Lesbian, Gay, Bisexual, Transgender, Queer and HIV-Affected

Intimate Partner Violence

2010

A REPORT FROM THE NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS

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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

For the past 14 years, the National Coalition of Anti-Violence Programs (NCAVP) has produced this report to document intimate partner violence (IPV) within lesbian, gay, bisexual, transgender, queer, and HIV-affected (LGBTQH) communities. This critical report highlights the intricacies of IPV within LGBTQH communities, examines the barriers to safety for LGBTQH survivors, and outlines vital recommendations for responding to, preventing, and eradicating LGBTQH IPV.

Historically, LGBTQH survivors may have been hesitant to report their experiences of IPV, due to the fear of negative and re-victimizing reactions from first responders, including members of law enforcement, emergency room staff, and mainstream service providers. NCAVP documented six IPV-related murders/homicides in 2010 that may have been preventable, if safe and welcoming services were readily available for LGBTQH survivors. As policymakers and advocates continue to include LGBTQH people in national conversations about IPV, NCAVP will continue to work towards decreasing barriers and increasing options for survivors.

Despite the severe impact that IPV continues to have within LGBTQH communities, NCAVP witnessed critical progress in the movement to end this violence. In 2010, NCAVP observed a steady increase of national media coverage that brought public attention to the severity of IPV within LGBTQH communities, a largely invisible issue. For LGBTQH community members, this media coverage of IPV within LGBTQH relationships may have increased their awareness of IPV, leading more survivors to report incidents of violence and receive support from NCAVP members. Public attention can also increase the likelihood that both mainstream and LGBTQH service providers will make efforts to address IPV in LGBTQH communities, which increases access to lifesaving services for LGBTQH survivors.

In March of 2010, NCAVP and the National Center for Victims of Crime produced the *Why It Matters Report*[1], the first report ever to examine the disparities in access to safety and services for LGBTQH survivors across the country. In April of 2010, the Department of Justice (DOJ) released a memorandum[2], declaring that federal prosecutors should enforce criminal provisions in the Violence Against Women Act (VAWA) in cases where offender and victim are the same sex. Since 1994, VAWA[3] funding has provided billions of dollars for social service agencies that support survivors of domestic violence, sexual assault, dating violence, and stalking. VAWA, and the public attention to IPV that it created, fundamentally shifted the response to IPV in the United States from a "private" issue to a public epidemic. NCAVP is working in collaboration with the National Task Force to End Sexual and Domestic Violence and other national stakeholders to advocate for Congress to pass a fully inclusive VAWA. This unprecedented attention to LGBTQH survivors of IPV continued with the DOJ's Office on Violence Against Women (OVW) funding NCAVP to create the National LGBTQ Training and Technical Assistance Center in the spring of 2011.

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[1] *National Center for Victims of Crime and National Coalition of Anti-Violence Programs. Why It Matters; Rethinking Victim Assistance for Lesbian, Gay, Bisexual, Transgender, and Queer Victims of Hate Violence & Intimate Partner Violence. 2010*

[2] United States. Dept. of Justice. Memorandum Opinion for the Acting Deputy Attorney General. *Whether the Criminal Provisions of the Violence Against Women Act Apply to Otherwise Covered Conduct when the Offender and Victim are the Same Sex. David J. Barron.* Washington: GPO, 2010.

[3] *Violence Against Women Act of 1994 (VAWA); Title IV, sec. 40001-40703 of the Violent Crime Control and Law Enforcement Act of 1994. Pub. L. 103-322. Sept. 13, 1994*

In 2010 NCAVP also worked to research and create community based resources for LGBTQH community members experiencing violence. Historically, many LGBTQH survivors of IPV could not access the criminal legal system for support and safety due to institutional homophobia, biphobia, and transphobia, various other forms of discrimination or oppression[1], or a survivor's own personal histories of negative interactions with the police. These historic barriers for LGBTQH survivors continue into the present, when many survivors who call the police are arrested, instead of or in addition to their abusive partners. To expand resources beyond the criminal legal system, in 2010, NCAVP created a transformative justice study group where member programs researched frameworks for tailoring and creating lifesaving services, safety plans, and alternative resources for those who cannot or will not pursue legal action. These resources are critical for LGBTQH survivors of IPV who also identify as immigrants, low-income people, people of color, and transgender and gender non-conforming people, to ensure that LGBTQH survivors who do not engage with law enforcement also have access to safety and support.

In 2011, NCAVP continued to expand the critical achievements of 2010. NCAVP advanced five annual goals to increase access and safety for LGBTQ survivors of IPV: continuing federal policy advocacy to make federal resources more LGBTQH-inclusive; exploring concrete strategies to address violence against and within LGBTQH communities without relying on the criminal legal system; coordinating a National Training and Technical Assistance Center to support mainstream direct service providers to meet LGBTQH community needs; increasing support and funding for under-resourced LGBTQH anti-violence work in the South; and continuing to produce NCAVP's two annual reports on LGBTQH-related violence to document the nature and impact of this violence.

NCAVP member programs strive to create systemic and social change for LGBTQH communities nationwide. The annual NCAVP report on IPV produces essential data and expertise that supports movements to end violence in LGBTQH communities. This 2010 report represents the culmination of collective work from NCAVP's member programs towards our vision to eliminate all forms of violence against and within LGBTQH communities. We urge all readers to use this report to further increase the safety, power, and resources for LGBTQH communities.

NCAVP's Governance Committee

[1] *Other forms of oppression may include racism, ableism, ageism, sexism, classism, xenophobia, and any others.*

Executive Summary

NCAVP produces the annual LGBTQH *Intimate Partner Violence Report* to provide detailed information on intimate partner violence within LGBTQH communities, highlight critical issues, and present recommendations to policy makers and community members.

Key Findings

Total Incidents

- **In 2010, NCAVP programs received 5,052 reports of intimate partner violence, an increase of 38.1% from 2009 (3,658 reports).**
- **This increase in reports was mainly due to a substantial increase in reports from the LA Gay & Lesbian Center (LAGLC)** (1,346 additional reports) which received increased funding for their IPV programming, thereby increasing the number of LGBTQH intimate partner violence survivors they collected reports from.

Murders/Homicides:

- **IPV murders/homicides remained consistent in 2010.** NCAVP documented six IPV murders/homicides in 2010 equal to the six documented murders/homicides in 2009.
- **Majority of IPV murder/homicide victims were women**. Of the six victims, four identified as female which is similar to 2009 where 3 of the 5 victims, whose gender identity was disclosed, were women.
- **Average age of murder/homicide victims increased.** In 2009 the average age of the victims was 30, while in 2010 the average age was 39.

Survivor Demographics

- **Female survivors accounted for nearly half (45.7%) of IPV survivors** who reported to NCAVP member programs in 2010, while **male survivors accounted for more than a third (37%).**
- **The proportion of female survivors declined slightly between 2009 (48%) and 2010 (45.7%),** while male survivors remained consistent from 36.4% in 2009 and 36.8% in 2010.

Reporting NCAVP Members

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

BRAVO
(Buckeye Region Anti-Violence Organization) - OHIO
HV, IPV, PM, SV
Client: (866) 86 BRAVO
Web: www.bravo-ohio.org

Colorado Anti-Violence Program
COLORADO
HV, IPV, PM, SV
Client: (888) 557-4441
Office: (303) 839-5204
Web: www.coavp.org

Center on Halsted Anti-Violence Project
ILLINOIS
HV, IPV, PM, SV
24 hr Crisis Line: (773) 871-CARE
Web: www.centeronhalsted.org

Community United Against Violence
CALIFORNIA
HV, IPV, PM, SV
24 Hour Hotline: (415) 333-HELP
Web: www.cuav.org

Equality Michigan - MICHIGAN
HV, IPV, PM
Client: (866) 926-1147
Web: www.equalitymi.org

Fenway Community Health Violence Recovery Program - MASSACHUSETTS
HV, IPV, PM, SV
Intake: (800) 834-3242
Office: (617) 927-6250
Web: www.fenwayhealth.org

Gay Alliance of the Genesee Valley
NEW YORK
HV, IPV, PM, SV
Office: (585) 244-8640
Web: www.gayalliance.org

Kansas City Anti-Violence Project
MISSOURI
HV, IPV, PM, SV
Client: (816) 561-0550
Web: www.kcavp.org

- **The majority of survivors identified as either gay (31.5%) or lesbian (28.5%)** as their sexual orientations.
- **Reports from lesbian survivors increased slightly between 2009 (27.1%)** and 2010 (28.3%).
- **Nearly a third of survivors were between the ages of 19 to 29 (31.6%),** this was consistent with 2009 (30.3%).
- **Survivors 60 and older only accounted for 2.8% of total survivors**, a slight increase from 2009 (1.8%).
- **People of color make up nearly half of total survivors (46.0%),** which is similar to 2009 (45.7%).
- **White survivors account for nearly a third (29.5%) of total survivors,** which remained the same proportion of survivors (29.5%) from 2009 to 2010.

Incident Details

- **50.6% of survivors indicated they experienced IPV with a boyfriend/girlfriend or long-term partner,** a decrease from 2009 (61.3%).
- **More survivors in 2010 (44.6%) were turned away from shelter than in 2009 (34.8%)**
- **More than half of survivors (55.4%) experienced physical violence from their abusive partners,** a substantial increase from 2009 (36.5%).
- **Less survivors called the police.** In 2010 7.1% of survivors called the police for support, a decrease from 2009 where 21.7% of survivors called the police.
- **Offender arrests increase.** LGBTQH IPV survivors reported that in 47.1% of incidents involving the police, the offender was arrested, a substantial increase from 2009 (27.3%).
- **Misarrest and dual arrest increased.** In 23.2% of incidents involving the police, survivors or both individuals were arrested, a large increase from 2009 (7.1%).
- **54.4% of survivors seeking an order of protection were denied.** Only 45.6% of LGBTQH IPV survivors received orders of protection, an increase from 2009 (34.5%).

Recommendations in Brief:

Respond:

- Policy makers, public, and private funders should increase local, state, and national funding to LGBTQH-specific anti-

Reporting NCAVP Members *(continued)*

LA Gay & Lesbian Center (LAGLC) Anti-Violence Project - CALIFORNIA
HV, PM, SV
Client (English): (800) 373-2227
Client (Spanish): (877) 963-4666

Montrose Counseling Center - TEXAS
HV, IPV, SV
Office: (713) 529-0037
www.montrosecounselingcenter.org

New York City Anti-Violence Project NEW YORK
HV, IPV, PM, SV
24-hr English/Spanish hotline: (212) 714-1141
Office: (212) 714-1184
Web: www.avp.org

OutFront Minnesota - MINNESOTA
HV, IPV, PM, SV
Hotline: (612) 824-8434
Web: www.outfront.org

SafeSpace at the R U 1 2? Community Center - VERMONT
HV, IPV, PM, SV
Client: (866) 869-7341
Web: www.ru12.org

The Network/La Red - MASSACHUSETTS
IPV, SV
English/Spanish Hotline: (617) 423-7233
Web: www.tnlr.org

Victim Response, Inc./The Lodge FLORIDA
IPV, SV
Crisis Line: (305) 693-0232
Web: www.thelodgemiami.org

United4Safety - GEORGIA
IPV, SV
Helpline: (404) 200-5957
Web: www.united4safety.org

Wingspan Anti-Violence Programs ARIZONA
HV, IPV, PM, SV
Client: (800) 553-9387
Office: (800) 624-0348
Web: www.wingspan.org

violence programs, particularly for community-led initiatives.

- Ensure that Congress passes an LGBTQH-inclusive Violence Against Women Act (VAWA) to improve access to services for LGBTQH survivors of intimate partner violence, dating violence, sexual assault and stalking.

- Federal, state, and local 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.

- LGBTQH-specific and mainstream community-based organizations should increase LGBTQH-specific expertise necessary to meet the needs of LGBTQH survivors of violence.

Prevent:

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

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

- Community-based organizations and educational institutions should prioritize early intervention and prevention strategies for youth to prevent and reduce IPV in LGBTQH communities.

- LGBTQH organizations should increase knowledge and expand programs geared toward preventing and ending violent behavior in LGBTQH relationships, focusing on programs that work with abusive partners.

Research:

- Policymakers and public and private researchers, including the Department of Justice's Bureau of Justice Statistics, should increase research and documentation of LGBTQH intimate partner violence.

Introduction

Intimate partner violence (IPV) is a devastating and sometimes deadly problem facing lesbian, gay, bisexual, transgender, queer, and HIV-affected (LGBTQH) communities. This report contains the most comprehensive data available on IPV within LGBTQH communities in the United States in 2010. NCAVP documents the prevalence and impact of IPV within LGBTQH communities as a part of a continuing effort to prevent and eradicate this violence. This report examines the intersections between LGBTQH IPV and various forms of discrimination and oppression that affect LGBTQH communities, such as homophobia, biphobia, transphobia, racism ablism, ageism, anti-immigrant bias, and many others. These forms of discrimination can create barriers which can limit LGBTQH survivors' access to necessities such as safety planning, crisis intervention, supportive counseling, and shelter.

Violence within intimate relationships, known as domestic violence, intimate partner violence, dating violence, and partner abuse, has been documented as a domestic and international epidemic. While the definitions vary, within this report NCAVP defines "intimate partner violence (IPV)" as an inclusive term that means: **"a pattern of behavior where one intimate partner coerces, dominates, or isolates another intimate partner to maintain power and control over the partner and the relationship."** IPV can occur in short or long-term relationships and affects all communities. Power and control is the central dynamic of IPV and patterns of abuse often escalate over time.[1] 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.

Research and literature on IPV began in earnest in the 1970's and 1980's with the emergence of the battered women's movement.[2] Until the late 1980's, there was virtually no research or literature on IPV within the context of LGBTQH communities,[3] and even now, in the majority of research on IPV, LGBTQH survivors may be invisible. Scholars may 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 in LGBTQH communities.

Current national research regarding the prevalence of intimate partner violence within LGBTQH communities does exist, but it is limited. The UCLA Center for Health and Policy Research, conducted a relatively large study in 2010, which shows that bisexual (40.6%), gay or lesbian adults (27.9%) are almost twice as likely to experience intimate partner violence as heterosexual adults (16.7%). The study concludes that "high rates of IPV among sexual minorities . . . warrants further attention and exploration so that preventative measures may be undertaken." [4] Research also indicates that risks for IPV and sexual violence are much higher for

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[1] *McHugh, M. C. & Frieze, I. H. (2006). "Intimate partner violence: New directions." In F. L. Denmark, H. H. Krauss, E. Halpern & J. A. Sechzer (Eds.) Violence and Exploitation Against Women and Girls. Annals of the New York Academy of Sciences, 1087:121-141. Boston, MA: Blackwell (Published on behalf of the New York Academy of Sciences).*

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

[3] *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*

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

transgender people,[1] who also face pervasive institutionalized discrimination when seeking services and support from health care agencies, law enforcement, and domestic violence shelters. This discrimination is much higher for transgender identified people of color.[2] Male-identified survivors are far less likely to be able to access services, particularly safe haven at domestic violence shelters, due to the historical view of IPV survivors as female-identified.[3]

As the nation begins to pay closer attention to IPV within LGBTQH communities, NCAVP will continue to support survivors and document their stories. This report analyzes the experiences of survivors and provides LGBTQH community members, policy makers, and service providers with vital recommendations for supporting survivors and ending IPV within LGBTQH communities. This report is a vehicle to amplify the voices of LGBTQH survivors nationally and to examine strategies that will create safety within LGBTQH communities and relationships.

[1] *Gentlewarrior, S., Culturally Competent Service Provision to Lesbian, Gay, Bisexual and Transgender Survivors of Sexual Violence*, Draft on file with AVP, *Bridgewater State College (2009). [In a review of the research examining the violence experienced by transgender individuals, Stotzer (2009) states that "what becomes clear from surveys of trans-people is that there is a high prevalence of sexual assault and rape starting at a young age" (pp. 171-172).]*

[2] *Grant, J., Mottet, L, and Tanis, J. (2011)."Injustice at Every Turn: A Report of the National Transgender Discrimination Survey." Retrieved from http://www.transequality.org/PDFs/NTDS_Report.pdf.*

[3] *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 domestic violence. *Washington, D.C. & New York. Retrieved from http://www.ncvc.org/ncvc/AGP.Net/Components/documentViewer/Download.aspxnz?DocumentID=47632*

Methods

How organizations collected the data

This report contains data collected in 2010 by 17 NCAVP member and affiliate programs across 14 states. Victim Response Inc./The Lodge in Miami, Florida did not track sexual orientation in 2010. Therefore, their data is included in their local summary within this report, rather than the aggregate data. Organizations collected this information from survivors and public sources. Survivors came into contact with 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 to document the violence that occurred to these individuals, while others have adapted and incorporated the form into other systems.

How NCAVP compiled and analyzed the data

With support from the Arcus Foundation, NCAVP worked with the Strength in Numbers Consulting Group to improve data collection and to specifically increase data on LGBTQH-related violence in the under resourced South. These consultants created a new intake form for NCAVP member programs that improved their ability to capture the varied experiences of LGBTQH IPV survivors. This form was accompanied by a detailed instruction manual and training for NCAVP members on new questions and sections. The consultants also provided each member program with tailored support to submit data in ways that met their program's needs while remaining consistent across all organizations.

NCAVP local member organizations then submitted their local data to NCAVP. Their data was compiled and analyzed for national and local trends. The consultants aggregated the data and analyzed the shifts between 2009's and 2010's data sets. In this report, NCAVP compares data proportionally for each variable between 2009 and 2010 allowing NCAVP to accurately assess increases or decreases in IPV, demographic shifts for survivors, and changes in incident details over time. 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 contains information from largely LGBTQH-identified individuals who experienced intimate partner violence and 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 intimate partner violence against LGBTQH people in the United States. NCAVP's data may particularly omit populations such as incarcerated people, people in rural communities, people who may not know about their local AVP, people where the closest AVP is too far away to reach, 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. To improve upon this issue for future reports, NCAVP continues to work to expand and increase data sources for this report.

NCAVP members' capacity for data collection also varied based upon the programs' resources, staffing, available technology, and other factors. This resulted in some programs submitting partial information in some categories creating incomplete and dissimilar amounts of data for different variables. NCAVP continues to work with Strength in Numbers consulting to ensure the highest level of data consistency possible within the resources available for local programs and NCAVP overall. 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 accounts for 3,350 of the 5,052 total survivors reporting to NCAVP. This gives LAGLC's data a substantial role in all the major trends we see in this report. NCAVP is working to increase the capacity for all member groups across the United States to address this issue. 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.

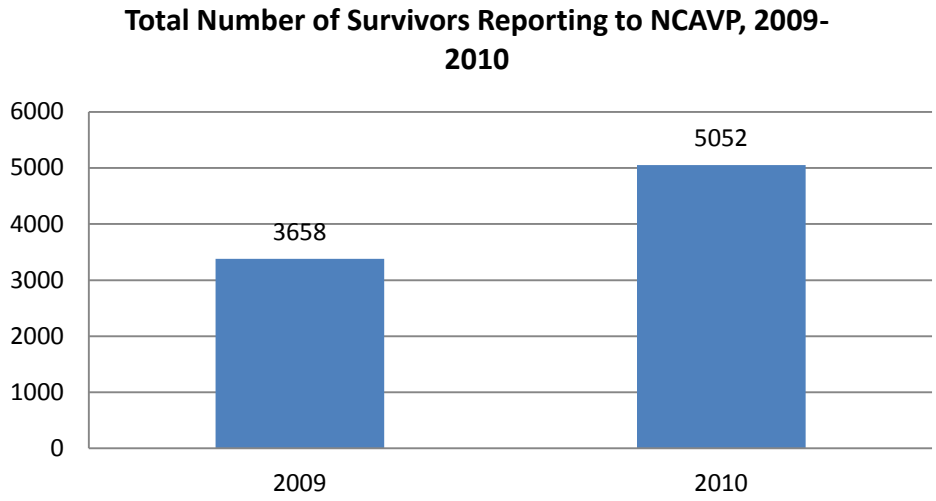
Major Findings

This report contains findings based on analyzing aggregate data from NCAVP's reporting members. The findings include a breakdown of survivor demographics and incident details. This data can help us identify key gaps in survivors' access to support and trends in survivor support and LGBTQH survivor demographics over time.

Major Findings Contained in This Section

- 5,052 IPV survivors reached out to NCAVP members in 2010, a 38.1% increase from 2009 (3,658).
- Of the six murder/homicide victims, the majority identified as female (4 of 6 in 2010) which is similar to 2009 (3 of 5 for whom gender identity was disclosed).
- Female survivors decreased from 48% of total survivors in 2009 to 45.7% in 2010, while the number of male survivors stayed relatively the same.
- Gay (31.5%) and lesbian (28.3%) survivors were the most common sexual orientations reported among total survivors. Reports from lesbian survivors increased slightly from 2009 (27.1%) to 2010 while reports from gay survivors remained the same.
- Only 55.4% of LGBTQH IPV survivors seeking shelter were admitted, a decrease from 2009 (65.2%).
- More than half (55.4%) of survivors experienced physical violence, a large increase from 2009 (36.5%).
- In 23.2% of incidents involving the police, survivors or both individuals were arrested, a large increase from 2009 (7.1%).
- Only 45.6% of LGBTQH IPV survivors received orders of protection, an increase from 2009 (34.5%).

Total Survivors

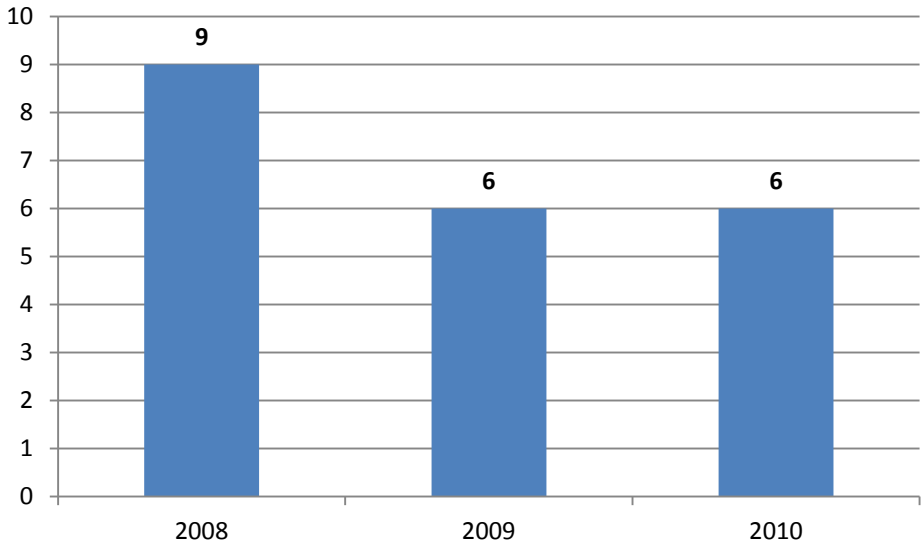


The total number of LGBTQH intimate partner violence survivors increased substantially by 38.1%[1] from 3,658 in 2009 to 5,052 in 2010. An increase of this size is particularly attributed to increased outreach by NCAVP members, particularly the L.A. Gay and Lesbian Center. LAGLC experienced a 59.8% increase in their total incidents due to increased funding and outreach efforts and accounts for 66.3% of NCAVP's total data.

