A Report from the

National Coalition of Anti-Violence Programs (NCAVP)

Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-Affected Intimate Partner Violence In 2012

2013 Release Edition

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Mission

The National Coalition of Anti-Violence Programs (NCAVP) works to prevent, respond to, and end all forms of violence against and within lesbian, gay, bisexual, transgender, queer, (LGBTQ), and HIV-affected communities. NCAVP is a national coalition of local member programs, 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

2012 marked an enduring shift in movements to end intimate partner violence in lesbian, gay, bisexual, transgender, queer (LGBTQ) and HIV-affected communities. The National Coalition of Anti-Violence Projects (NCAVP), with other national and local intimate partner violence, sexual violence, and LGBTQ organizations, coalesced to create a formidable, multi-issue political force that put intimate partner violence in LGBTQ communities at the forefront of national political discussions. In the sixteen years since NCAVP's first national report on intimate partner violence, LGBTQ survivors have gone from being virtually invisible and silenced in both the LGBTQ and HIV-affected movement and the intimate partner violence movement, to being featured stories in national media outlets and at the center of national political debates about intimate partner violence. Most importantly, in 2013, LGBTQ survivors were explicitly included in our nation's response to intimate partner and sexual violence, the Violence Against Women Act (VAWA).

For the past three years, NCAVP has been the lead national LGBTQ and HIV-affected organization working to ensure that an LGBTQ-inclusive VAWA was passed.[1] In 2013, the United State Congress reauthorized VAWA with explicit inclusion, including the first ever explicit federal non-discrimination protections of lesbian, gay, bisexual, and transgender people. In signing the bill into law, President Obama recognized NCAVP's work, in coalition with dozens of other LGBTQ-focused and "mainstream" organizations, in this achievement. Standing in coalition with immigrant survivors, Native American survivors, and survivors from communities of color, NCAVP's work proves that even in a fractious political atmosphere it is possible for social justice change to occur. This law, and the national debate and discussion around it, ensures that LGBTQ communities will never again be left out of national conversations about, responses to, and solutions for intimate partner violence. This report demonstrates the critical reasons why we cannot leave LGBTQ and HIV-affected survivors behind.

To increase safety for LGBTQ survivors of violence, NCAVP continued several projects in 2012, including our multi-year policy advocacy with the Department of Justice (DOJ) to expand LGBTQ-specific programming, data and non-discrimination protections for LGBTQ survivors of violence. This advocacy also resulted in significant dedicated funding from the DOJ's Office on Violence Against Women (OVW) and the Office for Victims of Crime (OVC) to support national LGBTQ training and technical assistance projects and other LGBTQ-focused services. This increased funding has supported NCAVP member organizations' work in the past few years. As well, in 2011, NCAVP launched our National LGBTQ Training and Technical Assistance Center funded by OVW, providing critical support and tools to "mainstream" victim service organizations across the country to meet the needs of LGBTQ survivors. That same year, OVC awarded NCAVP a national training and technical assistance demonstration initiative, which will measure the impact of targeted training and technical assistance to increase LGBTQ competency within non-LGBTQ anti-violence organizations. In 2012, DOJ agreed to include demographic data about LGBTQ survivors and, in 2013, VAWA included the first ever non-discrimination protections for LGBTQ survivors of violence. NCAVP's work in the past years continues to assure that LGBTQ people have a voice wherever the federal government responds to violence.

In 2012, NCAVP continued to work to increase options for survivors without relying on criminal legal responses, which can be unsafe, re-victimizing, and violent towards LGBTQ and HIV-affected communities. NCAVP's 2012 data shows that

[1]For legislative and advocacy purposes, NCAVP uses LGBTQ to describe the communities we are advocating for; most final DOJ legislation and policy uses the acronym LGBT.
[2] Race is a category where people can select multiple identities leading the total percentage to be greater than 100%.

roughly half of the survivors who report to NCAVP members do not call the police due to historical and current barriers and that significant percentages of survivors continue to report police misconduct and mis-arrest. Immigrant communities continued to face violent profiling, policing, and deportation in 2012, with record breaking numbers of deportations under hostile anti-immigrant programs and policies. Recognizing the unsafe and hostile environment LGBTQ and HIV-affected communities face from the criminal legal system; in 2012 NCAVP members concluded a two year study on community accountability and transformative justice. As a result of this project, NCAVP's membership has increased our responses to violence outside of the criminal legal system and our members are implementing these strategies within their own organizations.

To support our national anti-violence agenda in 2012, NCAVP continued our Southern Project to build capacity by identifying and creating specific strategies for anti-violence work in the under-resourced South. Prior to our Southern Project, NCAVP recognized a lack of funding, organizational capacity, and data for LGBTQ and HIV anti-violence work in the South. NCAVP's Southern capacity-building project brought our annual Roundtable in-person meeting and Regional Training Academy to Richmond, Virginia in August of 2012. Through the support of the Arcus Foundation, NCAVP expanded its staff to have a Southern based organizer, who provided region-specific training, technical assistance, and rapid incident response organizing in the South. As a result of this project, NCAVP's Southern membership increased by 40% and NCAVP launched an online reporting form to meet the specific data collection needs of our Southern members. This project is continuing through the leadership of NCAVP's Southern members who are providing peer-to-peer technical assistance to implement anti-violence strategies in the unique racial, economic, and political conditions of the South.

NCAVP's annual reports on LGBTQ and HIV-affected intimate partner violence are still the most comprehensive reports of their kind, and the most comprehensive data available on LGBTQ and HIV-affected intimate partner violence in the United States. In 2012, with funding of the Arcus Foundation, NCAVP also began to deepen our internal ability to analyze the data for and produce these reports. For the second year in a row, we release national person-level data on LGBTQ and HIV-affected intimate partner violence. Person-level data allows NCAVP to assess which LGBTQ and HIV-affected survivors faced disproportionate rates of violence and service discrimination as compared to overall LGBTQ and HIV-affected survivors. NCAVP's reports on LGBTQ and HIV-affected people's experience with violence remain the seminal source for information, cited by governments, academics, policy makers and leaders, and strive to show the real impacts that violence has on LGBTQ and HIV-affected survivors. Our recommendations represent what survivors have told us they need, what we have seen as community-based organizations on the front line, and what we know from our work these past decades – and point to response, policy and prevention work that we believe is fundamental to achieving safety for LGBTQ communities.

All of the above work occurs as the broader LGBTQ and HIV-affected movement witnessed historic gains on specific issues, during a time when other progressive agendas came under sharp attack. For the first time, marriage equality initiatives won at the ballot box in Maine, Maryland, and Washington, and the Supreme Court struck down the discriminatory "Defense of Marriage Act," showing a marked shift in public opinion on the rights of same-gender couples. LGBTQ and HIV-affected immigration advocates have ensured that LGBTQ and HIV-affected communities are a part of the national dialogue on comprehensive immigration reform. At the same time, the nation's economic system and policymakers are increasingly leaving low-income people with fewer and fewer resources, and national initiatives to protect LGBTQ and HIV-affected people from poverty are missing from the public discourse. Employment non-discrimination for LGBT people continues to be a topic for debate, but Congress and most states have not acted to protect all LGBT people. Our nation's social safety

net is dissolving amidst sequestration and government shutdown. The Supreme Court struck down critical protections in the Voting Rights Act, and we see a trajectory of marginalized people being further disenfranchised. As we reflect on the year, we are poised at a critical time of great change – both positive and negative - for LGBTQ and HIV-affected movements.

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

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EXECUTIVE SUMMARY

Despite reflecting a 31.83% drop in reports of LGBTQ intimate partner violence (IPV), NCAVP's 2012 report documents twenty-one homicides— a 10.5% increase from 2011's nineteen homicides, and the highest number of LGBTQ IPV homicides ever recorded. These homicides represent a three year pattern of increase and are more than three times 2010's six LGBTQ IPV homicides. The increase in reported IPV homicides illustrates the severe and deadly impact of IPV in LGBTQ communities.

Within the 2012 IPV report, person level data indicates that gay men, LGBTQ communities of color, LGBTQ youth and young adults, and transgender communities experienced the most severe forms of IPV. These findings continue to highlight the importance of IPV prevention, strategic and community-specific responses to IPV, and the need for research and accurate documentation of LGBTQ and IPV.

Key Findings

TOTAL INCIDENTS

- In 2011, NCAVP programs received 2,679 reports of intimate partner violence, **a decrease of 31.83% from 2011** (3,930 reports).
- However, three organizations – L.A. Gay & Lesbian Center (LAGLC), The Network La Red (TNLR), and Sean's Last Wish (SLW) — faced institutional or programmatic changes that limited the number of clients they saw which contributed to the decrease of reports reflected in the data. When these three organizations' data is removed from the aggregate dataset, NCAVP finds a **29.6% increase from 2011** in intimate partner violence cases (1437 in 2011 to 1863 in 2012).

HOMICIDES

- **IPV homicides increased in 2012 to their highest recorded level.** NCAVP documented **21 IPV homicides in 2012, up from 19 in 2011 and more than three times the six documented homicides in 2010** and the highest ever documented by NCAVP**.**
- **For the second year, close to a majority (47.6%) of IPV homicide victims were LGBTQ men** and a majority of **homicide victims were** identified **as gay (47.6%) or lesbian (28.6%).** Of the 21 victims, 10 were identified as cisgender men, eight as cisgender women, and three as transgender women. This reflects a decrease from 2011, where 63.2% of IPV homicide victims were identified as cisgender men, but a shift from 2010, when 66.7% of LGBTQ homicide victims were identified as cisgender women.
- **In 2012, 52.4% of homicide victims identified as people of color,** with 28.6% of homicide victims identified as Black/African American, 23.8% identified as Latin@, 23.8% identified as white, and 23.8% of homicide victims without an identified race or ethnicity.

SURVIVOR AND VICTIM DEMOGRAPHICS

- **People of color made up the majority of total survivors (62.1%), on par with 2011 (66.85).**[2] **White survivors accounted for more than a third (35.5%) of total survivors,** reflecting a slight decrease from 2011 (40.8%).

- **Women accounted for about a third (32.6%) of IPV survivors** who reported to NCAVP member programs in 2012, **while men accounted for a little more than a third (36.1%).** These numbers reflect a decrease from 2011, where women represented over half of IPV survivors.

- **The majority of IPV survivors identified their sexual orientations as either gay (41.7%) or lesbian (24.5 %)**. This reflects an increase in survivors who identified as gay but a decrease for those who identified as lesbian from 2011 numbers.

- **Over a third of the survivors were youth**, between **the ages of 19 to 29 (40.3%),** reflecting an increase from 2011 numbers. **Survivors 60 and older only accounted for 1.6% of total survivors, a decrease f**rom 2011 (5.1%).

MOST IMPACTED IDENTITIES

- **LGBTQ youth, people of color, gay men, and transgender women were more likely to suffer injuries, require medical attention, experience harassment, or face anti-LGBTQ bias as a result of IPV.**

- **Transgender survivors were more likely to face threats/intimidation, harassment, and police violence within IPV.** Transgender survivors were two times as likely (2.0) to face threats/intimidation, 1.8 times more likely to experience harassment, and over four times (4.4) more likely to face police violence than people who did not identify as transgender. Moreover, transgender people of color and transgender women experienced this violence at even higher rates and were more likely to face the above abuses as part of IPV.

- **People of color were more likely to experience threats/intimidation within IPV.** People of color were close to two times as likely to experience threats/intimidation as compared to white people. Specifically, Black people were 1.6 times more likely to experience physical violence as non-Black people; Latin@ individuals were twice (2.1) as likely to experience threats/intimidation and close to three times (2.6) as likely to face anti-transgender IPV as compared to non-Latin@ individuals.

- **Gay men were more likely to require medical attention and suffer injuries as a result of IPV.** Gay men were close to two times (1.7) more likely to require medical attention and 1.6 times more likely to suffer injury as compared to individuals who did not identify as gay men.

- **Youth and young adults were more likely to experience bias-related IPV tactics as compared to non-youth as a result of IPV.** Youth and young adults were close to two times (1.8) as likely to face anti-LGBTQ bias in IPV tactics as compared to non-youth**.**

[2] Race is a category where people can select multiple identities leading the total percentage to be greater than 100%.

INCIDENT DETAILS

- **In 2012, 53% of survivors experienced injury.** This reflects an increase from 2011, where 37.3% who disclosed this information had suffered injury.
- **A smaller percentage of survivors in 2012 (15.8%) experienced physical violence from their abusive partners,** a decrease from 2011 (23%). However, physical violence remains the most reported type of LGBTQ IPV reported to NCAVP.
- **In 2012, 3.7% of total survivors reported to NCAVP that they sought access to domestic violence shelters,** slightly up from 2.7% in 2011**.** Of those survivors who sought shelter 14.3% were denied access, a substantial decrease from 2011 (61.6%).
- **More survivors reported IPV to the police.** In 2012, only 16.5% of all survivors reported information about interacting with the police, an increase from 2011 (10.7%). Of those who did interact, 54.3% of survivors reported the IPV incidents to police, an increase from 2011 (45.7%). However, in nearly 1/3 of the LGBTQ-specific IPV cases reported to the police (28.4%), the survivor was arrested instead of the abusive partner.
- **In 2012, fewer than 5% of survivors sought orders of protection, but of those who did, the majority received them (76.7%).** This is consistent with 2011 data.

Recommendations In Brief

- The Department of Justice's Office on Violence Against Women should swiftly **implement the Violence Against Women Act (VAWA) 2013** to ensure that the law's provisions improve access to services for LGBTQ survivors of intimate partner violence, dating violence, sexual assault, and stalking are fully implemented.
- **OVW grantees, including states, courts, mainstream service providers, state coalitions and domestic violence shelters, should fully comply with VAWA's LGBTQ non-discrimination provisions** and make all services, including access to police response, orders of protection, supportive services and shelters, available to LGBTQ survivors of intimate partner and sexual violence.
- All anti-sexual and intimate partner violence **service providers, including institutions such as law enforcement, courts, and hospitals, should receive LGBTQ-specific training** on screening, assessment and intake.
- **All anti-violence laws, such as the Victims of Crime Act, should be reauthorized or passed with LGBTQ-inclusive language** modeled after VAWA.
- Policymakers and funders should **increase local, state, and national funding** to LGBTQ and HIV-affected - specific anti- violence programs, particularly for survivor-led initiatives.
- Policymakers should support and fund **LGBTQ and HIV-affected training and technical assistance programs and resource centers** to increase the cultural competency of all victim service providers to effectively work with LGBTQ and HIV-affected survivors.

- Policymakers and funders should fund LGBTQ and HIV-affected anti-violence organizations to **conduct intimate partner and sexual violence prevention initiatives,** particularly prevention programs for youth and young adults.
- Policymakers and funders should support programs and campaigns **to increase public awareness** of LGBTQ and HIV-affected intimate partner and sexual violence.
- **The federal government should collect data on sexual orientation and gender identity** whenever demographic data is requested in studies, surveys, and research including intimate partner and sexual violence
- Policymakers, researchers and advocates should ensure that **LGBTQ survivors are included in all prevention assessments, including homicide and lethality assessments, as well as coordinated community response models** such as Family Justice Centers.
- Policymakers and funders should support **economic empowerment programs targeted at LGBTQ and HIV-affected communities,** particularly communities of color, transgender communities, immigrant communities, low-income communities, youth and young adults.
- Policymakers should **ban discrimination in employment, housing, and public accommodations based on sexual orientation, gender identity, gender expression, and HIV-status** to protect LGBTQ and HIV-affected survivors from economic and financial abuse.

INTRODUCTION

Intimate partner violence (IPV) is a devastating and deadly problem facing lesbian, gay, bisexual, transgender, queer (LGBTQ), and HIV-affected communities**.** Violence within intimate relationships, known as domestic violence, intimate partner violence, dating violence, and/or partner abuse, has been documented as a national and international epidemic. While the definitions vary, within this report NCAVP defines IPV as an inclusive term that means: "a pattern of behavior where one intimate partner coerces, dominates, or isolates another intimate partner to maintain power and control over the partner and the relationship." Abusive partners may use a myriad of tactics and strategies to exert and maintain control over their partners, including: psychological/emotional abuse, economic abuse, physical abuse, verbal abuse, sexual abuse, cultural abuse, isolation, and intimidation. IPV can occur in short or long-term relationships, with current or past partners, and affects all communities.

Research and literature on IPV began in earnest in the 1970's and 1980's with the emergence of the battered women's movement.[3] This movement was closely associated with the feminist movement of the 1970's, and focused on ending structural and cultural sexism that encouraged and allowed men to abuse their masculine privilege by battering the women and children in their lives. This movement successfully created some of the first resources to support IPV survivors, including the first domestic violence shelters in the country, to offer safe haven to survivors and their children. By valuing the experiences of survivors, early organizers of this movement, many of whom were survivors themselves, identified power and control as the central dynamic in an abusive relationship. Power and control is a dynamic in which an abusive partner uses tactics of abuse to control their partner and their relationship. This concept of power and control became the bedrock of the modern understanding of what violence within relationships looks like. Because the battered women's movement was focused on sexism, patriarchy, and the abuse of male power and privilege in the context of heterosexual relationships between cisgender people, our historical understanding of domestic violence largely excluded LGBTQ communities. Until the late 1980's, there was virtually no research or literature on IPV within the context of LGBTQ and HIV-affected

Definitions In This Report

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

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

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

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

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

(Continued on next page)

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

communities[4], and even now, in the majority of research on IPV, LGBTQ and HIV-affected survivors are often invisible. Most research does not specifically address sexual orientation, and/or gender identity along a spectrum rather than a binary. Scholars often assume that bisexual and lesbian women are heterosexual, and exclude from their analysis transgender men and women, gay and bisexual men, and heterosexual-identified men who have sex with men. Research that identifies only binary gender identity categories (i.e. only men or women), and assumes heterosexuality and cisgender identity as the norm, does not accurately capture the variety of gender identities, sexual orientations, and relationships structures within LGBTQ and HIV-affected communities.

