

A REPORT FROM THE
NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS (NCAVP)

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

INTIMATE PARTNER VIOLENCE

2011

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MISSION

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

PREFACE

In October of 1997, the National Coalition of Anti-Violence Programs released *Lesbian, Gay, Bisexual, Transgender Domestic Violence*, the first-ever national report on LGBT intimate partner violence in the United States. At that time, 21 states had enforceable sodomy laws, which made it illegal to engage in consensual same-gender sexual activity, 7 states explicitly did not recognize domestic violence between people of the same gender, and the Violence Against Women Act (VAWA) 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 LGBTQH survivors of domestic violence. In the fifteen years since that first release of NCAVP's groundbreaking report, lesbian, gay, bisexual, transgender, queer, and HIV-affected (LGBTQH) survivors of intimate partner violence have gone from being virtually invisible and silenced in both the LGBTQH movement and the intimate partner violence movement, to being featured stories in national media outlets, and at the center of national political debates about domestic violence services for survivors.

For the past three years, NCAVP has been the premiere national LGBTQH organization working to ensure that an LGBTQ-inclusive VAWA is passed.¹ As a result of NCAVP's legislative advocacy for the reauthorization of an LGBTQ-inclusive VAWA, NCAVP witnessed a sea change in the national dialogue on LGBTQH intimate partner violence. In 2011, Congress extensively and publically debated the inclusion of LGBTQ protections within VAWA, citing NCAVP's data exhaustively, and resulting in a sharp increase in media reports and public conversations on LGBTQH intimate partner violence. Our data and tireless advocacy resulted in Senate Bill 1925, a VAWA reauthorization bill that is the first piece of federal legislation that includes non-discrimination provisions on the basis of sexual orientation and gender identity to successfully pass through the Senate. Unfortunately, NCAVP's work is not done. The House of Representatives refused to acknowledge the pervasive experiences of domestic violence, sexual assault, dating violence, and stalking within LGBTQ communities and on May 16, 2012, the House passed a bill without protections, not just for LGBTQ survivors, but also for immigrant survivors, Native American survivors, and survivors from communities of color. As of the writing of this report, Congress must still reconcile these two bills in conference, and NCAVP remains committed to doing all we can to ensure that these LGBTQ provisions exist within the final bill and to ensure that LGBTQH communities will never again be left out of national conversations on intimate partner violence.

NCAVP continued several projects in 2011 to increase safety for LGBTQ survivors of violence including our multi-year policy advocacy with the Department of Justice (DOJ) to enact LGBTQ-specific non-discrimination provisions for DOJ grantees and to increase comprehensive data collection about the experiences of LGBTQ survivors of violence. This advocacy resulted in significant dedicated funding from the DOJ's Office on Violence Against Women (OVW) and the Office for Victims of Crime (OVC) to support national LGBTQ training and technical assistance projects. In 2011, NCAVP launched our National LGBTQ Training and Technical Assistance Center funded by OVW, providing critical support and tools to non-LGBTQ victim service organizations across the country to meet the needs of LGBTQ survivors. That same year, OVC awarded NCAVP a national training and technical assistance demonstration initiative, which will measure the impact of targeted training and technical assistance to increase LGBTQ competency within non-LGBTQ anti-violence organizations.

¹ For legislative and advocacy purposes, NCAVP uses the LGBTQ acronym for legislation and policy within the Department of Justice.

NCAVP also continued to work to increase options for LGBTQH survivors who face barriers to accessing the criminal legal system. NCAVP's 2011 data shows that more than half of the survivors who reported to NCAVP members did not call the police due to historical and current barriers. NCAVP members in 2011 and 2012 continued a series of discussions and workshops on community accountability and transformative justice. As a result of this project, NCAVP's membership has increased our analysis on responding to violence outside of the criminal legal system and our members are exploring implementing these strategies within their own organizations. Continuing our work to challenge government-based violence and discrimination, in the fall of 2011, NCAVP joined over 60 LGBTQH organizations across the nation to demand an end to the unjust federal "Secure Communities" immigration program, which has a chilling and dangerous impact on LGBTQH immigrants. Under this program, local law enforcement must share with federal immigration authorities fingerprint data for every person arrested, no matter how minor the charge, increasing deportations for immigrant communities. This program creates an alarming effect on LGBTQH immigrant survivors who may be discouraged from reporting their experiences of violence to law enforcement and to community-based organizations.

To support our national anti-violence agenda, NCAVP continued our Southern Project, to build capacity by identifying and creating specific strategies for anti-violence work in the under-resourced Southeast², which faces unique conditions and barriers to responding to and preventing LGBTQH violence. NCAVP continues to focus on the conditions that LGBTQH communities experience within the Southeast, particularly best practices for LGBTQH anti-violence organizing in rural communities, supporting programs to address violence within LGBTQH Southern communities of color, addressing LGBTQH violence within conservative and religiously intolerant political climates, and conducting anti-violence work with limited staff or funding. As a result of this project NCAVP's 2011 report includes new data from North Carolina and South Carolina and NCAVP increased its Southern membership by five new member organizations a 50% increase since the 2010 Intimate Partner Violence report.

NCAVP's annual reports on LGBTQH intimate partner violence are still the only reports of their kind, and the most comprehensive data available on LGBTQH intimate partner violence in the United States. Through the support of the Arcus Foundation, NCAVP continues to refine our data collection and analysis. This year's report includes the first national person-level data on LGBTQH intimate partner violence ever released. This report is a testament to the critical work of our membership, and a call to our communities and policymakers to join our efforts to build the power and resources needed to end LGBTQH intimate partner violence, and to create just and equitable communities. We hope that the findings, recommendations, and best practices within this report compel all of you to action—to join the movement to end LGBTQH intimate partner violence.

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² This project focused on building capacity in Alabama, Arkansas, Florida, Georgia, Mississippi, North Carolina, South Carolina, Tennessee, and Virginia.

EXECUTIVE SUMMARY

Despite reflecting a 22.2% drop in reports of LGBTQH intimate partner violence (IPV), NCAVP's 2011 report documents nineteen homicides--the highest number of LGBTQH IPV homicides ever recorded. This represents an increase of more than three times 2010's six LGBTQH IPV homicides. This dramatic increase in reported IPV homicides illustrates the severity and deadly impact of LGBTQH IPV. Also in the 2011 report, NCAVP analyzes person-level data for the first time. Person-level data allows NCAVP to assess which LGBTQH survivors faced disproportionate rates of violence and service discrimination as compared to overall LGBTQH survivors. Within 2011's IPV report, data indicates that gay men, LGBTQH communities of color, LGBTQH youth and young adults, and transgender communities experienced the most severe forms of IPV. These findings continue to highlight the importance of IPV prevention, strategic responses to IPV, and the need for research and accurate documentation of LGBTQH IPV.

KEY FINDINGS

TOTAL INCIDENTS

- In 2011, NCAVP programs received 3,930 reports of intimate partner violence, **a decrease of 22.2% from 2010** (5,052 reports).
- **This decrease in reports was mainly due to a substantial decrease (42.7%) in reports from the LA Gay & Lesbian Center (LAGLC)** (1,433 less reports), which lost funding and staff for their IPV programming, reducing the number of LGBTQH intimate partner violence survivors from whom they collected reports.
- Excluding LA's reports, there was an **18.3% increase in reports of LGBTQH IPV nationwide**.

HOMICIDES

- **IPV homicides increased in 2011.** NCAVP documented **19 IPV homicides in 2011, more than three times the six documented homicides in 2010 and the highest ever documented by NCAVP.**
- **A majority (63.2%) of IPV homicide victims were LGBTQH men.** Of the 19 victims, 12 identified as men, seven as women, two of whom identified as transgender. This is a large shift from 2010, when 66.7% of LGBTQH homicide victims were identified as women.
- **In 2011, 42.1% of homicide victims were identified as people of color and 36.8% of homicide victims were identified as white.**
- The majority of **homicide victims** identified their **sexual orientation as gay (57.9%) and lesbian (21.1%).**

SURVIVOR AND VICTIM DEMOGRAPHICS

Women accounted for about half (50.5%) of IPV survivors who reported to NCAVP member programs in 2011, **while men accounted for more than a third (41.1%).** These numbers remained fairly consistent with 2010 numbers.

- **The majority of overall IPV survivors identified their sexual orientations as either gay (38.7%) or lesbian (31.3%).** These numbers also remained fairly consistent with 2010 numbers.

- **More than a third of survivors** were between **the ages of 19 to 29 (38.5%)**, remaining relatively close to 2010 (39.4%).
- **Survivors 60 and older only accounted for 5.1% of total survivors**, a slight increase from 2010 (3.36%).
- **People of color** make up the majority of total survivors (66.8%), a substantial increase from 2010 (58.3%).³
- **White survivors account for more than a third (40.8%) of total survivors**, which is a slight increase from 2010 (37.4%).

MOST IMPACTED IDENTITIES

LGBTQH youth and young adults, gay people, and LGBTQH men were more likely to experience injuries as a result of IPV. LGBTQH people under 30 were approaching two times (1.78) as likely to be injured as a result of IPV, gay identified people were more than two times (2.19) as likely to experience injuries, and LGBTQH men were about two times (2.04) as likely to experience injuries as compared to people who did not identify in these ways.

- **Transgender survivors and queer survivors were more likely to experience sexual violence within IPV.** Transgender survivors were almost two times as likely (1.81) and queer survivors were almost three times as likely (2.78) to experience sexual violence as compared to people who did not identify as transgender and queer.
- **LGBTQH youth and young adults, LGBTQH people of color, and LGBTQH youth and young adults of color were more likely to experience physical violence.** LGBTQH people under 30 were approaching two times (1.59) as likely to experience physical violence, LGBTQH people of color were approaching two times (1.77) as likely to experience physical violence, and LGBTQH people of color and under 30 were almost four times (3.98) times as likely to experience physical violence as compared to people who did not identify in these ways.
- **Bisexual survivors were more likely to experience verbal harassment from abusive partners.** Bisexual survivors were almost two times as likely (1.81) to experience verbal harassment as the overall sample.

INCIDENT DETAILS

- **Relatively similar amounts of survivors experienced IPV from current lovers and partners as compared to ex-lovers and partners.** 35% of survivors indicated they experienced IPV with a lover or partner, while 33.6% of survivors experienced IPV with ex-lovers and partners.
- **Fewer survivors in 2011 (23%) experienced physical violence from their abusive partners**, a substantial decrease from 2010 (46.5%). Physical violence remains the most reported type of LGBTQH IPV reported to NCAVP.
- **Largest proportions of abusive partners were reported to be gay, white, men, and young adults.** 35.5% of abusive partners identified as gay, 51.9% of abusive partners were reported to be white, 59.2% of abusive partners were reported to be men, and 9.1% of abusive partners were reported to be between the ages of 19 – 29.
- **More survivors in 2011 (61.6%) were denied access to shelter than in 2010 (44.6%).**
- **More survivors called the police.** In 2011 45.7% of survivors called the police for support, a substantial increase from 2010 where 28.0% of survivors called the police.
- **The majority of survivors who sought orders of protection (78.1%) received them**, a slight decrease from 2010 (83.7%).

³ Race is a category where people can select multiple identities leading the total percentage to be greater than 100%. This is why both white and people of color can increase for this year.

RECOMMENDATIONS IN BRIEF

- Congress should pass **an LGBTQ-inclusive Violence Against Women Act (VAWA)** to improve access to services for LGBTQ survivors of intimate partner violence, dating violence, sexual assault, and stalking.
- Policymakers and funders should **increase local, state, and national funding** to LGBTQH-specific anti-violence programs, particularly for survivor-led initiatives.
- Policymakers should support and fund **LGBTQH training and technical assistance programs** to increase the cultural competency of all victim service providers to effectively work with LGBTQH survivors.
- Policymakers and funders should fund **LGBTQH anti-violence organizations to conduct intimate partner violence prevention initiatives**, particularly prevention programs for youth and young adults.
- Policymakers and funders should support programs and campaigns **to prevent and increase public awareness** of LGBTQH 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.

INTRODUCTION

Intimate partner violence (IPV) is a devastating and deadly problem facing lesbian, gay, bisexual, transgender, queer, and HIV-affected (LGBTQH) 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: physical abuse, verbal abuse, sexual abuse, psychological/emotional abuse, economic 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.⁴ This movement was closely associated with the feminist movement of the 1970’s, and focused on ending structural and cultural sexism 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 their power and privilege in society to control their partner in a relationship. This understanding of power and control became the bedrock of the 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 non-transgender people, our historical understanding of domestic violence largely excluded LGBTQH communities. Until the late 1980’s, however, there was virtually no research or literature on IPV within the context of LGBTQH communities,⁵ and even

Definitions In This Report

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.

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, neither, and identifying as gender non-conforming.

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.

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.

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.

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.

(Continued on next page)

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

⁵ 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

now, in the majority of research on IPV, LGBTQH survivors are often invisible. Scholars often assume that bisexual and lesbian women are heterosexual, exclude transgender people from their analysis, or only offer binary gender identity categories (i.e. only men or women), which do not accurately capture the variety of gender identities within LGBTQH communities.

NCAVP's 2011 Intimate Partner Violence report contains the most comprehensive data available on IPV in LGBTQH communities in the United States to date, including detailed demographic data on survivors and victims of violence, information on abusive partners, and data on police, medical, and other direct service responses to LGBTQH survivors. NCAVP documents the impact of IPV within LGBTQH communities as a part of our continuing effort to prevent and end this violence. Federal data on LGBTQH communities in the United States is extremely limited, making it challenging for NCAVP to compare its data on LGBTQH survivors to overall LGBTQH 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 LGBTQH 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 contain no 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 LGBTQH IPV.

Current research regarding the prevalence of intimate partner violence within LGBTQH communities in the United States does exist, but is limited. The UCLA Center for Health and Policy Research conducted a relatively large study in 2010, which shows that bisexual adults (40.6%) and gay or lesbian adults (27.9%) are almost twice as likely to experience intimate partner violence as heterosexual adults (16.7%). The study concludes that "high rates of IPV among sexual minorities . . . warrants further attention and exploration so that preventative measures may be undertaken."⁶ Research also indicates that the risk for IPV and sexual violence are much higher for transgender people.⁷ Transgender survivors also face pervasive institutionalized discrimination when seeking support from health care agencies, law

Definitions In This Report (continued)

Queer: A political and sometimes controversial term that some LGBT 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.

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

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.

⁶ Zahnd E.G., Grant, D., Aydin, M., Chia, Y.J. & Padilla-Frausto, D.I. (2010). Op. cit.

⁷ Stotzer, Rebecca. (2009). *Violence against transgender people: A review of United States data*. *Aggression and Violent Behavior*, 14, 170-179.

enforcement, and domestic violence shelters. This discrimination is much higher for transgender survivors of color.⁸ 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 that many shelter providers hold, which understand IPV exclusively as non-transgender men abusing non-transgender women, erasing and ignoring the experiences of LGBTQH IPV survivors.⁹

Without comprehensive data about LGBTQH communities, policymakers, advocates, direct service providers, and organizers have less information about the dynamics of LGBTQH IPV and are less able to create programs that prevent violence and increase support for LGBTQH communities. Without national data on the prevalence and occurrence of LGBTQH IPV, service providers have less information with which to create LGBTQH-inclusive services, LGBTQH-specific violence prevention programs, and to use to accurately evaluate programs geared towards serving LGBTQH survivors.

Recognizing the unique and critical role that NCAVP's IPV report serves, NCAVP strives to ensure that this report is accessible to multiple audiences, reflects the current lived experiences of LGBTQH communities, and provides practical tools to assist anti-violence programs and policymakers working to end LGBTQH intimate partner violence. In this year's report, NCAVP included person-level data for the first time. Person-level data is analyzed at the individual level, allowing NCAVP to identify which communities are disproportionately impacted by IPV, and which LGBTQH survivors face the highest barriers to accessing support. This report also includes two new sections to assist readers in their efforts to address LGBTQH IPV: a *Discussion* section that compares our data with current research on LGBTQH IPV; and a *Best Practices* section that give anti-violence programs specific recommendations to tailor their programming to best support LGBTQH survivors.

As the nation begins to pay closer attention to IPV within LGBTQH communities, NCAVP will continue to support survivors and document their experiences. The 2011 report highlights trends grounded in contemporary research to give policymakers, LGBTQH communities, and anti-violence practitioners a wide-ranging view of the current dynamics within LGBTQH intimate partner violence. This report examines the intersections between LGBTQH IPV and various forms of oppression that affect LGBTQH communities, such as homophobia, biphobia, transphobia, racism, ableism, ageism, sexism, classism, anti-immigrant bias, anti-HIV bias, and many others. These forms of oppression can create barriers which can limit LGBTQH survivors' access to necessities such as safety planning, crisis intervention, supportive counseling, health care, law enforcement support, legal remedies, and shelter. This report is a vehicle to amplify the voices of LGBTQH survivors nationally and to examine strategies that will create safety within the LGBTQH communities and relationships.

⁸ Grant, J., Mottet, L, and Tanis, J. (2011). *Injustice at every turn: A report of the national transgender discrimination survey*. Retrieved September 27th, 2012, from http://www.transequality.org/PDFs/NTDS_Report.pdf.

⁹ National Center for Victims of Crime & the National Coalition of Anti-Violence Programs (2010). *Why It Matters: Rethinking Victim Assistance for LGBTQ Victims of Hate Violence and Intimate Partner Violence*. Washington, D.C. & New York. Retrieved September, 20th, 2012, from <http://www.avp.org/documents/WhyItMatters.pdf>

METHODOLOGY

HOW ORGANIZATIONS COLLECTED THE DATA

This report contains data collected in 2011 by 19 NCAVP member and affiliate programs in 23 states.¹⁰ Organizations collected this information from survivors and public sources. Survivors contacted LGBTQH anti-violence programs, either in person, by calling a hotline, filing 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. This allowed us to identify themes in intimate partner violence such as, whether or not types of violence varied across LGBTQH survivors' identities (i.e. "do 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?").

HOW NCAVP COMPILED AND ANALYZED THE DATA

With support from the Arcus Foundation, NCAVP worked with the Strength in Numbers Consulting Group to provide each member program tailored support to submit data in ways that met their 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 2010's and 2011's data sets. In this report, NCAVP compares data proportionally for each variable between 2010 and 2011 when possible, allowing NCAVP to accurately assess increases or decreases in IPV, demographic changes for survivors, and changes in incident details over time. For the person-level data, NCAVP consultants coded 117 variables on 1,611 survivors. NCAVP selected statistics for publication based upon their relevance, statistical significance ($p < 0.05$), and reliability. 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 from LGBTQH-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 LGBTQH IPV in the United States in 2011. NCAVP's data may particularly omit populations such as incarcerated people, people in rural communities, 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 reporting. Therefore, while the information contained in this report provides a detailed picture of the individual survivors who reported to NCAVP member programs, it cannot and should not be extrapolated to represent the overall LGBTQH population in the United States. NCAVP works to address this issue by constantly researching new data sources to expand and increase data for this report.

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

¹⁰ Some member programs collected data from multiple states either through direct reports and / or through media sources.

categories creating incomplete and dissimilar amounts of data for different variables within 2011's data set. NCAVP continues to work with Strength in Numbers Consulting Group to ensure the highest level of data consistency possible within the resources available for NCAVP and its member programs. As with many reports, data inconsistency can also affect the data's accuracy. Individuals who completed the incident forms may have 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, certain NCAVP members have more capacity to collect data, conduct outreach, and educate and inform LGBTQH survivors of their services, thereby increasing reporting. In particular, the Los Angeles Gay & Lesbian Center's data accounted for 48.8% of total survivors reporting to NCAVP, a decrease from 2010 (66.2%) resulting from a loss a staff due to funding cuts. LAGLC's data and the decrease that they experienced played a substantial role in all the major trends we see in this report. NCAVP is working to increase the capacity for all member programs throughout the United States to increase reporting.

Based on recommendations from NCAVP's consultants, NCAVP reorganized some sections of the 2011 report, particularly the variables on immigration, gender identity, race, and ability. Though this made comparing data between 2010 and 2011 challenging, it also allowed NCAVP to more accurately track, report, and analyze this data. When comparable data is not available, NCAVP documents this in the report. NCAVP also reorganized the data detailing the types of violence that LGBTQH IPV survivors experienced, in order to streamline these data categories. NCAVP increased the variables where survivors can report multiple identities within one variable. For example, within the gender identity category the 2011 report allows LGBTQH survivors to identify as both a women and as transgender. These adjustments may result in the totals for these sections that are larger than the total survivors within the report. NCAVP identifies where this occurs throughout the report. NCAVP also changed the gender identity category to use terms more inclusive of contemporary language on gender identity. NCAVP additionally changed how it reports on data within its variables in the 2010 report in order to promote best practices in data collection and reporting. As opposed to showing the percent of undisclosed (unknown) responses per variable, NCAVP now lists the *n* to indicate the total number of responses per category. In order to accurately compare data categories across years, NCAVP recalculated the data from 2010 removing the undisclosed amounts from 2010 when comparing 2011 data to 2010 data. This results in a more accurate depiction of LGBTQH IPV but also results in percentages that may not match 2010's report. 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 LGBTQH intimate partner violence nationally.

MAJOR FINDINGS

NCAVP's 2011 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 LGBTQH IPV survivors, and information on police response for LGBTQH IPV. This data can help us identify key gaps in survivor's access to support and trends in LGBTQH survivor demographics over time.

MAJOR FINDINGS CONTAINED IN THIS SECTION

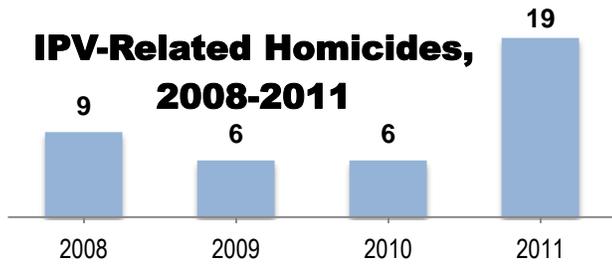
- **Overall IPV Incidents:** NCAVP member organizations received 3,930 reports of IPV in 2011, a 22.2% decrease from 2010 (5,052).
- **IPV Homicides:** NCAVP documented 19 homicide victims, more than three times the amount of homicides in 2010 (6 homicide victims), and the highest number of homicides ever recorded by NCAVP. Of the homicide victims, 63.2% identified as men (12 of 19 in 2011), and 36.8% identified as women (7 of 19, 2 of whom were transgender women).
- **IPV Overall Survivor and Victim Demographics:** Gay (38.7%) and lesbian (31.3%) survivors were the most represented sexual orientations reported among total survivors. Reports from lesbian survivors decreased slightly from 2010 (34.8%). White survivors represent 40.8% of total IPV survivors, which is an increase from 2010 (37.4%). Latina/o survivors represent the second largest amount of survivors (36.6%), an increase from 2010 (31.8%).
- **Most Impacted Identities:** People of color were more likely to report experiencing threats/intimidation and verbal harassment. Bisexual and transgender survivors were more likely to report experiencing verbal harassment, threats, and intimidation as a form of IPV. People of color under 30 were more likely to experience injuries, physical violence, and threats and intimidation. Youth and young adults were more likely to be injured and to experience physical violence.
- **Trends in LGBTQH IPV Tactics:** Less than a third (23.0%) of survivors experienced physical violence, a large decrease from 2010 (46.5%).
- **Characteristics of Abusive Partners:**¹¹ 35.5% of abusive partners were reported by survivors to be gay, while 27.2% of abusive partners were reported to be heterosexual, and 26.8% were reported to be lesbian.
- **Orders of Protection:** 78.1% of LGBTQH IPV survivors who sought orders of protection received them, a decrease from 2010 (83.7%).
- **Access to Shelter:** 61.6% of survivors who sought shelter were denied, as compared to 44.6% in 2010.
- **Police Response:** Police arrested survivors or both individuals in 28.4% of incidents involving the police, a slight increase from 2010 (21.9%).

¹¹ This information was not reported in 2010.

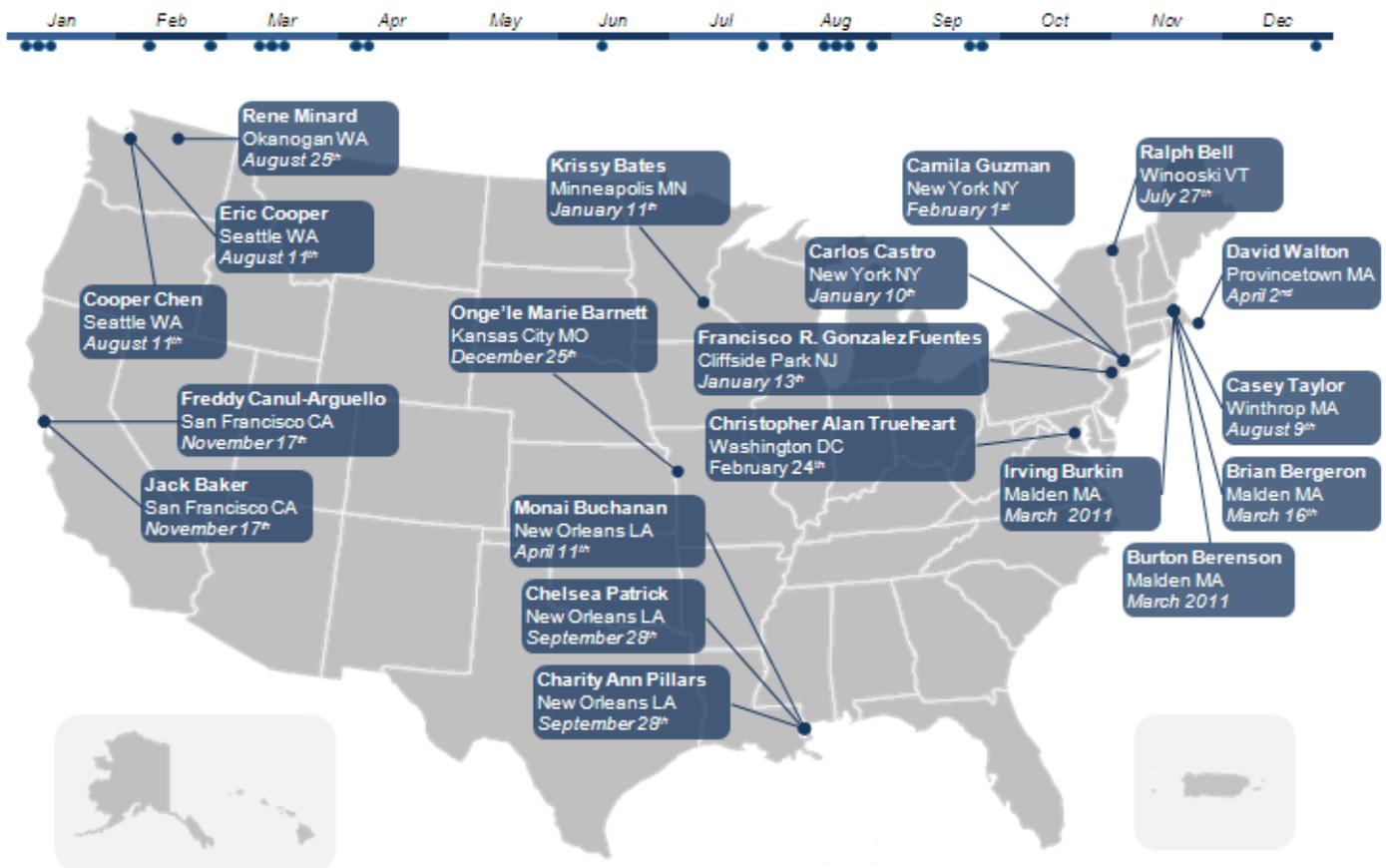
TOTAL REPORTS

In 2011, NCAVP programs received 3,930 reports of intimate partner violence, a decrease of 22.2% from 2010. This decrease was due to a substantial 42.7% decrease in reports from the Los Angeles Gay & Lesbian Center (LAGLC), which lost funding and staff for their IPV programming, reducing the number of LGBTQH intimate partner violence survivors from whom they collected reports. Excluding LAGLC's reports, there was an 18.3% increase in reports of LGBTQH IPV nationwide. This year's number of reports returns to levels similar to 2009 (3,658). Presently, NCAVP cannot fully separate the degree that this decrease in reports reflects decreased capacity to collect data within NCAVP's member programs or an actual decrease in violence.