These additional reports may be partially driven by LGBTQH survivors feeling more comfortable reporting to NCAVP's member programs. NCAVP member programs may have also increased community education on the dynamics present in LGBTQH IPV, contributing to additional survivors seeking support. It may also be easier for community members and service providers to recognize IPV within a LGBTQH relationship due to the dedicated efforts of NCAVP and other LGBTQH organizations throughout the country to increase awareness of LGBTQH IPV. As NCAVP's data set grows, NCAVP gets closer to measuring the actual amount of LGBTQH intimate partner violence survivors as opposed to just those survivors reporting to NCAVP. At present, it is difficult for NCAVP to separate the degree that this rise in reporting reflects additional data collection capacity within NCAVP's member programs as opposed to an actual increase in violence. This increase also highlights the importance within LGBTQH communities for increased public education efforts, anti-violence prevention initiatives, and direct services to provide support to LGBTQH IPV survivors.

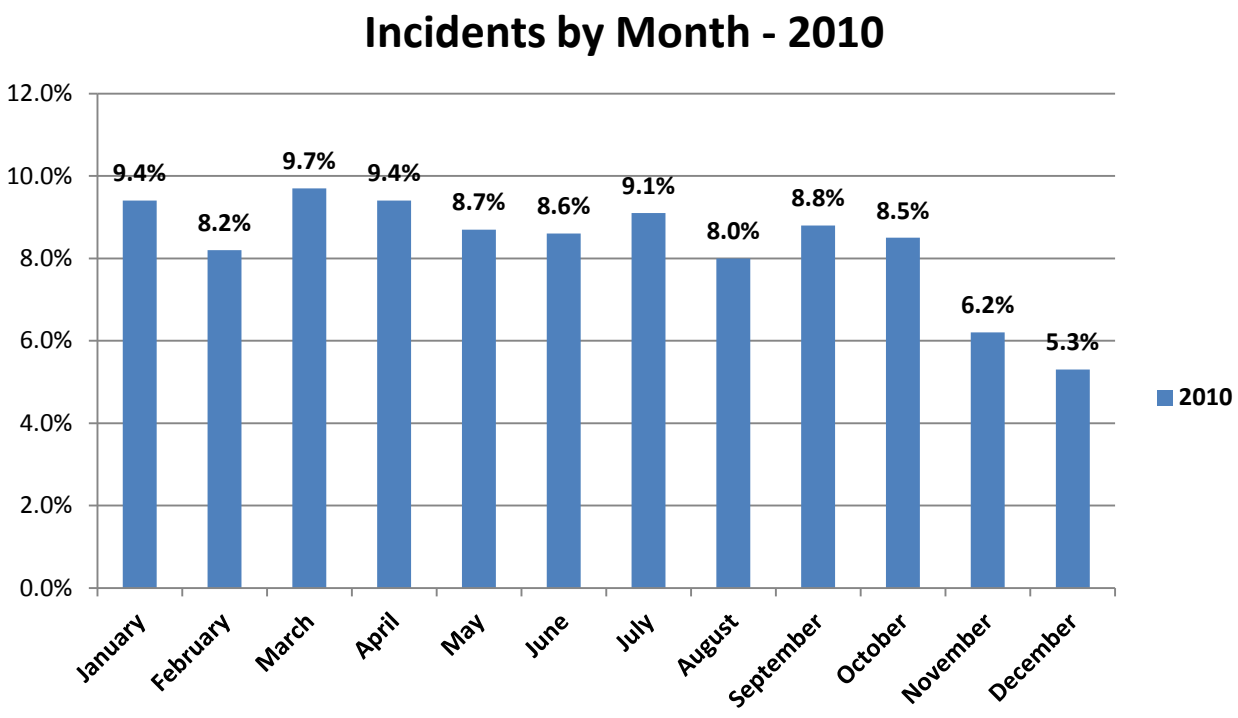
[1] *This increase represents the amount from all of the groups who reported to NCAVP from 2009 and 2010. Some of the groups who reported in 2010 were new to NCAVP. Therefore some of this increase is due to the addition of data from new reporting organizations. NCAVP feels that the amount of the increase from new reporting groups is negligible and therefore does not separate this amount. NCAVP also uses this number to to accurately document its total reports from survivors.*

IPV-Related Murders/Homicides



From 2008 to 2009 NCAVP recorded a decrease in IPV-related murders/homicides down from nine to six. In 2010, NCAVP documented six IPV-related murders/homicides, the same amount as 2009. In 2010, four of the six victims identified as female while in 2009, 3 of the 5 victims whose gender identity was disclosed to NCAVP were women. The average age of the murder/homicide victims in 2009 was 30, while in 2010 the average age was 39. Two of the murders/homicides took place in Massachusetts, one in California, one in Kansas, one in Missouri and one in Wisconsin. These numbers reflect only those murders/homicides that family, friends, police, and/or media clearly categorized as intimate partner violence. Without clear statements from family and friends of the victim, stating that their loved one was in a relationship at the time of their death, it can be difficult for NCAVP to assess the murder/homicide as intimate partner violence. IPV-related murders/homicides in LGBTQH relationships can be categorized as acquaintance or even stranger violence when family, friends, or law enforcement do not recognize the intimate nature of the relationship. These murders/homicides speak to the lethal consequences of intimate partner violence and the importance of LGBTQH IPV awareness and prevention. LGBTQH IPV survivors need access to LGBTQH-inclusive and welcoming resources to increase their safety including legal services, health care services, violence prevention programs, and shelters.

Monthly Details[1]



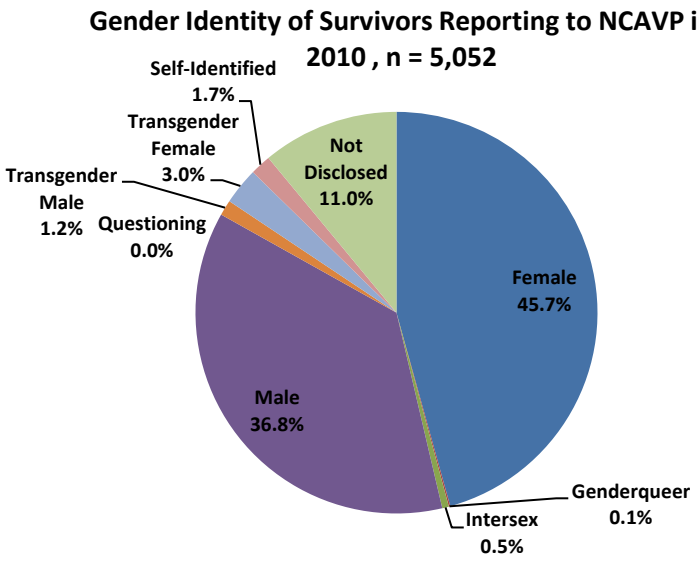
Tracking monthly trends in LGBTQH IPV reports helps NCAVP assess service provision, monthly outreach, and trends in LGBTQH IPV over the year. NCAVP received similar amounts of reports on IPV for the majority of months in 2010. While few noticeable spikes in annual reporting exist, November and December contained the least reports from IPV survivors. NCAVP members believe it is possible that survivors are less likely to report IPV or seek support during these months due to strong desires to hold families together during the holidays. NCAVP will continue to examine this decrease in November and December to assess whether this trend results from decreased capacity for data collection among NCAVP member programs or a decreased willingness to seek support from LGBTQH IPV survivors within these months.

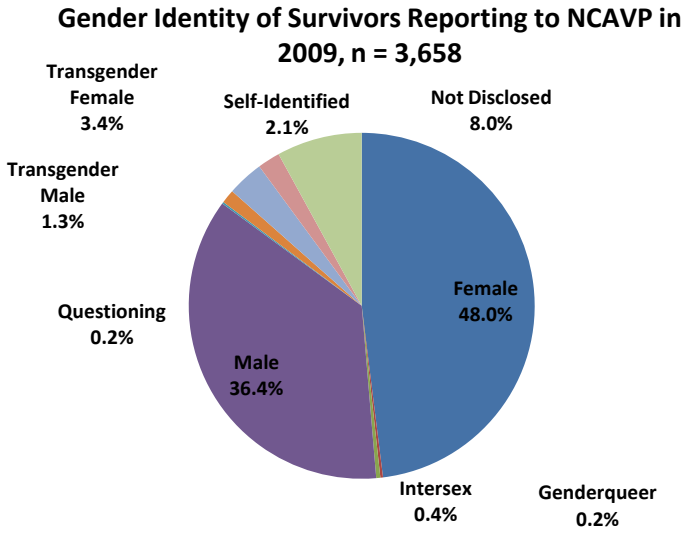
[1] *The monthly incidents are provided by some, not all, of the NCAVP reporting members. These numbers do not amount to the total incidents reported to NCAVP. Although we recognize we cannot compare this data to previous years, we use this limited data to examine trends over the year.*

Total Survivor Demographics

The data in this section describes the many intersecting identities of LGBTQH IPV survivors in 2010. LGBTQH individuals can have several intersecting marginalized identities where they face multiple forms of discrimination and oppression. LGBTQH women, people of color, immigrants, people with disabilities, low-income people, youth, and elders all can face increased barriers to law enforcement, medical assistance, counseling services, and community support networks. These intersecting identities can impact a survivor's ability to access culturally competent, welcoming, and appropriate services, and therefore have a profound effect on a survivor's safety. This section allows NCAVP to examine the identities of LGBTQH survivors that are more and less likely to report or seek assistance from NCAVP programs, thus allowing NCAVP to better understand the types of support and programming that LGBTQH IPV survivors need. No two survivors are the same, and only with further research can NCAVP focus its efforts to overcome the many barriers between a survivor and their safety.

Gender Identity



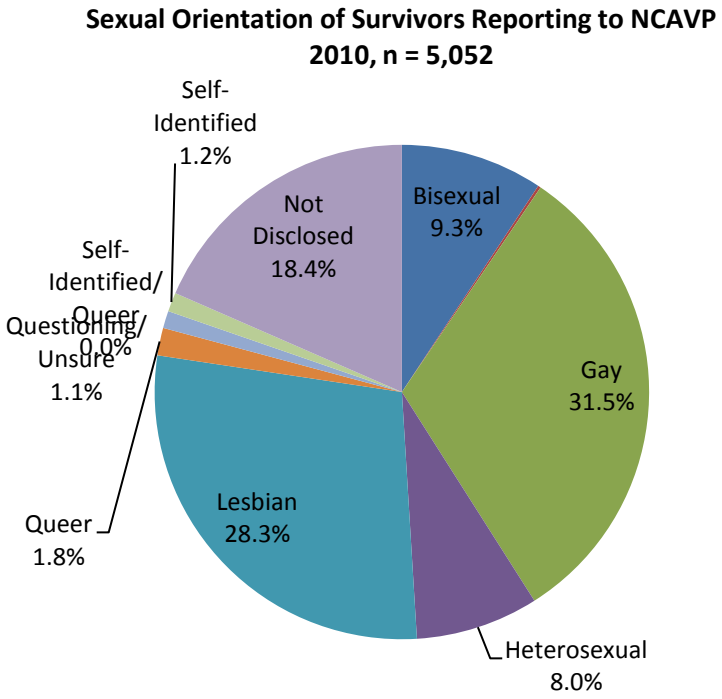


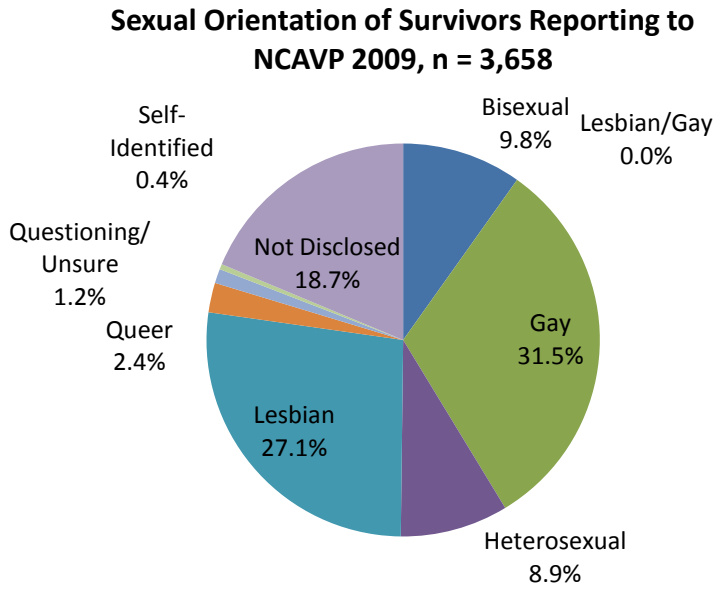
Female survivors account for nearly half (45.7%) of IPV cases reported to NCAVP in 2010, with male survivors accounting for more than a third (36.8%). Transgender survivors comprised 4.2% (1.2% transgender men and 3.0% transgender women) of total survivors. 11% of survivors did not disclose their gender identity. Genderqueer (0.1%), intersex (0.5%), and self-identified (1.7%) people make up less than 5% of total survivors.

Female survivors decreased from 48.0% of total data in 2009 to 45.7% in 2010, while the number of male survivors stayed relatively the same from 36.4% of total cases in 2009 to 36.8% in 2010. Survivors who did not disclose their gender identity increased from 8.0% in 2009 to 11% in 2010. The number of transgender survivors (4.2%) slightly decreased from 4.7% in 2009.

Female survivors consistently remain a substantial proportion of NCAVP's data set. This may represent strong connections that NCAVP's member programs have with LGBTQH women as well as the continued public perception of IPV as an issue that primarily or solely affects women. The small proportion of transgender survivors show that NCAVP member organizations may need to increase outreach to transgender and gender non-conforming communities and that NCAVP members should consider creating transgender specific prevention initiatives and support services. The public perception that IPV exclusively affects women can make it more difficult for transgender, gender non-conforming, and male-identified survivors of IPV to identify services that are welcoming and may prevent these survivors from reporting violence and/or seeking support.

Sexual Orientation





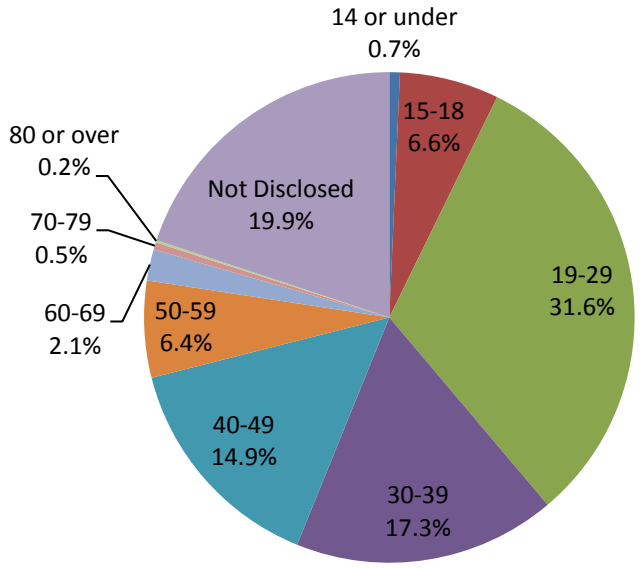
Survivors were the most likely to identify as either Gay (31.5%) or Lesbian (28.3%). Bisexual survivors accounted for 9.3% of total survivors. Heterosexual survivors accounted for 8.0% of total survivors while 18.4% of survivors did not disclose their sexual orientation. Questioning (1.1%), Queer (1.8%), and Self-identified (1.2%) survivors comprised less than 5% of the total data.

Lesbian survivors increased slightly from 2009 (27.1%) to 2010 (28.3%), while gay (31.5%) survivors remained the same (31.5%). Self-identified survivors increased from 0.4% in 2009 to 1.2% in 2010 while heterosexual survivors decreased from 8.9% in 2009 to 8.0% in 2010. Nearly 20% (18.4%) of survivors did not disclose their sexual orientation, remaining consistent with 2009 (18.7%).

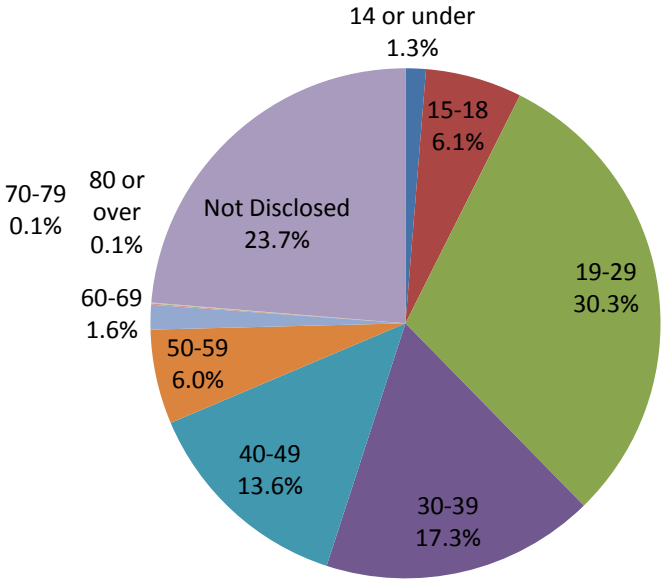
The larger proportion of reports from lesbian and gay survivors may reflect that these survivors are more comfortable seeking services from NCAVP members than other survivors. It is unlikely that lesbians and gay men experience more IPV than bisexual, queer, questioning, and self-identified people. Additionally LGBTQH service providers and community-based programs may focus their outreach and public education efforts on lesbians and gay men rather than the myriad identities that LGBTQH survivors use to describe their sexual orientation. NCAVP will continue to monitor and examine the connections between sexual orientation and access to support for LGBTQH survivors.

Age

Age of Survivors Reporting to NCAVP in 2010, n = 5,052



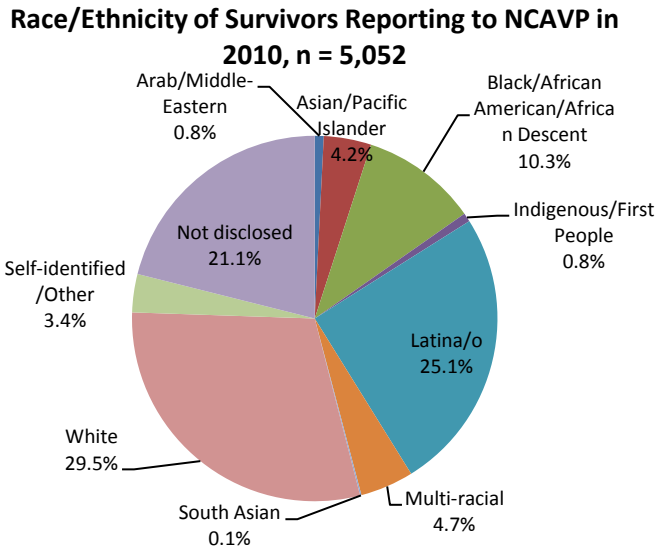
Age of Survivors Reporting to NCAVP in 2009, n = 3,658

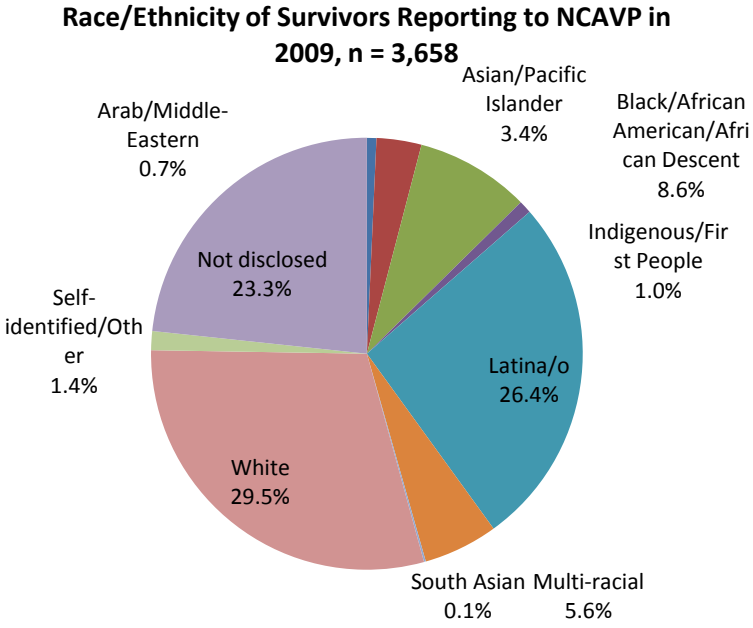


Nearly one-third of survivors reporting IPV were 19 – 29 (31.6%). Survivors between 30-39 accounted for close to one fifth (17.3%) of total data, 40 – 49 represented nearly 15% (14.9%), while survivors 50 – 59 accounted for 6.4%. 19.9% of survivors did not disclose their age. Survivors older than 60 only accounted for 2.8% of total survivors.

Survivors between the ages of 15 – 18 (6.6%) and 19 – 29 (31.6%) remained fairly consistent in 2010 from 6.1% and 30.3% in 2009. The large proportion of survivors younger than 40 may reflect that this age group feels more comfortable reporting to NCAVP's member programs, rather than indicating that this age group experiences more violence. Although survivors older than 60 only accounted for 2.8% of total survivors, this increased slightly from 1.8% in 2009. This demonstrates that LGBTQH elders may have less access to support than younger survivors.