NCAVP's 2012 Intimate Partner Violence report contains the most comprehensive data available on IPV in LGBTQ and HIV-affected communities in the United States to date, including detailed demographic data on survivors and victims of violence, information on abusive partners, and data on police, medical, and other direct service responses to LGBTQ and HIV-affected survivors. NCAVP documents the impact of IPV within LGBTQ and HIV-affected communities as a part of our continuing effort to prevent and end this violence. Federal and national data on LGBTQ and HIV-affected communities in the United States is extremely limited, making it challenging for NCAVP to contextualize its data on LGBTQ and HIV-affected survivors to overall LGBTQ and HIV-affected communities. For example, the 2010 U.S. Census did not ask the sexual orientation or gender identity of its respondents. The 2010 Census did include for the first time the option for both same-sex partners and spouses to identify themselves as unmarried partners, or as husbands or wives. These new options for LGBTQ and HIV-affected people within census reporting will allow for some documentation of same-sex relationships within federal data. However, the American Community Survey, one of the main data collection surveys for the federal government, continues to omit questions on sexual orientation or gender identity. The National Crime Victimization Survey, the federal survey on violence in the United States, tracks minimal data on same-sex IPV, but this data is not specifically separated from its dataset and is not tracked annually, which substantially limits what this data can tell us about LGBTQ and HIV-affected IPV. However, changes are happening; in 2013, the Bureau of Justice Statistics (BJS) is working toward collecting data on the sexual orientation and gender identity of crime victims, in part

Definitions In This Report (continued)

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

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

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

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

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

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

[4] 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

because of the advocacy from NCAVP and the Williams Institute. As well, in 2013, the Centers for Disease Controland Prevention released 2010 data on intimate partner and sexual violence that included sexual orientation, but not gender identity, in a special report of its National Intimate Partner and Sexual Violence Survey (NISVS) [5]. The NISVS found that 44% of lesbian women, 61% of bisexual women, and 35% of heterosexual women have experienced physical violence, stalking, or rape as a result of IPV. Similarly, 26% of gay men, 37% of bisexual men, and 29% of heterosexual men had also experienced the same as a result of IPV. While the NISVS has gone far in establishing that bisexual, gay, and lesbian individuals suffer the same or higher rates of abuse from intimate partners than heterosexual people, and is one of few reports on LBG IPV to utilize national data, its limited categories of sexual orientation and the failure to identify gender identity prohibits the report from being truly comprehensive for LGBTQ communities. Individuals who identify as transgender or queer, for example, are not represented in the NISVS' 2010 findings because the survey is limited to those who only identify sexual orientation as heterosexual, gay, lesbian, or bisexual, and gender as male and female.

This year's passage of legislation including LGBTQ communities under the Violence Against Women Act is a landmark victory. But there is still no general mandate for all states to fund LGBTQ programming, and LGBTQ and HIV-affected communities still face larger barriers in accessing shelter and services. Intersections of race, class, and other marginalized identities exacerbate inaccessibility. A 2013 report by the Williams Institute found that 7.6% of lesbian couples, compared to 5.7% of married different-sex couples, are in poverty. African American same-sex couples have poverty rates more than twice the rate of different-sex couples.[6] The National Center on Transgender Equality found that transgender people experience poverty at twice the national rates, and that transgender people of color experience poverty at four times the national rates.[7] LGBTQ people may be nearly twice as likely to experience IPV as non-LGBTQ people, but bisexual people are nearly twice as likely to experience IPV as those identified as gay or lesbian. [8] Transgender people are at much higher risk for IPV and sexual violence than non-transgender people.[9] This high rate of violence is exacerbated by institutional discrimination in service provision. In a landmark 2010 study by NCAVP and the National Center for Victims of Crime, surveying 648 domestic violence agencies, sexual assault centers, prosecutors' offices, law enforcement agencies, and child victim services, 94% of respondents said they were not serving LGBTQ survivors of IPV and sexual violence.[10] Lambda Legal has reported that overall, LGBTQ survivors of IPV are reluctant to seek services utilized by heterosexual women such as law enforcement or victim services due to the perceived risk of re-victimization.[11]

Current research regarding the prevalence of IPV within LGBTQ and HIV-affected communities in the United States does exist, but is limited. In addition to the studies cited above, a comprehensive 2012 report by the National Gay and Lesbian Task Force and the National Center for Transgender Equality documents the heightened threat and lack of access to support amongst transgender and gender non-conforming communities, citing a double rate of unemployment and higher rates of homelessness. Almost half of the study's respondents reported being uncomfortable seeking police assistance, illustrating

[5] Walters, M.L., Chen J., & Breiding, M.J. (2013). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

[6] Badgett, M.V. Lee, Laura E. Durso &Alyssa Schneebaum. (2013). *New Patterns of Poverty in the Lesbian, Gay, and Bisexual Community*. Retrieved August 8, 2013, from http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGB-Poverty-Update-Jun-2013.pdf.

[7] Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. (2011) *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Retrieved on 8/21/13 at http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf

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

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

[10] National Center for Victims of Crime and NCAVP, *Why It Matters: Rethinking Victim Assistance for Lesbian, Gay, Bisexual, Transgender, and Queer Victims of Hate Violence & Intimate Partner Violence*, Retrieved July 12, 2013 from: http://www.avp.org/documents/WhyItMatters.pdf.

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

the multiple barriers that transgender survivors face when seeking support in response to a violent relationship. Transgender survivors also face pervasive institutionalized discrimination and transphobia when seeking support from health care agencies and domestic violence shelters, and this discrimination is much higher for transgender survivors of color.[12] Survivors who identify as men are also far less likely to be able to access services, particularly domestic violence shelters, due to the heteronormative beliefs of many shelter providers that IPV is exclusively cisgender men abusing cisgender women.[13] As laws like the Violence Against Women Act expand, it is critical to recognize these laws also form inclusive values and attitudes that shape LGBTQ survivors' access to support and change discriminatory institutional policies to include all survivors.

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

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

As the nation continues to pay closer attention to IPV within LGBTQ and HIV-affected communities, NCAVP will continue to support survivors, document their experiences, and advocate for their access to safety, support, and services locally and nationally. The 2012 report examines the intersections between LGBTQ and HIV-affected IPV and various forms of oppression that affect LGBTQ and HIV-affected communities, such as homophobia, biphobia**,** transphobia, racism, ableism, ageism, sexism, classism, anti-immigrant bias, and anti-HIV bias. These forms of oppression can create barriers which can limit LGBTQ and HIV-affected survivors', and all IPV survivors', access to necessities such as safety planning, crisis intervention, supportive counseling, health care, law enforcement support, legal remedies, and shelter. AVP builds on 2011 data and recommendations in a climate of growing awareness of LGBTQ IPV, highlighting the growing work of national anti-violence work in LGBTQ and HIV-affected organizations. This report is a call for cultural competency, speaking to a broader definition of gender identity and challenging traditional assumptions of binary gender expression, identity, and roles. This report is also a vehicle to amplify the experiences of LGBTQ and HIV-affected survivors nationally and to examine strategies that will create safety within the LGBTQ and HIV-affected communities and relationships.

[12] Grant, J., Mottet, L, and Tanis, J. (2011) *op. cit.*
[13] National Center for Victims of Crime & the National Coalition of Anti-Violence Programs (2010), *op. cit.*

METHODOLOGY

How Organizations Collected The Data

This report contains data collected in 2012 by 19 NCAVP member and affiliate programs in 20 states.[14] Organizations collected this information from survivors and public sources. Survivors contacted LGBTQ and HIV-affected anti-violence programs either in person, by calling a hotline, filling out surveys, or making a report online. Most NCAVP member programs used NCAVP's Uniform Incident Reporting Form, revised in 2010, to document the violence that occurred to these individuals, while others have adapted and incorporated the form into other data collection systems. NCAVP then collected aggregate and person-level data from local organizations. Person-level data allowed NCAVP to anonymously analyze multiple facts about one victim or survivor in connection to their specific race, gender, gender identity, sexual orientation, or age subcategory. This allowed NCAVP to identify themes in intimate partner violence, such as, whether or not types of violence varied across LGBTQ and HIV-affected survivors' identities (i.e. "do transgender women experience more physical violence?"). It also allowed NCAVP to examine survivors with multiple intersecting identities, such as gay youth, and the types of violence and/or law enforcement response that they received (i.e. "do gay youth report more to the police?").

How NCAVP Compiled And Analyzed The Data

With support from the Arcus Foundation, NCAVP provided each member program tailored support to submit data in ways that met the program's needs, yet provided consistency across all organizations. NCAVP local member organizations then submitted their local data to NCAVP and NCAVP aggregated the data and analyzed the differences between the 2011 and 2012 data sets. In this report, NCAVP compares data proportionally for each variable between 2011 and 2012 and, when possible, accurately assesses increases or decreases in IPV, demographic changes for survivors, and changes in incident details over time. It is important to note that NCAVP primarily presents changes from 2011 to 2012 as percent changes, since the variability in overall reports and reports within each survey category year over year make percent change a more reliable indicator of increases and decreases in IPV and IPV related information. NCAVP also includes the n value (or the number of individuals who reported data in the category of interest) for every chart presented in the report. For example, if the race/ethnicity of survivors reports an n=1957, this indicates that 1,957 survivors reported their race/ethnicity to the NCAVP. It is possible for the n value to be greater than 2,679 (the total number of reports in 2012) in cases where individuals can select multiple categories. The n value also indicates a number with unknowns removed. Thus all aggregate percentages presenting on survivor and abusive partner demographics and incident information have unknowns removed. This may in instances inflate the percentages presented. For the person-level data, NCAVP staff coded 218 variables on 1,074 survivors. NCAVP selected statistics for publication based upon their relevance, statistical significance (p value <0.05), and reliability. All confidence intervals presented in the report are 95% confidence intervals. Statistics were also disregarded as insignificant if the n value for the sample was less than 20. This ensures that the data being analyzed is suitable for analysis and approximation using the normal curve. Additional data not included in the report may be available upon request by contacting NCAVP. In order to protect survivor confidentiality, not all information will be available to the public.

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

Limitations Of The Findings

This report is based upon information largely gathered from LGBTQ and HIV-affected -identified individuals who experienced IPV and who sought support from NCAVP member programs. Since NCAVP only measures data collected from individuals who self-reported and from other public sources, these numbers do not represent all incidents of LGBTQ and HIV-affected IPV in the United States in 2012. Consequently, the dataset the NCAVP works with is not a random sample and is thus subjected to sample selection bias. In essence, since individuals self select into the dataset by reporting to NCAVP, NCAVP's data may particularly omit populations such as incarcerated people, people in rural communities or areas without a local AVP, people who may not know about their local AVP, people who are not out, people who are not comfortable with reporting, and people who face other barriers to accessing services or lack the adequate resources to report. Therefore, while the information contained in this report provides a detailed picture of the individual survivors who reported to NCAVP member programs, it cannot and should not be extrapolated to represent the overall LGBTQ and HIV-affected population in the United States. NCAVP is constantly researching new data sources to expand and increase data for this report, including engaging in capacity building for member programs to increasingly be able to report data. NCAVP also spends significant time advocating with federal agencies which collect prevalence data on IPV to ensure that sexual orientation and gender identity demographics are included and analyzed in the data.

NCAVP members' capacity for data collection also varied based upon the programs' resources, staffing, available technology, and other factors. These considerations resulted in some programs submitting partial information in some categories which creates incomplete and dissimilar amounts of data for different variables within the 2012 data set. As with many reports, data inconsistency can also affect the data's accuracy. Moreover, because of the nature of crisis intervention and direct service work that is done as data is collected through NCAVP's IPV questionnaire, missing values are often common. However, missing values do not affect the accuracy of the data and data analysis as long as individuals are omitting information at random. This can, however, affect the accuracy of the data if certain individuals of IPV survivors are uncomfortable with disclosing information on race, gender identity, or other characteristics because they belong to a specific subcategory of interest (i.e. if gender nonconforming individuals consistently left their gender identity blank). Bias can also be introduced if individuals who completed the incident forms had different definitions and protocols for the same categories. These variations can exist between staff at the same program or staff at different organizations.

In addition, not all NCAVP member organizations can collect data in the same way. Some NCAVP members have more capacity (staff, volunteers, time) to collect aggregate and person-level data, as well as conduct outreach to educate and inform LGBTQ and HIV-affected survivors of their services, thereby increasing reporting. Some organizations have less capacity and are unable to submit both aggregate and person-level data, preventing direct and accurate comparison between the two datasets. This disparity reflects the historic lack of funding, resources and capacity-building for LGBTQ and HIV-specific organizations, particularly those outside of urban areas or those in the South. Nevertheless, NCAVP is working both to increase the capacity for all member programs throughout the United States to increase reporting and to increase funding and capacity-building support for these programs.

NCAVP continues to endeavor to improve the scope of the variables analyzed and the effectiveness and efficiency of its data collection method. As a result, NCAVP reformatted the 2012 survey in order to more accurately track, report, and analyze data, but kept variables consistent between the 2011 and 2012 IPV dataset, so comparable data is available. NCAVP's

efforts to improve and increase data collection among member programs and affiliates remain an ongoing process. Despite these limitations, this report contains the most detailed and comprehensive dataset to date on LGBTQ and HIV-affected intimate partner violence nationally.

FINDINGS

In 2012, NCAVP programs received 2,679 reports of intimate partner violence, a decrease of 31.83% from 2011. From 2011 to 2012, data was only missing from one member organization. While there was a decrease in total incidences reported to NCAVP in 2012, this may not suggest an actual decrease in intimate partner violence nationally, given that three NCAVP organizations, including the Los Angeles Gay & Lesbian Center (LAGLC) which has contributed large data sets in the past, saw a significant decrease in reports of violence due to programmatic or organizational shifts in their work that led to seeing fewer IPV survivors than in prior years.

NCAVP's 2012 findings are based on analyzing aggregate and person-level data from reporting members. The findings include information on survivor demographics, incident details, most impacted identities, information about abusive partners, data on access to services for LGBTQ and HIV-affected IPV survivors, and information on police response to LGBTQ and HIV affected specific IPV. This data can help us identify key gaps in survivor's access to support and trends in LGBTQ and HIV-affected survivor demographics over time.

MAJOR FINDINGS

Major Findings Contained In This Section

- **Overall IPV Incidents:** NCAVP member organizations received 2679 reports of IPV in 2012, a 31.83% decrease from 2011 (3930). However, three NCAVP member organizations faced institutional or programmatic changes that limited the number of clients they saw, which contributed to the decrease of reports reflected in the data for reasons other than a general decrease in violence. When these three organizations' data is removed from the aggregate dataset, NCAVP finds a **29.6% increase from 2011** in intimate partner violence cases (1437 in 2011 to 1863 in 2012).

- **IPV Homicides:** NCAVP documented 21 homicide victims, a 10.5% increase from 2011 (19), more than three times the number of homicides in 2010 (6), and the highest number of homicides ever recorded by NCAVP. Of the homicide victims, 47.6% identified as men (10 of 21 in 2012), 38.1% identified as women (8 of 21 in 2012) and 14.3% identified as transgender (3 in 21 in 2012).

- **IPV Overall Survivor and Victim Demographics:** Gay (41.7%) and lesbian (24.5%) survivors were the most represented sexual orientations reported among total survivors. Reports from lesbian survivors decreased slightly from 2011 (31.3%). White survivors represented 35.5% of total IPV survivors, which is a decrease from 2011 (40.8%). Latina@ survivors represented the second largest number of survivors (31.5%), a decrease from 2011 (36.6%). The largest number of reports came from IPV survivors aged 19-29 (40.3%).

- **Most Impacted Identities:** People of color were more likely to report experiencing threats/intimidation. Transgender people of color were more likely to experience police violence. Black/African American people were more likely to experience physical violence. Gay men were more likely to experience injury or require medical attention. Transgender women faced the greatest likelihood of experiencing, threats/intimidation, harassment, and injury.

- **Trends in LGBTQ IPV Tactics:** Less than a fifth (15.8%) of LGBTQ and HIV-affected survivors experienced physical violence, a large decrease from 2011 (23%), but more than half (53%) experienced injury as a result of IPV. 12.9% of survivors experienced harassment, closely followed by 11.3% of survivors experiencing threats/intimidation. Transgender people and youth were more likely to face anti-LGBTQ bias IPV tactics.

- **Characteristics of Abusive Partners:**[15] 44.6% of abusive partners were reported by survivors to be gay, while 23.5% of abusive partners were reported to be heterosexual, and 24.4% were reported to be lesbian. Transgender people were more likely to report abuse from an ex-partner/lover.

- **Orders of Protection:** Only 4.9% of all IPV survivors sought an order of protection. 77% of those who sought orders of protection received them, on par with 2011 (78.1%).

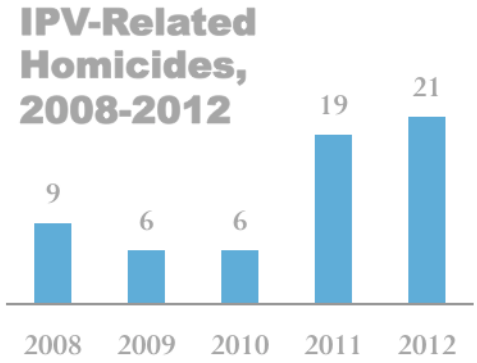
[15] This information was not reported in 2010.