IPV-RELATED HOMICIDES



In 2011, NCAVP recorded a large increase in IPV-related homicides¹², from six in 2009 and 2010 to 19 in 2011. Twelve of the nineteen victims identified as men (63.2%), while seven identified as women (36.8%) two of whom identified as transgender women (10.5%). This is a large shift from 2010, when the majority of homicide victims identified as women (66.7% or four of the six victims). In terms of sexual orientation, in 2011, 57.9% of homicide victims identified as gay, 21.1% as lesbian, and 21.1% of homicide victims had unknown sexual orientations. The majority of the homicides occurred in the Northeast with: three homicides in Massachusetts, two in New York, one in New Jersey, one in Rhode Island, one in Vermont, and one in Washington, DC. A substantial number of homicides occurred in the West, with three in Washington and two in California. Three homicides occurred in the South, all in Louisiana. The remaining homicides occurred in the Midwest, with one in Minnesota and one in Missouri.



Intimate Partner Violence (IPV) homicides reported in 2011

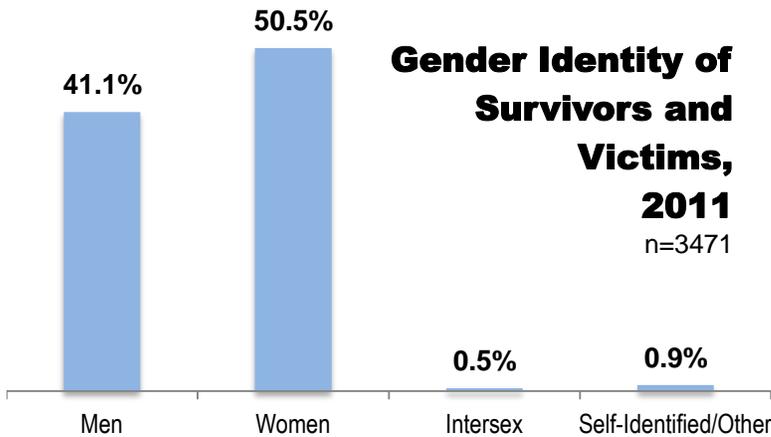


¹² Detailed information on each homicide is in the appendix.

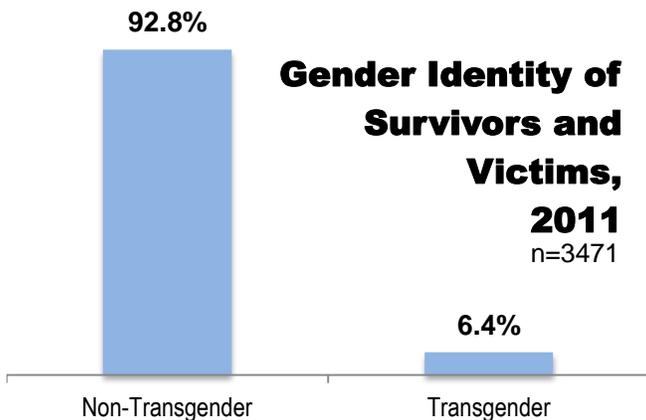
TOTAL SURVIVOR AND VICTIM DEMOGRAPHICS

The data in the following section describes the many identities of LGBTQH IPV survivors in 2011. LGBTQH people often have several intersecting marginalized identities, such as their racial identity, gender identity, socio-economic status, immigration status, and disability status. In this section NCAVP examines the identities of LGBTQH survivors who sought assistance from NCAVP programs, thus allowing NCAVP to better understand the diversity of LGBTQH IPV survivors in 2011.

GENDER IDENTITY



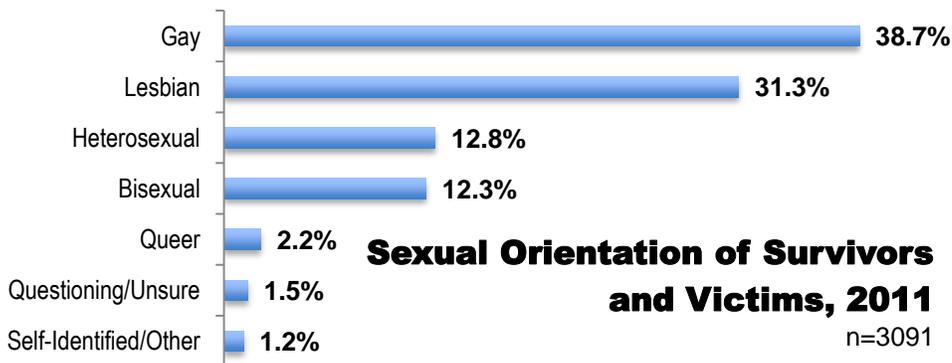
LGBTQH women IPV survivors accounted for nearly half (50.5%) of those who reported their gender identity¹³ to NCAVP in 2011, with men IPV survivors accounting for more than one third (41.1%). Both of these remained relatively similar to 2010's reports, with women survivors representing 51.3% of total reports and men representing 41.3% of total reports. Intersex (0.5%) and self-identified/other (0.9%) survivors combined make up less than 2% of survivors who reported their gender identity to NCAVP members, remaining consistent with 2010 (0.6% intersex survivors and 1.9% self-identified survivors). Survivors who did not disclose their gender identity also remained consistent with 11% in 2010 to 11.7% in 2011.



The overwhelming majority of IPV survivors did not identify as transgender. Transgender survivors comprised 6.0% of total survivors. Among transgender survivors, 66.4% of transgender survivors also identified as women, 15.5% identified as men, and 22.1% identified solely as transgender. The proportion of transgender survivors (6.0%) increased slightly from 4.7% in 2010.

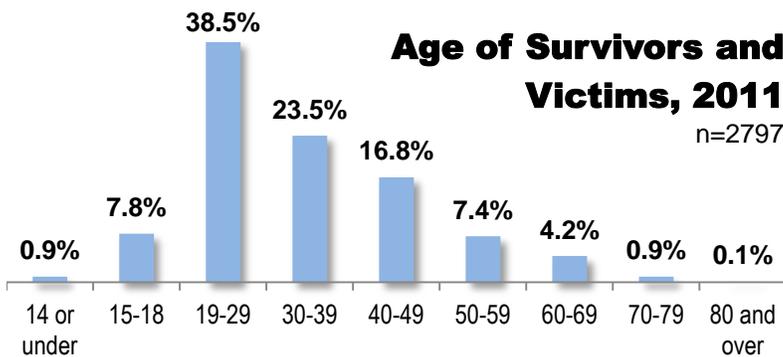
¹³ Survivors can select multiple gender identities on NCAVP's reporting form.

SEXUAL ORIENTATION



Gay (38.7%) and lesbian (31.3%) survivors accounted for the majority of survivors who reported sexual orientation information to NCAVP in 2011. Bisexual survivors accounted for 12.3% of total reports, heterosexual survivors¹⁴ accounted for 12.8% of total reports, and 21.4% of survivors did not disclose their sexual orientation. Questioning (1.5%), queer (2.2%), and self-identified (1.2%) survivors comprised less than 5% of the total reports. Lesbian survivors decreased slightly from 2010 (34.8%) to 2011 (31.3%), while gay (38.7%) survivors remained consistent with 2010 (38.6%). Bisexual survivors remained consistent from 2010 (11.4%) to 2011 (12.3%), as did self-identified survivors, from 2010 (1.5%) to 2011 (1.2%), while heterosexual survivors increased slightly from 9.9% in 2010 to 12.8% in 2011. 21% of survivors did not disclose their sexual orientation, a slight increase from 2010 (18.4%).

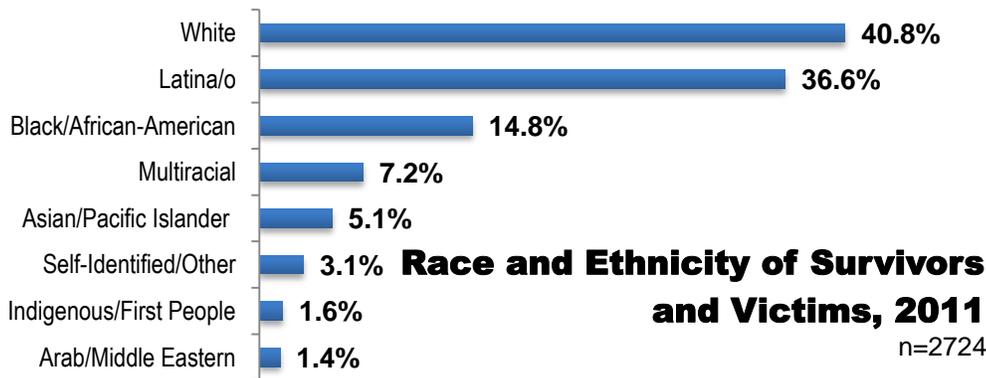
AGE



Over one-third of survivors reporting their age to NCAVP were between 19 – 29 (38.5%). Survivors between 30-39 accounted for almost a quarter (23.5%), survivors between 40 – 49 represented 16.8% of total reports. Survivors between 50 – 59 (7.4%), 60 – 69 (4.2%), and 15 – 18 (7.8%) each accounted for less than one tenth of the total reports each. Survivors from 70 – 79, 14 and under, and 80 and over accounted for a combined 1.8% of total survivors. 28.8% of survivors did not disclose their age, an increase from 2010 (15.5%).

¹⁴ 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.

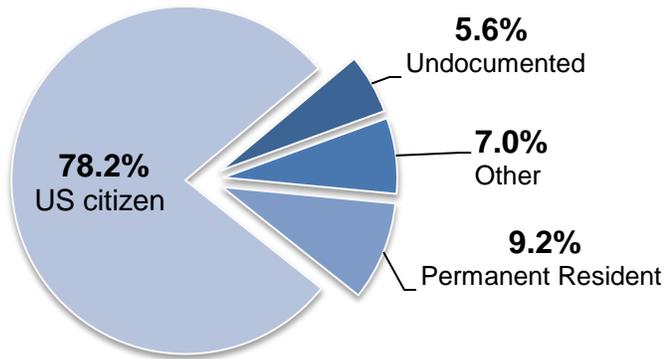
RACE/ETHNICITY



People of color made up more than half (66.8%) of survivors who disclosed their race to NCAVP, a substantial increase from 2010 (58.3%). Latina/o¹⁵ identified survivors accounted for 36.6% of survivors who reported their race/ethnicity, an increase from 2010 (31.8%). Black/African American survivors made up 14.8% of survivors which is relatively consistent with 2010 (14.8%) and multi-racial survivors accounted for 7.2% of total survivors which is also relatively consistent with 2010 (6% of survivors). Asian/Pacific Islander survivors made up 5.1% of survivors and self-identified survivors accounted for 3.1%, both of these survivors remained relatively consistent with 2010 (5.3% Asian survivors, 4.3% self-identified survivors). Arab/Middle-Eastern (1.4%) and Indigenous/First People (1.6%) survivors comprised about 3% of the total data, relatively consistent with 2010 when these survivors collectively comprised 2% of the data. White survivors accounted for 40.8% of survivors, which is a slight increase from 2010 (37.4%). Survivors who did not disclose their race increased from 21.0% in 2010 to 30.7% in 2011.

¹⁵ NCAVP recognizes that many Latin@ communities use Latin@ as a gender inclusive, non-gender binary term. In order to make this report as readable and accessible as possible we use the term Latina/o throughout the report. As its usage grows NCAVP will strive to use Latin@ in future reports.

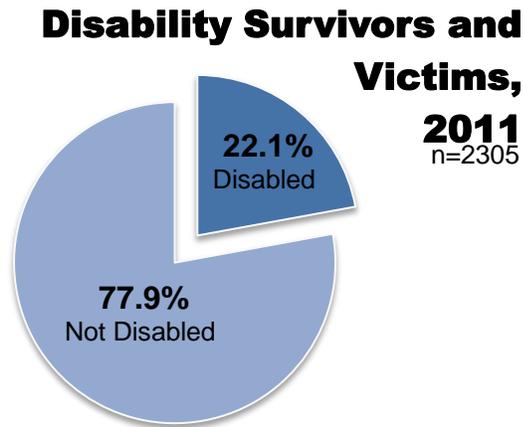
IMMIGRATION STATUS



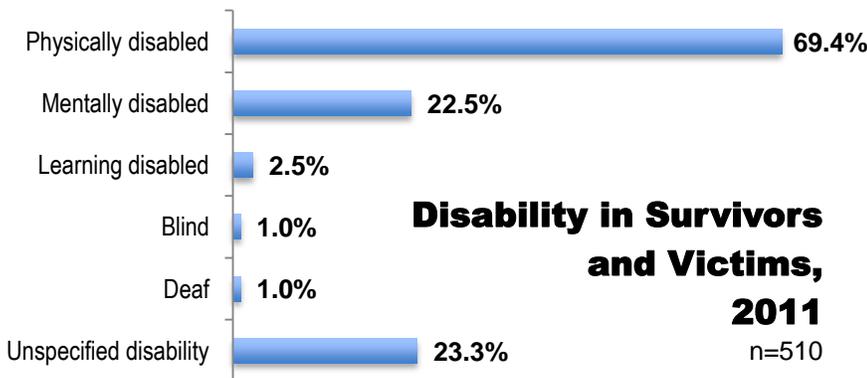
**Immigration Status
of Survivors and Victims, 2011**
n=1958

In 2011, 78.2% of survivors who reported their immigration status to NCAVP identified as citizens. This is a slight decrease from 2010 (80.2%). Permanent residents accounted for 9.2% of survivors, and survivors who identified their immigration status in other ways represented 7.1% of total reports. Undocumented survivors represented 5.6% of survivors, a slight increase from 2010 (3.1%). Survivors who identified as citizens decreased slightly from 80.2% in 2010 to 78.2% in 2011. Half (50.2%) of total survivors did not disclose their immigration status, which increased from 45.2% in 2010 to 50.2% in 2011.

DISABILITY STATUS



In 2011, 41.4% of all survivors did not disclose information about disabilities an increase from 30.8% in 2010. Of the 58.7% of survivors who did disclose this information, 22.1% reported having a disability while 77.9% reported they did not have disabilities. From 2010 to 2011, the number of survivors with disabilities increased from 13.6% in 2010 to 22.1% in 2011. Survivors without disabilities decreased, from 86.4% in 2010 to 77.9% in 2011. Survivors who did not disclose disabilities increased from 30.8% in 2010 to 41.4% in 2011. The increase in IPV survivors reporting to NCAVP is unlikely to represent an increase in IPV among this population. Instead it represents an increase in access to services for IPV survivors with disabilities.



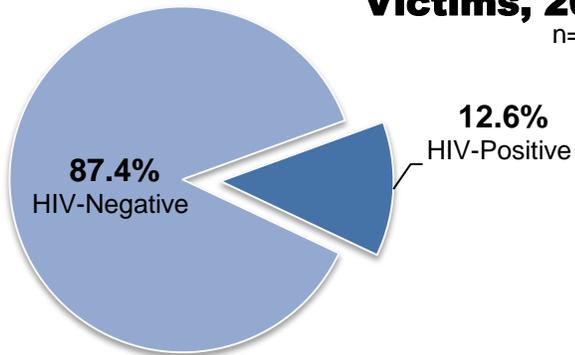
Among survivors who disclosed disabilities to NCAVP in 2011, the majority of survivors (69.4%) reported physical disabilities.¹⁶ This could be in part because obtaining information on survivor’s physical disabilities is more routine for member organizations who must comply with the Americans with Disabilities Act (ADA) regulations. Survivors who reported unspecified disabilities represented 23.3% of survivors with disabilities, and survivors with mental disabilities represented 22.5% of those with disabilities. Survivors who were blind, deaf, or had learning disabilities represented a combined amount of 4.5% of IPV survivors with disabilities.

¹⁶ Data on the specific disabilities that LGBTQH IPV survivors reported was not collected in 2010 so comparisons are not available.

HIV STATUS

HIV Status of Survivors and Victims, 2011

n=1702



The majority (56.7%) of IPV survivors did not disclose their HIV status in 2011, as compared to 93.6% in 2010. Of those who did disclose, 12.6% reported they were HIV-positive a decrease from 2010 where 40.8% reported that they were HIV-positive and 87.4% reported they were HIV-negative an increase from 2010 when 59.2% disclosed that they were HIV-negative. The large decrease between 2010 and 2011's proportion of HIV-positive IPV survivors most likely represents NCAVP's improved accuracy with tracking IPV survivor's HIV-status not a decrease in seeing HIV-positive survivors. NCAVP members are collecting this information more frequently in 2011 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 LGBTQH survivors experienced the highest barriers to support. This year's data suggests that LGBTQH people of color survivors, gay survivors, bisexual survivors, transgender survivors, and youth and young adults reported disproportionate experiences of IPV as compared to overall LGBTQH IPV survivors.

GENDER IDENTITY:

Transgender survivors are more likely to report experiencing sexual violence. Transgender survivors were almost 2 times (1.81) as likely to report experiencing sexual violence than people who were not transgender. 14.7% of transgender people experienced sexual violence, while 8.7% of non-transgender people experienced sexual violence.¹⁷ Sexual violence is an under-recognized form of intimate partner violence that necessitates specific community education and direct support strategies to prevent and respond to this violence. The disproportionate impact of sexual violence against transgender survivors of IPV may reflect that transphobia contributes to an increased risk of sexual violence for these survivors.

Transgender people of color were more likely to report experiencing threats and intimidation from their abusive partners. Transgender people of color were almost 2 times (1.86) as likely to report experiencing threats or intimidation, compared to people who are not transgender people of color.¹⁸ 61.7% of transgender people of color experienced threats or intimidation, while 46.4% of people who were not transgender people of color experienced threats or intimidation. Transgender people of color experience intimate partner violence while also experiencing transphobia and racism. Due to these experiences of racism and transphobia 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.¹⁹

LGBTQH women were more likely to report experiencing physical violence and more likely to have police classify their incident as a domestic violence case. Women were almost 1.5 times (1.48) as likely to experience physical violence compared to those who did not identify as women.²⁰ 79.1% of women experienced physical violence, while 72.0% of people who did not identify as women experienced physical violence. This data likely indicates that women are more likely to seek assistance for physical violence from NCAVP member programs, rather than physical violence is higher among woman. This data also challenges sexist stereotypes can still allow non-LGBTQH providers to believe that women are not physically strong enough to be physically abusive. These stereotypes can create barriers for LGBTQH women IPV survivors who attempt to access competent and welcoming anti-violence support. NCAVP's data also suggests that women were more likely to receive IPV classification by the police. This could be due to the fact that police are more likely to identify IPV for LGBTQH women due to stereotypes that IPV survivors are women and abusive partners are men.

¹⁷ .(95%, Confidence Interval =1.04, 3.16)

¹⁸ .(95%, Confidence Interval =1.09, 3.19)

¹⁹ Kae Greenberg.(2005). *Still Hidden in the Closet: Trans Women and Domestic Violence*. Individualized Study. pp 208

²⁰ (95%, Confidence Interval =1.13, 1.93)

LGBTQH men were more likely to report experiencing injuries from their abusive partners. Men were slightly more than 2 times (2.04) as likely to be injured as a result of IPV, compared to people who did not identify as men.²¹ 68.1% of men were injured as a result of IPV, while 51.2% of people who did not identify as men were injured as a result of IPV. This data largely represents gay men with 83.4% of men also identifying as gay. Gay men could be experiencing more severe forms of IPV or gay men are more likely to reach out to an NCAVP member program after experiencing IPV-related injuries as a result of IPV. IPV injuries can escalate throughout the course of a relationship.

SEXUAL ORIENTATION

Queer people were more likely to report experiencing sexual violence as a form of IPV.

Survivors who identified as queer were almost 3 times (2.78) as likely to experience sexual violence compared to people who did not identify as queer.²² 20.6% of queer people experienced sexual violence, while 8.5% of non-queer people experienced sexual violence. The term “queer” is a broad based category, and currently, only limited research exists on queer people’s experiences of intimate partner violence. This data may be a result of the fact that “queer” communities may experience factors that make them more at risk for sexual violence that NCAVP has not yet fully discovered. NCAVP will continue to monitor this finding to explore it in future reports.

Gay survivors were more likely to report experiencing injuries as a result of IPV.

Gay survivors were more than 2 times (2.19) as likely to be injured as a result of IPV, compared to people who did not identify as gay.²³ 70.0% of gay survivors were injured as a result of IPV, while 51.6% of non-gay people were injured as a result of IPV. Within NCAVP’s sample, 93.6% of gay survivors also identified as men. Similar to the disproportionate impact of homicide on gay men, gay men also experience more severe forms of IPV as compared to the sample. NCAVP believes this highlights the impact of the limited access to IPV services available to gay men. Without access to crisis intervention and prevention programs, violence can grow more severe and eventually lethal.

Lesbian survivors were more likely to report experiencing physical violence.

Lesbians were almost 2 times (1.89) as likely to experience physical violence compared to non-lesbians.²⁴ 84.7% of lesbians reported experiencing physical violence, and 74.5% of non-lesbians experienced physical violence. This is likely to be connected to the finding that showed that women had an increased risk of physical violence, since many people who identify as women within NCAVP’s dataset also identify as lesbians. Lesbians can face discrimination and limited access to “mainstream” (non-LGBTQH) programs unless they are able and willing to pass as straight. Even when passing, lesbians may not receive support that is relevant to their experiences.

Bisexual survivors were more likely to report experiencing verbal harassment.

Bisexual survivors were almost 2 times (1.81) as likely to experience verbal harassment as compared to the overall survivors. 58.4% of bisexual survivors experienced verbal harassment, while 43.7% of non-bisexual survivors experienced

²¹ (95%, Confidence Interval =1.34, 3.10)

²² (95%, Confidence Interval =1.18, 6.56)

²³ (95%, Confidence Interval =1.41, 3.39)

²⁴ (95%, Confidence Interval=1.30, 2.77)

verbal harassment.²⁵ Bisexual people can experience biphobia (or anti-bisexual bias) within the broader society. Abusive partners can use bi-phobia as a form of power and control by threatening to out bisexual survivors, if they were to report the abuse within their relationship or attempt to exit their relationship. Bisexual survivors experience biphobia within LGBTQH communities and non-LGBTQH communities and may need specific outreach and programs to allow bisexual survivors to feel safe accessing support from mainstream and LGBTQH anti-violence programs.

RACE/ETHNICITY

LGBTQH people of color were more likely to report experiencing physical violence and to report IPV to the police.

LGBTQH people of color were almost 2 times (1.77) as likely to report experiencing physical violence compared to non-people of color.²⁶ 82.9% of people of color experienced physical violence, while 73.4% of non-people of color experienced physical violence. This data likely indicates that LGBTQH people of color are more likely to report physical violence to LGBTQH anti-violence programs than other forms of violence, as opposed to the possibility that LGBTQH people of color experience higher rates of physical violence.

People of color were also almost 2 times (1.78) as likely to report IPV to the police compared to non-people of color.²⁷ 44.1% of people of color reported IPV to the police, while 30.8% of non-people of color reported IPV to the police. This finding seems connected to the previous data highlighting disproportionate reports of physical violence among these communities. Neighbors, friends, and witnesses are more likely to notice physical violence and call emergency services than with other forms of intimate partner violence. In many communities nationwide, when emergency services are called both paramedics and the police respond. Any community that experiences high degrees of physical violence and injuries is also likely to experience increased police reporting, including LGBTQH survivors of color. This data is more likely to increased interaction with law enforcement whether willing or unwilling.

People of color were more likely to report experiencing threats/intimidation within IPV and less likely to experience verbal harassment.

People of color were almost 1.5 times (1.34) as likely to experience threats/intimidation compared to non-people of color. 49.8% of people of color experienced threats/intimidation, while 42.6% of non-people of color experienced threats/intimidation.²⁸ However, people of color were 28% less likely to experience verbal harassment compared to non-people of color. 46.3% of people of color experienced verbal harassment, while 54.6% of non-people of color experienced verbal harassment.²⁹ These two seemingly contradictory statistics illustrate the complicated dynamics in serving LGBTQH survivors of color. The decreased reports of verbal harassment suggest that LGBTQH survivors of color are more likely to seek assistance or be connected to LGBTQH anti-violence programs for physical violence. However, threats, intimidation, and physical violence can often happen simultaneously. NCAVP will continue to examine this theme in future reports.

²⁵ (95%, Confidence Interval=1.20, 2.73)

²⁶ (95%, Confidence Interval=1.26, 2.48)

²⁷ (95%, Confidence Interval=1.26, 2.51)

²⁸ (95% Confidence Interval=1.03, 1.74)

²⁹ (95% Confidence Interval=0.55, 0.93)

AGE

Youth and young adults were more report experiencing injuries and physical violence, and less likely to report experiencing financial abuse.

People under 30 were almost 2 times (1.78) as likely to be injured as a result of IPV, compared to people 30 and over.³⁰ 67.3% of people under 30 were injured as a result of IPV, while 53.6% of people 30 and over were injured as a result of IPV. People under 30 were about 1.5 times (1.59) as likely to experience physical violence as compared to people 30 and over.³¹ 88.8% of people under 30 experienced physical violence, while 83.4% of people 30 and over experienced physical violence. This suggests that either, youth and young adults experience more severe forms of IPV, or they are less likely to seek support from anti-violence programs unless they are experiencing physical injuries. The disproportionate rates of injuries and physical violence are likely connected because injuries are often a result of physical violence within relationships. People under 30 were half (0.51 times) as likely to experience financial abuse compared to those 30 and over. 7.5% of people under 30 experienced financial abuse, while 13.6% of people 30 and over experienced financial abuse.³² NCAVP members often observe that a substantial amount of LGBTQH youth survivors are often disproportionately affected by poverty and homelessness, and this data shows that people over 30 may have a higher level of economic resources, as compared to those under 30, making them more vulnerable to abuse that targets their economic resources.

AGE & RACE

LGBTQH people of color under 30 were more likely to report experiencing injuries, physical violence, threats and intimidation.

People of color under 30 reported some of the highest disproportionate rates of injury and physical violence. People of color under 30 were almost 2.5 times (2.49) as likely to be injured as a result of IPV, compared to those who were not people of color under 30.³³ 72.3% of people of color under 30 were injured as a result of IPV, while 51.1% of people who were not people of color under 30 were injured as a result of IPV. People of color under 30 were also almost 4 times as likely (3.98) to experience physical violence, compared to people who were not people of color under 30. 94.3% of people of color under 30 experienced physical violence, while 80.6% of people who were not people of color under 30 experienced physical violence.³⁴ Finally, people of color under 30 were 1.51 times as likely to experience threats or intimidation, compared to those who were not people of color under 30. 57.3% of people of color under 30 experienced threats or intimidation, while 47.1% of those who were not people of color under 30 experienced threats or intimidation.³⁵

³⁰ (95%, Confidence Interval=1.10, 2.89)

³¹ (95%, Confidence Interval=1.00, 2.581)

³² (95%, Confidence Interval=0.30, 0.87)

³³ (95%, Confidence Interval=1.5, 4.15)

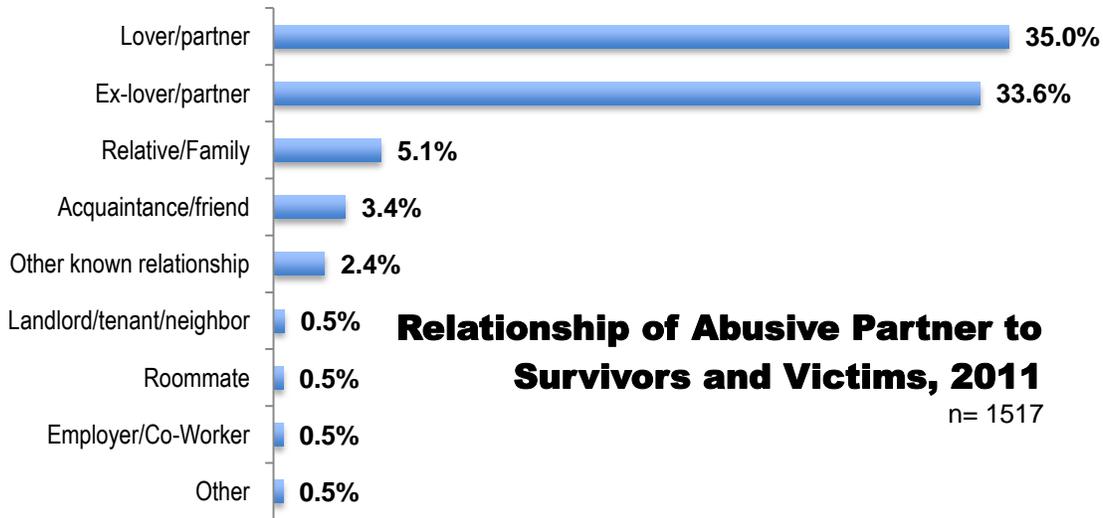
³⁴ (95%, Confidence Interval=2.26, 6.99)

³⁵ 95%, Confidence Interval=1.13, 2.02)

INCIDENT DETAILS

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.