Race/Ethnicity

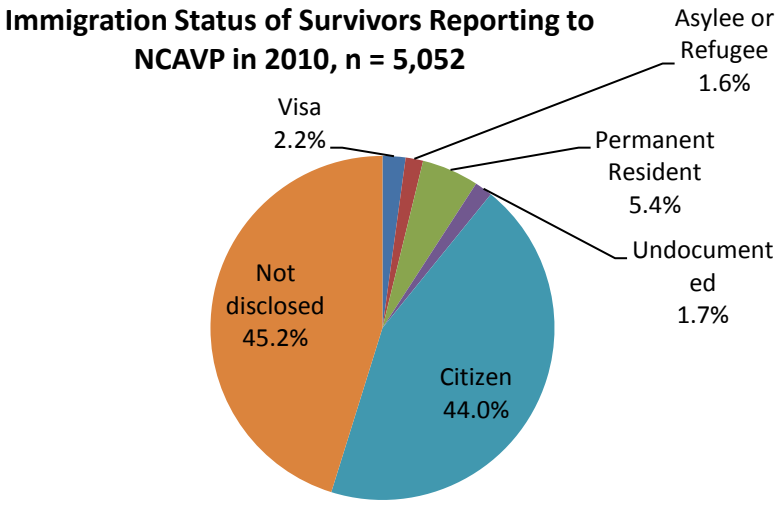


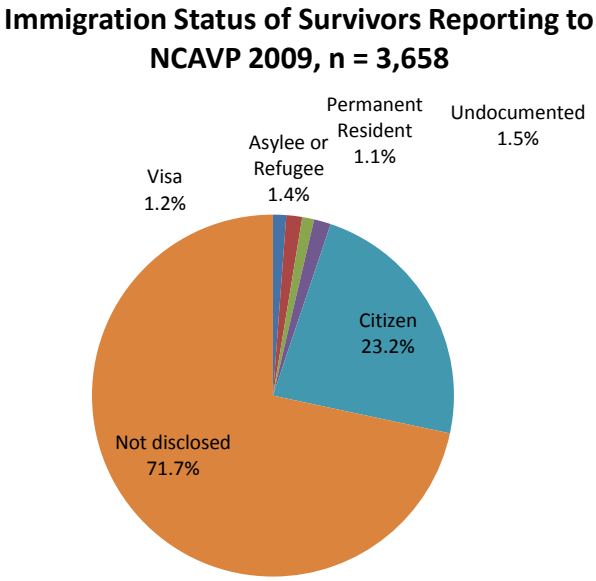


White survivors accounted for nearly a third (29.5%) of total survivors and Latina/o identified survivors accounted for a quarter (25.1%) of total survivors. Black/African American survivors made up 10.3% of survivors and multi-racial survivors accounted for 4.7% of total survivors. Asian/Pacific Islander survivors made up 4.2% of survivors and self-identified survivors accounted for 3.4% of the total. Arab/Middle-Eastern (0.8%), Indigenous/ First People (0.8%), and South Asian (0.1%) survivors comprised less than 5% of the total data.

Self-identified survivors increased from 1.4% in 2009 to 3.4% in 2010 while survivors who did not disclose their race decreased from 23.3% in 2009 to 21.1% in 2010. People of color made up nearly half of total survivors (46.0%), which is similar to 2009 (45.7%). This data demonstrates that anti-violence programs have strong connections to LGBTQH people of color communities. The high percentage of LGBTQH people of color survivors could reflect strong outreach programs to people of color communities. However, NCAVP cannot compare the prevalence of intimate partner violence across races without further research. Latina/o LGBTQH survivors (25.0%) represented the second largest category or survivors which is fairly consistent with 2009 (26.4 %). The high proportion of Latina/o survivors may be partially attributed to strong efforts among reporting NCAVP member organizations to serve immigrant communities and provide bilingual (English/Spanish) hotlines. Many reporting NCAVP member programs provide this service. Providing culturally competent services in Spanish may increase the comfort level of reporting of Spanish speaking LGBTQH survivors of IPV. Nearly a third (29.5%) of total survivors identified as white, which remained the same from 2009 (29.5%). Survivors identifying as black or African American increased from 8.6% in 2009 to 10.3% in 2010. Multi-racial survivors decreased from 5.6% in 2009 to 4.7% in 2010.

Immigration Status





Almost half (45.2%) of total survivors did not disclose their immigration status while 44.0% of survivors identified as U.S.citizens. Permanent residents accounted for 5.4% of total survivors while survivors with a Visa accounted for 2.2%. Asylee or refugee (1.6%), and undocumented (1.7%) survivors accounted for less than 5% of the total data.

2010's data showed a substantial decrease in survivors who did not disclose their immigration status, down from 71.7% in 2009 to 45.2% in 2010. This may result from NCAVP member organizations' increased efforts to collect comprehensive data on survivors. Survivors who identified as citizens increased substantially from 23.2% in 2009 to 44.0% in 2010. Only 1.7% of total survivors identified as undocumented, which is consistent with 2009's findings of 1.5%. Undocumented survivors may also account for the large proportion of survivors who did not disclose their immigration status.

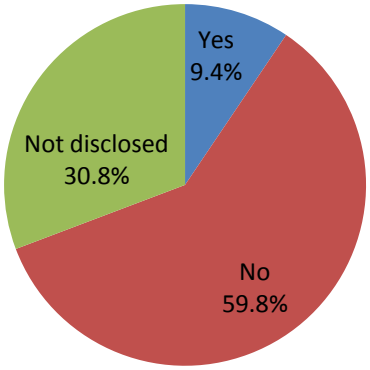
Undocumented survivors of intimate partner violence may be less inclined to report their experiences or seek services due to fear of disclosing their immigration status. This fear can result from undocumented communities' historically negative experiences with law enforcement, and anti-immigrant policies.[1] For example, the *Secure Communities* program (or S-Comm) is a program of the Department of Homeland Security which shares fingerprints of immigrants that come in contact with local law enforcement with the FBI, and the SB-1070[2] law in Arizona has expedited deportation proceedings and other "enforcement only" immigration policies. Both could increase fear in disclosing immigration/documentation status and deter survivors from seeking support for intimate partner violence. Some NCAVP member programs have chosen to no longer track citizenship and/or immigration status for fear that recording this information may inadvertently put survivors at risk for deportation. This data shows that further research is needed to inform outreach strategies that ensure LGBTQH immigrants are aware and able to access LGBTQH anti-violence programs.

[1] *Erez, E., Adelman, M. & Gregory, C. (2009). "Intersections of immigration and domestic violence: Voices of battered immigrant women." Feminist Criminology, 4(1): 32-56.*

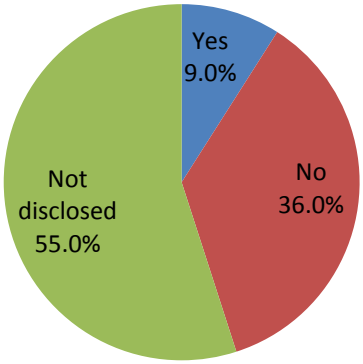
[2] *State of Arizona,Senate Forty-ninth Legislature 2010* http://www.azleg.gov/legtext/49leg/2r/bills/sb1070s.pdf

Disability Status

Disability Status of Survivors Reporting to NCAVP in 2010, n = 5,052



Disability Status of Survivors Reporting to NCAVP in 2009, n = 3,658



The majority of survivors (59.8%) reported not having a disability, while 30.8% did not disclose this information. Nearly 10% (9.4%) of survivors reported having a disability.

From 2009 to 2010, the amount of survivors with disabilities remained fairly consistent (from 9% in 2009 to 9.4% in 2010). Survivors without disabilities nearly doubled, from 36% in 2009 to 59.8% in 2010. Survivors who did not disclose disabilities decreased greatly from 55% in 2009 to 30.8% in 2010.

The increase in survivors who disclosed having disabilities can be attributed to the data enhancement project that NCAVP members undertook in 2010. This project gave targeted technical assistance to NCAVP member organizations to find ways of increasing data that NCAVP receives from survivors without endangering survivor confidentiality or safety. This technical assistance included information on discussing disabilities with survivors for data collection purposes.

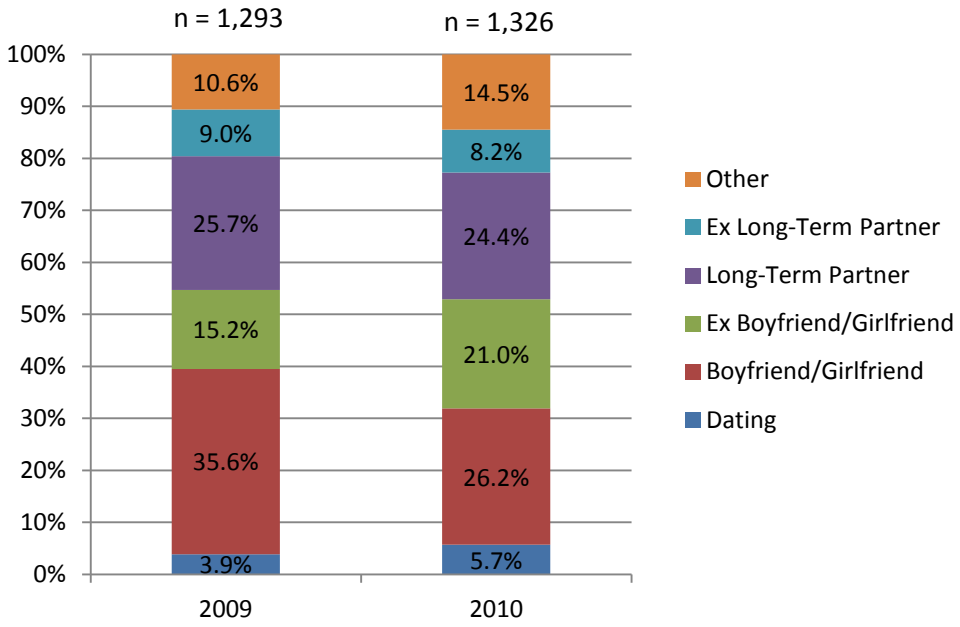
Survivors with disabilities may experience heightened vulnerability to intimate partner violence, as they may be dependent on their partners as care-givers, who may have a greater ability to exert power.[1] Survivors with disabilities can find themselves having to choose between their safety and their immediate medical needs. LGBTQH anti-violence programs need to continue to prioritize targeted outreach and public education programs to inform LGBTQH people with disabilities of their services. Policymakers and research institutions should also prioritize IPV services for LGBTQH people with disabilities.

[1] *Curry, M., Hassouneh-Phillips, D. & Johnston-Silverberg, A. (2001). "Abuse of women with disabilities: An ecological model and review." In Violence Against Women, 7: 60-79; Powers, L.E., Curry. M.A., Oschwald, M., Maley, S., Saxton M, Eckels, K. (2002). Barriers and strategies in addressing abuse: A survey of disabled women's experiences. In Journal of Rehabilitation, 68(1): 4-13.*

Incident Details

This section provides data and analysis on the dynamics of relationships between survivors and their abusive partners as well as survivors' efforts to access safety, services, and support.[1]

Relationship between Abusive Partner and Survivor



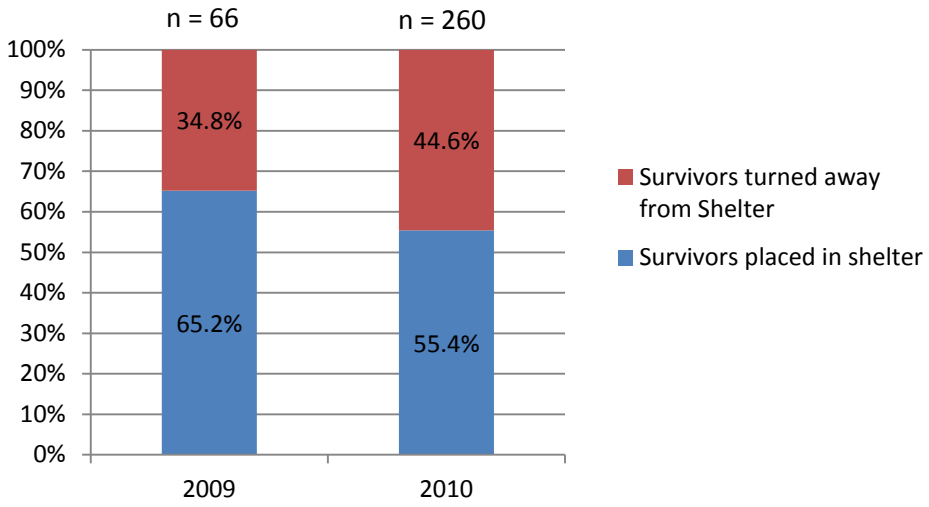
For survivors who disclosed relationship information to NCAVP[2], slightly more than one quarter (26.2%) of survivors experienced violence or abuse from boyfriends/girlfriends. 24.4% of survivors experienced violence or abuse from long-term partners. Ex-boyfriends/girlfriends made up 21.0% of abusive partners and ex long-term partners accounted for 8.2%. Survivors who described their relationships as "other" accounted for 14.5% of total survivors, while dating represented 5.7% of the total relationships.

50.6% of survivors indicated that they experienced IPV with a boyfriend/girlfriend or long-term partner, a decrease from 2009 (61.3%). Ex-partners, boyfriends/girlfriends, and long-term relationships, comprised nearly a third (29.2%) of survivors, an increase from 2009 (24.2%). Other types of relationships comprised 14.5% of survivors, an increase from 2009 (10.6%). This increase may point to a need for NCAVP to expand the relationship categories to reflect more survivors' experiences. Other types of relationships may include casual relationships, open relationships, polyamorous relationships, and other arrangements. They may also include dating as another form of a casual relationship. Between 2009 and 2010, IPV incidents within dating relationships slightly increased from 3.9% in 2009 to 5.7% in 2010. NCAVP will continue to monitor the amount of survivors reporting IPV within dating and casual relationships, as this can indicate that more survivors are reporting IPV and seeking support earlier in their relationships.

[1] *The statistics drawn from this section are based upon only the data that was known or disclosed to NCAVP. For some of the variables in this section NCAVP's current data collection system does not allow us to separate the unknown data from the people who did not access certain types of support such as shelters, orders of protection, and police assistance. Non-disclosed/unknown amounts are cited with each chart.*

[2] *In 2009 2,265 survivors did not disclose this information to NCAVP. In 2010 3,726 survivors did not disclose this information.*

Survivor Efforts to Access Shelter



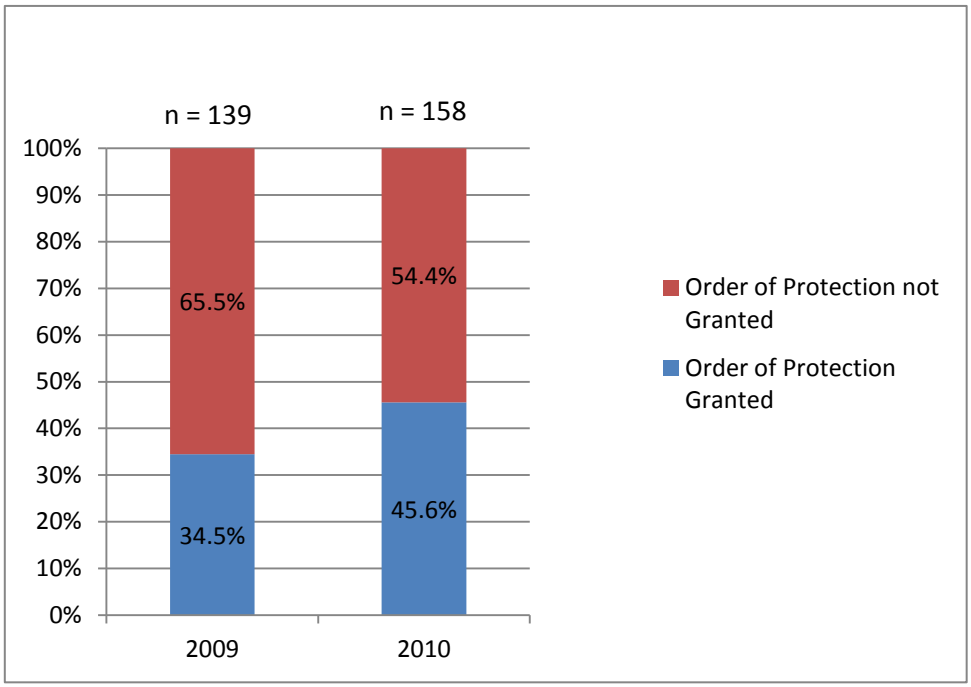
In 2010, 5.1% of total survivors sought shelter, an increase from 2009 when 1.8% of total survivors sought shelter[1]. The remaining survivors did not disclose their attempts to access shelter to NCAVP. In 2010 survivors reported that 44.6% of those seeking shelter were turned away, while only 55.4% were admitted to a shelter. More survivors in 2010 (44.6%) were turned away from shelter than in 2009 (34.8%). Access to shelter can be critical to the safety of LGBTQH survivors, especially those who depend on their abusive partner for housing. When LGBTQH survivors of IPV are denied shelter it further endangers the survivor. LGBTQH survivors of IPV may also avoid shelters for fear of further violence and abuse at the hands of shelter residents and staff, creating an additional barrier to safety, particularly for transgender people and male-identified survivors.[2]

The proportion increase of survivors turned away from shelters highlights that many mainstream domestic violence shelters are not equipped to house male-identified and/or transgender survivors, and many still have policies that explicitly prohibit male-identified and transgender survivors from accessing their shelter. These policies create substantial barriers for accessing safety for LGBTQH IPV survivors. As a result, LGBTQH survivors may only have access to homeless shelters, which may not be equipped to support LGBTQH IPV survivors' needs. Homeless shelters may not have staff that 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. These statistics demonstrate the need for increased advocacy regarding LGBTQH survivors' access to domestic violence shelters.

[1] *In 2009 3,509 survivors did not disclose this information. In 2010 4,894 survivors did not disclose this information.*

[2] *Ray, N. (2006). Lesbian, gay, bisexual and transgender youth: An epidemic of homelessness. New York: National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless.*

Survivor Efforts to Access Orders of Protection



In 2010, 3.1% of total survivors applied for orders of protection, a similar proportion as 2009 (3.8%). The remaining survivors did not disclose their attempts to obtain orders of protection to NCAVP[1]. In 2010, only 45.6% of LGBTQH IPV survivors seeking an order of protection received them and 54.4% of survivors seeking an order were denied them.

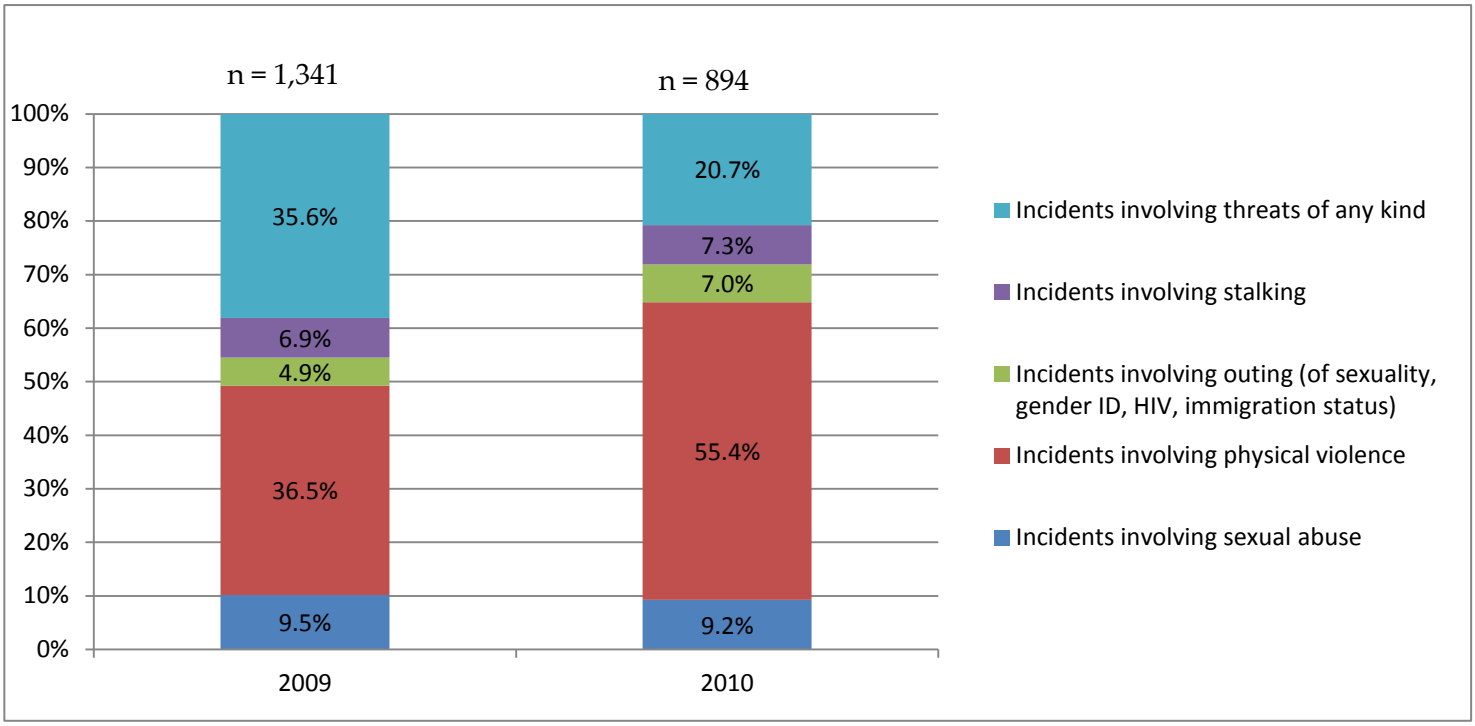
In 2010, more than half (54.4%) of LGBTQH IPV survivors seeking an order of protection were not granted them. This is a decrease from 2009, where 65.5% were denied orders of protection. An order of protection was granted for nearly half (45.6%) of survivors seeking them, an increase from 2009 (34.5%).

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 legal assistance when their abusive partner attempts to return to their home or the relationship. However, in some cases, orders of protection may not be the support a survivor needs, and can possibly put survivors at additional risk. Further research is needed to determine and examine the possibility of orders of protection putting survivors in danger. An increase in LGBTQH survivors seeking orders of protection suggests that more survivors are overcoming barriers to seek support from law enforcement, a historically difficult and arduous process for members of LGBTQH communities seeking legal support.[2]

[1] *In 2009 3,592 survivors did not disclose this information. In 2010 4,792 survivors did not disclose this information.*

[2] *Amnesty International USA – Stonewalled: Police Abuse and Misconduct Against Lesbian, Gay, Bisexual and Transgender People in the US.*

Abusive Partner Tactics[1]



LGBTQH abusive partners use a variety of tactics to assert power and control within intimate relationships, ranging from threats to murder/homicide. In 2010, 55.4%[2] of incidents involved physical violence, 20.7% of incidents involved threats of any kind, 9.2% of incidents involved sexual abuse, 7.3% of incidents involved stalking, and 7.0% of incidents involved outing of a survivor's sexual orientation, gender identity, HIV status, or immigration status. The remainder of the survivors did not disclose to NCAVP the tactics their abusive partners used against them.

NCAVP recognizes that an abusive partner may use multiple combined tactics over time to maintain control. More than half of survivors (55.4%) experienced physical violence from their abusive partners, a substantial increase from 2009 (36.5%). This indicates an increase in the severity of violence that LGBTQH IPV survivors experienced. LGBTQH physical violence survivors may be more likely to seek assistance from first responders and mainstream service providers. This rise in severity demonstrates the urgent need for mainstream service providers and first responders to know how to identify LGBTQH intimate partner violence and how to support LGBTQH survivors. This increase in severity also highlights the need for LGBTQH anti-violence programs to be equipped to support the needs of LGBTQH IPV survivors of physical violence, something that can be particularly challenging due to limited resources.