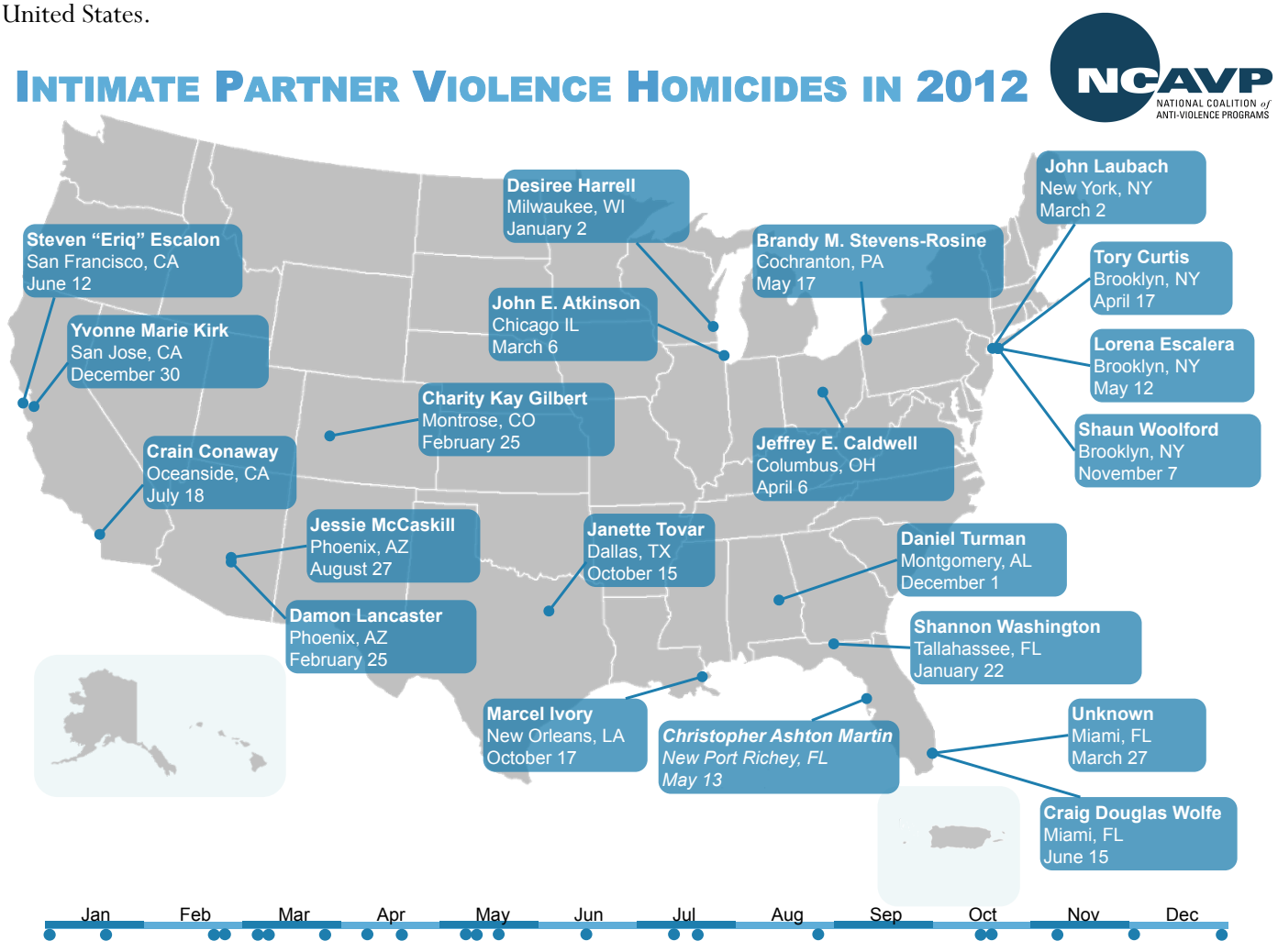
- **Access to Shelter:** 3.7% of all IPV survivors sought access to domestic violence shelters. Of those who sought shelter 14.3% were denied access, a substantial decrease from 2011 (61.6%).

- **Police Response:** In nearly 1/3 of the LGBTQ-specific IPV cases reported to the police (29.7%), the survivor was arrested instead of the abusive partner. Police arrested abusive partners in 44% of incidents involving police an increase from 2011 (28.4%). LGBTQ IPV survivors also experienced other forms of police misconduct including non-specific negative experiences (12.5%), verbal abuse (31.3%), slurs or bias language (10.9%), physical violence (14.1%), and sexual violence (1.6%). This marks a substantial increase from 2011, where only 3.4% of survivors who reported police misconduct experienced verbal abuse, and only 2.2% experienced physical violence.

IPV-RELATED HOMICIDES

In 2012, NCAVP recorded a large increase in IPV-related homicides[16], from six in 2009 and 2010 to nineteen in 2011 and twenty-one in 2012. NCAVP's 2012 IPV-related homicide data is the highest number of IPV-related homicides ever reported and marks a substantial increase in the overall trend of the number of IPV homicide victims over the past five years. Ten of the twenty-one victims identified as cisgender men (47.6%), while eight identified as cisgender women (39.1%) and three identified as transgender women (14.3%). This is consistent with 2011 but a shift from 2010, when the majority of homicide victims identified as women (66.7% or four of the six victims). In 2012, 47.6% of homicide victims identified as gay, 28.6% as lesbian, and 19% had unknown sexual orientations. The majority of the homicides occurred in the South, with four homicides in Florida, one in Texas, one in Louisiana, and one in Alabama. A substantial number of homicides also occurred in the West, with three in California, one in Arizona and one in Colorado. The remaining homicides occurred in the Midwest and Northeast regions of the United States.





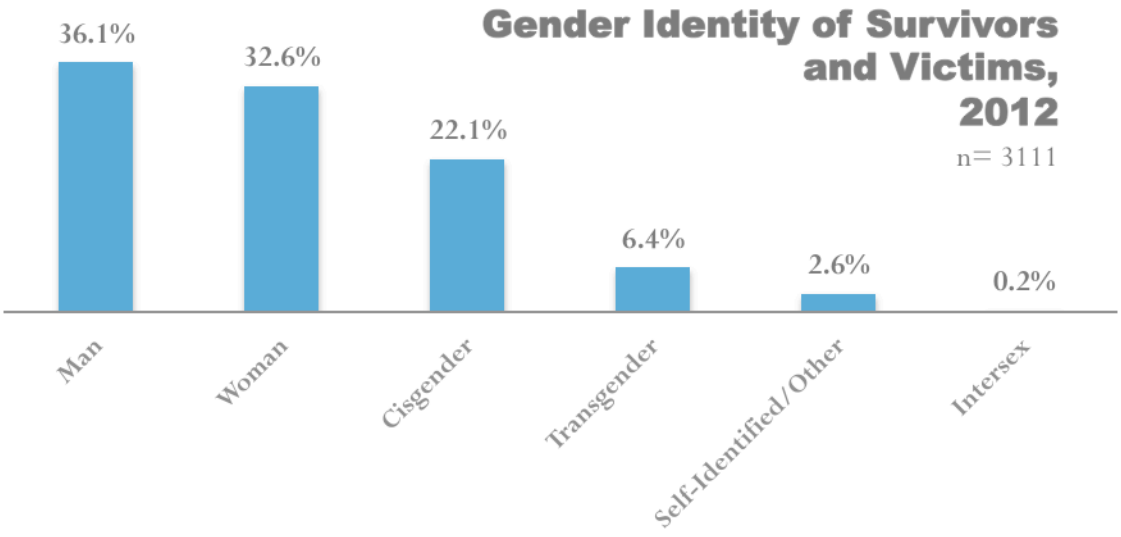
[16] Detailed information on each homicide is in the appendix.

TOTAL SURVIVOR AND VICTIM DEMOGRAPHICS

The data in the following section describes the many identities of LGBTQ and HIV-affected IPV survivors in 2012. LGBTQ and HIV affected people often have several intersecting marginalized identities, such as their racial identity, gender identity, socio-economic status, immigration status, HIV-status, age, and ability. In this section NCAVP examines the identities of LGBTQ survivors who sought assistance from NCAVP programs, thus allowing NCAVP to better understand the

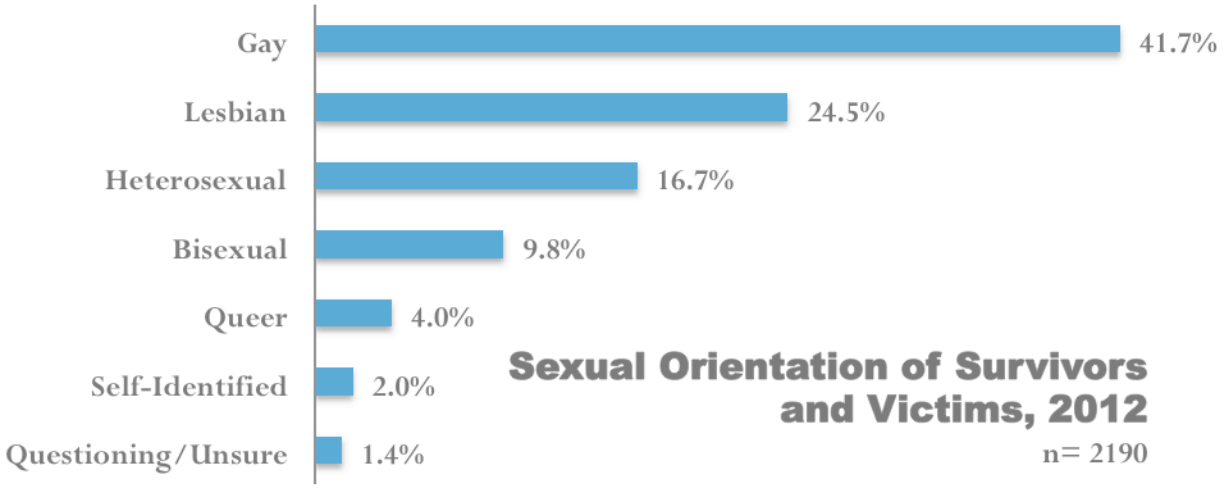
GENDER IDENTITY

LGBTQ women IPV survivors accounted for nearly a third (32.6%) of those who reported their gender identity[17] to NCAVP in 2012, with men IPV survivors accounting for more than one third (36.1%). Cisgender people comprised 22.1% of this reporting and transgender, 6.4%. While the percentage of men remained relatively similar to the 2011 report, the percentage of women decreased. Intersex (0.2%) and self-identified/other (2.6%) survivors combined make up less than 3% of survivors who reported their gender identity to NCAVP members. Survivors who did not disclose their gender identity also remained consistent with 11% in 2010 to 11.7% in 2011 and 12.7% in 2012.



[17] Survivors can select multiple gender identities on NCAVP's reporting form.

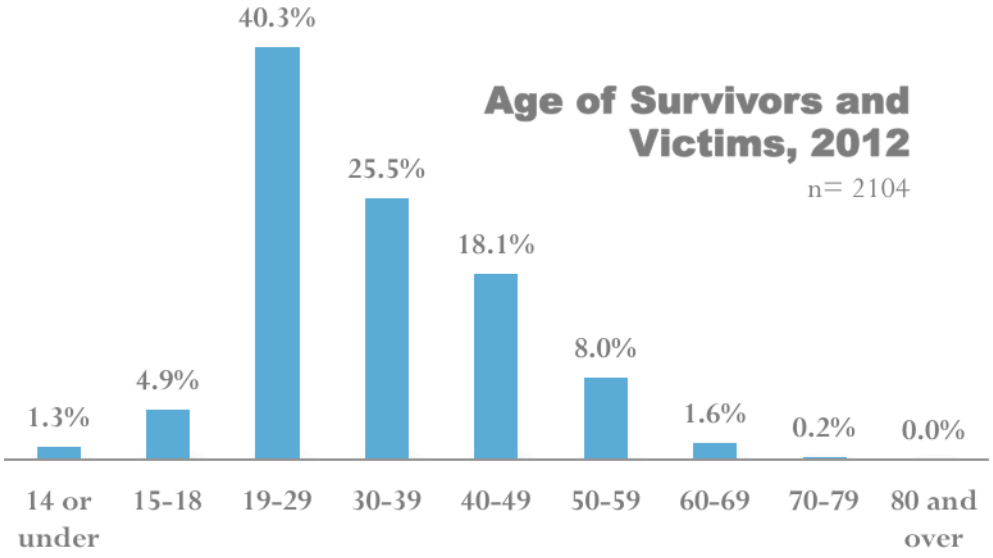
SEXUAL ORIENTATION



Gay (41.7%) and lesbian (24.5%) survivors accounted for the majority of survivors who reported sexual orientation information to NCAVP in 2012. Bisexual survivors accounted for 9.8% of total reports, heterosexual survivors[18] accounted for 16.7% of total reports, and 18.4% of survivors did not disclose their sexual orientation. Questioning (1.4 %), queer (4%), and self-identified (2%) survivors comprised less than 8% of the total reports. Lesbian survivors decreased slightly from 2011 (31.3%) to 2011 (24.5%), while gay (41.7%) survivors increased from 2011 (38.7%). Bisexual survivors decreased from 2011 (12.3%) to 2012 (9.8%), while self-identified survivors increased from 2011 (1.2%) to 2012 (2%). Heterosexual survivors increased from 12.8% in 2011 to 16.7% in 2012.

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

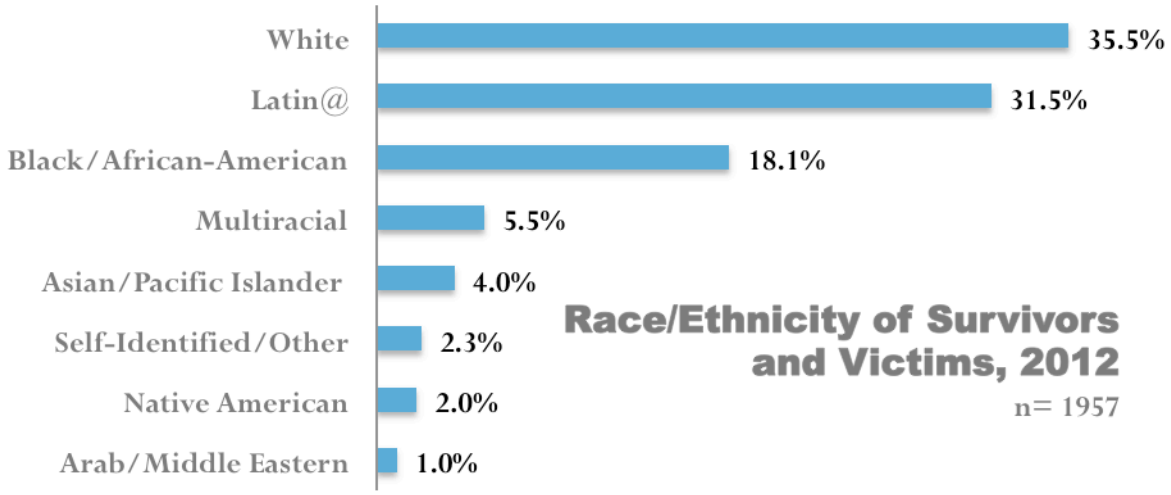
AGE



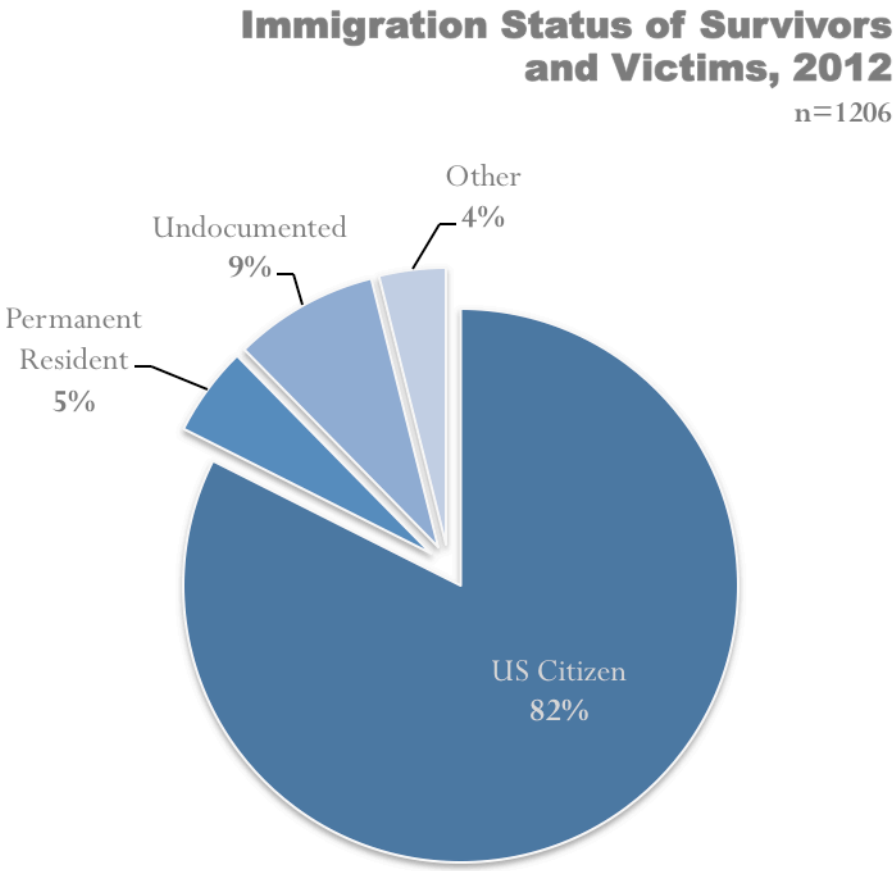
The largest age category for survivors reporting their age to NCAVP was 19 – 29 (40.3%)[19]. Survivors between the ages of 30-39 accounted for over a fourth (25.5%) of total reports, while survivors between 40 and 49 represented 18.1% of total reports. Survivors between the ages of 50 – 59 (8%), 60 – 69 (1.6%), and 15 – 18 (4.9%) each accounted for less than one tenth of survivors who reported their age. Survivors from 70 – 79, 14 and under, and 80 and over accounted for a combined 1.5% of total survivors. 21.5% of survivors did not disclose their age, a decrease from 2011 (28.8%).

