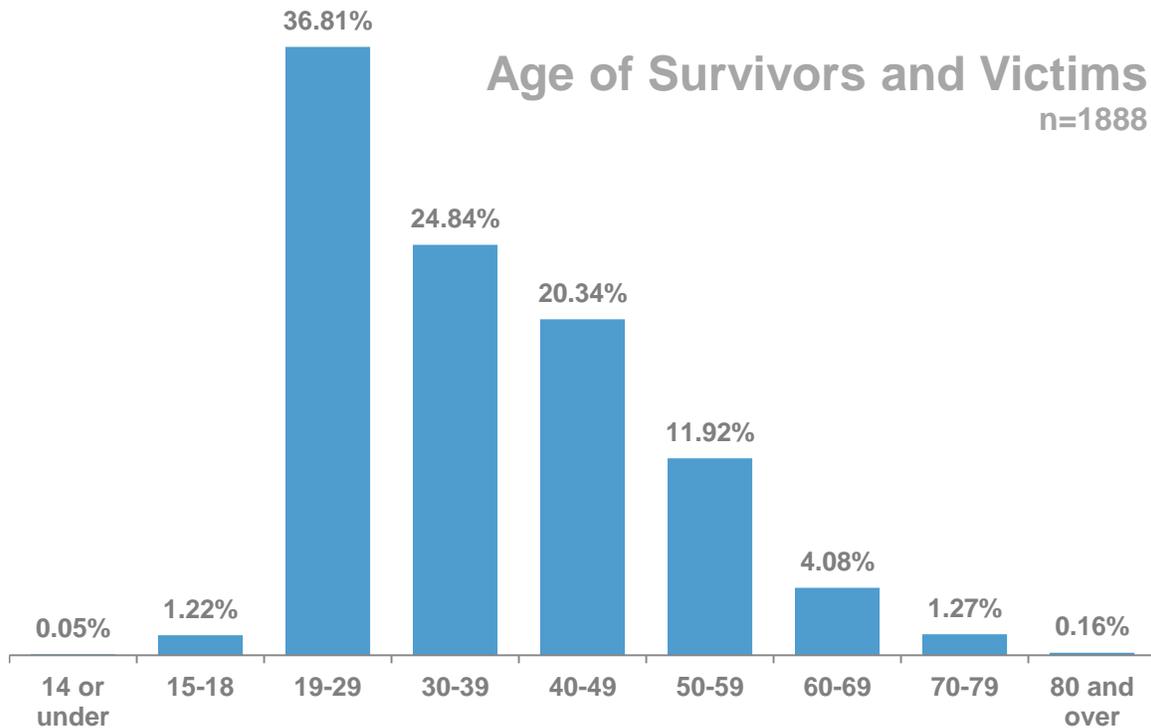
LGBTQ and HIV-affected survivors who identified as men and women accounted for more than 80% of IPV victims and survivors in 2013. Women accounted for 40.1% of survivors while men represented 40.7% of survivors. These are large increases from 2012, where men and women represented 32.6% and 36.1% of total survivors. This increase can be attributed to the sharp decrease in the number of survivors that identified as cisgender in 2013. While 22.1% of reporting survivors identified as cisgender in 2012, this number decreased to 16.0% in 2013. It can be safely assumed that although only 16.0% of survivors identified as cisgender this number is greatly deflated; the normativity of cisgender identity means that many cisgender individuals may not identify as such when discussing their identity. Transgender survivors comprised 10.0% of survivors in 2013, an increase from 6.4% in 2012. Intersex and self-identified survivors represented 0.38% and 1.37% of total survivors, which remains consistent with past reports and the data from 2012 where these categories of survivors represented less than 3% of total survivors.

## SEXUAL ORIENTATION

Gay identified survivors remained the majority of those reporting to NCAVP member programs. In 2013 42.8% of total survivors identified as gay, similar to 2012 when 41.7% of those reporting identified as gay. Lesbian survivors accounted for 23.8% of total reports to NCAVP members, remaining consistent with 2102 (24.5%). Bisexual survivors accounted for 11.6% of total reports, heterosexual survivors<sup>20</sup> accounted for 15.9% of total reports, and 18.6% of survivors did not disclose their sexual orientation. Questioning (1.3 %), queer (3.4%), and self-identified (1.7%) survivors comprised less than 7% of the total reports. Bisexual survivors increased from 2012 (9.8%) to 2013 (11.6%), while self-identified survivors decreased slightly from 2012 (2.0%) to 2013 (1.7%). Heterosexual survivors decreased from 16.7% in 2012 to 15.9% in 2013. It must be noted here that many transgender survivors may also identify as heterosexual.



<sup>20</sup> NCAVP's heterosexual survivors may also identify as transgender or HIV-affected. These may also represent survivors who are not LGBTQ but feel more comfortable reporting IPV to NCAVP member organizations than to mainstream organizations.



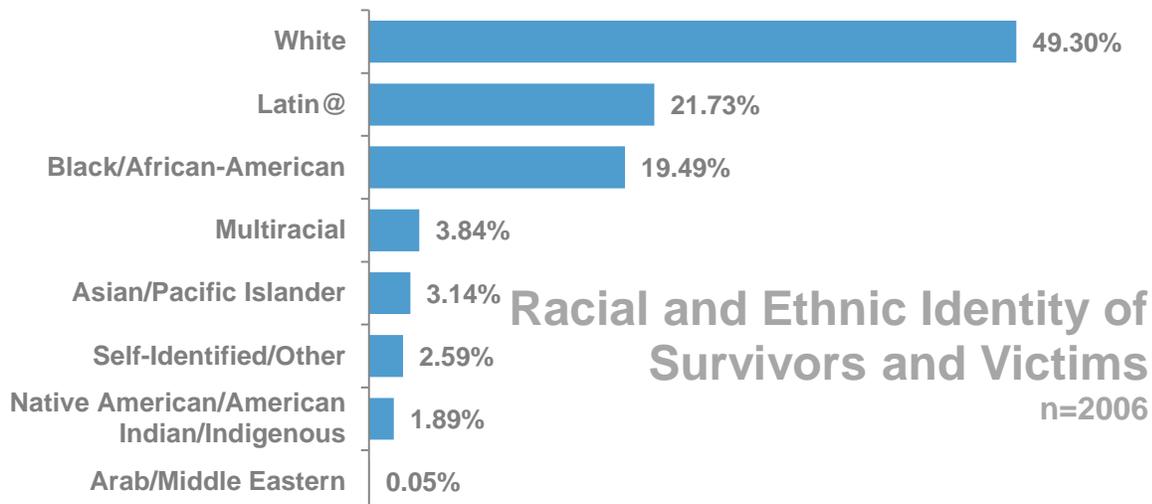
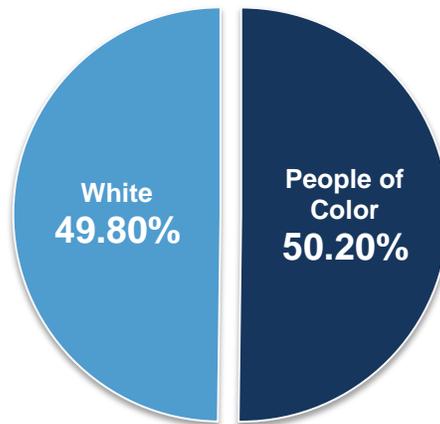
## AGE

The data for age of survivors in 2013 follows trends that have been observed in previous years. In 2013, 19-29 year olds remained the largest reporting category for age, consistent with previous years and data from 2012. 36.8% of survivors of IPV that reported to NCAVP in 2013 were between the ages of 19 and 29, while in 2012 40.3% of survivors were in that age range. Survivors between the ages of 30 and 39 remained the second largest category, similar to 2012, with 24.8% of survivors falling in that range (25.5% in 2012). Survivors between ages 40 and 49 accounted for 20.3% of total survivors (18.1% in 2012) and 50 to 59 year old survivors represented 12.0% of total reports to NCAVP, which is an increase from 8.0% in 2012. Survivors over 60 represented less than 6% (5.5%) of total survivors, while those under the age of 19 accounted for less than 2% (1.3%) of overall survivors. While survivors older than 60 usually represent a smaller portion of IPV survivors that report to NCAVP, 2013 saw a marked increase of survivors between the ages of 60 and 69, from 1.6% in 2012 to 4.1% in 2013. This increase may indicate that NCAVP member programs are continuing to increase outreach efforts to engage survivors over 60 years old.

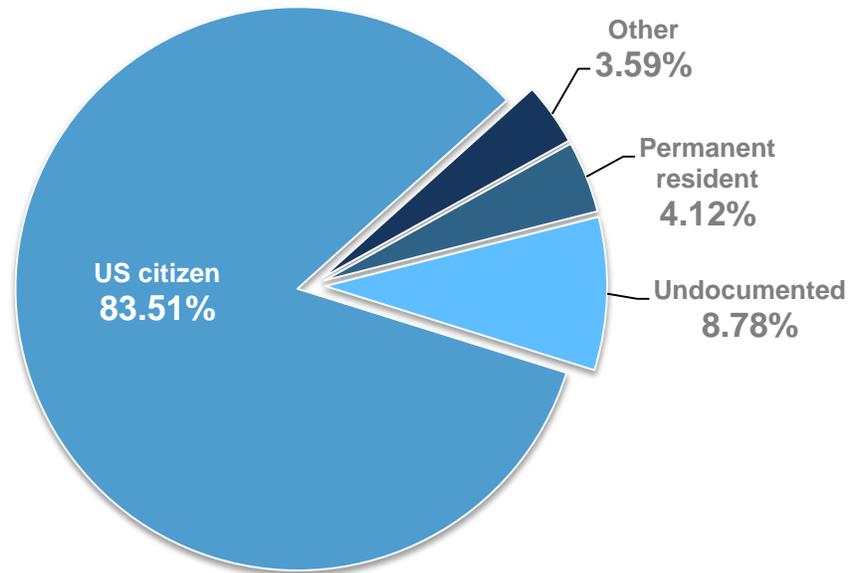
# RACE AND ETHNICITY

Survivors who identified as people of color (Black/African American, Latin@, Arab/Middle-Eastern, Asian/Pacific Islander, Indigenous/First People, and Multi-Racial survivors) accounted for a majority (50.2%) of those IPV survivors who reported their race to NCAVP. This is a sharp decline from 2012 where 62.1% of survivors identified as people of color. This decrease could be attributed to lack of targeted outreach and services to people of color by NCAVP members and the barriers that people of color face in accessing services after experiencing IPV. In particular, Black survivors represented 19.5% of survivors, a slight increase from 18.1% in 2012. Latin@ survivors accounted for 21.7% of survivors, a significant decrease from 31.5% in 2012. Multiracial survivors accounted for 3.8% of those disclosing race to NCAVP in 2013, down from 5.5% in 2012. Asian and Pacific Islander, Arab/Middle-Eastern, and Indigenous/First People together accounted for only 5.1% of reporting survivors, down from more than 7% in 2012. The large decrease in the number of Latin@ survivors may be attributable to Los Angeles LGBT Center (formerly Los Angeles Gay and Lesbian Center) not reporting complete data on survivors they served in 2013 due to organizational capacity issues; LA LGBT Center is one of the largest reporting members for NCAVP and serves a substantial number of LGBTQ Latin@ survivors of IPV. White survivors accounted for 49.0% of all survivors disclosing race, an increase from 2012 where 35.5% of survivors identified as White. This increase is in direct relation to the large decrease in the number of people of color reporting IPV to NCAVP members in 2012.

Survivors Identifying as



## Immigration Status of Survivors and Victims n=752

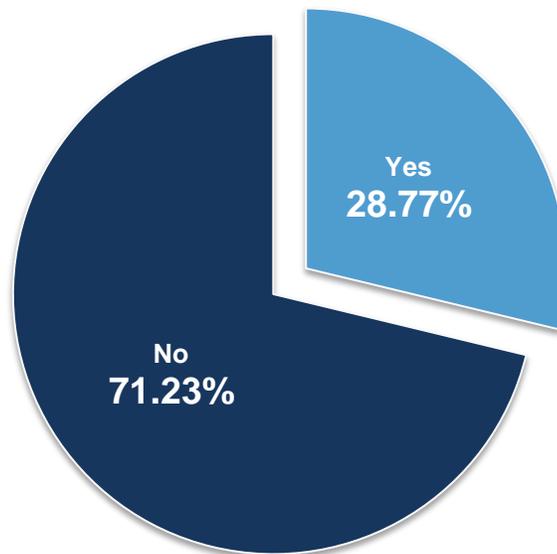


## IMMIGRATION STATUS

In 2013, 83.5% of survivors disclosing their immigration status to NCAVP members were US citizens, approximately the same proportion that identified as US citizens in 2012 (82.0%). In addition, permanent residents accounted for 4.1% of survivors, a slight decrease from 5.0% in 2012. Undocumented immigrants comprised 8.8% of survivors disclosing immigration status – relatively the same as in 2012 where 9.0% of survivors were undocumented. The number of survivors not disclosing their immigration status remains high and actually increased from 55% in 2012 to 71.22% in 2013. This increase may be connected to the continued xenophobia and anti-immigrant political climate that exists in the United States.

## Survivors with Disabilities

n=1493



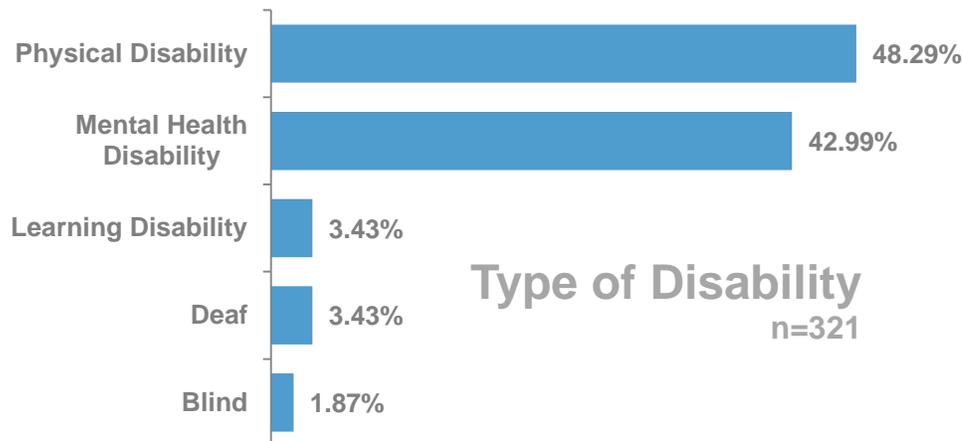
## DISABILITY STATUS

In 2013, 44.8% of all survivors did not disclose information about disabilities, a decrease from the 52.9% who did not disclose in 2012. Of the 55.2% of survivors who did disclose this information, 28.8% reported having a disability while 71.2% reported they did not have a disability. The increase in disclosure of disabilities may indicate that NCAVP member programs increased outreach to LGBTQ and HIV-affected people living with disabilities. According to the *National Survey on Abuse of People with Disabilities*, the rates of IPV for people living with a disability are disproportionately high in general, with 70% of adults surveyed reporting they had experienced abuse. LGBTQ and HIV-affected survivors of IPV face bias, discrimination, and bias at the intersection of ableism, anti-LGBTQ bias, and anti-HIV bias, which may create obstacles for them in accessing safety, support, and services.<sup>21</sup>

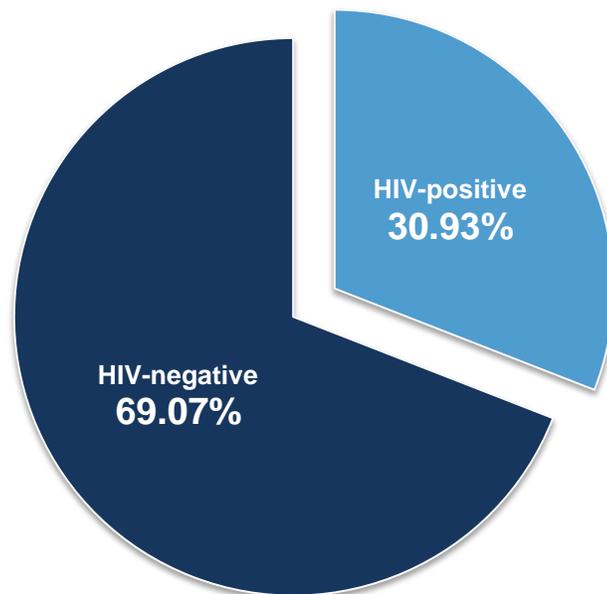
<sup>21</sup> Baladerian, N., Coleman, T., Stream., J. (2013) Abuse of People with Disabilities: Victims and Their Families Speak Out: A Report on the 2012 National Survey on Abuse of People with Disabilities. <http://www.disabilityandabuse.org/survey/survey-report.pdf>. Retrieved on 10/06/2014.

# TYPE OF DISABILITY

Among survivors who disclosed disabilities to NCAVP in 2013, the majority (48.3%) reported having a physical disability. This could be in part because obtaining information on survivors' physical disabilities is a more routine process for member organizations who must comply with the Americans with Disabilities Act (ADA) regulations. Survivors with mental health disabilities represented 43.0% of those with disabilities, an increase from 37.9% in 2012. Survivors who were blind (1.9%), Deaf (3.4%), or had learning disabilities (3.4%) represented a combined amount of 8.7% of IPV survivors with disabilities. The total number of survivors disclosing a type of disability increased substantially from 200 in 2012 to close to 600 (575) in 2013.



**HIV Status of Survivors and Victims**  
n=886



## HIV STATUS

The majority (65.5%) of IPV survivors did not disclose their HIV status in 2013, similar to 63.9% in 2012. This marks a significant decrease from 2010, where 93.6% of survivors did not disclose their HIV status. Of those who did disclose, 30.4% reported that they were HIV-positive, while 19.0% of survivors identified as being HIV-positive in 2012. This increase could be attributed to NCAVP member programs continuing to create programs and outreach specifically to HIV-affected communities.

The large decrease between 2012 and 2013's proportion of HIV-positive IPV survivors most likely represents NCAVP's improved accuracy with tracking IPV survivors' HIV-statuses rather than a decrease in HIV-positive survivors. NCAVP members collected this information more frequently in 2013, thus improving the accuracy of the data.

# MOST IMPACTED IDENTITIES

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 young adults, people of color, gay men, and transgender people, particularly transgender women and transgender people of color, reported disproportionate experiences of IPV as compared to overall LGBTQ IPV survivors.

## GENDER IDENTITY

**Transgender survivors were more likely to face physical violence and discrimination due to IPV, and more likely to experience IPV in public spaces.** Transgender survivors were 1.9 times more likely to experience physical violence and 3.9 times more likely to experience discrimination within IPV relationships. In addition, transgender survivors were 2.5 times more likely to experience incidents of IPV in public spaces.

**Transgender people of color were more likely to report experiencing discrimination as a result of IPV.** Transgender people of color were 2.6 times more likely to experience discrimination within IPV.

**Transgender women were more likely to experience physical violence and discrimination within IPV, more likely to experience IPV in public spaces, and more likely to experience police violence when interacting with the police after an IPV incident.** Transgender women survivors were 1.6 times more likely to experience physical violence and 3.7 times more likely to experience discrimination. Transgender women survivors were 3.2 times more likely to experience incidents of IPV in public spaces. Transgender women were 5.2 times more likely to experience police violence when interacting with the police after an IPV incident.

**Men were more likely to experience threats and intimidation as a result of IPV.** Men were 1.4 times more likely to experience threats and intimidation within an IPV relationship.

## SEXUAL ORIENTATION

**Gay men were more likely to experience threats, intimidation and harassment as a result of IPV.** Gay men were 1.7 times more likely to experience threats and intimidation and 1.5 times more likely to experience harassment within IPV relationships when compared with other survivors.

**Bisexual survivors were more likely to experience sexual violence and physical violence, and more likely to be injured as a result of IPV.** Bisexual survivors were 1.6 times more likely to experience sexual violence

and 2.2 times more likely to experience physical violence as a result of IPV. Bisexual survivors were also 2.6 times more likely to report injuries due to IPV.

**Lesbian survivors were more likely to experience physical violence within IPV, more likely to experience IPV at the workplace, and more likely to experience violence in shelters due to IPV.** Lesbian survivors were 1.5 times more likely to experience physical violence within IPV relationships. In addition, lesbian survivors were 2.4 times more likely to experience IPV incidents at the workplace. Lesbian survivors were also 4.9 times more likely to experience violence in shelters.

## RACE AND ETHNICITY

**LGBTQ people of color were more likely to report experiencing physical violence, discrimination, threats or intimidation, and harassment as a result of IPV. LGBTQ people of color were also more likely to experience IPV incidents in public spaces.** LGBTQ people of color were 1.6 times more likely to experience physical violence, 2.2 times more likely to experience discrimination, 1.9 times more likely to experience threats or intimidation, and 1.6 times more likely to experience harassment within IPV relationships. In addition, people of color were 2.8 times more likely to experience IPV incidents in streets or public spaces.

**LGBTQ Black/African American survivors were more likely to experience physical violence and harassment as a result of IPV.** Black/African American survivors were 1.5 times more likely to experience physical violence as compared to other survivors and 1.4 times more likely to experience harassment in IPV relationships.

**Latin@ survivors were more likely to experience threats or intimidation from their partners and more likely to experience incidents of IPV in public spaces and in the workplace.** Latin@ survivors were close to two times (1.9) more likely to experience threats or intimidation when compared to survivors who did not identify as Latin@. In addition, Latin@ survivors were 3.2 times more likely to experience incidents of IPV in public spaces and 4.1 times more likely to experience such violence in the workplace.

**White survivors were more likely to experience sexual violence within IPV relationships.** White survivors were 1.6 times more likely to experience sexual violence in IPV relationships.

## AGE

**Young LGBTQ survivors (up to the age of 24) were more likely to experience sexual violence within IPV relationships.** Young LGBTQ survivors were 2.6 times more likely to experience sexual violence in IPV relationships.

**LGBTQ Young adult survivors (ages19-29) were more likely to experience physical violence and sexual violence within IPV relationships, and more likely to experience injury and require medical attention as a result of IPV.** LGBTQ Young adult survivors were 1.7 times more likely to experience physical violence and 2.2 times more likely to experience sexual violence in IPV relationships. Young adults were also 1.4 times more likely to experience injury as a result of IPV and 1.7 times more likely to require medical attention.

## IMMIGRATION STATUS

**LGBTQ undocumented survivors were more likely to experience discrimination within IPV relationships.** LGBTQ undocumented survivors were 2.9 times more likely to experience discrimination within IPV relationships.

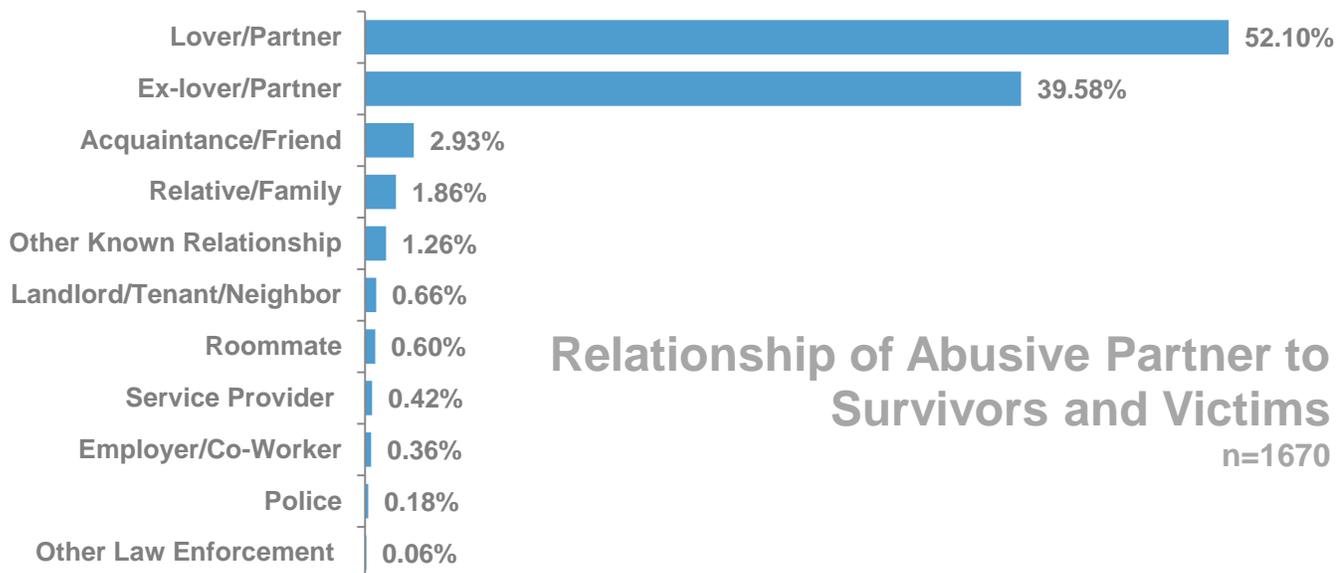
# INCIDENT DETAILS

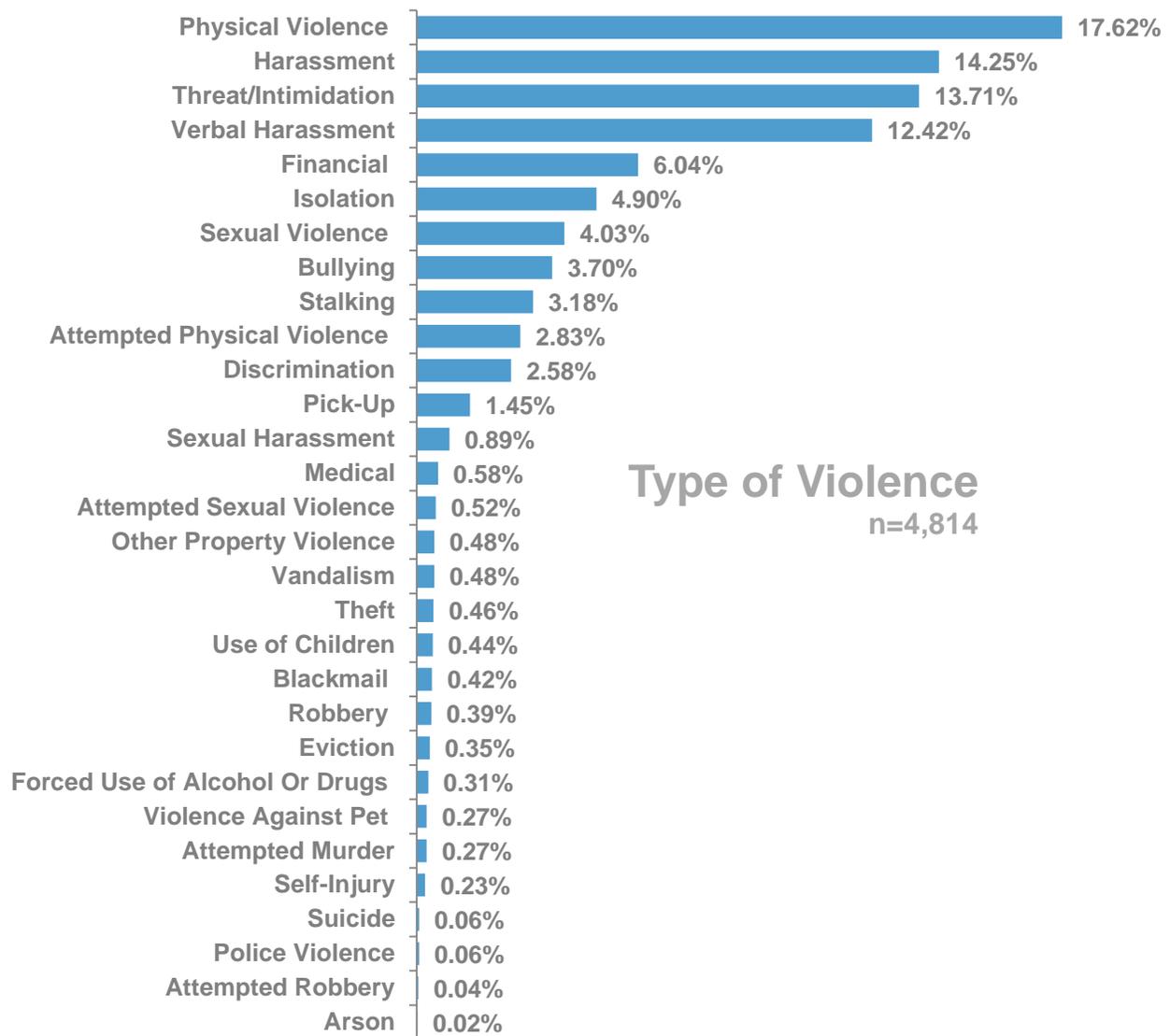
## IN ANTI-LGBTQ AND HIV-AFFECTED INTIMATE PARTNER VIOLENCE

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

# ABUSIVE PARTNER AND SURVIVOR RELATIONSHIP

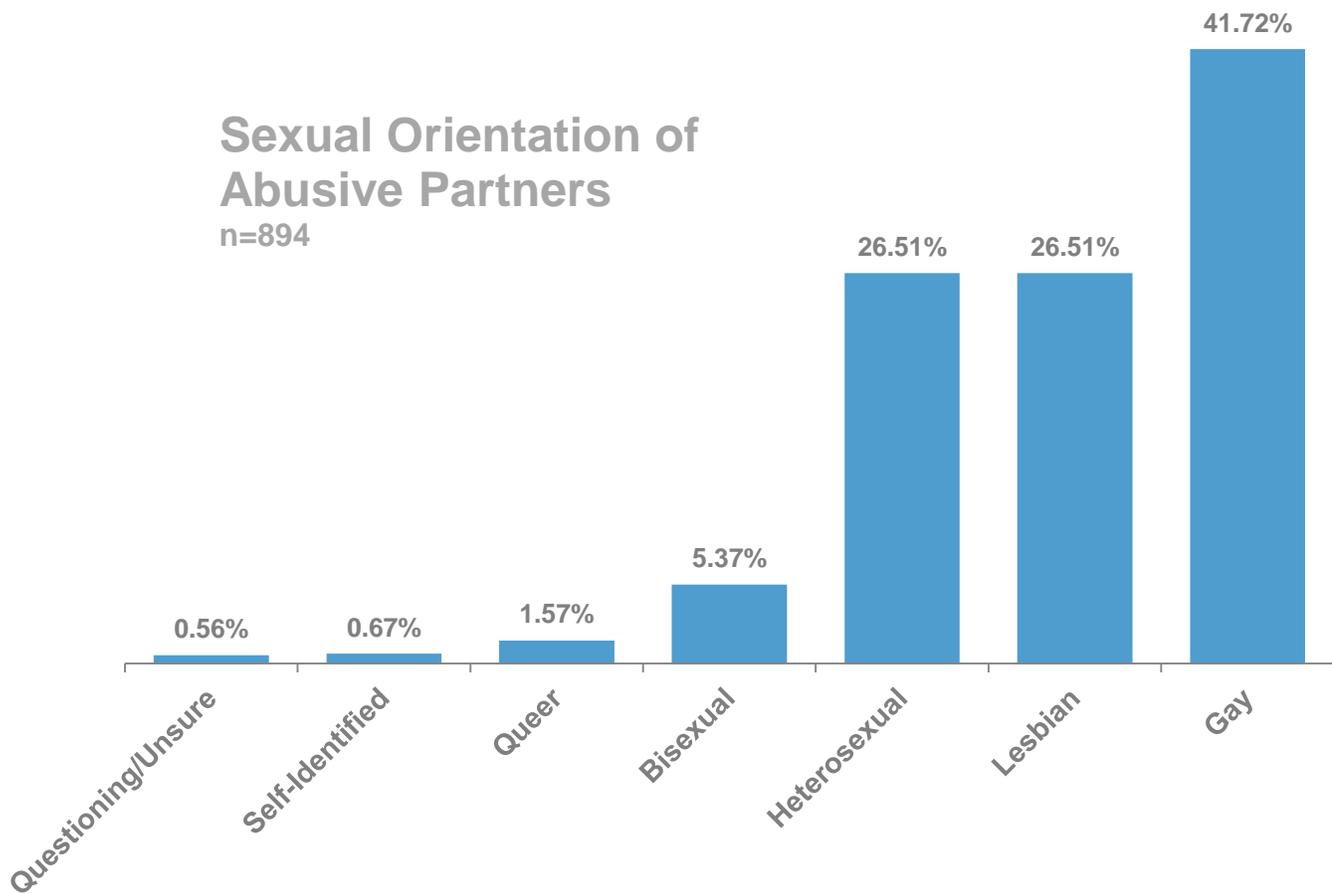
Of survivors who disclosed information to NCAVP about their relationship to the abusive person, the majority reported experiencing violence from a current or former lover/partner. 52.1% of survivors experienced violence or abuse from current lovers or partners, a large increase from 37.5% in 2012. 39.6% of survivors experienced violence from ex-lovers/partners, compared to 37.8% in 2012. Relatives and family represented 1.9% of the total IPV survivors' abusive partners. Acquaintances and friends accounted for 3.0% of abusers in 2013. Other relationships, landlords, tenants, neighbors, employers, coworkers, police, and service providers each represented fewer than 2% each of the total IPV survivors' abusive partners.