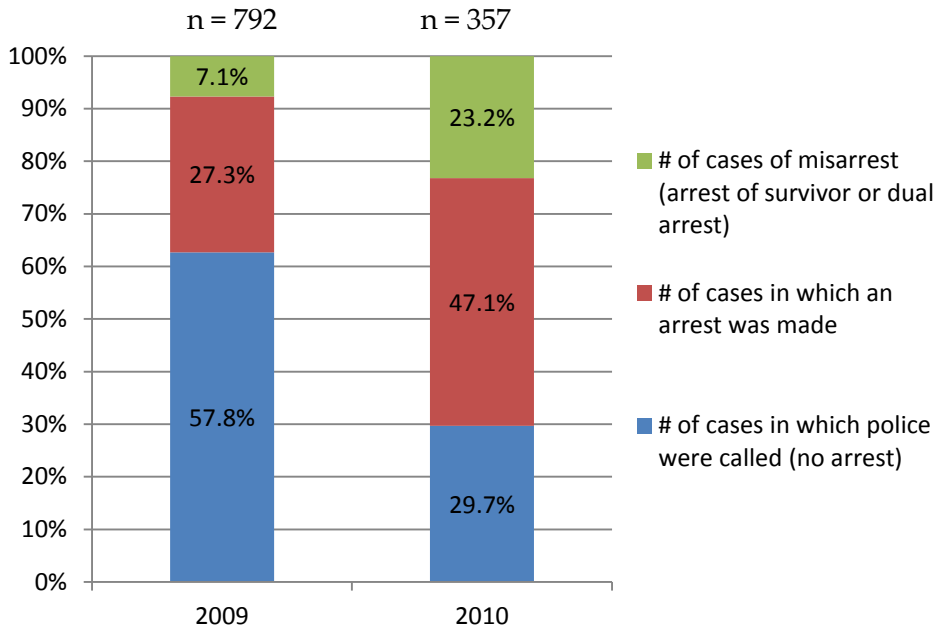
20.7% of survivors indicated that their abuser used threats as a tactic, a decrease from 2009 (35.6%). Abusive partners use threats to keep survivors in abusive and violent relationships for fear of physical harm. 7.3% of incidents included stalking, which is consistent with 2009 (6.9%). Sexual abuse also remained consistent from

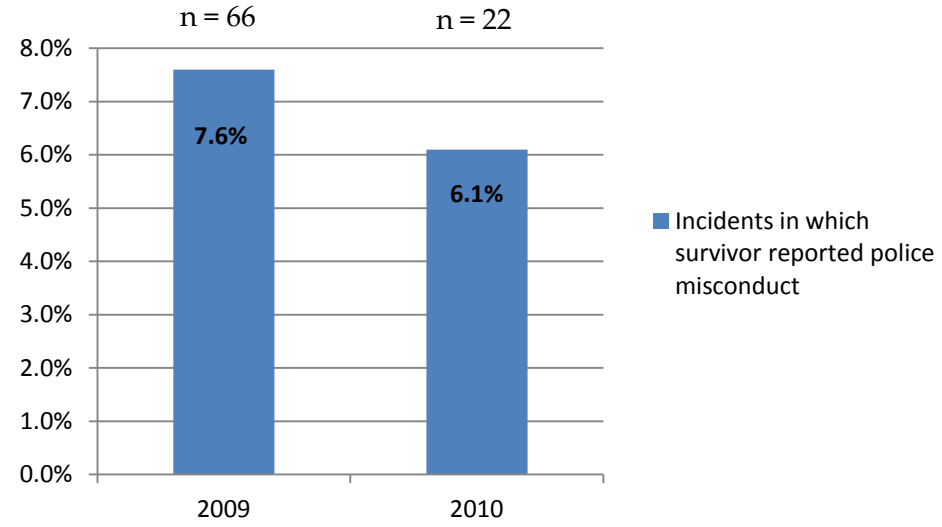
[1] *NCAVP recognizes that survivors can experience more than one form of violence from their abusive partner. NCAVP is working to improve its data collection system to measure the intersections of various forms of IPV for future reports. NCAVP displays these statistics to show the distribution and variety of the violence experienced by survivors.*

[2] *In 2009 2,317 survivors did not disclose this information. In 2010 4,158 survivors did not disclose this information.*

9.5% in 2009 to 9.2% in 2010. Incidents involving outing of a survivor's sexual orientation, gender identity, HIV-status, or immigration status account for 7% of incidents reported by survivors. This is an increase from 2009 (4.9%). Outing someone to their friends, family or workplace, can be dangerous for survivors, possibly endangering their employment and isolating them from support and safety networks.

Police Involvement





In 2010, 7.1% of survivors called the police for support. The remaining survivors did not provide NCAVP[1] with data on whether or not they called the police. This is a decrease from 2009 where 21.7% of survivors called the police. This low number may in part result from the historical distrust within LGBTQH communities towards the police.

LGBTQH IPV survivors reported that in 47.1% of incidents involving the police, the offender was arrested, a substantial increase from 2009 (27.3%). In 23.2% of incidents in 2010 the police arrested the survivor or both individuals (dual arrest) a large increase from 2009 (7.1%). This increase in misarrest and dual arrest is troubling and warrants further research. When police are called to assist LGBTQH survivors, they may lack expertise on identifying LGBTQH intimate partner violence and on supporting survivors, leading to misarrest or mis-identifying IPV as violence outside of intimate relationships. This increase can contribute to the lack of trust regarding law enforcement.

In addition, survivors reported police misconduct in 6.1% of incidents involving the police, a slight decrease from 2009 (7.6%). Police officers may exhibit hostility or violence towards LGBTQH people which puts survivors at risk. 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. These statistics illustrate the experiences and fears that many LGBTQH IPV survivors' have of being arrested when requesting police assistance. They also demonstrate the need for community approaches to reduce LGBTQH IPV and to support survivors separate from the criminal legal system.

[1] *In 2009 2,800 survivors did not disclose this information. In 2010 4,673 survivors did not disclose this information.*

Recommendations

Respond:

Response Recommendation #1: Policy makers, public and private funders should increase local, state, and national funding of LGBTQH-specific anti-violence programs particularly for community-led initiatives.

Increase governmental funding, including resources from the U.S. Department of Justice (particularly the Office on Violence Against Women and the Office for Victims of Crime) and the Department of Health and Human Services, for community-based LGBTQH-focused intimate partner violence direct services, outreach, abuser intervention programs, and prevention programs.

NCAVP's 2010 report highlights a 38.1% increase in survivors reporting intimate partner violence incidents to NCAVP member programs in the past year. This dramatic increase represents the increased capacity of NCAVP's member programs to support LGBTQH survivors of IPV, in part due to an increase in government funding throughout 2010. Federal, state, and local governmental funds must continue to increase resources to allow all LGBTQH anti-violence programs to respond to survivors' needs throughout the country. In 2010, NCAVP engaged in a meaningful partnership with federal agencies to highlight the needs of LGBTQH survivors of violence and NCAVP encourages continued work in this area. However, local LGBTQH anti-violence programs only exist in 24 states and still do not receive adequate support to provide critical services, conduct outreach, create organizing campaigns, and provide intervention and education programs to end LGBTQH intimate partner violence. Many states and localities have no LGBTQH anti-violence programs at all.

All local, state, and federal agencies that provide funding for work with survivors and victims of intimate partner violence should explicitly include work with LGBTQH people in funding priorities.

The federal Department of Justice (DOJ), particularly DOJ's Office for Victims of Crime and the Office on Violence Against Women, state VAWA and VOCA grant administrators, and their federal and local Departments of Health, must explicitly include LGBTQH survivors in funding priorities. Public health agencies present particularly promising opportunities for community-based organizations seeking to develop intimate partner violence prevention programs that do not rely on law enforcement. This approach may be particularly valuable because NCAVP's 2010 report highlights that LGBTQH IPV survivors were less likely to call the police in 2010, a decrease from 21.7% in 2009 to 7.1% in 2010 indicating a substantial need for community-based programming.

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

Community-based LGBTQH anti-violence organizations may not wish to pursue government funding for a wide variety of reasons. Some groups may not wish to be limited to the requirements of governmental grant funding. Other programs may not have the infrastructure necessary to navigate the government's complex application process and reporting systems. Private funders, including foundations, corporations, and

individual donors, are valuable resources for organizations seeking to find critical funding alternatives to governmental grants. NCAVP urges all private funders to recognize the overwhelming need for resources to support LGBTQH survivors of intimate partner violence and to prevent LGBTQH intimate partner violence through creating dedicated funding streams for LGBTQH anti-violence programming and by ensuring that current anti-violence funding includes support for LGBTQH anti-violence strategies.

Response Recommendation #2: *Ensure that Congress passes an LGBTQH-inclusive Violence Against Women Act (VAWA) to improve access to services for LGBTQH survivors of intimate partner violence, dating violence, sexual assault, and stalking.*

The Violence Against Women Act (VAWA) provides billions of dollars to support life-saving services for survivors of intimate partner violence, dating violence, sexual assault, and stalking in the United States and is a primary source of funding for many mainstream anti-violence programs. Congress is scheduled to reauthorize VAWA in 2011-2012. NCAVP recommends that the re-authorization of VAWA include: a) an LGBTQH inclusive "underserved populations" definition with attendant and significant funding for LGBTQH programs; b) an LGBTQH-inclusive non-discrimination provision; and c) specific provisions in all non-discretionary, legislative formula funding, including STOP funding, to fund services for LGBTQH survivors of intimate partner violence, dating violence, sexual assault, and stalking.

Response Recommendation #3: *Federal, state, and local 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.*

The shockingly high number of LGBTQH survivors who were turned away from intimate partner violence shelters (44.6%) highlights the impact of institutionalized anti-LGBTQH discrimination on LGBTQH communities and has a direct impact on LGBTQH survivors' access to support and services. LGBTQH survivors are not receiving the critical support they need when they do seek assistance.Institutional homophobic, biphobic, and transphobic bias and discriminationdeter many LGBTQH survivors from reaching out for support to begin with. Mainstream programs' lack of LGBTQH knowledge and/or outright discriminatory practices prevent LGBTQH survivors from accessing support. According to the American Psychological Association, LGB individuals are less likely to suffer discrimination in organizations that have policies against LGB discrimination. Requiring all providers who receive public funding to serve all survivors in a non-discriminatory manner will reduce barriers and prevent future discrimination.

Policy makers must take immediate legislative, judicial, and administrative action to overturn affirmatively discriminatory laws and practices that "legalize" discrimination against LGBTQH people. Laws such as the Defense of Marriage Act (DOMA) curtail considerable benefits associated with family and relationship recognition. These protections provide a level of safety for survivors leaving relationships and make it more challenging and dangerous for LGBTQH survivors of intimate partner violence to leave their relationships. DOMA prevents LGBTQH people from having a legal remedy to asset division, child custody, and other legal separation processes available to non-LGBTQH survivors. Such laws also promote the broader culture of violence and discrimination against LGBTQH people by supporting structural barriers to safety and self-determination for LGBTQH survivors of intimate partner violence.

Response Recommendation #4: *LGBTQH-specific and mainstream community-based organizations should increase LGBTQH-specific expertise necessary to meet the needs of LGBTQH survivors of intimate partner violence.*

The Why It Matters Report[1], a 2010 study coauthored by the National Center for Victims of Crime and NCAVP demonstrates the substantial barriers that LGBTQH people face in accessing necessary support and services in mainstream agencies. Many of these agencies primarily or exclusively serve heterosexual, non-transgender women leaving many LGBTQH community members with limited resources for support. Few are also trained to work with LGBTQH survivors of violence. This often results in heterosexist service provision, which may intentionally or unintentionally exclude or discriminate against LGBTQH survivors. Sexual and intimate partner violence happens at least as often to lesbian, gay, and bisexual people as to heterosexual people.[2] Transgender people may experience a higher level of both intimate partner and sexual violence.[1] The 2010 report also indicates a rise in physical violence against LGBTQH IPV survivors from 36.5% of survivors in 2009 to 55.4% of survivors in 2010. These findings highlight the critical need for LGBTQH-specific organizations to support mainstream anti-violence programs in increasing their LGBTQH-specific expertise particularly within direct services, outreach, advocacy, and community organizing. NCAVP can assist mainstream organizations in developing this competency through its Office for Violence Against Women-funded National LGBTQ Training and Technical Assistance Center.

Prevent:

Prevention Recommendation #1: *LGBTQH-specific and mainstream community-based organizations should develop programs and campaigns to prevent and increase public awareness of LGBTQH intimate partner violence.*

Mainstream and LGBTQH-specific organizations must raise awareness of intimate partner violence within LGBTQH relationships 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 IPV and to teach people how to recognize the warning signs of abusive behavior. Community organizers and service providers should conduct strategic outreach to LGBTQH communities to increase visibility of IPV prevention programs and services available to survivors of intimate partner violence. The 38.1% increase in reports of intimate partner violence demonstrates the impact that increased outreach to LGBTQH communities can have on increasing public awareness of IPV and

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[1] http://www.avp.org/documents/WhyItMatters.pdf

[2] *Heintz, Adam J., Melendez, Rita M., Intimate Partner Violence and HIV/STD Risk Among Lesbian, Gay, Bisexual, and Transgender Individuals, Journal of Interpersonal Violence, Feb 2006, Vol. 21 Issue 2, p193-208. ("[LGBT people] experienced sexual (19%), physical (21%), and/or verbal abuse (32%)...Training counselors on issues of sexuality and safer sex will benefit victims of IPV."); Heidt, J.M., Marx, B.P., Gold, S.D., Sexual revictimization among sexual minorities: A preliminary study, Journal of Traumatic Stress, Oct2005, Vol. 18 Issue 5, p533-540. [Nearly 63% of participants reported some form of sexual assault, and nearly 40% reported sexual revictimization.]; Turell, S.C., Cornell-Swanson, L., Not All Alike: Within-Group Differences in Seeking Help for Same-Sex Relationship Abuses, Journal of Gay & Lesbian Social Services, 2005, Vol. 18 Issue 1, p71-88. [Eighty nine percent (n=677) of a diverse sample of LGBT people (N=760) experienced abuse in a same-sex relationship including some type of emotional, physical, and /or sexual abuse.]*

[1] *Gentlewarrior, S., Culturally Competent Service Provision to Lesbian, Gay, Bisexual and Transgender Survivors of Sexual Violence, Draft on file with AVP, Bridgewater State College (2009). [In a review of the research examining the violence experienced by transgender individuals, Stotzer (2009) states that "what becomes clear from surveys of trans-people is that there is a high prevalence of sexual assault and rape starting at a young age" (pp. 171-172).]*

assisting survivors in learning about LGBTQH IPV resources. 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 IPV 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 IPV in LGBTQH relationships within educational curricula regarding IPV.

Mainstream community-based organizations such as community centers, direct service organizations, religious institutions, political organizations, and civic organizations can play leadership roles in changing community attitudes regarding LGBTQ IPV. 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. NCAVP's National LGBTQ Training and Technical Assistance Center can provide organizations with expert technical assistance to increase this knowledge and public awareness.

Prevention recommendation #2: *Community-based organizations should prioritize and support the leadership of LGBTQH IPV survivors by creating survivor-led programs.*

NCAVP is comprised in large part of survivor-led or survivor-driven programs which work within LGBTQH communities basing direct services and policy advocacy on the expressed needs of LGBTQH IPV survivors. LGBTQH survivor-led advisory boards, survivor-led community organizing groups, steering committees, and other groups are of paramount importance to ensure that survivors provide input and have real decision-making power in IPV prevention strategies. LGBTQH survivors must be among the central decision makers for choosing advocacy issues, outreach strategies, direct support strategies, and educational initiatives for LGBTQH anti-violence organizations to achieve the ultimate goal of eradicating violence in all of its forms. Leadership development programs that help develop and sustain skills for survivors within service provision, community organizing, and organizational administration can help to ensure survivors receive the skills to become effective leaders, staff, volunteers, and board members within anti-violence organizations. Volunteer roles such as LGBTQH survivor-led advisory boards, steering committees, community organizing committees, speaker's bureaus, and participatory action research committees, are essential to ensuring that survivors have real decision-making power in government bodies and non-profit organizations.

All organizations that work with LGBTQH intimate partner violence survivors must also prioritize the leadership of LGBTQH people who experience multiple forms of discrimination and oppression such as

LGBTQH low-income people, people of color, youth, immigrants, people with disabilities, elders, and sex workers. The 2010 report highlights the strong connections between NCAVP member programs and people of color communities, while also showing a need for member programs to increase outreach to transgender communities and elders. Each of these communities may present a distinct set of considerations and structural barriers for LGBTQH survivors when seeking support and each requires specific knowledge and expertise. Supporting these survivors and creating survivor-led programs within all marginalized LGBTQH communities can result in tailored initiatives to support these survivors in overcoming the barriers they face to accessing safety. These programs also allow organizations to craft targeted initiatives and messages to prevent IPV within these communities.

Prevention recommendation #3: *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 2010 (31.6%), indicating that IPV in LGBTQH youth and young adults continues to be a pervasive issue. Sexual education curricula often do not include information on LGBTQH relationships or information on intimate partner violence. Comprehensive sexual education must include information on LGBTQH identities and include LGBTQH people in discussions about intimate partner violence to allow LGBTQH youth to recognize early warning signs of abuse. These curricula should also educate youth and young adults on changing abusive behavior, give them 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 encourages LGBTQH youth organizations to collaborate with NCAVP members and anti-violence programs in developing these prevention strategies at the community level.

Prevention recommendation #4: *LGBTQH organizations should increase knowledge and expand programs geared toward preventing and ending violent behavior in LGBTQH relationships, focusing on programs that work with abusive partners.*

Solutions to LGBTQH intimate partner violence must also include services for LGBTQH abusive partners to change their abusive behavior and to be accountable for their actions and decisions. The findings of this report mainly focus on survivors, the violence they experienced, and the support that they attempted to access and receive. Yet NCAVP's intimate partner violence report can also be used to understand some information on abusive partners. Very few abuser intervention programs exist within the United States, even fewer for LGBTQH IPV. Many LGBTQH-specific anti-violence programs are under-resourced and have only the capacity to support intimate partner violence survivors. Mainstream abuser intervention programs often are geared toward heterosexual non-transgender men, lacking the knowledge or skills to address the dynamics of IPV in LGBTQH relationships. Additionally, these spaces may not be safe spaces for LGBTQH community members to disclose their identities. Therefore LGBTQH anti-violence programs should collaborate with abuser intervention and prevention programs to create specific programming for LGBTQH people who

commit intimate partner violence. LGBTQH anti-violence programs should also support abuser intervention and IPV prevention programs to learn the skills and competency to include LGBTQH abusive partners in non-LGBTQH specific intervention programs.

Research:

Research Recommendation 1: *Policymakers and public and private researchers, including the Department of Justice's Bureau of Justice Statistics, should increase research and documentation of LGBTQH intimate partner violence.*

The Bureau of Justice Statistics (BJS) and National Institute on Justice (NIJ) should collect and analyze data on LGBTQH intimate partner violence. National surveys such as the National Crime Victimization Survey (NCVS) and Behavioral Risk Factor Surveillance System (BRFSS) are designed to monitor the health of the US population. The BRFSS should ask consistent questions about both intimate partner violence and LGBTQH identities in order to more accurately measure LGBTQH communities and health disparities caused by LGBTQH intimate partner violence. By including sexual orientation and gender identity questions in all surveys that include similar demographic information (such as race/ethnicity or age), LGBTQH identities are acknowledged and affirmed and health disparities can be monitored and rectified.

The majority of research on intimate partner violence has been conducted in a heteronormative context that excludes LGBTQH communities. Statistics on historically marginalized communities such as LGBTQH communities, as well as statistics related to highly stigmatized forms of violence like intimate partner violence, are typically not found within many research studies. Currently, NCAVP annually collects the most comprehensive data set regarding intimate partner violence within LGBTQH communities. This data is based on incidents of violence reported to NCAVP member programs. University and community researchers, including NCAVP and its member programs, should receive funding to comprehensively study the impact of LGBTQH intimate partner violence to identify methods of supporting behavior change in people who commit abusive behavior and to assist survivors in coping with and recovering from the trauma of abuse. This report found a 38.1% increase between 2009 and 2010, suggesting that IPV is a serious public health concern in LGBTQH communities requiring dedicated research. Research should focus on strategies for preventing and intervening in IPV in young adults, as the largest percentage of survivors in this report were in the 19-29 age range (31.6%). Research should also be conducted on increasing access to violence prevention programs and supportive services for LGBTQH people over 60, who made up only 2.8% of survivors reporting to NCAVP in 2010.

Conclusion

Violence within LGBTQH relationships has historically been an invisible issue within and outside LGBTQH communities. This invisibility isolates many LGBTQH survivors of IPV, prevents LGBTQH communities from taking action on IPV, and makes 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 2010, we saw a substantial increase in LGBTQH survivors reporting IPV to NCAVP. This increase in reporting provides both a clearer picture of IPV within LGBTQH communities and an opportunity to learn about specific barriers for LGBTQH survivors accessing support systems. Lifesaving resources for IPV survivors, including healthcare, shelter, legal support, counseling, and advocacy have expanded over the past few decades, but have not always been accessible to all LGBTQH survivors. These resources are essential for supporting survivors' plans to be safe within their relationships, or safe to leave them. LGBTQH survivors of IPV have also been historically under-served by the mainstream support systems that were 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 created 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 ultimately shift the conditions that create IPV within all relationships, communities must work collectively to challenge these cultural norms and support survivors of abuse. To truly 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 work around IPV. 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. NCAVP will continue to work towards increasing safety for LGBTQH IPV survivors. This report illustrates the considerable work that needs to be done.

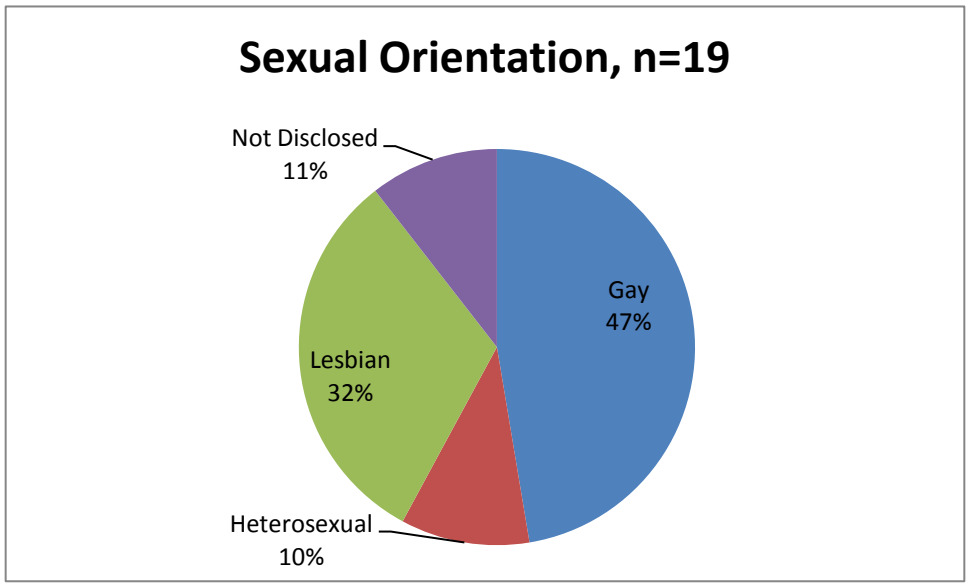
Local Summaries

This section includes local summaries from reporting NCAVP members. These summaries give detailed information about local communities regarding IPV in LGBTQH communities.