[19] For 2011 to 2012 comparison purposes, NCAVP continued to combine ages 19-24 and 25-29 for this report. In the 2014 report on 2013 data, age will be represented by distinct categories of 19-24 and 25-29. In 2012, 16.8% of total survivors were ages 19-24 and 14.9% were 25-29.

RACE/ETHNICITY

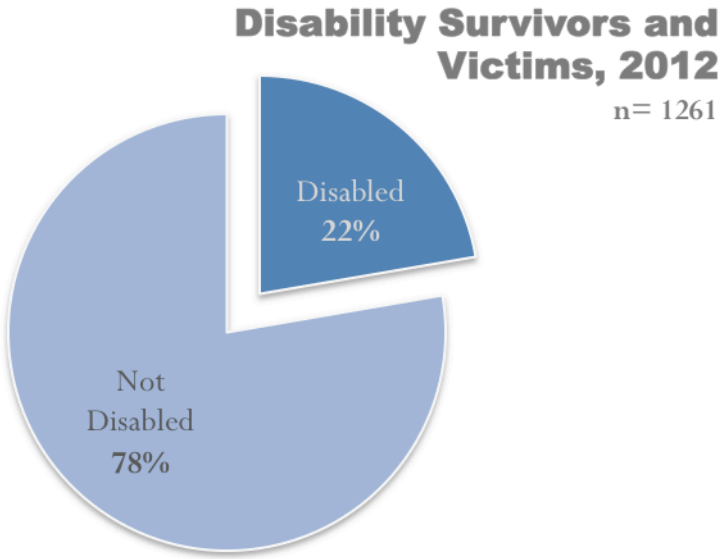


People of color comprised nearly two thirds (62.1%) of survivors who disclosed their race to NCAVP, on par with data from 2011 (66.8%). Latin@ identified survivors accounted for 31.5% of survivors who reported their race/ethnicity, a decrease from 2011 (36.6%). Black/African American survivors made up 18.1% of survivors, an increase from 2011(14.8%), and Multi-Racial survivors accounted for 5.5 % of total survivors which represents a slight decrease from 2011 (7.2% of survivors). Asian/Pacific Islander survivors made up 4% of survivors and self-identified survivors accounted for 2.3%, reflecting a small decrease from 2011 2010 (5.1% Asian/Pacific Islander survivors, 3.1% self-identified survivors). Arab/Middle-Eastern (1%) and Indigenous/First People (2%) survivors comprised 3% of the total data, relatively consistent with 2011. White survivors accounted for 35.5% of survivors, which is a slight decrease from 2011 (40.8%). Survivors who did not disclose their race decreased from 30.7% in 2011 to 27.1% in 2012.



IMMIGRATION STATUS

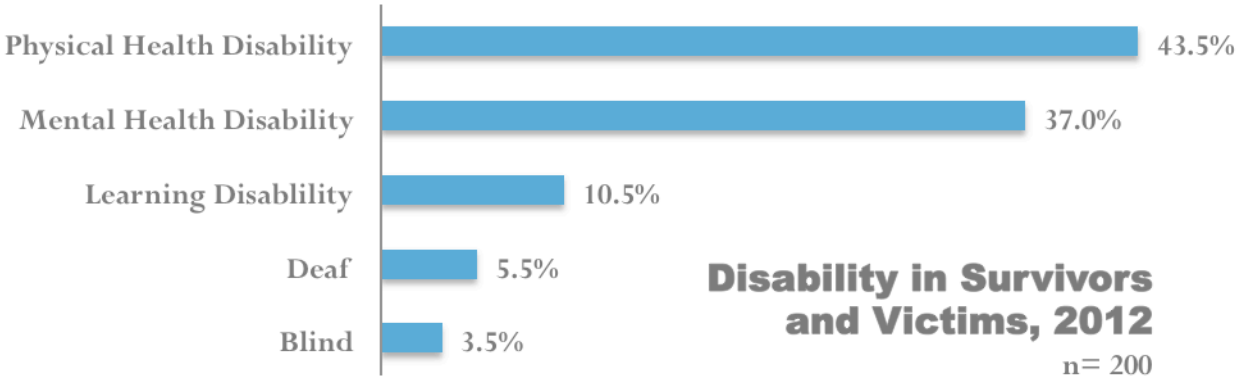
In 2011, 82% of survivors who reported their immigration status to NCAVP identified as citizens. This is a slight increase from 2011 (78.2%). Permanent residents accounted for 5% of survivors, a decrease from 2011 (9.2%) and survivors who identified their immigration status in other ways represented 4% of total reports a decrease from 2011 (7%). Undocumented survivors represented 9% of survivors, a slight increase from 2011 (5.6%). Over half (55%) of total survivors did not disclose their immigration status, which increased from 50.2% in 2011.



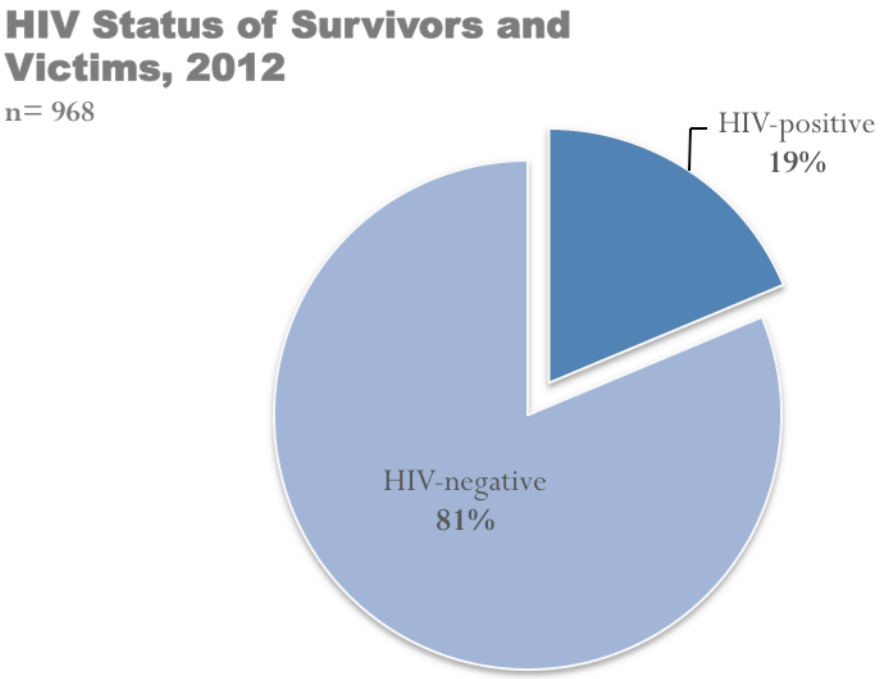
DISABILITY STATUS

In 2012, 52.9% of all survivors did not disclose information about disabilities, an increase from the 41.4% who did not disclose in 2011. Of the 47.1% of survivors who did disclose this information, 22% reported having a disability while 78% reported they did not have a disability. From 2011 to 2012, the number of survivors with disabilities and those without disabilities stayed the same.

TYPE OF DISABILITY



Among survivors who disclosed disabilities to NCAVP in 2012, the majority (43.5%) reported having a physical disability. This could be in part because obtaining information on survivor's physical disabilities is a more routine process for member organizations who must comply with the Americans with Disabilities Act (ADA) regulations. Survivors with mental health disabilities represented 37% of those with disabilities. Survivors who were blind, deaf, or had learning disabilities represented a combined amount of 19.5% of IPV survivors with disabilities. Survivors who reported unspecified disabilities represented 3.5% of those who reported disabilities.



HIV STATUS

The majority (63.9%) of IPV survivors did not disclose their HIV status in 2012, as compared to 56.7% in 2011. This marks a significant decrease from 2010, where 93.6% of survivors did not disclose their HIV status. Of those who did disclose, 19% reported they were HIV-positive. This represents an increase from 2011, where 12.6% of those who disclosed their HIV status reported being HIV-positive, but a substantial decrease from 2010, where 40.8% of survivors who disclosed their HIV-status reported being HIV-positive.

The large decrease between 2010 and 2011 and 2012's proportion of HIV-positive IPV survivors most likely represents NCAVP's improved accuracy with tracking IPV survivors' HIV-statuses rather than a decrease in HIV-positive survivors. NCAVP members are collecting this information more frequently in 2012, thus improving the accuracy of the data.

MOST IMPACTED IDENTITIES

NCAVP's person-level data allows us to highlight the survivors that are disproportionately impacted by various forms of IPV and which LGBTQ and HIV-affected survivors experienced the highest barriers to support. This year's data suggests that LGBTQ and HIV-affected survivors who identify as youth and young adults, people of color, gay men, and transgender people, particularly transgender women and transgender people of color, reported disproportionate experiences of IPV as compared to overall LGBTQ IPV survivors.

Gender Identity

Transgender survivors were more likely to face threats /intimidation, and harassment, and more violence from police when interacting with the police about IPV violence. Transgender survivors were two (2.0) times as likely to face threats/intimidation[20], 1.8 times more likely to experience harassment[21] and over four times more likely (4.4) to face police violence in response to the IPV they experienced[22] than people who did not identify as transgender.70.5% of transgender survivors who reported to NCAVP reported facing threats or intimidation from abusive partners, 33% reported experiencing harassment from abusive partners, and 11.9% reported facing police violence.

Transgender people of color were more likely to report experiencing threats or intimidation, as well as police violence. Transgender people of color were almost three times (2.7) as likely to report experiencing threats or intimidation from abusive partners[23], and roughly four times as likely to report experiencing police violence (4. 3)[24] when reporting IPV to the police, as compared to people who did not identify as transgender people of color. 80.7% of transgender people of color faced threats or intimidation, but only comprised 11.2% of all survivors who reported experiencing threats or intimidation.

Transgender women were more likely to experience threats or intimidation and harassment as a result of IPV. Transgender women were more than two times as likely to face threats or intimidation (2.4)[25] and two times as likely to face harassment (2)[26] as compared to individuals who did not identify as transgender women. Of those survivors who reported being transgender women, 23.7% reporting facing discrimination, 74.6% experienced threats or intimidation, 35.6% faced harassment, and 22.2% suffered injury as a result of IPV.

Men were more likely to report requiring medical attention and suffer injury as a result of IPV. Men were close to twice as likely to require medical attention (1.7)[27] and to experience injury (1.9)[28] as compared to survivors who did not identify as men. 33.1% of survivors who identified as men reported requiring medical attention and 50.8% reported suffering injury as a result of IPV.

[20] (95%, Confidence Interval = 1.236, 3.22)
[21] (95%, Confidence Interval = 1.099, 2.845)
[22] (95%, Confidence Interval = 1.735, 11.205)
[23] (95%, Confidence Interval = 1.375, 5.266)
[24] (95%, Confidence Interval = 1.555, 11.683)
[25] (95%, Confidence Interval = 1.329, 4.431)
[26] (95%, Confidence Interval = 1.124, 3.431)
[27] (95%, Confidence Interval = 1.12, 2.516)
[28] (95%, Confidence Interval = 1.312, 2.654)

Sexual Orientation

Gay men were more likely to report experiencing injuries or requiring medical attention as a result of IPV. Gay men were close to two times as likely to require medical attention (1.7)[29] and 1.6 times more likely to experience injury[30] as compared to individuals who did not identify as gay men. Of those survivors who reporting being gay, 34.3% required medical attention and 47.6% reported suffering injury. This corroborates the disproportionate impact of IPV homicide on gay men, as gay men appear to experience more severe forms of IPV as compared to the entire sample.

Race/Ethnicity

LGBTQ people of color were more likely to report experiencing threats or intimidation as a result of IPV. LGBTQ and HIV-affected people of color were almost twice (1.6) as likely to report experiencing threats or intimidation as compared to white people.[31] Of those survivors who reported being an LBGTQ person of color, 66.4% reported facing threats or intimidation; similarly, of all survivors who reported experiencing threats or intimidation, 68.2% were people of color.

LGBTQ Black/African American people were more likely to experience physical violence as a result of IPV. Black/African American people were 1.6 times more likely to experience physical violence[32] as compared to non-Black/African American people. Of those survivors who were Black/African American, 70.7% experienced physical violence. Additionally, 30.8% of those who reported experiencing physical violence were Black/African American.

Latin@ people were more likely to experience threats or intimidation and transphobic abuse from their partners. Latin@ people were two times more likely to experience threats or intimidation (2)[33] as compared to non-Latin@ people. Latin@ people were also close to three times more likely to face anti-transgender IPV (2.6)[34] as compared to non-Latin@ survivors. Of those who identified as Latin@, 74.4% reported experiencing threats or intimidation. Moreover, of those survivors who reported experiencing threats or intimidation, more than a third identified as Latin@ (31.6%).

Age

Youth and young adults were more likely to report experiencing bias-related IPV tactics.
People under 30 were almost two times as likely to experience anti-LGBTQ IPV tactics (1.8)[35] as compared to non-youth. NCAVP's aggregate data had a disproportionately higher number of survivors who identified as youth or young adults, where 40.3%survivors of IPV fell between the ages of 19 -29.

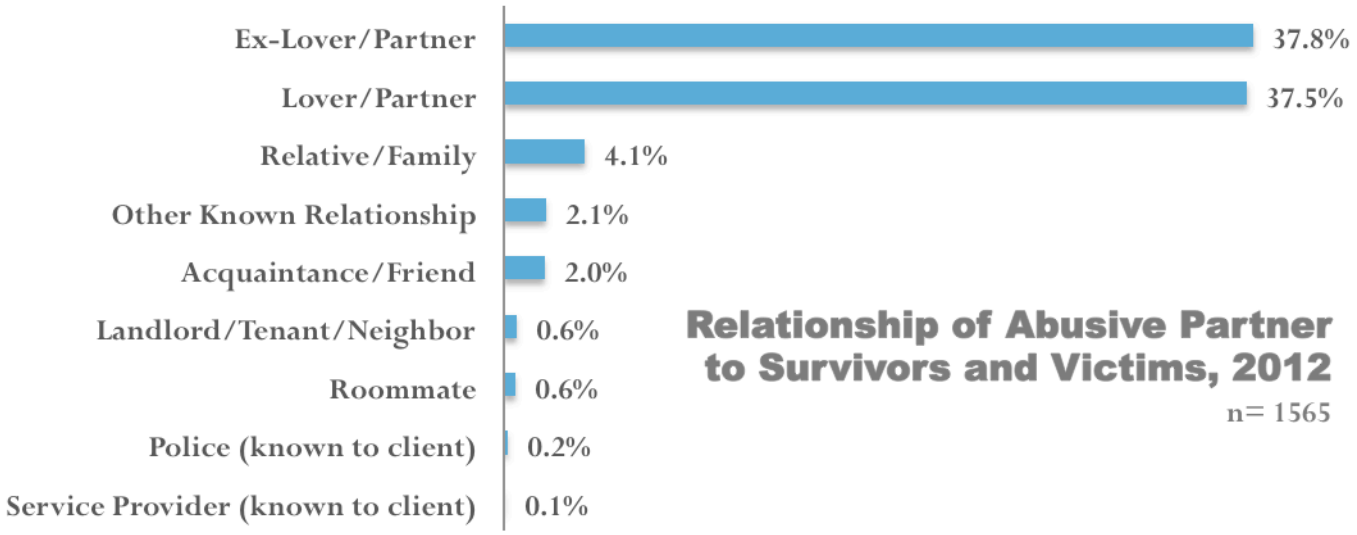
[29] (95%, Confidence Interval = 1.089, 2.509)
[30] (95%, Confidence Interval = 1.130, 2.360)
[31] (95%, Confidence Interval = 1.148, 2.2)
[32] (95%, Confidence Interval = 1.132, 2.363)
[33] (95%, Confidence Interval = 1.425, 3.068)
[34] (95%, Confidence Interval = 1.172, 5.834)
[35] (95%, Confidence Interval = 1.053, 2.97)