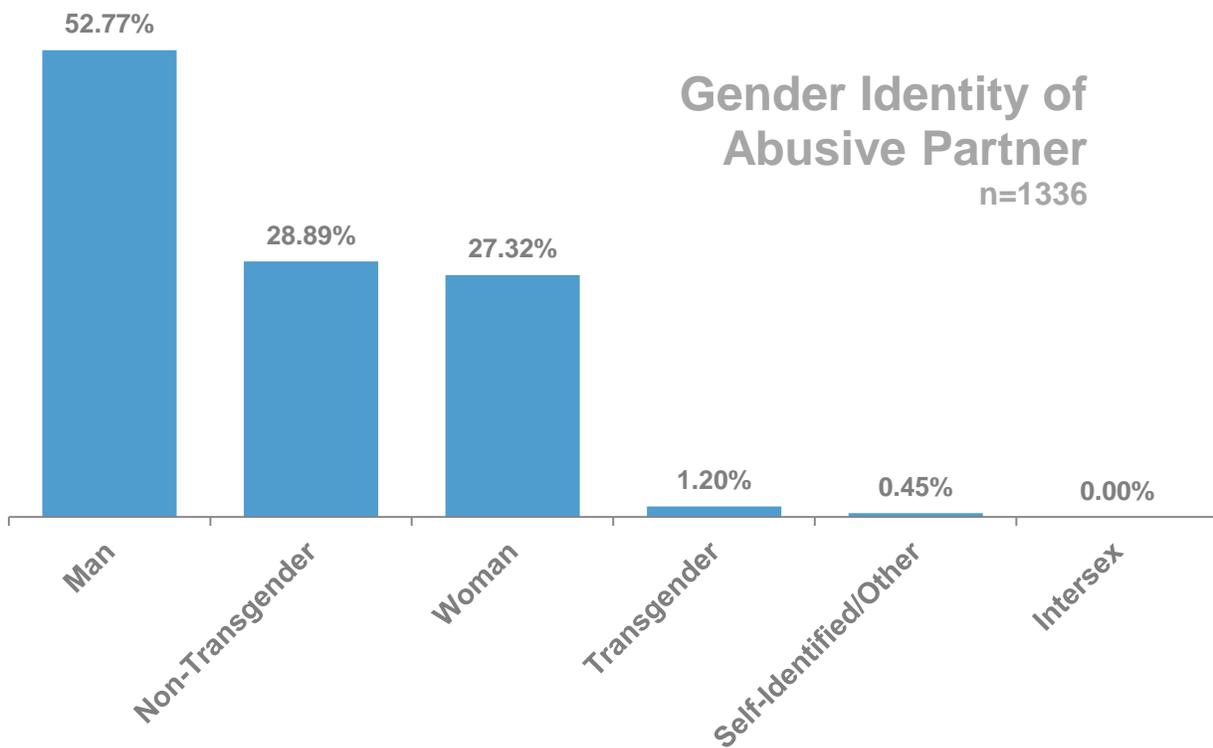
## TYPES OF IPV

LGBTQ and HIV-affected abusive partners use a variety of tactics to assert power and control within intimate relationships, ranging from threats to homicide. For the survivors who reported this information, the most frequently reported tactic was physical violence. 17.3% of incidents involved physical violence, an increase from 15.8% in 2012. In addition, 14.3% of IPV incidents involved harassment, an increase from 12.9%, and 13.7% involved threats or intimidation, also an increase from 11.3% in 2012. Among other tactics, financial abuse, stalking, sexual violence, bullying, discrimination, and isolation were all present in more than 3% of incidents. These findings show that while physical violence remains a common tactic for abusers, and there were increased reports of physical violence in 2013, there are also many other avenues for abusers to exert power and control over their partners in an IPV relationship.



## SEXUAL ORIENTATION OF ABUSIVE PARTNERS

The largest proportion of survivors reported that their abusive partners identified as gay (41.7%). The remainder of abusive partners in 2013 were reported to be lesbian (26.5%), heterosexual (26.5%), bisexual (5.4%), queer (1.6%), questioning/unsure (0.6%), and self-identified (0.7%). The sexual orientation of gay and lesbian abusive partners mirrors survivor sexual orientation, with 42.8% of survivors identified as gay (42.8%) and 23.8% of survivors identified as lesbian. The much higher percentage of heterosexual abusive partners (26.5%) than heterosexual survivors (15.9%) indicates that a number of survivors were in relationships with someone who identified as heterosexual. While some of these abusive partners may still identify as part of LGBTQ and HIV-affected communities, others may not. 894 (39.06%) survivors chose to disclose the sexual orientation of their partner in 2013, which is an increase from 464 (16.81%) in 2012. It must be noted that a majority (60.94%) of survivors did not disclose the sexual orientation of their abusive partner.

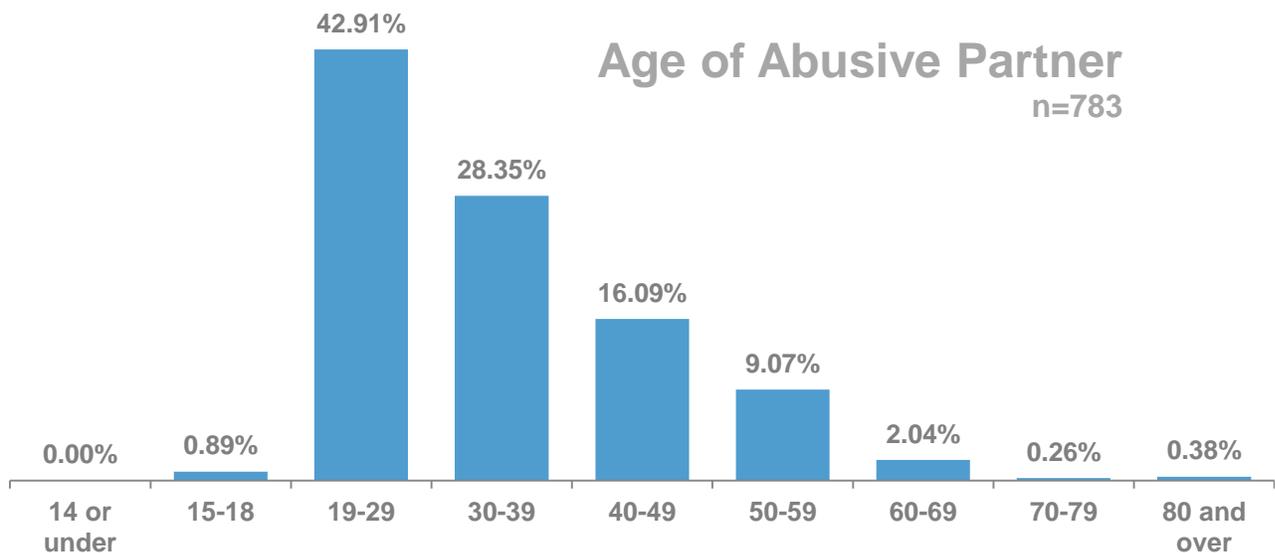


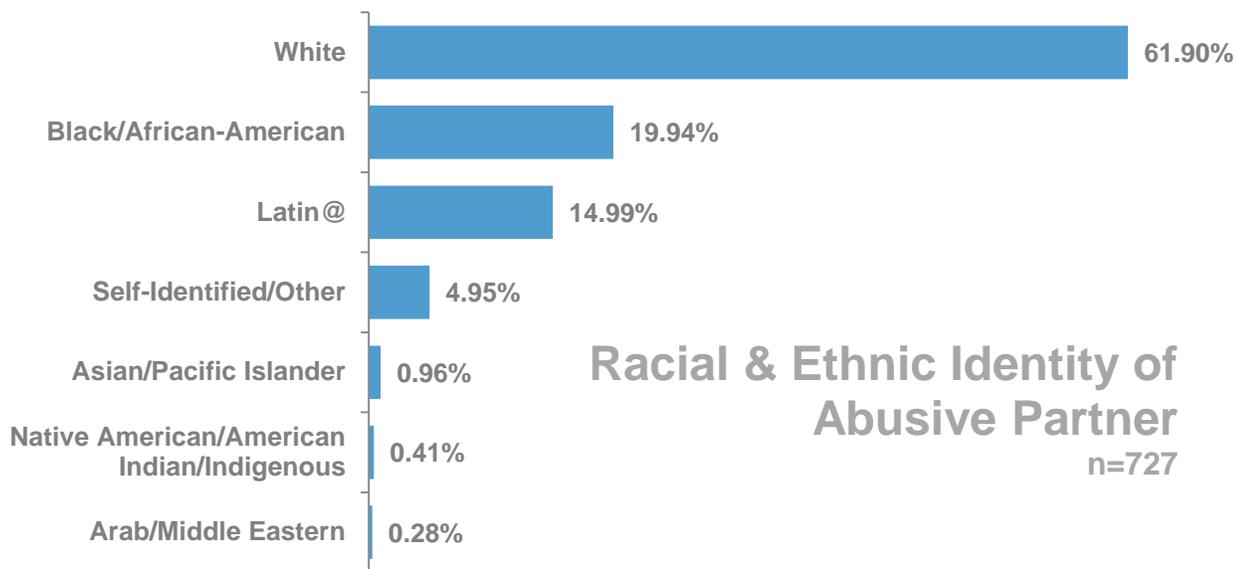
## GENDER IDENTITY OF ABUSIVE PARTNERS

Survivors reported that the majority of their abusive partners were men (52.8%), while women represented more than a quarter (27.3%) of abusive partners, and self-identified and other abusive partners represented 0.5%. Nearly 30% (28.9%) of male and female abusive partners were reported to be cisgender, with 1.2% reported to be transgender. Gender identities for 2013 were consistent with the gender identities of survivors. A majority of survivors were also reported to be men (40.7%), though more women reported being survivors (40.1%) than did abusive partners (27.3%). This difference reflects that LGBTQ relationships are broader than same-gender relationships, and include a range of sexual orientations and gender identities. It could also show what some member programs have shared with NCAVP, that because the language and terminology about identity is fluid and evolving, some survivors identify as cisgender instead of transgender, even when their sex assigned at birth is different than their gender identity. Additionally, the high percentage of non-disclosed (48.2%) gender identities for abusive partners also indicates that this data may not fully represent all the abusive partners of LGBTQ and HIV-affected IPV survivors in 2013.

# AGE OF ABUSIVE PARTNERS

A majority of abusive partners were reported to be between the ages of 19-29 (42.2%). 28.4% of abusive partners whose age was reported were between the ages of 30-39 and 16.1% of abusive partners were between 40-49 years of age. Abusive partners ages 15-18 comprised of 0.9% of reports, while abusive partners ages 50-59 comprised of 9.1%. Abusive partners 60 and over represented a combined 2.7% of the abusive partners who disclosed age. The most common age for survivors mirrors that of abusive partners: 36.8% of survivors were the ages of 19-29 and 24.8% of survivors were between the ages of 30-39, suggesting that survivors and abusive partners date within their same age range. This is also largely consistent with 2012 data, where the majority (47.3%) of abusive partners reported being between the ages of 19-29. However, the 2013 data reflects a decrease of young abusive partners. It is important to keep in mind that a majority (65.4%) of survivors did not disclose the age of their abusive partner.



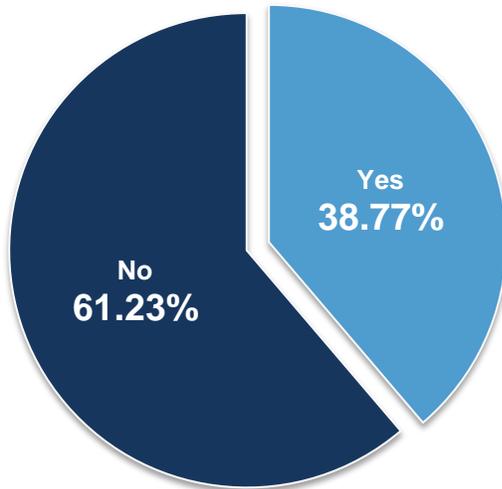


## RACE AND ETHNICITY OF ABUSIVE PARTNERS

Of those who reported on abusive partner's race or ethnicity, almost two thirds of abusive partners were reported to be White (61.9%), which is higher than the proportion of survivors who identified as White (49.0%). People of color accounted for 36.6% of reported abusive partners whose race or ethnicity was disclosed, while people of color as a whole represented a majority of survivors (50.2%). Within people of color, Black/African American abusive partners made up 19.9% of abusive partners who reported this information, and Black/African American survivors represented 19.5% of survivors who reported this information. 15.0% of abusive partners of abusive partners were identified as Latin@ and less than 8% of said abusive partners were identified as Asian/Pacific Islander, Native American or Indigenous, Self-Identified/Other or Arab/Middle Eastern. Latin@ survivors represent 21.7% of survivors as compared to Latin@ abusive partners (15.0%). It is important to keep in mind that only 752 survivors disclosed the race or ethnicity of their abusive partner (an increase from 328 in 2012), which suggest that race or ethnicity of an abusive partner is something survivors may not be comfortable disclosing.

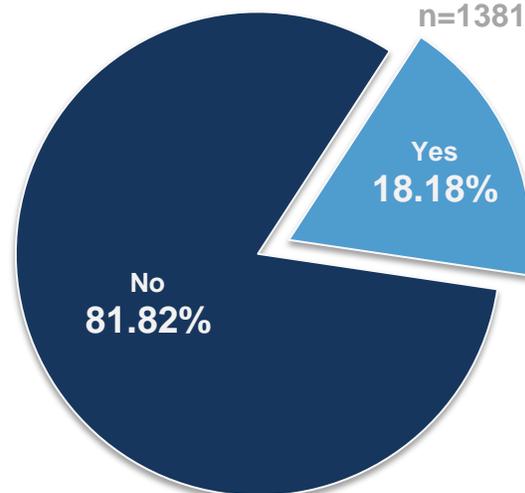
### Survivors Injured

n=1393



### Survivors Seeking Medical Attention

n=1381

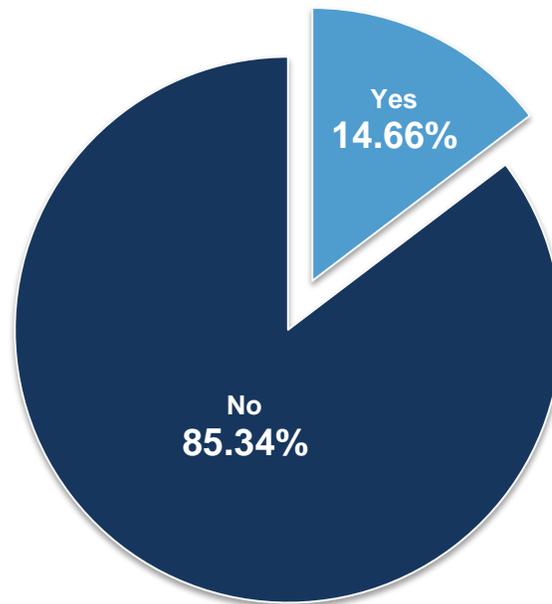


## INJURY AND MEDICAL ATTENTION

In 2013, 38.8% of survivors who disclosed this information to NCAVP experienced injury. This reflects a decrease from 2012, where of survivors who disclosed this information, 53.0%% had suffered injury. Injuries are an indicator of the severity of IPV. IPV can cause short term harm, life-long injuries, and permanent disabilities. These injuries can escalate over time, even resulting in death, and it is critical for LGBTQ and HIV-affected IPV survivors to find culturally competent medical care for injuries. In 2013, 18.2% of LGBTQ and HIV-affected survivors who reported about medical attention actually sought medical attention. This represents a decrease from 2012, where 24% of survivors who reported on medical attention sought it. IPV survivors can seek medical attention for physical and emotional support. Medical providers are trained to and often can, assess IPV based on the types of injuries, the trauma that IPV survivors present, and the stages of healing for these injuries; however, medical providers may not have the training and cultural competence to recognize IPV as it affects LGBTQ and HIV-affected survivors.

## Weapon Involvement

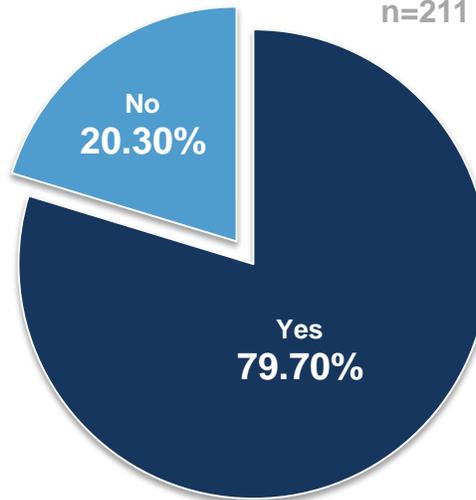
n=1876



## WEAPONS

In 2013, 14.7% of survivors who reported this information to NCAVP experienced IPV involving a weapon. This data mirrors that from 2012 where 14.0% of survivors reported a weapon being involved in an incident off IPV. Weapons represent a very important aspect of IPV, particularly IPV homicide. This data could indicate that weapons do not play a central role within the IPV that the majority of LGBTQ and HIV-affected survivors reported to NCAVP. Survivors experiencing IPV that involves weapons may also be too fearful of their abusive partner to risk reporting IPV, or they may feel embarrassment reporting this, even while seeking support for IPV. Survivors who are not ready, or who do not want to exit their relationships, may be protective of their abusive partner and may not report weapons to avoid potential legal action against their partners. This is particularly likely if that partner is also LGBTQ or HIV-affected, and may be subjected to bias, discrimination, and violence within the criminal legal system.

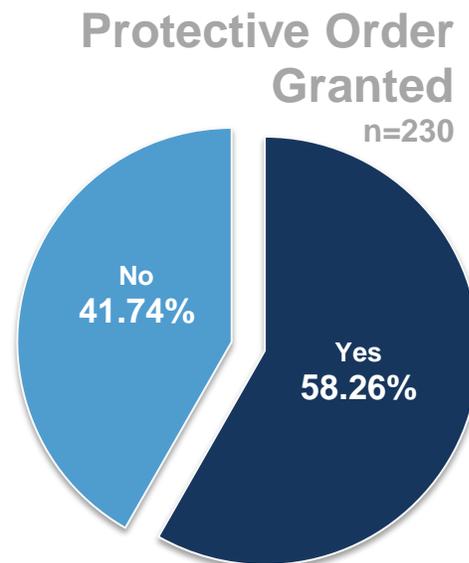
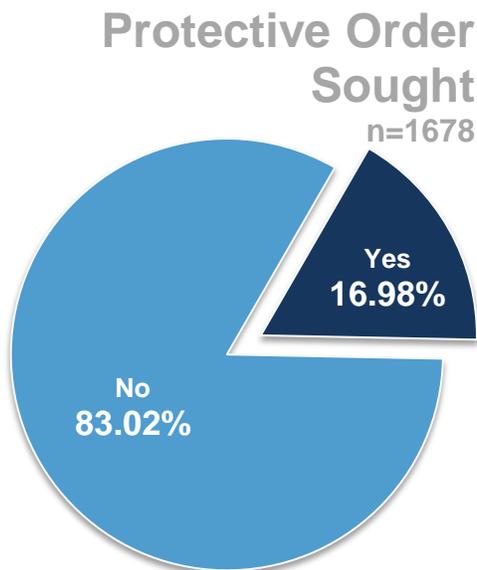
## Survivors Admitted to Domestic Violence Shelter n=211



## SURVIVOR EFFORTS TO ACCESS DOMESTIC VIOLENCE SHELTER

In 2013, 5.8% of all survivors reported to NCAVP that they sought access to domestic violence shelters, an increase from 3.7% in 2012. Of those seeking shelter, 20.3% were turned away, while 79.7% were admitted to a shelter. A higher number of survivors were refused shelter services in 2013 than in 2012, where only 14.3% of survivors who sought shelter were denied access.

Domestic violence shelters are often operating at capacity, and survivors of all gender identities and sexual orientations are turned away due to lack of space. Additionally, most domestic violence shelters only serve cisgender women and therefore cisgender men and transgender and gender non-conforming people have historically had limited options when seeking shelter from an IPV relationship. As a result, LGBTQ survivors often face discrimination and lack of access when attempting to access shelter services. While the reauthorized VAWA mandates that any domestic violence program funded by VAWA must not discriminate against LGBTQ survivors, there is still a gap between the passing of the legislation and its implementation. As the numbers from 2013 indicate, LGBTQ survivors of IPV are still being denied potentially life-saving shelter services after experiencing IPV.



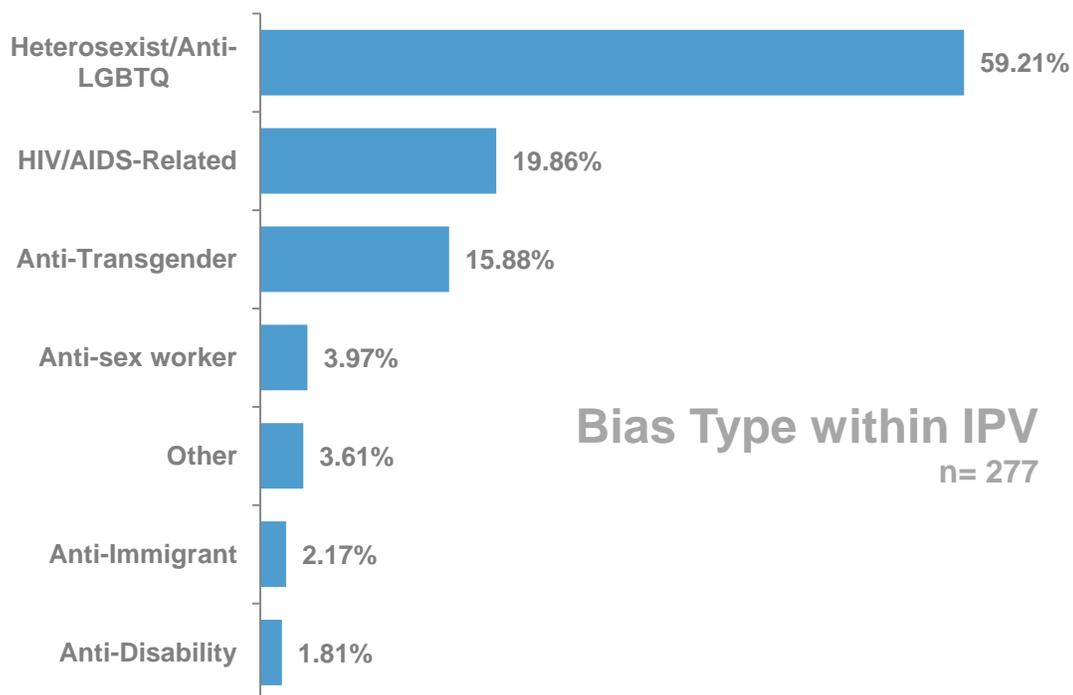
## SURVIVOR EFFORTS TO ACCESS ORDERS OF PROTECTION

In 2013, 17.0% of total survivors reported to NCAVP that they applied for orders of protection, which reflects a large increase from 2012 (4.9%). This indicates that LGBTQ and HIV-affected survivors may feel more comfortable accessing orders of protection for IPV, which may be due to the increase in LGBTQ cultural competency trainings for law enforcement and judicial agencies throughout the country. Of those seeking protective orders, 58.3% were granted a protective order while 41.7% were denied one. The remaining survivors did not disclose their attempts to obtain orders of protection to NCAVP. While the number of those seeking protective orders increased in 2013, the number of survivors actually receiving those orders decreased in proportion, from 78.1% of survivors in 2012 to 58.3% in 2013. However, it must also be noted that a much larger number (n=941) of survivors disclosed whether they sought protective orders to NCAVP member organizations than in 2012 (n=270).

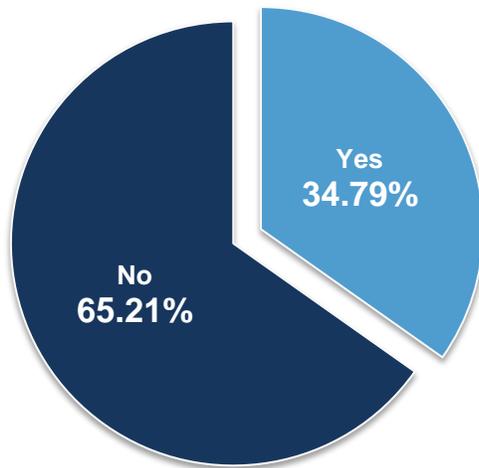
# UNIQUE FORMS OF INTIMATE PARTNER VIOLENCE

LGBTQ and HIV-affected survivors experience unique forms of abuse because of their identities. Due to societal oppression of LGBTQ and HIV-affected people, abusive partners can use homophobia, biphobia, transphobia, heterosexism, HIV-related stigma, and other tactics against their partners as a form of abuse. For example, withholding medication from HIV-positive survivors is a form of HIV-related abuse. Abusive partners of transgender survivors can also tell their partners they are not “real” men or women, and that no one else would want to be with them, as a form of transphobic abuse.

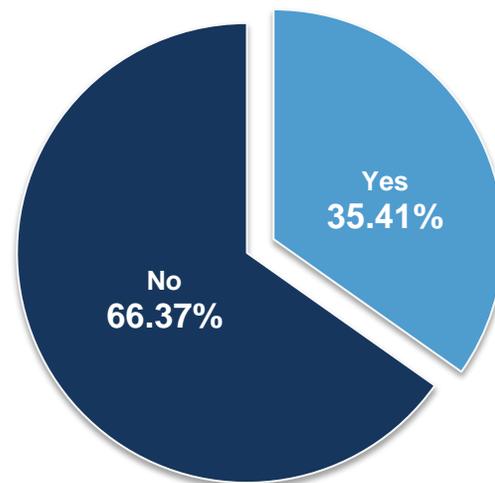
In 2013, 59.21% of abusive partners used heterosexist and anti-LGBTQ oppression as a method to have power over and control their partners, compared to 12.2% in 2012. 15.9% of abusive partners used anti-transgender strategies as part of IPV, an increase from 8.7% in 2012. This may be attributed to the increase in the number of transgender survivors reporting to NCAVP members in 2013. HIV/AIDS-related IPV and anti-immigrant bias IPV represented 19.9% and 2.2% of total incidents reported to NCAVP, respectively. However, in 2012 HIV/AIDS-related IPV represented 19.9% of total incidents while anti-immigrant bias IPV accounted for 5.1% of incidents reported to NCAVP. IPV related to disability status, anti-sex worker bias, and other biases each represented less than 4% of total reports from survivors individually.



### Survivor Report to Police n=1465



### Police Classified as IPV n=562



## POLICE INTERACTIONS

In 2013, 22.4% of all survivors reported information about interacting with the police, an increase from 2012 (16.5%). Of those who did interact, only 34.8% of survivors reported the IPV incidents to police. This is a decrease from 2012 where 46.0% of survivors reported violence to the police. LGBTQ and HIV-affected communities have a historical distrust of law enforcement, due to homophobic, biphobic, and transphobic policing practices. Many LGBTQ and HIV-affected community members have experienced or witnessed discrimination and violence from the police.<sup>22</sup> Thus, many LGBTQ and HIV-affected IPV survivors do not reach out to the police for assistance, fearing further abuse.

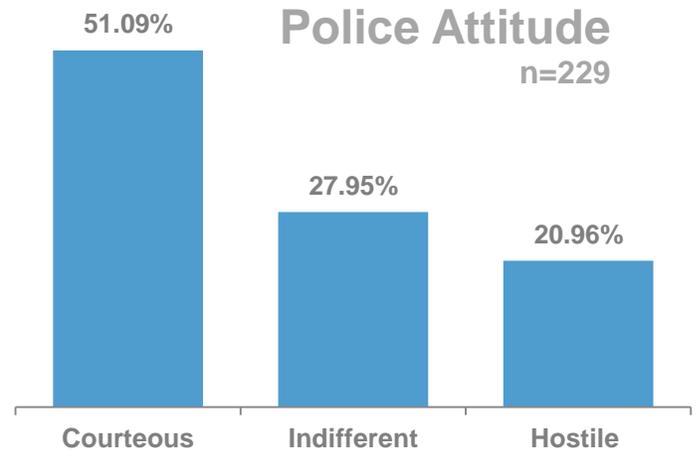
For the survivors who reported their police interactions to NCAVP (16.5% of all survivors), only 35.4% of survivors who reported to police report that the police classified the violence as intimate partner violence (as opposed to stranger violence). This represents a large decrease from 2012, where 70.0% of survivors who reported to police report that the police classified the violence as IPV. The classification of IPV is

<sup>22</sup> Amnesty International USA – *Stonewalled: Police Abuse and Misconduct Against Lesbian, Gay, Bisexual and Transgender People in the US*. <http://www.amnesty.org/en/library/asset/AMR51/122/2005/en/17385cd5-d4bd-11dd-8a23-d58a49c0d652/amr511222005en.html>. Retrieved on 10/01/2014.

important because some IPV resources, such as housing, shelter, and orders of protection, may rely on police reports recognizing the violence as between intimate partners to determine eligibility for these services.