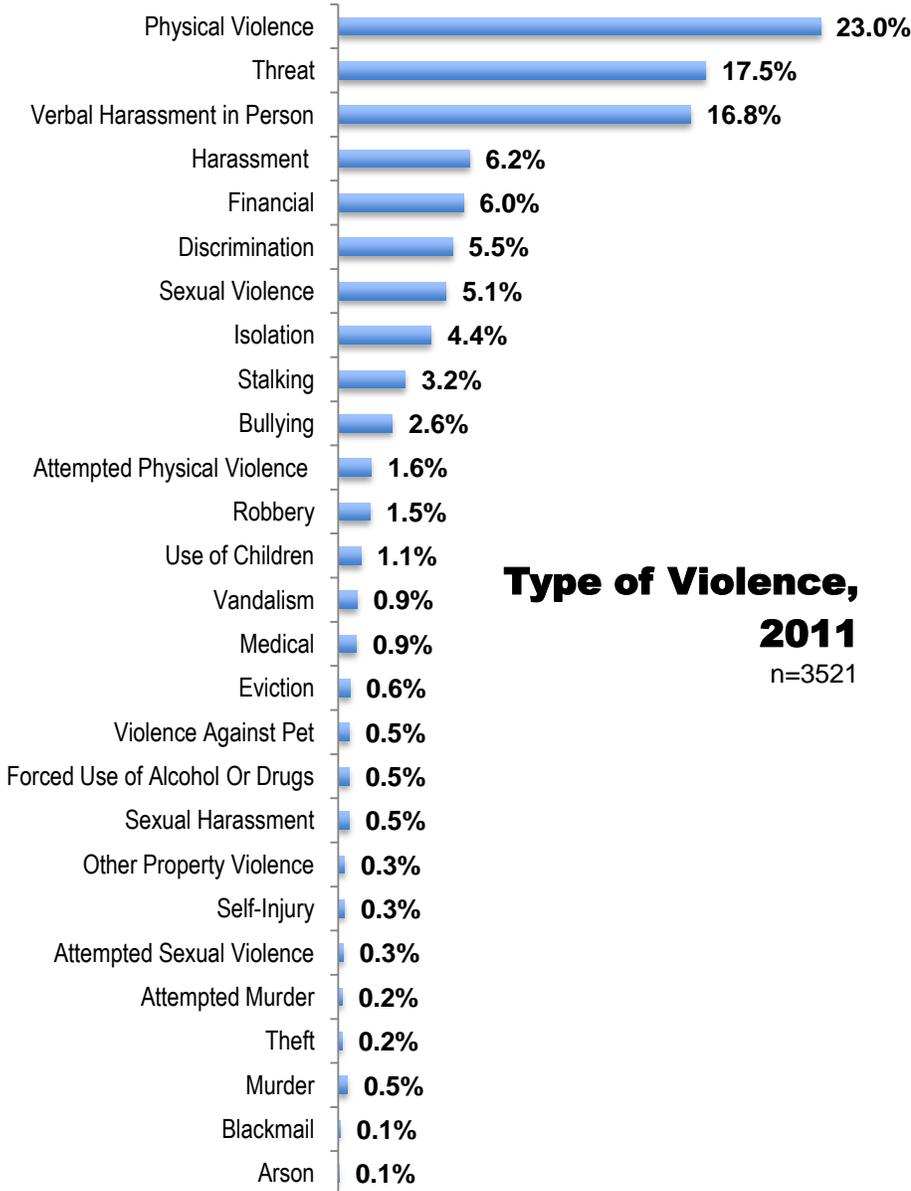
RELATIONSHIP BETWEEN ABUSIVE PARTNER AND SURVIVOR



Of survivors who disclosed this information to NCAVP, 34.9% of survivors experienced violence or abuse from current lovers or partners, while ex-lovers/partners made up 33.6% of abusers. Survivors who described their abusive partners as relatives/family represented 5.1% of total known categories. Acquaintances, friends, other relationships, landlords, tenants, neighbors, employers, coworkers, police, and service providers each represented fewer than 5% of the total IPV survivor’s abusive partners.³⁶ In 2011, the amount of survivors experiencing IPV from current lovers and partners decreased from 50.6% in 2010. Ex-lovers and ex-partners increased from 29.2% in 2010 to 33.6% in 2011. The increase in the amount of abusive ex-lovers and ex-partners highlights that IPV does not end when relationships end. In fact when relationships end IPV may escalate or survivors may be more likely to report or seek support for this violence.

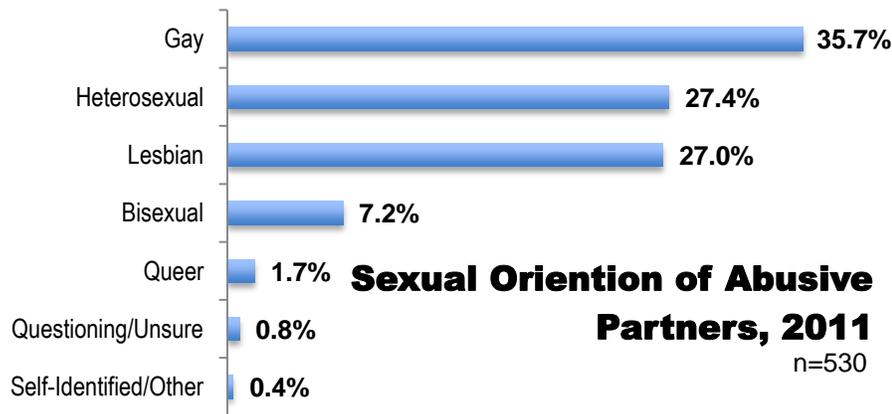
³⁶ NCAVP restructured these categories in 2011 therefore only some comparisons to 2010 are available.

TYPES OF IPV



LGBTQH 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, 23% of incidents involved physical violence, 17.5% of incidents involved threats of any kind, 5.1% of incidents involved sexual violence, 3.2% of incidents involved stalking. There was a substantial decrease in physical violence from 2011 (23%) to 2010 (55.4%). This decrease in reports of physical violence is a likely indication that LGBTQH survivors are reporting a broader range of abusive behaviors to NCAVP and is less likely to indicate a decrease in the severity of violence that LGBTQH IPV survivors experienced. 17.5% of survivors indicated that their abusive partner used threats as a tactic, a slight decrease from 2010 (20.7%). Reports of sexual violence showed a slight decrease from 9.2% in 2010 to 5.14% in 2011. Stalking also decreased from 2010 from 7.3% to 3.2%.

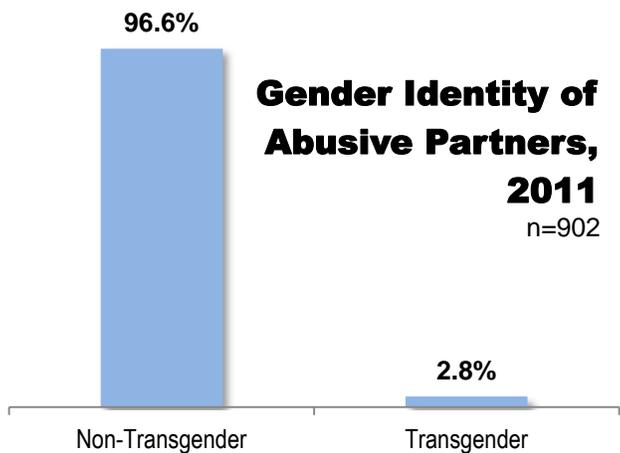
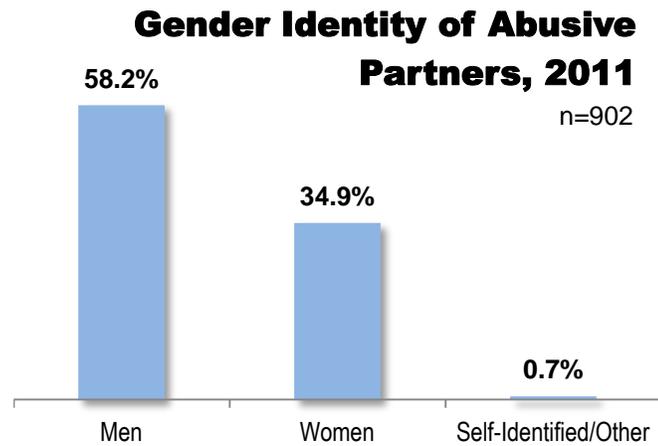
SEXUAL ORIENTATION OF ABUSIVE PARTNERS



The largest proportion of survivors reported that their abusive partners identified as gay (35.5%).³⁷ The remainder of abusive partners in 2011 were reported to be heterosexual (27.2%), lesbian (26.8%), bisexual (7.1%), queer (1.7%), questioning/unsure (0.8%), and self-identified (0.4%). The sexual orientation of abusive partners mirrors survivor sexual orientation with survivors who identified as gay (38.7%) and lesbians (31.3%). The much higher amount of heterosexual abusive partners (27.4%) than heterosexual survivors (12.8%) indicates that a substantial amount of survivors are in relationships with someone who identifies as heterosexual. While some of these abusive partners may still identify as part of the LGBTQH community, others may not. LGBTQH IPV survivors in abusive relationships with partners who do not also identify as LGBTQH may face barriers seeking support and can feel that mainstream and LGBTQH-specific anti-violence programs may not fully understand their relationships.

³⁷ NCAVP did not track this data in 2010 so comparisons are not available.

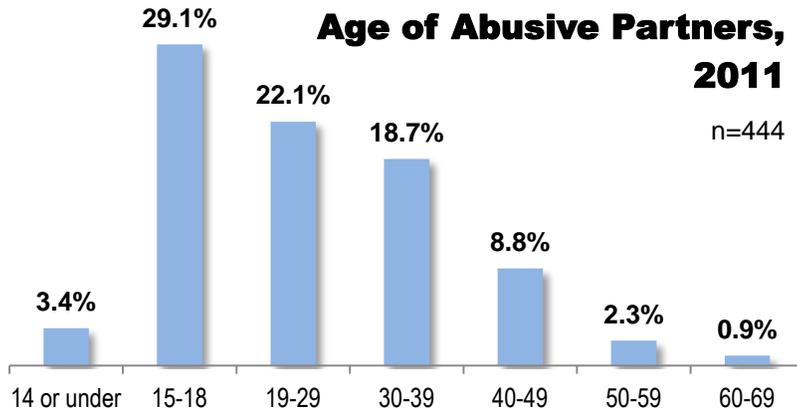
GENDER IDENTITY OF ABUSIVE PARTNERS



Survivors reported that the majority of their abusive partners were men (59.2%) while women represented more than a third (35.5%) of abusive partners, and self-identified and other abusive partners represent 0.7%.³⁸ The vast majority of abusive partners were reported to be non-transgender (98.2%). This is fairly consistent with the gender identity of survivors who 92.8% identified as non-transgender. While a majority of abusive partners (59.2%) were reported to be men in 2011, the highest proportion of IPV survivors (50.5%) identified as women. This difference could show that LGBTQH relationships are broader than same-gender relationships, and include a broad range of sexual orientations and gender identities. However the high amounts of non-disclosed gender identities for abusive partners also indicates that this data may not fully represent all the abusive partners of LGBTQH IPV survivors in 2011.

³⁸ NCAVP did not track this data in 2010 so comparisons are not available.

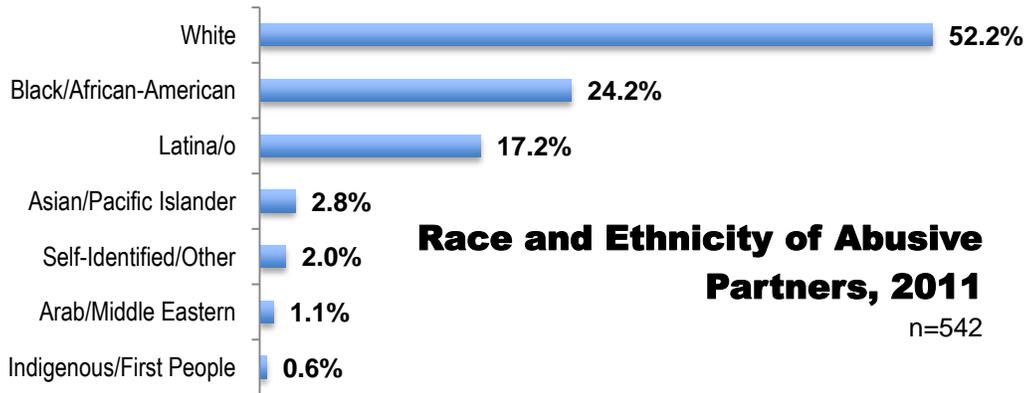
AGE OF ABUSIVE PARTNERS



The most common age of abusive partners reported to NCAVP was 19-29 (29.1%).³⁹ 22.1% of abusive partners were between 30-39 and 18.7% of abusive partners were between 40-49 years of age. Abusive partners ages 15-18 comprised of 3.4% of reported abusive partners, 40-49 were 18.7%, 50-59 were 8.8%, abusive partners 60 and over represented a combined 3.2% of the total sample. The most common age for survivors mirror age of abusive partners, 38.5% of survivors were 19-29 and 23.5% of survivors were between 30-39, suggesting that survivors and abusive partners date within their same age range.

³⁹ NCAVP did not track this data in 2010 so comparisons are not available.

RACE/ETHNICITY OF ABUSIVE PARTNERS



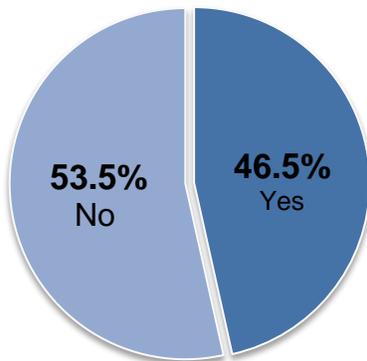
More than half of abusive partners were reported to be white (51.9%), which is higher than the proportion of survivors who identified as White (40.8%).⁴⁰ People of color account for less than half of all reported abusive partners (47.9%), yet people of color as a whole represented a majority of survivors (63.2%). Within people of color, Black/African American abusive partners made up 24.0% of abusive partners, yet, Black/African American survivors represented only 14.8% of survivors. This suggests that White and Black/African American abusive partners make up a larger proportion of abusive partners than survivors, which could mean that survivors are more likely to report the race of their abusive partner when the partner is White or Black/African American. 17.2% of abusive partners were Latina/o and less than 5.9% of abusive partners were identified as Asian/Pacific Islander, Self- Identified/Other, Arab/Middle Eastern or Indigenous/First Nation respectively. Latina/o survivors represent 36.6% of survivors when compared to Latina/o abusive partners (17.2) which suggest that while Latina/ o survivors make up a large portion of survivors they may be experiencing IPV in interracial relationships, or that survivors are less likely to identify their abusive partners race as Latina/o.

⁴⁰ NCAVP did not track this data in 2010 so comparisons are not available.

INJURY AND MEDICAL ATTENTION

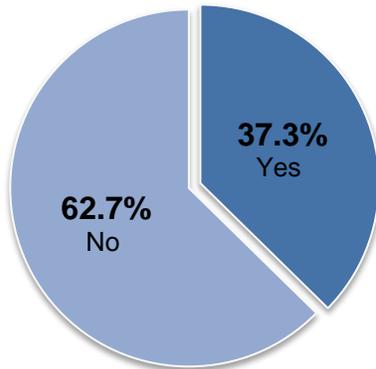
Survivors Seeking Medical Attention, 2011

n=516



Survivor Rates of Injury, 2011

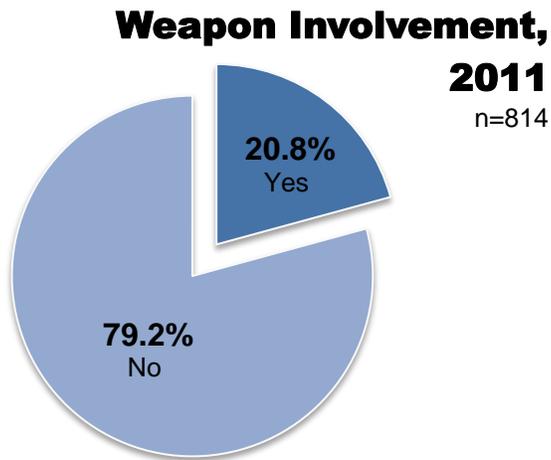
n=881



In 2011, 37.3% of survivors who disclosed this information to NCAVP experienced injury.⁴¹ Injuries are an indicator of the severity of IPV. IPV can cause short term, life-long injuries, and even permanent disabilities. These injuries can escalate over time, even resulting in murder, and it is critical for LGBTQH IPV survivors to find support for injuries. In 2011 46.5% of LGBTQH survivors who reported on medical attention to NCAVP sought medical attention. This is nearly half of survivors who reported incidents of IPV. IPV survivors can seek medical attention for physical and emotional support. Medical providers can often assess IPV based on the types of injuries, the trauma that IPV survivors present, and the stages of healing for these injuries. For LGBTQH survivors, medical providers may not have the training and knowledge to recognize LGBTQH IPV.

⁴¹ This information was not tracked in 2010 so no comparison is available.

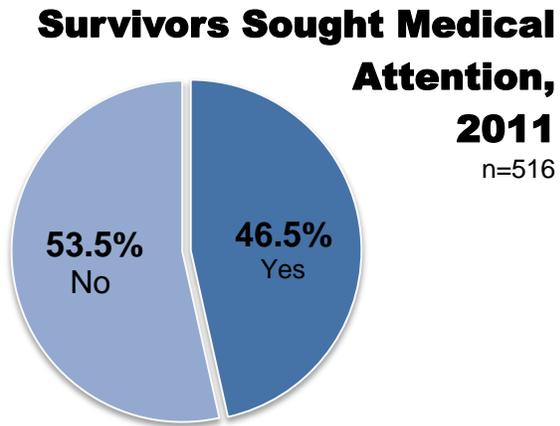
WEAPONS



In 2011 20.8% of survivors who reported this information to NCAVP experienced IPV involving a weapon, while 84.2% of homicides in 2011 involved a weapon.⁴² 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 LGBTQH 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 of 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 LGBTQH, and may be subjected to bias, discrimination, and violence within the criminal legal system.

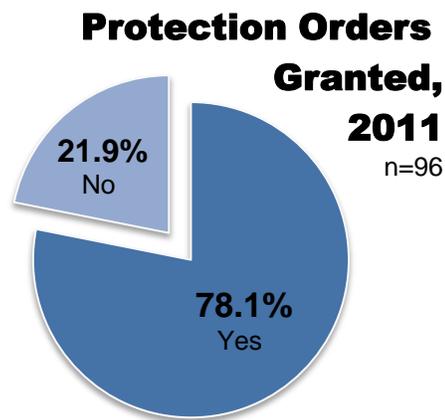
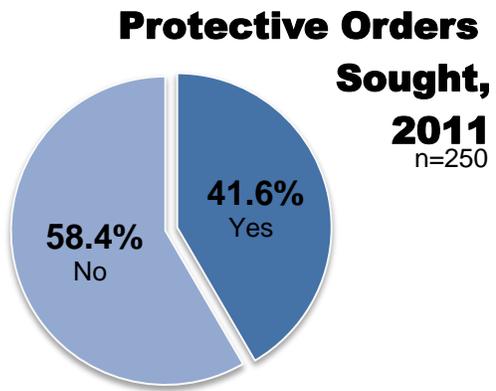
⁴² This information was not tracked in 2010 comparison are not available.

SURVIVOR EFFORTS TO ACCESS DOMESTIC VIOLENCE SHELTER



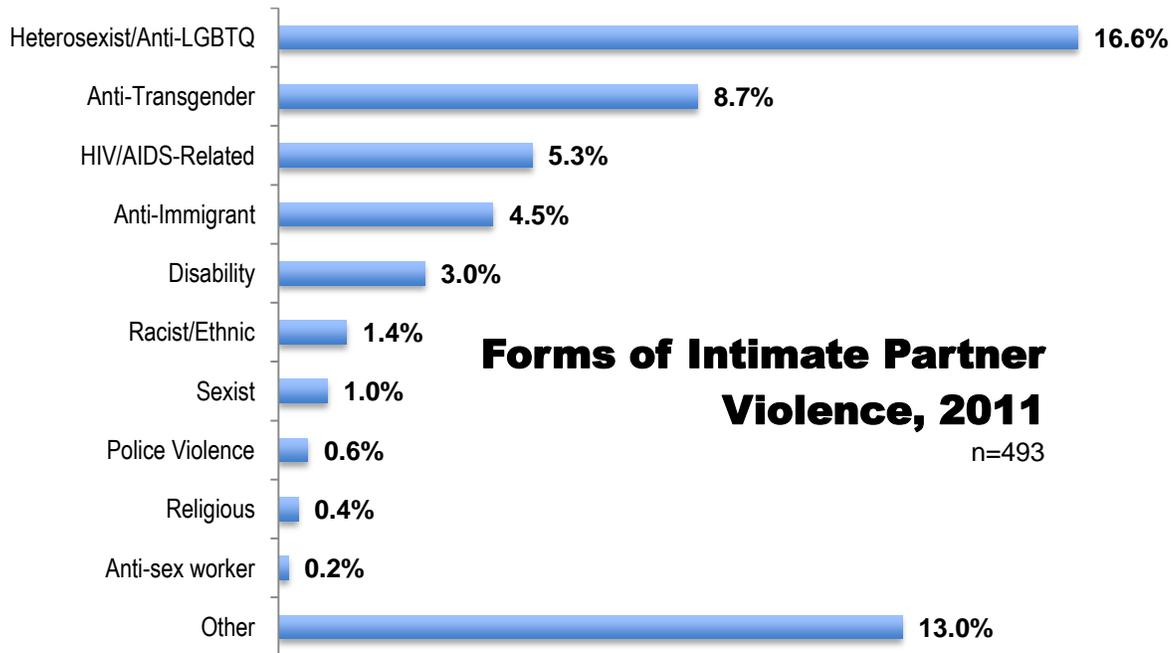
In 2011, 219 survivors reported to NCAVP that they sought access to domestic violence shelters. Of those seeking shelter 61.6% were turned away, while only 25.7% were admitted to a shelter. More survivors in 2011 (61.6%) were turned away from shelter than in 2010 (44.6%). Access to domestic violence shelters can be critical for the safety of LGBTQH 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.

SURVIVOR EFFORTS TO ACCESS ORDERS OF PROTECTION



In 2011, 2.7% of total survivors reported to NCAVP that they applied for orders of protection, which is relatively consistent with 2010 (1.8%). The remaining survivors did not disclose their attempts to obtain orders of protection to NCAVP. In 2011, 78.1 % of survivors seeking an order of protection received one, a slight decrease from 2010 where 83.7% of LGBTQH IPV survivors seeking an order of protection received one.

FORMS OF INTIMATE PARTNER VIOLENCE

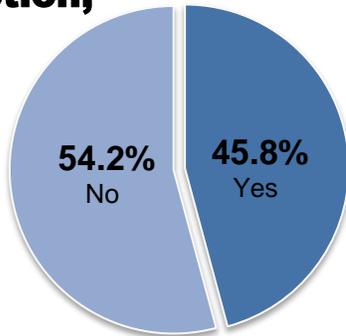


In 2011, 16.6% of abusive partners used heterosexist and anti-LGBTQ forms of IPV against their partners, while 8.7% of abusive partners used anti-transgender IPV. HIV/AIDS-related IPV and anti-immigrant IPV represented relatively similar proportions with 5.3% and 4.5% respectively. IPV related to disability status, sexism, police violence, anti-religious bias, and anti-sex worker bias each represented less than 4% of total reports from survivors individually. Abusive partners use a myriad of tactics that mirror and are reinforced by societal oppression and discrimination to exert power and control over survivors.

POLICE INTERACTIONS

Rates of Police Interaction,

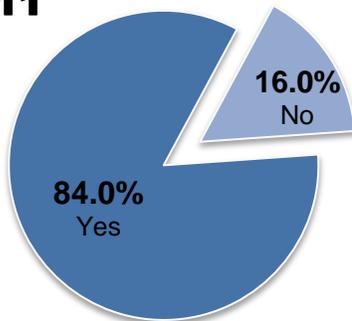
2011
n=1146



In 2011, 45.7% of survivors who reported to NCAVP also reported to the police. While still less than half of LGBTQH IPV survivors, this is an increase from 2010 where 29.7% of survivors called the police. This data may in part result from the historical distrust within LGBTQH communities towards the police. Many LGBTQH community members have experienced or witnessed discrimination and violence from the police.⁴³ Many LGBTQH IPV survivors do not reach out to the police for assistance for this very reason, leaving them with less support to create safety within or outside of their relationships.

Police Classified as IPV, 2011

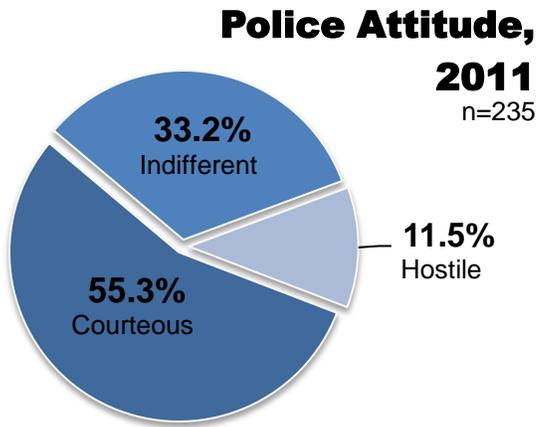
n=156



For the survivors who reported their police interactions to NCAVP, 84.0% of survivors who reported to the police experienced the police classifying their incident as IPV. This characterization of IPV is important because it allows survivors to be eligible for some resources that may rely on police reports or court orders to determine their eligibility for services such as housing, shelter, and orders of protection. Survivors also reported that in 44.4% of incidents involving the police, the police arrested the abusive partner, which is a slight decrease from 47.1% in 2010. When the police arrest the abusive partner it can reduce immediate danger and increase a sense of safety for many LGBTQH survivors.⁴⁴

⁴³ Amnesty International USA – *Stonewalled: Police Abuse and Misconduct Against Lesbian, Gay, Bisexual and Transgender People in the US*. Retrieved on Sept 15, 2012, from <http://www.amnesty.org/en/library/asset/AMR51/122/2005/en/17385cd5-d4bd-11dd-8a23-d58a49c0d652/amr511222005en.html>.

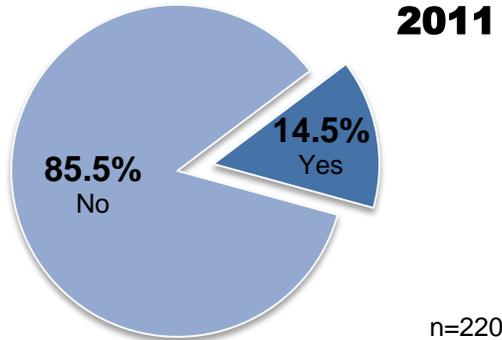
⁴⁴ NCAVP did not track this data in 2010 so no comparisons are available.