INCIDENT DETAILS

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

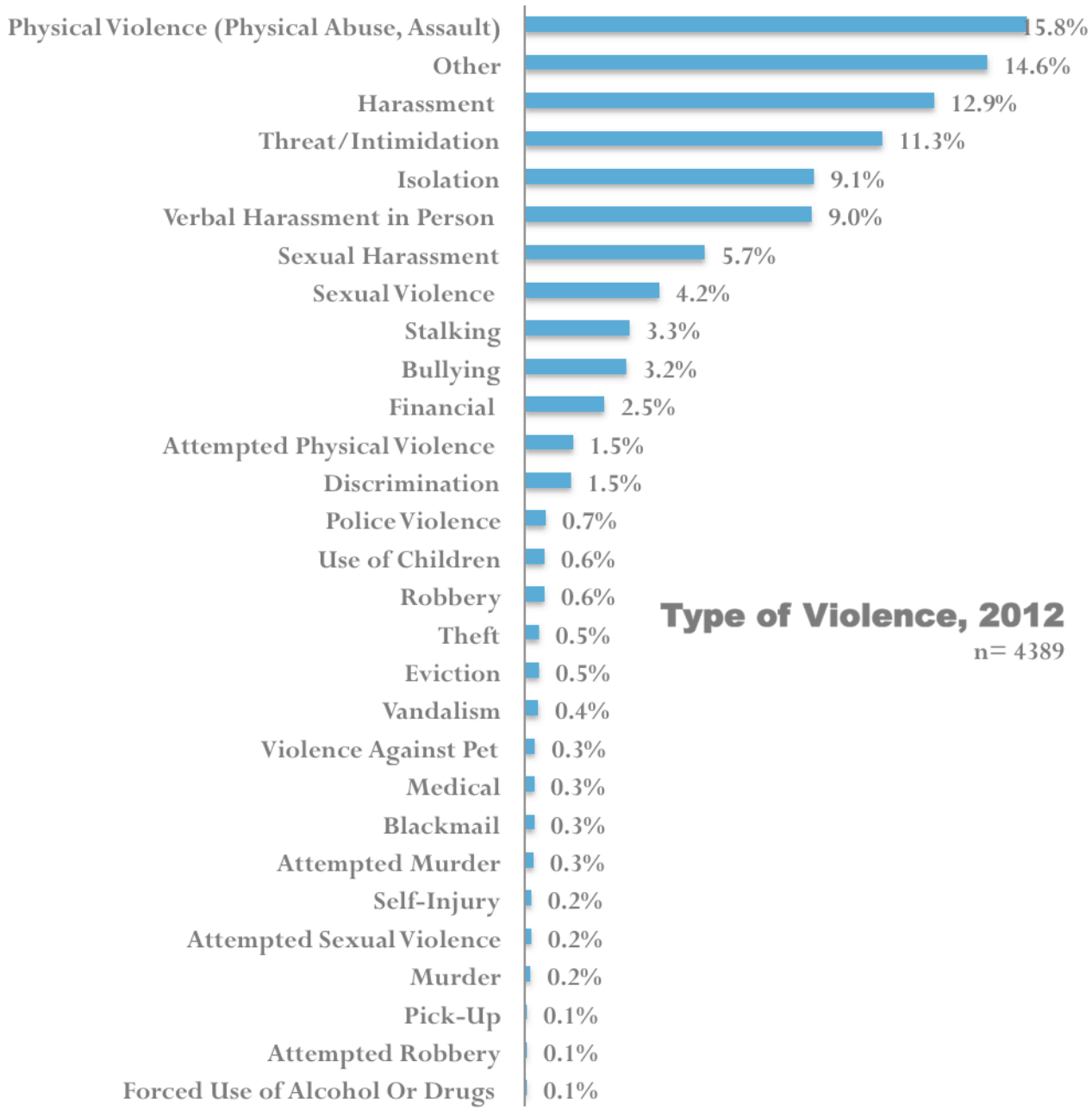
RELATIONSHIP BETWEEN ABUSIVE PARTNER AND SURVIVOR

Of survivors who disclosed this information to NCAVP, the majority reported experiencing violence from a current or former lover/partner, with 37.5% of survivors experiencing violence or abuse from current lovers or partners and 37.8% from ex-lovers/partners. Relatives/family represented 4.1% of the total IPV survivors' abusive partners. Acquaintances, friends, other relationships, landlords, tenants, neighbors, employers, coworkers, police, and service providers each represented fewer than 5% of the total IPV survivors' abusive partners. In 2012, the amount of survivors experiencing IPV from current lovers and partners increased from 34.9% in 2011. Ex-lovers and ex-partners increased from 33.6% in 2011.

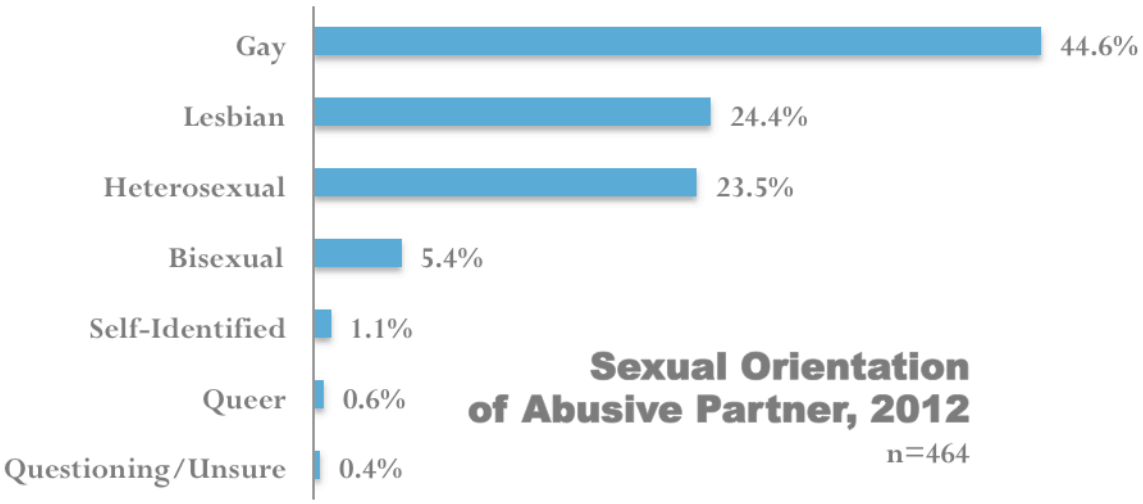


TYPES OF IPV

LGBTQ and HIV-affected abusive partners use a variety of tactics to assert power and control within intimate relationships, ranging from threats to homicide. For the survivors who reported this information, the most frequently reported tactic was physical violence. 15.8% of incidents involved physical violence, 12.9% involved harrasment, and 11.3% involed threats or intimidation. There was a decrease in physical violence from 2012 to 2011 (23%). This decrease in reports of physical violence is a likely indication that LGBTQ and HIV-affected survivors are reporting a broader range of abusive behaviors to NCAVP and is less likely to indicate a decrease in the severity of violence that LGBTQ IPV survivors experienced. 11.3%% of survivors indicated that their abusive partner used threats as a tactic, a slight decrease from 2011 (17.5%).

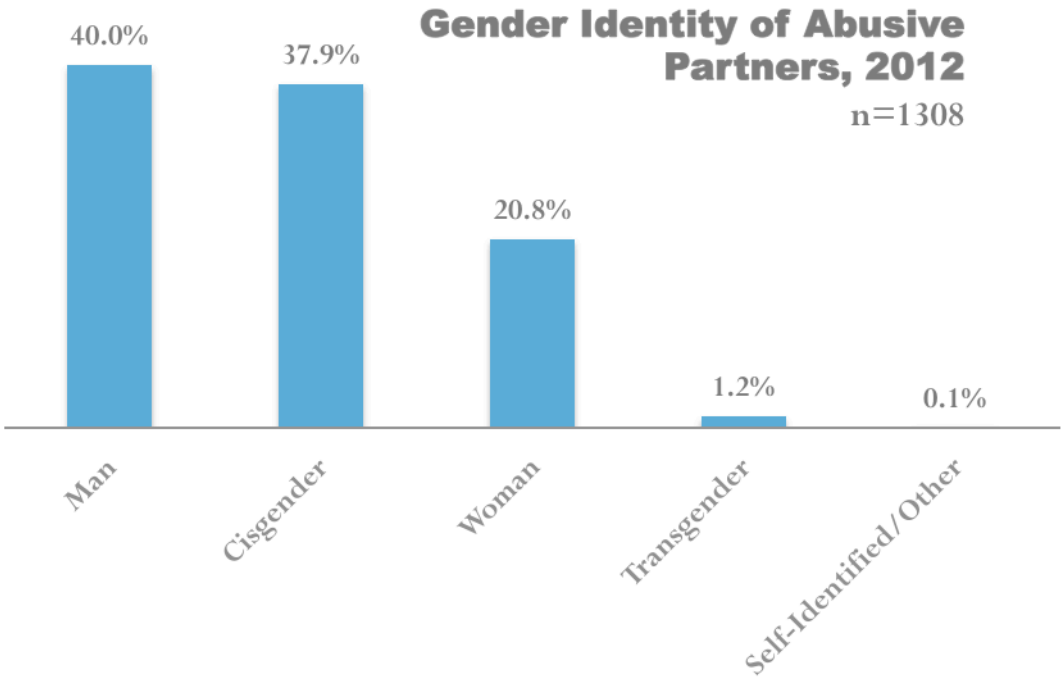


SEXUAL ORIENTATION OF ABUSIVE PARTNERS



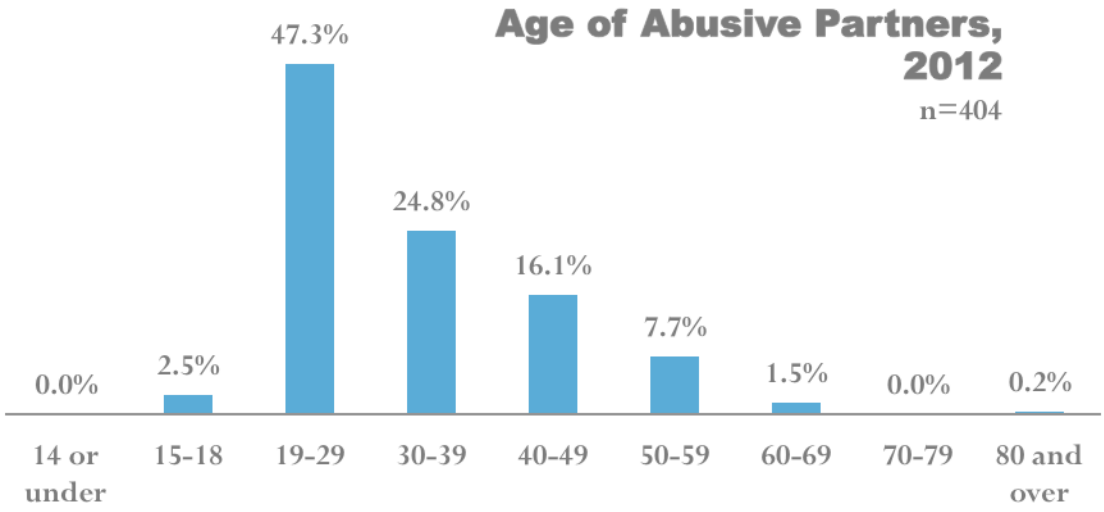
The largest proportion of survivors reported that their abusive partners identified as gay (44.6%). The remainder of abusive partners in 2012 were reported to be lesbian (24.4%), heterosexual (23.5%), bisexual (5.4%), queer (.6%), questioning/unsure (0.4%), and self-identified (1.1%). The sexual orientation of abusive partners mirrors survivor sexual orientation with survivors who identified as gay (41.7%) and lesbians (24.5%). The much higher percentage of heterosexual abusive partners (23.5%) than heterosexual survivors (16.7%) indicates that a number of survivors were in relationships with someone who identified as heterosexual. While some of these abusive partners may still identify as part of LGBTQ and HIV-affected communities, others may not. The n of 464 suggests, however, that many survivors were not willing to disclose the sexual orientation of their abusive partner.

GENDER IDENTITY OF ABUSIVE PARTNERS



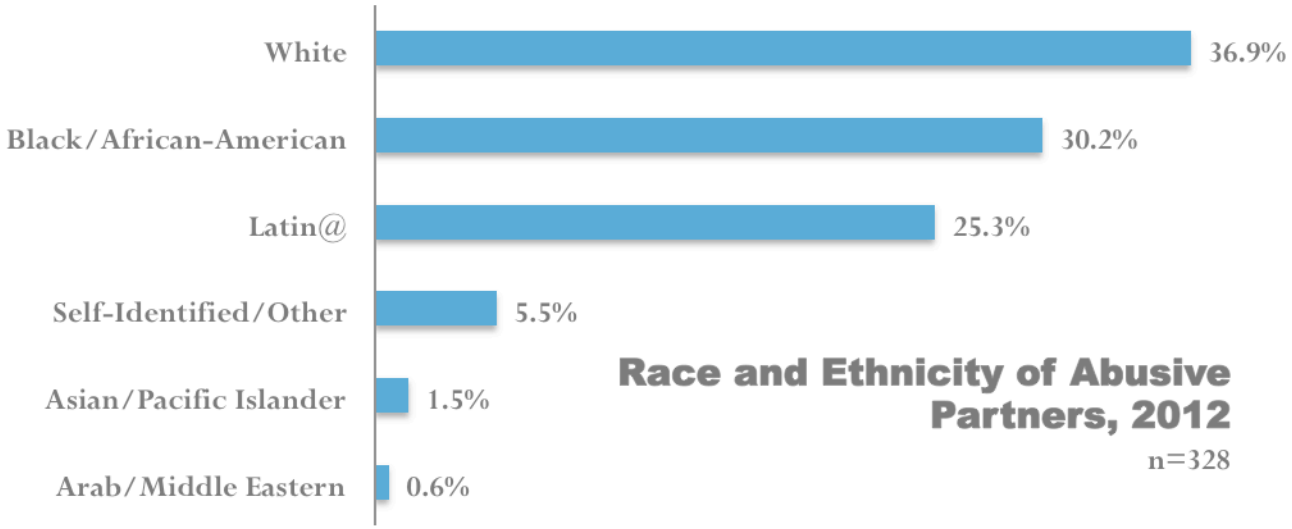
Survivors reported that the majority of their abusive partners were men (40%) while women represented more than a fifth (20.8%) of abusive partners, and self–identified and other abusive partners represented 0.1%. Nearly 40% of male and female abusive partners were reported to be cisgender, with 1.2% reported to be transgender. Gender identities for 2012 were consistent with the gender identities of survivors. A majority of survivors were also reported to be men (36.1%), though more women reported being survivors (32.6%) than did abusive partners (20.8%). This difference could show that LGBTQ relationships are broader than same-gender relationships, and include a broad range of sexual orientations and gender identities. It could also show that some survivors identify as cisgender instead of transgender when their sex assigned at birth is actually different than their gender identity. As well, the high percentage of non-disclosed gender identities for abusive partners also indicates that this data may not fully represent all the abusive partners of LGBTQ IPV survivors in 2012.

AGE OF ABUSIVE PARTNERS

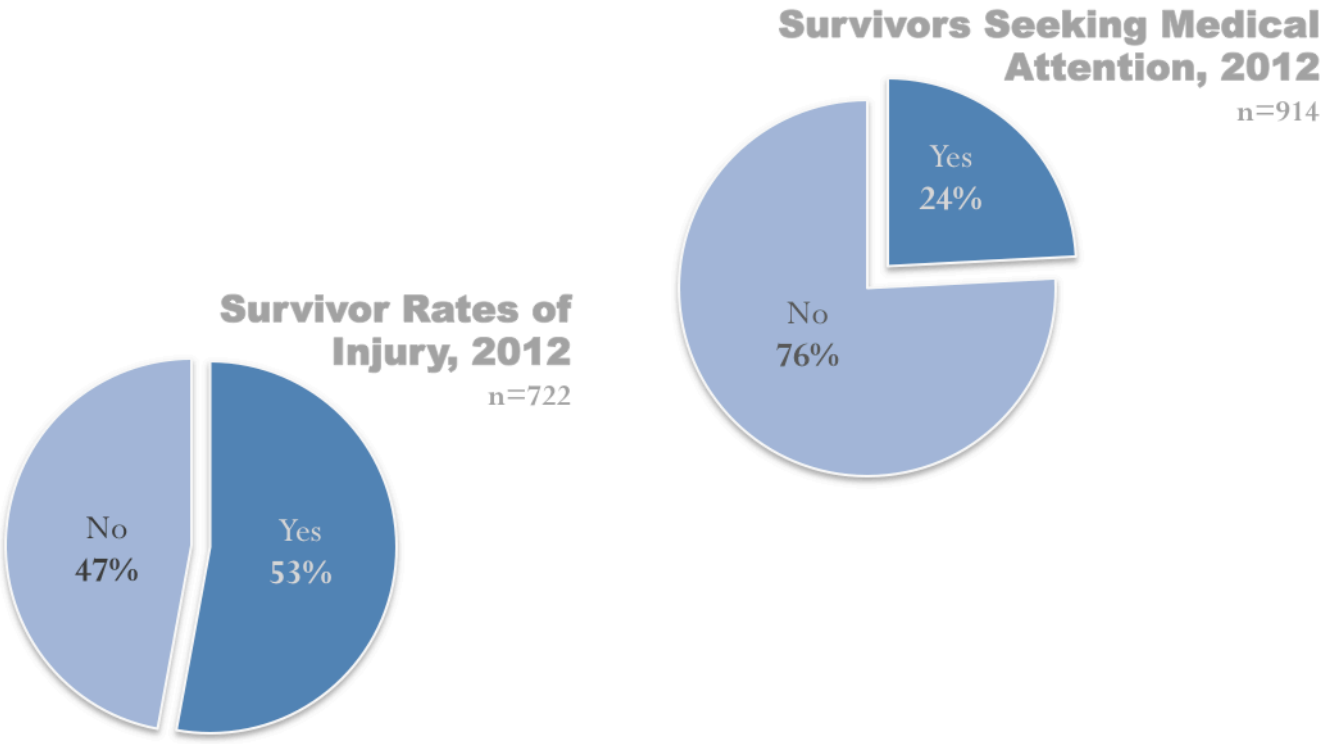


Nearly 50% of abusive partners were reported to be between the ages of 19-29 (47.3%). 24.8% of abusive partners who reported age were between the ages of 30-39 and 16.1% of said abusive partners were between 40-49 years of age. Abusive partners ages 15-18 comprised of 2.5% of abusive partners who reported this information, while abusive partners ages 50-59 comprised of 8.8%. Abusive partners 60 and over represented a combined 1.7% of the abusive partners who disclosed age. The most common age for survivors mirrors that of abusive partners: 28.6% of survivors were the ages of 19-29 and 18.1% of survivors were between the ages of 30-39, suggesting that survivors and abusive partners date within their same age range. This is also largely consistent with 2011 data, where the majority of abusive partners reported being between the ages of 19-29. However, the 2012 data reflects an increase of young abusive partners; in 2011 under a third of abusive partners reported an age between 19 and 29 (29.1%), where as in 2012, closer to a half of abusive partners reported an age between 19 and 29 (47.3%). It is important to keep in mind that the n of 404 suggests that many survivors did not disclose the age of their abusive partner.