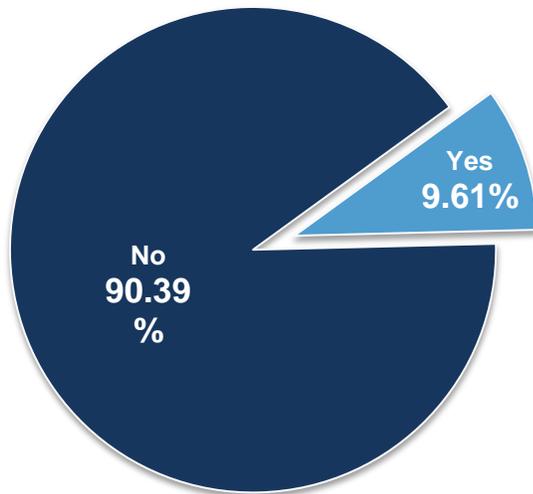
Of those who interacted with the police, 21.0% reported to NCAVP that police attitudes were hostile, 28.0% reported indifferent attitudes from the police, and 51.1% of survivors reported that police attitudes were courteous. This reflects

slight increases in hostile and indifferent police attitude. Of those survivors who interacted with police in 2012, 19.0% reported hostile attitudes and 25.0% reported indifference while 56.0% reported courteous attitudes.



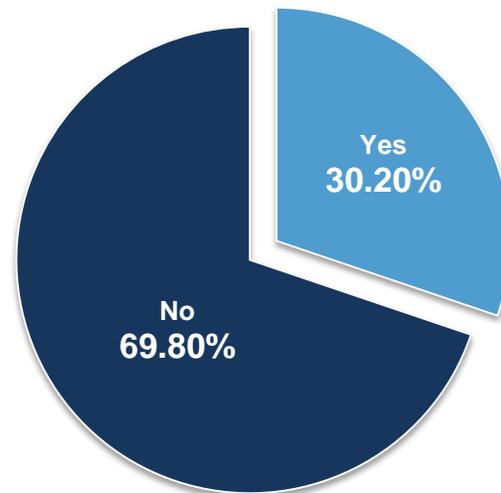
## Police Misconduct

n=791



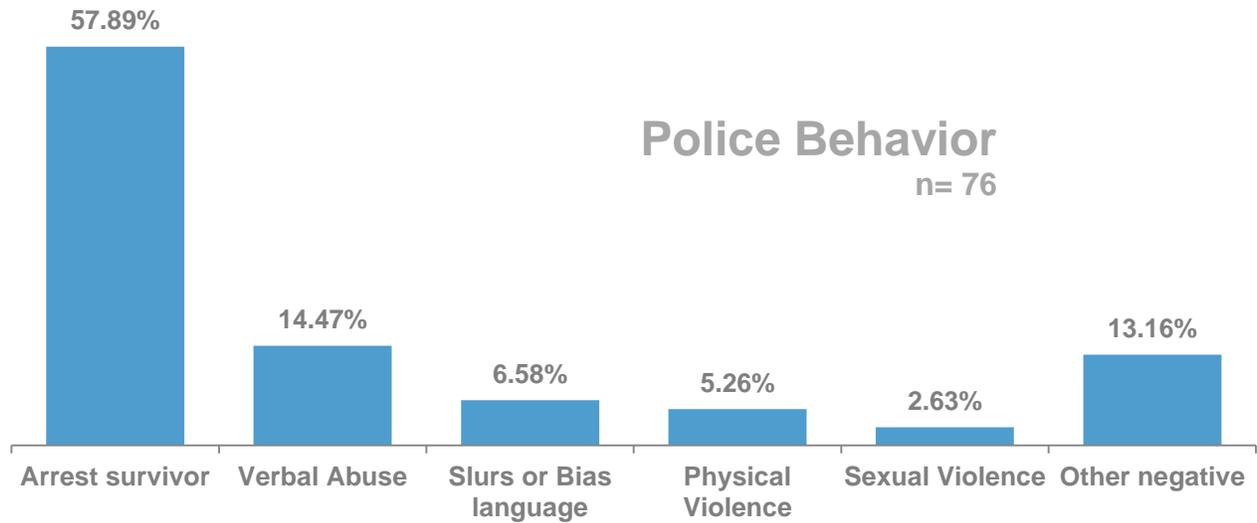
## Police Arrest Abusive Partner

n=668



## POLICE BEHAVIOR

Survivors reported police misconduct in 9.6% of incidents involving the police, a decrease from 2012 (28.0%). Survivors reported that in 30.2% of incidents involving the police, the police arrested the abusive partner, a decrease from 2012 (44.0%), and in over half (57.9%) in 2013, the police mis-arrested the survivor as the perpetrator of violence, a significant increase from 2012 (29.7%). Mis-arrests can be common when police do not have training in how to provide culturally competent responses to LGBTQ and HIV-affected survivors, nor in the dynamics of IPV in relationships that are same gender, or involve transgender or gender non-conforming people, who not conform to the traditional heteronormative paradigm that cisgender heterosexual men abuse cisgender heterosexual women. Without proper training on how to identify the abusive partner and the survivor, police can mistakenly arrest survivors when responding to LGBTQ IPV calls. This can have devastating impacts on survivors' trauma, access to safety, and create a host of legal barriers.



LGBTQ IPV survivors also experienced other forms of police misconduct including verbal abuse (14.5%), slurs or bias language (6.6%), physical violence (5.3%), sexual violence (2.6%) and non-specific negative experiences (13.2%). This demonstrates that law enforcement agencies continue to have a lack of understanding of the nature of LGBTQ and HIV-affected IPV and reinforce the historic maltreatment of LGBTQ and HIV-affected people at the hands of the police.

# DISCUSSION

## INCREASE IN REPORTS OF INTIMATE PARTNER VIOLENCE

In 2013 reports of intimate partner violence increased from 2,679 in 2012 to 2,697 in 2013. This is despite the fact that in 2013 NCAVP had one fewer reporting organization than in 2012. Sean's Last Wish, an NCAVP member organization in Greenville, South Carolina Alabama, was unable to report to NCAVP due to capacity reasons. In addition, the Los Angeles LGBT Center was unable to report complete data on all survivors. An increase in the number of reports of LGBTQ and HIV-affected IPV to NCAVP member programs does not indicate an increase in the prevalence in IPV nationally. This increase may be due to an increasing understanding of IPV in LGBTQ and HIV-affected communities in addition to the rising public awareness about the issue. This increase is also a testament to the work being done by NCAVP member organizations in providing vital services to LGBTQ and HIV-affected survivors of IPV and the continual efforts by NCAVP member organizations to create better systems of tracking survivor information. In addition, in 2013, with the passage of the Violence Against Women Act (VAWA) the cultural shift towards a better understanding of IPV in LGBTQ and HIV-affected communities was codified into law. These increased numbers also indicate that LGBTQ and HIV-affected survivors of violence are becoming increasingly comfortable accessing services. At the same time, research indicates that transgender IPV survivors 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<sup>23,24</sup>. 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 U.S. 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.

## RECORD NUMBER OF IPV HOMICIDES

In 2013, for a third year in a row, NCAVP documented the highest number of homicides since the coalition began tracking homicides in 1997. There were 21 intimate partner violence homicides in 2013, equal to the number of homicides in 2012. These homicides highlight the fatal impact of intimate partner violence and reinforces the need for increased services to LGBTQ and HIV-affected survivors of IPV. The high

---

<sup>23</sup> 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.

<sup>24</sup> Davidson, Meghan and Alysondra Duke (2009). *op. cit.*

number of homicides does not necessarily mean that the prevalence of IPV has increased nationally but instead is a reflection of the rise in public and media understating of IPV in LGBTQ and HIV-affected communities. While in the past media outlets may have mischaracterized LGBTQ and HIV-affected IPV homicides as hate violence or labeled intimate partners as friends or roommates. Hate violence against LGBTQ and HIV-affected communities is likely to receive more publicity and is better understood by the public. As media outlets become more competent in reporting stories about IPV in LGBTQ and HIV-affected communities there are fewer instances of mislabeling LGBTQ and HIV-affected homicides within IPV relationships. Public policy changes and new legal recognition for LGBTQ relationships may also be a contributing factor to better reporting. If someone was killed by their legal partner, law enforcement can better identify these homicides as intimate partner violence related. Better reporting has also aided NCAVP and its member organizations in tracking IPV related homicides. While media coverage and law enforcement responses to IPV in LGBTQ and HIV-affected communities has gotten progressively better, homophobia, biphobia, and transphobia still remain prevalent and intimate partner violence homicides are often mischaracterized when law enforcement and the media do not understand or recognize LGBTQ relationships. In addition, the large numbers of IPV homicides occurring in areas where NCAVP member programs exist suggest that these homicides may be un- or underreported in other parts of the country without LGBTQ and HIV-affected specific programming. This highlights the critical work that is being done by LGBTQ and HIV-affected anti-violence programs, such as the member organizations of NCAVP, in increasing awareness about IPV within LGBTQ and HIV-affected communities. NCAVP member programs often create trainings to law enforcement and direct service providers about LGBTQ and HIV-affected IPV and create public education events about this violence. These activities can increase the likelihood that LGBTQ and HIV-affected IPV homicides are reported, publicized, and investigated accurately. The degree of discrimination and bias that LGBTQ and HIV-affected survivors face when seeking to access mainstream IPV services and first responders can also increase the likelihood of homicide for LGBTQ and HIV-affected IPV survivors. Broader literature shows that when IPV survivors are unable to access crisis services, the consequences can be deadly.<sup>25</sup> NCAVP members frequently observe<sup>25</sup> that the more contact that an IPV survivor has with an anti-violence program, the more likely the risk of fatality will decrease.

## DISPROPORTIONATE IMPACT OF HOMICIDE AND INTIMATE PARTNER VIOLENCE ON GAY MEN

In 2013 a large majority of the intimate partner violence homicide victims were men, a number that is even more startling when considering that gay men only accounted for 42.8% of survivors that reported incidents of IPV to NCAVP member organizations. Since 2011, gay men have been the most impacted by fatal incidents of IPV; gay men also represented a plurality of IPV victims in 2011 and 2012. Very few services for intimate partner violence are designed for gay men, and gay men may view intimate partner violence services as inaccessible. The lack of services available to gay men who are victims and survivors of IPV may be connected to the disproportionate impact of fatal violence on gay men. Intimate partner

<sup>25</sup> Iyengar, Radha & Sabik, Lindsay. (2009). *The Dangerous Shortage of Domestic Violence Services*. Health Affairs, Vol. 28. 1063.

violence experienced by gay men has historically been under-recognized by traditional violence response systems, including law enforcement, court systems, and social services systems. Access to intimate partner violence shelters in particular is a major barrier. Most domestic and intimate partner violence shelters have historically only served cisgender women; research suggests that lesbians were significantly more likely to seek help for IPV than gay men due to the fact that many lesbians were involved in and aware of the battered women's movement and have more knowledge about and access to IPV services. Domestic violence shelters can be a critical service for many survivors of IPV. Men are often denied access to domestic violence shelters, as NCAVP members have noted in the past. While legislation such as the Violence Against Women Act (VAWA) compels VAWA funded shelters to provide services to men, this problem will likely persist.

In addition, in 2013 gay men were 1.7 times more likely to experience threats and intimidation and 1.5 times more likely to experience harassment within IPV relationships when compared with other survivors. These findings warrant further research in order to understand this unique experience and the possible causes of this violence. While several studies, including one done by the Centers for Disease Control, show that the rates of IPV for gay men are similar, if not higher, than those for heterosexual relationships, there is still a lack of understanding about IPV in LGBTQ and HIV-affected communities. Anti-LGBTQ and HIV affected bias in society may also make gay men likely to remain silent about IPV in order to prevent further stigma and negative views about gay relationships in society. Gay men maybe more likely to create and reach out to informal networks of support. While family and friends are crucial in supporting survivors of IPV – formal and trained support can be vital in addressing IPV; medical providers, law enforcement, counselors, shelter providers, and advocates provide a broad range of comprehensive services. While previous studies on GBTQ men or men who have sex with men (MSM) vary in the degree to which they believe the subpopulation experiences IPV (due to different samples or research methods), the general consensus is that MSM experience at least equal to but often higher rates of IPV as compared to women in heterosexual relationships. In a study on 393 gay and bisexual men in San Francisco, 26% of respondents reported using violence in their relationships, while 25% reported experiencing violence in their relationship. Because survivors may sometimes use violence in self-defense and to resist abuse, these studies may make it difficult to identify who is the abusive partner and who is the survivor in a relationship. Another study on a probability based sample of MSM concluded that urban MSM experience significantly higher rates of IPV as compared to their heterosexual counterparts, while also potentially experiencing more abuse in comparison to heterosexual women.<sup>26</sup> A study that focused on intimate partner abuse 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 found that 26% of gay men have experienced physical violence, stalking, or rape as a result of IPV.<sup>27</sup>

---

<sup>26</sup> 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.

<sup>27</sup> Walters, M.L., Chen J., & Breiding, M.J. (2013). *op. cit.*

## DISPROPORTIONATE IMPACT OF VIOLENCE ON TRANSGENDER PEOPLE

For a third 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 intimate partner violence. In 2013 transgender survivors were more likely to experience physical violence and discrimination within IPV as well as police violence after incidents of intimate partner violence. Transphobia remains a formidable and dangerous reality for both the public and private lives of transgender individuals, creating barriers for access to essential services from anti-violence programs, law enforcement agencies, advocates, and medical professionals. Transphobia can also be a tactic of abuse that an abuser can use against a transgender partner. The barriers to accessing essential services for addressing violence in an intimate partner relationship have dangerous and sometimes deadly consequences for transgender survivors of IPV.

While, to date, there are no prevalence studies done on the rates of intimate partner violence in transgender communities, there is data that corroborates NCAVP's findings. The Gender, Violence and Resource Access Survey found that 50% of transgender respondents reported assault or rape by a partner, while 31% identified as an IPV survivor. These rates of intimate partner violence and rape for transgender survivors are similar to those found for heterosexual women, lesbian women, and bisexual women. 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.<sup>28</sup>

The disproportionate impact of intimate partner violence and sexual violence on transgender survivors has to be understood within the context of intersecting oppressions and broader social, cultural, and economic realities faced by transgender communities. 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. Specifically, 28% of the sample 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.<sup>29</sup> This strained relationship between transgender individuals and the police can 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.

---

<sup>28</sup> 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-Domestic-Violence.pdf>. Retrieved on 10/01/2014.

<sup>29</sup> Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. ( 2011.) *op. cit.*

Transgender people of color's experiences of intimate partner violence 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@<sup>30</sup>, Black<sup>31</sup> and Asian and Pacific Islander (API)<sup>32</sup> respondents. The results showed that the above communities of transgender individuals 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 poverty, 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.<sup>33</sup>

Of note is a trend of increased use of anti-transgender bias used against transgender survivors of violence; 15.9% of abusive partners used anti-transgender strategies as part of IPV, an increase from 8.7% in 2012. This may be attributed to the increase in the number of transgender survivors reporting to NCAVP members in 2013. Anti-transgender bias can occur when abusive partners use cultural or institutional transphobia as a form of power and control over a survivor. 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. Because transgender people do experience high levels of cultural and institutional transphobia, such as degradation and ridicule at the hands of the police or in the media, this threat is effective because it is likely true, as NCAVP data has shown in 2013.

Experiencing higher levels of physical violence can be especially problematic for transgender survivors because transgender people are both more medicalized and stigmatized. Transgender survivors may be unwilling to seek hospital care because of health care providers' lack of cultural competency or outright transphobia, consequently barring them from an opportunity to be screened for IPV and connected to services. They may also be denied access to basic legal services, due to the limitations in the ways courts

---

<sup>30</sup> Ibid.

<sup>31</sup> Ibid.

<sup>32</sup> Ibid.

<sup>33</sup> Kae Greenberg (2005). *op. cit.*

often view transgender people, struggling with “legal” identity or seeing only those who have undergone body modification as “real.” 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.”<sup>34</sup> 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.

## DISPROPORTIONATELY SEVERE VIOLENCE AGAINST YOUTH AND YOUNG ADULTS

NCAVP’s 2013 findings showed that youth (up to the age of 24) and young adult (ages 19-29) survivors were more likely to experience sexual violence and young adults were also more likely to experience physical violence within IPV. More than a third of IPV survivors who reported their age to NCAVP were 29 years or younger (38.1%). This disproportionate impact is also documented in other research. A study that focused on urban MSM found that, among several demographic factors including but not restricted to HIV status, education, and age, a younger age was the strongest and most consistent factor correlated with IPV.<sup>35</sup> In a study that concentrated strictly on gay, lesbian, and bisexual youth, 521 adolescents were surveyed about their experiences with dating violence. The study largely found that reports of violence were prevalent among youth regardless of sexual orientation.<sup>36</sup> Additionally, NCAVP members often find that a substantial amount of LGBTQ and HIV-affected youth survivors are often disproportionately affected by poverty and homelessness, may have fewer economic resources, and may be less empowered to seek help. Ultimately, institutional and interpersonal homophobia and transphobia, along with a lack of resources, exacerbate the IPV LGBTQ and HIV-affected youth continue to face.

LGBTQ youth and young adults may have fewer spaces and opportunities to talk about healthy relationships for LGBTQ and HIV-affected people. Many sexual education curricula and sexual violence prevention initiatives are based on heterosexual models of relationships and gender-segregated programming. These programs largely leave out LGBTQ identities, and LGBTQ youth may not feel that the content is applicable to their lived experiences. These findings suggest that more resources and interventions are needed for LGBTQ and HIV-affected youth and young adults.

---

<sup>34</sup> *Ibid.* pp 208-214

<sup>35</sup> 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.

<sup>36</sup> Freedner, N., L. Freed, Y. Yang, and S. Austin. "Dating Violence among Gay, Lesbian, and Bisexual Adolescents: Results from a Community Survey." *Journal of Adolescent Health* 31.6 (2002): 469-74. Print.

LGBTQ and HIV-affected youth and young adults face unique social determinants which may also contribute to their unique experiences of intimate partner violence. The intersecting oppressions that youth and young adult communities experience, due to their age, race, and LGBTQ and HIV-affected identities, contributes to an increased likelihood of experiencing poverty, lowered academic achievement, homelessness, and unemployment.<sup>37</sup> Employment barriers can begin early in life for LGBTQ and HIV-affected youth, because they may face homophobic, biphobic, and transphobic violence at school or home. Current research highlights that LGBTQ and HIV-affected young people are more likely to experience sexual violence, feel unsafe at school, and experience physical violence than their non-LGBTQ peers. Reports also estimate that 20-40% of homeless youth are LGBTQ.<sup>38</sup> Low-income LGBTQ and HIV-affected youth and LGBTQ and HIV-affected youth of color who face homophobia, biphobia, or transphobia at home are more likely to become homeless or become part of the foster care system because of limited economic resources within their families and communities. The specific context of school-based anti-LGBTQ and HIV-affected violence also can increase the likelihood for poverty for LGBTQ and HIV-affected young people.

NCAVP members frequently observe that, to maximize resources, youth survivors, particularly youth and young adults of color, may live within small interdependent communities that rely on each other for safety from multiple forms of violence and to ensure that they meet their basic needs.<sup>39</sup> When IPV exists within their relationships, youth may not choose to leave, because it means leaving their communities and their means of supporting themselves, forcing youth to choose between community and ending a violent relationship. The higher dropout rates for LGBTQ and HIV-affected youth can create later employment barriers for LGBTQ and HIV-affected youth, resulting in engagement, either by choice or by coercion, in underground economies such as sex work and selling illegal drugs for survival; all of which may increase the risk of experiencing sexual violence. All of these types of employment can increase the risk of violence and can create barriers for LGBTQ and HIV-affected youth to seek assistance and support from law enforcement for the violence they experienced. A 2006 study showed that almost 60 percent of transgender youth of color had traded sex for money or resources<sup>40</sup> and many transgender young people of color are arrested as a result of actual or perceived engagement in sex work. Criminal convictions bar access to many services such as Supplemental Nutrition Assistance Program (SNAP), public housing, employment and unemployment benefits, some IPV specific services, and Temporary Assistance for Needy Families (TANF). These barriers can also deter survivors from seeking additional resources even from LGBTQ and HIV-affected anti-violence programs, because survivors may assume that they may not have access to these services due to their criminal history. This lack of resources and support may also increase the severity of the IPV that these survivors experience. Among homeless LGBTQ and HIV-affected

---

<sup>37</sup> D'Agelli, Anthony R., Pilkington, Neil W. & Hershberger, Scott L. (2002). Incidence and Mental Health Impact of Sexual Orientation Victimization of Lesbian, Gay, and Bisexual Youths in High School. *School Psychology Quarterly*. Vol. 17. 163.

<sup>38</sup> National Gay and Lesbian Task Force, "*Lesbian, Gay, Bisexual and Transgender Youth: An Epidemic of Homelessness*" (2006). [http://www.thetaskforce.org/reports\\_and\\_research/homeless\\_youth](http://www.thetaskforce.org/reports_and_research/homeless_youth). Retrieved on 09/25/2014.

<sup>39</sup> Turell, Susan C. & Cornell- Swanson, La Vonne. (2005). *Not All Alike: Within Group Differences In Seeking Help For Same Sex Relationship Abuses*. *Journal of Gay and Lesbian Studies*. Vol. 18. 75.

<sup>40</sup> Garofalo R et al. Overlooked, misunderstood, and at risk: exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *Journal of Adolescent Health* 2006; 38(3): 230-6.

youth and young adults of color, the barriers to accessing services are particularly high.<sup>41</sup> This data demonstrates an urgent need for programming, both direct services and prevention, to address the needs of LGBTQ youth, and particularly LGBTQ youth of color and transgender youth of color.

## PHYSICAL VIOLENCE, THREATS, AND INTIMIDATION EXPERIENCED BY PEOPLE OF COLOR

NCAVP data suggests that in 2013 LGBTQ and HIV-affected people of color were more likely to report experiencing physical violence, discrimination, threats or intimidation, and harassment as a result of IPV. Specifically, LGBTQ Black/African American survivors were more likely to experience physical violence and harassment as a result of IPV and Latin@ survivors were more likely to experience threats or intimidation from their partners. In addition, the majority of IPV survivors who reported their race or ethnicity to NCAVP reported being a person of color (50.2%). This dynamic suggests that LGBTQ and HIV affected survivors of color are more likely to report physical violence to NCAVP member programs than other forms of violence; however, physical violence is often accompanied by threats and intimidation.

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 people of color faced: racism, from direct service providers and the LGBTQ communities, heterosexism within one’s community of color, and abuse from their partners, including transphobic tactics.<sup>42</sup> Research shows that LGBTQ and HIV affected IPV survivors, and particularly Black/African American and Latin@ survivors, are less likely to seek support to address IPV.<sup>43</sup> NCAVP also believes that the 2013 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 anti-racist 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 unwarrantedly 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

---

<sup>41</sup> Gipson, L. Michael.( 2002, April/May). *Poverty and Race Research Action Council*.

[http://www.prrac.org/full\\_text.php?text\\_id=743&item\\_id=7785&newsletter\\_id=61&header=Race+%2F+Racism](http://www.prrac.org/full_text.php?text_id=743&item_id=7785&newsletter_id=61&header=Race+%2F+Racism). Retrieved on 10/04/2014.

<sup>42</sup> "Domestic Violence Against Lesbian, Gay, Bisexual and Transgender People of Color." *Wcadv.org*. The Wisconsin Coalition Against Domestic Violence (WCADV), n.d. Retrieved on 10/03/2014.

may not live in the same neighborhoods as white LGBTQ and HIV affected communities.<sup>44</sup> 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 of 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 not just institutional homophobia, biphobia and transphobia but also racism. As well, LGBTQ and HIV affected communities of color are shown to experience increased rates of homelessness, unemployment, poverty, and HIV.<sup>45</sup> 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.

## BISEXUAL SURVIVORS MORE LIKELY TO EXPERIENCE SEXUAL VIOLENCE, PHYSICAL VIOLENCE, AND INJURIES AS A RESULT OF IPV

In 2013, NCAVP was able to analyze person level data and produce statistically significant results about the impact of intimate partner violence on bisexual survivors for the first time. Our data suggests that bisexual survivors who reported to NCAVP member organizations in 2013 were more likely to experience sexual violence and physical violence within intimate partner violence relationships. This data suggests that bisexual survivors are uniquely impacted by some of the most severe and traumatizing tactics of abuse within IPV. These numbers highlight the dangerous effects of biphobia in intimate relationships. NCAVP data also suggests that bisexual survivors were more likely to experience injury as a result of intimate partner violence, which also correlates to the increased risk of physical assault for bisexual survivors.

NCAVP's 2013 data reinforces the findings of the National Intimate Partner Violence Survey (NISVS), a prevalence study on intimate partner violence in LGB communities published by the Centers for Disease Control in 2010. The NISVS report reveals 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%,

---

<sup>44</sup> 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.

<sup>45</sup> 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.

respectively) have been raped in their lifetimes; a higher rate than lesbian, gay, or heterosexual identified survivors. The NISVS report also 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. NCAVP data also shows that a majority of survivors identified their abusers as cisgender men (52.8%), while men account for only 40.7% of survivors who report to NCAVP.

While the NISVS study does not indicate the reason for the increased prevalence of sexual and physical violence against bisexual survivors in intimate partner violence relationships, biphobia and bisexual invisibility may be factors in explaining this disproportionate impact. Abusers can employ biphobic bias as a tactic of intimate partner violence, 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.<sup>46</sup> Biphobia and bisexual invisibility are also prevalent in LGBTQ communities and society at large and create barriers for bisexual survivors of intimate partner violence when accessing support from law enforcement agents, medical health professionals, anti-violence programs, and advocates.<sup>47</sup> Public health and social science research routinely ignores bisexual identities when employing the categories of MSM and WSW.<sup>48</sup> The erasure of bisexual identities means that many bisexual survivors of violence may be labeled as straight if they are in a heterosexual relationships or gay or lesbian when in same-sex relationships. This denial of 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.<sup>49</sup> The culture of biphobia and bisexual invisibility is a threat to the well-being 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.

---

<sup>46</sup> 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.

<sup>47</sup> Ibid.

<sup>48</sup> 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.

<sup>49</sup> 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\\_Invisiblity\\_Impacts\\_and\\_Recommendations\\_March\\_2011.pdf](http://sf-hrc.org/sites/sf-hrc.org/files/migrated/FileCenter/Documents/HRC_Publications/Articles/Bisexual_Invisiblity_Impacts_and_Recommendations_March_2011.pdf). Retrieved on 10/07/2014.

## LESBIAN SURVIVORS DISPROPORTIONATELY IMPACTED BY PHYSICAL VIOLENCE AND AT HIGHER RISK OF EXPERIENCING IPV IN SHELTERS

NCAVP data shows that in 2013, lesbian survivors who reported incidents of intimate partner violence to NCAVP member organizations were 1.5 times more likely to experience physical violence. This data complements the findings of the National Intimate Partner and Sexual Violence Survey that found that 43.8% of self-identified lesbian women have experienced severe physical violence by an intimate partner. In comparison, according to the report, only bisexual women have higher lifetime prevalence rates for physical violence by an intimate partner while heterosexual men and women, and bisexual and gay men all have lower rates. This disproportionate impact of physical violence on lesbian survivors can be understood in terms of the historical intersection of sexism and homophobia. Sexism and homophobia are powerful tools for exerting power and control in an abusive relationship. Lesbian survivors of intimate partner violence who are seeking services face systemic, institutional, and individual barriers.<sup>50</sup> Given the increase in reports of physical violence by lesbian survivors, it is possible that they could be experiencing more severe forms of IPV; alternatively, such women could also be more likely to reach out to an NCAVP member program after experiencing IPV. Increased risk of physical violence means lesbian survivors of intimate partner violence are more likely to require medical services after incidents of intimate partner violence and risk retraumatization at the hands of medical professionals who may not be able to provide competent and affirming services to lesbian survivors.

Furthermore, lesbian survivors were 4.9 times more likely to experience violence in shelters. Historically, domestic violence shelters have been spaces for cisgender women and have excluded transgender and male-identified survivors. Lesbian abusive partners may be more likely to have access to domestic violence shelters where their partners are seeking refuge and therefore lesbian survivors may be at a higher risk for experiencing incidents of IPV in shelter spaces.

## UNDOCUMENTED SURVIVORS OF VIOLENCE MORE LIKELY TO EXPERIENCE

Undocumented survivors accounted for 8.8% of total survivors who disclosed their immigration status to NCAVP in 2013, a slight decrease from 2012 (9.0%). NCAVP's person level data revealed that undocumented survivors were close to 3 (2.9) times more likely to experience discrimination within IPV. In the current hostile, anti-immigrant climate in the United States, a survivor's immigration status can be used as a tactic by abusers to exert power and control over their partner. In 2013 350,000 undocumented immigrants were deported from the United States and programs like Secure Communities (S-Comm), the Criminal Alien Program (CAP) and, more recently, 287(g) have increased collaborations between local law enforcement and Immigration and Customs Enforcement (ICE). Under these programs

---

<sup>50</sup> Helfrich, Christine A., and Emily K. Simpson. "Improving services for lesbian clients: What do domestic violence agencies need to do?." *Health care for women international* 27.4 (2006): 344-361.

the estimated 267,000 LGBTQ undocumented immigrants face great dangers if they find themselves in an intimate partner violence relationship. While partners may use discrimination as a tactic of abuse against undocumented LGBTQ and HIV-affected immigrants, threats of reporting to the police and deportation are also potent tactics of abuse. NCAVP's data also shows that LGBTQ and HIV-affected survivors face a troubling risk of being arrested when engaging with law enforcement because law enforcement are often not able to assess who is the abusive partner and who is the survivor. For undocumented LGBTQ and HIV-affected survivors, being arrested can very easily place them in expedited deportation proceedings as a result of the aggressive deportation practices in the United States. Given the pervasive profiling and police violence against LGBTQ and HIV-affected people, undocumented LGBTQ and HIV-affected people may be at increased risk of profiling and violence from the police, which can also place them at risk of detention and deportation if they report intimate partner violence to the authorities.

LGBTQ and HIV-affected undocumented survivors may feel more comfortable reporting to NCAVP member programs due to their specialized services. Many NCAVP members have engaged in targeted outreach to LGBTQ and HIV-affected immigrant communities, and have developed tailored programming to support LGBTQ and HIV-affected undocumented survivors. The Los Angeles LGBT Center's legal advocacy program has developed unique programming to support LGBTQ survivors in obtaining U-Visas, and Community United Against Violence (CUAV) in San Francisco has organized in coalition with immigrant rights organizations to reduce the use of S-Comm and collaborations between local law enforcement and ICE.