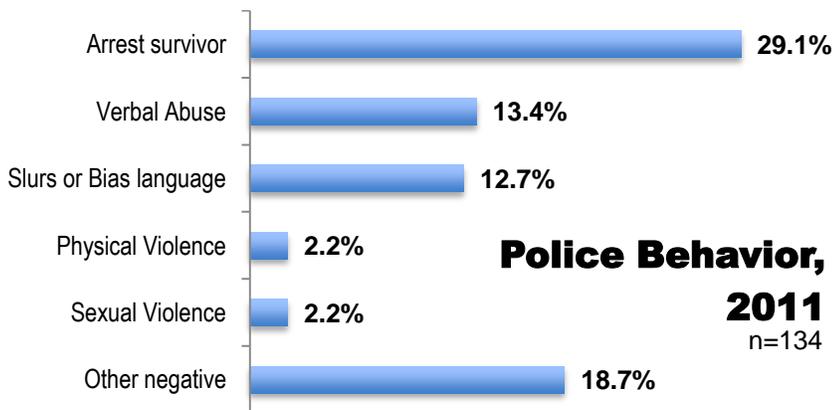
Of those who interacted with the police, 11.5% reported to NCAVP that police attitudes were hostile, 33.2% reported indifferent attitudes from the police, and 55.3% of survivors reported that police attitudes were courteous. Indifferent and hostile police attitudes can deter LGBTQH IPV survivors from reporting future experiences of violence to law enforcement and to anti-violence programs. Survivors who experience courteous responses are more likely to seek additional support for their experiences of IPV and encourage other survivors that they know to seek support.

POLICE BEHAVIOR

Survivors Report Police Misconduct, 2011



Survivors reported police misconduct in 14.6% of incidents involving the police, an increase from 2010 (6.1%).



Within police misconduct, in 28.4% of incidents in 2011 the police arrested the survivor a slight increase from 2010 (23.2%). LGBTQH IPV survivors also experienced other forms of police misconduct⁴⁵ including non-specific negative experiences (18.7%), verbal abuse (13.4%), slurs or bias language (12.7%), and physical violence (2.2%) and sexual violence (2.2%). As previously stated, police misconduct can deter LGBTQH survivors from reporting in the future and can increase the historical distrust that LGBTQH survivors have with law enforcement.

⁴⁵ NCAVP did not track these forms of police misconduct in 2010 so no comparisons are available.

DISCUSSION

DECREASE IN REPORTS

Between 2010 and 2011 the total number of reported incidents decreased by 22.2%. NCAVP attributes this to a decrease in reporting as opposed to a decrease in LGBTQH IPV, resulting from NCAVP members having less capacity to collect reports from LGBTQH IPV survivors. Funding cuts caused some NCAVP member programs to reduce staff and infrastructure. Some member programs are working with fewer staff because they are still recovering from the U.S. economic downturn. For example, NCAVP member program the Los Angeles Gay and Lesbian Center (LAGLC) lost two outreach staff in the past year. This substantially reduced their capacity to conduct outreach to access survivors and reports of violence. These reduced reports may also be connected to the increase in reports of IPV homicides in 2011. For already under-resourced LGBTQH anti-violence programs, an increase in homicides forces programs to shift staff from other programmatic activities such as outreach and survey efforts that allow anti-violence programs to document reports of LGBTQH IPV in their local areas. This decrease demonstrates the need for funding for outreach, public education programs, and anti-violence prevention initiatives in order collect reports of LGBTQH IPV.

A decrease in reporting can also result from LGBTQH survivors reporting IPV. Survivors can be reluctant to report IPV for a variety of reasons, including fears of censure from close-knit LGBTQH communities, internalized and societal homophobia, biphobia, and transphobia, fearing that reporting will reduce their safety, and a lack of a consistent understanding of LGBTQH IPV.⁴⁶ Research indicates that transgender IPV survivors fear reporting incidents of IPV due to the high likelihood of re-victimization by direct service providers.⁴⁷ Studies also show that gay men fear experiencing discrimination when seeking support leading them to report IPV less as well.⁴⁸ LGBTQH anti-violence programs offer a unique resource to address these barriers for LGBTQH IPV survivors. These programs create safer ways for survivors to report IPV and seek assistance and also advocate for LGBTQH IPV survivors who have experienced discrimination when seeking support.

INCREASE IN HOMICIDES

IN 2011 NCAVP recorded the highest number of IPV homicides ever recorded by NCAVP, with 19 documented LGBTQH IPV homicides in 2011. NCAVP sees this increase in reported LGBTQH IPV homicides as a rise in the public understanding of LGBTQH IPV, which allows the media to publish these stories and for loved ones to report LGBTQH IPV homicides to NCAVP. Intimate partner violence homicide is often mischaracterized when law enforcement and the media do not understand or recognize LGBTQH relationships, due to homophobia and transphobia. Sometimes LGBTQH IPV homicide is mischaracterized as hate violence, since anti-LGBTQH hate violence has more public visibility than LGBTQH IPV within broader society. The large numbers of IPV homicides occurring near NCAVP member programs shows the impact that LGBTQH anti-violence programs can have on educating the community, local media, and local law enforcement on the dynamics of LGBTQH IPV. NCAVP member programs often create trainings to law enforcement and direct service providers LGBTQH IPV and create public education events on LGBTQH IPV. These activities can increase the likelihood

⁴⁶ Duke, Alysondra & Davidson, Meghan. (2009). *Same- Sex Intimate Partner Violence: Lesbian, Gay and Bisexual Affirmative Outreach and Advocacy*. Journal of Aggression, Maltreatment and Trauma, 18, 801.

⁴⁷ Stotzer, Rebecca. (2009) *Violence Against Transgender People: A Review of United States Data*. Aggression and Violent Behavior, 14, 171.

⁴⁸ Duke, Alysondra & Davidson, Meghan. (2009). *Same- Sex Intimate Partner Violence: Lesbian, Gay and Bisexual Affirmative Outreach and Advocacy*. Journal of Aggression, Maltreatment and Trauma, 18, 805.

that LGBTQH IPV homicides are reported, publicized, and investigated accurately. The degree of discrimination and bias that LGBTQH survivors face when seeking to access mainstream IPV services can also increase the likelihood of homicide for LGBTQH IPV survivors. Broader literature states that when IPV survivors are unable to access crisis services the consequences can be deadly.⁴⁹ NCAVP members frequently observe that the more contact that an IPV survivor has with an anti-violence program the less they are likely to experience homicide.

DISPROPORTIONATE IMPACT OF HOMICIDE AND SEVERE VIOLENCE ON GAY MEN

The majority of 2011 IPV homicide victims were men (63.2%) but men only represented 41.1% of total reports. Gay men also were more likely to report experiencing injuries. As previously stated, the public image that IPV survivors are non-transgender women within heterosexual relationships excludes the realities of LGBTQH survivors of IPV, and limits access to gay men IPV survivors. In “Domestic Violence Between Same-Gender Partners: Recent Findings and Future Research,” Joan McClennen finds 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 had more knowledge about and access to IPV services.⁵⁰ In particular, domestic violence shelters can be a life-saving resource for IPV survivors seeking to safely exit their relationships. However, NCAVP members frequently observe that gay men are among some of the least likely to access shelter among LGBTQH survivors, due to many shelter’s refusals to accept men. NCAVP believes that this inability to gain access to domestic violence shelter is directly connected to the disproportionate rates of IPV homicide and injuries among gay men.

Societal and cultural bias can also make it less likely for LGBTQH men who are IPV survivors to acknowledge and understand that they are experiencing IPV within their relationships. These survivors may assume that IPV doesn’t occur in gay relationships or among men. Anti-LGBTQH bias in society also makes gay men likely to remain silent about IPV in order to prevent further stigma and negative views about gay relationships in society.⁵¹ When gay men do seek support they often seek support from their friends and rarely seek formal support.⁵² Informal and community support can be extremely useful for IPV survivors. However many survivors need access to formal support from medical providers, law enforcement, counselors, advocates, shelter providers, and other direct service providers.⁵³ This data highlights the deadly consequences for the cultural and societal oppression against gay men IPV survivors and calls for urgent attention from policymakers, service providers, and anti-violence programs.

DISPROPORTIONATE SEVERE VIOLENCE AGAINST YOUTH AND YOUNG ADULTS

Youth, young adults, and youth and young adults of color were more likely to experience injuries, physical violence, and threats and intimidation than survivors who did not identify in these ways. The intersecting oppressions that these communities experience due to their age, race, and LGBTQH identities contributes to an increased likelihood of

⁴⁹ Iyengar, Radha & Sabik, Lindsay. (2009). *The Dangerous Shortage of Domestic Violence Services*. Health Affairs, Vol. 28. 1063.

⁵⁰ McClennen, Joan C. (2005). *Domestic Violence Between Same-Gender Partners: Recent Findings and Future Research*. Journal of Interpersonal Violence, Vol 18. 150.

⁵¹ 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. 74.

⁵² Ibid

⁵³ McClennen, Joan C. (2005). *Domestic Violence Between Same-Gender Partners: Recent Findings and Future Research*. Journal of Interpersonal Violence, Vol 18. 152.

experiencing poverty, lowered academic achievement, homelessness, and unemployment.⁵⁴ Employment barriers can begin early in life for LGBTQH youth, because they may face homophobic, biphobic, and transphobic, violence at school or home. Current research highlights that LGBTQH young people are more likely to experience sexual violence, feel unsafe at school, and experience physical violence than their non-LGBT peers.⁵⁵ Scholars also estimate that 20-40% of homeless youth are LGBTQ.⁵⁶ Low-income LGBTQH youth and LGBTQH youth of color who face homophobia 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-LGBTQH violence also can increase the likelihood for poverty for LGBTQH young people.

To maximize resources, NCAVP members frequently see that these survivors 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, particularly for youth and young adults of color.⁵⁷ When IPV exists within their relationships, they may not choose to leave because it means leaving their communities and their means of supporting themselves, thereby increasing the severity of IPV within their relationships. The higher dropout rates for LGBTQH youth can create later employment barriers for LGBTQH 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 these types of employment can increase the risk of violence and can create barriers for LGBTQH 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.⁵⁸ 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 LGBTQH anti-violence programs, because survivors may assume that they may not have access to these services, also increasing the severity of the IPV that these survivors experience. Among homeless LGBTQH youth and young adults of color, the barriers to accessing services are particularly high.⁵⁹

PEOPLE OF COLOR MORE LIKELY TO EXPERIENCE PHYSICAL VIOLENCE, THREATS, AND INTIMIDATION

NCAVP's 2011 report highlights that LGBTQH people of color survivors experienced disproportionate rates for physical violence, threats, and intimidation. This dynamic shows that LGBTQH survivors of color are more likely to report physical violence to NCAVP member programs than other forms of violence. NCAVP also recognizes that this physical violence is often accompanied by threats and intimidation. Research shows that LGBTQH IPV survivors, African American and

⁵⁴ 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.

⁵⁵ Centers for Disease Control and Prevention *Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9–12 — Youth Risk Behavior Surveillance, Selected Sites, United States, 2001–2009*. 2011. Accessed from: <http://www.cdc.gov/mmwr/pdf/ss/ss60e0606.pdf> on Sept, 14, 2012

⁵⁶ National Gay and Lesbian Task Force, "Lesbian, Gay, Bisexual and Transgender Youth: An Epidemic of Homelessness" (2006). Accessed from: http://www.thetaskforce.org/reports_and_research/homeless_youth on Sept, 18, 2012.

⁵⁷ 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.

⁵⁸ 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.

⁵⁹ Gipson, L. Michael. (2002, April/May). *Poverty and Race Research Action Council*. Retrieved on September, 25, 2012, from http://www.prrac.org/full_text.php?text_id=743&item_id=7785&newsletter_id=61&header=Race+%2F+Racism.

Latina/o LGBTQH survivors in particular are less likely to seek IPV resources.⁶⁰ Several LGBTQH anti-violence programs were founded by or have long term roots in communities of gay, white, men. LGBTQH survivors of color may not know about these LGBTQH anti-violence programs, respond to the same types of outreach as other survivors, may prefer services from someone of their same racial identity, or may not live in the same neighborhoods as white LGBTQH communities.⁶¹ While LGBTQH anti-violence programs have developed many programs to increase diversity such as support groups, outreach, and organizing campaigns focusing on the needs and experiences of LGBTQH communities of color, these survivors can still face barriers in accessing services. Additionally, these survivors can experience homophobia, biphobia, transphobia, and racism when attempting to access non-LGBTQH specific IPV programs or IPV programs that are specific to communities of color. LGBTQH communities of color are shown to experience increased rates of homelessness, unemployment, poverty, and HIV.⁶² This necessitates that anti-violence programs need to create support and prevention strategies to address the intersection of IPV, poverty, and HIV-status and to address the impact that power and control can have on survivors experiencing these multiple marginalized identities.

SEXUAL VIOLENCE WITHIN INTIMATE PARTNER VIOLENCE

Transgender IPV survivors and queer IPV survivors both reported disproportionate rates of sexual violence to NCAVP. Transgender survivors of IPV may experience disproportionate sexual violence due to experiences of transphobia within IPV, from non-transgender abusive partners, or from transgender partners who have internalized transphobia. Transphobic violence can often have a sexual nature, rooted in the hatred associated with those who do not conform to a traditional gender binary of men and women.⁶³ For example, NCAVP members observe that abusive partners can use transphobic tactics of power and control to violate transgender survivors' sexual boundaries. These abusive partners can justify these violations claiming that "real men or women" have sex in this way. Research also shows that some of the most documented types of violence against transgender people are sexual assault and rape.⁶⁴ Many studies on transgender people are funded or written by state and local Departments of Health.⁶⁵ These studies usually focus on sexual behavior (i.e. condom use, unprotected sex, and anal sex) in order to draw connections with HIV/AIDS status and transmission. Despite this research these studies often do not focus on the dynamics of sexual violence within IPV for transgender survivors.

For years LGBTQH anti-violence programs have conducted training to mainstream direct service providers and LGBTQH communities to increase the public understanding of queer sexual violence. The disproportionate rates of sexual violence within IPV for queer survivors may show that the idea persists that, "sexual violence does not exist within queer relationships." Sexual violence is a key component within many abusive and violent relationships and often accompanies other forms of intimate partner violence including physical violence, verbal harassment, threats, and intimidation. Since queer is a term and identity that originated in progressive and academic LGBTQH communities, this data may indicate an increased reporting to LGBTQH anti-violence programs for these survivors. Currently limited research on sexual violence and queer survivors exists. However, NCAVP will continue to examine this dynamic in future years. These

⁶⁰ 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.

⁶¹ 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.

⁶² Dunn, Melissa & Moodie-Mills, Aisha C. (2012, April 13). *The State of Gay and Transgender Communities of Color 2012*. Retrieved on September 25, 2012, from <http://www.americanprogress.org>.

⁶³ Ibid

⁶⁴ Stotzer, Rebecca. (2009). *Violence Against Transgender People: A Review of United States Data*. Aggression and Violent Behavior, Vol.14. 171.

⁶⁵ Ibid.

disproportionate rates of sexual violence for these communities show the need to design specific programs that prevent sexual violence within queer and transgender communities, and culturally competent services for these survivors.

HOMOPHOBIC, TRANSPHOBIC, AND BIPHOBIC BIAS AND OPPRESSION AS A METHOD OF POWER AND CONTROL

NCAVP's data highlights that bisexual survivors and transgender survivors face heightened risks for particular kinds of IPV, including threats and verbal harassment. While commonly seen as separate forms of violence, homophobic, transphobic, and biphobic bias violence can also be used by abusive partners as a method of power and control. Threats and verbal harassment can accompany biphobic and transphobic bias that bisexual and transgender survivors experience within IPV. Abusive partners often exploit survivors using whatever forms of power and privilege they have, in order to control survivors' emotions, movement, resources, and to reduce their safety. For example abusive partners will control transgender survivor's access to hormones, harass and ridicule transgender partner's bodies, use biphobic and transphobic statements such as "no one else could ever love you" against bisexual and transgender survivors. When bias is present within IPV, abusive partners can also use the threat of outside oppression against survivors, such as threatening to out bisexual and transgender survivors at their workplaces.⁶⁶ LGBTQH communities and transgender and bisexual survivors in particular can face social isolation.⁶⁷ Homophobic, biphobic, and transphobic power and control can capitalize on that isolation to control survivors. LGBTQH survivors and abusive partners both know that survivors may face poverty, homelessness, and unemployment when they attempt to exit their relationships. Homophobic, transphobic, and biphobic power and control tactics are particular forms of IPV that are uniquely experienced by LGBTQH survivors. In order to fully prevent LGBTQH IPV and support LGBTQH IPV survivors, providers must receive education on these issues and learn how to support survivors in a welcoming and bias-free environment that does not trigger LGBTQH IPV survivor's experiences of abuse.

LOW RATES OF POLICE REPORTING AND POLICE INTERACTION

In this year's report less than half of survivors reported to the police. While this is an increase from 2010, this continues to show that a substantial amount of LGBTQH IPV survivors are not seeking support from law enforcement. Violence in LGBTQH relationships remains underreported, similar to non-LGBTQH survivors, out of fear of retaliation from abusive partners. Until recently sodomy laws deterred many LGBTQH IPV survivors from reporting IPV for fear of being arrested for same-gender sexual activity.⁶⁸ Most states repealed anti-sodomy law in the 1970's and 1980's. The U.S. Supreme Court ruled the remaining anti-sodomy laws unconstitutional in 2003.⁶⁹ Research on LGBTQH survivors also shows that survivors are particularly reluctant to report out of fears associated with confronting homophobia, transphobia, and biphobia from law enforcement.⁷⁰ LGBTQH communities have historic negative police experiences that continue to the present day such as: police raids of LGBTQH bars and clubs, anti-LGBTQH police violence and profiling, false arrests, and homophobic, biphobic, and transphobic harassment when attempting to seek support from law enforcement.⁷¹ One serious experience

⁶⁶ Kae Greenberg.(2009). *Still Hidden in the Closet: Trans Women and Domestic Violence*. Berkley Journal of Gender, Law and Justice.206.

⁶⁷ Kae Greenberg.(2009). *Still Hidden in the Closet: Trans Women and Domestic Violence*. Berkley Journal of Gender, Law and Justice. 215.

⁶⁸ Joan C. McClellan. (2005).*Domestic Violence Between Same-Gender Partners: Recent Findings and Furture Research*. Journal of Interpersonal Violence. Vol .18, 152.

⁶⁹ *Lawrence vs. Texas*. Retrieved on September 30, 2012, from http://en.wikipedia.org/wiki/Sodomy_laws_in_the_United_States

⁷⁰ Leslie K. Burke & Diane R. Follingstad.(1999). *Violence In Lesbian and Gay Relationships: Theory, Prevalence, and Correlational Factors*. Clinical Psychology Review, Vol. 19, 491.

⁷¹ NCAVP – *Hate Violence Against Lesbian, Gay, Bisexual, Trnsgender, Queer, and HIV- affected Communities: In the United States in 2011*. Retrieved on September 30, 2012, from http://avp.org/documents/NCAVPHVReport2011Final6_8.pdf.

for LGBTQH IPV survivors is mis-arrest, when the survivor is arrested as opposed to the abuser. In 2011 a little less than one third of survivors reported experiencing mis-arrest. Mis-arrest can result from police officers not understanding how to identify an abuser within LGBTQH relationships and assuming who the abuser is based size, perceptions of strength, or stereotypes who the abuser is. Many NCAVP member programs train law enforcement on LGBTQH IPV to help reduce to possibility of negative police experiences, especially mis-arrest. These combined experiences of police violence, criminalization, and negative treatment by law enforcement when seeking support have contributed to cultural distrust within LGBTQH communities to report violence within LGBTQH relationships to the police.⁷²

EX-PARTNERS AND INTIMATE PARTNER VIOLENCE

In this report survivors reported substantially more IPV from abusive ex-partners as compared to previous years. Breakups can increase tensions within abusive relationships and can increase the severity of the violence that LGBTQH survivors experience. Ex-partners may feel that they have lost control over their relationship, and therefore increase their abusive tactics, and/or stalk their ex-partners. Survivors are also shown to be more likely to seek help when violence within their relationships is severe and this can contribute to the high amount of reported abusive ex-partners. 2011's data highlights that safety planning on violence and abuse from ex-partners in addition to current partners is critical for LGBTQH survivors. Programs that seek to support survivors and prevent IPV should develop specific programs to address violence from ex-partners. Currently, there is limited research on this topic, and NCAVP will continue to monitor this dynamic in future reports to monitor increases or decreases over time.

DECREASE IN SURVIVORS ACCESSING DOMESTIC VIOLENCE SHELTERS AND ORDERS OF PROTECTION

The decrease of survivors accessing domestic violence shelters highlights a continuing issue that many mainstream shelters may not be equipped to house LGBTQH survivors.⁷³ NCAVP members frequently encounter many mainstream shelters that have policies that explicitly prohibit men and transgender survivors from their shelters. Policies that exclude LGBTQH survivors, particularly men and transgender survivors, compel LGBTQH survivors to seek support from homeless shelters, which may not be equipped to support LGBTQH IPV survivors' needs. Homeless shelters may not have IPV specific services such as counseling and support groups, staff who are familiar with LGBTQH terminology, access to gender neutral restrooms and accommodations, knowledge of LGBTQH IPV issues, and institutional policies to prevent discrimination and violence within the shelter for LGBTQH survivors.⁷⁴ This data demonstrates the need for increased advocacy to increase LGBTQH IPV survivors' access to domestic violence shelters and to increase LGBTQH inclusivity within mainstream domestic violence services.

The decrease in survivors receiving orders of protection suggests that LGBTQH survivors continue to face barriers in seeking support from law enforcement, as previously discussed. 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 from returning to their home or the relationship. In some cases, orders of protection may not be the support a survivor needs, and can possibly put survivors at

⁷² Amnesty International USA – *Stonewalled: Police Abuse and Misconduct Against Lesbian, Gay, Bisexual and Transgender People in the US*. Retrieved on Sept 15, 2012, from <http://www.amnesty.org/en/library/asset/AMR51/122/2005/en/17385cd5-d4bd-11dd-8a23-d58a49c0d652/amr511222005en.html>.

⁷³ Kae Greenberg. (2009). *Still Hidden in the Closet: Trans Women and Domestic Violence*. Berkley Journal of Gender, Law and Justice. 234.

⁷⁴ *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. Retrieved on September 5, 2012, from <http://www.avp.org/documents/WhyItMatters.pdf>.

additional risk. Some abusive partners may increase their abusive tactics in retaliation after an order of protection is filed against them.

UNDERREPORTED CATEGORIES

Many survivors did not report their HIV, disability, or immigration status to NCAVP. This indicates that survivors could need more support in safely and comfortably disclosing these identities to NCAVP. Advocacy and policy work needs to continue within these communities in order to ensure access to appropriate services. Given the high percentage of undisclosed answers in these particular categories, NCAVP found it important to look at the potential reasons as to why people were not disclosing in these categories.

HIV STATUS

Consistent with previous year's 60% of survivors did not disclose their HIV status in 2011. Stigma against HIV-affected communities, lack of access to appropriate services, and challenges in proving discrimination based on HIV status leads HIV-affected survivors to underreport experiences of violence and discrimination.⁷⁵ While these trends are commonly observed for reporting to law enforcement the high percentage of survivors who did not report their HIV status to NCAVP in 2011 may reflect these trends as well. Many states also have confidentiality laws related to collecting information on HIV status, which can reduce the amount of NCAVP programs collecting information on HIV-affected IPV survivors. HIV-positive survivors can experience specific forms of IPV that are critical to document and research. Abusive partners can use survivor's HIV-status as a tool to maintain power and control by withhold or threaten to withhold medication as a tactic of power and control, interfere with HIV-related medical appointments, increase physical violence when HIV-positive survivors are physically-ill, and inflict HIV-related emotional abuse such as threatening to out an HIV-positive survivor's status or trying to shame them because of having HIV. These abusive tactics can substantially reduce the physical and mental health for HIV-affected survivors. NCAVP will continue to document the experiences of HIV-affected survivors in order to increase their access to services and safety.

IMMIGRATION STATUS

Similar to HIV-status only 50% of all survivors reported their immigration status. Some NCAVP member programs do not collect immigration status information for fear that recording this information may inadvertently put survivors at risk of deportation. This can increase the amount of non-disclosed immigration responses. LGBTQH immigrant survivors could also not disclose their immigration status to anti-violence programs out of a fear of deportation. Federal immigration programs such as Secure Communities (S-Comm), a fingerprint-sharing program that shares fingerprints of suspected undocumented people with the FBI's database when they encounter law enforcement, results in expedited and increased deportations. Programs like S-Comm can deter LGBTQH IPV immigrant survivors from reporting to law enforcement and anti-violence programs. LGBTQH IPV immigrant survivors often need specific services and prevention programs to that address the intersections of the LGBTQH identity and immigration status. Abusive partners of LGBTQH immigrants can also use a survivor's immigration status as a tactic of power and control by threatening to call Immigration and Customs

⁷⁵ Lambda Legal —*HIV Stigma and Discrimination in the US: An Evidence-Based Report*// November 2010. Retrieved on May 20th, 2012, from http://data.lambdalegal.org/publications/downloads/fs_hiv-stigma-and-discrimination-in-the-us.pdf.

Enforcement (ICE). NCAVP will strive to safely increase the data on LGBTQH immigrant survivors to document and continue to advocate for these issues.

BEST PRACTICES

INCREASE SURVIVOR LEADERSHIP

Community-based organizations should prioritize and support the leadership of LGBTQH IPV survivors by creating survivor-led programs.

LGBTQH anti-violence organizations, non-LGBTQH 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 2011's data documents gay men, LGBTQH youth and young adults, LGBTQH survivors of color, and transgender survivors face disproportionate experiences with severe forms of violence. Leadership programs for these communities should include curriculum, dedicated outreach, and services that address the intersections of their oppressions in culturally specific ways to support increasing leadership and safety for these survivors. LGBTQH IPV survivor's direct experiences provide invaluable perspectives for IPV prevention programs and direct services. When IPV survivors speak with other survivors they can help break the isolation that survivors experience through IPV and can be a crucial support when survivors are safety planning. Research and data on the needs and priority issues of LGBTQH IPV survivors remains limited. Developing the skills of LGBTQH 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 community-based organizations should increase access to services for LGBTQH survivors of IPV through institutional policies, procedures, hiring, training, and assessment tools that explicitly include the needs of LGBTQH survivors.

Most mainstream victim service providers do not have programming that comprehensively meets the needs of LGBTQH survivors.⁷⁶ LGBTQH-specific anti-violence organizations should support mainstream programs through training and technical assistance to increase their LGBTQH-specific expertise particularly within direct services, outreach, advocacy, and community organizing. 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 LGBTQH-inclusivity of their programs.

Mainstream and LGBTQH-specific anti-violence programs should implement Comprehensive Screening and Assessment Practices.

Many non-LGBTQH specific anti-violence organizations assume that all survivors are women and abusive partners are men which decreases LGBTQH survivors' access to life-saving services, especially for men and transgender survivors. These 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

⁷⁶ *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. Retrieved on September 5, 2012, from <http://www.avp.org/documents/WhyItMatters.pdf>.

mainstream domestic violence organizations and LGBTQH-specific anti-violence programs, should implement comprehensive screening and assessment practices to determine who the survivor is and who the abusive partner within IPV is. Law enforcement, other first responders, and anti-violence organizations can mistakenly identify an abusive partner as being a surviving partner, and provide services 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 LGBTQH anti-violence programs should create and support direct support models to serve LGBTQH IPV survivors not able or willing to engage with the criminal legal system.

As mentioned in this report, historically LGBTQH IPV survivors faced discrimination, violence, or criminal charges when engaging law enforcement and the legal system for support. In 2011 less than half of all LGBTQH 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, 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. These strategies are variably called community accountability or transformative justice. LGBTQH anti-violence programs and non-LGBTQH 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

LGBTQH-specific and mainstream community-based organizations should develop programs and campaigns to prevent and increase public awareness of LGBTQH IPV.