RACE/ETHNICITY OF ABUSIVE PARTNERS



Of those who reported on abusive partner race or ethnicity, more than a third of abusive partners were reported to be white (36.9%), which is comparable to the proportion of survivors who identified as white (35.5%). People of color accounted for more than half of reported abusive partners who disclosed race or ethnicity (57.6%), while people of color as a whole also represented a majority of survivors (62.3%). Within people of color, Black/African American abusive partners made up 30.2% of abusive partners who reported this information, yet, Black/African American survivors represented only 18.1% of survivors who reported this information. This suggests that white and Black/African American abusive partners make up a larger proportion of abusive partners than survivors, which could mean that survivors are more likely to report the race of their abusive partner when the partner is white or Black/African American. 25.3% of abusive partners who reported this information were Latin@ and less than 8% of said abusive partners were identified as Asian/Pacific Islander, Self-Identified/Other or Arab/Middle Eastern. Latin@ survivors represent 31.5% of survivors as compared to Latin@ abusive partners (25.3%) which suggest that while Latina@ survivors make up a large portion of survivors they may be experiencing IPV in interracial relationships, or that survivors are less likely to identify their abusive partners race as Latin@. It is important to keep in mind that only 328 survivors disclosed the race or ethnicity of their abusive partner, which suggest that race or ethnicity of an abusive partner is something survivors may not be comfortable in disclosing.

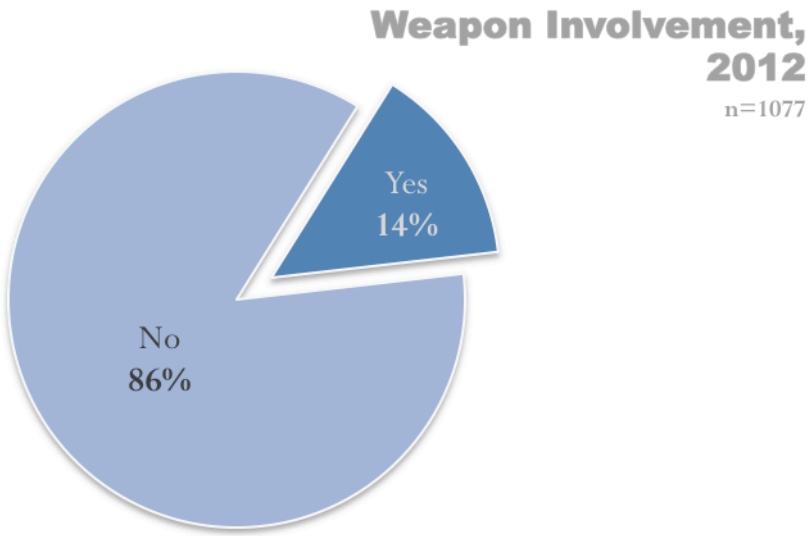


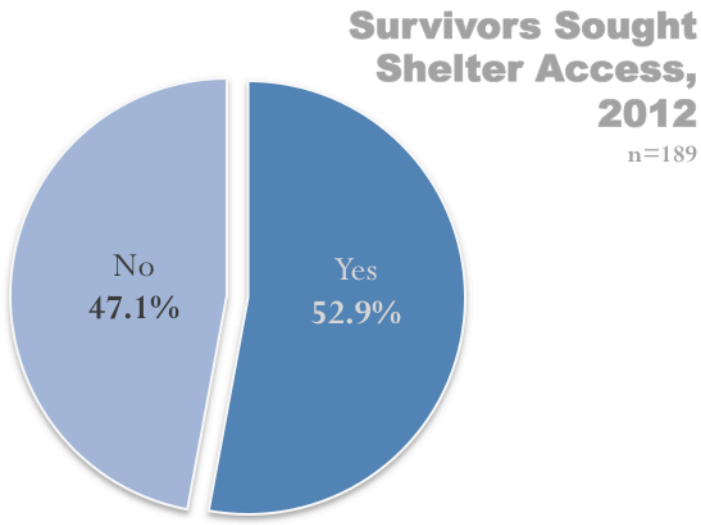
INJURY AND MEDICAL ATTENTION

In 2012, 53% of survivors who disclosed this information to NCAVP experienced injury. This reflects an increase from 2011, where of survivors who disclosed this information, 37.3% had suffered injury. Injuries are an indicator of the severity of IPV. IPV can cause short term harm, life-long injuries, and even permanent disabilities. These injuries can escalate over time, even resulting in murder, and it is critical for LGBTQ and HIV-affected IPV survivors to find support for injuries. In 2012, 24% of LGBTQ and HIV-affected survivors who reported about medical attention actually sought medical attention. This represents a decrease from 2011, where close to 50% of survivors who reported on medical attention sought it (46.5%). IPV survivors can seek medical attention for physical and emotional support. Medical providers are trained to and often can, assess IPV based on the types of injuries, the trauma that IPV survivors present, and the stages of healing for these injuries; however, medical providers may not have the training and knowledge to recognize IPV as it affects LGBTQ and HIV-affected survivors.

WEAPONS

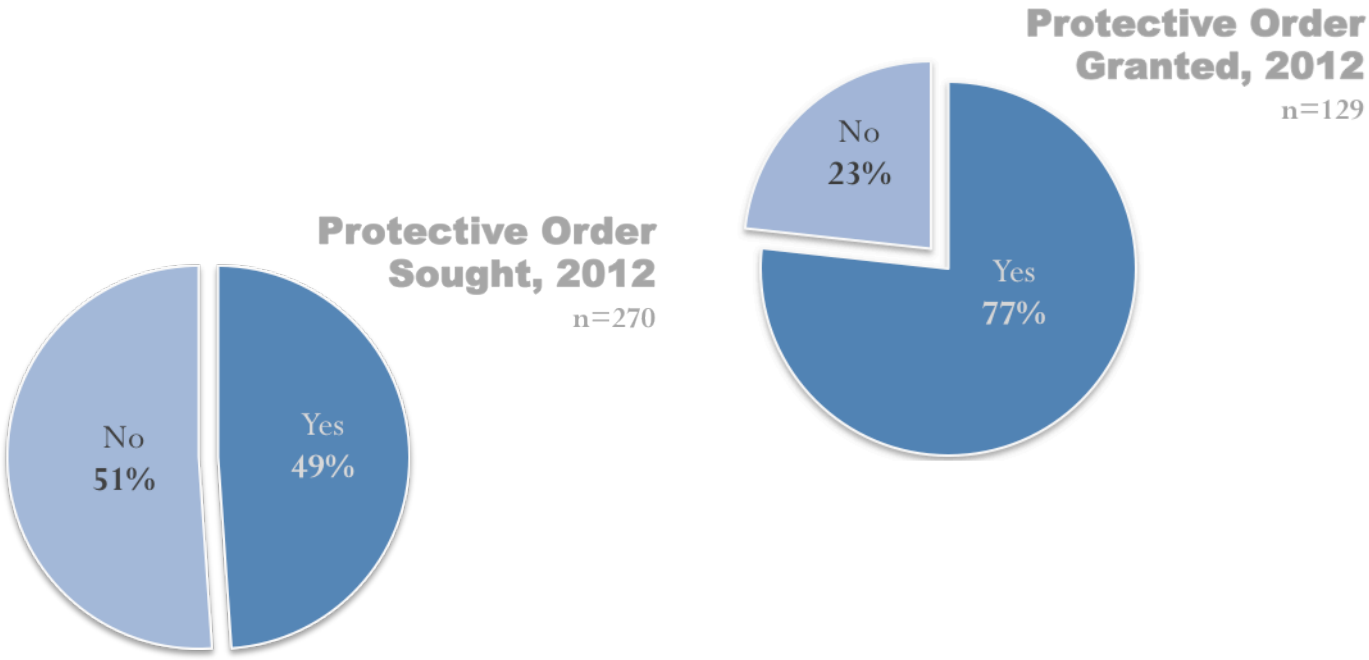
In 2012, 14% of survivors who reported this information to NCAVP experienced IPV involving a weapon, while 54.5% of homicides in 2011 involved a weapon. This reflects a decrease from 2011, where 20.8% of survivors reported this information to NCAVP experience IPV involving a weapon and 84.2% of homicides involved a weapon. Weapons represent a very important aspect of IPV, particularly IPV homicide. This data could indicate that weapons do not play a central role within the IPV that the majority of LGBTQ and HIV-affected survivors reported to NCAVP. Survivors experiencing IPV that involves weapons may also be too fearful of their abusive partner to risk reporting IPV, or they may feel embarrassment reporting this, even while seeking support for IPV. Survivors who are not ready, or who do not want to exit their relationships, may be protective of their abusive partner and may not report weapons to avoid potential legal action against their partners. This is particularly likely if that partner is also LGBTQ or HIV-affected, and may be subjected to bias, discrimination, and violence within the criminal legal system.





SURVIVOR EFFORTS TO ACCESS DOMESTIC VIOLENCE SHELTER

In 2012, 3.7% of all survivors reported to NCAVP that they sought access to domestic violence shelters, slightly up from 2.7% in 2011. Of those seeking shelter 14.3% were turned away, while 85.7% were admitted to a shelter. Fewer survivors in 2012 (14.3%) were turned away from shelter than in 2011 (61.6%).



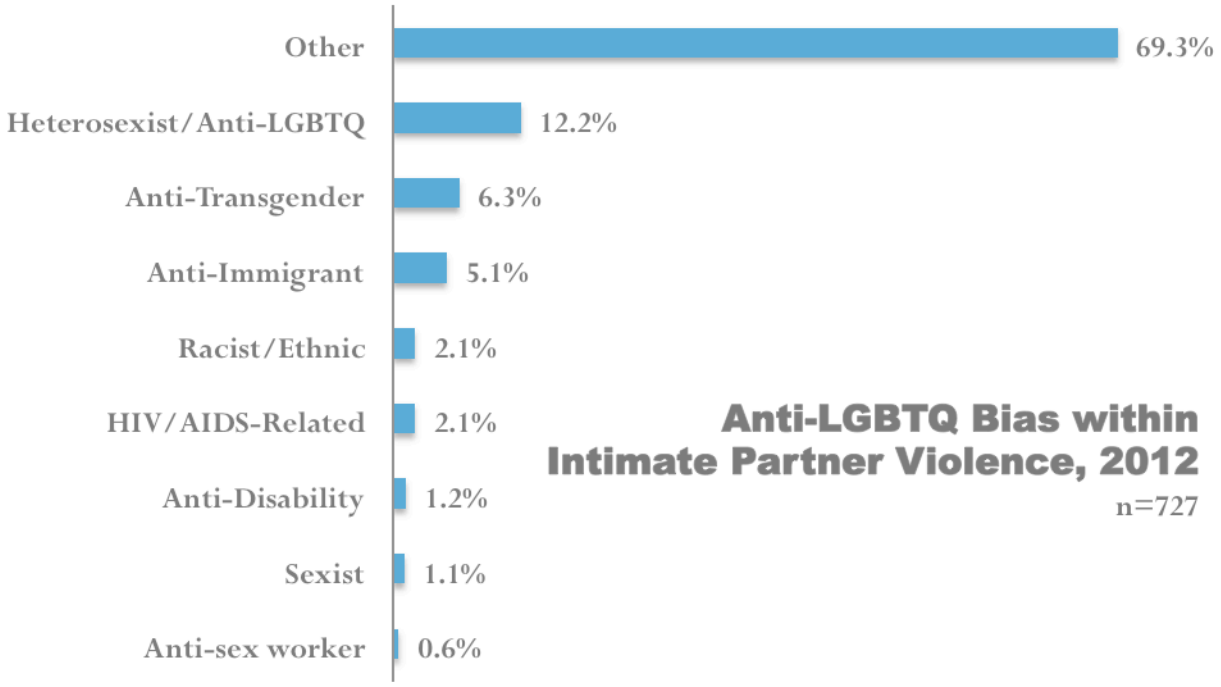
SURVIVOR EFFORTS TO ACCESS ORDERS OF PROTECTION

In 2012, 4.9% of total survivors reported to NCAVP that they applied for orders of protection, which reflects an increase from 2011 (2.7%). Of those who reported information related to protective orders, 49% sought orders. Of those 49%, 77% were granted a protective order while 23% were denied one. The remaining survivors did not disclose their attempts to obtain orders of protection to NCAVP. This is on par with 2011 where, of the 2.7% who sought orders of protection, 78.1 % of survivors seeking an order of protection received one.

FORMS OF INTIMATE PARTNER VIOLENCE

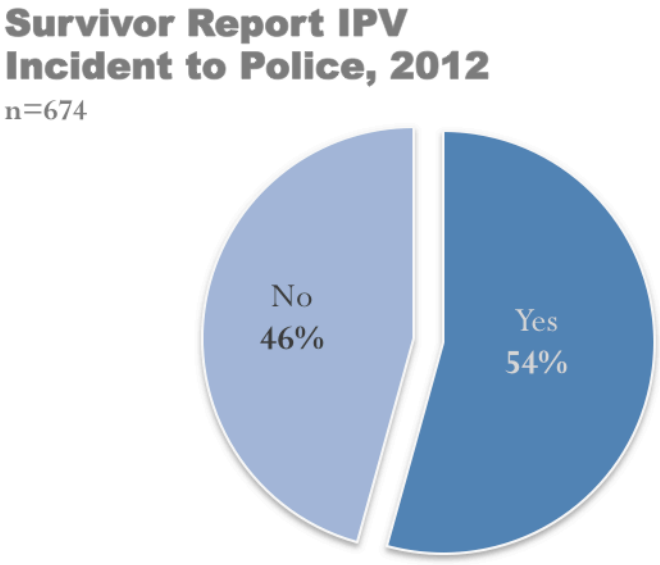
LGBTQ and HIV-affected survivors experience unique forms of abuse because of their identities. Due to societal oppression of LGBTQ and HIV-affected people, abusive partners can use homophobia, biphobia, transphobia, heterosexism, HIV-related stigma, and other tactics against their partners as a form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

In 2012, 12.2% of abusive partners used heterosexist and anti-LGBTQ oppression as a method to have power over and control their partners, while 6.3% of abusive partners used anti-transgender IPV. This reflects a slight decrease from 2011, where 16.6% of abusive partners use heterosexist and anti-LGBTQ forms of IPV against their partners and 8.7% used anti-transgender IPV. HIV/AIDS-related IPV and anti-immigrant IPV represented relatively similar proportions in 2012 and 2011, 2.1% and 5.1% respectively. IPV related to disability status, sexism, and anti-sex worker bias each represented less than 2% of total reports from survivors individually.

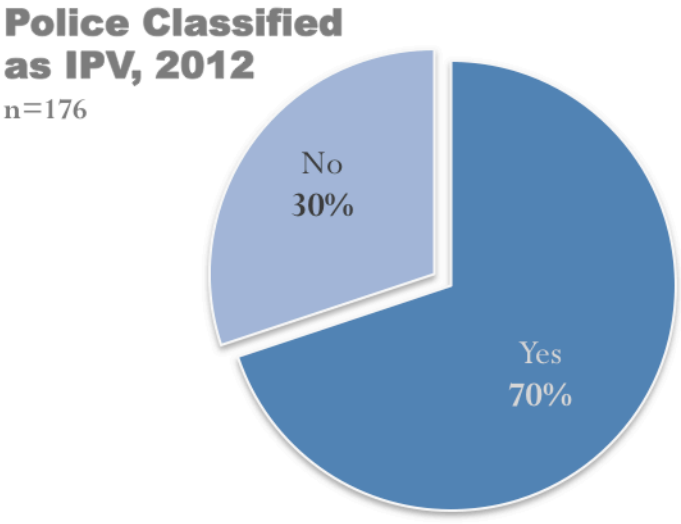


POLICE INTERACTIONS

In 2012, only 16.5% of all survivors reported information about interacting with the police, an increase from 2011 (10.7%). Of those who did interact, 54% of survivors reported the IPV incidents to police. This is an increase from 2010 where 29.7% of survivors reported violence to the police and an increase from 2011, when 45.7% of survivors reported to the police. Many LGBTQ and HIV-affected community members have experienced or witnessed discrimination and violence from the police.[36] Thus many LGBTQ and HIV-affected IPV survivors do not reach out to the police for assistance for this very reason. However, recent national attention to LGBTQ-specific IPV, and the remedies that people might use, could be responsible for the increase this year.

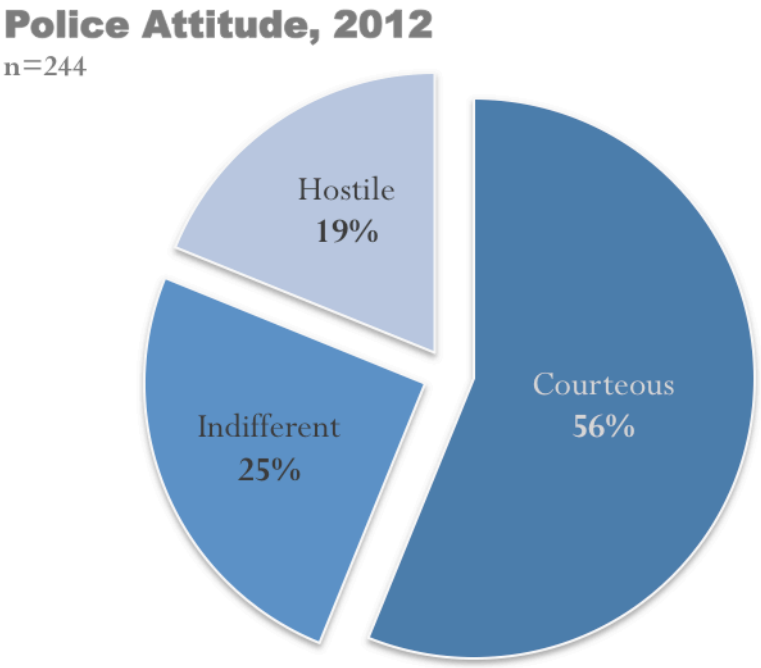


For the survivors who reported their police interactions to NCAVP (16.5% of all survivors), 70% of survivors who reported to police report that the police classified the violence as intimate partner (as opposed to stranger violence). This represents a decrease from 2011, where 84% of survivors who reported to police report that the police classified the violence as IPV. The classification of IPV is important because some IPV resources, such as housing, shelter, and orders of protection, may rely on police reports recognizing the violence as between intimate partners to determine eligibility for these services.