Buckeye Region Anti-Violence Organization (BRAVO)

Columbus, Ohio

Columbus received 19 reports of domestic violence in 2010, which is 60% lower than the 32 reports taken in 2009. Non-transgender men comprised 53% of callers and 42% were non-transgender women. One survivor identified as a transgender woman.



Regarding sexual orientation, 47% of survivors identified as gay and 32% as lesbians. 10% identified as heterosexual woman with the rest not disclosing their orientation.

Most survivors did not disclose their race or ethnicity (79%) so it was not possible to draw many conclusions about callers' race or ethnicity. Of callers that did disclose race, 16% were White and 5% were Black/African American/African Descent. One survivor was under the age of 18 and the remaining 18 survivors were between the ages of 19 and 59. 26% of survivors reported having a disability, 5% reported not having a disability, and 68% did not disclose their ability/disability status.

68% percent of survivors reported physical abuse by their intimate partner and 98% reported psychological and emotional abuse. 16% of survivors had experienced stalking, another 16% of survivors reported that their pets were abused or the partner made threats of harm to their pets, and 11% experienced sexual abuse by their partner.

Slightly more than half (53%) of all incidents were reported to the police for a total of 19 reports. For 2010, police conducted two arrests, one of an offender and the other of the survivor. One survivor reported that the police were verbally abusive. Only one survivor reported having sought shelter from a domestic violence shelter and that survivor was denied entry.

Year after year our clients' experiences confirm the profound damage that intimate partner violence, sexual violence, and stalking have on our Lesbian, Gay, Bisexual, and Transgender communities. Mainstream service providers continue to struggle with their ability to provide culturally competent or indeed comparable programming to our LGBTQ survivors. That it is why it is so important for us to provide training and programming around LGBTQ intimate partner violence and to engage service providers, law enforcement,

and other stakeholders in this important work. Our statewide outreach is an important component of BRAVO's service delivery.

BRAVO saw positive outcomes as a result of our statewide outreach and co-founded, with the Ohio Domestic Violence Network (ODVN) and the Ohio Alliance to End Sexual Violence (OAESV), a statewide LGBTQI (Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex) 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 (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.

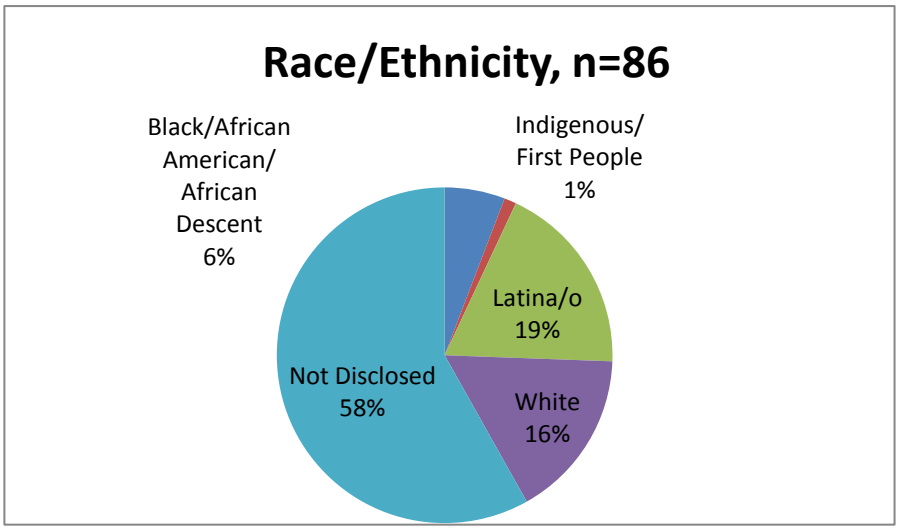
Additionally, through a Legal Advocacy for Victims (LAV) grant, a collaborative effort by BRAVO and the Ohio Domestic Violence Network (ODVN), BRAVO was able to hire a Legal Advocate to provide advocacy for survivors and to train attorneys statewide to represent survivors with civil legal needs related to their victimization. This two year grant will help survivors of domestic violence, sexual violence, and stalking obtain legal representation for civil legal needs that they otherwise would not have had and provide a network of statewide attorneys for future referrals and possible pro bono representation.

Colorado Anti-Violence Program (CAVP)

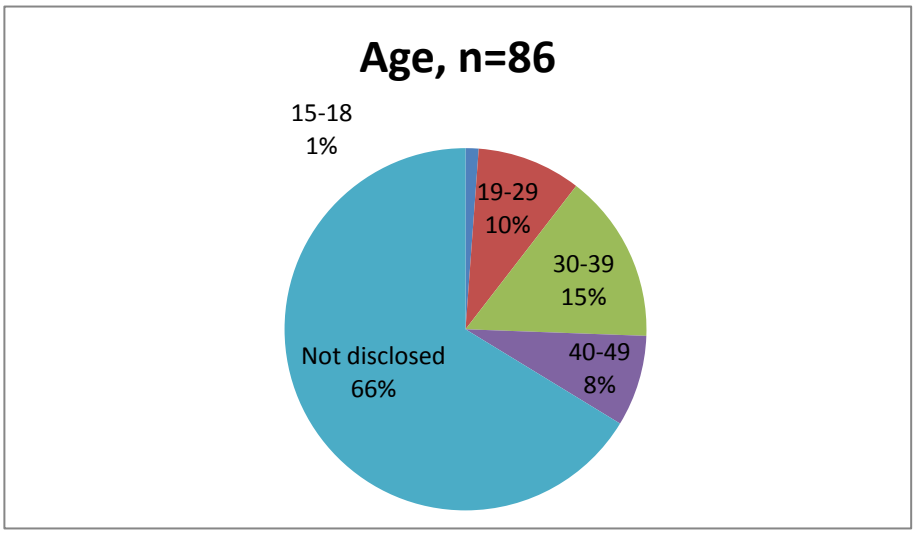
Denver, Colorado

The Colorado Anti-Violence Program (CAVP) works to eliminate violence within and against the lesbian, gay, bisexual, transgender and queer (LGBTQ) communities in Colorado, and to provide the highest quality services to survivors. CAVP provides direct services including a 24-hour state-wide hotline for crisis intervention, information and referrals as well as advocacy with other agencies, and court accompaniment. CAVP also provides technical assistance, training and education for varied audiences including, but not limited to, service providers, homeless shelters, community organizations, law enforcement, and LGBTQ community members. In 2009, CAVP launched Branching Seedz of Resistance, a youth-led project working to end sexual violence within and against LGBTQ youth communities in Colorado. Their tactics for preventing violence include community organizing, art and media, outreach and education, and participatory action research.

CAVP works with victims/survivors of many types of violence (including domestic violence/intimate partner violence, sexual assault, police misconduct, HIV-motivated violence and random violence).



In 2010, CAVP documented a 59% decrease in reports of domestic/intimate partner violence as compared to 2009 (146 to 86). While CAVP's documentation of total incidents went down in 2010, we believe this does not necessarily reflect a decrease in actual incidents of domestic/intimate partner violence in the LGBTQ communities in Colorado. We attribute the dip in reported incidents to advocacy staff transitions and positive training impact. During staff transitions in 2010, the interim advocacy staff person only worked part-time. Additionally, due to budget constraints, a critical part-time position in Colorado Springs was eliminated, impacting our capacity to do outreach in the community and document walk-in reporting of incidents. On the other hand, we also witnessed the positive outcome of CAVP's long term and in-depth training work with shelters and domestic violence programs. Mainstream service providers across the state took steps to improve their own capacity to serve LGBTQ survivors. Additionally, as CAVP shared information and standards on current shelter access policies for LGBTQ survivors, more service providers were able to refer survivors directly to appropriate shelters. This eased pressure on our hotline, as well as increased overall capacity in the state to provide support for LGBTQ survivors of domestic/intimate partner violence.



Reports from women decreased from 35.6% of total cases in 2009, to 29.1% in 2010. Reports from men stayed consistent making up about 33% of total cases for the both years. In cases where gender and sexual orientation were known/disclosed, gay men accounted for 33.7% of the total reports received, making this population the largest impacted by domestic/intimate partner violence. In terms of age, the largest portions of reports in 2010 were from those in the 30-39 age group (15.1%). Survivors with a self-disclosed disability went down 25%, from 8 reports in 2009 to 6 in 2010.

As in 2009, CAVP continued to deal with some cases where a current same-sex partner's ex-spouse/partner threatened one or both of the partners. Several survivors reported violence or threats from their ex-partners, accounting for 19.8% of total incidents. Physical abuse was a common tactic used by the offender (22.1%) and psychological or emotional abuse, often in combination with other tactics, were used in 15.1% of the incidents. Transphobia was involved in one case, and homo/bi-phobia in 4 cases. Only 15% of the survivors reported to the police, a decrease of 42% from 2009 (31 in 2009, 13 in 2010). Police brutality cases against LGBTQ people of color, including that of Michael DeHerrera, a gay man of color, were widely reported in the media and likely contributed to mistrust of law enforcement, fear of bias, negative attitudes, or of further victimization. Twenty-three percent of the incidents reported to the police resulted in the arrest of the offender.

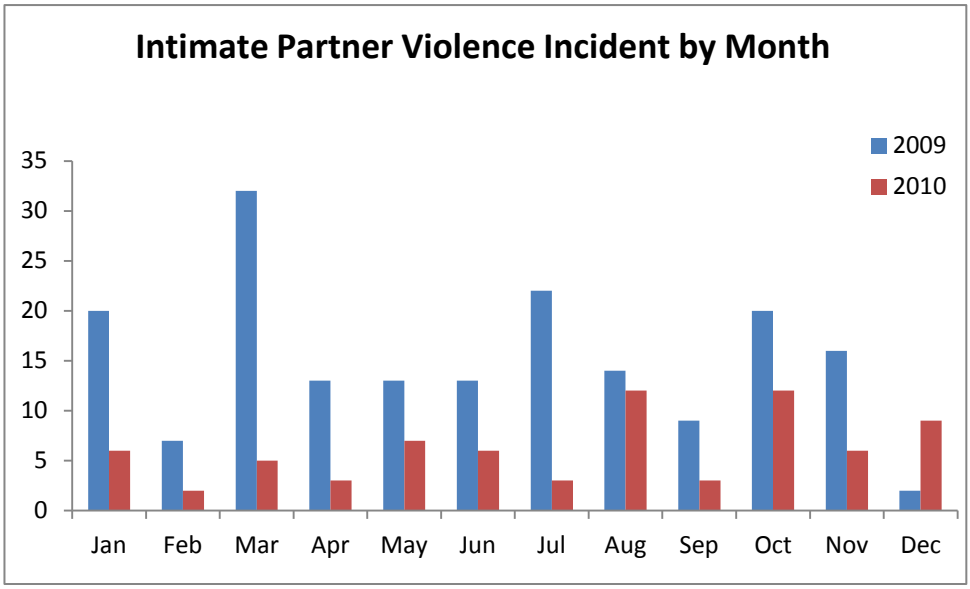
CAVP is increasing outreach efforts in diverse communities, training more bilingual hotline advocates, as well as offering more trainings state-wide, particularly in rural areas. CAVP's youth program Branching Seedz of Resistance has recently expanded the role of its part-time youth organizer to a full-time director position, which will create more opportunities for youth organizing, involvement, and programming.

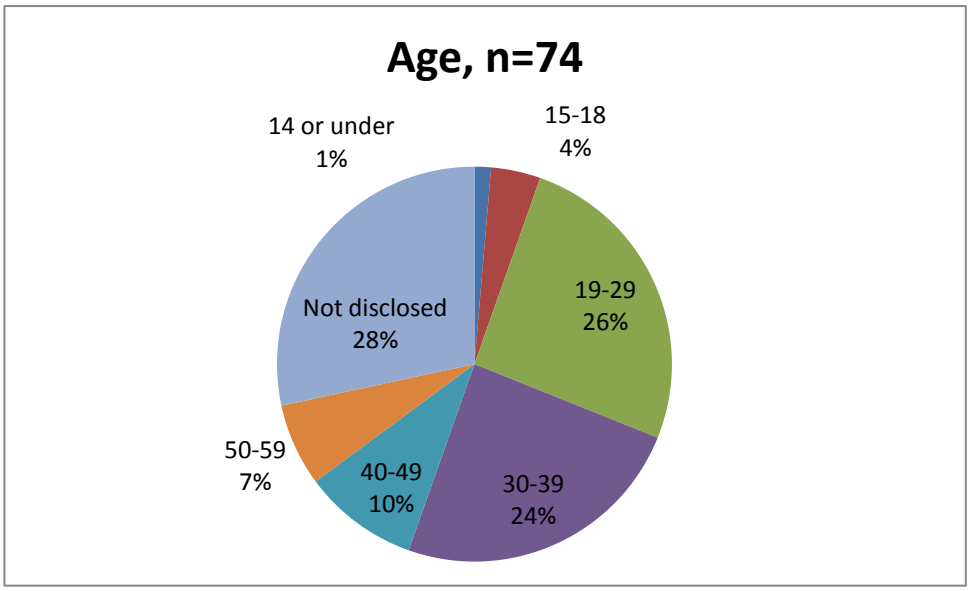
With substantial limitations in community resources available, CAVP is currently exploring expanding survivor support through face-to-face meetings with staff members, and seeking more community engagement with CAVP's survivor-centered response strategies.

Center on Halsted Anti-Violence Project

Chicago, IL

Center on Halsted serves links and provides community resources, and enriches life experiences of the LGBT community. Center on Halsted Anti-Violence Project responds to 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 LGBT people, reducing both risk for harm and re-victimization by emergency responders and service providers.





The number of incidents reported to Center on Halsted Anti-Violence Project declined sharply in 2010 from 181 in 2009 to 74 in 2010. During 2010, COH AVP had one full-time staff, in comparison to previous years with at least two full-time AVP staff. Due to a smaller staff size, less outreach was accomplished, greatly impacting general community knowledge of COH AVP efforts and supportive services for survivors of IPV. Therefore, Center on Halsted believes that the decrease in survivor reporting in 2010 in comparison to 2009 and 2008 *does not* indicate less incidents of IPV in our region, but less reporting of incidents and access to supportive services due to lack of community awareness and visibility. In 2010, demographics of those reporting incidents of IPV to COH were consistent with 2009 data, with 52.7% of survivors/victims identifying as non-transgender men and 40.5% of survivors/victims identifying as gay. 12.2% of survivors/victims did not seek protective orders against the offenders, 6.8% of survivors/victims did seek protective order, and 79.7% did not disclose if they were seeking protective orders. In terms of survivor

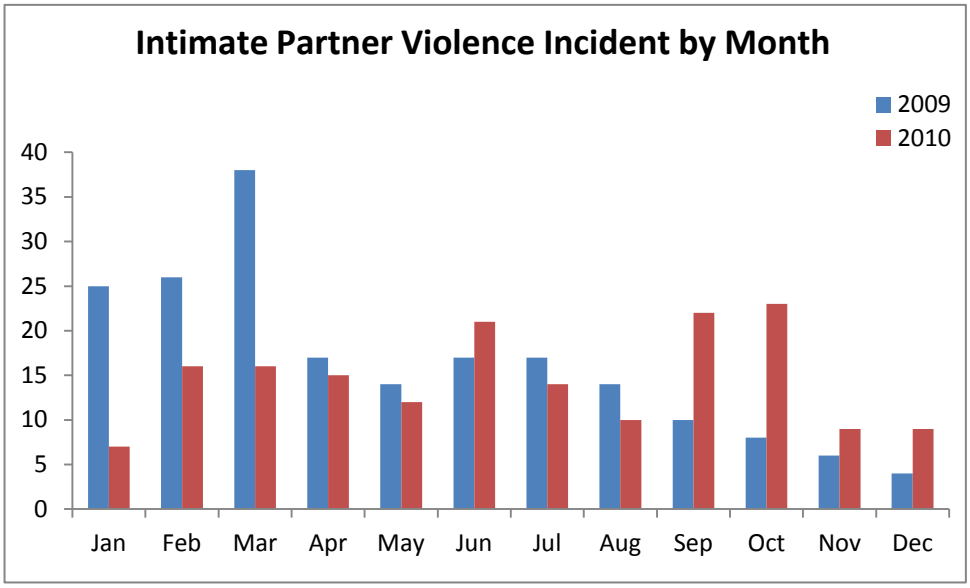
interactions with their local law enforcement, 26.1% of survivors/victims felt the police were courteous towards them, 13.1% felt the police were indifferent, 4.3% reported experiencing verbal abuse from police, 4.3% reported other deterrent behavior, and 52.2% did not disclose police attitudes towards them. Approximately 1 out of 3 people who reported incidents of IPV to COH AVP also reported the incidents to their local law enforcement.

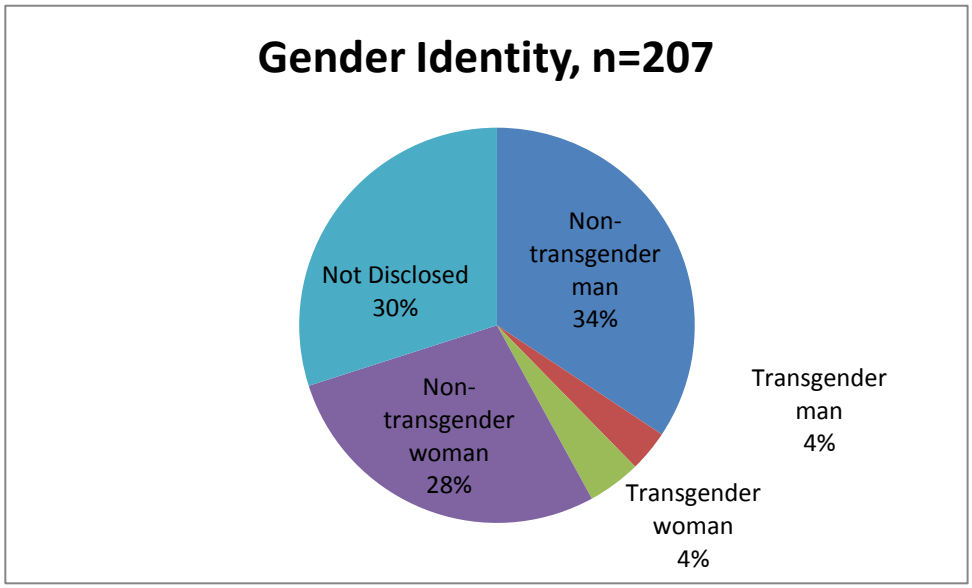
Center on Halsted AVP provides crisis phone support to survivors of IPV throughout our region, including all of Illinois and neighboring states without AVPs. We are able to provide the most comprehensive services to survivors in the metropolitan Chicago area. The most commonly reported incident types were verbal harassment (31.5%), intimidation (29.0%), and assault: no weapon (21.0%). Our 24-hour crisis line is generally the initial point of contact for survivors and witnesses of violence, providing crisis support and safety planning, as well as information and referrals to longer-term support. About 42% of those who connect with Center on Halsted AVP for support remain engaged for at least one month or longer, engaging in counseling services or court accompaniment for criminal legal proceedings.

Community United Against Violence (CUAV)

San Francisco Bay Area, CA

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





CUAV documented a 6% increase in reports of LGBTQ domestic violence in 2010 with peaks in September and October. Though many survivors did not choose to report their experiences to police (13.5%) or did not report whether or not they reported it to police (70.5%), it is important to note that 9.1% of people who did report their experiences of domestic violence to the police felt that the police were verbally abusive towards them and 15.2% of survivors who attempted to seek protective orders were denied. These statistics, compounded by the chilling effects of the Immigration and Customs Enforcement's (ICE) program "Secure Communities" (S-COMM) that turns local law enforcement agencies into immigration enforcers, highlight the need to continue exploring and building alternative models outside of the criminal justice system for supporting survivors of domestic violence and creating safety and healing within our broader communities. In 2010 CUAV was informed by survivors, that the Secure Communities program increased fear in engaging with law enforcement, particularly for immigrant survivors. CUAV made a choice to no longer

collect data on a survivor's documentation and citizenship status so as not to have documentation that could be used against a survivor in detention and deportation proceedings.

Of the people who provided demographic information when seeking support around relationship violence, 23.7% of those survivors identified as Latina/o, 14% identified as White, 5.8% identified as Asian/Pacific-Islander, 5.3% identified as Black/African American/African Descent, 3.4% identified as multiracial, 2.9% had a Self-Identified racial identity, and 44.9% of survivors in 2010 did not disclose their race. Regarding age, 62.8% of survivors did not disclose their age, 13.5% were 19-29, 11.1% were 30-39, 8.7% were 40-49, 1.4% were 50-59, 1% were 60-69, and 1% were 80 or over. Non-transgender men made up 34.3% of reports, 28% were non-transgender women, 4.3% were transgender women, and 3.4% were transgender men. 30% of 2010 reports did not disclose gender identity. Many of the people who received support around domestic violence reported facing a variety of psychological and emotional abuse (96 reports) from their current or former long-term partners. Other common tactics reported included physical abuse (41 reports) and threats of violence (32 reports). Anecdotally, CUAV is also curious about a possible correlation between people experiencing conditions related to poverty, including homelessness, lack of employment, and minimal support services for mental health and substance use issues, and disproportionately visible exposure to relationship violence.

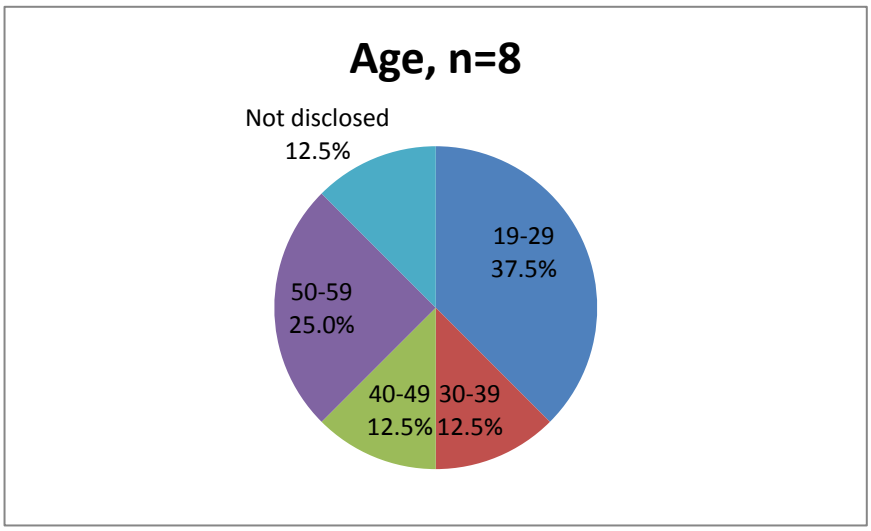
To address the needs for support, particularly with LGBTQ survivors who make low or no income, CUAV provided support in English and Spanish through peer advocacy sessions focused on emotional healing, finding advocacy resources and legal referrals, writing advocacy letters, providing emergency assistance funds, and facilitating monthly gathering spaces where people could practice community skills around healthy relationships and increase their understandings of the cycles of violence. Peer advocates also helped individuals navigate challenges with immigration, housing, and employment that resulted directly from their experiences of domestic violence.