Currently many LGBTQ and HIV-affected communities are organizing alongside immigrant rights organizations to demand an end to the deportation crisis and attack on undocumented communities, through the leadership of organizations such as Southerners on New Ground (SONG), the Transgender Law Center (TLC), and Immigration Equality. LGBTQ and HIV-affected undocumented people live at the intersections of anti-immigrant bias, racism, state violence, and homophobia, biphobia, and transphobia. Given the current hostile climate towards immigrant communities, LGBTQ and HIV-affected people who are undocumented face unique marginalization and exposure to intimate partner violence.

## LOW RATES OF POLICE REPORTING AND POLICE INTERACTION

NCAVP 2013 findings show more LGBTQ and HIV-affected survivors are interacting with the police, but fewer are being met with courteous attitudes and appropriate responses. In 2013, 22.4% of all survivors reported information about interacting with the police, an increase from 2012 (16.5%). Of those who did interact, only 37.2% of survivors reported the IPV incidents to police. This is a decrease from 2012 where 46.0% of survivors reported violence to the police. Indifferent and hostile police attitudes are frequently reported by LGBTQ and HIV-affected IPV survivors, which can deter reporting future experiences of violence to law enforcement or to anti-violence programs.

While 2013 shows an increase in reporting, it is also true that a substantial amount of LGBTQ and HIV-affected IPV survivors are not seeking support from law enforcement. Violence in LGBTQ and HIV-affected

relationships remains underreported, similar to non-LGBTQ and HIV-affected survivors, out of fear of retaliation from abusive partners and fear of police response to the survivors and to the abusive partner. Disrespectful and demeaning treatment by first responders and institutional discrimination deter many LGBTQ and HIV-affected IPV survivors from reporting IPV. Research on LGBTQ and HIV-affected survivors also shows that survivors are particularly reluctant to report out of fears associated with confronting homophobia, biphobia, transphobia, and anti-HIV bias from law enforcement.<sup>51</sup> LGBTQ and HIV-affected communities have historic negative police experiences that continue to the present day such as: police raids of LGBTQ and HIV-affected bars and clubs, anti-LGBTQ and HIV-affected police violence and profiling, false arrests, and homophobic, biphobic, transphobic, and anti-HIV harassment when attempting to seek support from law enforcement.<sup>52</sup> LGBTQ communities of color and transgender communities in particular face elevated rates of police profiling and violence. Given this historic and current reality, it is not surprising when LGBTQ and HIV-affected survivors do not wish to engage with law enforcement.

Over half (57.9%) of all survivors who reported violence to the police were themselves arrested as the perpetrator of violence. Mis-arrest can result from police officer's inability to identify the abusive partner within LGBTQ and HIV-affected relationships, assuming that the bigger, stronger, more masculine presenting partner is the abuser and the more feminine presenting partner is the survivor. In addition, mandatory arrest laws combined with lack of training for police officers in screening and assessing LGBTQ and HIV-affected intimate partner violence relationships can lead to the criminalization of LGBTQ and HIV-affected communities and survivors of intimate partner violence. Mis-arrest can have devastating consequences for survivors of intimate partner violence, from future order of protection being denied to mandatory services for batterers to the collateral consequences of having a criminal record. These combined experiences of police violence, criminalization, and negative treatment by law enforcement when seeking support have contributed to cultural distrust within LGBTQ and HIV-affected communities, and a reluctance to report to the police when violence occurs within LGBTQ and HIV-affected relationships.<sup>53</sup> Many NCAVP member programs train law enforcement on LGBTQ and HIV-affected IPV to help reduce the possibility of negative police experiences, especially mis-arrest. These findings suggest that this training continues to be critically important. In addition, several NCAVP member organizations like Community United Against Violence in San Francisco, offer survivors community accountability in attempt to address violent behavior as an alternative to reliance on the criminal justice system. These findings also continue to highlight the need for strategies to support survivors and address intimate partner violence outside of the criminal legal system.

---

<sup>51</sup> Leslie K. Burke & Diane R. Follingstad.(1999). *Violence In Lesbian and Gay Relationships: Theory, Prevalence, and Correlational Factors*. Clinical Psychology Review, Vol. 19, 491.

<sup>52</sup> NCAVP – *Hate Violence Against Lesbian, Gay, Bisexual, Transgender, Queer, and HIV- affected Communities: In the United States in 2011*. [http://avp.org/documents/NCAVPHVReport2011Final6\\_8.pdf](http://avp.org/documents/NCAVPHVReport2011Final6_8.pdf). Retrieved on 10/06/2014.

<sup>53</sup> Amnesty International (2005). *op. cit.*

## PARTNERS AND INTIMATE PARTNER VIOLENCE

In this report survivors reported substantially more IPV from current and former abusive partners than family, friends or acquaintances. 52.10% of survivors reported abuse from current lovers or partners (up from 37.5% in 2012) and 39.6% from ex-lovers/partners (up from 37.8% in 2011). The significant proportion of survivors who report abusive ex-lovers and ex-partners highlights that IPV often does not end when relationships end. On the contrary, when relationships end IPV may escalate or survivors may be more likely to report or seek support for this violence.

The identity of abusive partners was also notable. There was a discrepancy in reports of heterosexual abusive partners (26.51%) and heterosexual survivors (15.88%), suggesting that a number of survivors were in relationships with someone who identified as heterosexual. These survivors could identify as heterosexual transgender people or as LGBTQ people. In the latter identification, survivors in abusive relationships with partners who do not also identify as LGBTQ may face barriers seeking support from providers who cannot understand the survivor's identity or relationship. LGBTQ IPV survivors may also be challenged about their identity as LGBTQ or face misunderstanding from service providers along with minimization from abusive partners when they are with heterosexual partners. This, combined with other anti-LGBTQ tactics, isolation and other forms of institutional oppression, can result in the re-victimization of LGBTQ survivors with heterosexual partners and deter those survivors from seeking support. This data suggests that there is work to be done to identify and address abusive behavior within LGBTQ relationships, including intervention strategies aimed at reducing or preventing violence. Many NCAVP members use batterer intervention or community accountability strategies which engage the abusive partner in the process of preventing or ending violence. These strategies can be particularly effective in marginalized communities that do not want to otherwise reject community members, even those who are abusive, or who fear that institutional intervention will result in harm to the abusive partner. NCAVP members continue to explore the safest, most effective ways to address the needs of LGBTQ and HIV-affected survivors of violence to assure that we are finding solutions that recognize both the survivors' individual safety needs and need to be a part of an inclusive community.

## INCREASE IN SURVIVORS ACCESSING DOMESTIC VIOLENCE SHELTERS AND ORDERS OF PROTECTION SOUGHT

In 2013, only 5.8% of all survivors reported to NCAVP that they sought access to domestic violence shelters, an increase from 3.7% in 2012. Access to domestic violence shelters can be critical for the safety of LGBTQ and HIV-affected IPV survivors, particularly those who depend on their abusive partner for housing and economic support, or when the abusive partner has threatened to stalk a survivor if they attempt to exit their relationship. While 2013 saw an increase in survivors who accessed shelters, a relatively small percentage of survivors sought shelter. The increase in survivors seeking shelter may be connected to recent legislative and policy changes creating more protections for LGBTQ survivors within the intimate partner and sexual violence field.

Accessing domestic violence shelters highlights a continuing issue that many mainstream shelters are not equipped to house LGBTQ and HIV-affected survivors.<sup>54</sup> NCAVP members frequently encounter mainstream shelters that have practices that explicitly prohibit men and transgender survivors from their shelters. LGBTQ and HIV-affected domestic violence shelters may also not view traditional domestic violence shelters as a viable option, because they can be viewed as a service exclusively for heterosexual, cisgender women. Services that exclude LGBTQ and HIV-affected survivors, particularly men and transgender survivors, compel LGBTQ and HIV-affected survivors to seek support from homeless shelters, which may not be equipped to support LGBTQ and HIV-affected IPV survivors' needs, and where already vulnerable LGBTQ and HIV-affected survivors often face bias, discrimination, and violence. Survivors who are being stalked by their abusive partners may not be safe in homeless shelters, which are generally not confidential locations. Homeless shelters may not have IPV specific services such as counseling and support groups, staff who are familiar with LGBTQ and HIV-affected language and culture, access to gender neutral restrooms and accommodations, knowledge of LGBTQ and HIV-affected IPV issues, or institutional policies to prevent discrimination and violence within the shelter for LGBTQ and HIV-affected survivors.<sup>55</sup> The exceedingly low percentage of LGBTQ and HIV-affected survivors seeking shelter demonstrates the need for continued advocacy to increase survivors' access to domestic violence shelters, and that the intimate partner violence field should continue to provide support and build strategies outside of the shelter model. VAWA 2013 should help increase access, as the law specifically protects LGBTQ people from discrimination by service providers, including shelter providers, based on sexual orientation and gender identity.

Substantially more survivors sought orders of protection in 2013 (17% in 2013 and 4.9% in 2012) and, as in 2012, the majority of those who sought an order received one. This increase is likely due to the fact that a larger number of survivors disclosed this information to NCAVP members in 2013 (941 in 2013 up from 270 in 2012). This increase may also be a result of improved responses from court systems in recognizing intimate partner violence in LGBTQ and HIV-affected communities, due to efforts from LGBTQ and HIV-affected anti-violence organizations to train and reform institutional response to LGBTQ survivors. However, it should be noted that the vast majority of LGBTQ survivors never even seek an order of protection; only 17.00% of survivors sought orders of protection in 2013 (n=941). This could be because the laws in their state explicitly or in practice exclude same-sex couples from receiving IPV-related orders, or it could be that LGBTQ people are unfamiliar with or distrustful of the court system that would issue the order. This could also suggest that LGBTQ and HIV-affected survivors continue to face barriers in seeking support from the police, which is often the first step in obtaining an order of protection as police reports become "evidence" of IPV in court proceedings. Orders of protection may be of great assistance to a survivor trying to increase their safety. Orders of protection can help the survivor distance themselves from their abusive partner, and provide law enforcement and legal support to prevent an abusive partner

---

<sup>54</sup> Kae Greenberg.(2009). *op. cit.*

<sup>55</sup> *Why It Matters: Rethinking Victim Assistance for LGBTQ Victims of Hate Violence & Intimate Partner Violence*. National Center for Victims of Crime and the National Coalition of Anti-Violence Programs, 2010.  
<http://www.avp.org/documents/WhyItMatters.pdf>. Retrieved on 10/01/2014.

from returning to their home or the relationship. Conversely, in some cases, orders of protection may not be the support a survivor needs, and can possibly put survivors at additional risk as some abusive partners may increase their abusive tactics in retaliation after an order of protection is filed. The ability to enforce an order of protection can provide some measure of safety to survivors of violence. However, many LGBTQ and HIV-affected survivors may choose not to engage the legal system, understanding that institutional homophobia, biphobia, transphobia and racism might re-victimize the survivor or put their partners at risk of violence themselves. The small percentage of LGBTQ and HIV-affected survivors who access orders of protection also highlights the need to support strategies to create safety for LGBTQ and HIV-affected survivors without relying on the criminal legal system.

# BEST PRACTICES

## INCREASE SURVIVOR LEADERSHIP

### **Community-based organizations should prioritize and support the leadership of LGBTQ and HIV-affected IPV survivors by creating survivor-led programs.**

LGBTQ and HIV-affected anti-violence organizations, mainstream anti-violence organizations, and other community based organizations should support and prioritize the leadership of survivors of intimate partner violence to better serve the communities most impacted by severe IPV and homicide. This includes programs such as speaker's bureaus, participatory action research projects, community advisory boards, and organizing campaigns that focus on increasing survivor leadership, input, and participation in anti-violence advocacy. As this year's report shows, gay men, LGBTQ and HIV-affected youth and young adults, LGBTQ and HIV-affected survivors of color, and transgender survivors face disproportionate experiences with severe forms of violence. Leadership programs for these communities should include curricula development, dedicated outreach, and services that address the intersections of their oppressions in culturally specific ways to support increasing leadership and safety for these survivors. LGBTQ and HIV-affected IPV survivor's direct experiences provide invaluable perspectives for IPV prevention programs and direct services and when they can guide programming, they reduce many of the obstacles that LGBTQ and HIV-affected survivors face. When IPV survivors speak with other survivors, particularly within marginalized communities, they reduce isolation and increase support that can be crucial for safety and safety planning. Research and data on the needs and priority issues of LGBTQ and HIV-affected IPV survivors remains limited. Developing the skills of LGBTQ and HIV-affected IPV survivors as direct service providers, advocates, organizers, managers, and administrators can help to ensure anti-violence organizations utilize the expertise and remain accountable to the communities most directly affected by violence.

## INCREASE SURVIVOR SAFETY

### **Mainstream anti-violence organizations should increase access to services for LGBTQ and HIV-affected survivors of IPV through institutional policies, procedures, hiring, training, and assessment tools that explicitly include the needs of LGBTQ and HIV-affected survivors.**

Most mainstream victim service providers do not have programming that comprehensively meets the needs of LGBTQ and HIV-affected survivors.<sup>56</sup> Mainstream organizations must commit the time, attention and willingness to change policies, procedures, forms and attitudes, to achieve this cultural competency. LGBTQ and HIV-affected -specific anti-violence organizations can support

---

<sup>56</sup> National Center for Victims of Crime and the National Coalition of Anti-Violence Programs, 2010. *op. cit.*

mainstream programs through training and technical assistance to increase their LGBTQ and HIV-affected -specific expertise particularly within direct services, outreach, advocacy, and community organizing. For example, the NCAVP National Training and Technical Assistance Center has a list serve, warmline, conducts training and webinars, and has tools to support these providers to increase the LGBTQ and HIV-affected -inclusivity of their programs. However, this work can deplete the capacity of LGBTQ and HIV-affected-specific organizations to serve survivors of violence. Therefore the sole burden for increasing cultural competency cannot fall on LGBTQ and HIV-affected-specific organizations. Mainstream providers must increase their cultural competency, and funders must address the needs of LGBTQ and HIV-affected survivors across all programs.

### **Mainstream anti-violence programs should implement comprehensive screening and assessment practices.**

Many non-LGBTQ and HIV-affected specific anti-violence organizations assume that all survivors are women, that abusive partners are men, and that the only options for gender identity are binary, which decreases LGBTQ and HIV-affected survivors' access to life-saving services, especially for men and transgender survivors. These binary gendered assumptions do not accurately screen abusive partners for same gender relationships and often are ill-equipped to address the needs of transgender IPV survivors and their partners. Community-based anti-violence organizations, including mainstream domestic violence organizations, should implement comprehensive screening and assessment practices, including primary aggressor assessments that identify patterns of power and control within relationships, to determine who is the survivor and who is the abusive partner. Law enforcement, other first responders, and anti-violence organizations can mistakenly identify an abusive partner as being a survivor, and provide services or make an arrest according to that mistaken assessment. When first responders and service providers wrongly assess who are the survivor and abusive partner within an intimate partner violence relationship, it compromises a survivor's safety by denying them access to confidential services, safety planning, and other critical forms of support to address intimate partner violence. Further, when services intended for survivors are offered to abusive partners, it validates their abusive actions and releases them from attempts to hold them accountable for their behavior. Screening and assessment skills require thorough and in-depth training and practice, and community based organizations and anti-violence programs should ensure that all levels of their organization are trained in how to assess and screen when responding to intimate partner violence.

## **Mainstream anti-violence programs and LGBTQ and HIV-affected anti-violence programs should create and implement direct support models to serve LGBTQ and HIV-affected IPV survivors not able or willing to engage with the criminal legal system.**

As mentioned in this report, historically LGBTQ and HIV-affected IPV survivors faced discrimination, violence, or criminal charges when engaging law enforcement and the legal system for support. In 2013, less than half of all LGBTQ and HIV-affected IPV survivors reported sought support from law enforcement. This can be due to negative past experiences with law enforcement, having a criminal record, having regular engagement with illegal activities, having an abusive partner who is part of law enforcement, being an undocumented immigrant, or having other immigration concerns. A small but growing number of organizations are developing skills and best practices on anti-violence work separate from the criminal legal system, which work to hold abusive partners accountable, while supporting survivor safety, self-determination, and empowerment. These strategies are variably called community accountability or transformative justice initiatives. These models are complex as they address intersectional identities, trauma-informed responses to violence and community engagement, and are often effective because of this complexity. LGBTQ and HIV-affected anti-violence programs and mainstream service providers should collaborate with community accountability or transformative justice anti-violence groups to receive training and technical assistance on these models for programming and support.

## **PREVENT VIOLENCE**

### **LGBTQ and HIV-affected -specific and mainstream community-based organizations should develop programs and campaigns to prevent and increase public awareness of LGBTQ and HIV-affected IPV.**

Mainstream and LGBTQ and HIV-affected -specific organizations should raise awareness of IPV within LGBTQ and HIV-affected communities to create a culture of intolerance for IPV. Community-based organizations can use survivor-informed and/or survivor-led outreach, public awareness and community organizing campaigns, and cultural events to educate community members on LGBTQ and HIV-affected intimate partner violence, to teach people how to recognize the warning signs of abusive behavior, and to share strategies for how people can assist LGBTQ and HIV-affected survivors of IPV to seek support for abusive relationships. These campaigns should recognize and speak to different populations within LGBTQ and HIV-affected communities, and directly address identities such as race, immigration status, age, and HIV status, to assure that all communities' needs are addressed by the campaigns. Community organizers and service providers should conduct strategic outreach to LGBTQ and HIV-affected communities to increase visibility of intimate partner violence prevention programs and services available to IPV survivors. Without diverse and frequent outreach, LGBTQ and HIV-affected survivors may not know how to recognize IPV, or where to go for culturally competent support and safety. LGBTQ and HIV-affected community centers,

LGBTQ and HIV-affected campus centers, and LGBTQ and HIV-affected -specific policy organizations should train their staff and their constituencies about LGBTQ and HIV-affected intimate partner violence, including IPV-specific response and prevention strategies. Community organizations can also create organizing campaigns to confront mainstream IPV institutions that discriminate against LGBTQ and HIV-affected IPV survivors and to demand that educational campaigns and programs include an analysis of the impact of intimate partner violence in LGBTQ and HIV-affected relationships within all educational curricula regarding intimate partner violence.

### **Community-based organizations and educational institutions should prioritize early intervention and prevention strategies for youth to prevent and reduce IPV in LGBTQ and HIV-affected communities.**

Community based organizations and educational institutions should prioritize providing education on the dynamics and warning signs of IPV to youth to increase early intervention of IPV and prevent IPV from developing into long-term cycles of violence. The 19-29-year-old age group comprised the largest percentage of survivors reporting to NCAVP members in 2013, indicating that IPV in LGBTQ and HIV-affected youth and young adults continues to be a serious and pervasive issue. Additionally LGBTQ and HIV-affected youth and young adults experienced disproportionate amounts of injuries and physical violence as compared to overall LGBTQ and HIV-affected survivors. Sexual education curricula often do not include information on LGBTQ and HIV-affected relationships or information on IPV or sexual violence. Comprehensive sexual education must include information on LGBTQ and HIV-affected identities and include LGBTQ and HIV-affected people in discussions about IPV and sexual violence to allow LGBTQ and HIV-affected youth to recognize early warning signs of abuse. These curricula should also educate youth and young adults on changing abusive behavior, provide examples and support towards creating healthy relationships, and youth and young adults in understanding that violent and abusive behavior is unacceptable. NCAVP recognizes that diverse political climates prevent such sexual education curricula from being possible in many areas of the country, and encourage LGBTQ and HIV-affected youth organizations to collaborate with NCAVP members and anti-violence programs in developing these prevention strategies at the community level.

### **Mainstream anti-violence programs and LGBTQ and HIV-affected anti-violence programs should create and support LGBTQ and HIV-affected abusive partner intervention programs.**

Currently there are very few LGBTQ and HIV-affected -inclusive or -specific abusive partner, or “batterer,” intervention programs in the United States. Many NCAVP members use batterer intervention or community accountability strategies which engage the abusive partner in the process of preventing or ending violence. These strategies can be particularly effective in marginalized communities that do not want to otherwise reject community members, even those

who are abusive, or who fear that institutional intervention will result in harm to the abusive partner. LGBTQ and HIV-affected organizations should increase their knowledge and expand programs geared toward preventing, reducing, and ending violent behavior within LGBTQ and HIV-affected relationships, focusing on programs that work with abusive partners. Recognizing the large role that ex-partners played in abuse these programs should focus on both current and former partners.

## All anti-violence organizations should adopt and utilize an anti-oppression framework.

IPV is a pattern of behaviors exerted by a partner to assert and maintain power and control over another partner. Cultural and institutional homophobia, biphobia, transphobia, sexism, ableism, racism, classism, ageism, anti-immigrant bias, anti-HIV bias, and other intersecting oppressions throughout broader society are also abuses of power where one group of people maintains power and control over another group of people. Cultural and institutional oppression supports the existence of IPV by teaching people that it is desirable to have power over someone else and by using institutional biases to further isolate and control partners. Many NCAVP members and anti-violence organizations recognize that in order to end IPV, they must challenge and the broader culture of oppression and abuses of power. Community-based organizations and anti-violence programs should incorporate anti-oppression analyses, practices, and trainings into their ongoing work in order to challenge a culture that sanctions and condones oppression and abuses of power. Incorporating an anti-oppression framework can include developing an understanding of multiple forms of oppression and working to challenge oppressive behavior within anti-violence organizations, as well as participating in social movements to end oppression throughout the broader society. Organizations can create an internal committee or working group to examine how the organization's policies, practices, and programmatic work can incorporate anti-oppression principles. Organizations can also devote organizational retreats to developing an anti-oppression framework, or invite outside speakers to provide education on various forms of oppression and strategies to work against oppressive behaviors, practices, and policies. Using an anti-oppression framework can also ensure that an organization is being accountable to the diversity of their communities by targeting outreach and service to traditionally marginalized and underserved communities including LGBTQ and HIV-affected people of color, transgender and gender non-conforming communities, non-English speaking and immigrant LGBTQ and HIV-affected communities, LGBTQ and HIV-affected youth, LGBTQ and HIV-affected people with disabilities, and other communities.

## **LGBTQ and HIV-affected anti-violence programs and mainstream anti-violence programs should increase outreach and programs to under-represented communities.**

NCAVP's 2013 data lacks representation from LGBTQ and HIV-affected elders, HIV-affected communities, LGBTQ and HIV-affected immigrants, Asian Pacific-Islander communities, and Native communities. NCAVP members believe that these communities experience barriers to report and access services as well as a lack of specific in outreach and collaboration with these communities. Anti-violence organizations should prioritize outreach that is inclusive of and specific to under-represented LGBTQ and HIV-affected survivors of IPV and collaborate with organizations within these communities to develop specific and targeted initiatives to best meet the needs of these underserved communities.

Mainstream community-based organizations such as community centers, direct service organizations, religious institutions, political organizations, and civic organizations can play leadership roles in changing community attitudes regarding LGBTQ and HIV-affected intimate partner violence. Mainstream anti-violence organizations should collaborate with LGBTQ and HIV-affected organizations to ensure that their outreach initiatives are LGBTQ and HIV-affected inclusive, across the spectrum of gender identity and sexual orientation, in addition to race, immigration status, HIV status and other specific community identities. Mainstream organizations can benefit from LGBTQ and HIV-affected anti-violence organizations' expertise on LGBTQ and HIV-affected violence prevention. These collaborations can allow both organizations to share violence prevention strategies and create future collaborations. These partnerships can maximize opportunities for funding and growth, increase the reach of anti-violence initiatives, create strategic alliances with diverse groups of policymakers and public figures, and increase resources for more successful campaigns and programs. Collaborations of this kind are particularly important in geographic areas of the country where LGBTQ and HIV-affected -specific anti-violence services are scarce, such as the South and in rural areas.

# RECOMMENDATIONS

## FOR POLICYMAKERS AND FUNDERS

### Prevent

- Policymakers and funders should fund LGBTQ and HIV-affected specific intimate partner violence 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 swiftly implement the LGBTQ-inclusive Violence Against Women Act (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.

## 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 intimate partner violence.
- Policymakers should ensure that the federal government collects 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.

# CONCLUSION

Intimate partner violence is a devastating and sometimes 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 intimate partner violence 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 2013, 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. 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 within

LGBTQ and HIV-affected communities, a topic rarely talked about within many LGBTQ and HIV-affected organizations and social settings. No community, including LGBTQ and HIV-affected communities, can afford to ignore IPV, when it can exact such a terrible price.

2013

# LOCAL SUMMARIES

# BUCKEYE REGION ANTI-VIOLENCE ORGANIZATION (BRAVO)

## OHIO STATEWIDE

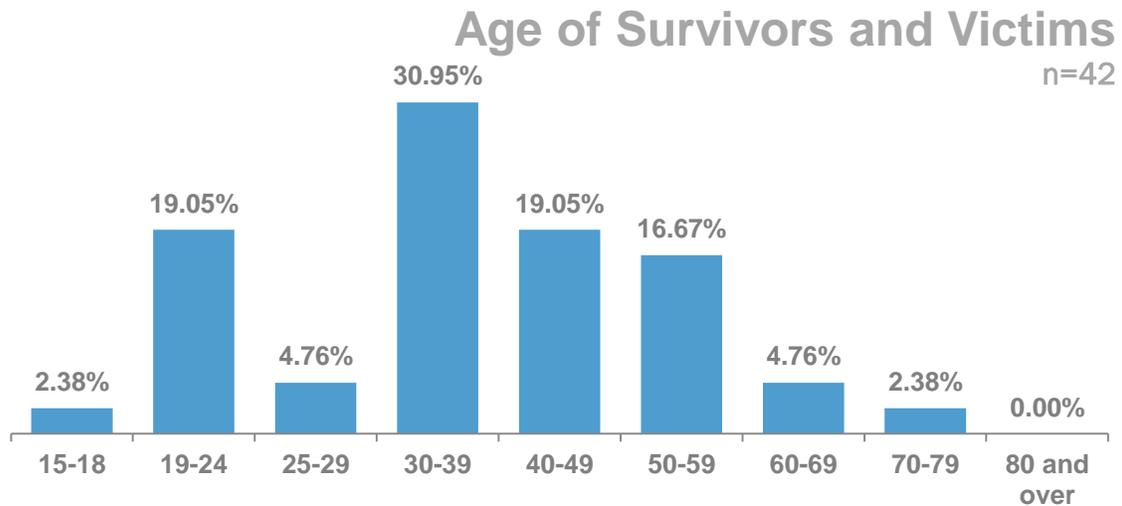
Buckeye Region Anti-Violence Organization (BRAVO) works to eliminate violence perpetrated on the basis of sexual orientation and/or gender identification, intimate partner violence, and sexual assault through prevention, education, advocacy, violence documentation, and survivor services, both within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

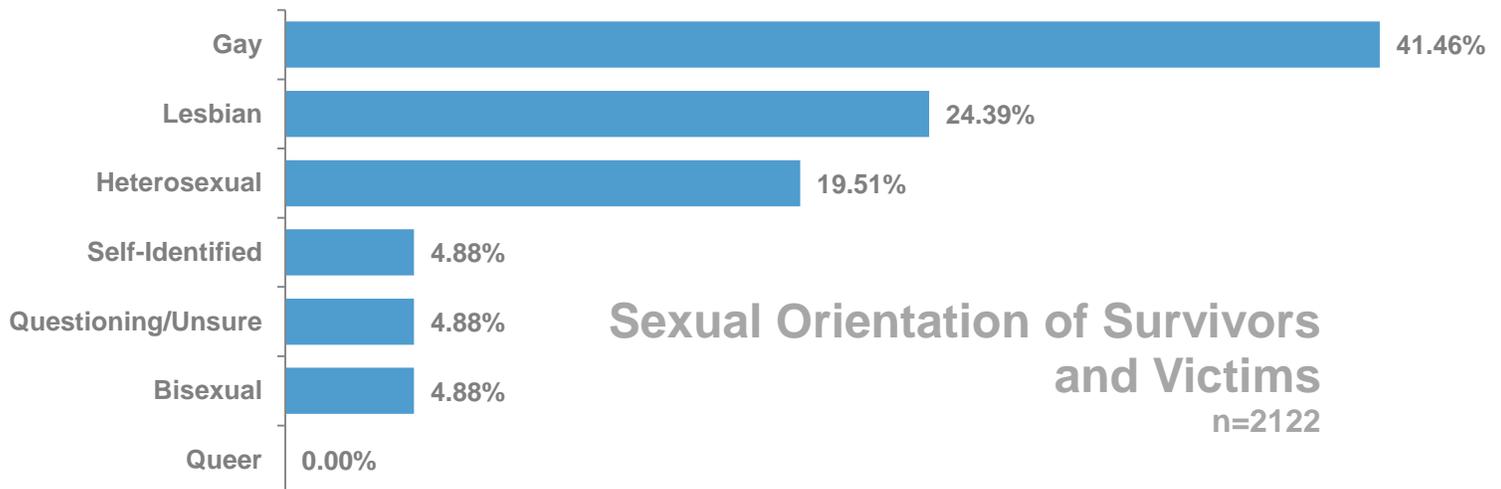
In 2013, BRAVO responded to 54 cases of intimate partner violence, at 58.82% increase from 2012 (34 cases). This marks a 4 year trend of increased reporting, which may be due to an increase in outreach across the state through the SafeZone program. The SafeZone program is a lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI) culturally specific training for domestic violence and sexual violence programs across Ohio. Furthermore, BRAVO attributes these increases in part to increased dialogue related to Reauthorization of VAWA to include specific protections for LGBTQI survivors which increased visibility of intimate partner violence as an issue impacting LGBTQI communities, resulting in more LGBTQI survivors reaching out for support.

There was a 166.67% increase in survivors aged 19-24 years of age (from 3 to 8 cases), which may be due to increased outreach with this age group through education and outreach programs at colleges and universities. While there was a 71.43% decrease in survivors aged 25-29 (from 7 to 2 cases), there was a 116.67% increase in reports from survivors in their 30's (from 6 to 13 cases). Additionally, there was a 250% increase in reports from survivors in aged 50-59 years.



In 2013, survivors identifying as women increased by 163.64% (from 11 to 29 cases) from 2012, while the number of survivors identifying as men increased by 10% (from 20 to 22 cases). There was an increase in number of cisgender survivors accessing services (30 to 43 cases), while the number of transgender survivors remained consistent (2 cases); there were also two survivors who self-identified their gender identify.

BRAVO documented a 150% increase in Black/African American survivors (2 to 5 cases), 2 cases with Native American/American Indian/Indigenous survivors, and a 65% increase in white survivors (from 20 to 33 cases) reporting.



In 2013, 41.46% of survivors identified as gay, consistent from 2012. There was an 11.11% increase in lesbian survivors (9 to 10) and a 300% increase in heterosexual survivors (2 to 8 cases) reporting. The increase in heterosexual survivors reporting may in part reflect trans\* survivors accessing services. Additionally, while a mainstream domestic violence shelter in Ohio went through a transition, heterosexual women were accessing BRAVO for support. Two survivors identified as bisexual, 2 identified as questioning, and 2 self-identified their sexual orientation.