Mainstream and LGBTQH-specific organizations should raise awareness of IPV within LGBTQH communities to create a culture of intolerance for LGBTQH IPV. Community-based organizations can use outreach, public awareness campaigns, community organizing campaigns, and cultural events to educate community members on LGBTQH intimate partner violence, to teach people how to recognize the warning signs of abusive behavior, and how people can assist LGBTQH survivors of IPV to seek support for abusive relationships. Community organizers and service providers should conduct strategic outreach to LGBTQH communities to increase visibility of intimate partner violence prevention programs and services available to survivors of intimate partner violence. Without diverse and frequent outreach, LGBTQH survivors may not know where to go for support and safety. LGBTQH community centers, LGBTQH campus centers, and LGBTQH-specific policy organizations should train their staff and their constituencies about LGBTQH intimate partner violence and violence prevention strategies. Community organizations can also create organizing campaigns to confront mainstream IPV institutions that discriminate against LGBTQH IPV survivors and to demand that educational institutions

include an analysis of the impact of intimate partner violence in LGBTQH relationships within educational curricula regarding intimate partner violence.

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 LGBTQH intimate partner violence. Mainstream anti-violence organizations should collaborate with LGBTQH organizations to ensure that their outreach initiatives are LGBTQH inclusive. Mainstream organizations can benefit from LGBTQH anti-violence organizations' expertise on LGBTQH 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. These partnerships are particularly important in geographic areas of the country where LGBTQH-specific anti-violence services are scarce, such as the South and in rural areas.

Community-based organizations and educational institutions should prioritize early intervention and prevention strategies for youth to prevent and reduce IPV in LGBTQH 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 2011, indicating that IPV in LGBTQH youth and young adults continues to be a serious and pervasive issue. Additionally LGBTQH youth and young adults experienced disproportionate amounts of injuries and physical violence as compared to overall LGBTQH survivors. Sexual education curricula often do not include information on LGBTQH relationships or information on IPV. Comprehensive sexual education must include information on LGBTQH identities and include LGBTQH people in discussions about IPV to allow LGBTQH 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 assist these communities 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 LGBTQH 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 LGBTQH anti-violence programs should create and support LGBTQH Batterer Intervention Programs.

Currently there are very few LGBTQH-inclusive or specific batterer intervention programs in the United States. LGBTQH organizations should increase their knowledge and expand programs geared toward preventing, reducing, and ending violent behavior within LGBTQH 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, and other 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. 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 and 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 LGBTQH people of color, transgender and gender non-conforming communities, non-English speaking LGBTQH communities, LGBTQH youth, LGBTQH people with disabilities, and other communities.

LGBTQH anti-violence programs and mainstream anti-violence programs should increase outreach and programs to under-represented communities.

NCAVP's 2011 data lacks representation from LGBTQH elders, HIV-affected communities, LGBTQH immigrants, Asian Pacific-Islander communities, and Native communities. NCAVP members do not feel this is due to lower rates of IPV experienced by these communities. Instead 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 to reach under-represented LGBTQH 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.

FULL RECOMMENDATIONS FOR POLICYMAKERS AND FUNDERS

PREVENT

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

RESPOND

- Policymakers, public, and private funders should increase local, state, and national funding to LGBTQH-specific anti-violence programs, particularly for survivor-led initiatives.
- Congress should pass an LGBTQ-inclusive Violence Against Women Act (VAWA) to improve access to services for LGBTQH survivors of intimate partner violence, dating violence, sexual assault and stalking.
- Policymakers should institute LGBTQH-specific non-discrimination provisions to increase support and safety for LGBTQH survivors of violence, while also eradicating affirmatively discriminatory laws and policies that increase barriers for LGBTQH IPV survivors when seeking support.
- Policymakers should support LGBTQH training and technical assistance programs to increase the cultural competency of all victim service providers to effectively work with LGBTQH survivors.

RESEARCH

- Policymakers and funders, including the Department of Justice's Bureau of Justice Statistics, should increase research and documentation of LGBTQH 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.

CONCLUSION

Violence within LGBTQH relationships has historically been an invisible within and outside LGBTQH communities. This invisibility isolated many LGBTQH survivors of IPV, prevented LGBTQH communities from taking action on IPV, and made it more difficult to challenge the re-victimization of LGBTQH survivors by mainstream IPV service providers. This report provides insight into IPV within LGBTQH communities and highlights some key barriers between survivors and safety. In 2011, NCAVP saw a substantial increase in IPV related homicides. This increase in homicide not only gives us a clearer picture of IPV within LGBTQH communities, but it also gives us the opportunity to learn about the deadly impacts of the barriers LGBTQH IPV 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 LGBTQH survivors. These resources are essential to support survivors' plans to be safe within their relationships, or safe to leave them. LGBTQH survivors of IPV have been historically under-served by the mainstream support systems created to respond to this violence. The unique experiences of LGBTQH survivors, within the context of interpersonal and institutional homophobia, biphobia, transphobia, and heterosexism, create barriers that survivors may need assistance to navigate. NCAVP creates this report to highlight these barriers and provide concrete ways to overcome them. NCAVP aims to prevent and eventually eradicate IPV within LGBTQH communities by utilizing this research to inform direct services, public advocacy, public education, and community organizing.

Power and control dynamics continue to permeate the fabric of our society. Popular culture, media, family structures, 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 LGBTQH survivors is available to inform policy and programming. Policy makers and service providers should use the information provided in this report to inform their decisions and IPV programming. LGBTQH community members can use this report to spread awareness of IPV within LGBTQH communities, a topic rarely talked about within many LGBTQH organizations and social settings. No community, including LGBTQH communities, can afford to ignore IPV, when it can exact such a deadly price.

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, domestic 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.

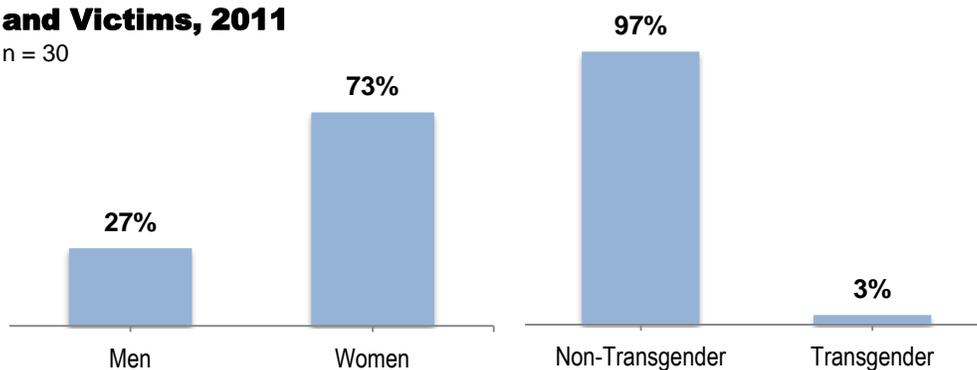
BRAVO is committed to our belief that the best way to reduce violence is to foster acceptance. Only by making people and institutions aware of these issues and “demystifying” LGBTQ people and the issues that LGBTQ people face can we assure quality services to victims and ultimately reduce the incidence of violence.

BRAVO received 30 reports of Intimate Partner Violence (IPV) in 2011, a 63% increase from the previous year. The increase in reports for 2011 could demonstrate increased reporting as reflected in previous years. Increased reporting may also be attributed to BRAVO subcontracting with the Legal Advocacy for Victims (LAV) grant from the Ohio Domestic Violence Network (ODVN). This grant allowed BRAVO to hire a dedicated IPV/SA part-time legal advocate, increase statewide outreach and services for LGBTQI survivors, and provide LGBTQI specific trainings for victim advocates and attorneys throughout the state.

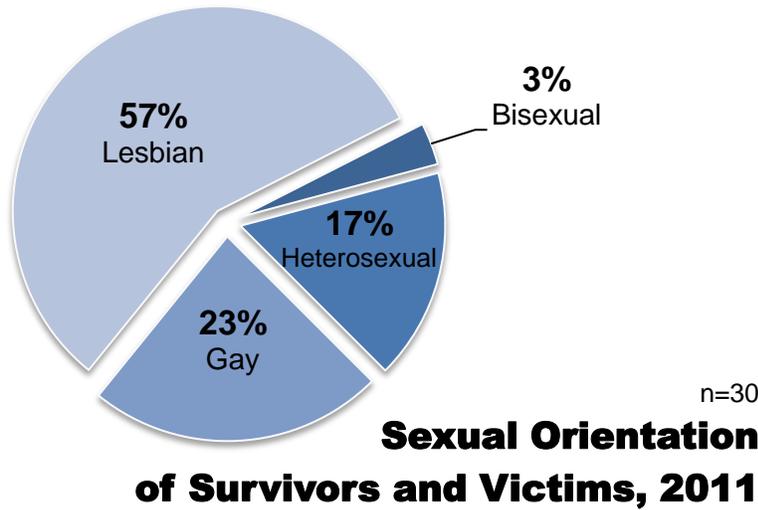
27% of callers were non-transgender men (8 total callers) and 73% were non-transgender women (21 callers). One survivor identified as a transgender woman. The year 2011 saw a 27% decrease in men reporting (11 in 2010 to 8 in 2011) and a 175% increase by women (8 in 2010 to 22 in 2011). Previous years have shown a much more equitable reporting rate between men and women, with men reporting slightly higher rates of IPV the past three years.

Gender Identity of Survivors and Victims, 2011

n = 30



In 2011, of those reporting, 23% identified as gay men (7) and 57% as lesbians (17). 17% of survivors were heterosexual women (17), with one bisexual male survivor reporting (3%).



47% of survivors interacted with the police (14 survivors). 50% of those reported courteous behavior (7 survivors), and 21% reported indifferent or hostile attitudes by the police (3 survivors). In 2011, BRAVO had no reports of law enforcement arresting the survivor. As BRAVO has continued to provide outreach, training, and incident response to law enforcement agencies statewide we are encouraged that these statistics show an increasing positive trend toward better response and improved attitudes by law enforcement working with LGBTQ survivors of IPV in Ohio.

BRAVO has seen continued success with the statewide LGBTQI Domestic Violence and Sexual Assault Task Force. The Task Force is a multidisciplinary group of direct service providers, community-based agencies, advocates, educators, policy makers, funders, and their allies who are working on behalf of Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI) communities affected by domestic violence and sexual assault. The Task Force’s mission is to raise awareness of and improve response to domestic violence and sexual assault impacting LGBTQI communities throughout the state. In addition, the Task Force seeks to support service providers, advocates, policy makers and others by providing education and advocacy, fostering collaboration, and identifying and working towards needed systems change for the LGBTQI communities.

In 2011, the Task Force launched a statewide “Safe Zone” training for domestic and sexual violence programs. The “Safe Zone” training is an initiative to increase safety and resources for survivors of domestic violence, sexual assault, and stalking in the Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex communities. Participants in this project will learn about LGBTQI communities and how to integrate policies and procedures that will ensure safety to survivors. The project is supported by the Ohio Attorney General’s Crime Victim Section, Ohio Office of Criminal Justice Services and the Ohio Department of Health.

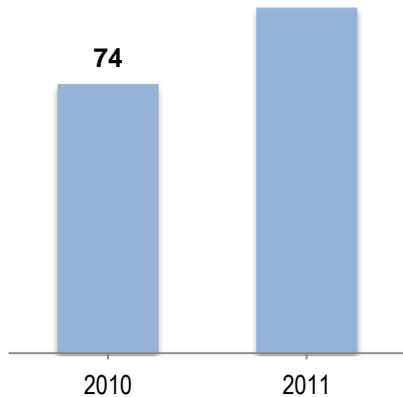
CENTER ON HALSTED ANTI-VIOLENCE PROJECT (COH AVP) CHICAGO, IL

Center on Halsted advances community and secures the health and well-being of the LGBTQ people of Chicago. Center on Halsted envisions a thriving lesbian, gay, bisexual, transgender and queer community, living powerfully in supportive, inclusive environments.

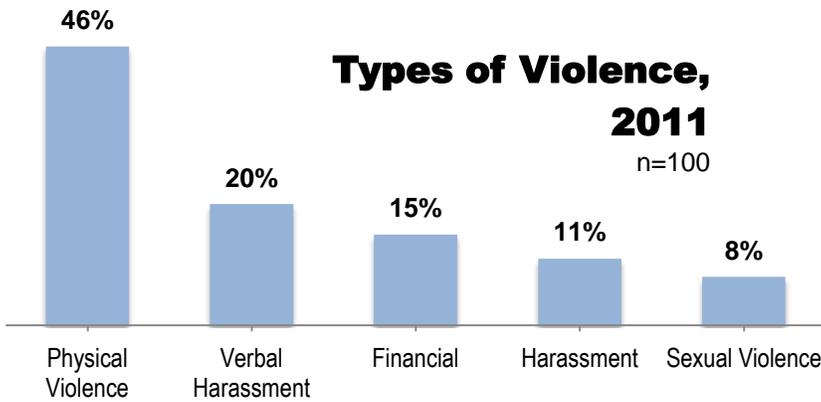
Center on Halsted’s Anti-Violence Project (COH AVP) responds to LGBTQ hate, domestic, sexual, police, and HIV-related violence across our region, providing direct support and services to survivors and witnesses, including crisis support, counseling, advocacy, safety planning, court accompaniment, and information and referrals. Our Training & Violence Prevention programs decrease the impact of bias in the lives of LGBTQ people, reducing both risk for harm and re-victimization by emergency responders and service providers.

Total Reports

2010-2011 95



In 2011, COH AVP provided support to 95 survivors of intimate partner violence. This is a 28% increase from 2010. During 2011, COH AVP was able to increase staffing from 1 to 2.5, enabling us to perform more outreach and provide more rapid response to survivors of violence. We believe our increased staffing accounts for the higher number of reports recorded because we are better able to respond with relevant and meaningful services in a timely manner, comprehensively, and with longer-term engagement. More outreach, more training, and more staff to perform intakes and develop services has meant that survivors identify COH AVP as a responsive, meaningful resource where “something will happen” as a result of reporting. This underscores a continuing need for relevant and meaningful capacity development and resources at local violence response programs.



46% of 2011’s reports (46 reports) included physical violence (a 39% increase compared to 33 reports of physical violence in 2010), making it the most-reported type of violence. Compared to 2010 where the most-reported type of violence was verbal harassment. Also, in 2011, reports of sexual violence (sexual assault and sexual abuse) included as an aspect of a survivor’s experience of IPV increased by 167% (from 3 reports in 2010 to 8 in 2011), representing 8% of the total IPV survivor reports this year. 15% (15 reports) of our 2011 IPV reports also included disclosure of financial or economic abuse, representing a 25% increase from 2010 reports (12 reports in 2010). Only 1 out of 5 people who reported incidents of IPV to COH AVP disclosed that they had also reported the incident to their local law enforcement. This information helps to illustrate LGBTQ IPV survivors’ needs for safe spaces to disclose instances of violence and receive healing, supportive responses from communities and institutions to promote accountability and prevent re-victimization. In addition LGBTQ-specific prevention efforts reduce the number of people exposed to violence and abuse.

THE CENTER FOR WOMEN AND FAMILIES LOUISVILLE, KY

The Center for Women and Families helps victims of intimate partner abuse or sexual violence to become survivors through supportive services, community education, and cooperative partnerships that foster hope, promote self-sufficiency, and rebuild lives. Originally part of the YWCA, The Center for Women and Families has been serving our community since 1912. Today The Center is a private nonprofit organization with 5 regional locations serving 7 Kentuckiana counties: Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer and Trimble counties in Kentucky, and Clark and Floyd counties in Indiana.

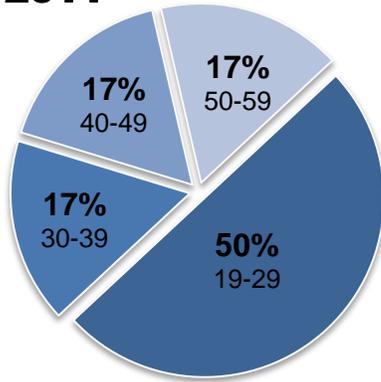
The Center for Women and Families offers services to all survivors of intimate partner abuse or sexual violence. Our clients include men and gay, lesbian, bisexual, and transgender people in addition to women and dependent children. We provide a variety of residential and nonresidential services including emergency shelter, transitional housing, counseling and advocacy. We staff a 24-hour crisis line, as well as have staff on call at all times to respond to sexual assault and domestic violence victims at area hospitals for advocacy and support. In 2011 The Center directly served over 7,000 clients who were affected by intimate partner and sexual violence, including primary victims of violence and the family and friends who are secondary victims, and reached over 30,000 community members through direct services, prevention trainings, and awareness efforts.

In recent years The Center formed an internal LGBTQ committee, which strives to create a safe and inclusive culture for LGBTQ individuals who have experienced intimate partner abuse or sexual violence by raising community awareness, fostering partnerships, educating staff and developing best practices. This committee's work includes internal training and resources to increase cultural competency related to LGBTQ populations, outreach efforts to the area's LGBTQ populations, and an effort to help create accessible and affirming space in our shelters and offices for all persons.

We recognize that our statistics do not accurately reflect the incidence of intimate partner violence and sexual assault in the local LGBTQ population, nor the number of LGBTQ persons served by The Center in 2011. Collecting sexual orientation and gender identity demographics is not currently required, and often has not been an inquiry of staff upon client intake or not disclosed by clients. Moving forward, The Center aims to improve data collection related to sexual orientation and gender identity so that we can better provide area statistics for LGBTQ populations and contribute to NCAVP research initiatives. Of the small collection of data we did receive specifying LGBTQ clients, all 24 cases were victims of intimate partner violence, many of whom reported multiple violent behaviors by their perpetrators, including physical violence, sexual assaults, threats and harassment. Two-thirds of these clients reported that the perpetrator was a current intimate partner, while the others reported the perpetrator was a former partner or friend.

Age of Survivors and Victims, 2011

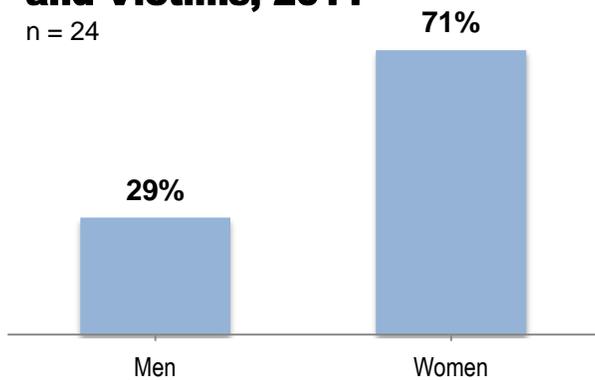
n = 24



50% (12) of survivors were ages 19-29, which is consistent with the national data. Ages 30-39; 40-49; and 50-59 were the remainder of survivors who reported and received services. While our sample size is small, making it difficult to discern these breakdowns, younger survivors may be more comfortable disclosing their sexual orientation or gender identity, making them a larger percentage of reports.

Gender Identity of Survivors and Victims, 2011

n = 24



Women represented a majority of survivor's with 71% (17 survivors) and men were the remainder with 29% (7 survivors). While 29% of men is larger than the overall percentage of men we serve who are not LGBTQ-identified, due to the small sample size it is difficult to make a conclusion on why this may be the case. The Center is committed to increasing our data collection for the NCAVP reports to better understand LGBTQH intimate partner violence in our region.

COLORADO ANTI-VIOLENCE PROGRAM (CAVP)

DENVER, CO

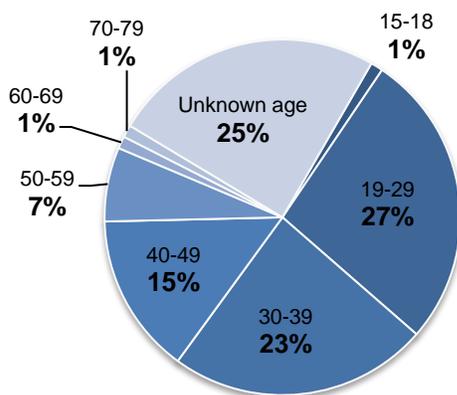
The Colorado Anti-Violence Program (CAVP) works to eliminate violence within and against the lesbian, gay, bisexual, transgender and queer (LGBTQ) communities in Colorado; in addition we seek to provide the highest quality services to survivors. CAVP provides direct services including a 24-hour state-wide hotline for crisis intervention, information and referrals as well as advocacy with other agencies, court accompaniment, and case management. CAVP also provides technical assistance and training and education for varied audiences including, but not limited to, service providers, homeless shelters, community organizations, law enforcement, and LGBTQ community members.

Branching Seedz of Resistance (BSEEDZ) is a youth-led project of CAVP that works to build community power to break cycles of violence affecting LGBTQ young people in Colorado. Using strategies of community organizing, arts and media, action research, and direct action, BSEEDZ sparks dialogue, educates, and empowers youth to take action. Led entirely by youth, BSEEDZ continues to build a base of youth leaders locally and nationally who are committed to fighting for safety and justice in their lives, families, and communities.

CAVP saw a small increase in the number of reports, from 86 in 2010 to 89 in 2011 (a 3% increase). This increase in reports may be due to increased outreach efforts and enhanced Spanish language support for our statewide hotline. Although the numbers are higher than the previous year, we do believe that as CAVP improves outreach across the state and shifts in the way that reports are collected and tracked, the number of reports annually will continue to increase in future years. For example, some other program or projects operating in the state give us anecdotal information about LGBTQ intimate partner violence incidents that are reported to their office, or survivors who were supported by them; these numbers are, however, not reported to CAVP. As part of outreach and collaborations, CAVP may look to collaborate with these organizations, so that we are able to further improve our data collection.

Age of Survivors and Victims

n=89

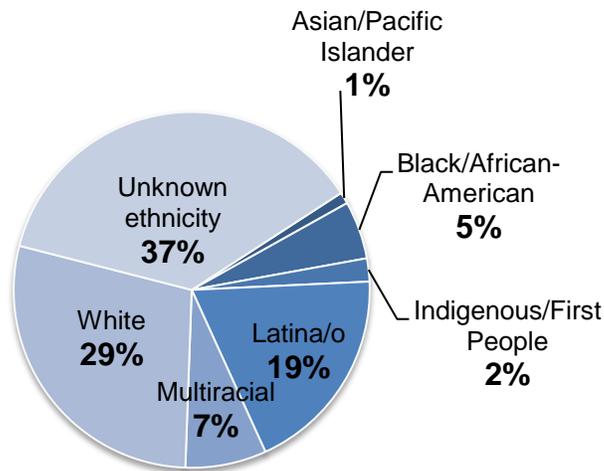


In 2011, CAVP saw that the highest number of survivors of intimate partner violence were from those aged between 19-29 with 27% of total reports (24), whereas the age group with the highest numbers in 2010 were between the ages of 30-39 (24%) with 21 reports. There were more reports from both men and women in 2011 as compared to 2010, with men at 63% (56 of total reports) and women at 39% (35) of the total in 2011. Reports from transgender individuals decreased,

from 6 in 2010 to 3 in 2011. CAVP saw an increase in numbers from those who had self-identified disabilities: in 2010, 6 persons reported having a disability. In 2011, 12 persons (13% of total survivors) reported the having a disability. Survivors who reported HIV+ status also went up. In 2010, we had 2 reporting that they were HIV+; in 2011, 7 survivors reported that they were HIV+, consisting of 8% of total reports.

Race/Ethnicity of Survivors and Victims

n=89



In 2011, CAVP increased the number of survivors reporting their race or ethnicity (56 survivors or 63% of cases in 2011 as compared to 36 survivors or 42% of cases in 2010). Of the people who reported their race or ethnicity, 25 survivors identified as white (29% of cases), 16 as Latina/o (19% of cases), 6 as multiracial (7% of cases), 4 as Black/African-American (5% of cases), 3 as Indigenous/First People (2% of cases), and 2 as Asian/Pacific Islander (1% of cases).

Physical violence was the tactic most commonly experienced in intimate partner violence in 2011 (25% of cases, 22 reported incidents), followed by verbal harassment in person (9%, 8 reports), threats (8%, 7 reports) and sexual violence (6%, 5 reports). Financial/economic abuse went up from 2 cases in 2010 to 4 in 2011, making up 4% of total reports.

Current lovers or partners were the highest percentage of known offenders, and we tracked a 213% increase in numbers from 2010: in 2011, 47 survivors (as opposed to 15 in 2010) identified a current lover or partner as the offender. Ex-lovers or partners, however, were also a significant number (in both years) and were 19% of the total number (17 reports in both 2010 and 2011). Gay men were the highest number of survivors reported, as well as the highest number of offenders. In 2011, 48% (43 survivors) of the survivors were gay men and 18% (16 survivors) were lesbians. Reported offenders who were identified as gay men were 15% of the total number in 2011 (13), lesbians were 7% (6), and heterosexual men and women were 4% (4).

CAVP continued to note that many survivors prefer not to report to the police. High profile police brutality cases from the previous year which had not been resolved by the Denver Police Department in a way that was reassuring for community organizations and members likely contributed to a continuing distrust or fear of reporting to police. 13% (12 survivors) of survivors reported to the police: of these 25% (2) reported being treated courteously by the officers, while 50% reported that they encountered either “indifferent” attitudes, or “hostile” attitudes, including the use of slurs or bias language (4).

CAVP is exploring strategies of working with the police, particularly in Denver, to more effectively support LGBTQ survivor safety and reporting.

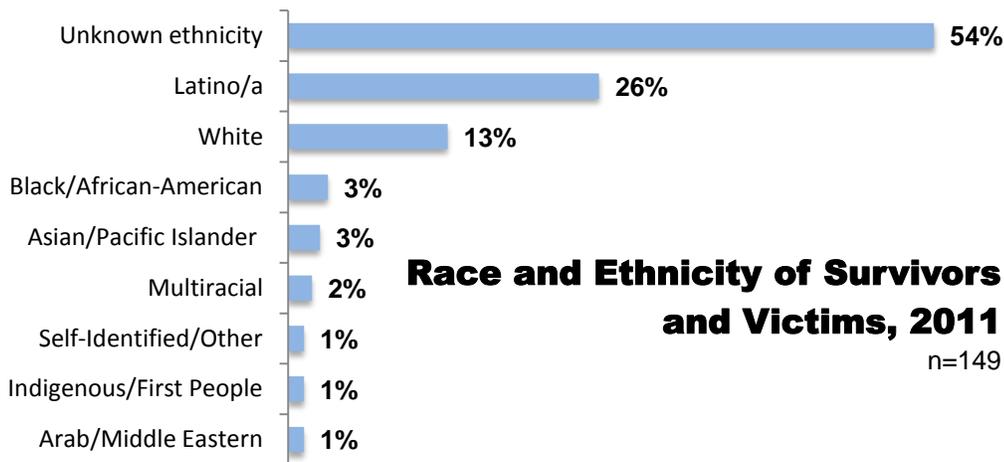
7% of the survivors (6) pursued a Protection Order, and 83% of these were granted (5). The top needs of survivors that CAVP was able to support were the following: 20% of the survivors needed support in finding housing (18 survivors); 16% sought counseling help (14). Referrals for legal aid or advice were sought by 15% of the survivors (13), and shelter by 12% (11). 12% of the survivors were either already homeless or anticipating homelessness as a result of the intimate partner violence (11 survivors). CAVP hotline advocates and office staff supported 24% of the survivors with safety planning, (21 survivors) and 7% received some form of emergency funds (6 survivors).

CAVP continues to increase its outreach, education, and training efforts in diverse communities. While CAVP has seen improvements from its work with shelter access, particularly for transgender persons, gay men, same-gender couples, and also gender non-conforming individuals, most of these are only within the Denver–metro area. Working within limitations of funding and capacity, CAVP is seeking to improve advocacy and support for survivors across the state, and also improve data collection to more accurately reflect the impact of intimate partner violence within the LGBTQ communities in Colorado.