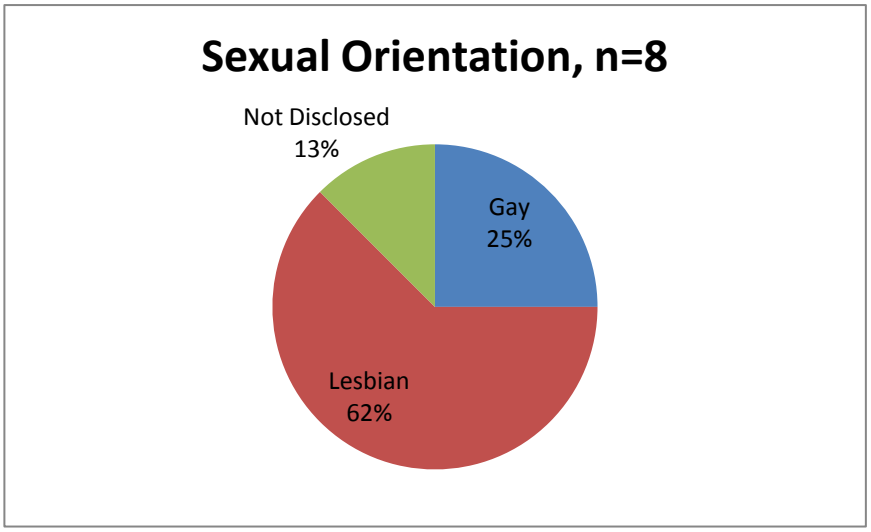
During 2010, CUAV prioritized depth over breadth, meaning the focus was not on higher numbers of new reports but on deeper work with current program participants, trying to interrupt the cycle of violence our participants face through building stronger relationships with individual survivors and encouraging survivors to connect with one another through healthy relationship skill-building membership activities, political actions, and social events. In 2010, CUAV also piloted a collaborative, Bay Area-wide 10-day event called Safetyfest, "a celebration of queer and trans power in the Bay," that offered social spaces, art events, and skill building workshops ranging from self-defense to spoken word. This event brought an increase in visibility for the organization and began to popularize conversations about safety and healing in our communities and interpersonal relationships. This increased visibility within cities around the Bay Area may account for the slight increase in reports of intimate partner violence during this calendar year.

Equality Michigan

Detroit, Michigan

Equality Michigan works to achieve full equality for all persons in the State of Michigan, 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. 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 NCAVP report for the first time. 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. With only two shelters in the state that are known to accept transgender women and non-transgender men, and the need for greater outreach confounded by underreporting of IPV incidents, this 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.

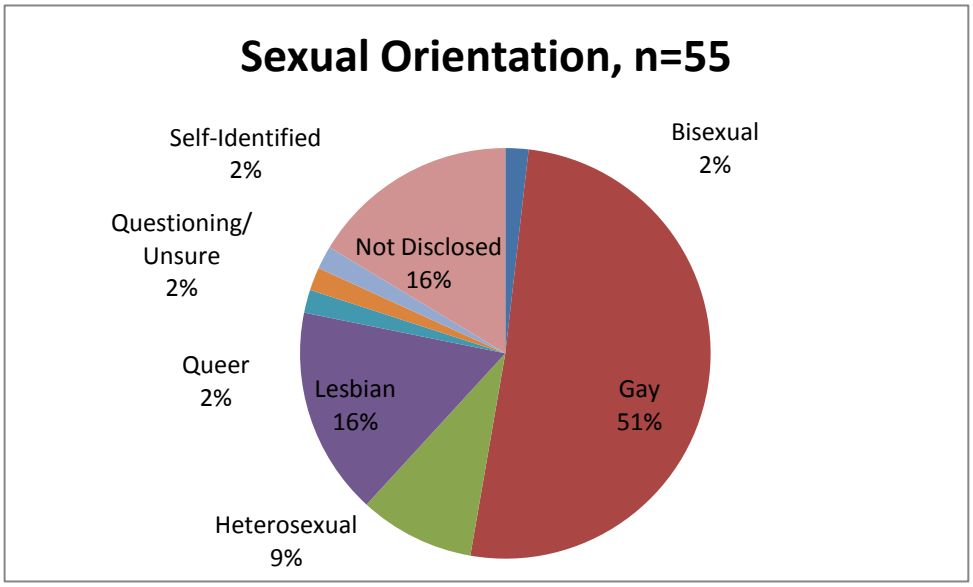
Equality Michigan served IPV survivors that were primarily between the ages of 19 and 29 years (37%), with half of the survivors identifying as Black/African American/African descent (50%) and half of the survivors identifying as white (50%). Additionally, 25% of survivors/victims reported that economic abuse was utilized as a tactic for IPV by the offender. The majority of survivors of intimate partner violence who contacted Equality Michigan in 2010 identified as lesbians (62%). This distribution may suggest

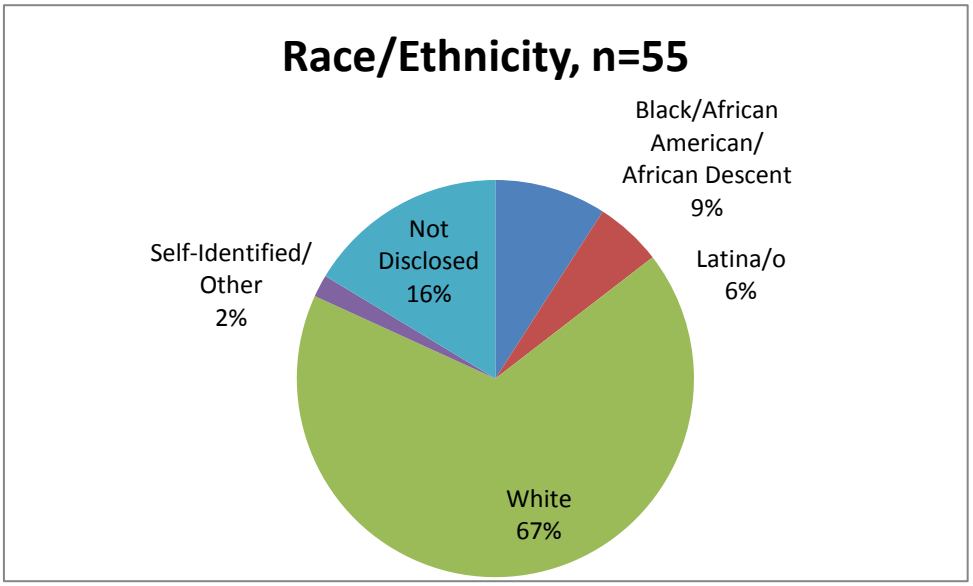
a need for greater outreach and education to gay survivors of intimate partner violence. However, the small sample size (8 total survivors in 2010) made it difficult to analyze trends in survivor demographics. With an understanding of the dual needs for immediate shelter and an LGBTQ safe space, Equality Michigan works with survivors to find shelter and create a preliminary safety plan. Survivors are referred to trusted agencies that have been trained by our organization for further safety planning and to meet other emergent needs. Equality Michigan may also assist survivors directly through case management.

Fenway Health Violence Recovery Program

Boston, MA

The Violence Recovery Program (VRP) at Fenway Health was founded in 1986 and provides counseling, support groups, advocacy, and referral services to Lesbian, Gay, Bisexual and Transgender (LGBT) victims of bias crime, domestic violence, sexual assault, and police misconduct. The VRP's mission is 1) To provide services to LGBT victims who have experienced interpersonal violence as well as information and support to friends, family, and partners of survivors; 2)To raise awareness of how LGBT hate crimes and domestic violence affect our communities through compiling statistics about these crimes; and 3) To 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.





Historically the Violence Recovery Program has primarily served the GLBT community and continues to do so as only 9% of the program's clients identified as heterosexual in 2010. The program also has a history of serving mainly white gay men; however over the years Fenway is seeing this change. In 2010 17% of participants identified as people of color and 35% of clients identified as non-transgender women. It is possible that these racial statistics reflect Boston's history of racial segregation and the need for the Violence Recovery Program to address how this history has shaped our program and impressions of it across communities. The VRP also sees a small percentage of transgender clients, which may also reflect the history of transphobia in healthcare settings and perceived barriers to care. Fenway Health and the Violence Recovery Program have increased our outreach, are engaged in conversations with our community partners, and formed coalitions with the transgender community as well as GLBT communities of color in order to better serve the entirety of the GLBT community and address this disparity. The largest age

demographic the Violence Recovery Program received reports from was the 40-49 (27.3%) range. 20% of survivors were 30-39, 10.9% were 50-59, 10.9% were 20-29, 5.5% were 60-69, and 25% were unknown.

With regard to law enforcement involvement, in 56.4% of reports it is unknown if survivors engaged with police and 14.5% of survivors did not report to police. When survivors did report engagement with law enforcement 12.7% reported that no arrest was made, a 75% increase from 2009-2010. The abusive partner was arrested in 7.3% of 2010 reports, and in 7.3% of cases the survivor was arrested. The Violence Recovery Program collaborates with other organizations in Massachusetts each year to facilitate a conference on training participants to be able to screen for who is the survivor and who is the abuser in an LGBT intimate relationship where domestic violence exists to prevent situations where a survivor is mislabeled as the abusive partner. The Fenway also works with local law enforcement to advocate that LGBT survivors are responded to appropriately when they encounter the police. The Violence Recovery Program is working to ensure that these statistics of misarrest grow smaller each year.

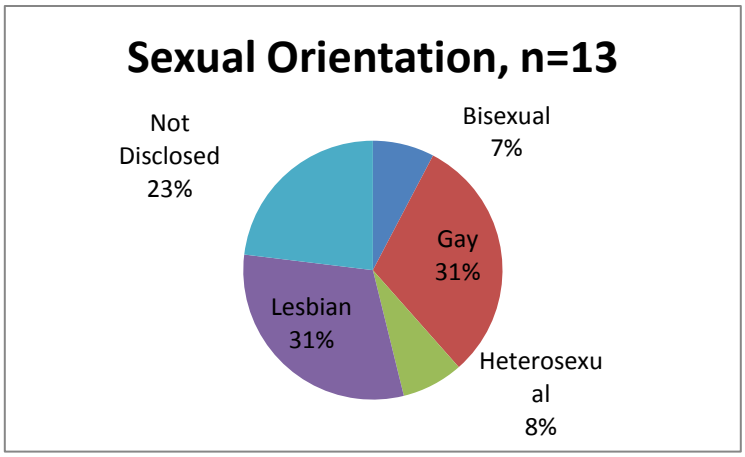
Gay Alliance of the Genesee Valley

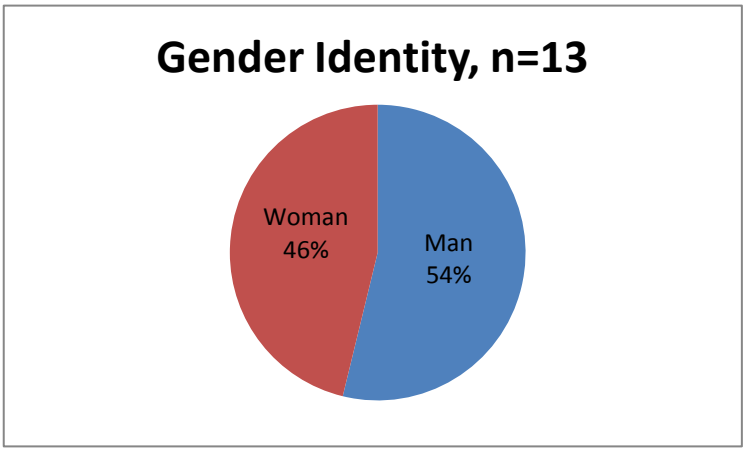
Rochester, New York

The Gay Alliance of the Genesee Valley's ultimate goal is to decrease victimization in the lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI) communities of greater Rochester through proactive approaches that strengthen individuals and the community. GAGV employs a three-pronged approach: victim support and advocacy, community education and outreach, and systems change/capacity building.

In the calendar year 2010, GAGV went from two dedicated anti-violence staff people to one staff person. This decrease in staffing impacted GAGV's capacity to provide extensive outreach and education while also providing direct service to survivors/victims, violence response system education and advocacy, and administrative duties.

In 2010 61.5% of survivors/victims of IPV reported that the offender was an ex long-term partner which might suggest that IPV victims continue to need support even after an abusive relationship has ended. This need is a result of the small size of the LGBTQI community and reality of victims and abusers continuing to engage with the same group of social circles and support systems. Other relationships to the offender included dating (7.7%), and long-term partner (7.7%). 23.1% of survivors did not disclose or define their relationship to the offender in 2010.





GAGV did not capture race for the majority of survivors (61.5%), but of those survivors that disclosed race, 7.7% were Black/African American/African Descent, 7.7% were Latina/o, and 23.1% were white. Regarding age, 15.4% of survivors were 19-29, 7.7% were 30-39, 7.7% were 40-49. GAGV was unable to capture 69.2% of survivors' age in 2010. Given the small sample size, it is difficult to analyze race and age trends.

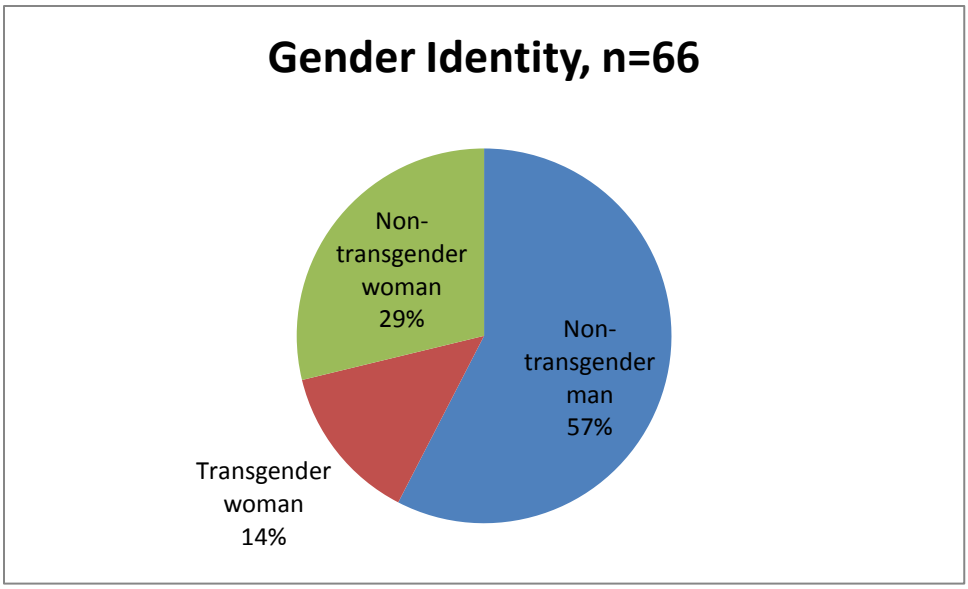
GAGV served roughly an equal number of survivors who identified as men (53.8%) and women (46.2%), as well as equal percentages of survivors identifying as gay (30.8%) and lesbian (30.8%). GAGV did not serve survivors identifying as transgender in 2010, indicating the need for increased outreach to transgender communities. The most common IPV tactics used against survivors in 2010 included threats, physical abuse, and psychological/emotional abuse.

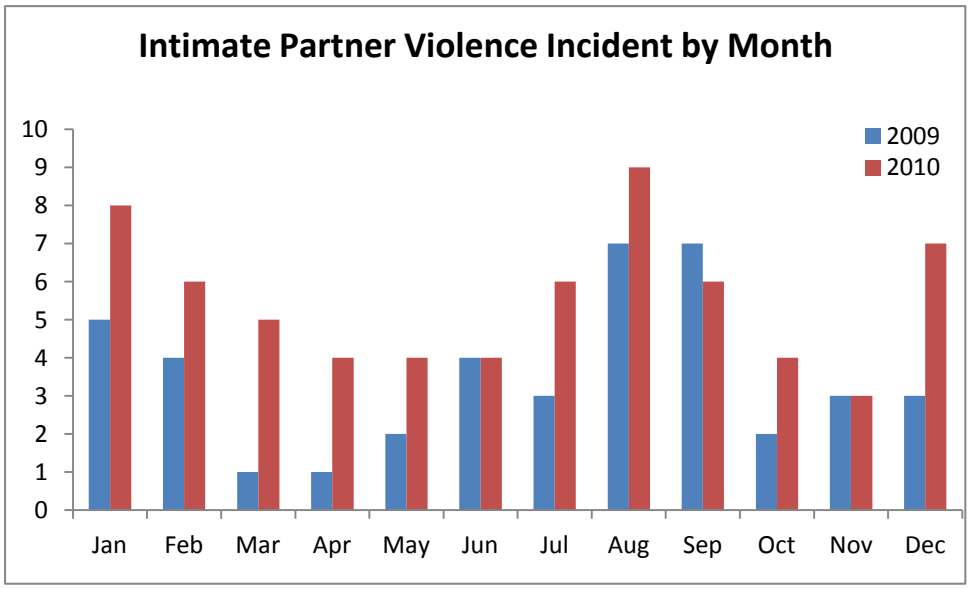
Kansas City Anti-Violence Project

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 educated the community at large through training and outreach programs.

KCAVP documented a 57% increase in reports of IPV from 42 survivors in 2009 to 66 survivors in 2010. This increase could be due to increased outreach staff capacity. Survivors did not seek protective orders against the offender 69.7% of the time, possibly because they did not want to navigate the court system or feel a protective order would provide safety. 86.4% of survivors reported that the offender was a long term partner.





In 2010, 57.6% of IPV survivor reports were made by those who identified themselves as non-transgender men. This high percentage could be attributed to a lack of services for non-transgender men in the Kansas City metropolitan area other than KCAVP. The next highest percentage was from survivors who identified themselves as non-transgender women (28.8%) followed by 13.6% who identified themselves as transgender women.

53% of IPV survivors reporting to KCAVP in 2010 identified as gay, followed by 25.8% who identified as lesbian. An equal amount of survivors served by KCAVP identified themselves as bisexual (7.6%), and heterosexual (7.6%).

Of the IPV survivors served by KCAVP in 2010, 47% of identified as white, 42.4% identified as black, 3% identified as Latina/o,

and 1.5% identified as indigenous/first people. These numbers are somewhat reflective of the demographics of the Kansas City metropolitan area, but remain low in comparison to Latina/o communities in Kansas City. This may be due to the limited bilingual capabilities of KCAVP staff and therefore, limited outreach to Latina/o communities. Currently, KCAVP is working to increase access of KCAVP programs to non-English speaking individuals so that additional outreach and direct services can be provided.

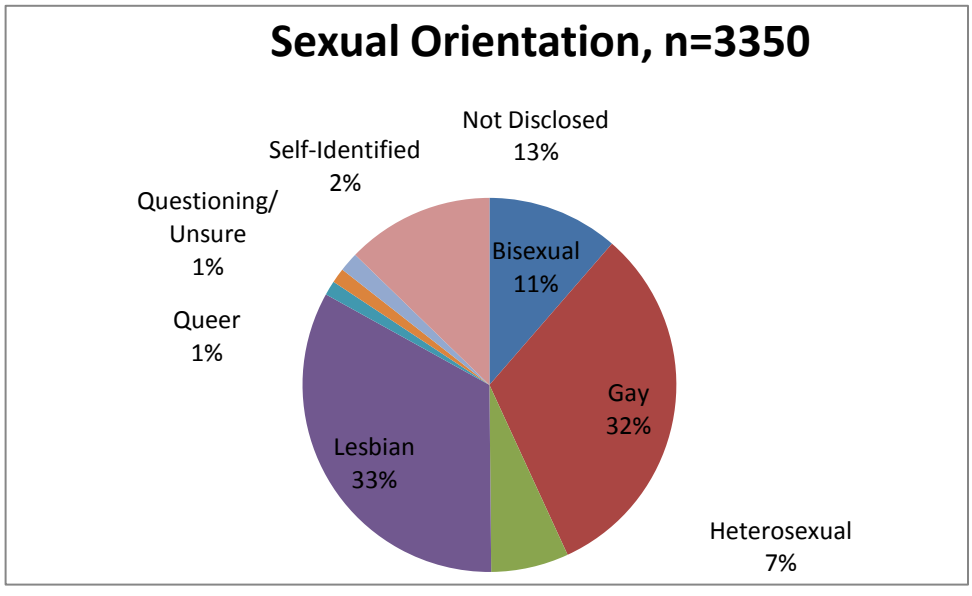
In 2010, the IPV tactic most reported was psychological/emotional abuse at 49 reported incidents, followed by physical abuse at 44 reported incidents. Threats comprised the third highest IPV tactic reported with 32 reported incidents. Isolation was reported to be used as an IPV tactic by 9 survivors..

L.A. Gay & Lesbian Center

Los Angeles, California

Intimate partner violence services provided by the L.A. Gay & Lesbian Center are comprised of services offered by the Center's STOP Partner Abuse/Domestic Violence Program (STOP DV) and by the Center's Domestic Violence Legal Advocacy Project (DVLAP). Together, both programs provide a broad array of services that have been designed to reduce, prevent, and ultimately eliminate intimate partner violence, sexual assault, and stalking in Southern California's LGBT communities. STOP DV offers survivors' groups, a court-approved batterers' intervention program, crisis intervention, brief and on-going counseling and mental health services, prevention groups and workshops, and training and consultation. DVLAP offers assistance with restraining orders, court representation, immigration and U-visa preparation, and legal consultation. Both programs offer specialized assessment, referral to LGBT sensitive shelters, and advocacy.