In 2013, BRAVO documented 1 homicide, 1 attempted homicide, and 2 suicides within the context of intimate partner violence. Additionally, the number of cases involving physical violence increased by 65% (20 to 33 cases) and there was a 133.33% increase in cases involving sexual violence (from 3 to 7). Financial abuse increased from 5 to 12 cases (140%) and stalking increased by 116.67% (6 to 13 cases). Threats and intimidation were documented in 34 cases (41.67% increase) and verbal harassment in 24 cases (60% increase). BRAVO documented 7 cases that involved the use of children to manipulate and control, and 2 cases involved violence against a pet. Reports of isolation, eviction, blackmail, arson, and harassment also increased in 2013.

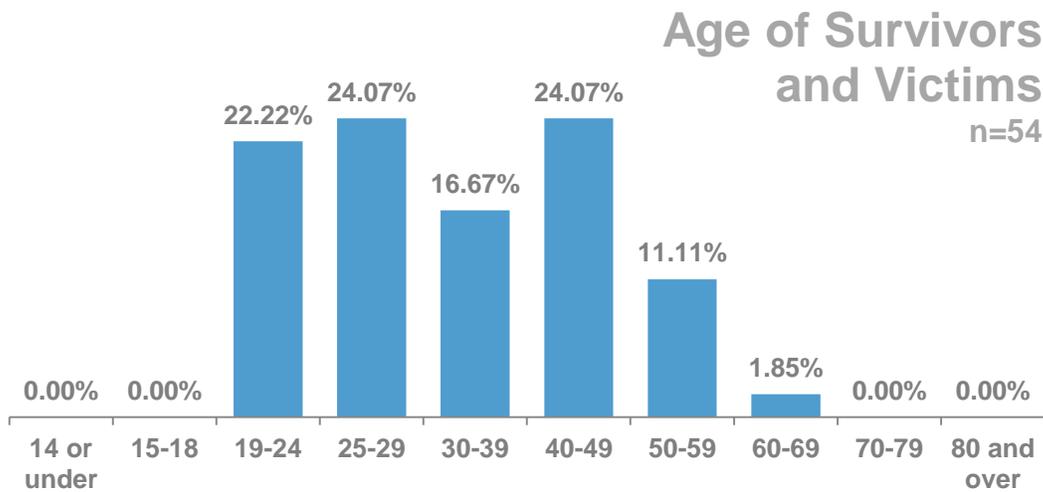
In the majority of cases, the abusive partner was a current lover or partner (66.67%), while 31.37% were ex-lovers or partners. One incident involved an abusive partner that was identified as a friend or acquaintance, and three incidents involved unspecified known relationships to the abusive partner. Thirty-two abusive partners were identified as men, while 19 were identified as women; additionally, 45 were identified as cisgender, 1 self-identified their gender identity. Of those abusive partners whose race/ethnicity was reported, 4 were Black/African American, 1 was Latina/o, and 29 were white.

In 2013, 30 survivors interacted with the police, a 172.73% increase from 2012. Of those survivors interacting with police, 60% reported courteous interactions (9 cases), 33.33% reported indifferent interactions (5 cases), and 6.67% reported hostile interactions (1 case). In two instances, police arrested the survivor. Twenty-nine cases were known to have been reported to police, of which police took a complaint in 25 cases. In only 2 cases did police arrest the abusive partner. In 2013, 14 protection orders were sought by survivors (a 100% increase from 2012), and in all cases the protection orders were granted (a 250% increase from 2012). BRAVO continues to provide cultural competency training and outreach to law enforcement agencies and prosecutors offices to increase and improve responses to LGBTQI survivors of intimate partner violence.

# COLORADO ANTI-VIOLENCE PROGRAM (CAVP)

## DENVER, CO

Since 1986, the Colorado Anti-Violence Program (CAVP) 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. CAVP provides direct services including a 24-hour hotline for crisis intervention, information and referrals. CAVP 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.



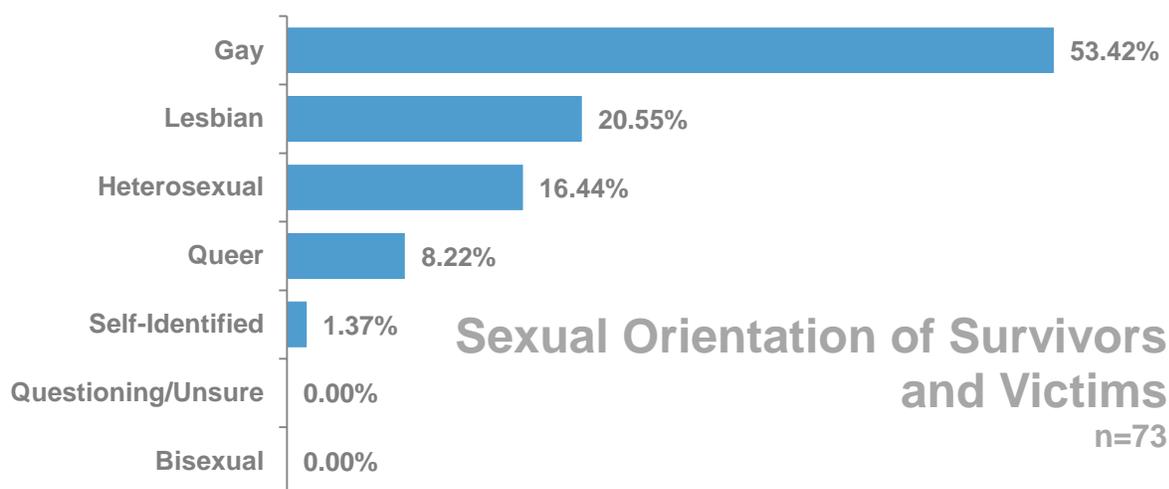
Overall, the numbers of survivors calling CAVP’s hotline for information or advocacy in 2013 remained consistent with 2012 (79 in 2012 to 75 in 2013). CAVP underwent multiple staffing transitions which limited capacity to engage in increased outreach to communities. Of note, CAVP received double the amount of survivors between the ages of 19-24 (from 6 in 2012 to 12 in 2013). This may be a result of CAVP’s youth organizing project, Branching Seedz of Resistance, which has worked to increase visibility among LGBTQ youth communities in Colorado for a number of years. Survivors aged 40-49 also increased substantially (from 6 in 2012 to 13 in 2013). This change is difficult to analyze, and it is too early to tell if this may be a multi-year trend. CAVP will continue to monitor reports from various ages to analyze possible trends related to LGBTQ communities in Colorado.

## 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 primarily with Black and Latinx, extremely low-income or no-income, LGBTQ survivors of violence. The typical LGBTQ domestic violence survivor who comes to CUAV seeking services must navigate many barriers to safety, including struggling to find housing that meets their needs around affordability, working criminalized jobs or relying on disability support, and surviving multiple forms of hate violence. Many also live in fear of deportation because of their immigration status. A lot of the isolation these survivors report is compounded by the conditions they face as people living below the federal poverty line in one of the most expensive cities in the nation. In 2013, luxury developers and real estate owners continued their onslaught against affordable housing, with San Francisco beginning to see record numbers of Ellis Act evictions. To create conditions that support new housing development, the local police department began implementing new tactics to sweep homeless and unstably housed people off of the streets and out of public areas, handing out an increased number of citations and working with the local sheriff on a campaign to expand the county jail facilities. Amidst the growing climate of criminalization and increased social isolation, LGBTQ domestic violence survivors came together and united with other immigrant and domestic violence organizations to pass one of the most progressive policies to limit police and immigration collaboration, the “Due Process for All Ordinance.”



In 2013, reports of new cases of domestic violence stayed relatively consistent, from 120 incidents in 2012 to 122 incidents in 2013. For survivors who reported their sexual orientation, reports from people

who identify as gay remained relatively consistent (38 in 2012, 29 in 2013), while reports from people who identify as lesbian increased 67% (9 in 2012 to 15 in 2013) and reports from people who identify as heterosexual decreased 40% (20 in 2012 to 12 in 2013). The decrease in reports of people who identify as heterosexual may correspond with a decrease in the number of survivors who identify as transgender. The increase in reports of people who identify as lesbian may have increased because of stronger connections with traditional domestic violence service providers. In 2013, CUAV worked with non-LGBTQ specific domestic service providers to pass a local law limiting police and immigration collaboration. The increased sense of trust and familiarity may have resulted in increased referrals.

A racial analysis of the reported incidents indicates people of color continued to account for the majority of survivors in 2013, making up 66% of survivors who disclosed their race. It is also important to note there was a significant increase (64%) of people who identified as Black/African-American, from 11 in 2012 to 18 in 2013. Of people who reported their gender identities, reports from people who identify as women made up 30% of cases, while reports from people who identify as men accounted for 25% of cases; this is a slight increase (8%) of reports from people who identify as women since 2012. Reports from people who identify as transgender decreased from 22 in 2012 to 8 in 2013. The decrease in reports of domestic violence from people who identify as transgender may be related to an increased local focus amongst service providers and funders on addressing anti-transgender hate violence.

## EQUALITY MICHIGAN

### DETROIT, MI

Equality Michigan is the statewide organization that works at all levels to secure full equality and respect for all of Michigan's LGBTQ and HIV-affected people. Our Department of Victim Services (DVS) persistently strives to secure freedom from violence, intimidation, discrimination, and harassment for LGBTQ and HIV-affected people.

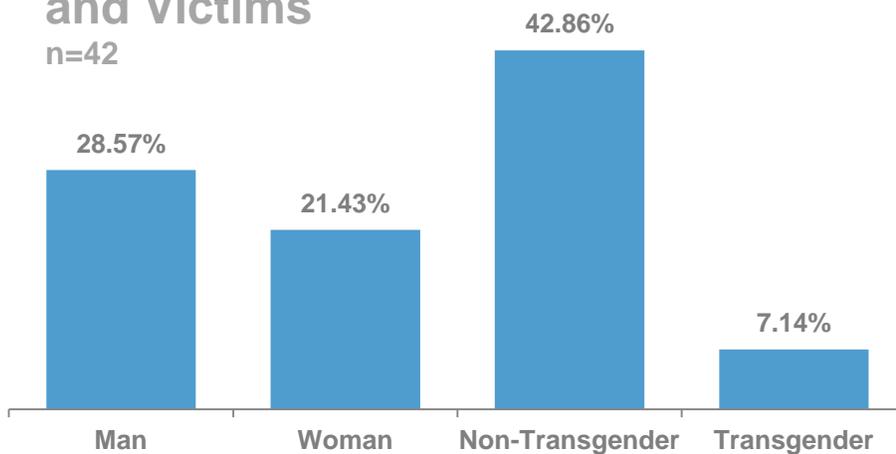
Headquartered in Detroit with an office in Lansing, Equality Michigan is the result of the merger of Michigan's two leading LGBTQ organizations: the Triangle Foundation and Michigan Equality. In early 2010, the leaders of these organizations recognized that we were stronger together, and that unity was essential to effectively counter the heavily anti-equality political landscape that continues to linger in our state. Our DVS continues the work that the Triangle Foundation began over 20 years ago: we provide free and confidential interventions for LGBTQ and HIV-affected victims of IPV, as well as personal support and advocacy, criminal justice advocacy, and referrals to LGBTQ-affirming attorneys, shelters, counseling, and other resources.

The DVS has actively engaged in improving outreach and supportive services to LGBTQ and HIV-affected victims and survivors of IPV, though culturally competent and affirming resources and services for LGBTQ and HIV-affected survivors continues to be incredibly limited throughout Michigan. As with past reports, this report reflects the need for more funding and more advocates for LGBTQ and HIV advocacy and anti-violence agencies to ensure that LGBTQ and HIV-affected survivors of IPV are receiving quality care rather than facing retraumatization at the hands of direct-service providers and law enforcement.

There were 21 reporting survivors of IPV in 2013, a dramatic 75% increase from 2012. Significantly, during 2013, we noted a marked increase in perpetrators targeting victims through the use of social networking and online dating sites. The perpetrator(s) employed electronic media to threaten, harass, and control their partner(s). As technology continues to improve and become more accessible to more people, we anticipate this trend to persist.

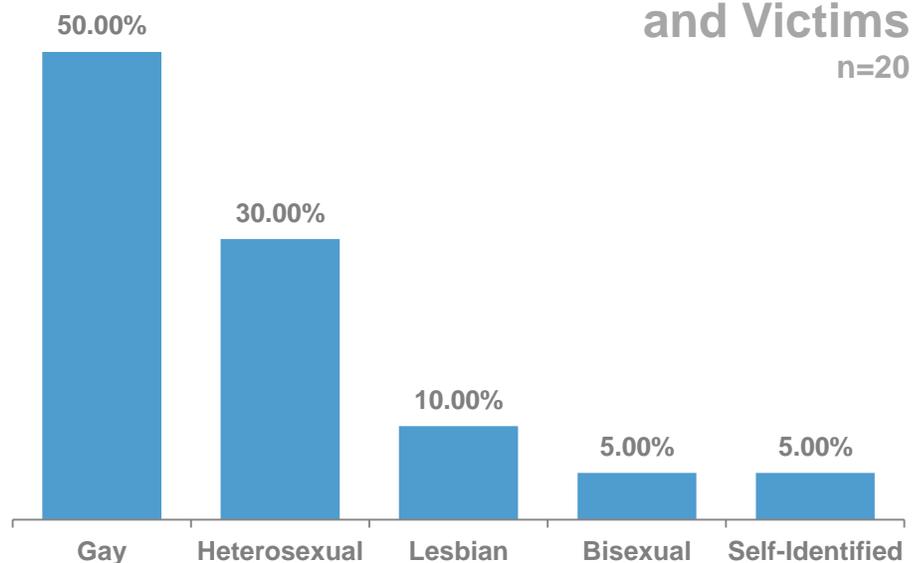
## Gender Identity of Survivors and Victims

n=42



## Sexual Orientation of Survivors and Victims

n=20



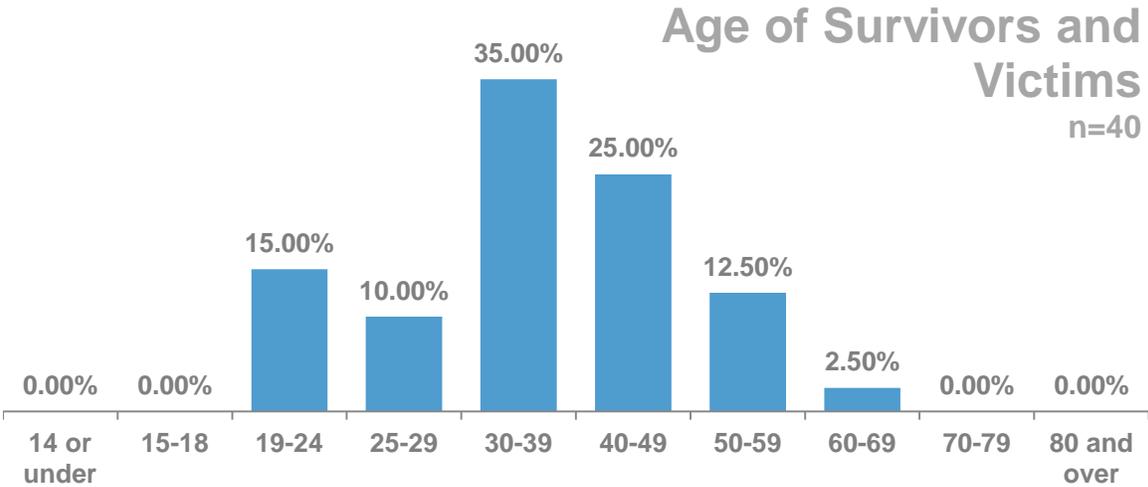
The majority of IPV survivors who reported to Equality Michigan identified as gay (10) and male (12), a 150% and 100% increase from 2012, respectively. Female identified survivors increased by nearly 30% (28.57% at 9), while lesbian identified survivors decreased by 50% (from 4 in 2012 to 2 in 2013), and heterosexual identified survivors increased by 50% (from 4 in 2012 to 6 in 2013). Bisexual identified survivors increased from 0 to 1, and trans\* identified survivors increased from 2 to 3. There was a 75% increase in Black/African American survivors (from 4 to 7), a 42.68% increase in White survivors (from 7 to 10), 1 Indigenous survivor, 1 multi-racial survivor, and 2 survivors' racial identities are unknown. Abusers tended to fall along the same racial lines as the survivors, however, nearly all of the 24 abusive partners were male identified (19), with only 3 female identified abusers. This data suggests that more prevention education and engaging young men in anti-violence and anti-oppression work is a necessary component to ending intimate partner violence in all types of relationships.

# KANSAS CITY ANTI-VIOLENCE PROJECT (KCAVP)

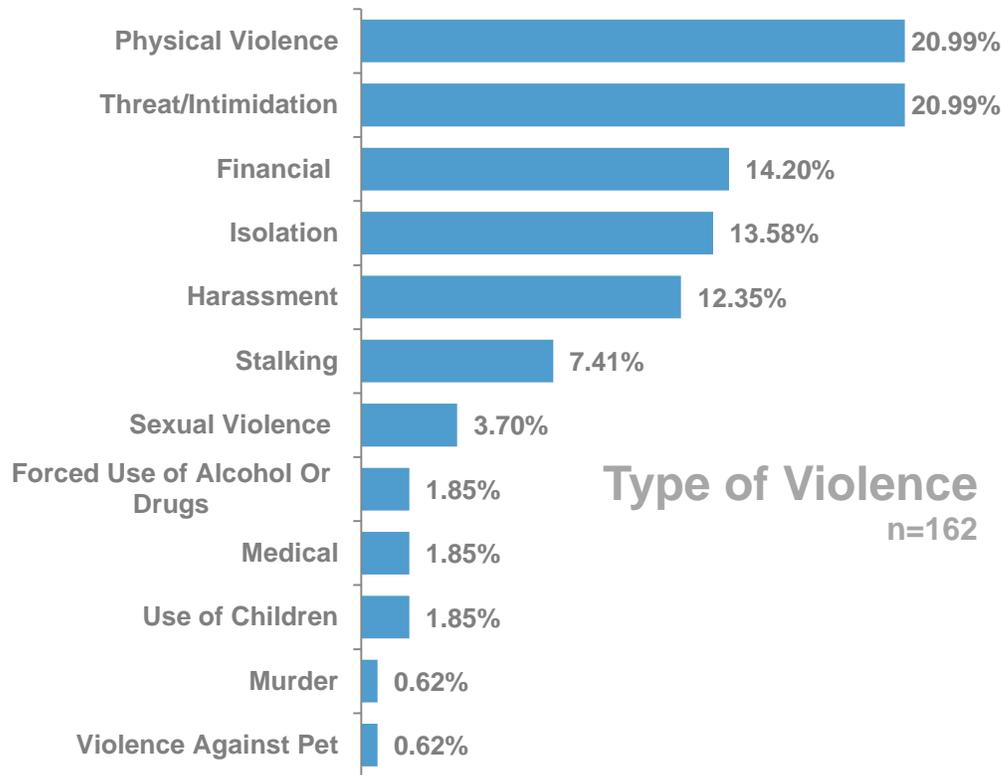
## KANSAS CITY, MISSOURI

Since 2003, the Kansas City Anti-Violence Project (KCAVP) has worked to provide information, support, referrals, advocacy and other services to lesbian, gay, bisexual, transgender, and queer (LGBTQ) victims of violence including interpersonal violence, sexual violence, and hate violence and focusing these services within the Kansas City metropolitan area. KCAVP also educates the community at large through training and outreach programs.

Overall, the number of survivors contacting KCAVP for advocacy services in 2013 increased by 13% compared to 2012 (45 to 51). There was a 150% increase in reports from survivors age 50-59 compared to the previous year (2 to 5). This may be due to increased outreach efforts within the community. In 2013, there was a 45% increase in reports from male identified survivors (22 to 32) potentially due to an increase in referrals of male identified survivors from mainstream organizations. KCAVP saw a 300% increase in Latina/o identified survivors in 2013 (1 to 4). This may be due to an increase in KCAVP outreach to and visibility within Latina/o communities.



In 2013, there was a 42% decrease in reported IPV related injuries (24 to 14). While the overall reports of injuries decreased, the reports of individuals requiring medical attention due to injuries increased by 7% from (13 to 14), indicating an increase in the severity of injuries experienced. KCAVP documented a 17% increase in the use of physical violence (29 to 34). The largest increase that was documented was a 900% increase in reports of harassment via email, mail or telephone (2 to 20). This may be due to the increasing use of technology as a tool of IPV. In 2013, there was a 100% increase in reports of stalking (6 to 12) and a 55% increase in reports of threats and or intimidation (22 to 34).

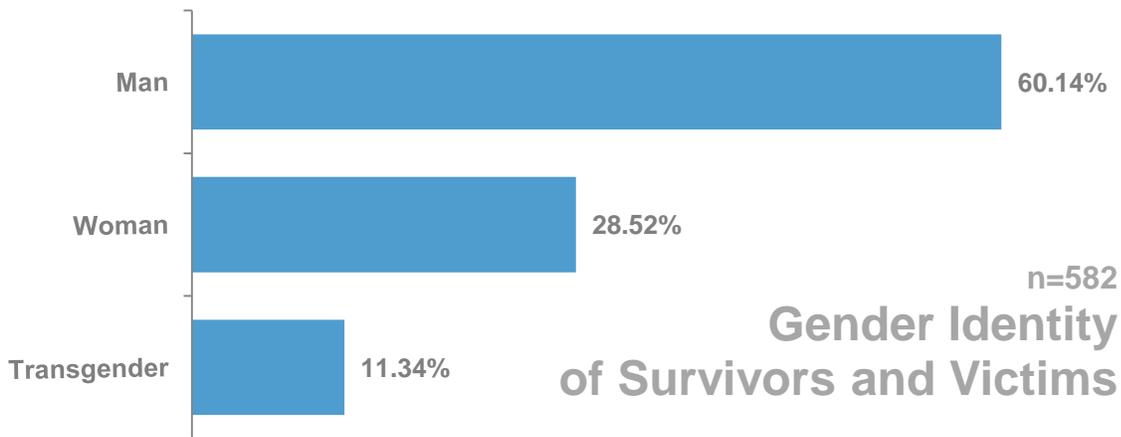


The number of IPV survivors seeking protection orders increased 30% (13 to 17). This may be due to an increase in the severity of violence experienced by survivors and/or an increase in the cases of harassment and stalking reported. There was a 233% increase the incidents in which the police were called and the abusive partner was arrested (3 to 10). This could potentially be attributed to an increase in training of the local police departments on LGBTQ interpersonal violence by KCAVP staff.

**LOS ANGELES LGBT CENTER**  
**STOP PARTNER ABUSE/DOMESTIC VIOLENCE PROGRAM (STOP DV)**  
**DOMESTIC VIOLENCE LEGAL ADVOCACY PROJECT (DVLAP)**  
**LOS ANGELES, CA**

Submitted by the Los Angeles LGBT Center’s Family Violence Intervention Services Department (FVIS) & its STOP Intimate Partner Violence Program (STOP IPV) as well as the Center’s Domestic Violence Legal Advocacy Project (DVLAP).

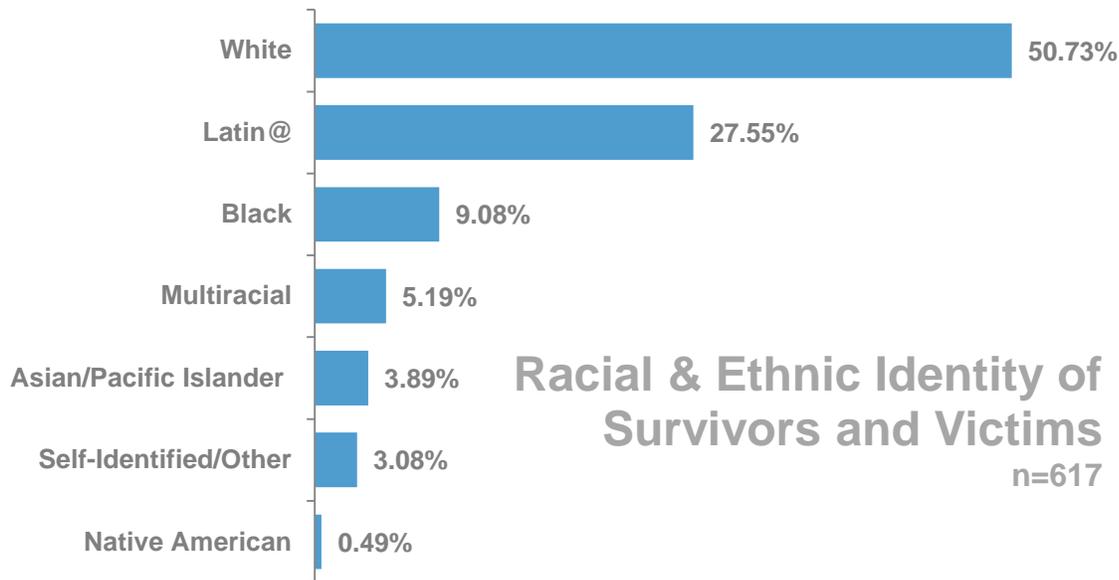
Since 1987, the Los Angeles LGBT Center (formerly the L.A. Gay & Lesbian Center) has remained dedicated to reducing, preventing and ultimately eliminating intimate partner abuse in the LGBTQ communities in Southern California. The L.A. Center’s intimate partner violence intervention and prevention services are comprised of those offered by its STOP (Support, Treatment/Intervention, Outreach/Education, and Prevention) Intimate Partner Violence Program 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 domestic violence, dating violence, sexual violence, and stalking.



Reported cases of LGBTQ intimate partner violence in the greater (5-county) Los Angeles area reflected a decrease from a total of 1228 cases in 2012 to 565 cases in 2013. These cases were assessed by STOP IPV (445 unduplicated individuals assessed to be survivors<sup>57</sup> of intimate partner violence), or DVLAP (120 unduplicated cases). However, for the first time during the decade, STOP IPV did not include responses in

<sup>57</sup> Note: STOP IPV offers services for both domestic violence survivors as well as perpetrators. Only survivors are included in STOP IPV’s total above.

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 565 cases only reflects individuals who specifically sought assistance and/or were assessed for IPV from/by the Los Angeles LGBT Center. This factor alone is the primary reason for the decrease in the number of cases tracked in 2013. STOP IPV continued, in 2013, to distribute its community-based surveys and, if responses from these surveys were included in the Center's overall total, approximately 500 additional cases could reasonably be added to the total.



Of the 565 reported cases in 2013, cisgender females accounted for 166 cases while cisgender males accounted for 350 of the total. There were 66 documented transgender cases (Transgender men and Transgender women). 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 (291), or lesbian (97), while 42 individuals identified as bisexual. Fourteen (14) individuals identified as queer, 6 identified as questioning, and 51 identified as heterosexual. The majority of individuals were between the ages of 19 – 60 and Latina/o (170), White/Caucasian (313), or African American (56).

Although STOP IPV did not include responses in 2013 from its community-based surveys, the program focused on developing its capacity to track pertinent data not previously obtained. For example, of those cases tracked by STOP IPV in 2013, 16 respondents identified as immigrants, 5 identified veteran status, and 135 reported that they were HIV-affected. Furthermore, 152 of these individuals reported witnessing domestic violence during childhood; 201 indicated that they had experienced physical abuse in childhood while 130 reported sexual abuse in childhood; 32 were victims of sexual assault outside the context of intimate partner violence; 165 reported that they had been victims of bullying; 54 reported being victims of hate crimes; and 168 disclosed the presence of internalized homophobia, biphobia, and transphobia. As many as 41 had previously attempted or threatened suicide. While 77 of these individuals called police

because of the IPV, the abusive partner was arrested in 27 instances and, in 7 cases, the victim was arrested. Additionally, 132 indicated that they had been victimized in a previous relationship by an intimate partner and 66 reported that they had been abusive to an intimate partner in a former relationship. One hundred and seventeen (117) stated that they had problems with anger management while 17 believed that their partners had anger management problems.

In 2013, the Center's DVLAP saw an increase in the number of LGBTQ youth who accessed their services to address domestic violence, dating violence, sexual violence and/or stalking and, in addition to providing legal assistance, was able to connect these individuals with case management services to assist with housing and employment needs related to the violence they had experienced. During the year, DVLAP was also able to expand access to immigrant as well as transgender survivors.

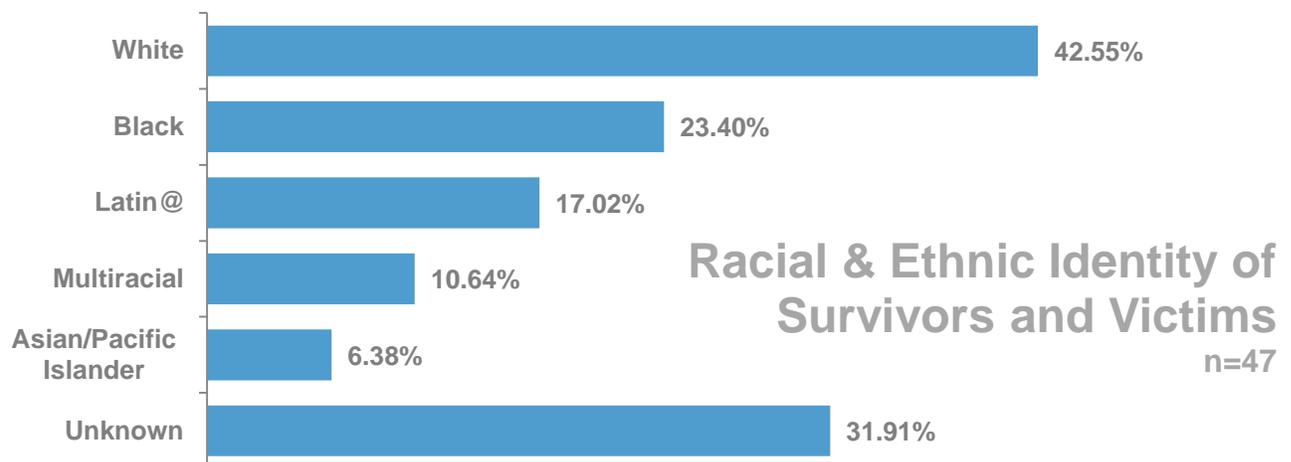
## THE NETWORK/LA RED

### BOSTON, MA

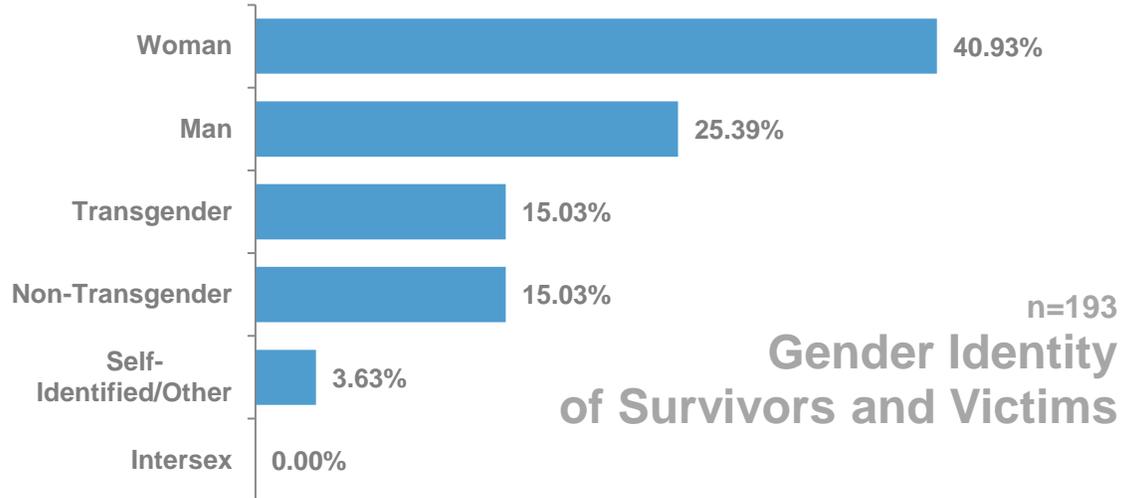
The Network/La Red is a survivor-led, social justice organization that works to end partner abuse in lesbian, gay, bisexual, queer, transgender, S&M, and polyamorous communities. Rooted in anti-oppression principles, our work aims to create a world where all people are free from oppression. We strengthen our communities through organizing, education, and the provision of support services. The Network/La Red has been providing services since 1989 which have expanded to include hotline, Safehome, support groups (both in person and phone support group), and advocacy. TNLR also provides technical assistance and training nation-wide on LGBTQ communities, LGBTQ partner abuse, and screening.