COMMUNITY UNITED AGAINST VIOLENCE (CUAV) SAN FRANCISCO, CA

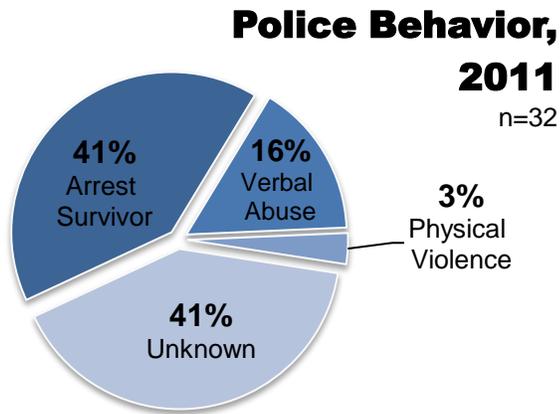
Since its inception in 1979, during a political climate of heavy policing in lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities and the assassination of San Francisco’s first openly gay supervisor Harvey Milk, members of Community United Against Violence (CUAV) have worked to find innovative community-based solutions to create safety and build power. To this day, CUAV remains true to that vision, providing free, bilingual peer support for low- and no-income LGBTQ people of color facing hate violence, domestic violence, and police violence, while simultaneously organizing LGBTQ survivors to participate in local policy campaigns that address issues of inequity such as a lack of safe and affordable housing, the criminalization of immigrant LGBTQ communities, and issues of employment discrimination.

In 2011, CUAV saw a 28% decrease in reported incidents of domestic violence from 2010 (207 reports) to 2011 (149 reports) Latina/o’s made up the largest percentage in 2011 with 50.6% of survivors who disclosed their race. Though not everyone disclosed their sexual orientation, the majority of individuals reporting self-identified as gay (53% of cases where the person disclosed their sexual orientation), a 10% increase from 2010.



The decreased number of people reporting to CUAV may be a result of programmatic transitions. After undergoing an extensive strategic planning process, the organization decided to phase out its 24-hour hotline and shift our focus from crisis response to supporting the on-going mental, emotional, and physical wellness of low- and no-income LGBTQ survivors of violence. At its core, this shift was about broadening our definition of anti-LGBTQ violence to include institutional and state violence, so as to better capture the impacts of chronic homelessness, unemployment, and/or incarceration on individual experiences of LGBTQ safety and wellness. Programmatically for CUAV, this approach looks like a variety of different activities, from working with LGBTQ survivors around finding resources to address a specific incident of violence to researching and taking action on long-term solutions to the cycles of violence many LGBTQ survivors face.

In 2011, CUAV worked with people whose experiences ranged from HIV positive survivors who became homeless after being kicked out by their abusive partners, abusive partners using their fluency in English to get survivors arrested after they called the police, to partners using the threat of deportation to keep people from leaving. In all of these cases, a lack of economic security, safe and independent housing, and societal homophobia and transphobia severely limited people’s options for survival.



Though reports of LGBTQ domestic violence decreased in 2011, the data collected about police interaction from this report highlights an important contradiction many LGBTQ survivors of violence face. Only 21% of survivors reported interacting with the police. Of the survivors who interacted with the police, 16% of those individuals reported police attitudes as “hostile” and 13% of those individuals reported police attitudes as “indifferent”. Police arrested the survivor in 41% of cases where people reported interacting with the police. Whereas police reports are generally required to legitimize experiences of violence and open doors to public victim assistance resources, when attempting to report violence to the police, many survivors face the risk of arrest themselves. This risk may make survivors more vulnerable to on-going violence and isolation, particularly LGBTQ immigrants who could be deported under local law enforcement collaborations with Immigration and Customs Enforcement (ICE) through programs such as “Secure Communities”.

EQUALITY MICHIGAN

DETROIT, MI

Equality Michigan works to achieve equality and respect for all persons, regardless of sexual orientation, gender identity, or gender expression. The Department of Victim Services at Equality Michigan strives to secure freedom from violence, intimidation, discrimination and harassment for LGBT and HIV-positive (HIV+) people.

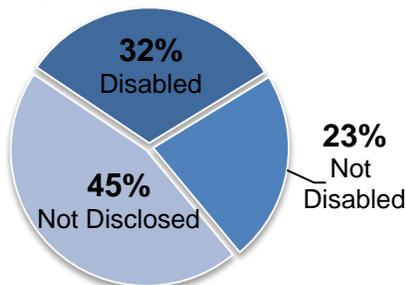
Equality Michigan was formed in early 2010 from the merger of Michigan’s two leading LGBT organizations: the Triangle Foundation and Michigan Equality. The leaders of the two organizations decided that unity was essential in order to effectively counter the heavily anti-equality political landscape in our state. Equality Michigan continues the work of the Triangle Foundation through its Department of Victim Services, and the organization is headquartered in Detroit in the former Triangle Foundation building. Additionally, Equality Michigan has an office located in Lansing. The Department of Victim Services provides free and confidential intervention, information, personal support and advocacy, criminal justice advocacy and referrals for attorneys, shelters, counseling, and other agencies to LGBT and HIV+ victims of violence, vandalism, intimidation, and harassment, as well as to LGBT and HIV+ victims of Intimate Partner Violence (IPV).

Equality Michigan is reporting incidents of intimate partner violence for the second time in its history. Though we have always provided assistance to survivors of intimate partner violence, these services are part of our larger anti-violence program and such services are provided in conjunction with local partners. The need for greater resource allocation to IPV services for LGBTQ and HIV positive individuals is glaringly evident in our report. There have been minor improvements in available services, with a third shelter in the state providing resources to transgender women in addition to the two confirmed shelters we reported in 2010. The Michigan Coalition against Domestic and Sexual Violence’s LGBT taskforce, in recognition of the limited services available to survivors of LGBT and HIV positive intimate partner violence hosted a regional training assisted by the Northwest Network in 2011. As was true last year, this year’s report is a reflection more of the work needed to provide better services to LGBTQ and HIV survivors of intimate partner violence rather than a representation of actual IPV victimization.

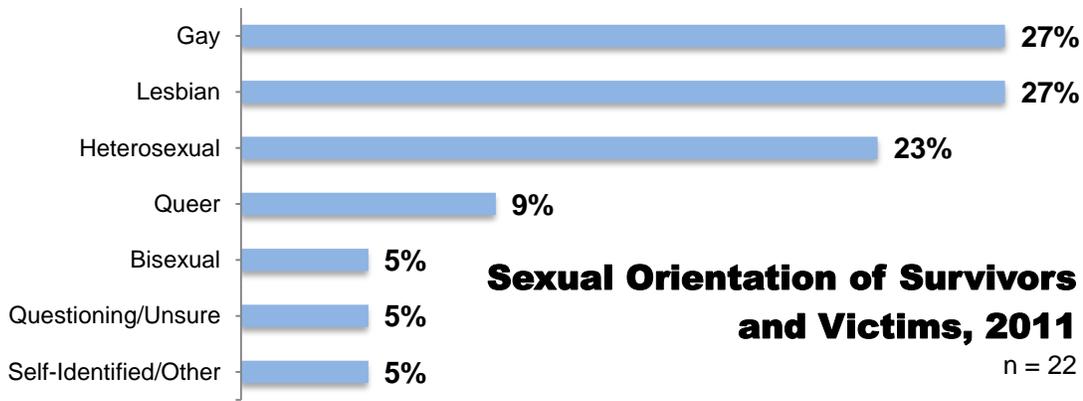
Some element of bias was present in 8 of 22 cases (20%), including religious bias and anti-LGBTQ bias. The presence of bias in intimate partner violence may reflect an aspect of power and control dynamics of intimate partner violence.

A higher-than-expected number of survivors identified as having a disability in 2011 (7 reports; 32% of 2011 survivors), in line with other reports of persons with disabilities having higher risk of suffering intimate partner violence.⁷⁷

Disability in Survivors and Victims, 2011 n = 22



⁷⁷ Protection and Advocacy, Inc. (2003) *Abuse and Neglect of Adults with Developmental Disabilities: A Public Health Priority for the State of California*.

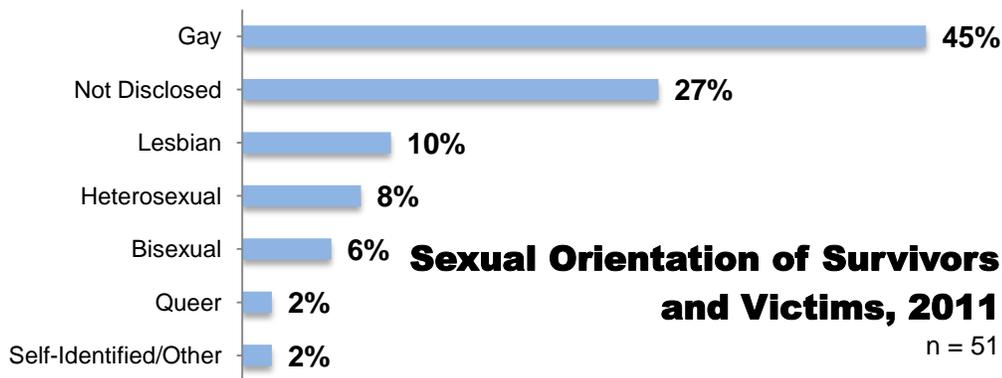


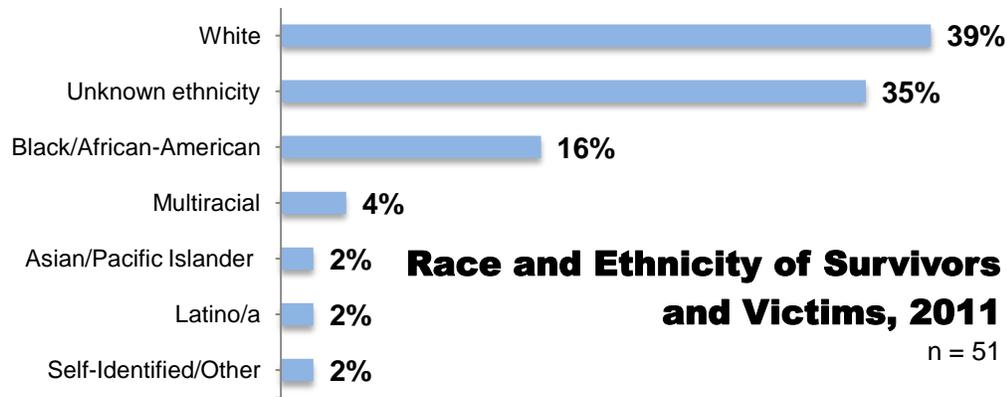
The IPV survivors represented were approximately evenly split between those who identified as gay (27%, 6 survivors), lesbian (27%, 6 survivors), and heterosexual (23%, 5 survivors). The high representation of heterosexual survivors of IPV demonstrates the availability of our services to all populations, and perhaps is a result of effective outreach to various mainstream shelters as part of our cultural competence education program.

THE VIOLENCE RECOVERY PROGRAM AT FENWAY COMMUNITY HEALTH BOSTON, MA

The Violence Recovery Program (VRP) at Fenway Community Health was founded in 1986 and provides counseling, support groups, advocacy, and referral services to lesbian, gay, bisexual, and transgender (LGBT) victims of bias crime, domestic violence, sexual assault, and police misconduct. The VRP mission is to provide services to LGBT victims who have experienced interpersonal violence as well as information and support to friends, family, and partners of survivors, raise awareness of how LGBT hate crime and domestic violence affects our communities through compiling statistics about these crimes, and ensure that LGBT victims of violence are treated with sensitivity and respect by providing trainings and consultations with service providers and community agencies across the state.

In 2011, the Violence Recovery Program documented 51 new cases of LGBT Intimate Partner Violence. This represents a 7% decrease from 2010. We believe this decrease represents not a genuine drop in incidents over the state but rather reflects the ongoing difficulty LGBT people have in accessing culturally competent support services. A 2010 survey commissioned by the Gay Men’s Domestic Violence Project, a Massachusetts-based LGBT domestic violence organization, found that 82% of people surveyed felt domestic violence was a priority for the community, yet only 24% could name a resource to help them if they were victimized. Although the number of cases reported decreased slightly overall, the level of violence survivors reported to VRP increased with an additional 14% of survivors reporting injury. Of survivors who disclosed their sexual orientation 45% identified as gay. The next highest are were those who did not disclose at 27%. The press in Massachusetts also better documented LGBT intimate partner violence homicides in 2011, most likely as a result of efforts to raise awareness of LGBT intimate partner violence in Boston for several years. From March through August 2011, there were at least 4 confirmed or suspected gay male domestic violence homicides in Massachusetts reported in the media.

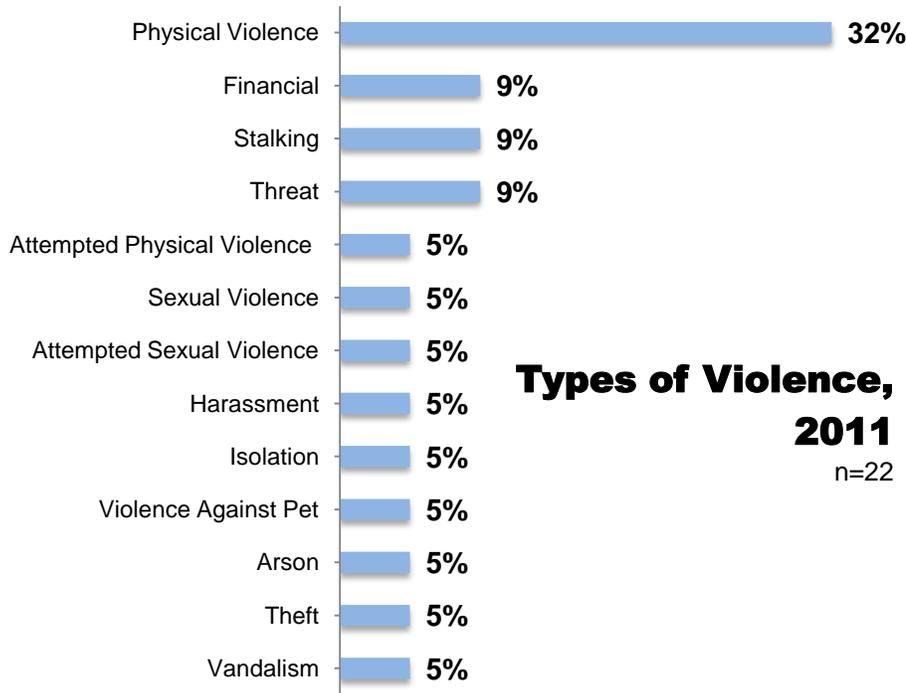




Historically the VRP has reported higher numbers of white survivors. However, this year we have seen a spike in LGBTQ people of color reporting IPV. Most notably, we saw a 60% increase in the number of Black/ African American survivors. This increase may be due to an organizational collaborative that the VRP spearheaded in 2011. This collaborative, entitled TODAS (Transforming Ourselves through Dialogue Action and Services) was awarded a 2-year, \$300,000 grant by the U.S. Department of Justice: Office of Violence against Women to address LGBT domestic violence in Boston-area African-American and Latina/o communities. Other partner organizations include the Hispanic Black Gay Coalition, The Network/La Red, and Renewal House. The VRP is aware that the expectation that LGBT people of color receive care in a white-dominated environment where services are created without community input can contribute to a feeling of alienation. It is possible that this new partnership and opportunity to work as a community has contributed to higher numbers of LGBTQ people of color to report hate violence to our agency.

GAY ALLIANCE OF GENESEE VALLEY ROCHESTER, NY

The Gay Alliance of the Genesee Valley is dedicated to cultivating a healthy, inclusive environment where individuals of all sexual orientations and gender expressions are safe, thriving, and enjoy full civil rights. Unfortunately, like many other non-profit organizations across the country, it has been impacted by reduced state support and while private donations continue to be strong, they cannot keep pace in order to replace shrinking grant support.



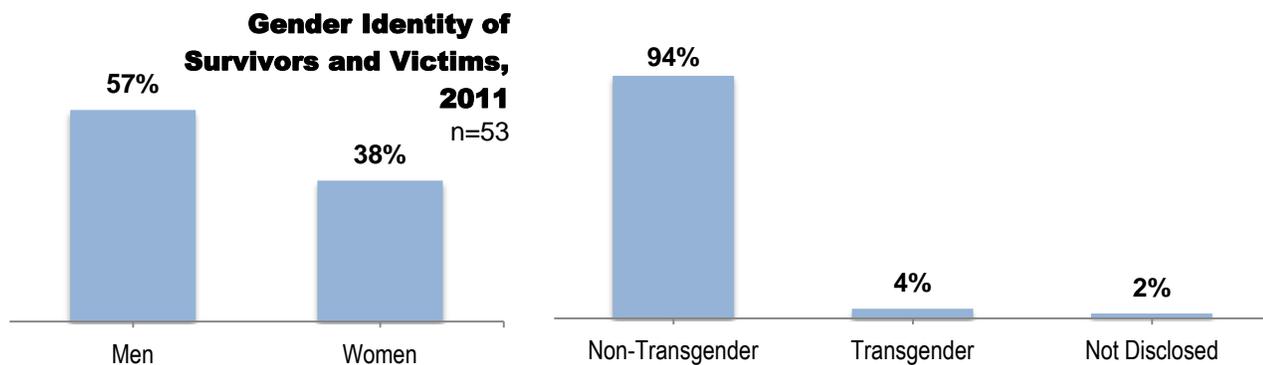
In 2011, the number of IPV victims served by the agency decreased by 31%, from 13 reports in 2010 to 9 reports in 2011. This is likely because of a decrease in outreach efforts due to funding and staff reductions as the agency lost the last of 3 grants that funded its Community Safety Programs. While the number of victims decreased, the range of violent behaviors reported by victims increased from 2010 and included physical violence (from 6 reports to 7 reports, 32% of total 2011 reports), attempted physical violence (from 0 reports to 1 report, 5% of total 2011 reports), sexual assault (from 0 reports to 1 report, 5% of total 2011 reports), attempted sexual assault (from 0 reports to 1 report, 5% of total 2011 reports), arson (from 0 reports to 1 report, 5% of total 2011 reports), theft (from 0 reports to 1 report, 5% of total 2011 reports) and vandalism (from 0 reports to 1 report, 5% of total 2011 reports). The number of injuries reported increased by 300% over 2010 (from 0 to 3) with 66% of victims making reports to local police (6 reports) compared to just 15% the previous year; (2 reports). At a time of shrinking resources for the program, the range of support needed by victims increased. We provided housing, legal, medical, public benefits, and shelter referral, as well as court accompaniment. For the first time we provided referral for emergency pet respite in not one but two cases in which pets were at risk.

KANSAS CITY ANTI-VIOLENCE PROJECT (KCAVP)

KANSAS CITY, MO

The Kansas City Anti-Violence Project provides information, support, referrals, advocacy and other services to lesbian, gay, bisexual, and transgender (LGBT) victims of violence including domestic violence, sexual assault, and hate crimes, focusing these services within the Kansas City metropolitan area. KCAVP also educates the community at large through training and outreach programs.

In 2011, there was a 20% decrease in survivors contacting KCAVP for services when compared to 2010 (66 to 53). This may be due to a decrease in incidents of IPV in the area, or a change in organizational focus from KCAVP outreach staff from outreach to prevention programming. KCAVP’s outreach staff focused on a prevention initiative with youth in schools in 2011, decreasing their ability to conduct as much external outreach. 55% (29 survivors) of survivors did not seek protective orders against the offender (29 survivors), possibly because they did not want to navigate the court system or feel a protective order would provide safety. 75% (40 survivors) of survivors reported that the offender was their lover/partner.



In 2011, 57% of IPV survivor reports were made by those who identified themselves as non-transgender men. Women made up 38% of survivors and 4% identified themselves as transgender women. More survivors who identify as men, than survivors who identify as women, may have contacted KCAVP because they are less comfortable contacting mainstream programs primarily designed to work with women.

55% of IPV survivors reporting IPV incidents to KCAVP in 2011 identified themselves as gay, followed by 34% who identified as lesbian. An equal amount of survivors served by KCAVP identified themselves as bisexual (4%) and heterosexual (4%). Sexual orientation breakdowns reflect gender breakdowns, where a larger percentage of gay men may have contacted KCAVP in 2011 because few other services exist for gay men in the Kansas City metro area.

Of the IPV survivors served by KCAVP in 2011, 57% identified themselves as white, 21% identified themselves as black, 4% identified as multiracial, 2% identified as Latina/o and 2% identified as Asian/Pacific Islander. These numbers do not reflect the overall demographics of the Kansas City metropolitan area, but rather may be indicative of the limited capabilities of staff to provide outreach and direct services to non-English speaking communities in the area. KCAVP continues to work to increase language accessibility of KCAVP’s programs.

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

MIAMI, FL

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. 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:

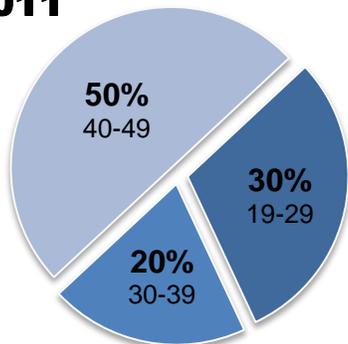
- Support and empower individuals, families and communities;
- Be progressive and innovative;
- Strive for self-sufficiency and independence;
- Be responsive to community needs and create awareness;
- Conduct ourselves in an ethical and transparent manner;
- Create community and foster inclusion;
- Be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

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. In 2011, VRI/The Lodge reported only LGBTQ survivors served by the agency during the 2011 calendar year.

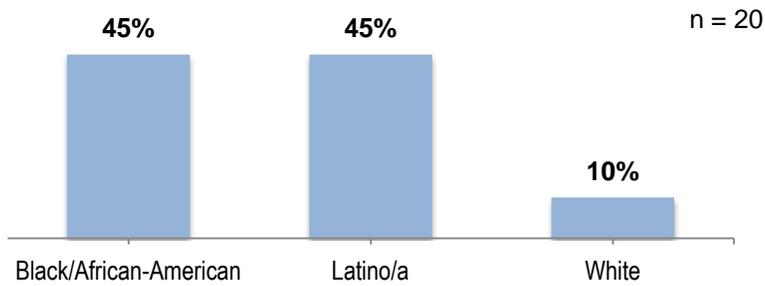
In 2011, of the LGBTQ survivors served at VRI/The Lodge, 55% identified as women (11), 25% identified men (5 reports) and 20% identified as intersex (1). VRI served 30% of survivors between ages 19-29 (6), 20% between the ages of 30-39 (4) and 50% between the ages of 40-49 (10).

Age of Survivors and Victims, 2011

n = 20



Race and Ethnicity of Survivors and Victims, 2011



45% of survivors/victims identified as African American (9), 45% of survivors/victims identified as Latina/o (9), and 10% identified as White (2). The high number of people of color could be a result of the Miami area having large populations of Latina/o and African American LGBTQ communities.

THE LOS ANGELES GAY & LESBIAN CENTER

LOS ANGELES, CA

The L.A. Gay & Lesbian Center's STOP Partner Abuse/Domestic Violence Program (STOP DV)

The L.A. Gay & Lesbian Center's Domestic Violence Legal Advocacy Project (DVLAP)

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

Reported cases of LGBT domestic violence in the greater (5-county) Los Angeles area reflected a 42.7% decrease from 3344 cases in 2010 to 1917 cases in 2011. These cases were either reported to, or assessed by STOP DV (404 unduplicated individuals assessed to be survivors of domestic violence), or DVLAP (113 unduplicated cases), or via STOP DV surveys distributed at LGBT pride festivals throughout L.A. County (1400 unduplicated cases).⁷⁸ While this decrease may be due to an actual reduction in cases in greater L.A., it is more likely due to the following factors: 1) a reduction of two full time staff positions in STOP DV for a portion of the year resulting from funding decreases to the Center's Mental Health Services Department (where STOP DV is strategically located); 2) a decrease in attendance at two large LGBT pride festivals; 3) programming changes within DVLAP. (During the reporting period, the Domestic Violence Legal Advocacy Project made a concerted effort to increase the provision of holistic legal services to LGBT immigrant survivors of domestic violence by expanding our services to include U-visa assistance. This shift led to a substantial increase in mono-lingual Spanish speaking survivors, many of whom were transgender woman, receiving survivor services. As a result of this expansion in services, the time investment given individually to each client increased leading to a slight reduction in the overall number of clients served.)

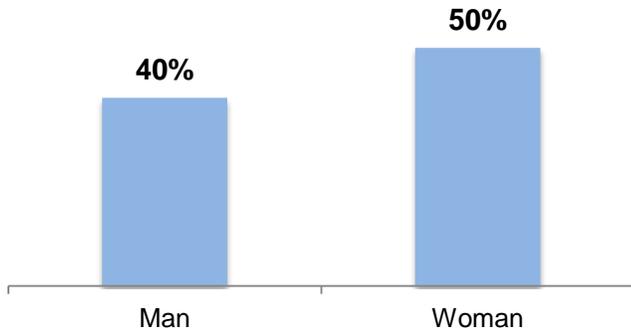
Of the 1917 reported cases in 2011, females accounted for 962 cases (50%) while males accounted for 760 of the total (40%). There were 52 documented transgender cases (3%) and 16 intersex cases (1%). The remainder of the total was comprised of individuals with undisclosed gender identities (3%). The majority of cases came from individuals who identified as gay (661, 34%), or lesbian (582, 30%), while 259 individuals identified as bisexual (14%). Twenty-one individuals identified as queer (1%), 24 identified as questioning (1%), and 144 identified as heterosexual (8%). The majority of individuals were between the ages of 19 – 49 (34%) and Latina/o (722, 38%) or White/Caucasian (545, 28%).

Based on our experiences working with LGBT survivors in greater Los Angeles, in 2011, as in previous years, LGBT survivors continued to face significant challenges. These challenges include insufficient response by law enforcement and mainstream social service providers to LGBT domestic violence including difficulties in providing accurate assessment of the involved parties including abuser/survivor differentiation; lack of understanding of the unique differences and complexities of LGBT domestic violence; and failure to utilize appropriate standards of care or protocols when responding to LGBT cases.

⁷⁸ STOP DV offers services for both domestic violence survivors as well as abusers. Only survivors are included in STOP DV's total above.

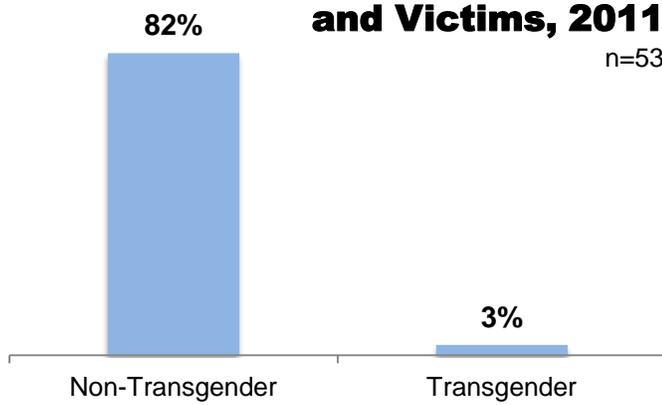
Gender Identity of Survivors and Victims, 2011

n=53



Gender Identity of Survivors and Victims, 2011

n=53



MONTROSE COUNSELING CENTER HOUSTON, TX

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

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

The Montrose Counseling Center serves a targeted population of GLBT clients in the Houston area. In 2011, of the 27 survivors of intimate partner violence assisted, 14 (52%) were men, 12 (44%) were women and 1 (4%) identified as transgender. Montrose Counseling Center does see a larger population of men being served in part because there are so few services offered to men through other agencies. The Montrose Counseling Center fulfills a vital role in the community in dealing with intimate partner violence ensuring services to the GLBT community.

Of those survivors, 11(41%) were African American, 13 (48%) were Caucasian, 2 (7%) were Latina/o and 1 (4%) was Asian. 15 (56%) survivors identified as gay and 12 (44%) identified as lesbian. With regard to age, 9 (33%) survivors were ages 19 to 29, 9 (33%) survivors were ages 30-39, 7 (27%) survivors were ages 40-49, and 2 (7%) survivors were ages 50-59. These demographics fit the average demographics for the Houston area.

THE NETWORK/LA RED (TN/LR) BOSTON, MA

The Network/La Red (TNLR) is a survivor-led, social justice organization that works to end partner abuse in lesbian, gay, bisexual, queer and /or transgender, BDSM, 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’s support services include a 90-hour per week hotline, short-term emergency safehome, in-person and phone-based support groups, advocacy, information, and referrals. TNLR also provides technical assistance, training and education, and advocacy with other agencies including, but not limited to, service providers, community organizations, legal agencies, law enforcement, and other community members.