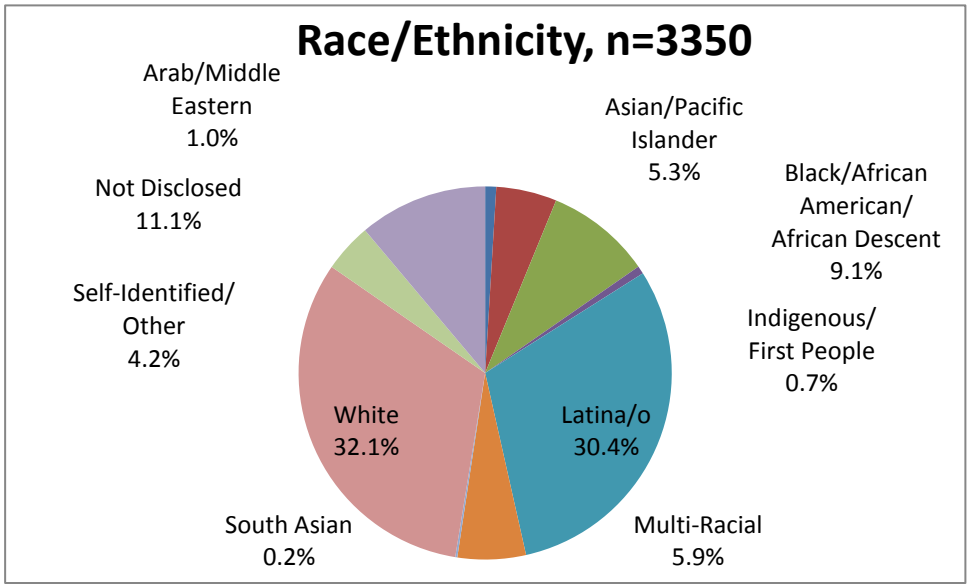
In 2010, as in previous years, LGBT survivors continued to face significant challenges including the overall response (or lack thereof) by law enforcement and social service providers to LGBT domestic violence; accurate assessment of the involved parties including abuser/survivor differentiation; understanding of the unique differences and complexities of LGBT domestic violence; and utilization of appropriate standards of care or protocols when intervening in LGBT IPV cases. The L.A. Gay & Lesbian Center has a court mandated Batterer Intervention Program (BIP), and a possible trend we are seeing is an increase in arrest and charges for LGBTQH people of color and a decrease in charges of white LGBTQH batterers. During the past year, STOP DV saw an increase in the number of requests from across the country for training in specialized assessment as well as an increase in the number of self-referred individuals seeking LGBT specific domestic violence services but unable to locate them in areas outside of southern California. Also during the past year, DVLAP began offering immigration services – particularly assistance in applying for U-visas – for LGBT survivors of domestic violence and sexual assault. As a result, DVLAP saw an influx of undocumented survivors of abuse as this is a very vulnerable and highly underserved population.



Reported cases of LGBT domestic violence in the greater Los Angeles area increased from 2004 cases in 2009 to 3350 cases in 2010. These cases were either reported to, or assessed by, STOP DV[1] (547 unduplicated individuals assessed

[1] *STOP DV offers services for both domestic violence survivors as well abusers. Only survivors are included in STOP DV's total of 547 individuals above.*

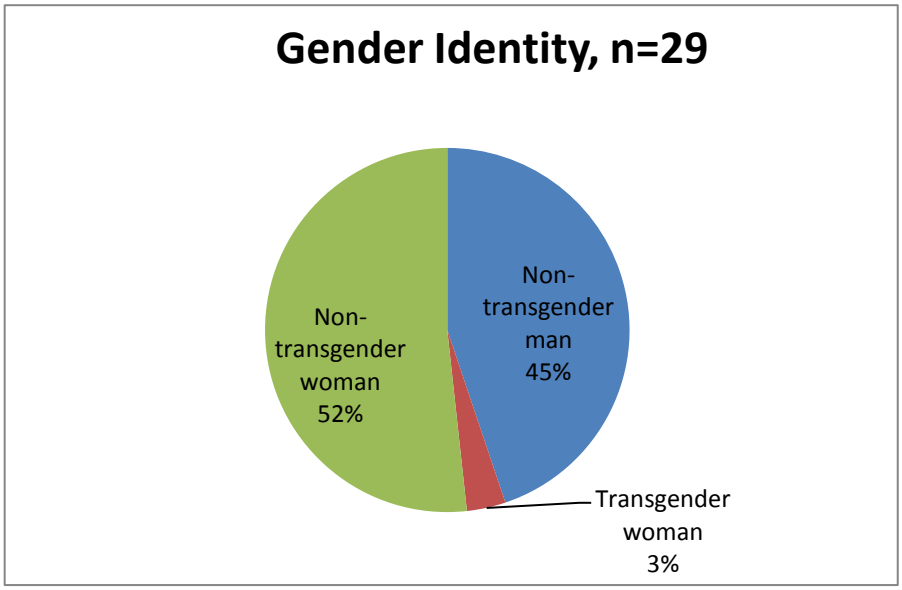
to be domestic violence survivors), or DVLAP (208 unduplicated cases), or via STOP DV surveys distributed at pride festivals in L.A. County (2594 unduplicated cases). The increase is due to enhanced data collection methods, funding for outreach, and possible increased requests for service as a result of the weakened economy placing increased need and strain on survivors. Of the 3350 reported cases in 2010, females accounted for 1695 cases (50.6%) while males accounted for 1221 (36.4%) of the total. There were 26 documented F-M transgender cases (0.8%), 36 M-F transgender cases (1.1%), and 21 intersex cases (0.6%). The remainder of the total was comprised of individuals with undisclosed gender identities (8.1%). The majority of cases came from individuals who identified as gay (1064, 31.8%) or lesbian (1112, 33.2%) while 381 individuals identified as bisexual (11.4%). Heterosexuals accounted for 225 of the cases (6.7%). The majority of individuals were between the ages of 19 – 49 (35.9% 19-29, 18% 30-39, 16.2% 40-49), Latina/o (1020, 30.4%) or White/Caucasian (1074, 32.1%). Further, there were 32 Arab/Middle Eastern individuals (1%), 176 Asian/Pacific Islanders (5.3%), 306 individuals who identified as Black, African American (9.1%), and 198 individuals who identified as multi-racial (5.9%).

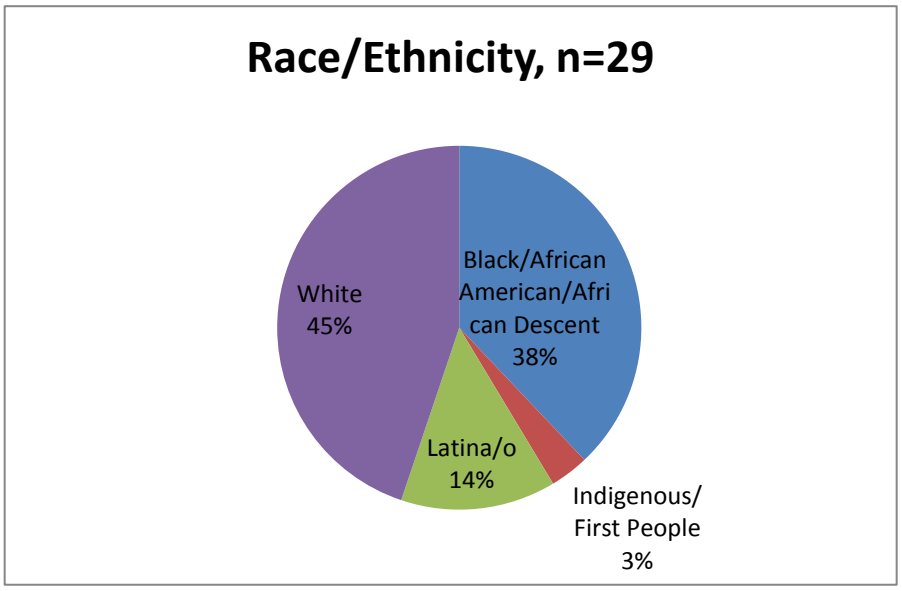


Montrose Counseling Center

Houston, Texas

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.





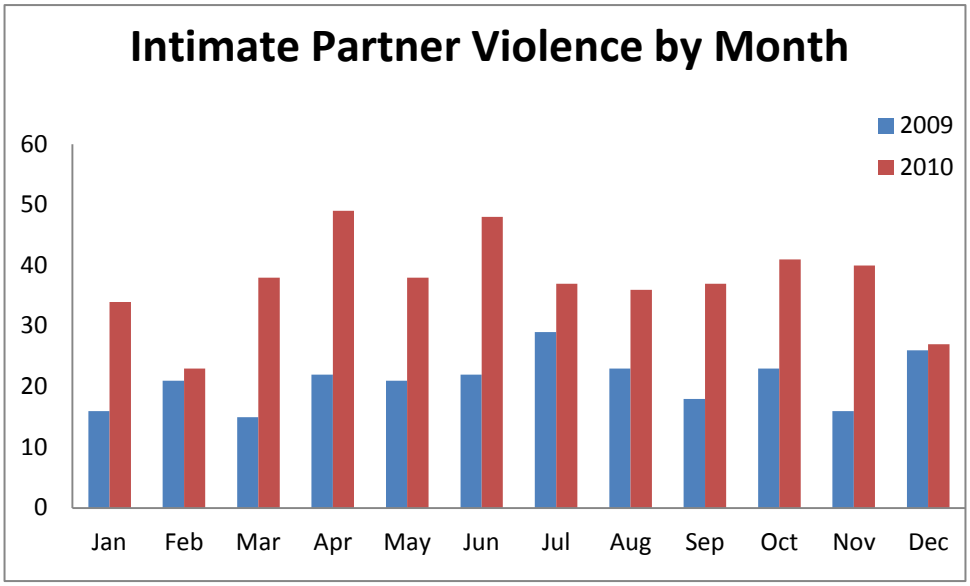
Montrose Counseling Center works with survivors of intimate partner violence by providing counseling, case management, advocacy, hospital/police/court accompaniment, and housing to those fleeing same sex domestic violence or those dealing with these issues in counseling. Between 2009 and 2010 there was an 80% increase of survivors between the ages of 19-29. This increase may in part be due to decreasing tensions between law enforcement and the GLBT community. Montrose continues to work on building good relationships with law enforcement and continually attends several law enforcement trainings to ensure a better understanding of working with the GLBT community.

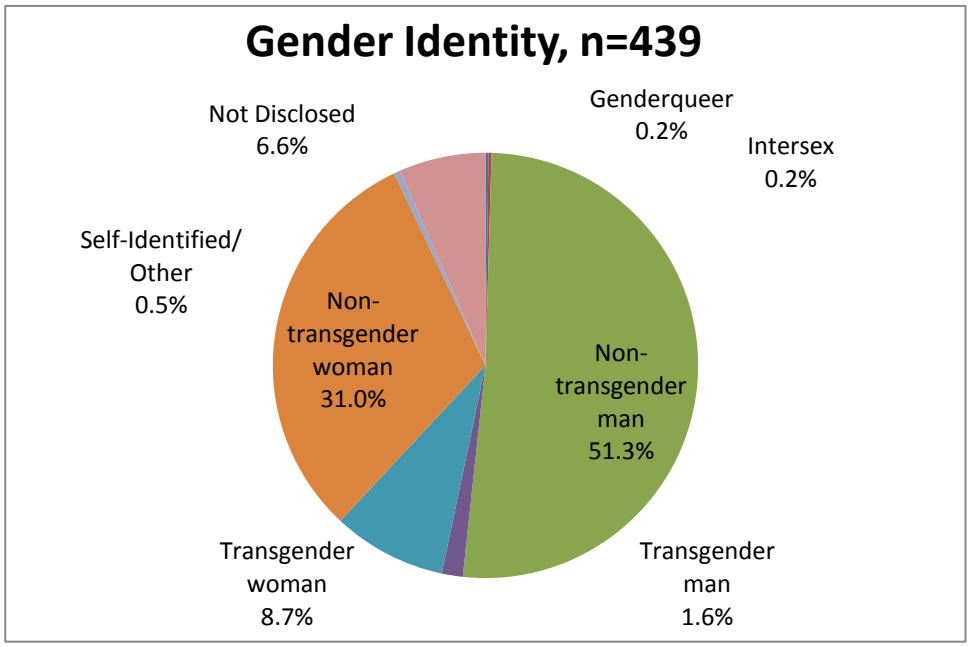
Montrose Counseling Center serves a target population of GLBT clients. In 2010, 45% of survivors identified as white, 38% identified as Black/African American/African Descent, 14% identified as Latina/o, and 3% identified as Indigenous/First People. This is reflective of the Houston community as a whole. Of the survivors Montrose Counseling Center served, 52% identified as non-transgender women, 45% identified as non-transgender men, and 3% identified as transgender women. The domestic violence community generally focuses on working with women only thus leaving men with less access to services, which could contribute to Montrose Counseling Center's large percentage of male clients in 2010. We offer counseling, case-management, advocacy and education at no cost to our clients.

New York City Anti-Violence Project

New York, New York

The New York City Anti-Violence Project (AVP) is dedicated to eliminating hate violence, sexual assault, stalking, and domestic violence in lesbian, gay, bisexual, transgender, queer, and HIV-affected communities through counseling, advocacy, organizing, and public education.





In 2010, AVP provided services to 439 self-identified survivors of intimate partner violence (IPV). This is an increase of 14% from the data shown in 2009, where we had reports from 380 new survivors of IPV. This increase in reporting may indicate an increase in the prevalence of violence, but we believe that it is actually an indication that more LGBTQH identified individuals are finding it safer to come forward and report they violence they had experienced. The increase of survivors reporting to us may also be due to the increased visibility AVP has had within LGBTQH communities across the five boroughs of New York City, as well as the media attention IPV has had this past year. AVP works to use the data collected from these reports to inform our coordinated community response and community outreach in the hopes to increase education and awareness on IPV within the LGBTQH communities.

AVP has seen a slight increase in reports from transgender identified survivors of IPV ,from 40 in 2009 to 45 in 2010 and from male identified survivors of IPV, from 174(45.8%) in 2009 to 225(51.3%). We are encouraged

that this increase may reflect more targeted outreach to these communities, which remain at heightened risk for violence of all kinds. Conversely, AVP received fewer reports from female identified survivors, 152 (40.0%) in 2009 to 136 (31.0%) in 2010, which may indicate the need for more outreach to female identified survivors, or it may reflect some gains in accessibility of mainstream services in New York City for female identified LGBTQH people.

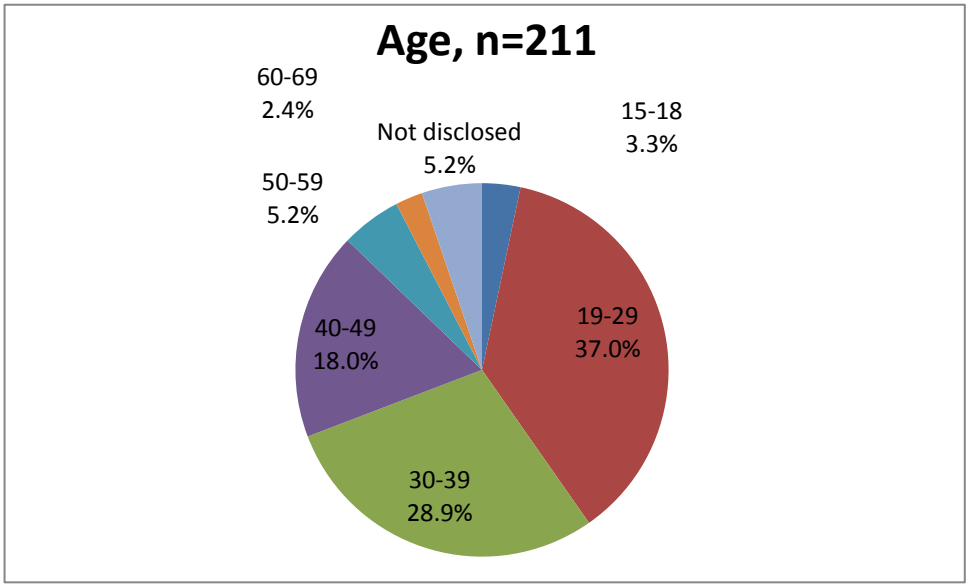
Only about a third of LGBTQH survivors of IPV reporting to AVP in 2010 (139 out of 439) identified as having experienced physical or sexual violence, which may indicate that there is a growing understanding of the scope of behaviors that demonstrate power and control within intimate relationships, including using different forms of oppression like homo/bi/transphobia, psychological abuse, intimidation, isolation, and financial abuse. This may also reflect changes in the ways in which AVP is collecting data, which are evolving to be more specific about forms of violence experienced by survivors. We expect our 2011 data to offer more specific information in this arena.

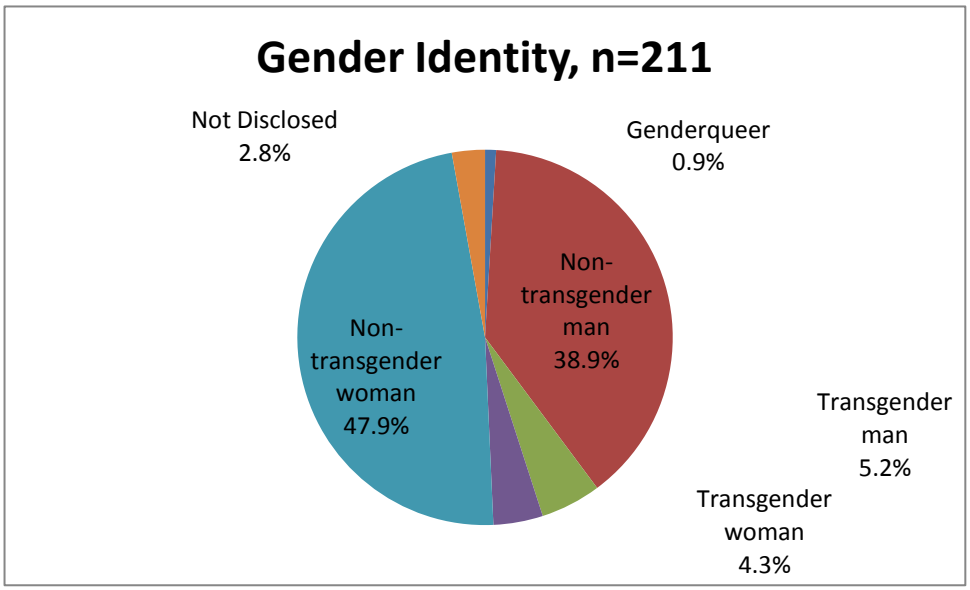
NYC AVP's work as coordinator and participant in the New York State LGBTQ Domestic Violence Network has focused, over the past year, on expanding access for all LGBTQH communities to IPV services. We continue to find that male-identified and transgender identified survivors face significant barriers to services, especially shelter, in New York City. In 2010, AVP saw a 24% increase in the number of survivors seeking shelter for IPV over the number requesting shelter in 2009 (from 17 to 21), but an 11% decrease in the percentage of those requesting shelter who were able to be placed in shelter (from 82% in 2009 to 71% in 2010.)

OutFront Minnesota Anti-Violence Program

Minneapolis, MN

OutFront Minnesota is Minnesota's leading organization serving the lesbian, gay, bisexual, transgender (LGBT) and allied communities. Our mission is to make Minnesota a place where LGBT individuals have the freedom, power and confidence to make the best choices for their own lives. Our AVP is committed to honoring the unique needs of LGBT crime victims and their friends/families, building the safety and power of survivors, and creating opportunities for support and healing through the provision of crisis services that honor the multiple layered identities and voices of those most deeply affected by violence.





Of the survivors who reported to OutFront in 2010, 37% were between the ages of 19 and 29. OutFront believes that this may be a result of our community outreach targeting younger community members. Although approximately 26% of clients reported a positive or neutral police response, OutFront recognizes the need for deeper law enforcement education as 21.8% of cases alleging IPV (with a complaint taken) did not result in an arrest. Additionally, 35.1% of reports made to the OutFront Anti-Violence Program were not reported to any law enforcement agency.

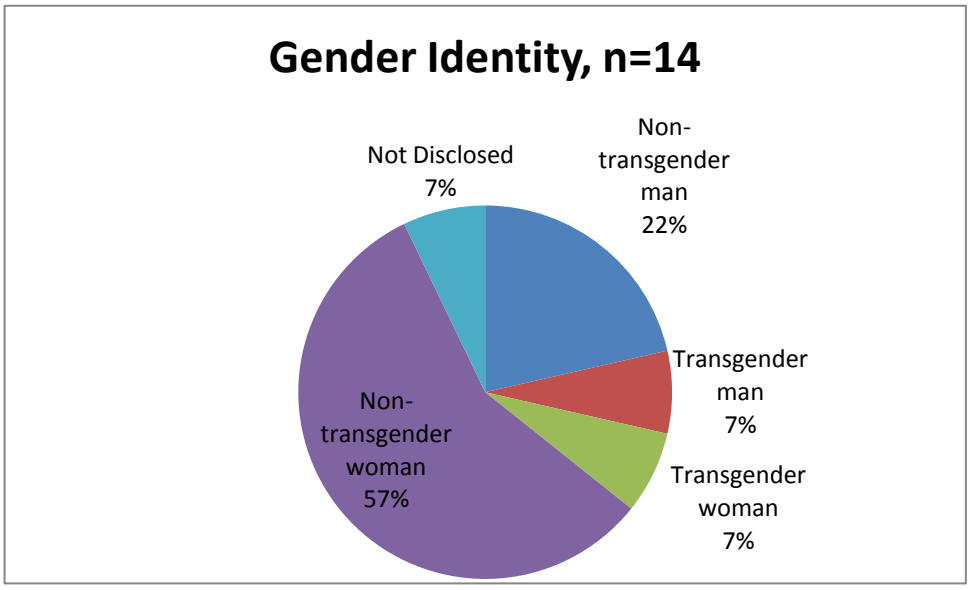
In 2010, the OutFront Anti-Violence Program served 211 IPV survivors as well as friends and family of survivors throughout Minnesota. Of these survivors, approximately 32% were either dating or in other non-long-term intimate relationships. Roughly 10% of clients identified on the transgender spectrum, including survivors who identified as genderqueer. OutFront provided a wide range of services including individual crisis counseling, advocacy services, support groups and a 24 hour crisis/support line.