Overall, the numbers of new survivors calling TNLR's hotline for information or advocacy in 2013 increased dramatically from 2012 (38 to 236). This 521.05% increase is mostly due to our new database which better allows us to track one-time callers as well as survivors who we work with longer term. The 2012 number is much more reflective of this long-term in-depth work. Data from 2013 is more inclusive of one-time callers and other survivors who are provided services on a short-term basis.

An interesting trend in our data is that we have had a startling increase in survivors age 19-29, with a 200% increase in calls from survivors age 19-24 and a 1700% increase in callers age 25-29. We attribute this increase to our intentional focus on youth in offering trainings at LGBTQ youth events and conferences as well as through our increased presence on social media which predominantly reaches these age groups.



Of survivors who disclosed their racial and ethnic identity there was an increase in those that identified as Black, Asian, Latino or Multiracial. This increase is due to our on-going participation in the TOD@S, a collaboration which specifically focuses on reaching LGBTQ survivors of partner abuse who are people of color. This collaboration with Fenway's Violence Recovery Program, the Hispanic Black Gay Coalition, and Renewal House over the past two years has increased our visibility and connection to these communities.



Of the survivors who disclosed their gender identity, 40.93% of the survivors who accessed our services identified as women whereas only 25.39% identified as men and 15% identified as transgender and 3.63% identified as self-identified/other. This distribution is very similar to that of 2012. There are several potential reasons for this, one is that many mainstream domestic violence programs target their advertising to women as survivors and are told that service exist for them. Therefore it is possible that lesbian, bisexual, and queer women are more likely to reach out for help thinking that these services may include them. The combined total of transgender and self-identified/other gendered people utilizing our services is 18.63% 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. However, the existence of the GLBTQ Domestic Violence Program in our state which has historically targeted outreach in gay men's communities may also attribute to the lower number of men accessing our services. 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.

## NEW YORK CITY ANTI-VIOLENCE PROJECT

### 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 and helps survivors of violence become advocates of safety.

### General Findings

In 2013, the AVP supported a total of 631 new LGBTQ survivors of intimate partner violence (IPV) and dating violence, which represents a significant increase (26%) from the previous year (500). This increase is likely related to four local initiatives:

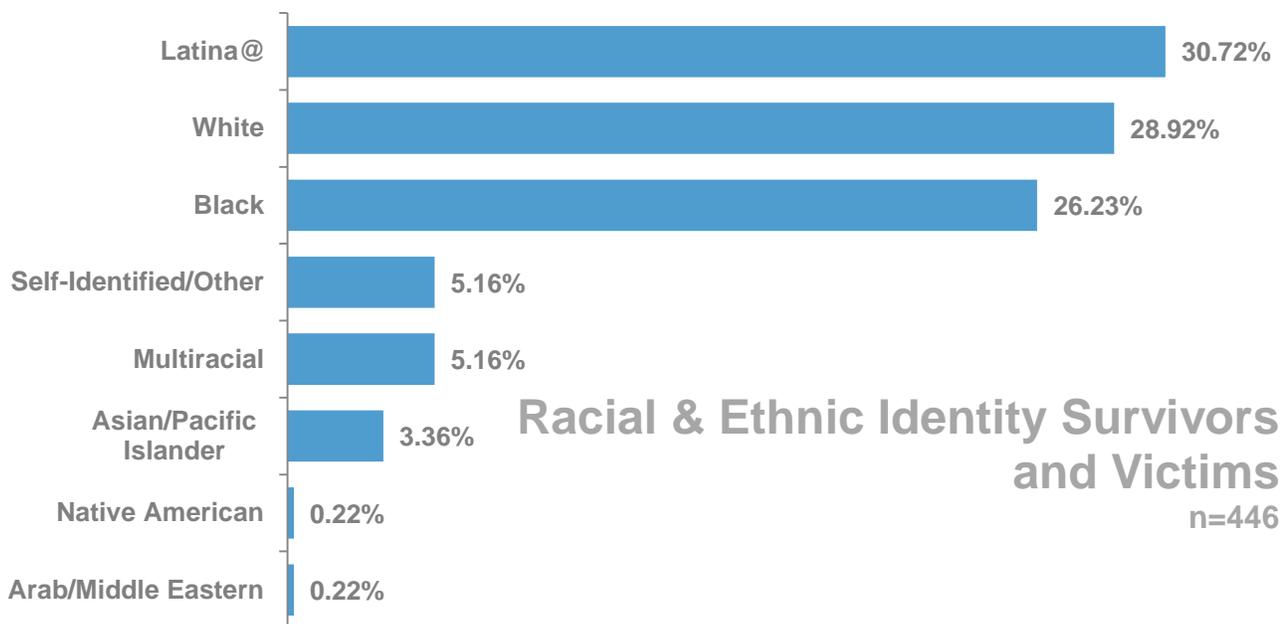
- AVP's successful local campaign, *Reporting Violence Ends Violence*, which was widely publicized on social media and mentioned in local LGBTQ-specific press;
- AVP's new Legal Services Program, launched in November 2013, which provides advice, consultation, and representation to LGBTQ survivors of IPV for the first time;
- AVP's continued expansion into community-based locations, now ten sites across the five boroughs, including organizations serving marginalized LGBTQ people who are disproportionately impacted by violence, transgender and gender non-conforming (TGNC) people of color; and
- The deepening of our Community Leadership Institute programming focused on IPV through AVP's Real Talks Committee, which brings together LGBTQ community members who have been impacted by IPV to build safety and community, and create campaigns to prevent and respond to LGBTQ IPV.

### Homicides

The number of IPV-related homicides reported to AVP dropped significantly this year to one in 2013 from four in 2012. The victim of the homicide that AVP reported was **Joseph Benzinger**, a retired Sanitation worker, who was found fatally strangled in a motel room in Queens. Lleuyel Garcia, 23, who police stated had been in a dating relationship with Benzinger, was arrested and charged with second-degree murder and related charges in Benzinger's death. Reportedly, the argument that led to the homicide related to Benzinger's refusal to have unprotected sex, due to fear of contracting HIV.

## Race/Ethnicity of Survivors<sup>58</sup>

Consistent with previous years, the majority of survivors who reported IPV to AVP in 2013 identified as people of color. Of those who shared their race with AVP (70% of those reporting), 71% identified as non-white, while 29% identified as White. Also consistent with previous years, the most reported ethnic identity of survivors was Latin@ (31%), very likely connected to the extensive AVP programming available in Spanish through the 24-7 Spanish and English Hotline, as well as at our ten intake locations across the five boroughs of New York City. Survivors identified as Black/African-American (26%), Multi-Racial/Self-Identified (10%), Asian/Pacific Islander (including South Asian) (3%), with Native American/Indigenous People and Arab/Middle Eastern both at <1%.

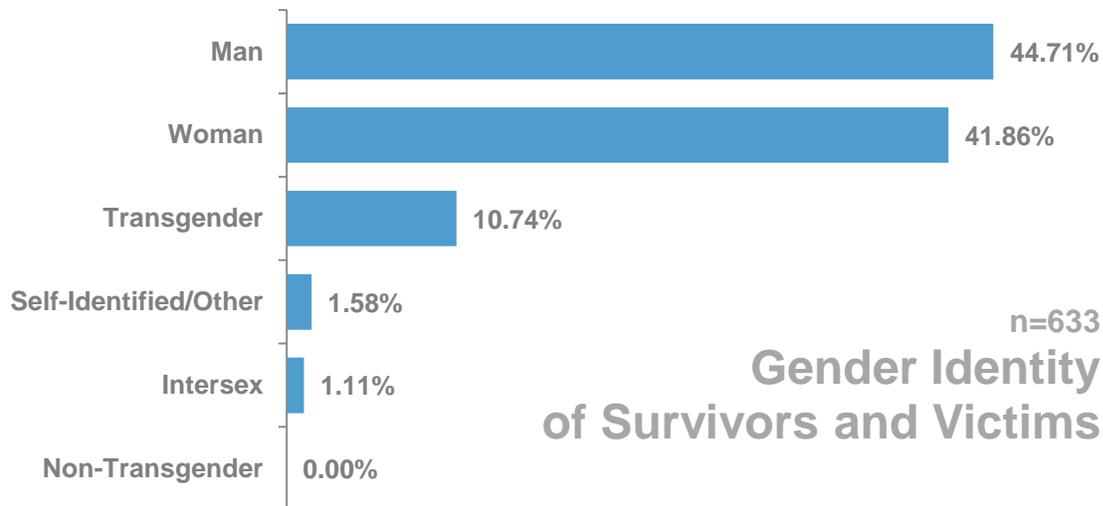


## Gender Identity of Survivors

Of those who shared gender identity with AVP (90% of those reporting), nearly half of survivors identified as men (45%), 42% as women, and 14% as outside the gender binary, including 11% as transgender, 2% as self-identified, and 1% intersex. AVP saw a 60% increase in reports from transgender identified survivors over last year (from 44 to 68). This increase likely reflect the success of AVP's community-based programming, which continues to specifically focus on reaching transgender and gender non-conforming communities outside of Manhattan, and our increased engagement with TGNC communities around IPV

<sup>58</sup> AVP recognizes that LGBTQ and HIV-affected people hold complex, multiple, and intersecting identities, and may choose to identify with more than one demographic category, particularly for gender identity and race/ethnicity. Also, survivors may share that they are living with more than one type of disability. Therefore, in these categories, where survivors can choose more than one identity, the totals may add up to more than 100%.

community organizing and education through our Real Talks Community Action Committee. Real Talks members have worked with AVP staff to create TGNC-specific IPV and sexual violence community education materials, which are now used through our City-wide outreach and organizing activities. The high rate of reports from men and TGNC people underscores the importance of continued work towards accessibility for services across the spectrum of gender identity, given the few existing resources within the heteronormative anti-domestic violence service provision arena.



## Sexual Orientation

Consistent with previous years, of those who shared their sexual orientation with AVP (82% of those reporting), the most reported sexual orientation was gay (46%), followed by lesbian (20%), heterosexual (19%), and bisexual (7%), queer (4%), self-identified (2%), and questioning/unsure (<1%).<sup>59</sup> AVP saw a significant (80%) increase in reports from bisexual-identified survivors over last year, (from 20 to 36), which correlates to the national data that identifies bisexual people as experiencing higher rates of sexual and physical violence, as part of IPV.

## LGBTQ and HIV-affected Immigrants

In 2013, of those who shared their immigration status with AVP (66% of those reporting), 16% identified as non-citizens, with 9% identifying as undocumented immigrants, a 23% increase from 2012 (from 31 to 38). This increase may be related to AVP's expanded outreach and direct service work in the outer

<sup>59</sup>

AVP's data is rounded to whole numbers for ease of reading, and in this case, a round-off error of 1% has occurred. If the percentages are rounded to the hundredths decimal place, the error does not appear: gay 46.35%, lesbian 20.38%, heterosexual 19.04%, bisexual 6.92%, queer 4.42%, self-identified 2.12%, and questioning/unsure .77%. For consistency's sake, we have kept the numbers in this section as whole numbers.

boroughs of New York City, especially with TGNC communities of color, which include Trans Latina immigrant women.

## HIV Status

In 2013, of those reporting their HIV status to AVP (52% of those reporting), 27% identified their HIV status as positive, a 95% increase from 2012 (from 46 to 90). This increase highlights the importance of AVP's focus on the intersections of HIV and all forms of violence, including IPV, and the need to continue to ensure that IPV services include a focus on HIV prevention and treatment, while HIV service organizations include a focus on IPV and intersecting forms of violence.

## Disability

In 2013, of those who shared their disability status with AVP (70% of those reporting), 30% of survivors identified as living with a disability. Of those, 46% identified as living with a mental health-related disability, 45% a physical disability, 4% as deaf, 4% as learning disabled, and 2% as blind. This increase in survivors identifying that they are living with a disability highlights the national data that people living with disabilities are at disproportionate risk for IPV, and the importance of AVP's focus on the intersections of disability and all forms of violence, including IPV, including our work with the local Barrier Free Justice coalition, which identifies and works to eliminate barriers and obstacles for IPV survivors living with disabilities, and supports access to culturally competent resources and responses from the criminal legal system.

## Police & Prosecutor Response

In 2013, of those who shared information on police engagement with AVP (76% of those reporting), 50% reported that they engaged with the police, a 45% from 2012 (from 166 to 241.) Of those who interacted with the police, 12% reported police misconduct. Of those reporting misconduct, 93% shared they had been unjustifiably arrested, a common occurrence 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 2013, 34% of survivors reported that the police properly classified their case, a 30% increase from 2012, but overall classification remains low. Only 8% of survivors whose case went to a prosecutor reported that the case was appropriately classified as IPV, while 92% reported that their cases were not classified as IPV.

This data also clearly supports the need for AVP to continue our community-based work, including on-site partnerships with the NYC Family Justice Centers, "one stop shops" that co-locate IPV services with law enforcement and prosecutors' offices. Additionally, it underscores the importance of AVP's ongoing training within the District Attorney's Offices across the five boroughs, as well as within the NYPD promotional unit on *Best Practices When Working with LGBTQ IPV Survivors*, through which, to date, AVP has trained over 2,000 newly promoted sergeants, lieutenants, and captains. It further reinforces the

need of our work to hold law enforcement accountable, as part of the LGBTQ Advisory Council to the NYPD Commissioner, and AVP's work with Communities United for Police Reform (CPR) in advocacy efforts to support the passage of the Community Safety Act (CSA), which seeks to address discriminatory policy practices by the NYPD. In addition to CPR, AVP is a part of the Access to Condoms Coalition, which addresses the New York State law that allows condoms to be used as evidence in prostitution-related arrests, which increases profiling of LGBTQ communities. LGBTQ IPV survivors frequently tell AVP that these discriminatory NYPD practices create a chilling effect on their willingness to trust the police enough to reach out for help with IPV, especially if survivors identifies as part of marginalized communities, like LGBTQ people of color, TGNC communities, LGBTQ immigrants, and/or sex workers.

## Conclusion

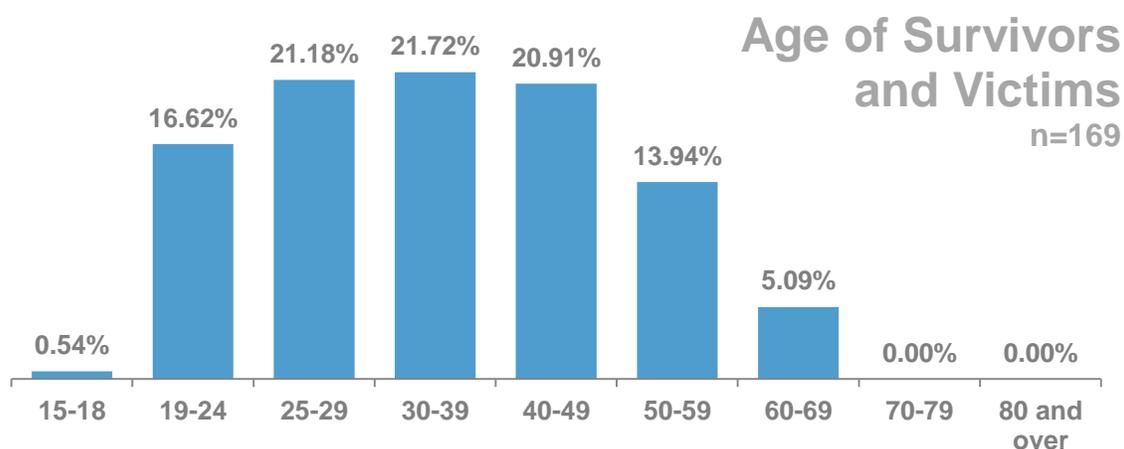
AVP provides free and confidential assistance to thousands of LGBTQ and HIV-affected people each year, through our combined approach to IPV, with direct social and legal services provided across all five boroughs of NYC, as well as community organizing and education, AVP meets diverse LGBTQ communities where they live, work, and spend time. AVP is onsite at all established Family Justice Centers, as well as at LGBTQ-specific community-based organizations and programs, like Pride Centers, harm reduction organizations, HIV/AIDS service organizations, and health clinics for TGNC people, LGBTQ people of color, and LGBTQ immigrants. AVP has incorporated economic empowerment programming into all of our work, with a particular focus on the ways in which IPV, specifically financial abuse, intersects with poverty and economic instability, especially for marginalized LGBTQ communities already disproportionately impacted by poverty, including TGNC people and LGBTQ people of color. AVP's work to expand the "mainstream" understanding of IPV outside of the binary gender heteronormative context, in which abusive partners and survivors identify across the spectrum of gender identity and sexual orientation, has created services that reach survivors who identify as men, transgender and gender non-conforming, and has enhanced the cultural competency of mainstream service providers to create safe spaces for survivors of all gender identities and sexual orientations.

## OUTFRONT MINNESOTA

### MINNEAPOLIS, MN

OutFront Minnesota is the state's leading advocacy organization working with lesbian, gay, bisexual, transgender, queer, questioning and allied people. Our mission is *to create a state where lesbian, gay, bisexual, transgender, and queer people are free to be who they are, love who they love, and live without fear of violence, harassment or discrimination.* Our Anti-Violence Program is committed to honoring the unique needs of LGBTQ crime victims and their friends/families throughout Minnesota. We work to build the safety and power of survivors and community members and to create opportunities for support and healing through the provision of crisis intervention, advocacy, counseling, community education and outreach. We are a victim-centered organization. To attain equity for LGBTQ survivors, we approach this through an intersectional lens that locates and honors our many layered identities at the heart of our work.

Overall, the numbers of survivors of intimate partner violence accessing services increased by 64.24% (from 330 to 542) in 2013. With the heightened focus on LGBTQ relationships (including the passage of marriage equality in Minnesota) in 2013, we believe that this increase, at least in part, came as a result of the development of a broader community acknowledgement of relationship violence and increased knowledge of available services for survivors. Additionally, as part of our extensive outreach and education efforts with both community members and organizations, we received much higher numbers of client referrals from traditional/non-LGBTQ service providers than in previous years. Finally, we currently have staff at two major county domestic violence service centers that has resulted in a rapid rise in our services numbers.



While we know that violence affects LGBTQ people across the lifespan, in 2013, we saw a dramatic 370.73% increase (11 to 52) in reports of IPV from clients aged 50-59, and an 850% (2 to 19) increase in reported IPV from clients aged 60-69. We believe that this increase is a result of our intentional collaborations with organizations that serve older community members. Of particular note, these cases were often extremely complex and almost always involved multiple types of victimizations over long

periods of time with many victims citing societal fear of homophobia/biphobia/transphobia as a barrier to accessing mainstream systems for support.

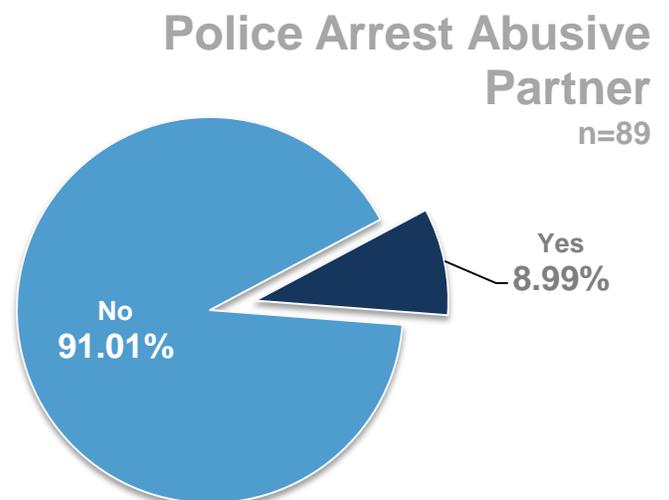
We continue to see a wide range of clients across identity spectrums. As in previous years, we continue to see an increase in clients who self-identify as part of the transgender spectrum with a 31.03% increase (29 to 38) in 2013. While we saw a decrease in some areas, we saw a 161.54% (52 to 136) increase in clients who identified as Black/African American. We believe this increase is due in part to an organizational commitment to hiring a QPOC community organizer and the new relationships built within these communities. Of note is also our dramatic 238% (26 to 88) increase in survivors identifying as bisexual. We believe that this increase is a result of both dedicated work with local Bi-specific organizations and the success of our monthly bi-focused community drop-in group. In general, our clients continue to come from every facet of the communities. While we celebrate these modest successes, we also know that many LGBTQ survivors continue to be unable to access safe and effective services in their area.

## Violence Experienced

In 2013, more survivors than ever reported injuries as a result of intimate partner violence. With a 773.91% (23 to 201) increase, we recognize that LGBTQ survivors are at increased risk for physical violence within their relationships. We saw a 175% (44 to 121) increase of reported physical violence (including physical abuse and assault), a 151% (47 to 118) increase in reported instances of harassment (including email, mail, and telephone harassment), and an alarming 750% (8 to 68) increase in sexual violence. Of note, many of the survivors reported multiple injuries resulting in an increase of 17.74% (38 to 77) of those who sought medical attention. We continue to see, however, a clear gap between survivors' reporting injuries and receiving medical attention. We recognize that this requires the AVP to increase our collaboration with medical and other crisis responders. While some of this increase can obviously be attributed to an overall increase in client numbers, we also believe that the community dialogue is shifting regarding intimate partner violence with more survivors feeling empowered to come forward to access services.

## Police/Court Response

In 2013, 43% of our clients interacted with law enforcement representing an 80.77% increase (78 to 141) over previous years. Of those clients who interacted with law enforcement law enforcement, 77.2% (61) reported a courteous or indifferent response from officers. We believe that this increase in positive/neutral responses stem in part from our increased dedication to relationship-building and targeted education efforts with local law enforcement agencies. Unfortunately, in 91.01% (81) of police



responses, the abusive partner was not arrested. We recognize the continued need for deeper education with law enforcement agencies to strengthen their primary aggressor knowledge and recognize that this area is one of tremendous growth potential for our anti-violence work to create safer systems access for LGBTQ survivors.

Accessing protective orders continues to be an area of growth for our clients. 40.44% (184) of clients sought protective orders. Of those seeking protective orders, only 39.55% (53) were granted. These numbers show a need for increased education for judges and court personnel to recognize the myriad issues facing LGBTQ intimate partner violence survivors.

## **SAFESPACE PROGRAM @ PRIDE CENTER OF VERMONT (FORMERLY RU12? COMMUNITY CENTER)**

### **VERMONT**

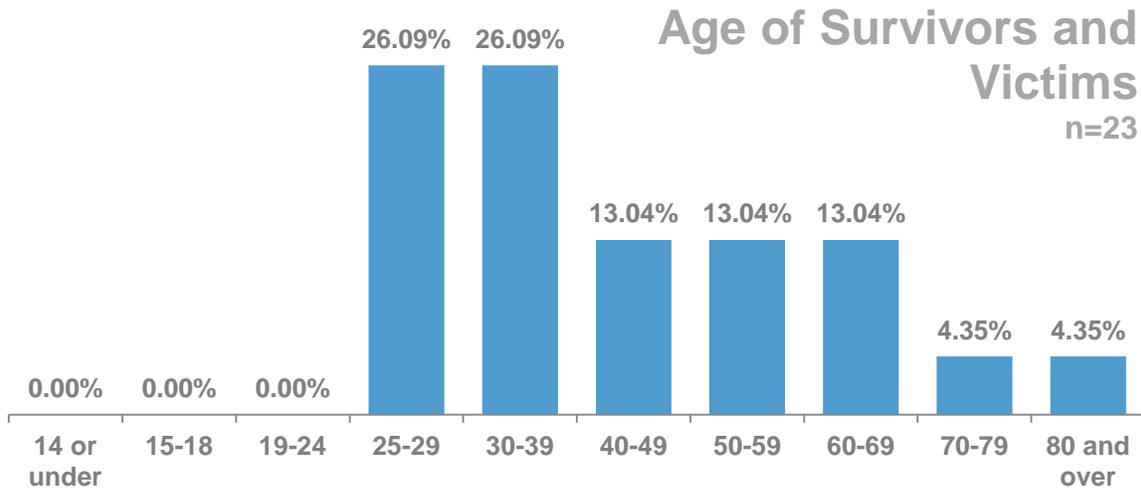
SafeSpace is a statewide social change and social service program working to end physical, sexual, and emotional violence in the lives of lesbian, gay, bisexual, transgender, queer (LGBTQ), and HIV affected people.

SafeSpace is a program of the Pride Center of Vermont. It is the only program in Vermont that provides anti-violence services specifically for the LGBTQ and HIV-affected communities. We provide information, support, referrals, and advocacy and offer education and outreach programs in the wider community. SafeSpace provides direct services including but not limited to: a support line for crisis intervention; information and referrals; support groups for survivors of violence; short term counseling; victim advocacy in court, medical settings, and law enforcement to assist survivors in obtaining the services they need. PCVT also provides technical assistance on promising practices when working with LGBTQH survivors and communities to other victim services agencies.

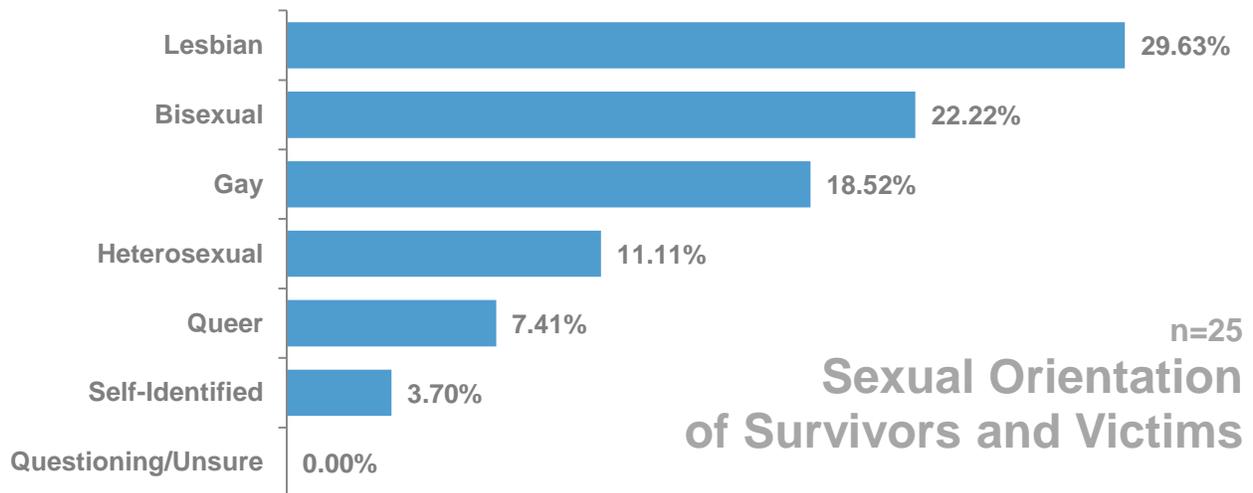
Over the last two years, SafeSpace worked on creating greater accessibility for our community to our services. The approach began in 2012 with SafeSpace reaching out to our communities more throughout Chittenden County, which is where Pride Center of Vermont is located. In line with overall demographics, Chittenden County has one quarter of the total population and is estimated to have one quarter of the LGBTQ population. We created the Training Contract System to offer education and technical assistance to mainstream providers; created targeted outreach materials and campaigns; and joined several committees and task forces. In 2013 we took the amazing success of this approach and expanded it to targeted areas of the state.

Statewide expansion efforts were conducted along with the work already being done in Chittenden County, taxing our two-person staff. While we believe that this slowed the dramatic trajectory of reports to SafeSpace from the previous year, resulting in a 10% decrease in the number of survivors reporting IPV to SafeSpace from 30 in 2012 to 27 in 2013, it is our goal that this stepped approach to expansion will eventually result in increased reports.

The shift in focus also paid off in the sense that we now have more and stronger partnerships across Vermont including: a campus grant in Middlebury; a fully implemented Training Contract System for our work with elder service providers; an implemented Police Academy training; and a stronger online presence including our Report Violence Online option.

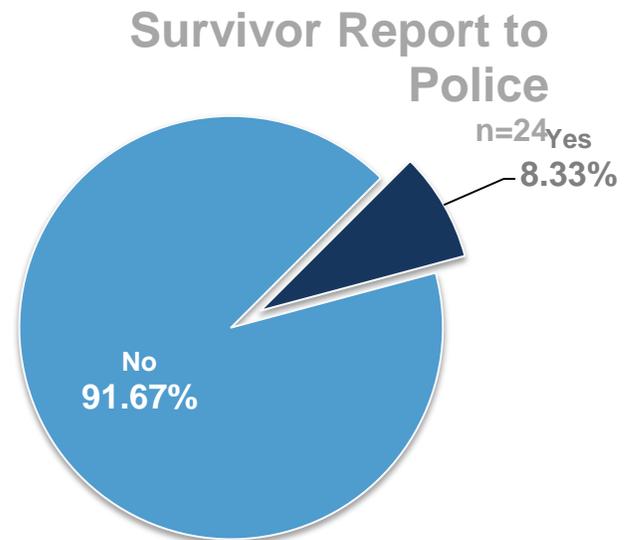


In addition to program work, we also saw a significant increase in the number of LGBTQ survivors over the age of 60 reporting IPV totaling 5 reports in 2013 as compared to no reports in 2012. We attribute this increase to the launch of the SafeSpace Elders Program in 2012 including partnering with regional and statewide organizations that provide services for the aging community. In addition, SafeSpace Elders Program received recognition from the National Association of Area Agencies on Aging, the N4A 2013 Innovations Award.



The number of lesbian identified survivors increased by 167% in 2013, from 3 in 2012 to 8 in 2013. This increase most likely reflects our continued efforts to respond to community feedback by providing more programming for female identified individuals in the queer community.