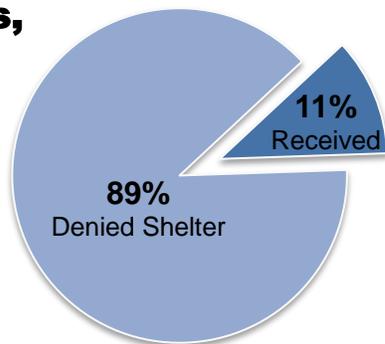
Overall, the number of survivors calling TNLR’s hotline for information or advocacy in 2011 decreased by 6% compared to 2010 (316-297). This is likely due to various transitions in direct service staff within TNLR and decreased capacity related to these transitions. We experienced a 55% increase in the number of survivors seeking shelter (96-149), a 41% decrease in the number of survivors receiving shelter (29-17), and a 97% increase in the number of survivors who were denied shelter (67-132). 89% of survivors who sought shelter were denied in 2011. Although The Department of Children and Families has mandated that domestic violence organizations be accepting and inclusive of LGBQ/T survivors in their services, the number of survivors being denied shelter may be due to the lack of shelter availability.

Survivor Shelter

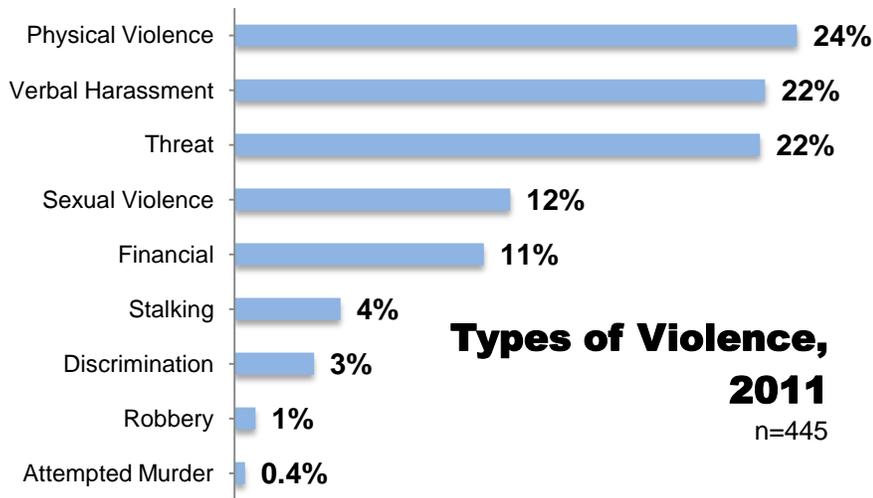
Access,

2011

n = 149



In Massachusetts, there were 3 confirmed LGBQ/T partner abuse related homicides reported in 2011. 2 survivors reported experiencing attempted murder in 2011, compared with no reports of attempted murder in 2010. There were substantial increases in the reported types of harm survivors were experiencing including an increase in threats (7-99, totaling 22% of 2011 reports), an increase in stalking (5-20, 4% of 2011 reports), an increase in financial abuse (32-47, 11% of 2011 reports), an increase in sexual violence (38-52), and an increase in physical violence (86-106, 12% of 2011 reports). There was an increase of survivors experiencing abuse from an ex-lover/partner (72-92, 31% of 2011 reports) and the number of survivors experiencing abuse from a current lover/partner remained consistent (40-41, 14% of total reports). These increases may not necessarily be attributed to an actual increase in the types of harm survivors are experiencing from their abusive partners, but more to an increase in the data collection of these types of tactics of abuse.



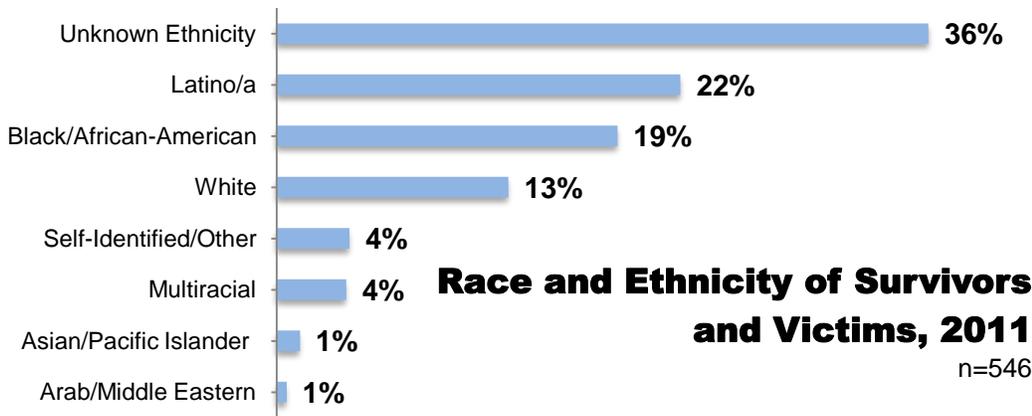
Of the survivors who called TNLR in 2011, there was an increase of gay identified individuals (27-30, 10% of 2011 reports) as well as queer identified individuals (9-10, 3% of total 2011 reports), a decrease of straight identified individuals (17-13, 10% of total 2011 reports), a decrease in lesbian identified individuals (41-32, 11% of total reports), and the number of bisexual identified individuals stayed the same (14, 5% of 2011 reports). The increase in the number of gay and queer identified individuals may be due to the increased familiarity with TNLR’s mission statement, which was changed in 2010 to reflect the communities we work with. Additionally, TNLR is known to be one of very few organizations that will support and shelter GBQ/T men. There was a decrease in survivors who identify as a woman (129-80, 27% of total reports), a decrease in survivors who identify as a man (56-49, 16% of total reports), a decrease in survivors who identify as transgender (30-25, 8% of total reports), an increase in survivors who self-identified their gender (1-5, 2% of 2011 reports), and an increase in survivors who did not disclose their gender identity (127-152, 51% of total reports). The increase in the number of individual’s self-identifying their gender can be attributed as well to the LGBTQ/T communities’ increased familiarity with TNLR’s mission and knowledge of the organization to be inclusive of all gender identities and expression. There was a decrease in the number of survivors ages 15-18 (4-1, less than 1% of the total 2011 reports), a decrease in the number of survivors ages 19-29 (34-25, 8% of 2011 reports), a decrease in the number of survivors ages 30-39 (19-10, 3% of total 2011 reports), a decrease in the number of survivors ages 50-59 (12-8, 3% of total 2011 reports) and decrease in survivors ages 70-79 (1-0). There was an increase in the number of survivor ages 40-49 (9-10, 3% of 2011 reports), an increase in the number of survivors ages 60-69 (2-4, 1% of 2011 reports), and an increase in the number of survivors who did not disclose their age (235-239, 80% of total 2011 reports).

THE NEW YORK CITY ANTI-VIOLENCE PROJECT (AVP) NEW YORK, NY

The New York City Anti-Violence Project (AVP) envisions a world in which all lesbian, gay, bisexual, transgender, queer, and HIV-affected (LGBTQH) people are safe, respected, and live free from violence. AVP's mission is to empower LGBTQH communities and allies to end all forms of violence through organizing and education, and support survivors through counseling and advocacy. AVP was founded in 1980, and today provides free and confidential assistance to thousands of LGBTQH people each year from all five boroughs of New York City through direct client services and community organizing and public advocacy. In 2010-2011, AVP was named a White House Champion of Change for our work on intimate partner violence (IPV) within LGBTQH communities.

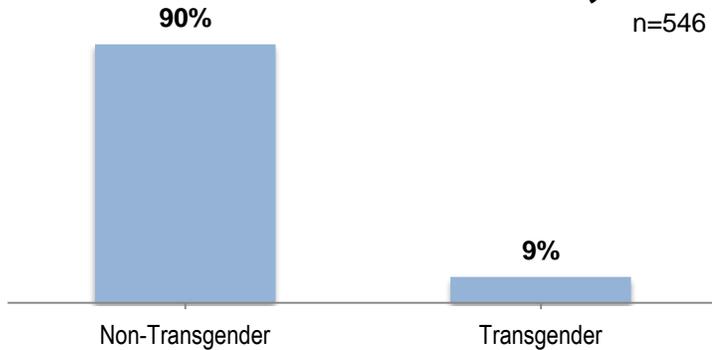
To accomplish our mission, AVP has developed a range of community-based approaches that reach people at the intersections of communities defined by geography and by identity. AVP is currently conducting on-site intake in 8 locations across NYC, in addition to our central office in Manhattan. Sites include two of the NY Family Justice Centers, local pride centers, LGBTQH youth programs, community health clinics, multi-service and legal service organizations serving LGBTQH, and harm reduction organizations serving those who use substances. Part of this community-based programming focused specifically on reaching TGNC people of color, who are disproportionately impacted by violence, as demonstrated in this year's NCAVP report. In 2011 AVP has successfully engaged more LGBTQH survivors from across all five boroughs of New York City (NYC), and in engaged more marginalized LGBTQH communities, including survivors who identify as transgender and gender non-conforming (TGNC) people, people of color, and immigrants. AVP saw an increase of 24% in the numbers of survivors of IPV reporting to and seeking services from AVP in 2011 as compared to 2010 (from 439 to 546), continuing the increase (14%) we saw from 2009 to 2010. AVP reported two murders related to IPV in 2011, Camila Guzman, a transgender Latina woman murdered by her boyfriend in her apartment, and Carlos Castro, a gay rights activist in Portugal, who was killed by his boyfriend on a trip to NYC. These murders bring home the tragic and deadly consequences IPV has for LGBTQH communities.

In response to the increase in reports of LGBTQH intimate partner violence and its deadly consequences, AVP continued to increase the awareness and build the power of our community members to address this violence, through survivor leadership and community education programs. In August, we organized a vigil in memory of Camila Guzman, with the coordination and support of Guzman's close friends and family. We also debuted our Real Talks discussion series, a series of IPV survivor-led community events created to build survivor-led LGBTQH IPV community organizing campaigns. Moving forward, we continue to track local incidents of LGBTQH intimate partner violence, responding through outreach and trainings in affected communities, as well as citywide communications. These events have been well attended and help to increase the numbers of people who know about AVP's direct services and community organizing programs.



2011’s data indicates that AVP’s targeted services to marginalized LGBTQH IPV survivors have seen success. Of the survivors who reported their racial and/or ethnic identity to AVP, the proportion who identified as people of color increased by nearly a third from 2010 to 2011 (32%, from 222 to 292), including a 39% increase in survivors who identified as African American (74 in 2010 to 103 in 2011), and a 7% increase in survivors who identified as transgender (from 46 in 2010 to 49 in 2011).

Gender Identity of Survivors and Victims, 2011



Improvements in AVP’s data collection and tracking mechanisms allowed us to get additional information about survivors’ identities and experience. In 2011, 19% (63) of those who reported their immigration status identified as non-citizens, including 7% (39) who identified as being immigrants currently out of status. In 2011, 38% (208) of LGBTQH IPV survivors reported their experiences of IPV to the police. Nearly 40% (47) of those reporting on police attitude (122) shared that police were hostile or indifferent to survivors. Highlighting the intersections between hate violence and IPV, survivors reported that abusive partners incorporated bias into tactics of abuse, including anti-LGBTQ/ heterosexist (8%, 62), anti-transgender (4%, 33), anti-immigrant (3%, 22), HIV/AIDS related (3%, 23), and other forms of bias (6%, 51).

OUTFRONT MINNESOTA

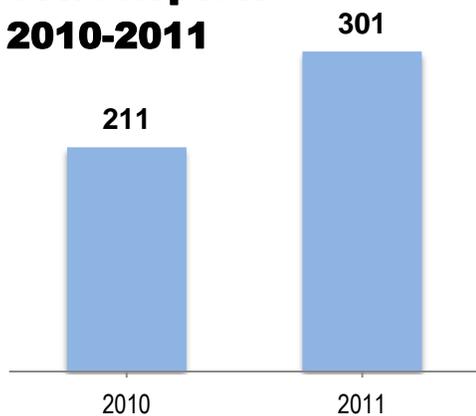
MINNEAPOLIS, MN

OutFront Minnesota is the state’s leading advocacy organization working with lesbian, gay, bisexual, transgender, queer and allied people. Our mission is to make Minnesota a place where LGBTQA individuals have the freedom, power, and confidence to make the best choices for their own lives.

Our Anti-Violence Program is committed to honoring the unique needs of LGBTQ crime victims and their friends and 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. 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. At OutFront Minnesota, we work to create social change at every level, from the individual to the community, to the state. We believe that social change occurs when we work to prevent violence from occurring within and against our communities through education and increased visibility; help survivors of violence find their own paths to healing and empowerment through the provision of safe and effective advocacy support services, and, work with other organizations to create a strong network of well-trained and supportive service providers throughout Minnesota

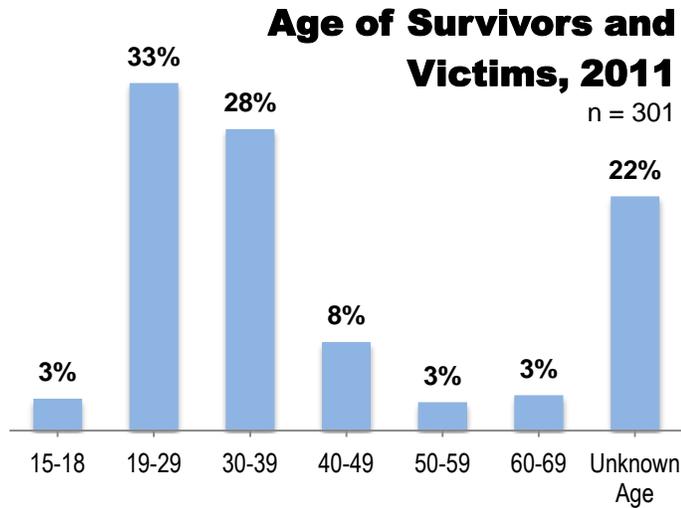
Total Reports

2010-2011

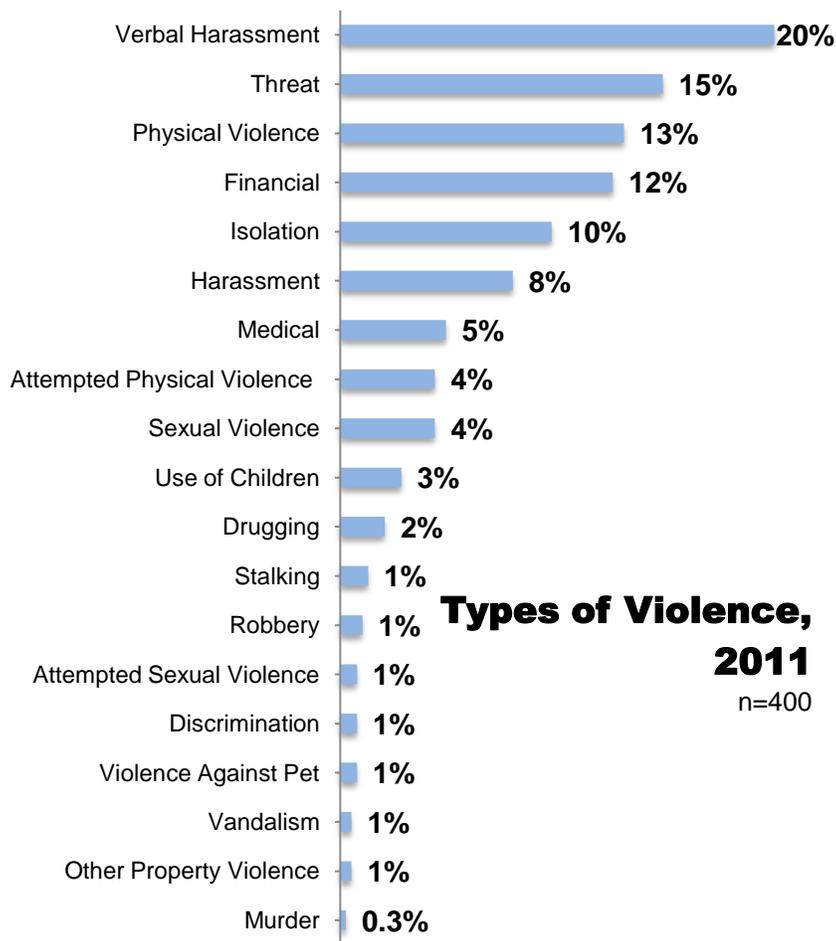


Overall, the numbers of survivors accessing services through our Anti-Violence Program increased by 43% in 2011. We believe that this increase is a reflection of targeted outreach and the visibility of the anti-violence, including the murder of Krissy Bates, a transgender woman murdered by her boyfriend, and several community education initiatives specifically highlighting intimate partner violence.

Ages 19-29 represented the highest number of reports with 33% of total reports, ages 30-39 represented the next highest with 28%. Both are consistent with national data. 22% of reports age was unknown and the remaining 17% of reports was made up of ages 15-18 (3%), 40-49 (8%), 50-59 (3%) and 60-69 (3%). The information suggests that ages 19-39 are areas with the highest reports of IPV and outreach efforts should continue to focus on those age groups.



The Anti-Violence Program received high numbers of reports of verbal harassment (78 reports), threats (58 reports), physical violence (51 reports), and financial abuse (49 reports) . We believe that this reflects the complexity of incidents that comprise the spectrum of intimate partner violence. We also believe that moving forward, educating our own communities about all of the different ways (beyond physical assault) that IPV occurs is crucial to creating safer communities.



28% of our total our total clients reported to law enforcement, which represents an 11% increase (76 to 84) over 2010. Of those clients who reported to law enforcement, 42% reported a courteous or indifferent response. We believe that this increase in positive response stems in part from our increased dedication to relationship-building and targeted education efforts with local law enforcement agencies. Unfortunately, in 5% of our cases, survivors also reported mis-arrest of the survivor. We recognize the continued need for deeper education with law enforcement agencies to strengthen knowledge about how to identify primary aggressors and recognize that this area is one of tremendous growth potential for our anti-violence work to create better access to safer systems for LGBTQ survivors.

SAFESPACE ANTI-VIOLENCE AT R U 1 2? COMMUNITY CENTER WINOOSKI, VT

RU12? Community Center's SafeSpace Program is a social change and social service program working to end physical, sexual, and emotional violence in the lives of lesbian, gay, bisexual, transgender, and queer (LGBTQ) people, and the only LGBTQ anti-violence program in the state.

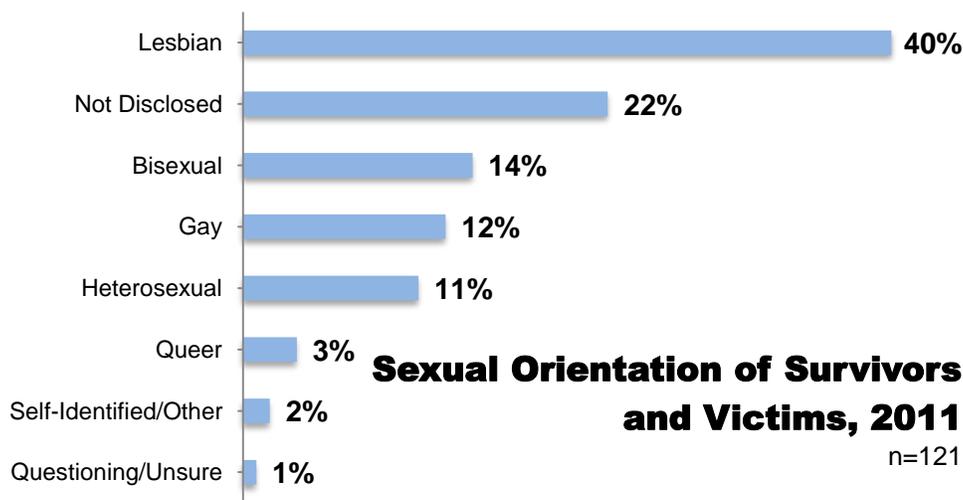
SafeSpace provided services to 17 new IPV survivors in 2011, compared to 14 new IPV survivors in 2010. Three primary factors most likely contributed to this 21% increase. SafeSpace conducted a statewide conference in November of 2010 specifically targeting health care providers for the first time. Since this conference, service providers and mental health professionals have been referring clients to SafeSpace. The rise in reported IPV cases may also be attributed to an increase in direct service staff hours which has allowed SafeSpace to have dedicated staff for education and outreach. Lastly, in October of 2011, keeping with the agency's mission, SafeSpace began to strategically expand education and outreach efforts from a county level to a statewide level. Of the new cases in 2011, SafeSpace served 7 gay male survivors in 2011 (41%) compared to 2 gay male survivors in 2010. This increase in gay men reporting IPV to SafeSpace may not indicate a rise in IPV within the community but rather may be the result of SafeSpace's increased outreach efforts to gay men through advertising support groups for male identified survivors of IPV.

The number of IPV survivors/victims who reported to police increased from 14% in 2010 (2 total reports) to 29% (5 total reports) in 2011. Survivors/victims may be experiencing more confidence with law enforcement's ability to provide culturally competent services and they may be experiencing an overall heightened sense of confidence in various victim assistance systems related to the cumulative effects of legal protections that the LGBTQA communities have fought for and won. Starting in 1992 with the passage of the LGB anti-discrimination law and the passage of civil unions in 2000, to the 2007 addition of gender identity to the anti-discrimination law and the 2009 passage of marriage, as well as a host of additional protections, LGBTQ Vermonters live in a remarkably LGBTQ friendly state. In advocating for legislative protection, the LGBTQ activists and advocates have done significant, long-term education within victim assistance systems, including outreach to police department victim advocates as well as victim advocates working within the prosecutor's office, and within the LGBTQ communities. Lastly, Patrick Leahy Vermont's U.S. Senator, is a champion of VAWA that is being held up for reauthorization by bipartisan politics, which at least for Vermonters, sends a strong message that at the highest levels of state government, there is a very clear voice of support.

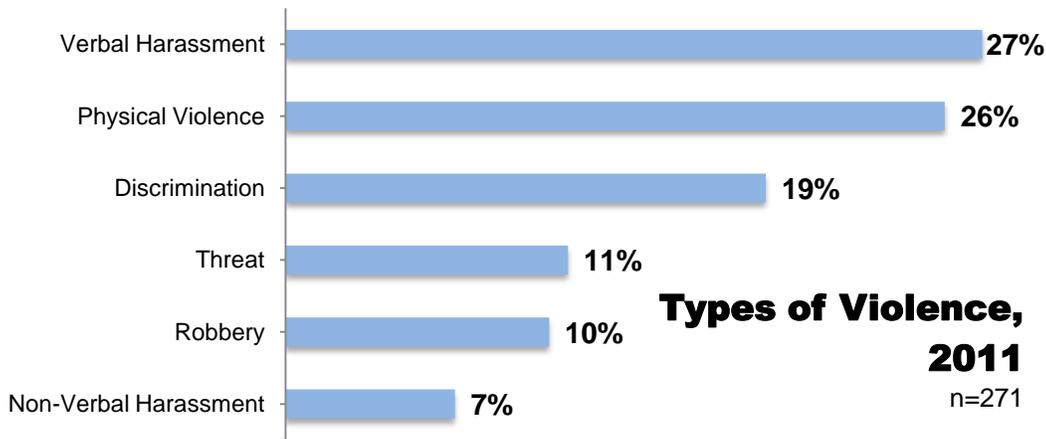
SEAN’S LAST WISH GREENVILLE, SC

Founded by Elke Kennedy in 2007 after the anti-gay murder of her son Sean Kennedy, Sean’s Last Wish aims to change hearts and minds through educating people about how bullying, hatred, violence, prejudice, and religious beliefs leads to senseless crimes. Sean’s Last Wish was established to support and educate the public. The mission of Sean’s Last Wish is to empower the community through educational diversity programs, nonviolent conflict resolution, and community involvement.

In 2011 Sean’s Last Wish attended 45 community events and visited six colleges and universities in Georgia, North Carolina, and South Carolina. During these events Sean’s Last Wish educated community members about the impact of anti-LGBTQ bullying, LGBTQ domestic violence, and anti-LGBTQ hate violence. Sean’s Last Wish also administered a survey at these events asking LGBTQ youth and young adults (primarily ages 13-29) to report their experiences of bullying, hate violence, domestic violence, violence at school, and suicidal ideation. Some respondents also filled out the survey online.



A total of 549 people took the survey with 121 reported cases of intimate partner violence in Georgia, North Carolina, and South Carolina in 2011. Regarding gender identity, 63% of respondents identified as women, 23% identified as men, 5% identified as transgender, and 8% of survivors did not disclose their gender identity. Regarding sexual orientation, 14% of survey respondents identified as bisexual, 12% identified as gay, 11% identified as heterosexual, 40% identified as lesbian, 22% did not disclose, 1% were questioning/ and 2% had a self-identified sexual orientation.



The majority of intimate partner violence cases reported to Sean’s Last Wish were verbal harassment (74 total reports), followed by physical violence (70 total reports), discrimination (51 total reports), threats (30 total reports), robbery (28 total reports), and non-verbal harassment including phone, cyber, and e-mail harassment (18 total reports).

In speaking to community members, Sean’s Last Wish found that many people were eager to report their experiences to raise awareness about LGBTQ Intimate Partner Violence. Many of the people that Sean’s Last Wish spoke with expressed that they did not tell anyone about their experience or seek help because they believed that no support was available for LGBTQ people in the South. Many of the support services available in the Southern states are faith-based, which are not always safe places for LGBTQ survivors to turn to due to religious intolerance of LGBTQ identities.

Given these reports of LGBTQ intimate partner violence in Georgia, North Carolina, and South Carolina, Sean’s Last Wish continues to educate community members about the root causes and impacts of violence, share the story of losing Sean Kennedy to anti-gay hate violence, and advocate for systemic policy change to address domestic violence, anti-LGBTQ violence and bullying.

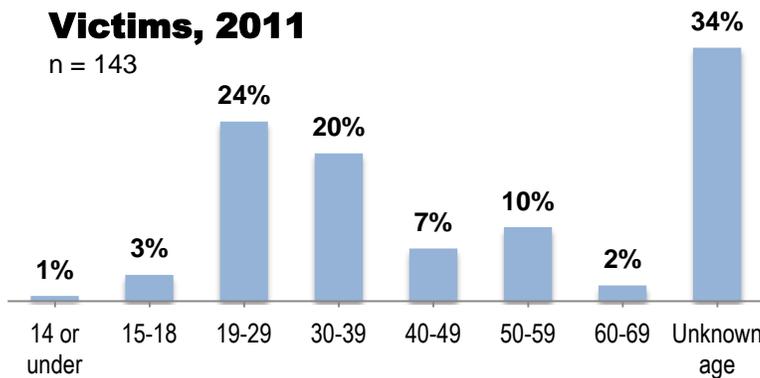
WINGSPAN ANTI-VIOLENCE PROGRAMS

TUSCON, AZ

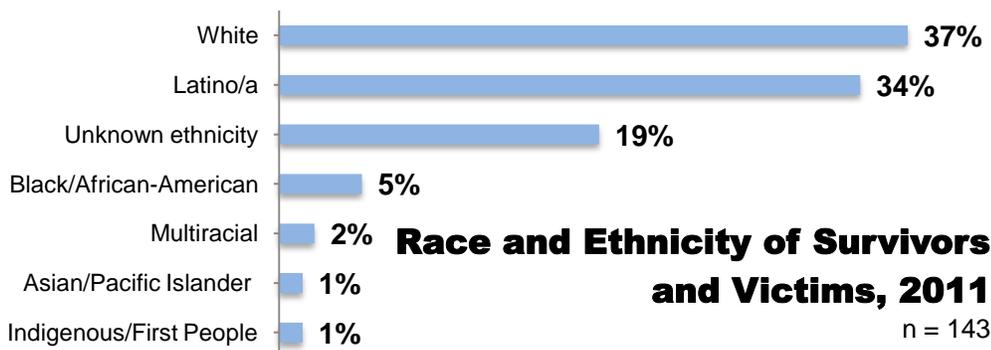
The Wingspan Anti-Violence Programs (AVP) is a social change and social service program that works to address and end violence in the lives of lesbian, gay, bisexual, and transgender (LGBT) people. We provide free and confidential 24-hour crisis intervention, information, support, referrals, emergency shelter, and advocacy to LGBT victim/survivors of violence. Additionally, we offer extensive outreach and education programs. Wingspan is Southern Arizona’s lesbian, gay, bisexual and transgender (LGBT) community center. Wingspan is a non-profit, charitable organization that serves Tucson and Southern Arizona.