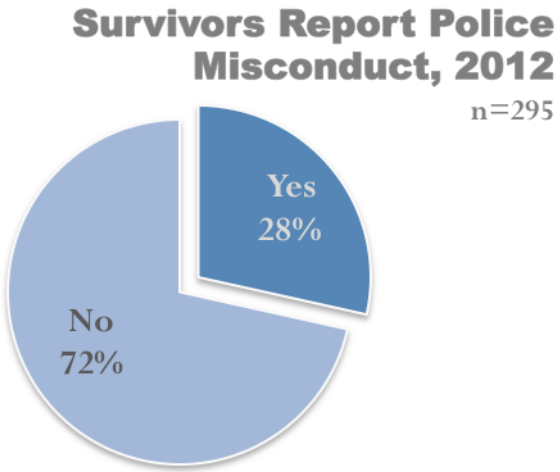
[36] Amnesty International USA – *Stonewalled: Police Abuse and Misconduct Against Lesbian, Gay, Bisexual and Transgender People in the US.* Retrieved on July 15, 2013, from http://www.amnesty.org/en/library/asset/AMR51/122/2005/en/17385cd5-d4bd-11dd-8a23-d58a49c0d652/amr511222005en.html.

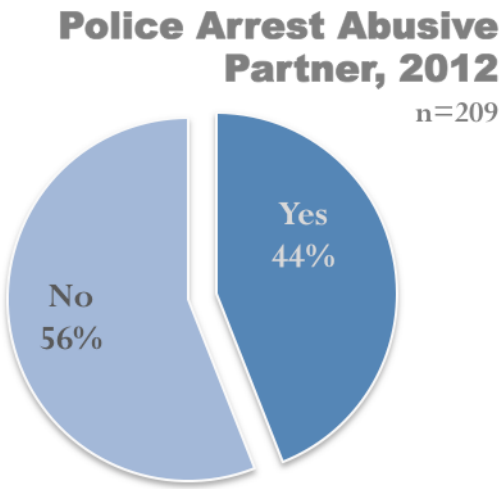
Of those who interacted with the police, 19% reported to NCAVP that police attitudes were hostile, 25% reported indifferent attitudes from the police, and 56% of survivors reported that police attitudes were courteous. This reflects slight increases and decreases from 2011 where of those who interacted with police, 11.5% reported hostile attitudes, 33.3% reported indifference, and 55.3% reported courteous attitudes.



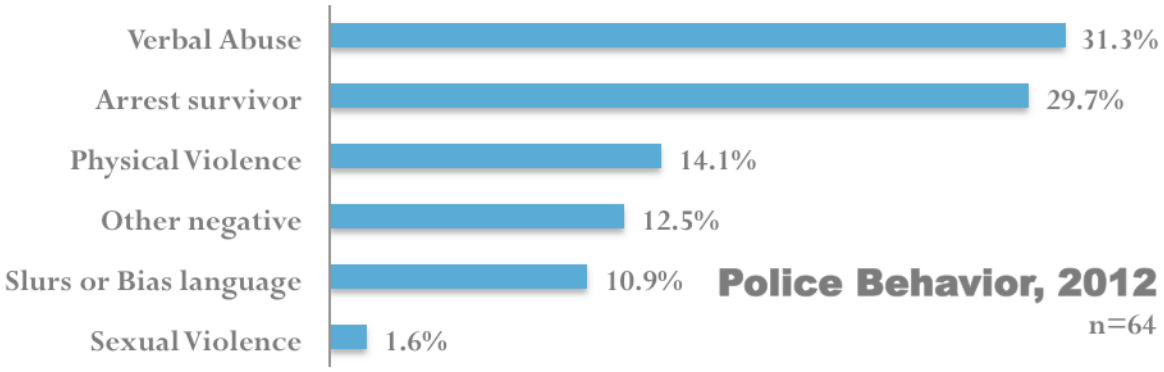
POLICE BEHAVIOR

Survivors reported police misconduct in 28% of incidents involving the police, an increase from 2011 (14.6%). Survivors reported that in 44% of incidents involving the police, the police arrested the abusive partner, an increase from 2011 (28.4%). However, in nearly one-third of incidents (29.7%) in 2012 the police mis-arrested the survivor as the perpetrator of violence, a slight increase from 2011 (28.4%).





LGBTQ IPV survivors also experienced other forms of police misconduct including non-specific negative experiences (12.5%), verbal abuse (31.3%), slurs or bias language (10.9%), physical violence (14.1%), and sexual violence (1.6%). This marks a substantial increase from 2011, where only 3.4% of survivors who reported police misconduct experienced verbal abuse, and only 2.2% experienced physical violence.



DISCUSSION

Decrease in Reports

Between 2011 and 2012 the total number of reported incidents decreased by 31.83%, following a 22.2% decrease from 2010 to 2011. However, three organizations – the Los Angeles Gay & Lesbian Center (LAGLC), The Network La Red (TNLR), and Sean's Last Wish (SLW) — faced institutional or programmatic changes that limited the number of clients they saw; this contributed to the decrease of reports reflected in the data. When these three organizations' data is removed from the aggregate dataset, NCAVP finds a **29.6% increase from 2011** in intimate partner violence cases (1437 in 2011 to 1863 in 2012). Given this, NCAVP attributes this overall decrease to a decrease in reporting rather than a decrease in LGBTQ and HIV-affected IPV. Due to a number of factors, NCAVP members have increasingly limited capacity to collect reports from LGBTQ and HIV-affected IPV survivors. Funding cuts caused some NCAVP member programs to reduce staff and infrastructure in 2010 and some programs have not yet recovered, which decreases the availability of both outreach and direct service interventions. Some programs have shifted their focus and are seeing fewer clients for longer periods of time to increase the comprehensive response to each survivor. Funding for LGBTQ anti-violence organizations has increasingly focused on providing training and technical assistance to mainstream service providers, as opposed to increasing funding for LGBTQ anti-violence programs to provide direct services to survivors. These factors contribute to decreased reports, because LGBTQ anti-violence organizations' capacities are increasingly focused on issues such as providing training and technical assistance to the field, and not to outreach and direct service provision to LGBTQ communities. These reduced reports may also be connected to the increase in reports of IPV homicides in 2011 and 2012. For already under-resourced LGBTQ and HIV-affected anti-violence programs, an increase in homicides forces programs to shift staff from other programmatic activities, such as outreach and survey efforts that allow anti-violence programs to raise awareness of and document reports of LGBTQ and HIV-affected IPV in their local areas. This overall decrease demonstrates the need for funding for direct client services, outreach, public education programs, and anti-violence prevention initiatives in order to collect reports of LGBTQ and HIV-affected IPV.

A decrease in reporting can also result from LGBTQ and HIV-affected survivors' reluctance to report IPV. Survivors can be reluctant to report IPV for a variety of reasons, including fears of censure from close-knit LGBTQ and HIV-affected communities, internalized and societal homophobia, biphobia, transphobia, and anti-HIV bias, fearing that reporting will reduce their safety, and a lack of a consistent understanding of LGBTQ and HIV-affected IPV.[37] Research indicates that transgender IPV survivors fear reporting incidents of IPV due to the high likelihood of re-victimization by direct service providers.[38] Studies also show that gay men fear experiencing discrimination when seeking support leading them to report IPV less frequently.[39] LGBTQ and HIV-affected anti-violence programs offer a unique resource to address these barriers for LGBTQ and HIV-affected IPV survivors. These programs create safer ways for survivors to report IPV and seek assistance, without fear of re-victimization based on sexual orientation, gender identity or HIV status, and also advocate for LGBTQ

[37] Davidson, Meghan and Alysondra Duke (2009). *Op. cit.*
[38] Stotzer, Rebecca (2009). *Op. cit.*
[39] Davidson, Meghan and Alysondra Duke (2009). *Op. cit.*

and HIV-affected IPV survivors who have experienced discrimination from other first responders when seeking support. However, these programs only exist in slightly more than half the states in the U.S. This report, and the level of violence that LGBTQ people experience in their intimate partnerships, demonstrate the need for LGBTQ-specific service providers in every state.

Increase in Homicides

In 2012, and for the second year in a row, NCAVP documented the highest number of IPV homicides ever recorded by NCAVP, with 21 documented LGBTQ and HIV affected IPV homicides, up from 19 in 2011. NCAVP sees this increase in reported LGBTQ and HIV-affected IPV homicides as a rise in the public understanding of LGBTQ and HIV-affected IPV, which allows the media to publish stories directly addressing LGBTQ and HIV-affected IPV-related homicides and for loved ones to report these homicides to NCAVP member organizations. Intimate partner violence homicide is often mischaracterized when law enforcement and the media do not understand or recognize LGBTQ relationships, due to homophobia, biphobia, and transphobia. Sometimes LGBTQ IPV homicide is mischaracterized as hate violence, since anti-LGBTQ and HIV-affected hate violence has more public visibility than LGBTQ and HIV-affected IPV within broader society. Sometimes, intimate partners are reported as roommates or friends. The large numbers of IPV homicides occurring in areas where NCAVP member programs exist suggest that these homicides may be un- or underreported in other parts of the country without LGBTQ and HIV-affected specific programming. This also demonstrates the impact that LGBTQ and HIV-affected anti-violence programs can have on educating the community, local media, and local law enforcement on the dynamics of LGBTQ and HIV-affected IPV. NCAVP member programs often create trainings to law enforcement and direct service providers about LGBTQ and HIV-affected IPV and create public education events about this violence. These activities can increase the likelihood that LGBTQ and HIV-affected IPV homicides are reported, publicized, and investigated accurately. The degree of discrimination and bias that LGBTQ and HIV-affected survivors face when seeking to access mainstream IPV services and first responders can also increase the likelihood of homicide for LGBTQ and HIV-affected IPV survivors. Broader literature shows that when IPV survivors are unable to access crisis services, the consequences can be deadly.[40] NCAVP members frequently observe that the more contact that an IPV survivor has with an anti-violence program, the more likely the risk of fatality will decrease.

Disproportionate Impact of Homicide and Severe Violence on Gay Men

Close to a majority of 2012 IPV homicide victims were men (47.6%), while men represented over a third of total reports (36.1%). Men were more likely to suffer injury (1.87) and require medical attention (1.68) than other survivors. However, research suggests that lesbians were significantly more likely to seek help for IPV than gay men due to the fact that many lesbians were involved in and aware of the Battered Women's Movement and have more knowledge about and access to IPV services.[41] In particular, domestic violence shelters can be a life-saving resource for IPV survivors seeking to safely exit their relationships. However, NCAVP members frequently observe that gay men are often unable to access shelter due to many

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

shelters' refusal to accept men. NCAVP believes that this inability to gain access to domestic violence services and support, including shelter, is directly connected to the disproportionate rates of IPV homicide and injuries among gay men.

Societal and cultural bias can also make it less likely for LGBTQ and HIV affected men who are IPV survivors to acknowledge and understand that they are experiencing IPV within their relationships. These survivors may assume that IPV doesn't occur in gay relationships or among men. Anti-LGBTQ and HIV affected bias in society also makes gay men likely to remain silent about IPV in order to prevent further stigma and negative views about gay relationships in society.[42] When gay men do seek support they often seek support from their friends and rarely seek formal support.[43] Informal and community support can be extremely useful for IPV survivors. However many survivors need access to formal support from medical providers, law enforcement, counselors, advocates, shelter providers, and other direct service providers to comprehensively address the violence they are experiencing.[44] This data highlights the deadly consequences for the cultural and societal oppression against gay men IPV survivors and calls for urgent attention from policymakers, service providers, and anti-violence programs.

Given the increase in reports of injury by gay men, it is possible that they could be experiencing more severe forms of IPV; alternatively, such men could also be more likely to reach out to an NCAVP member program after experiencing IPV-related injuries. Even still, rates of IPV for gay men are likely vastly underreported. While previous studies on LGBTQ men or men who have sex with men (MSM) vary in the degree to which they believe the subpopulation experiences IPV (due to different samples or research methods), the general consensus is that MSM experience at least equal to but often higher rates of IPV as compared to women in heterosexual relationships. In a study on 393 gay and bisexual men in San Francisco, 26% of respondents reported using violence in their relationships, while 25% reported being the victim of IPV. Another study on a probability based sample of MSM concluded that urban MSM experience significantly higher rates of IPV as compared to their heterosexual counterparts, while also potentially experiencing more abuse in comparison to heterosexual women.[45] A study that focused on intimate partner abuse among gay and bisexual men found that of the 817 men sampled (all of which identified as MSM), over a third had experienced intimate partner abuse and close to a fifth (19.2%) had experienced physical violence. In 2013, the Centers for Disease Control and Prevention found that 26% of gay men have experienced physical violence, stalking, or rape as a result of IPV.[46]

IPV injuries can escalate throughout the course of a relationship. One study paid particular attention to abuses that would require medical attention as a result of IPV, in particular, physical, mental, and psychological abuses. In that study, 37.2% of MSM reported physical health problems, 20.3% reported mental health problems and close to 50% reported psychological problems as a result of IPV. Another study that focused on MSM and battering victimization found similar rates of injury and abuse, where the men sampled experienced high rates of psychological (34%) and physical (22%) battering. Other studies have also corroborated NCAVP's findings with relation to gay men and higher rates of injury. In an earlier study, 52 gay men between the ages of 25 and 50 were surveyed; 87% reported experiencing physical abuse, while 79% reported having suffered at least one injury as a result of domestic abuse.[47] Such high rates of IPV among gay men, and

[45] Greenwood, G. L., M. V. Relf, B. Huang, L. M. Pollack, J. A. Canchola, and J. A. Catania. "Battering Victimization Among a Probability-Based Sample of Men Who Have Sex With Men." *American Journal of Public Health* 92.12 (2002): 1964-969. Print.
[46] Walters, M.L., Chen J., & Breiding, M.J. (2013). *op. cit.*
[47] Alexander, Christopher J. "Violence in Gay and Lesbian Relationships." *Journal of Gay & Lesbian Social Services* 14.1 (2002): 95-98. Print.

specifically the high rates of physical, mental, and psychological injury and abuse, highlight the degree to which access to medical facilities, hospitals, and resources for IPV survivors who identify as men is critical.

Disproportionate Impact of Violence on Transgender People

The disproportionate experience of harassment, discrimination, threats, and police violence of transgender survivors of IPV reflects the existence of transphobia in both the private and public spheres: in intimate relationships and in encounters with police, law enforcement, and society at large. The lack of services offered to transgender IPV survivors as a result of societal transphobia often translates into increased abusive partner control, power, and coercive behavior. Moreover, transgender individuals often face limited access to mainstream heteornormative domestic violence services, including shelters. In fact, the significant and disproportionate experiences of transgender survivors in the NCAVP's 2012 findings (as compared to cisgender survivors, for example) may indicate that transgender survivors are more likely to seek help and use resources from NCAVP member programs because of barriers to accessing other services.

NCAVP's 2012 IPV findings also match previous research conducted on transgender IPV. The Gender, Violence and Resource Access Survey found that 50% of transgender respondents reported assault or rape by a partner, while 31% identified as an IPV survivor. The National Transgender Discrimination Survey (NTDS) also corroborates NCAVP's findings. The NTDS was able to survey over 6,000 transgender and gender nonconforming individuals and found that 19% of respondents had suffered IPV as a result of anti-transgender and anti-gender-nonconforming bias.[48] Research conducted by the National Gay and Lesbian Task Force and the National Center for Transgender Equality found that of a sample of 6,450 transgender individuals, 78% had faced harassment and 35% had been physically assaulted while receiving their K-12 education, evidencing that a hostile, transphobic environment still persists. This report also provided empirical evidence that suggested that transgender individuals face high levels of housing discrimination, homelessness, unemployment, lack of public accommodations, abuse from police, and discrimination in health care—all of which may increase their vulnerability to IPV and/or their economic dependence on an abusive partner. Specifically, 28% of the sample reported postponing medical care due to discrimination and 48% reported an inability to afford it. The report from the National Transgender Discrimination Survey (NTDS) also reported that 22% of transgender individuals surveyed had faced police harassment and close to half had felt uncomfortable seeking police assistance.[49] This strained relationship between transgender individuals and the police can prevent transgender people from seeking police assistance; it can also provide a basis for abusive partners to threaten that no one, including the police, will believe the transgender survivor when they seek help. Ultimately, NCAVP believes that such evidence only emphasizes the degree to which transgender survivors of IPV are unable to seek basic resources, like shelter, police protection, or healthcare because of transphobic institutional responses to transgender people.