Not surprisingly, there was an 83% decrease in the number of survivors interacting with police from 12 in 2012 to 2 in 2013. In addition we noted that isolation reported as a power and control tactic increased 233%, from 3 in 2012 to 10 in 2013. The areas that we are moving into tend to be even more rural than in Chittenden County, which often means greater overall isolation; more hesitation in contacting law enforcement; and greater worries of bringing any sort of attention to domestic violence situations.



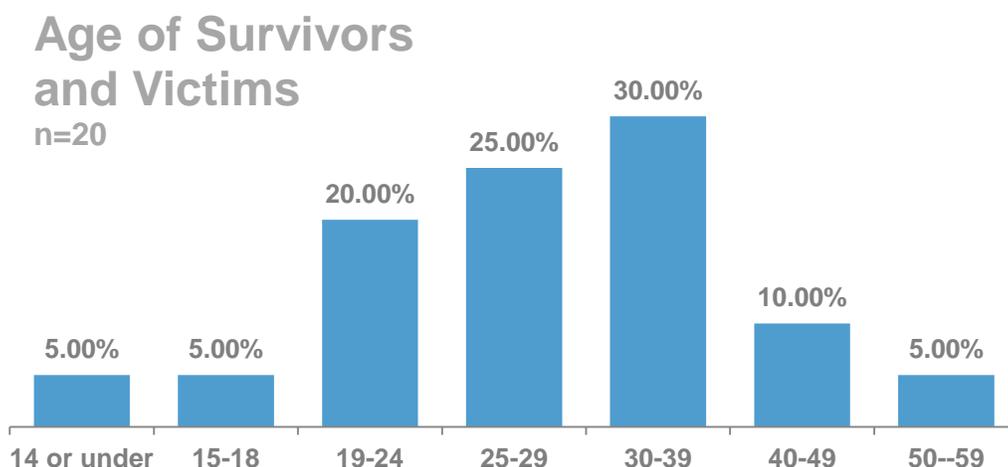
While cause and effect cannot be directly attributed to increased isolation and decreased engagement with law enforcement, we acknowledge this is an area of growth to increase our education and outreach efforts increasing LGBTQ survivors safe access to the criminal justice system.

We are learning that outside of Chittenden County, survivors and providers are far less apt to seek assistance from SafeSpace. Through an unrelated survey for our name change, we found that the LGBTQ community has a strong perception of the Pride Center as being a Chittenden only program. In response, we are building a strategic base of communications by expanding education and outreach opportunities outside of Chittenden County. Through these efforts we expect to see an increase in the number of reports from other regions of the state. Another anticipation is that our new name will send the message that we are a statewide organization. Further, there is hope that our Domestic and Sexual Violence Coalition will invite us to be members, thus increasing our visibility. We are currently the only DV/SV provider in the state to not be included in the Coalition.

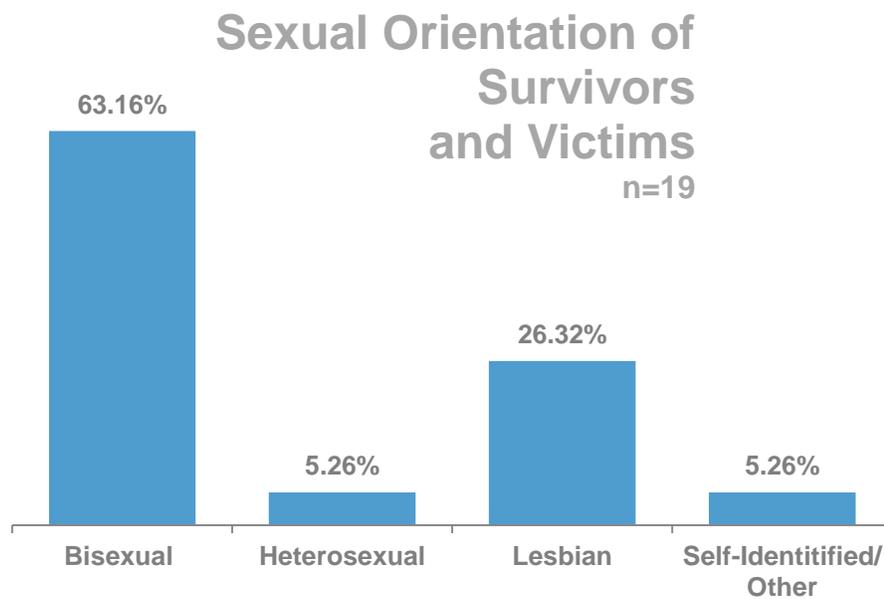
## SOJOURNER HOUSE

### 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. Sojourner House envisions a world where everyone lives their life free from domestic abuse. Sojourner House Inc. is an agency organized to serve battered adults and their children. 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 Operate out of two cities with a drop in center in Providence and a residential program in northern Rhode Island. Both locations offer one on one advocacy, support groups, various empowerment and healthy relationships workshops for survivors and victims of intimate partner violence. At the residential program there is an emergency shelter and a transitional housing for survivors. Sojourner house is planning on expanding to provide permanent housing support for survivors in 2015. Survivors can access a 24 hour domestic violence hotline. Sojourner House also provides sexual health advocacy and rapid HIV testing for survivors and victims along with a teen dating violence prevention program. Through the Latin@ advocacy program, specifically focused on survivors and victims in Latin@ communities, all services are fully comprehensive in English and Spanish. In addition to the services above, we also offer immigration advocacy helping victims and survivors obtain legal residency through U visas or asylum. The LGBTQ advocacy program at Sojourner House is in the process of implementing programming specific to the unique experience of LGBTQ survivors of IPV.



In 2013 the majority of LGBTQ survivors of violence (63.2%) identified as bisexual while 26.3% of the survivors identified as lesbian. In addition, 76.2% of the survivors identified as transgender. 30% of survivors were between the ages of 30 and 39, while the majority were between the ages of 20 and 29 (45%). In addition, of the 21 LGBTQ and HIV-affected survivors served by Sojourner House in 2013, 76.2% identified as transgender. In addition, most survivors experienced physical violence (75%) and sexual violence (70%) as a result of IPV.

## **VICTIM RESPONSE, INC./THE LODGE (VRI/THE LODGE)**

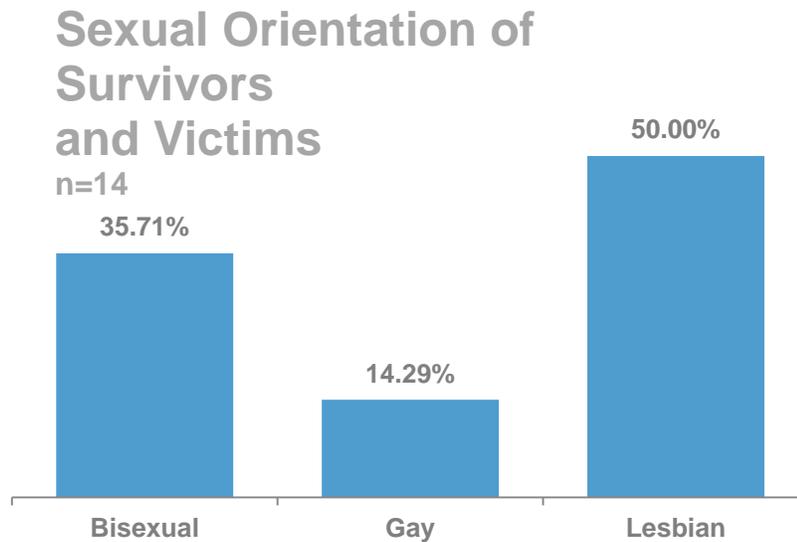
**MIAMI, FL**

Victim Response, Inc./The Lodge has been a place of renewal, reconnection and safety since 2004. Our mission is to serve as a catalyst of social change to transform our community and champion the human rights of survivors of gender violence and their dependents. This mission is accomplished by our continued efforts to create, develop and support a comprehensive shelter system which promotes safety and independence. Through the efforts of advocacy, education, leadership, and prevention, we will promote healthy relationships. As we grow and transform, we strive to deliver premier services by embracing the following core values:

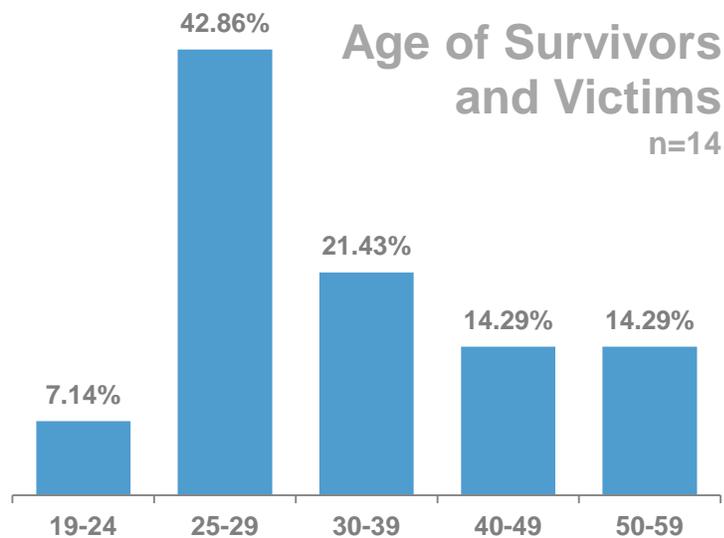
- Support and empower individuals, families and communities;
- Be progressive and innovative;
- Strive for self-sufficiency and independence;
- Be responsive to community needs and create awareness;
- Conduct ourselves in an ethical and transparent manner;
- Create community and foster inclusion;
- Be an architect of change;
- Promote safety, creativity and community collaboration;
- Create a safe haven; and,
- Be vigilant, brave, and a defender of human rights.

VRI/The Lodge is a 501 (c) (3) not for profit corporation which operates The Lodge, a 46 bed and ten crib domestic violence center. VRI/The Lodge is certified by the State of Florida Department of Children and Families and offers emergency shelter, 24-hour crisis hotline, information and referral, advocacy, case management, safety planning, counseling, and other services to survivors of gender violence and their dependents. VRI/The Lodge also provides technical assistance, training and community education and advocacy with other agencies including, but not limited to, service providers, homeless shelters, community organizations, law enforcement and other community members.

2010 was the first year for VRI/The Lodge to contribute to the NCAVP report and during that reporting period, VRI/The Lodge reported all participants served by our agency during that year. For all years following 2010, VRI/The Lodge has reported only LGBTQ survivors served by the agency each year.



Of the LGBTQ survivors served by The Lodge, self-reported sexual orientation was 50% Lesbian, 36% Bisexual, and 14% Gay. The percentage of self-reported bisexual survivors has increased significantly. This could be due to increased training and cultural competency amongst staff, resulting in staff appropriately questioning survivors about sexual orientation.



VRI served 50% of LGBTQ survivors between the ages of 19-29 and 22% of LGBTQ survivors between the ages of 30-39, consistent with last year. VRI's LGBTQ numbers have significantly increased for survivors ages of 40-49 (14%) and 50-59 years (14%), possibly due to increase in outreach efforts and promotional material geared towards elderly/ mature LGBTQ victims.

In 2013, Race/ Ethnicity identified by LGBTQ population served by The Lodge are 57% Black and 43% Latina/o. The LGBTQ population served by The Lodge, with regard to race/ethnicity, is not much different than the general population that we service.

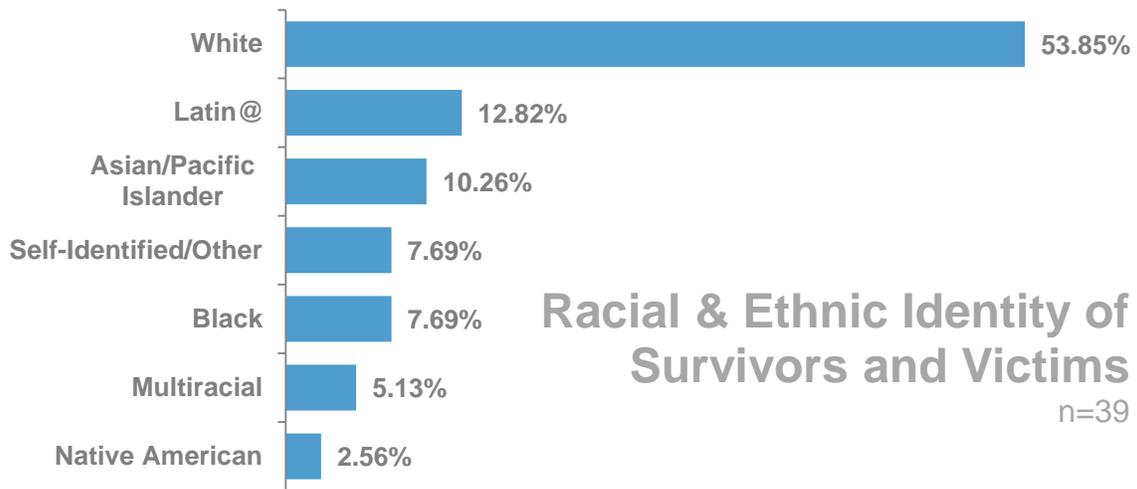
# THE VIOLENCE RECOVERY PROGRAM AT FENWAY HEALTH

## BOSTON, MA

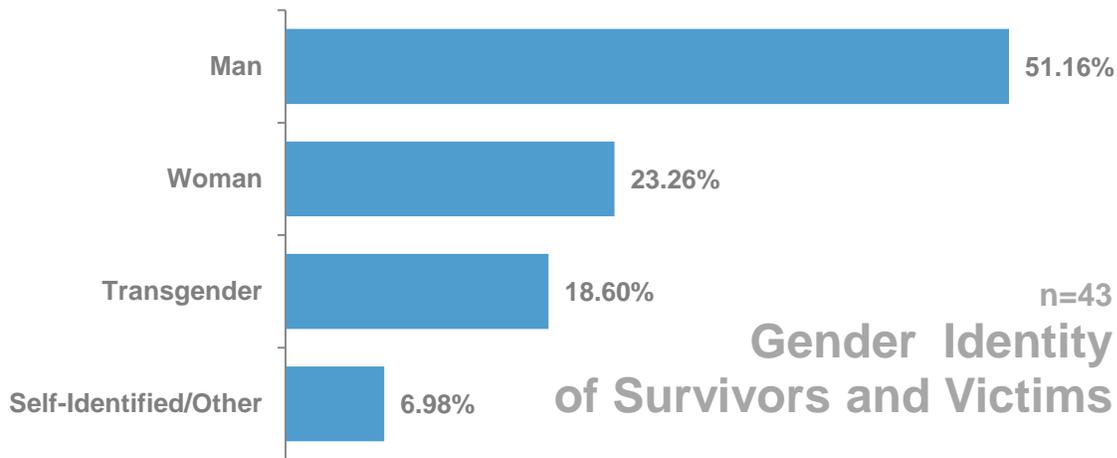
The Violence Recovery Program (VRP) at Fenway Health was founded in 1986 and provides counseling, support groups, advocacy, and referral services to lesbian, gay, bisexual, and transgender and queer (LGBTQ) survivors of hate violence, intimate partner violence, sexual assault, and police misconduct. 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, raise awareness of how LGBTQ hate violence and intimate partner violence affects our communities through compiling statistics about these incidences, and ensure that LGBTQ survivors of violence are treated with sensitivity and respect by providing trainings and consultations with service providers and community agencies across the state.

The VRP is a program within the larger, multi-disciplinary community health center at Fenway where LGBTQ people and neighborhood residents receive comprehensive behavioral health and medical care, regardless of ability to pay. The VRP currently serves 175 LGBTQ clients per year who are survivors of recent violence. 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, the Attorney General's Civil Rights and Victim Compensation divisions and other victim service agencies. Clients of the VRP also participate in psycho-educational, support and activity-based groups. Groups offered to VRP clients in 2013 included a trauma education group, trauma-informed yoga class, a nutritional workshop for trauma survivors and a support group for male survivors of sexual violence. In addition to delivering services directly to LGBTQ survivors, VRP staff provides training and education to healthcare providers, legal and law enforcement personnel, students and community groups.

In 2013, the Violence Recovery Program (VRP) documented 45 new cases of Intimate Partner Violence (IPV), which is a 25% decrease from 2012. However, despite the fact that reports of IPV decreased in 2013, the VRP actually saw an increase in total number of people seeking VRP services after experiencing other types of violence, such as anti-LGBTQ hate violence, sexual violence and police misconduct. The decline in reports of IPV may not represent an actual decrease in incidents in this area, but rather reflects a shift in demand in for services at Fenway Health's Violence Recovery Program during this reporting period. The incidents of IPV that were reported to the VRP came primarily from individuals in located in Massachusetts who were seeking services from the VRP. Many of the VRP clients who were survivors of IPV and other types of violence, learned about the VRP through other programs and people at Fenway Health, including those in the medical and behavioral health departments.

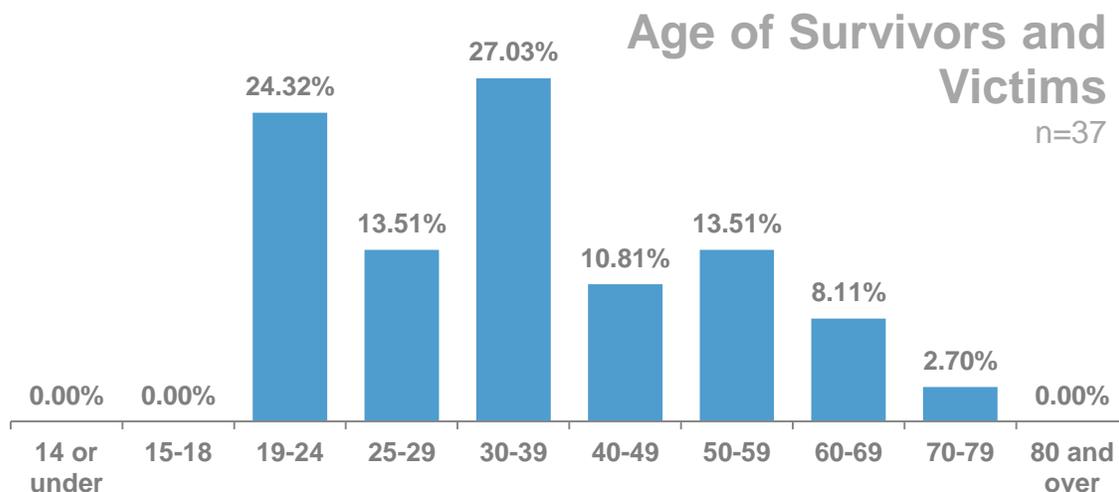


Of the incidents of IPV reported to the VRP in 2013, most noteworthy was the increase in reports by transgender survivors and by young adult survivors. Just as the VRP has seen a growth in reports of IPV by transgender individuals and young adults, Fenway Health as a whole has also seen a marked increase in transgender and young adult patients across the community health center. Given that programs across Fenway Health are large referral sources for the VRP, the increase in reports by these groups may be associated with the changing demographics of patients served across the health center.



In 2013, the transgender survivors made up 5% of the total patient population at Fenway Health, the highest percentage in the health center’s history. In the past four years, Fenway Health has seen a 233% increase in transgender patients, compared to 73% growth in the total patient population during that time period. The VRP has also seen growth in the number of transgender clients served, from 8% to 17% of total people served between 2012 and 2013, and this growth is also reflected in the increase of IPV reports to the VRP by transgender people, from 8% in 2012 to 19% in 2013. It is known that transgender people across the country are disproportionately impacted by violence compared their male- and female-

identified counterparts. With this national reality in mind, and with more local transgender people accessing health care at Fenway, the VRP expects the number of IPV reports from transgender people to continue to rise.



In the VRP, transitional aged youth and young adults, ages 19-29, made up 24% of the reported incidents of IPV in 2013, whereas incidents reported by this age group made up only 3% of total reports in the previous year. At Fenway Health as a whole, the largest patient age group served by significant proportions, is ages 20-29. Starting in 2013, Fenway Health's medical department began to implement universal IPV screening of patients in primary care. With the 20-29 age group making up 35% of Fenway's total patient population, and with an increase in IPV screening in the health center, Fenway Health providers are increasingly receiving disclosures of violence and referring patients for support and services in the VRP. In response to the increase of young adults accessing Fenway Health services, along with the rise in reports of violence against LGBTQ transitional aged youth, the VRP began expanding its capacity to provide outreach and direct services to LGBTQ youth survivors of IPV and other types of violence, starting in 2013, and will continue to grow in service to this population.

## WINGSPAN ANTI-VIOLENCE PROJECT

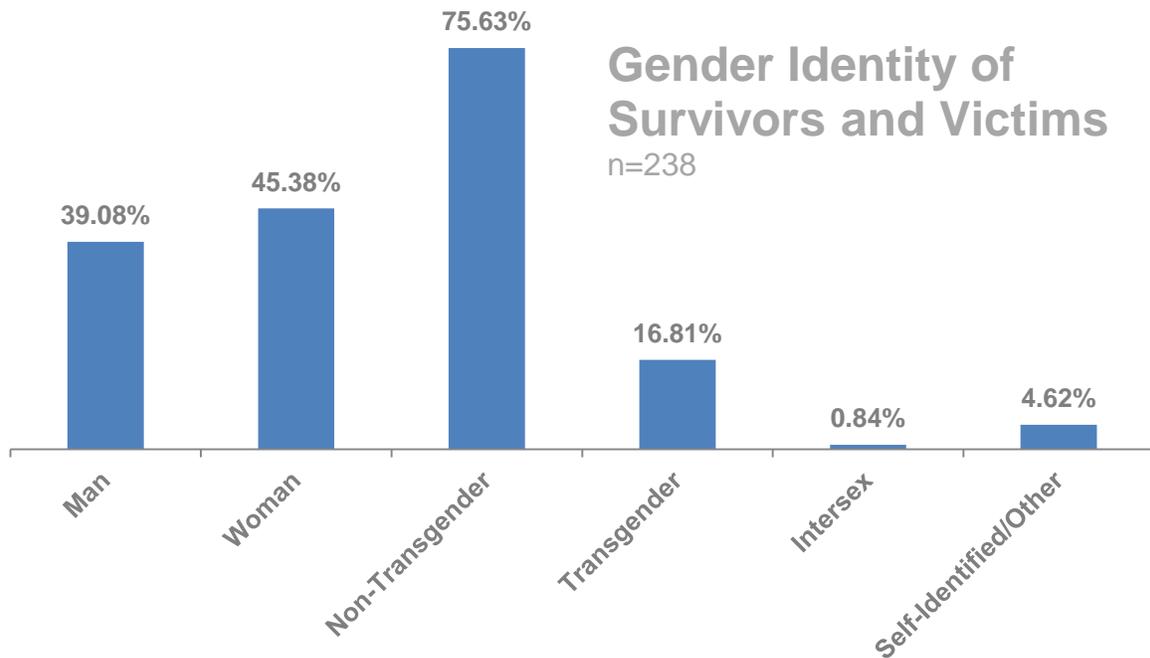
### TUCSON, AZ

The Wingspan Anti-Violence Project is an anti-oppression LGBTQIH activist organization that works to transform the legal, social and cultural landscape in the Southwest regarding violence against LGBTQIH people. Through a 24-Hour Bilingual Crisis-Line and an AVP Office, the Wingspan AVP performs crisis intervention, advocacy, grass roots organizing and community education in order to support primary and secondary victims/survivors of recent and past experiences of domestic violence (Intimate Partner Violence), sexual violence, hate violence, discrimination and related forms of violence. The Wingspan AVP rejects any and all homonationalist tendencies within the LGBTQIH movement and strives to link the struggle of LGBTQIH people with all other movements against oppression. The oppressions faced by LGBTQIH people in Arizona connect many lines of oppression outside of sexual orientation, gender identity, gender expression and biological sex including documentation status, race, criminality etc. The Wingspan AVP will give support to anyone who calls the 24-Hour Bilingual Crisis-Line or who comes into the AVP office regardless of the issues surrounding the circumstances of their violence.

In 2013, the Wingspan AVP saw a dramatic decrease in cases of Intimate Partner Violence (IPV). Survivors seeking services through the AVP decreased 47.39%, from 460 survivors in 2012 down to 242 survivors in 2013. Although some decreases in violence might bring the assumption that there are fewer occurrences of IPV, the decrease in this situation is most likely does not reflect decreased occurrences of IPV within LGBTQIH relationships. Instead, the decrease is most likely attributed to the loss of beloved staff within the Wingspan AVP which led fewer community members seeking services with advocates whom they were not familiar with. Over the course of 2013, the Wingspan AVP underwent a 100% turnover of longtime staff whose efforts within the community were highly valued, and the staff who took their places within Wingspan had to first gain the support and trust of the Tucson LGBTQIH community. Since the arrival of the newest AVP staff, Patrick Farr, Catherine Memale and Narda Rivera, the AVP began to reintegrate themselves into the Tucson community through organizing protests and collaborating with a broader range of anti-oppression movements. This effort has since brought much support and trust for the Wingspan AVP. The progress made by the collective in its attention to intersectionality of marginalized identities can be seen in its increase of transgender and differently abled people.

Regardless of the 47.39% decrease, transgender survivors seeking services with the Wingspan AVP increased by 25%, from 32 in 2012 up to 40 in 2013. Again it is unlikely that this rise in IPV can be attributed to the actual levels of violence occurring. Instead the rise might be attributed to staff involvement with transgender issues. The rise in transgender survivors accessing services thus more accurately captures the trends of violence against transgender people. Considering that 218 fewer survivors sought services through the Wingspan AVP, this rise in transgender survivors seeking services is a sign of greater access to Wingspan AVP services and focus on transgender issues by the AVP staff. Given the increase in IPV against transgender people, the AVP finds it critically important to focus attention on other marginalizations found at the intersections of gender identity such as race, documentation status and ability. The AVP also found a 91.3% increase in IPV against differently abled people, from 46 in 2012 to 88 in 2013. Similar to the increase in IPV against transgender people, this increase is likely not

significant of a rise in IPV against differently abled people. The increase instead may be attributed to an increase in AVP staff inquiring into the oppressions surrounding abuse that may have been used by abusers to achieve power and control over survivors. This centrally important intersection draws attention to the ways in which both differently abled people and LGBTQIH people have been dominated and oppressed by institutional and interpersonal power structures including the medical establishment, the prison industrial complex, the education system and intimate partners.



Although the overall numbers of the Wingspan AVP decreased 47.39% between 2012 and 2013, the increase in transgender survivors reporting to the AVP and the increase in reports of different abilities is an improvement from years past. Survivors who identify as transgender and/or whose ability is different than that of the normative standard are at a particularly dangerous intersection and ought to be a primary focus of the antiviolence movement. It is the goal of the Wingspan AVP to focus on intersections of marginalization such as these in its radical analysis of oppression.

# HOMICIDE NARRATIVES

2013 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**

240 West 35<sup>th</sup> St., Suite 200

New York, NY 10001

[www.ncavp.org](http://www.ncavp.org)



#### **DATA COLLECTION, ANALYSIS, AND WRITING:**

Osman Ahmed, New York City Anti-Violence Project

Kristie Morris, New York City Anti-Violence Project

Stephanie Wasser, New York City Anti-Violence Project

#### **DATA & REPORT DESIGN:**

Kate Traub, New York City Anti-Violence Project

#### **ADDITIONAL INFORMATION:**

Julia Colpitts, Maine Coalition To End Domestic Violence

Safia Lovett, Minnesota Coalition for Battered Women

Amily McCool, North Carolina Coalition Against Domestic Violence

Alona Del Rosario, Arizona Coalition to End Sexual and Domestic Violence

**Copyright© 2014 New York City Gay and Lesbian Anti-Violence Project, Inc. All Rights Reserved.**



This report was produced in part with the generous support of the Arcus Foundation. The findings and opinions expressed in this report are those of the authors and do not necessarily represent the view of its funders.

# INTRODUCTION

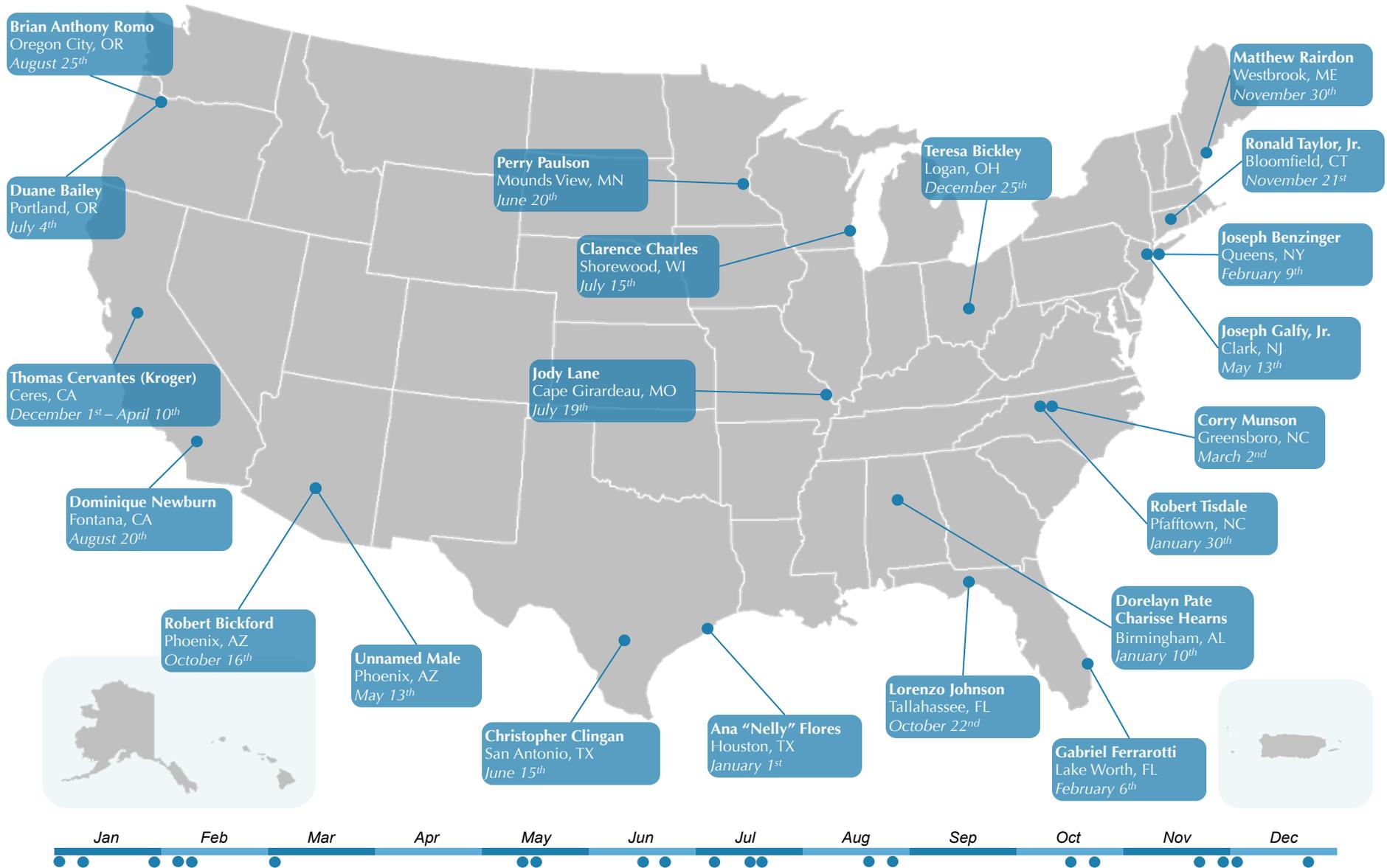
The National Coalition of Anti-Violence Programs (NCAVP) presents this collection of stories of lesbian, gay, bisexual, transgender, queer (LGBTQ), and HIV-affected intimate partner violence (IPV) homicide victims in 2013 as a supplement to the annual intimate partner violence report. This document provides a snapshot of IPV victims' experiences, and seeks to honor their memory.