Age of Survivors and Victims, 2011

n = 143



Wingspan served 143 survivors of Intimate Partner Violence (IPV) in 2011. The ages of 2011’s IPV survivors are of particular interest to us at the Wingspan AVP. Our services are widely known amongst the LGBT and Allied community in Southern Arizona, but we have often noticed that less people between the ages of 29-49 were reaching out for support. We responded to messages from this demographic that Wingspan services seem to only be for young LGBTQ communities, transgender folks, or the senior population. As a result, we assessed the effectiveness of our outreach and made significant changes in our approaches to outreach. According to the data collected from IPV survivors in 2011, our efforts may have proven to be effective as a majority of survivors served by Wingspan were ages 19-39 in 2011. Although it is never encouraging to notice spikes in people utilizing our crisis line and or walk in hours, it is encouraging to know that these survivors are having access to life saving and changing advocacy and resources. We will continue to reach out to all of the LGBT community here in Tucson and all of Southern Arizona to continue creating networks of safety and support.



Race and Ethnicity of Survivors and Victims, 2011

n = 143

Because of the racial demographics of our service area, we have access to working with a very diverse population. Many of our community members live in rural Arizona, on the border of Mexico and within Indigenous Lands. In 2011 we were

able to work with 49 Latina/o identified survivors. We accredit much of this connection to that community because of projects like Puertas Abiertas or Open Doors. Puertas Abiertas is Wingspan's social and outreach project for LGBT Latina/o's. The group holds regular meetings, and hosts events, forums, and educational and social events. Since its inception, Puertas Abiertas has been bringing Latina/o's together to celebrate their heritage and LGBT pride, creating a sense of community. This project developed a result of community need, and although not all of the participants are survivors of IPV, many get their first connection with Wingspan AVP through this type of programming.

UNITED 4 SAFETY (U4S)

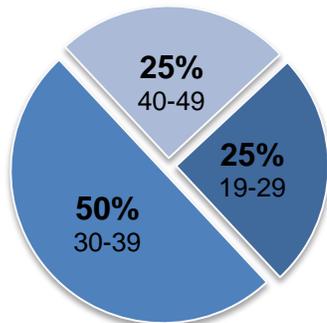
GEORGIA STATEWIDE

United 4 Safety (U4S) is the first 501c3 organization solely committed to reducing the incidence of domestic violence (DV) within the Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) community in Georgia. United 4 Safety's mission is to end the crime of intimate partner violence within the LGBTQ community.

Since 2008, U4S has reached a total of 14,675 individuals through its helpline, training and outreach efforts, assisted 41 survivors who called the helpline and received in person and on the phone support for crisis intervention, housing and referral to group and individual counseling, trained 4,059 individuals including DV & SA advocates, reached 10,448 individuals through community events, and facilitated 108 individuals in a 9 month roundtable discussions on ending homophobia in the faith community. Through trainings supported by the Allstate Foundation from 2009-2011, U4S conducted 5 trainings for DV and SA advocates: 3 trainings in Georgia (Macon and Atlanta) and 2 in North Carolina (Asheville). In the Fall of 2011, U4S began a support group for LGBTQ survivors of DV, the first of its kind to be offered in Georgia. This valuable service is supported by U4S's annual fundraisers, individual donations, and LGBTQ community yoga classes. United 4 Safety remains a 100% volunteer run organization until larger grant sources can be secured.

Age of Survivors and Victims, 2011

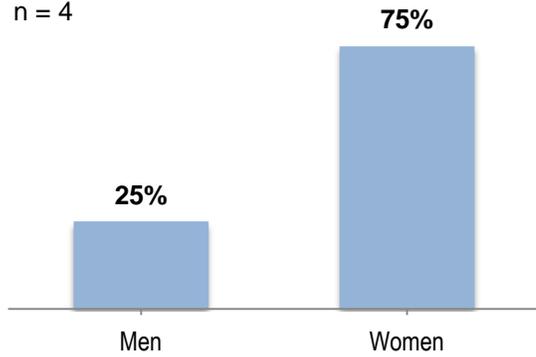
n = 4



In 2011 U4S served 4 survivors of Intimate Partner Violence through our direct service efforts. 75% of these survivors identified as women and their orientation as lesbian. 1 survivor identified as HIV positive. 1 survivor identified themselves as having a mental disability. All 4 stated that they had suffered physical injuries yet only 1 had received medical attention. 2 individuals sought a protection order against their partner and were granted those orders. All survivors were given safety planning information and 3 received emergency financial assistance.

Gender Identity of Survivors and Victims, 2011

n = 4



United 4 Safety served 30 individuals through our hotline by providing resources and referrals, including housing, legal, and shelter referrals.

STORIES OF LOSS:

2011 IPV-RELATED HOMICIDES

**This report was written by the
NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS**

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INTRODUCTION

The National Coalition of Anti-Violence Programs (NCAVP) presents this collection of stories of lesbian, gay, bisexual, transgender, queer, and HIV-affected (LGBTQH) intimate partner violence (IPV) homicide victims in 2011 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 2011, 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 19 homicides in 2011 greater than three times the amount of homicides documented in 2010. While homicides rose, NCAVP also documented a 22% decrease in overall hate violence incidents from 5,052 in 2011 to 3,930 in 2010. NCAVP member programs report that this homicide increase highlights the need to increase funding for LGBTQH-specific anti-violence programs. 2011's IPV homicides have a disproportionate impact on men and gay men in particular with 63.6% of the homicide victims identifying as men and 57.9% of homicide victims identifying as gay. These findings continue to shed light on the importance of prevention, strategic response, research, and accurate reporting of hate violence as it affects LGBTQH communities.

This supplemental report brings to light the severity of IPV within LGBTQH communities, in the hopes of allowing the reader to examine themes in LGBTQH IPV homicide and to see the diversity of 2011's homicide victims. The report highlights the narratives of nineteen known LGBTQH IPV homicides in 2011. Some of these incidents have not been classified by law enforcement as domestic violence. However, NCAVP member programs have carefully selected these stories because they include information that actually or indicate a strong likelihood that IPV either motivated or was related to the homicide. NCAVP wrote these narratives using information from media outlets, family/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 LGBTQH anti-violence programs. If you are interested in starting an anti-violence program, becoming a member of the National Coalition of Anti-Violence Programs, or if you would like more information, contact NCAVP at info@ncavp.org or 212.714.1184.

2011 IPV HOMICIDE NARRATIVES

ALPHABETICAL BY STATE

JACK BAKER: 67, White, gay, non-transgender man

San Francisco, CA, February 11, 2011

On February 11th, 2011 police found Jack Baker (67) stabbed to death in his Nob Hill apartment in San Francisco, CA. According to news reports, police found Baker's body brutally beaten, strangled and stabbed. His roommate, 24-year-old Waheed Kesmatyter, was arrested and charged with murder. The roommate pled not guilty to the murder and no motive has been released.

FREDDY CANUL-ARGUELLO: 23, Latino, gay, non-transgender man

San Francisco, CA, June 9, 2011

On June 9th, 2011 Freddy Canul-Arguello (23) an immigrant from Mexico met David Diaz in a bar in the Castro area of San Francisco. Canul-Arguello worked at Pi bar in the San Francisco, Mission District and often performed in their drag shows. According to news reports Canul-Arguello and Diaz visited Buena Vista Park, potentially to have sex after meeting at an area bar. Family members say that although the park is known as a gay cruising area and that Canul-Arguello was gay, he would never have gone to the park of his own volition. Canul-Arguello died as a result of erotic asphyxiation. Following Canul-Arguello's asphyxiation, Diaz allegedly shoved Canul-Arguello's body in a blue recycling bin and set fire to it. By the time the fire department responded to a small brush fire in Buena Vista Park, Canul-Arguello was already dead. Media sources state that David Diaz is charged with murder, robbery, mutilating a body, and destruction of evidence.

CHRISTOPHER ALAN TRUEHEART: 44, African American, gay, non-transgender man

Washington, DC, February 13, 2011

On February 13th, 2011 police in Prince Georges County, MD responded to Temple Hills, MD for a call of intimate partner violence. Police found the body of Christopher Alan Trueheart (44) fatally stabbed. Police charged Trueheart's partner Eldridge Slaughter (42) of the murder. When Slaughter was apprehended a few days later he pled guilty to murder. In news reports friends stated that Trueheart was a "such a gentle soul who loved everyone" and that he was active in the DC chapter of ADODI, a Black gay community group.

MONAI BUCHANAN: 23, African American lesbian non-transgender woman

New Orleans, LA, April 3, 2011

Shortly after noon on Sunday, April 3, 2011, Monai Buchanan (23), mother of two, was found shot dead in her Algiers home. Her children were not home at the time of the shooting. According to media reports, she was killed by her girlfriend, Daviane Shelling (21), as a result of a domestic dispute. Buchanan's family reported a history of violence in the couple's relationship.

CHARITY ANN PILLARS: 32, White lesbian non-transgender woman, and

CHELSEA PATRICK: 21, White non-transgender woman

Richland Parish, LA, September 28, 2011

On September 9, 2011, Charity Ann Pillars (32) and Chelsea Patrick (21 – bystander) were killed by Charity's former partner, Tina McIntyre (44). Investigators believe McIntyre requested that Pillars visit her home. News sources state a confrontation ensued between the three women upon Pillars and Patrick's arrival at McIntyre's, which ended in the fatal shooting of both Pillars and Patrick in McIntyre's doorway.

BRIAN BERGERON: 55, White gay, non-transgender man

Malden, MA, March 16, 2011

On March 9, 2011 media sources state that the body of Brian Bergeron (55) was found stabbed, dead and wrapped in a blue tarp in the dining room of a Malden, MA apartment shared by Mr. Bergeron and his husband Micheal Losee (41). It is alleged that after the homicide Losee called a friend in Florida to confess to the crime and that friend called the police. Media sources document that Losee surrendered to the police from his lawyer's office and has consistently maintained his innocence. The Middlesex, MA, District Attorney stated that, "This appears to be a tragic incident of domestic violence, committed by the spouse of the victim."

CASEY TAYLOR: 36, ethnicity unknown, gay non-transgender man

Winthrop, MA, August 9, 2011

Casey Taylor (36) was reportedly stabbed in the heart by John Lacoy (47), of Winthrop, MA, during an argument. According to news reports, Taylor, who was previously homeless and Lacoy had been romantically involved, and their relationship had a history of violence. Taylor's body was found by Winthrop, MA police on August 9th, 2011, underneath Lacoy's porch. According to news reports, Taylor was killed in Lacoy's second-floor apartment at the Winthrop home and his body was subsequently moved underneath the porch. Shortly after the homicide Lacoy sent out a text message saying Taylor "won't be able to leech off me anymore." Lacoy pleaded not guilty during his murder arraignment.

IRVING BURKIN: 65, ethnicity unknown, non-transgender man

Malden, MA, March 2011

In Malden, MA two residents, Irving Burkin (65) and Burton Berenson (65) died in what is believed by the police to be a murder-suicide. News reports state that police determined that Berenson shot Burkin several times and then shot himself. In an article about Burkin and Berenson's deaths, a person who stated they were a friend from Seattle, WA commented, "I can only submit that they each had lost all that was important to them and they both wanted the final escape."

KRISSY BATES: 45, White transgender woman

Minneapolis, MN, January 6, 2011

On the evening of January 6, 2011, after an argument in Bates' Minneapolis apartment, news reports state that Arnold Waukazo initially strangled Bates to the point of unconsciousness. Media sources document that within Waukazo's taped confession, when she showed signs of life, he reached for a switchblade and stabbed her multiple times causing fatal injuries. After the stabbing, Waukazo left the apartment, leaving Bates to be found five days later by apartment staff. Arnold Waukazo was convicted of Second Degree Murder in the death of Krissy Bates. Waukazo waived his right to a jury trial. According to trial testimony, Bates had recently begun dating Waukazo and told friends that he was "the one."

ONGE'LE MARIE BARNETT: 30, African American lesbian non-transgender woman

Kansas City, MO, December 25, 2011

Media sources state that prosecutors charged Kansas City, MO, woman, Lacresha A.V. Barnett, in the death of her longtime partner, Onge'le Marie Barnett, who was found fatally stabbed by Barnett in their apartment on December 25, 2011. Lacresha A.V. Barnett, 36, was charged with second-degree murder and armed criminal action in the death of 30-year-old Onge'le Marie Barnett. The couple wed in a civil ceremony out of state a few years prior. News reports state that Onge'le Barnett's relatives told police that they went to her apartment to check on her and talked to Lacresha. Family members said Lacresha told them that Onge'le Barnett had gone to the store. The family left and returned a short time later to a locked house. A relative pried open a window, entered the apartment and found Onge'le Barnett's body in the living room. Police arrested Lacresha Barnett soon after. According to news reports, Lacresha Barnett told police that Onge'le Barnett had

become angry with her and displayed a knife, then began choking her. She said she picked up the knife and stabbed Onge'le Barnett multiple times. Barnett told the police she did not call for help after the stabbing or after Onge'le Barnett's relatives stopped by the apartment. Court documents say, Lacresha Barnett left and watched for police to arrive.

FRANCISCO R. GONZALEZ FUENTES: 46, Latino gay non-transgender man

Cliffside Park, NJ, January 13, 2011

Pedro Garcia (33), the boyfriend of Francisco R. Gonzalez, and Wilfredo Sanchez (34), were charged with the murder and dismemberment of Francisco R. Gonzalez Fuentes (46) in January 2011. According to news reports, Mr. Fuentes' body parts were found in three garbage bags left in two locations in suburban Cliffside Park, NJ. The homicide occurred after a house party in Mr. Fuentes' home. It allegedly was the result of a domestic argument that took place between Pedro and Francisco.

CARLOS CASTRO: 65, White, gay, non-transgender man

New York, NY, January 10, 2011

Carlos Castro (65) was a journalist, a TV personality, and a noted LGBTQ activist from Cantanhede, Portugal. News reports state that Mr. Castro was visiting New York City as a tourist with his lover Renato Seabra (21). They were staying on the 34th floor of the Intercontinental Hotel in the Times Square area of Manhattan. According to a news source, Mr. Castro was killed as the result of an argument possibly over money. He was bludgeoned in the head with a heavy object and then castrated with a corkscrew. His alleged killer, Renato Seabra, showered and put on a new suit while Mr. Castro bled to death in their shared hotel room. Seabra then took a cab to Roosevelt Hospital for treatment of cuts and scrapes received during the fight. Mr. Castro's body was found by hotel staff at the urging of a friend who became worried after seeing and talking with Seabra in the hotel lobby. Seabra confessed to the murder.

CAMILA GUZMAN: 38, Latina transgender woman

New York, NY, August 1, 2011

On August 1, police found Camila Guzman of East Harlem, NY dead and lying face down on her bed at her home. She had been stabbed several times in the back. Guzman moved to New York City from Chile in 2002 to live openly as a transgender woman. Equan Southall, 25, had been dating Guzman for four months when he killed her. Motive is unknown, but according to a friend of Ms. Guzman, "We know in our hearts this crime was based on discrimination against transgender women." Southall was arrested and has confessed to Guzman's murder.

DAVID WALTON: 41, White gay non-transgender man

Provincetown, MA, April 2, 2011

David Walton, (41) was camping with his boyfriend James Costello (45) in Provincetown, MA over the weekend of April 2-3, 2011. According to news reports, there was a history of violence in the relationship. In 2006 Costello was convicted of assaulting his lover, Mr. David Walton. He was issued a restraining order. After the order expired, media sources state that Costello and Walton got back together. According to news sources, Costello admitted to killing Mr. Walton by stomping on him around 6 AM on the morning of April 2. David Walton was pronounced dead by police at 6:22 AM April 2nd. An autopsy revealed that Walton's actual cause of death was strangulation.

RALPH BELL: 54, White gay non-transgender man

Winooski, VT, July, 2011

According to news sources, sometime during the evening of July 18th or early morning of July 19th, Ralph Bell (54) was stabbed several times in the neck and face by his lover and neighbor, Daniel Whalen (25), and subsequently fell 50 feet from the bridge where the stabbing occurred. According to the same source, friends of Bell's said their relationship was violent at times.

RENE MINARD: 39, White Lesbian non-transgender woman

Okanogan, WA, August 25, 2011

On Thursday, August 25, 2011 news reports state that Shelly Payton, shot her ex-girlfriend, Rene Minard, mother of one, and wounded co-worker and family friend, Catrina Fling. The shooting took place at the home that Payton shared with Minard in suburban northeastern Washington, while Minard's son was at football practice. News sources state that the Okanogan sheriff's office was notified that three shots were fired. The first shot presumably killed Minard, the second shot wounded Fling, and then Payton turned the gun on herself. Minard and Payton were found dead by sherrifs upon arrival. News sources state that Payton had some military training.

ERIC COOPER: 29, Asian American gay non-transgender man, and

COOPER CHEN: 2, surrogate child

Seattle, WA, August 11, 2011

On August 11th, 2011 Dr. Louis Chen (39) didn't show for his first day of work at a hospital in Seattle, WA. A nurse from the hospital stopped by his home to make sure he was ok. According to news reports, Chen answered the door naked and covered in blood. Chen had supposedly argued with and then stabbed his boyfriend Eric Cooper (29) and the couple's two year-old son Cooper Chen. News sources state that Chen allegedly confessed to the murders, and waived his right to trial. He has been charged with two counts of aggravated first-degree murder, and faces life in prison if convicted. His trial has been postponed.

NCAVP MEMBER AND AFFILIATE LIST

(ALPHABETICAL BY STATE OR PROVINCE)

The following NCAVP member and affiliate list is current as of February, 2012. 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 (212) 714 – 1184 extension 50, or info@ncavp.org.

PROGRAM INFORMATION BELOW 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

CLIENT: (800) 553-9387

OFFICE: (800) 624-0348

WEB: WWW.WINGSPAN.ORG

CALIFORNIA

LOS ANGELES

LA GAY & LESBIAN CENTER (LAGLC) ANTI-VIOLENCE PROJECT

HV, PM, SV

CLIENT (ENGLISH): (800) 373-2227

CLIENT (SPANISH): (877) 963-4666

WEB: WWW.LAGAYCENTER.ORG

LAGLC DOMESTIC VIOLENCE LEGAL ADVOCACY PROJECT

IPV, SV

OFFICE: (323) 993-7649

TOLL-FREE: (888) 928-7233

WEB: WWW.LAGAYCENTER.ORG

LAGLC STOP DOMESTIC VIOLENCE PROGRAM

IPV, SV

OFFICE: (323) 860-5806

WEB: WWW.LAGAYCENTER.ORG

SAN DIEGO

SAN DIEGO LGBT CENTER

HV, IPV, PM, SV

CLIENT: (619) 692-2077 X208

WEB: WWW.THECENTERSD.ORG

SAN FRANCISCO

COMMUNITY UNITED AGAINST VIOLENCE

HV, IPV, PM, SV

24 HOUR HOTLINE: (415) 333-HELP

WEB: WWW.CUAV.ORG

COLORADO

DENVER

COLORADO ANTI-VIOLENCE PROGRAM

HV, IPV, PM, SV

CLIENT: (888) 557-4441

OFFICE: (303) 839-5204

WEB: WWW.COAVP.ORG

FLORIDA

BROWARD COUNTY

BROWARD LGBT DOMESTIC VIOLENCE COALITION (NCAVP AFFILIATE)

IPV, SV

OFFICE: (954)7645150 X.111

MIAMI

THE LODGE/VICTIM RESPONSE, INC.

IPV, SV

CRISIS LINE: (305) 693-0232

WEB: WWW.THELODGE MIAMI.ORG

TALLAHASSEE

INCLUSIVE LGBTQA TASK FORCE

HV, IPV

E-MAIL: YFAIRELL@HOTMAIL.COM

WILTON MANORS

SUNSERVE SUNSHINE SOCIAL SERVICES

IPV

OFFICE: (954) 764-5150

WEB: WWW.SUNSERVE.ORG

GEORGIA

ATLANTA

SPEAKOUT GEORGIA

HV, IPV, SV

HOTLINE: (678) 861-7867

WEB: WWW.SPEAKOUTGEORGIA.ORG

UNITED4SAFETY

IPV, SV

HELPLINE: (404) 200-5957

WEB: WWW.UNITED4SAFETY.ORG

ILLINOIS

CHICAGO

CENTER ON HALSTED ANTI-VIOLENCE PROJECT

HV, IPV, PM, SV

24 HR CRISIS LINE: (773) 871-CARE

WEB: WWW.CENTERONHALSTED.ORG

KENTUCKY

LOUISVILLE

CENTER FOR WOMEN AND FAMILIES

IPV, SV

24 HR CRISIS LINE: (877) 803-7577

WEB: WWW.THECENTERONLINE.ORG

LOUISIANA

NEW ORLEANS

BREAKOUT!

HV, PM

OFFICE: (504) 522-5435

WEB: WWW.YOUTHBREAKOUT.ORG

HIV/AIDS PROGRAM, LOUISIANA OFFICE OF PUBLIC HEALTH (NCAVP AFFILIATE)

HV, IPV, SV

OFFICE: (504) 568-7474

LGBT COMMUNITY CENTER OF NEW ORLEANS

HV, IPV, PM, SV

OFFICE: (504) 945-1103

MASSACHUSETTS

BOSTON

FENWAY COMMUNITY HEALTH VIOLENCE RECOVERY PROGRAM

HV, IPV, PM, SV

INTAKE: (800) 834-3242

OFFICE: (617) 927-6250

WEB: WWW.FENWAYHEALTH.ORG

THE NETWORK/LA RED

IPV, SV

ENGLISH/SPANISH HOTLINE: (617) 423-7233

WEB: WWW.TNLR.ORG

MICHIGAN

DETROIT

EQUALITY MICHIGAN

HV, IPV, PM

CLIENT: (866) 926-1147

WEB: WWW.EQUALITYMI.ORG

MINNESOTA

MINNEAPOLIS

OUTFRONT MINNESOTA

HV, IPV, PM, SV

HOTLINE: (612) 824-8434

WEB: WWW.OUTFRONT.ORG

MISSOURI

KANSAS CITY

KANSAS CITY ANTI-VIOLENCE PROJECT

HV, IPV, PM, SV

CLIENT: (816) 561-0550

WEB: WWW.KCAVP.ORG

ST. LOUIS

ANTI-VIOLENCE ADVOCACY PROJECT OF ALIVE

HV, IPV, SV

24 HR CRISIS LINE: (314) 993-2777

WEB: WWW.ALIVESTL.ORG

ST. LOUIS VIOLENCE RESPONSE INITIATIVE

HV, IPV, SV, PM

OFFICE: (314) 329-7660

HOTLINE: (314) 329-7668

WEB: WWW.EJUSTMO.ORG

NEW YORK

ALBANY

IN OUR OWN VOICES

HV, IPV, SV

HOTLINE: (518) 432-4341

OFFICE: (518) 432-4341

WEB: WWW.INOUROWNVOICES.ORG

BAYSHORE

LONG ISLAND GLBT SERVICES NETWORK

HV, IPV, SV

OFFICE: (631) 665-2300

LONG ISLAND GAY AND LESBIAN YOUTH, INC.

WEB: WWW.LIGALY.ORG

LONG ISLAND GLBT COMMUNITY CENTER

WEB: WWW.LIGLBTCENTER.ORG

NEW YORK

NEW YORK CITY ANTI-VIOLENCE PROJECT

HV, IPV, PM, SV

24 HR ENGLISH/SPANISH HOTLINE: (212) 714-1141

OFFICE: (212) 714-1184

WEB: WWW.AVP.ORG

ROCHESTER

GAY ALLIANCE OF THE GENESEE VALLEY

HV, IPV, PM, SV

OFFICE: (585) 244-8640

WEB: WWW.GAYALLIANCE.ORG

NORTH CAROLINA

CARY

RAINBOW COMMUNITY CARES, INC.

HV, IPV, PM, SV

OFFICE: (919)342-0897

WEB: WWW.RCCARES.ORG

OHIO

STATEWIDE, COLUMBUS OFFICE

BRAVO (BUCKEYE REGION ANTI-VIOLENCE ORGANIZATION)

HV, IPV, PM, SV

CLIENT: (866) 86 BRAVO

WWW.BRAVO-OHIO.ORG

BLACKLICK

NATIONAL LEATHER ASSOCIATION

IPV (NCAVP AFFILIATE ONLY)

WEB: WWW.NLAIDVPROJECT.US/WEB

ONTARIO

TORONTO

THE 519 ANTI-VIOLENCE PROGRAMME

HV, IPV, PM, SV

CLIENT: (416) 392-6877

WEB: WWW.THE519.ORG

RHODE ISLAND

PROVIDENCE

SOJOURNER HOUSE

HV, IPV, PM, SV

CLIENT: (401) 658-4334

WEB: WWW.SOJOURNERRI.ORG

SOUTH CAROLINA

GREENVILLE

SEAN'S LAST WISH

HV, IPV, PM, SV

OFFICE: (864) 884-5003

WEB: WWW.SEANSLASTWISH.ORG

TENNESSEE

MEMPHIS

TABERNACLE OF LOVE MINISTRIES – MEMPHIS

HV, IPV, PM, SV

OFFICE: (901) 730-6082

WEB: WWW.TABERNACLEOFLOVEMINISTRIES.ORG

TEXAS

DALLAS

RESOURCE CENTER DALLAS

IPV

OFFICE: (214) 540-4455

WEB: WWW.RCDALLAS.ORG

HOUSTON

MONTROSE COUNSELING CENTER

HV, IPV, SV

OFFICE: (713) 529-0037

WWW.MONTROSECOUNSELINGCENTER.ORG

VERMONT

WINOOSKI

SAFESPACE AT THE R U 1 2? COMMUNITY CENTER

HV, IPV, PM, SV

CLIENT: (866) 869-7341

WEB: WWW.RU12.ORG

VIRGINIA

ALEXANDRIA

ALEXANDRIA SEXUAL AND DOMESTIC VIOLENCE PROGRAMS

IPV, SV

IPV HOTLINE: (703) 746-4911

SV HOTLINE: (703) 683-7273

OFFICE:(703) 746-5030

RICHMOND

VIRGINIA ANTI-VIOLENCE PROJECT

HV, IPV, PM, SV

OFFICE: (804) 925-8287

WEB: WWW.VIRGINIAAVP.ORG

QUEBEC

MONTREAL

CENTRE DE SOLIDARITÉ LESBIENNE

IPV, SV

CLIENT: (514) 526-2452

WEB: WWW.SOLDARITELESBIENNE.QC.CA

WASHINGTON, D.C

DC TRANS COALITION

HV, IPV, PM, SV

OFFICE: (202) 681-DCTC

WEB: WWW.DCTRANSCOALITION.ORG

GLOV (GAYS AND LESBIANS OPPOSING VIOLENCE)

HV, PM

OFFICE: (202) 682-2245

WEB: WWW.GLOVDC.ORG

RAINBOW RESPONSE COALITION

IPV, SV

OFFICE: (202) 299-1181

WEB: WWW.RAINBOWRESPONSE.ORG

WISCONSIN

APPLETON

FOX VALLEY/OSHKOSH LGBTQ ANTI-VIOLENCE PROJECT

HV, IPV, PM, SV

E-MAIL: FOXOAVP@GMAIL.COM

MILWAUKEE

MILWAUKEE LGBT CENTER ANTI-VIOLENCE PROJECT

HV, IPV, SV

OFFICE: (414) 271-2656

WEB: WWW.MKELGBT.ORG

FORGE SEXUAL VIOLENCE PROJECT

SV

OFFICE: (414) 559-2123

WEB: WWW.FORGE-FORWARD.ORG



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