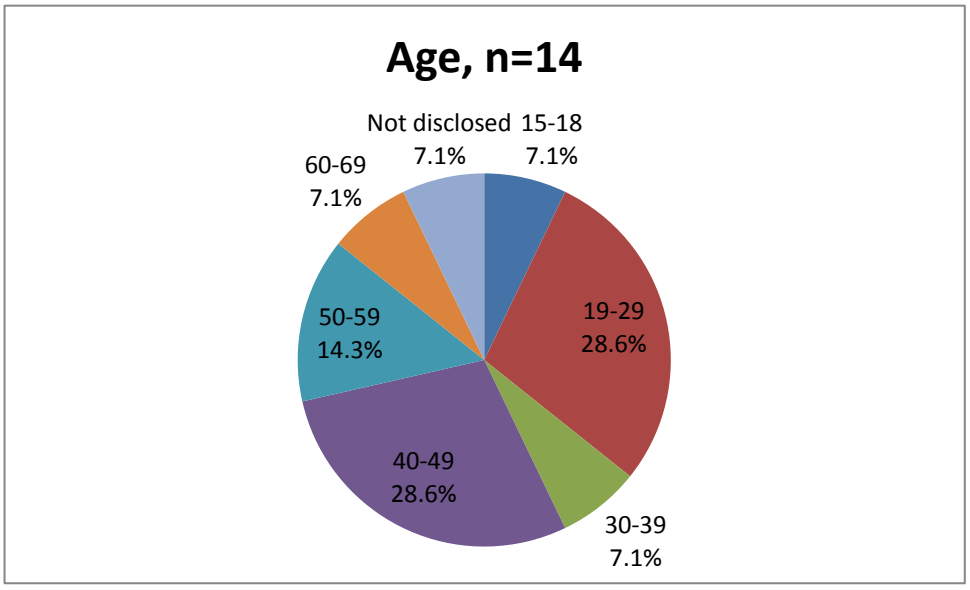
SafeSpace at the R U 1 2? Community Center

Winooski, VT

SafeSpace is a social change and social service program working to end physical, sexual, and emotional violence in the lives of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQQ) people. We provide information, support, referrals, and advocacy to LGBTQQ survivors of violence and offer education and outreach programs in the wider community.

43% of IPV survivors/victims did not report the incident of IPV to the police. The number of survivors who do not report to police is not surprising considering the rural nature of the state. In 2010 Vermont had a total population of 625,741 and 414,480 of those people lived in rural areas. Survivors in these small communities may experience increased isolation and barriers to accessing social services as well as reporting to police more so than in larger communities.





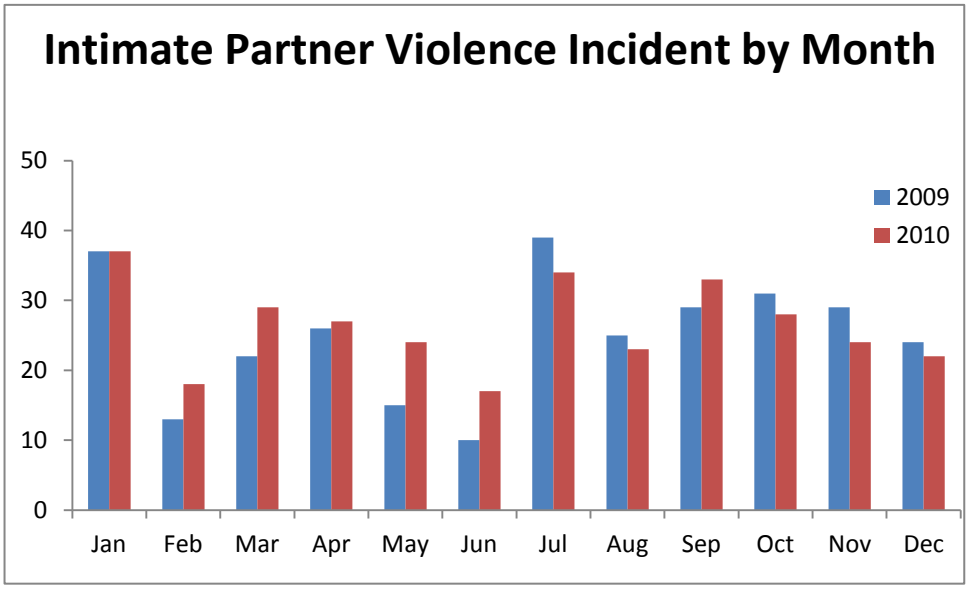
Survivors/victims reported that the offender was an ex-boyfriend/girlfriend 57%, a 12% increase from 2009. Psychological/emotional abuse was listed as an IPV tactic utilized by the offender 33% of the time. This number seems low, however we find that survivors may often minimize emotional abuse and feel only physical abuse rises to the level of reporting.

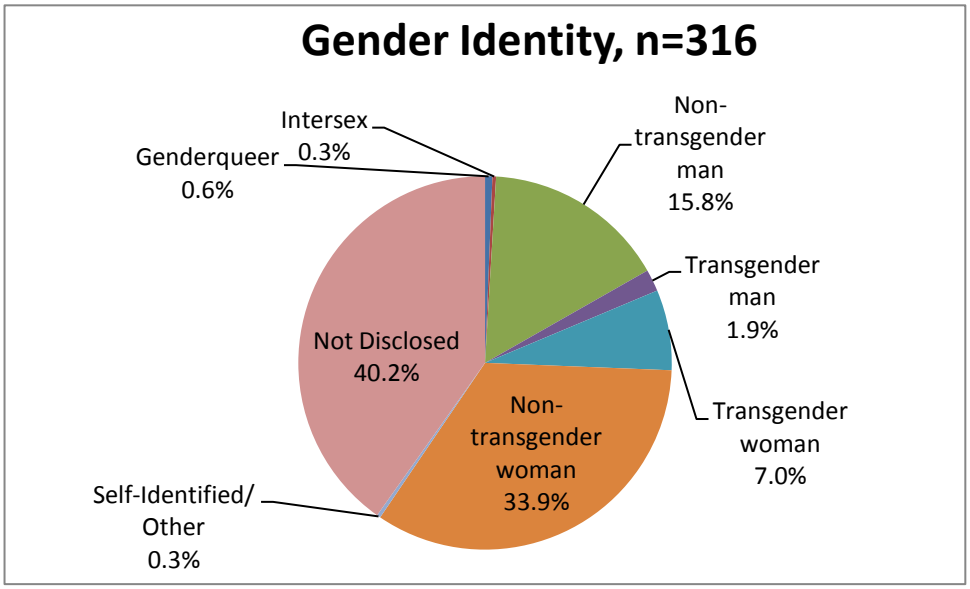
SafeSpace provides emotional support, referrals, support groups, and advocacy to LGBTQQ survivors of violence. In 2010 the majority of survivors served identified as white lesbians between the ages 40-49 which reflects the aging population in Vermont where 95% of the state's population is white. The national trend of women reporting IPV more than men as influenced by the violence against women movement may contribute to higher rates of women reporting to SafeSpace.

The Network/La Red

Boston, MA

The Network/La Red is a survivor-led, social justice organization that works to end partner abuse in lesbian, gay, bisexual, transgender, BDSM, polyamorous, and queer 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 monthly rates of incidents for January stayed the same for 2009 and 2010. There was a significant increase in monthly incident rates for 2010 in the months of February, March, April, May and September. The months of July, August, October, November and December showed a slight decrease. There were increased reporting of homicides and media coverage during these months, as well as outreach efforts by The Network/La Red. This may attribute to the increased rates of monthly incidents in 2010.

2010 showed a 5.3% increase in total number of individuals accessing services. Of those numbers there was a decrease in the percentage of individuals disclosing on gender identity as non-transgender woman by 3.4%, non-transgender man by 0.9%, transgender woman by 1.3%, transgender man by 1.4% and genderqueer by 0.1%. Historically LGBT affiliated organizations and LBG community members have not always been welcoming of transgender and gender non-conforming individuals. They may feel less comfortable disclosing gender identity because of the fear of discrimination resulting in refusal of services. The percentage of individuals identifying as intersex stayed the same at 0.3%.

In terms of sexual orientation for 2010, the percentage of individuals identifying as heterosexual increased slightly by 2.3% and gay by 2.7%. The percentage of individuals disclosing as lesbian increased significantly by 11.3% and bisexual by 4%. While the percentage for those identifying as queer stayed the same at 3%. This increased comfort in individuals identifying their sexuality may be due to a combination of the recognition of same gender relationships which has been established in Massachusetts for 7 years, and the work of The Network/La Red in building intentional relationships with LGBQ/T communities; as well as being known as one of the few LGBQ/T focused organizations in Massachusetts.

Regarding race, the percentage of individuals identifying as Black/African American/African Descent increased by 2.9%, white by 2.5%, Latina/o by 0.5%. New in 2010 were folks disclosing as Arab/Middle Eastern (0.3%) and self-identified (1%). There was a slight decrease in those identifying as multi-racial by 0.4%.

There was a significant increase in those ages 19-29 by 4.5% and 30-39 by 3.3%. There was a slight increase in those ages 15-18 by 0.3%, 40-49 by 1.5%, 50-59 by 0.8%, 60-69 by 0.6%. New in 2010, were individuals disclosing age 70-79 (0.3%).

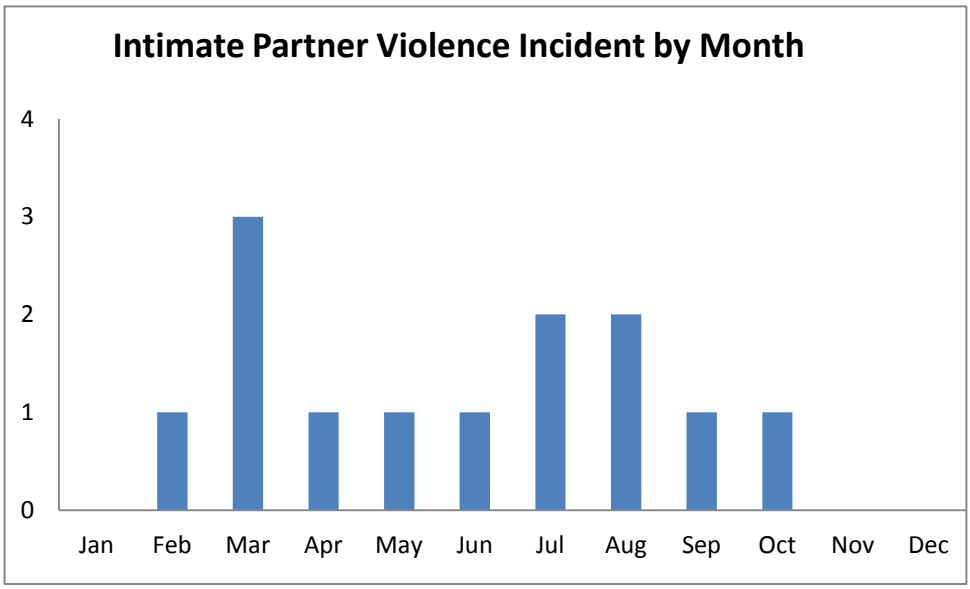
Services provided by The Network/La Red include support on hotline, emergency safe home, advocacy, referrals, court accompaniment, support group, and housing stabilization funds.

United 4 Safety

Atlanta, GA

The mission of United 4 Safety, a community-based task force, is to reduce the incidence of intimate partner violence within the LGBTQQI community by improving the understanding of and response to intimate partner violence through education, training, research, and resource development.

In 2011, U4S was awarded the Allstate Foundation grant for the third year. With 2010 funding United 4 Safety offered a two-day training in Asheville, North Carolina covering Allstate's Economic Empowerment curriculum and LGBTQQI culturally competent services in partnership with the North Carolina Coalition Against Domestic Violence. In addition, U4S offered an advanced advocacy training in Atlanta, and presented at the Gainseville Sexual Battery conference and the 17th annual Georgia Commission on Family Violence Conference.

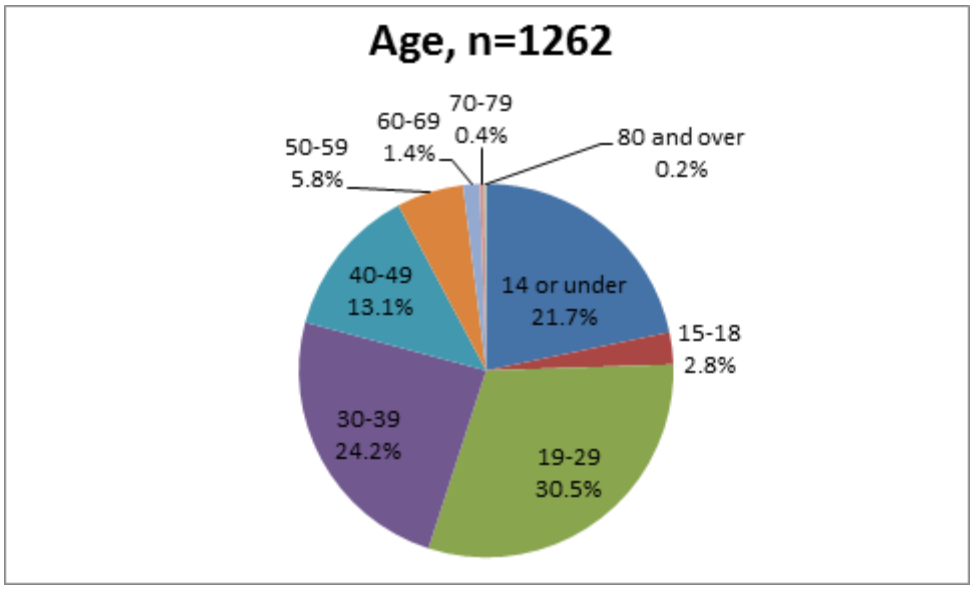


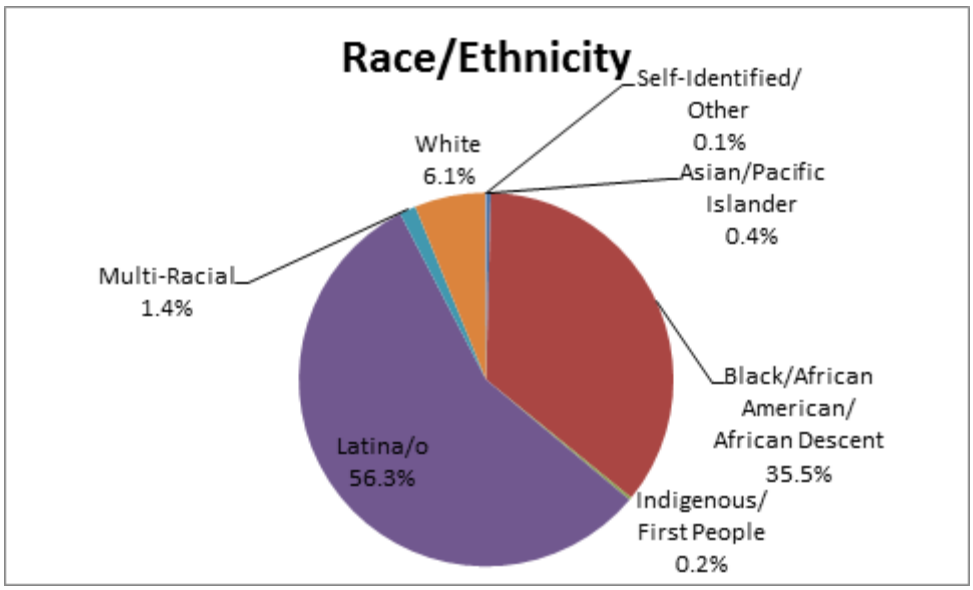
In 2011, U4S served 13 survivors. 1 survivor identified as a transgender woman (7.7%). Of the survivors U4S supported in 2010, 4 sought emergency shelter and all were provided this service through referrals and partner agencies of U4S. U4S is not currently tracking ethnicity but will strive to do so for future reports. Services provided included individual support through the hotline, advocacy to other agencies, and resources and referrals.

Victim Response, Inc. The Lodge

Miami, FL

It is the mission of Victim Response 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 will be 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.





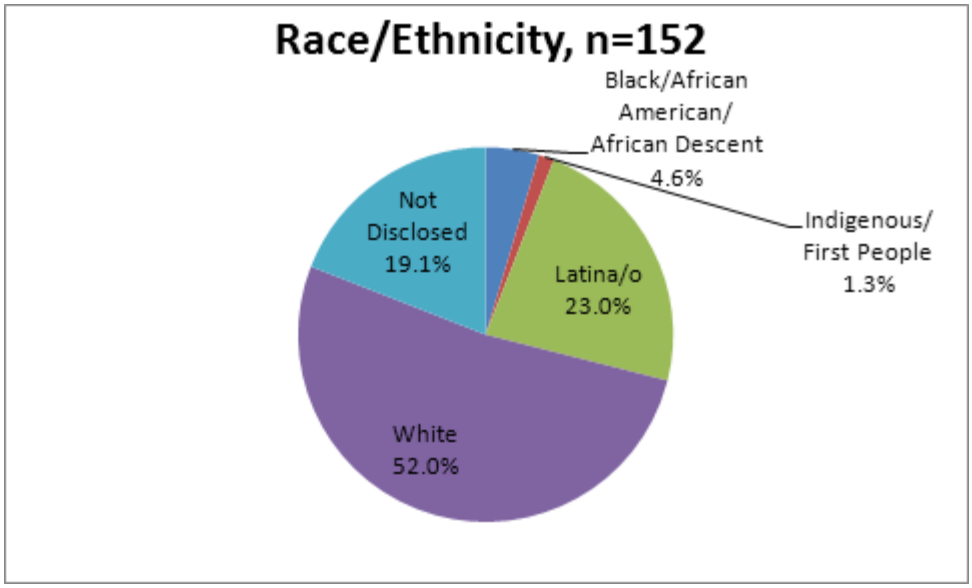
This is the first year for Victim Response, Inc. The Lodge (VRI) to contribute to the NCAVP IPV report. In 2010 VRI did not collect information on sexual orientation from survivors who accessed services. VRI has since started tracking this information through the support of NCAVP.

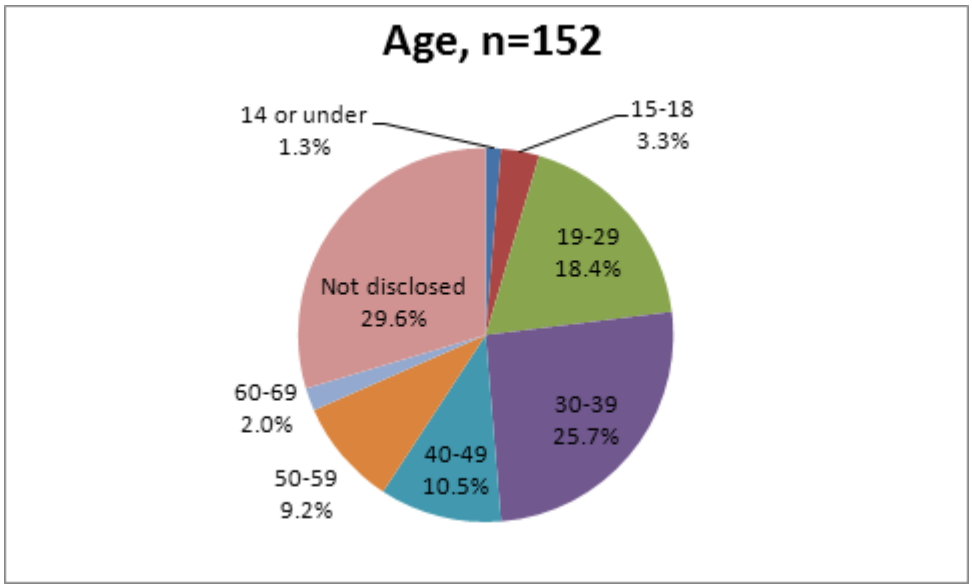
During the 2010 year, VRI served 83.3% non-transgender female survivors/victims, 16.6% non-transgender male survivors/victims and 0.1% intersex. VRI served 30.5% of survivors/victims between the ages of 19 to 29 during 2010, and 56.3% of survivors/victims were identified at Latina/o, which is reflective of the greater community in Miami-Dade, FL.

Wingspan Anti-Violence Programs

Tucson, Arizona

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.





In 2010, Wingspan served 152 LGBT survivors of intimate partner violence in the Tucson area, which is a slight decrease (9%) from 2009 (167). 1.3% of survivors were under the age of 14 and 3.3% were between the ages of 15-18. Reports from this young age range may be a result of Wingspan's relationship building with local area high schools and middle schools to educate youth about unhealthy relationships.

Based on survivors' self identification in 2010, roughly half the survivors Wingspsan served were White (52%), with the next highest percentage being Latina/o (23%). Due to the option of anonymity on our 24 hour crisis line and 'Report It Now' button on our website, some survivors feel more comfortable omitting this section. 19.1% of survivors did not disclose their race. The effects of anti-immigrant legislation in Arizona could be a contributing factor in survivors' willingness to disclose personal identifying information.

NCAVP Member Organizations

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

The following NCAVP member and affiliate list is current as of September, 2011. The member organizations and affiliates are listed alphabetically by state or province for ease of reference. If you have corrections, want to learn more about our work, or know of an organization that may be interested in joining NCAVP, please contact the NCAVP Coordinator, at extension 50, or info@ncavp.org.
Program information 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

Los Angeles
LAGLC Domestic Violence Legal Advocacy Project
IPV, SV
Office: (323) 993-7649
Toll-free: (888) 928-7233
Web: www.lagaycenter.org

Los Angeles
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.thelodgemiami.org

GEORGIA
Atlanta
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
Lousville
Center for Women and Families
IPV, SV
24 hr Crisis Line: (877) 803-7577
Web: www.thecenteronline.org

LOUISIANA
New Orleans
HIV/AIDS Program, Louisiana Office of Public Health
HV, IPV, SV
Office: (504) 568-7474

New Orleans
LGBT Community Center of New Orleans
HV, IPV, PM, SV
Office: (404) 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

Boston
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

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
OHIO

Statewide, Columbus Office
BRAVO (Buckeye Region Anti-Violence Organization)
HV, IPV, PM, SV
Client: (866) 86 BRAVO
www.bravo-ohio.org

ONTARIO
Toronto
The 519 Anti-Violence Programme
HV, IPV, PM, SV
Client: (416) 392-6877
Web: www.the519.org

QUEBEC
Montreal
Centre de Solidarity Lesbienne
IPV, SV
Client: (514) 526-2452
Web: www.solidaritelesbienne.qc.ca

RHODE ISLAND
Providence
Sojourner House
HV, IPV, PM, SV
Client: (401) 658-4334
Web: www.sojourner-house.org

SOUTH CAROLINA
Greenville
Sean's Last Wish
HV, IPV, PM, SV
Office: 864-884-5003
Web: www.seanslastwish.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

WASHINGTON, D.C.
GLOV (Gays and Lesbians Opposing Violence)
HV, IPV, PM, SV
Office: (202) 682-2245
Web: www.glovdc.org

Washington, D.C.
Rainbow Response Coalition
IPV, SV
Office: (202) 299-1181
Web: www.rainbowresponse.org

Washington, D.C.
WEAVE, Inc. Anti-Violence Project
IPV, SV
Office: (202) 452-9550
Web: www.weaveincorp.org

WISCONSIN
Milwaukee
Milwaukee LGBT Center Anti-Violence Project
HV, IPV, SV
Office: (414) 271-2656
Web: www.mkelgbt.org

NATIONAL
Milwaukee, WI
FORGE Sexual Violence Project
SV
Office: (414) 559-2123
Web: www.forge-forward.org

Blacklick, OH
National Leather Association
IPV
Web: www.nlaidvproject.us/web