In 2013, the National Coalition of Anti-Violence Programs (NCAVP) saw the highest ever reported number of IPV homicides since NCAVP began documenting this violence. NCAVP documented 21 homicides in 2013, exactly mirroring the number of homicides in 2012 and greater than three times the amount of homicides documented in 2010. NCAVP member programs report that this homicide increase highlights the need to increase funding for LGBTQ and HIV-affected -specific anti-violence programs. 2013's IPV homicides have a disproportionate impact on men, and gay men in particular, with 76.2% of the homicide victims identifying as gay men. These findings continue to shed light on the importance of prevention, strategic response, research, and accurate reporting of intimate partner violence as it affects LGBTQ and HIV-affected communities.

The report highlights the narratives of 21 known LGBTQ and HIV-affected IPV homicides in 2013. Some of these incidents have not been classified by law enforcement as intimate partner violence. However, NCAVP member programs have carefully selected these stories because they include information that indicates a strong likelihood that IPV either motivated or was related to the homicide. 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](mailto:info@ncavp.org) or 212.714.1184.

# INTIMATE PARTNER VIOLENCE HOMICIDES IN 2013



# HOMICIDE NARRATIVES

## IN CHRONOLOGICAL ORDER

### **Ana “Nelly” Flores, 24, Latin@ cisgender lesbian female**

***Houston, Texas - January 1, 2013***

According to media reports Belinda Espinoza, 29, fatally shot her fiancée Ana Flores, before turning the gun on herself. The couple, together for over three years, argued before the shooting, and Flores called 911 during that argument. When the police arrived, both women were dead. The cause of the argument is not known. Espinoza had called her family prior to the shooting and threatened suicide. On New Year's Eve, Espinoza posted on Facebook that she was preparing for that night's festivities and uploaded a photograph of the couple kissing. She also posted a photograph of the couple with the caption “I love you too” minutes before the shooting occurred.

### **Dorelayn Pate, 46, and Charisse Hearn, 48, cisgender lesbian females**

***Birmingham, Alabama - January 10, 2013***

Dorelayn Rachell Pate and Charisse Michelle Hearn were reportedly killed in a murder-suicide from gunshots at their shared home. Police believe the couple had engaged in a domestic argument before the shooting. They had been in an intimate relationship for approximately fourteen years.

### **Robert Tisdale, 52, White cisgender gay male**

***Pfafftown, North Carolina - January 30, 2013***

According to police documents, Steven Tisdale, 44, told investigators that he killed his husband, Robert. Steven was accused of killing Robert on January 30. Robert's mother, Sarah Rebecca Tisdale, called the police on February 21 and told them she had not seen her son for approximately a week, and this was not normal for their relationship. She said she had spoken with Steven on February 15 and Steven said Robert was very ill with “whooping cough” and a throat infection and was unable to speak with her. The couple's housekeeper told Ms. Tisdale that several days' worth of newspapers had not been picked up outside their house. A police officer went to the Tisdales' residence, but no one answered the door. Ms. Tisdale, Robert's brother, Ryland, a locksmith, and the housekeeper later went to the Tisdales' residence, and they opened the front door. Ryland and the locksmith found Robert's body in the master bedroom where towels had been buffered along the bottom of the door. Then, the Tisdale family called the Sheriff's Office, and law enforcement arrived at the residence. Steven Tisdale later waived his right to an attorney and spoke to the police. Robert Tisdale had a long career in the banking industry and was the vice president and manager in special assets at Bank of North Carolina in High Point.

### **Gabriel Ferrarotti, 37, White cisgender gay male**

***Lake Worth, Florida - February 6, 2014***

Leopold Azplazu, 32, reportedly shot and killed Gabriel Ferrarotti and then killed himself. Ferrarotti and Azplazu had been in a romantic relationship for eleven years, but Ferrarotti had recently terminated the relationship. According to Azplazu's friends, he was supposed to move out of their apartment on February 5. When Ferrarotti did not report to work on February 6, police were asked to check his apartment; they found the bodies of the two men that day. Tibor Nagy, a local individual who met the two men at local cookout said, “they were really nice guys. Something drastic must have happened between them...I'm really surprised. They were the nicest two guys you wanted to meet.”

**Joseph Benzinger, 54, White cisgender gay male****Queens, New York - February 9, 2013**

Joseph Benzinger, a retired Sanitation worker, was found fatally strangled in his room at the Crown Motor Inn in Elmhurst, Queens. Police found Benzinger with a t-shirt around his neck and cuts on his head and hand. Lleyuel Garcia, 23, was arrested and charged with second-degree murder, robbery, criminal possession of stolen property, and tampering with physical evidence in the death of Joseph Benzinger. According to police, Benzinger and Garcia met at the Crown Motor Inn to engage in sexual activity. An argument started when Benzinger declined to have sex with Garcia due to fear of HIV infection. Police said that was when Garcia allegedly strangled Benzinger with the t-shirt. Police also said no signs of forced entry were found at the scene. Law enforcement sources stated that Garcia took Benzinger's wallet and spent part of the money from that wallet. These sources believe that Benzinger and Garcia had a sexual relationship before the homicide occurred.

**Corry Munson, 40, cisgender gay male****Greensboro, North Carolina - March 2, 2013**

According to police reports, Michael Franklin Stutts, 60, fatally shot his partner, Corry Matthew Munson, and then shot himself. Police performed a welfare check at Stutts's home after his colleagues became anxious when he did not report to work. Police found both men deceased at his home. Law enforcement classified this as a domestic violence incident.

**Unnamed Male, 28****Phoenix, Arizona - May 13, 2013**

A 28 year old man died after shooting himself and shooting his 24 year old ex-boyfriend, according to a fatality report published by the Arizona Coalition to End Sexual & Domestic Violence. The shooter went to the Jamba Juice where his ex-boyfriend worked and shot him twice. He then went straight to the hospital where the victim was going to be treated, handed a nurse a suicide note, and shot himself in the head. He had been arrested a month prior on suspicion of stalking, violating an order of protection, threatening, and criminal damage.

**Joseph Galfy, Jr., 74, White cisgender gay male****Clark, New Jersey - May 13, 2013**

Caleb McGillvary "Kai the Hatchet Wielding Hitchhiker", 34, of internet fame, was arrested in connection with the murder of 74 year old attorney Joseph Galfy Jr. McGillvary became famous when, using his hatchet, he intervened with an attack on February 1st in Fresno, California, and saved a man. It appears from security footage that Galfy and McGillvary met up in Times Square before heading back to Galfy's home in New Jersey. After Galfy's body was found, McGillvary posted on Facebook that he had been drugged and raped by Galfy. The autopsy reports that Galfy died of blunt force trauma. McGillvary was arrested by Philadelphia police at a Greyhound bus station, and charged with murder.

**Christopher Clingan, 22, White cisgender gay male****San Antonio, Texas - June 15, 2013**

Antonio Onorato, 20, allegedly fatally stabbed Christopher Clingan and was charged with murder. The two had been in a romantic relationship for six months. According to Clingan's mother, the couple had recently moved from Houston to San Antonio, but her son wanted to terminate the relationship and move back to be with his family. Clingan's best friend said the following: "Chris was very fun, very outgoing. He was shy with people he didn't know, but once he got to know you he was crazy and a lot of fun...I'm going to miss the hell out of him." Chris had hopes to attend college and study art.

**Perry Paulson, 49, White cisgender gay male**

***Mounds View, Minnesota - June 20, 2013***

Perry Paulson, 49, was allegedly fatally stabbed with scissors by Stephen Edward Gooler, 51, of Mounds View, Minnesota. The two met on a gay male phone chat line called MegaMates. Their first meeting was on June 17. This was their second date where they agreed to meet at Paulson's apartment and drink vodka. Neighbors called 911 after a screaming bloody Paulson knocked on their door shouting for help, saying he had been stabbed. Gooler then appeared behind him saying that Paulson stabbed him first. Neighbors attempted to stop the bleeding, but Paulson was pronounced dead at the scene. Gooler said he blacked out and didn't remember anything. He was found naked and unconscious on the grass outside the building where he fell from the balcony of the 3<sup>rd</sup> floor apartment.

**Duane Bailey, 33, Black cisgender gay male**

***Portland, Oregon - July 4, 2013***

Salathiel Dale, 26, is accused of stabbing his boyfriend Duane Bailey. Bailey was taken to the hospital with stab wounds, and later died within a few hours. Friends say that violence was common with the couple, and long-term abuse may have played a part in the culmination of Bailey's death.

**Clarence Charles, 57, Black cisgender gay male**

***Shorewood, Wisconsin - July 15, 2013***

Homer D. Washington, 21, pled guilty to fatally stabbed Clarence Charles, 57, on July 15, 2013. The two had been in an intimate relationship. Washington told police that the two had an argument, and he had been accused of infidelity. According to the criminal complaint, Charles went to the kitchen and returned with a knife. Washington said Charles hit him in his head, and then they both started fighting for the knife. Washington also said that Charles stabbed himself in the back of the neck and then threatened Washington. Washington said he stabbed and strangled Charles to keep him quiet. The criminal complaint continues with Washington leaving through a window and driving away in Charles's vehicle. Charles's phone was found elsewhere; the man who found the phone called the "Mom" contact number and spoke with Charles's mother. She said that Charles had been missing. Police went to Charles's apartment for a welfare check, and they discovered his body on the bedroom floor; he had been stabbed 13 times—in his abdomen, neck, and throat. He was sentenced to 36 years in prison and 14 years extended supervision on February 25, 2014.

**Jody Lane, 43, White cisgender lesbian female**

***Cape Girardeau, Missouri - July 19, 2013***

Angelia Hanson, 29, backed her Dodge Durango over Jody Lane, her girlfriend, in their driveway. Lane and Hanson had an argument about being late to work the morning of July 19, and Hanson told police that Lane was going inside their house. Hanson then "floored it" and reversed down their driveway. Hanson said she felt a bump, but she thought she had just hit the curb and kept going several feet, while dragging Lane down the driveway. Hanson had a history of assault and drug/alcohol-related charges. Judge William Syler, who presided over the case, referenced Hanson's previous charges as showing that he believed she had a tendency toward reckless behavior; Hanson was sentenced to seven years in prison, the maximum sentence for first degree involuntary manslaughter. Hanson called Lane "my love, my strength, my motivation." Hanson's sister, Cynthia, said Angelia and Jody had planned on getting married in the future.

**Dominique Newburn, 31, Black transgender female****Fontana, California - August 20, 2013**

Dominique Newburn, a 31-year-old transgender woman, was found dead in her apartment after police responded to a domestic disturbance call. The scene held evidence of a violent struggle, with blood covering the porch and a large hole in the wall. Newburn's body had suffered immense trauma and was found in a way that suggests she tried to escape out of a window. The accused, Dantiier Powell, 18, was seen driving away in Newburn's car with her clothes and computer after the incident occurred. The car was later found in San Bernardino, California. According to Powell's father, who came out publicly to ask his son to turn himself into authorities, Powell and Newburn had been in a relationship since he was 15.

**Brian Anthony Romo, 42, cisgender gay male****Oregon City, Oregon - August 25, 2013**

Tony Lopez Lozano, 34, allegedly fatally stabbed his partner of 10 years, Brian Anthony Romo. Police arrived at the couple's residence after receiving a call from Romo's mother and friend saying that Romo was not breathing. Lozano later confessed to police that he killed Romo.

**Robert Bickford, 59, cisgender gay male****Phoenix, Arizona - October 16, 2013**

Robert Bickford's body was found in his home in Phoenix by an ex-boyfriend; this ex-boyfriend went to check on Bickford because he had not gone to work for the past two days. The former boyfriend told police that Bickford's red Dodge truck was missing, and that was notable because Bickford never let anyone borrow his truck. Law enforcement later arrested Jason Neal, 24, Bickford's ex-roommate and ex-boyfriend, on suspicion of second-degree murder, possession of a dangerous drug, and vehicle theft. According to court documents, Neal had gone to a friend's house and was not acting normally. The friend said Neal was driving the red Dodge truck and had asked for money to leave the country. He had also told the friend that Bickford had died several days earlier and had signed the truck over to Neal. Court documents revealed that Neal had told a former girlfriend that he was "going to put a bullet" in Bickford's head and that witnesses had seen a man matching Neal's description leaving Bickford's house. Police stopped Neal in the red Dodge truck and found a gun and methamphetamine in the truck. Neal told police that Bickford had let him borrow the truck, said that he possesses several guns, and that he wanted to speak to a lawyer.

**Lorenzo Johnson, 32, Black cisgender gay male****Tallahassee, Florida - October 22, 2013**

Lakodia Wooten, 28, allegedly fatally stabbed his boyfriend, Lorenzo Johnson, after an altercation in their apartment complex. According to a witness, Wooten said something like, "I'll end your life today. I don't care if I go to jail." Johnson then hit Wooten, and Wooten stabbed Johnson in the head and neck area and then in the chest. Wooten tried to flee, but he was caught in the apartment complex, and his weapons were found in his apartment. Wooten was charged with first degree murder.

**Ronald Taylor, Jr., 27, Black cisgender gay male****Bloomfield, Connecticut - November 21, 2013**

Tarence Mitchell, an 18 year old Bloomington High School football captain, was charged with the fatal stabbing of Ronald Taylor Jr, 27, in Mitchell's front yard. The two had been in a sexual relationship from which Mitchell was reportedly trying to remove himself. Taylor did not want the relationship to end, and according to court records, he posted a photograph of Mitchell on Facebook that labeled Mitchell as a "gay football player." Mitchell told the police that Taylor eventually took the photograph down but told Mitchell he would post it online again if Mitchell tried to leave the relationship. On November 21, Taylor went to

Mitchell's residence, and according to court documents, Mitchell stabbed Taylor after he had been punched in the face. Police said Taylor tried to get away after the stabbing, but Mitchell ran after him and stabbed Taylor again. Court documents stated that Mitchell stabbed Taylor five times with a steak knife; Mitchell later lied to the police and said that they had been hurt by two black men wearing hoodies. Mitchell also reports that Taylor had threatened violence before and was often jealous when Mitchell texted girls. The night of the incident Taylor texted Mitchell to announce he was coming over and "it wasn't going to end well."

**Matthew Rairdon, 22, White cisgender gay male**

***Westbrook, Maine - November 30, 2013***

According to police reports Matthew Rairdon, 22, was shot by his ex-boyfriend, Patrick Milliner, 30, early in the morning on November 30. After killing Rairdon, Milliner then proceeded to shoot himself in Rairdon's apartment. The couple had been in an on and off romantic relationship that had recently ended. Milliner, who recently relocated from Colorado to Maine, had been upset about spending the Thanksgiving holiday alone and about the termination of the relationship. Their bodies were discovered by Rairdon's roommate at 11:00am on November 30. Rairdon was a nurse in the emergency room at Mercy Hospital and loved acting. Milliner had worked to defeat Proposition 8 and campaigned for marriage equality.

**Thomas Cervantes (Kroger), 49, White cisgender gay male**

***Ceres, California - between December 1, 2013 and April 10, 2014***

The body of Thomas Cervantes (maiden name Kroger) was found on April 14, 2014 in a freezer in an abandoned auto shop in Ceres, California. Thomas's husband of almost a year, Jacob Cervantes, 26, was accused of killing him sometime between December 1 and April 10. Jacob Cervantes pled not guilty to the charge of murder.

**Teresa Bickley, 30, White cisgender lesbian female**

***Logan, Ohio - December 25, 2013***

According to police and media accounts, Teresa Bickley was shot by her girlfriends ex-husband, Philip Loschiavo, in the parking lot of Hocking Mall, in Logan, OH on December 25, 2013 at 5:48 pm. Teresa suffered 3 fatal gunshot wounds to the chest before Loschiavo fatally shot himself. Witnesses included Tereasa's girlfriend Katie Loschiavo, and Loschiavo's two children. The Loschiavos were married in April, and separated in October. Philip blamed Bickley for their separation. In the parking lot prior to shooting Bickely, Loschiavo asked her if she was happy, and it was after she replied that she was that Phillip shot her three times. The previous week, Phillip had threatened Bickley.

## NATIONAL OFFICE

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



# NCAVP MEMBER AND AFFILIATE LIST

The following NCAVP member and affiliate list is current as of February, 2014. 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](mailto: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

## ARIZONA

### Tucson

#### Wingspan Anti-Violence Programs

HV, IPV, PM, SV

Crisis Line: (800) 553-9387

Office: (520) 624-0348

Web: [www.wingspan.org](http://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.lagaycenter.org](http://www.lagaycenter.org)

### Los Angeles

#### LAGLC Domestic Violence Legal Advocacy Project

IPV, SV

Office: (323) 993-7649

Toll-free: (888) 928-7233

Web: [www.lagaycenter.org](http://www.lagaycenter.org)

### Los Angeles

#### LAGLC STOP Domestic Violence Program

IPV, SV

Office: (323) 860-5806

Web: [www.lagaycenter.org](http://www.lagaycenter.org)

### San Francisco

#### Community United Against Violence

HV, IPV, PM, SV

24 Hour Hotline: (415) 333-HELP

Web: [www.cuav.org](http://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](http://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](http://www.thelodgemiami.org)

### Tallahassee

#### Inclusive LGBTQA Task Force

HV, IPV

E-mail: [yfairell@hotmail.com](mailto:yfairell@hotmail.com)

### Wilton Manors

#### Sunserve Sunshine Social Services

IPV

Office: (954) 764-5150

Web: [www.sunserve.org](http://www.sunserve.org)

## GEORGIA

### Atlanta

#### SpeakOut Georgia

HV, IPV, SV

Hotline: (678) 861-7867

Web: [www.speakoutgeorgia.org](http://www.speakoutgeorgia.org)

### Atlanta

#### United4Safety

IPV, SV

Helpline: (404) 200-5957

Web: [www.united4safety.org](http://www.united4safety.org)

### East Point

#### Racial Justice Action Center

HV, PM

Office: (404) 458-6904

Web: [www.rjactioncenter.org](http://www.rjactioncenter.org)

**ILLINOIS****Chicago****Center on Halsted Anti-Violence Project**

HV, IPV, PM, SV

Office: (773) 871-2273

Web: [www.centeronhalsted.org](http://www.centeronhalsted.org)**Chicago****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](http://www.thecenteronline.org)**LOUISIANA****New Orleans****BreakOUT!**

HV, PM

Office: (504) 522-5435

Web: [www.youthbreakout.org](http://www.youthbreakout.org)**New Orleans****HIV/AIDS Program, Louisiana Office of Public Health**

(NCAVP Affiliate)

HV, IPV, SV

Office: (504) 568-7474

**New Orleans****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](http://www.fenwayhealth.org)**Boston****The Network/La Red**

IPV, SV

English/Spanish Hotline: (617) 742-4911

Web: [www.tnlr.org](http://www.tnlr.org)**MICHIGAN****Detroit****Equality Michigan**

HV, IPV, PM

Client: (866) 926-1147

Web: [www.equalitymi.org](http://www.equalitymi.org)**MINNESOTA****Minneapolis****OutFront Minnesota**

HV, IPV, PM, SV

Hotline: (612) 824-8434

Web: [www.outfront.org](http://www.outfront.org)**MISSOURI****Kansas City****Kansas City Anti-Violence Project**

HV, IPV, PM, SV

Client: (816) 561-0550

Web: [www.kcavp.org](http://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](http://www.alivestl.org)**St. Louis****St. Louis Violence Response Initiative**

HV, IPV, SV, PM

Office: (314) 329-7660

Hotline: (314) 329-7668

Web: [www.ejustmo.org](http://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.newmexicoglbtcntr.org](http://www.newmexicoglbtcntr.org)

## NEW YORK

### Albany

#### In Our Own Voices

HV, IPV, SV

Hotline: (518) 432-4341

Office: (518) 432-4341

Web: [www.inourownvoices.org](http://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](http://www.ligaly.org)

Long Island GLBT Community Center

Web: [www.liglbtcntr.org](http://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](http://www.avp.org)

### Rochester

#### Gay Alliance of the Genesee Valley

HV, IPV, PM, SV

Office: (585) 244-8640

Web: [www.gayalliance.org](http://www.gayalliance.org)

## NORTH CAROLINA

### Raleigh

#### Rainbow Community Cares, Inc.

HV, IPV, PM, SV

Office: (919)342-0897

Web: [www.rccares.org](http://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](http://www.bravo-ohio.org)

## ONTARIO

### Toronto

#### The 519 Anti-Violence Programme

HV, IPV, PM, SV

Client: (416) 392-6877

Web: [www.the519.org](http://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](http://www.sojournerrri.org)

## SOUTH CAROLINA

### Greenville

#### Sean's Last Wish

HV, IPV, PM, SV

Office: (864) 884-5003

Web: [www.seanslastwish.org](http://www.seanslastwish.org)

## TENNESSEE

### Memphis

#### Tabernacle of Love Ministries – Memphis

HV, IPV, PM, SV

Office: (901) 730-6082

Web: [www.tabernacleofloveministries.org](http://www.tabernacleofloveministries.org)

**TEXAS****Dallas****Resource Center Dallas**

IPV

Office: (214) 540-4455

Web: [www.rcdallas.org](http://www.rcdallas.org)**Trans Pride Initiative**

HV, PM, IPV, SV

Office: (214) 449-1439

Web: [www.tpride.org](http://www.tpride.org)**Houston****Montrose Counseling Center**

HV, IPV, SV

Office: (713) 529-0037

www.montrosecounselingcenter.org

**VERMONT****Burlington****SafeSpace at the R U 1 2? Community Center**

HV, IPV, PM, SV

Client: (866) 869-7341

Web: [www.ru12.org](http://www.ru12.org)**VIRGINIA****Richmond****Virginia Anti-Violence Project**

HV, IPV, PM, SV

Office: (804) 925-8287

Web: [www.virginiaavp.org](http://www.virginiaavp.org)**QUEBEC****Montreal****Centre de Solidarité Lesbienne**

IPV, SV

Client: (514) 526-2452

Web: [www.soldaritelesbienne.qc.ca](http://www.soldaritelesbienne.qc.ca)**WASHINGTON, D.C.****DC Trans Coalition**

HV, IPV, PM, SV

Office: (202) 681-DCTC

Web: [www.dctranscoalition.org](http://www.dctranscoalition.org)**GLOV (Gays and Lesbians Opposing Violence)**

HV, PM

Office: (202) 682-2245

Web: [www.glovdc.org](http://www.glovdc.org)**Rainbow Response Coalition**

IPV, SV

Office: (202) 299-1181

Web: [www.rainbowresponse.org](http://www.rainbowresponse.org)**WISCONSIN****Appleton****Fox Valley/Oshkosh LGBTQ Anti-Violence Project**

HV, IPV, PM, SV

E-mail: [foxoavp@gmail.com](mailto:foxoavp@gmail.com)**Milwaukee****Milwaukee LGBT Center Anti-Violence Project**

HV, IPV, SV

Office: (414) 271-2656

Web: [www.mkelgbt.org](http://www.mkelgbt.org)**NATIONAL****Milwaukee, WI****FORGE Sexual Violence Project**

SV

Office: (414) 559-2123

Web: [www.forge-forward.org](http://www.forge-forward.org)**National Leather Association (NCAVP Affiliate)**

IPV

Web: [www.nlaidvproject.us/web](http://www.nlaidvproject.us/web)

Your Name: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Intake: \_\_\_\_\_ AM/PM  
 Staff  Volunteer  Intern Location of Intake \_\_\_\_\_

**CALLER INFORMATION**

Case Number: \_\_\_\_\_

Intake Type:  
 Hotline/Phone  Email  
 Mail  Ofc/Walk-in  
 Media  Website

Entered Into Database \_\_\_\_/\_\_\_\_/\_\_\_\_  
Call Back Needed  Yes  No  
Primary Language \_\_\_\_\_

**Case Type(s)**  
*(select all that apply)*

**B:** Hate Violence **I:** Intimate Partner Violence **H:** HIV-related **NA:** Hotline  
**P:** Police Violence **S:** Sexual Violence **Z:** Pick-up violence

Caller's Name: \_\_\_\_\_  
Caller's Address: \_\_\_\_\_

**Caller presents as (check one):**

Family  Friend  Lover/Partner  Offender  
 Organizational Survivor/Victim  Service provider  
 Survivor/Victim  Witness  Other (specify): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Ok to call?   
Alt Phone: (\_\_\_\_) \_\_\_\_\_ Ok to call?

**Caller assessed as (For IPV cases, complete after using IPV Assessment Form):**

Family  Friend  Lover/Partner  Offender  
 Organizational Survivor/Victim  Service provider  
 Survivor/Victim  Witness  Other (specify): \_\_\_\_\_

Caller's E-mail: \_\_\_\_\_  
Ok to email?

**Caller Was Referred By** (Check one)

AVP Publicity  Court  Family  Friend  Hospital \_\_\_\_\_  Internet  LGBTQ Org \_\_\_\_\_  
 Media \_\_\_\_\_  Non-LGBTQ org  Phone Book  Police  Other (specify): \_\_\_\_\_

**NOTE**

The information below is being collected for research purposes, and will not be used to screen survivors. All of the questions below are optional, and survivors do not have to disclose any information if they choose not to.

**SURVIVOR/VICTIM #1**

**SURVIVOR/VICTIM INFORMATION**

Number of Survivors/Victims: \_\_\_\_\_  
*(Attach 'Additional Survivor/Victims Form' to document other survivor/victims)*  
Survivor/Victim is:  Person  Organization

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Prefers contact via:  Phone  Email  
OK to say 'AVP?'  Yes  No  Unk.  
OK to leave message?  Yes  No  Unk.  
OK to email 'AVP?'  Yes  No  Unk.  
OK to receive mail?  Yes  No  Unk.

**AGE:**

< 14  40-49  
 15-18  50-59  
 19-24  60-69  
 25-29  70-79  
 30-39  > 80

Not disclosed

Age (if known): \_\_\_\_\_  
D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

**GENDER ID (check all that apply):**

Man  
 Woman  
 Non-Transgender  
 Transgender  
 Self-Identified/Other (specify): \_\_\_\_\_

Not disclosed

**INTERSEX:**

Yes  No  Not disclosed

**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): \_\_\_\_\_  
 South Asian  
 Not disclosed

**SEXUAL ORIENTATION:**

Bisexual  
 Gay  
 Heterosexual  
 Lesbian  
 Queer  
 Questioning/  
Unsure  
 Self-Identified/  
Other (specify): \_\_\_\_\_  
 Not disclosed

**IMMIGRATION STATUS:**

U.S. citizen  
 Permanent resident  
 Undocumented  
 Other  
 Not disclosed

**INCOME:**

Yearly \_\_\_\_\_  
Monthly \_\_\_\_\_  
Do you receive any form of  
government assistance?  
 Yes  No

**HIV STATUS:**

Survivor/victim is HIV+?  
 Yes  No  Not disclosed

**DISABILITY:**

Survivor/victim has a disability?  
 Yes  No  Not disclosed  
If yes, check all that apply and  
specify:  
 Blind/Visually impaired: \_\_\_\_\_  
 Deaf/Hard of hearing: \_\_\_\_\_  
 Learning disability: \_\_\_\_\_  
 Mental health: \_\_\_\_\_  
 Physical: \_\_\_\_\_

**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

Location/ Address of Incident: \_\_\_\_\_

Precinct where incident occurred: \_\_\_\_\_

ZIP \_\_\_\_\_

Is this a Serial Incident?  Yes  No  Unk.Previous police report filed?  Yes  No  Unk.If Yes: Number of Previous Incidents  1  2-5  6-10  11+  Unk. Ongoing since: \_\_/\_\_/\_\_**TYPE(S) OF VIOLENCE** (check all that apply): **VIOLENCE AGAINST PERSON** (check all that apply): **Physical violence against person** (check all that apply):

- Forced use of alcohol/drugs
- Murder
- Attempted murder
- Physical violence
- Attempted physical violence
- Robbery
- Attempted robbery
- Sexual violence
- Attempted sexual violence
- Self-injury
  - Suicide
  - Attempted suicide
  - Other self-harming behavior (cutting, etc.)

Was a weapon involved?

 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):

\_\_\_\_\_

\_\_\_\_\_

 **Other violence against person** (check all that apply):

- Blackmail
- Bullying
- Discrimination
- Eviction
- False police reporting
- Financial
- Harassment (NOT in person: mail, email, tel. etc)
- Isolation
- Limiting/restricting bathroom access
- Medical
- Psychological/Emotional abuse
- Sexual harassment
- Stalking
- Threats/Intimidation
- Use of children (threats, outing, etc.)
- Use of immigration status
- Verbal harassment in person
- Violence against pet
  - Pet injured
  - Pet killed
- Other (specify): \_\_\_\_\_

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

- Excessive force
- Police entrapment
- Police harassment
- Police raid
- Unjustified arrest
- Use of condoms as evidence

Reported to internal/external police monitor?

- Yes  No  Will Report
- Attempted, complaint not taken
- Not available  Unknown

 **Other** (specify): \_\_\_\_\_**SITE TYPE** (check one):

- Cruising area
- In or near LGBTQ-identified venue
- Media
- Non-LGBTQ-identified venue (bar, restaurant, etc.)
- Online/Internet
- Police precinct/ jail/ vehicle
- Public Transportation
- Private residence
- School/college/university
- Shelter
  - DV/IPV
  - Non-DV/IPV
- Street/public area
- Other (specify): \_\_\_\_\_
- Workplace (place where survivor or abusive partner is employed)
- Not disclosed

Was this incident related to pick-up violence?  Yes  No  UnknownIf yes, did survivor/victim & offender meet through cruising website or phone app?  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
- Economic
- Pick-up violence
- Police violence
- Sexual violence
- Bias violence
  - Anti-Homelessness/Classism
  - 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): \_\_\_\_\_

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

- Arson
- Theft
- Vandalism
- Other (specify): \_\_\_\_\_

\*Est. stolen/damaged property value:

\$ \_\_\_\_\_

# OFFENDER INFORMATION

**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 ( Live-in  Non Live-In)  Landlord
- 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
- Tenant/Neighbor  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 \_\_\_\_\_
- Age (if known) \_\_\_\_\_  
D.O.B: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

#### GENDER ID (check all that apply):

- Man \_\_\_\_\_
- Woman \_\_\_\_\_
- Non-Transgender \_\_\_\_\_
- 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): \_\_\_\_\_
- South Asian
- 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
- Police refused to take complaint
- 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  Will report

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



---