Transgender people of color's experiences of intimate partner violence can be compounded by the intersection of transphobia and racism. Latin@ people were also close to three times more likely to face anti-transgender IPV as compared to non-Latin@ survivors; NCAVP will continue to explore the impact of anti-transgender IPV on Latin@ survivors in future reports. These findings are supported by other data: the NTDS found that transgender people of color were disproportionately affected by anti-transgender bias, as well as structural and interpersonal racism. The survey also found

[48] Kae Greenberg. (2005). *Still Hidden in the Closet: Trans Women and Domestic Violence*. Individualized Study.
[49] Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. (2011.) *op. cit.*

that Black and Latin@ individuals often reported the highest levels of discrimination. In addition, the National Center for Transgender Equality partnered with other organizations to publish separate reports on transgender discrimination for Latin@[50], Black[51] and Asian and Pacific Islander (API)[52] respondents. The results showed that the above communities of transgender individuals often faced high levels of harassment and physical assault, poverty, discrimination and denial of health care; above all, transgender communities of color faced even higher barriers to basic resources. Specifically, the NTDS showed that while the general transgender community is reluctant to seek medical care because of their gender identity, transgender people of color were even less likely to seek care for injury, illness, or HIV infection. These survivors experience disproportionate rates of poverty, as well as often legalized employment discrimination, in addition to transphobia and racism in the workplace. An abusive partner could capitalize on the discomfort and unwillingness a survivor may show in seeking help and care, as well as their fear of losing or finding employment, and use this knowledge to further isolate and control the survivor. This, along with economic dependence a transgender survivor may have on an abusive partner due to disproportionate rates of poverty among transgender people, may increase the IPV abuse for transgender survivors of color. Ultimately, due to these experiences of racism, transphobia, and barriers to access, the use of threats and intimidation by abusive partners against transgender people of color can be a powerful tool of abuse within an abusive relationship.[53]

Of note is a trend of increased use of anti-transgender bias used against transgender survivors of violence. This year, NCAVP found, generally, that transgender survivors were 3 to 30 times more likely to experience anti-transgender bias as a form of IPV. Anti-transgender bias can occur when abusive partners use cultural or institutional transphobia as a form of power and control over a survivor. For example, an abusive partner might tell a survivor that they are not a "real" woman or man or that if they leave the abusive relationship they will experience more violence on the streets. Because transgender people do experience high levels of cultural and institutional transphobia, such as degradation and ridicule at the hands of the police or in the media, this threat is effective because it is likely true. NCAVP notes this trend but does not have specific data with which to analyze the implications; however, we will be looking at this data in more detail in future reports.
Experiencing higher levels of injury can be especially problematic for the transgender community because transgender people are both more medicalized and stigmatized. Transgender survivors may be unwilling to seek hospital care because of health care providers' lack of cultural competency or outright transphobia, consequently barring them from an opportunity to be screened for IPV and connected to services. They may also be denied access to basic legal services, due to the limitations in the ways courts often view transgender people, struggling with "legal" identity or seeing only those who have undergone body modification as "real." Moreover, in addition to facing the discrimination and harassment that is a byproduct of societal transphobia, transgender women can face the added stigma of transmisogyny. Kae Greenberg borrows Julia Serano's definition of transmisogyny as when "a trans person is ridiculed or dismissed not merely for failing to conform to live up to gender norms, but for their expressions of femaleness or femininity."[54] The addition of transmisogyny in an intimate partner relationship can escalate the discrimination, threats, intimidation and harassment a transgender woman may experience from an intimate abuser.

[50] *Ibid.*
[51] *Ibid.*
[52] *Ibid.*
[53] Kae Greenberg (2005). *Op. cit.*
[54] *Ibid.* pp 208-214

Disproportionately Severe Violence Against Youth And Young Adults

NCAVP's 2012 findings showed that youth survivors were twice as likely to experience anti-LGBTQ IPV[55] as compared to non-youth. Additionally, nearly 50% of IPV survivors who reported their age to NCAVP fell between the ages of 19 and 39 (46.9%)[56]. This disproportionate impact may be a result of the prevalence of homophobia, transphobia and anti-LGBTQ bias in young communities. A study that focused on urban MSM found that, among several demographic factors (including but not restricted to HIV status, education, and age), a younger age was the strongest and most consistent factor correlated with IPV.[57] In a study that concentrated strictly on gay, lesbian, and bisexual youth, 521 adolescents were surveyed about their experiences with dating violence. The study largely found that reports of violence were prevalent among youth regardless of sexual orientation.[58] Additionally, NCAVP members often find that a substantial amount of LBGTQ and HIV-affected youth survivors are often disproportionately affected by poverty and homelessness, may have fewer economic resources, and may be less empowered to seek help. Ultimately, institutional and interpersonal homophobia and transphobia, along with a lack of resources, exacerbate the IPV LGBTQ and HIV-affected youth continue to face.

The intersecting oppressions that youth and young adult communities experience, due to their age, race, and LGBTQ and HIV-affected identities, contributes to an increased likelihood of experiencing poverty, lowered academic achievement, homelessness, and unemployment.[59] Employment barriers can begin early in life for LGBTQ and HIV-affected youth, because they may face homophobic, biphobic, and transphobic violence at school or home. Current research highlights that LGBTQ and HIV-affected young people are more likely to experience sexual violence, feel unsafe at school, and experience physical violence than their non-LGBTQ peers. Reports also estimate that 20-40% of homeless youth are LGBTQ.[60] Low-income LGBTQ and HIV-affected youth and LGBTQ and HIV-affected youth of color who face homophobia, biphobia, or transphobia at home are more likely to become homeless or become part of the foster care system because of limited economic resources within their families and communities. The specific context of school-based anti-LGBTQ and HIV-affected violence also can increase the likelihood for poverty for LGBTQ and HIV-affected young people.

NCAVP members frequently observe that, to maximize resources, youth survivors, particularly youth and young adults of color, may live within small interdependent communities that rely on each other for safety from multiple forms of violence and to ensure that they meet their basic needs.[61] When IPV exists within their relationships, youth may not choose to leave, because it means leaving their communities and their means of supporting themselves, forcing youth to choose between community and ending a violent relationship. The higher dropout rates for LGBTQ and HIV-affected youth can create later

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

[56] In 2012, 16.8% of total survivors were ages 19-24; 14.9% were 25-29; and 25.5% were 30-39.

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

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

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

[60] National Gay and Lesbian Task Force, "*Lesbian, Gay, Bisexual and Transgender Youth: An Epidemic of Homelessness" (2006*). Accessed from: http://www.thetaskforce.org/reports_and_research/homeless_youth on Sept, 01, 2013.

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

employment barriers for LGBTQ and HIV-affected youth, resulting in engagement, either by choice or by coercion, in underground economies such as sex work and selling illegal drugs for survival. All of these types of employment can increase the risk of violence and can create barriers for LGBTQ and HIV-affected youth to seek assistance and support from law enforcement for the violence they experienced. A 2006 study showed that almost 60 percent of transgender youth of color had traded sex for money or resources[62] and many transgender young people of color are arrested as a result of actual or perceived engagement in sex work. Criminal convictions bar access to many services such as Supplemental Nutrition Assistance Program (SNAP), public housing, employment and unemployment benefits, some IPV specific services, and Temporary Assistance for Needy Families (TANF). These barriers can also deter survivors from seeking additional resources even from LGBTQ and HIV-affected anti-violence programs, because survivors may assume that they may not have access to these services due to their criminal history. This lack of resources and support may also increase the severity of the IPV that these survivors experience. Among homeless LGBTQ and HIV-affected youth and young adults of color, the barriers to accessing services are particularly high.[63] This data demonstrates and urgent need for programming, both direct services and prevention, to address the needs of LGBTQ youth, and particularly LGBTQ youth of color and transgender youth of color.

People of Color More Likely to Experience Physical Violence, Threats, and Intimidation

The majority of IPV survivors who reported their race or ethnicity to NCAVP reported being a person of color (62.1%). Moreover, people of color, specifically transgender people of color, Black/African American survivors, and Latin@ survivors, experienced higher rates of threats, intimidation, police violence, physical violence, and/or transphobic abuse. This dynamic suggests that LGBTQ and HIV affected survivors of color are more likely to report physical violence to NCAVP member programs than other forms of violence; however, physical violence is often accompanied by threats and intimidation.

In a report titled *Domestic Violence Against Lesbian, Gay Bisexual and Transgender People of Color*, The Wisconsin Coalition Against Domestic Violence (WCADV) described the "triple jeopardy" that people of color faced: racism, from direct service providers and the LGBT communities, heterosexism within one's community of color, and abuse from their partners, including transphobic tactics. [64] Research shows that LGBTQ and HIV affected IPV survivors, and particularly Black/African American and Latin@ survivors, are less likely to seek support to address IPV.[65] NCAVP also believes that the 2012 IPV data may reflect disproportionately higher reports by people of color to NCAVP member organizations – specifically by transgender people of color, Black/African American survivors, and Latin@ survivors – because they be more likely to report violence to an NCAVP organization, which often have increased LGBTQ cultural competency and an anti-racist anti-oppression analysis, than anywhere else. Additionally, mainstream shelters and support groups often operate under racial

[62] Garofalo R et al. Overlooked, misunderstood, and at risk: exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *Journal of Adolescent Health* 2006; 38(3): 230-6.
[63] Gipson, L. Michael.(2002, April/May). *Poverty and Race Research Action Council*. Retrieved on September, 12, 2013, from http://www.prrac.org/full_text.php?text_id=743&item_id=7785&newsletter_id=61&header=Race+%2F+Racism.
[64] "Domestic Violence Against Lesbian, Gay, Bisexual and Transgender People of Color."*Wcadv.org*. The Wisconsin Coalition Against Domestic Violence (WCADV), n.d. Web. 10 Aug. 2013.

stereotypes in heteronormative binary gender paradigms, assuming that the more masculine-presenting partner is abusive and the more feminine presenting partner is the survivor, and/or that the partner of color in a racially mixed relationship is the abuser or that people of color victims are more aggressive and more likely to fight back than white survivors. Survivors of color may also be less willing to approach police or law enforcement official because of their concern that they or their abusive partner may face unwarrantedly harsher treatment from racist, homophobic, biphobic, transphobic, and anti-HIV biased systems.

Conversely, survivors of color may be unaware of, or feel less comfortable reporting to, some LGBTQ-specific organizations, particularly those perceived as predominantly serving gay, white, men. LGBTQ and HIV affected survivors of color may not respond to a program's outreach that does not specifically address the needs of LGBTQ people of color, may prefer services from someone of their same racial identity, or may not live in the same neighborhoods as white LGBTQ and HIV affected communities.[66] LGBTQ and HIV-affected survivors of color may face a double bind of either racism in LGBTQ-specific programming that does not focus on the needs and experiences of LGBTQ and HIV affected communities of color or of homophobia, biphobia, and transphobia in mainstream IPV programs that are specific to communities of color.

Responses to LGBTQ and HIV-affected survivors of color must address not just institutional homophobia, biphobia and transphobia but also racism. As well, LGBTQ and HIV affected communities of color are shown to experience increased rates of homelessness, unemployment, poverty, and HIV.[67] Anti-violence programs and strategies need to create support and prevention strategies to address the intersection of violence, race, sexual orientation, gender identity, poverty, and HIV-status and to address the impact that power and control can have on survivors experiencing these multiple marginalized identities.

Homophobic, Biphobic, and Transphobic Bias And Oppression as a Method of Power and Control

NCAVP's data highlights that bisexual survivors and transgender survivors face heightened risks for particular kinds of IPV, including threats and verbal harassment, which involved biphobic or transphobic tactics. While commonly seen as separate forms of violence, homophobic, biphobic, and transphobic bias violence can also be used by abusive partners as a method of power and control. Abusive partners often exploit survivors using whatever forms of power and privilege they have, including anti-LGBTQ oppression, in order to control survivors' emotions, movement, resources, and to reduce their safety. For example, abusive partners will control transgender survivor's access to hormones, harass and ridicule transgender partner's bodies. Abusive partners can effectively use homophobic, biphobic, transphobic, and anti-HIV statements such as "no one else could ever love you" because many LGBTQ and HIV-affected people have been rejected by family or experienced phobic oppression within "helping" institutions. When bias is present within IPV, abusive partners can also use the threat of societal and institutional oppression against survivors, such as threatening to out gay, bisexual, transgender, and HIV-affected survivors at their workplaces.[68] LGBTQ and HIV-affected communities, and transgender and bisexual survivors in particular, can face social isolation as a result of societal bias and discrimination.[69] Homophobic,

[68] Kae Greenberg.(2009). *Op. cit.*
[69] *Ibid.*.

biphobic, and transphobic power and control can capitalize on that isolation to control survivors. LGBTQ and HIV-affected survivors and abusive partners both know that survivors may face poverty, homelessness, and unemployment when they attempt to exit their relationships. Homophobic, biphobic, transphobic, and anti-HIV power and control tactics are particular forms of IPV that are uniquely experienced by LGBTQ and HIV-affected survivors.

In order to fully prevent LGBTQ and HIV-affected IPV and support survivors, we must use a trauma-informed approach to all survivors of violence, recognizing not just the individual incident(s) of IPV that bring survivors to seek support, but the history of interpersonal and institutional discrimination, bias and oppression LGBTQ and HIV-affected people have faced their entire lives. Without a trauma-informed perspective, we will view the violence as narrow, isolated incidents, outside the context of daily harassment, discrimination and violence LGBTQ and HIV-affected people experience, and we will not be able to address the myriad obstacles that LGBTQ survivors face in seeking safety. Mainstream providers must become culturally competent to learn how to support survivors in a welcoming, bias-free, and affirming environment that neither re-victimizes LGBTQ and HIV-affected IPV survivors, nor ignore their lifetime experiences of societal oppression.

Low Rates of Police Reporting and Police Interaction

While the 2012 data shows more LGBTQ and HIV-affected survivors are reporting violence to the police, fewer are receiving appropriate IPV categorizations of the violence, and instead the violence is being categorized as stranger or non-intimate violence. Indifferent and hostile police attitudes are frequently reported by LGBTQ and HIV-affected IPV survivors, which can deter reporting future experiences of violence to law enforcement or to anti-violence programs.

While 2012 shows an increase in reporting, it is also true that a substantial amount of LGBTQ and HIV-affected IPV survivors are not seeking support from law enforcement. Violence in LGBTQ and HIV-affected relationships remains underreported, similar to non-LGBTQ and HIV-affected survivors, out of fear of retaliation from abusive partners and fear of police response to the survivors and to the abusive partner. Disrespectful and demeaning treatment by first responders and institutional discrimination deter many LGBTQ and HIV-affected IPV survivors from reporting IPV Research on LGBTQ and HIV-affected survivors also shows that survivors are particularly reluctant to report out of fears associated with confronting homophobia, biphobia, transphobia, and anti-HIV bias from law enforcement.[70] LGBTQ and HIV-affected communities have historic negative police experiences that continue to the present day such as: police raids of LGBTQ and HIV-affected bars and clubs, anti-LGBTQ and HIV-affected police violence and profiling, false arrests, and homophobic, biphobic, transphobic, and anti-HIV harassment when attempting to seek support from law enforcement.[71]

As well, nearly one third of all survivors who reported violence to the police were themselves arrested as the perpetrator of violence, leading to an individual and community mistrust of the ability of law enforcement to accurately assess and respond to LGBTQ-specific IPV. Mis-arrest can result from police officer's inability to identify the abusive partner within LGBTQ and HIV-affected relationships, assuming that the bigger, stronger, more masculine presenting partner is the abuser and the more feminine presenting partner is the survivor. These combined experiences of police violence, criminalization, and negative treatment by law enforcement when seeking support have contributed to cultural distrust within LGBTQ and HIV-

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

[71] NCAVP – *Hate Violence Against Lesbian, Gay, Bisexual, Transgender, Queer, and HIV- affected Communities: In the United States in 2011*. Retrieved on September 12, 2013, from http://avp.org/documents/NCAVPHVReport2011Final6_8.pdf.

affected communities, and a reluctance to report to the police when violence occurs within LGBTQ and HIV-affected relationships.[72] Many NCAVP member programs train law enforcement on LGBTQ and HIV-affected IPV to help reduce the possibility of negative police experiences, especially mis-arrest, but there is much more work to do.

Partners and Intimate Partner Violence

In this report survivors reported substantially more IPV from current and former abusive partners than family, friends or acquaintances. 37.5% of survivors reported abuse from current lovers or partners (up from 34.9% in 2011) and 37.8% from ex-lovers/partners (up from 33.6% in 2011). The significant proportion of survivors who report abusive ex-lovers and ex-partners highlights that IPV often does not end when relationships end. On the contrary, when relationships end IPV may escalate or survivors may be more likely to report or seek support for this violence.

The identity of abusive partners was also notable. There was a discrepancy in reports of heterosexual abusive partners (23.5%) and heterosexual survivors (16.7%), suggesting that a number of survivors were in relationships with someone who identified as heterosexual. These survivors could identify as heterosexual transgender people or as queer LGBTQ people. In the latter identification, survivors in abusive relationships with partners who do not also identify as LGBTQ may face barriers seeking support from providers who cannot understand the survivor's identity or relationship. LGBTQ IPV survivors may also be challenged about their identity as LGBTQ or face misunderstanding from service providers along with minimization from abusive partners when they are with heterosexual partners. This, combined with other anti-LGBTQ tactics, isolation and other forms of institutional oppression, can result in the re-victimization of LGBTQ survivors with heterosexual partners and deter those survivors from seeking support. This data suggests that there is work we can do to identify and address abusive behavior within LGBTQ relationships, including intervention strategies aimed at reducing or preventing violence. Many NCAVP members use batterer intervention or community accountability strategies which engage the abusive partner in the process of preventing or ending violence. These strategies can be particularly effective in marginalized communities that do not want to otherwise reject community members, even those who are abusive, or who fear that institutional intervention will result in harm to the abusive partner. NCAVP members continue to explore the safest, most effective ways to address the needs of LGBTQ survivors of violence to assure that we are finding solutions that recognize both the survivors' individual safety needs and need to be a part of an inclusive community.

Decrease In Survivors Accessing Domestic Violence Shelters And Increase In Orders Of Protection Sought

In 2012, only 3.3% of all survivors reported to NCAVP that they sought access to domestic violence shelters, slightly down from 5.6% in 2011. Access to domestic violence shelters can be critical for the safety of LGBTQ and HIV-affected IPV survivors, particularly those who depend on their abusive partner for housing and economic support, or when the abusive partner has threatened to stalk a survivor if they attempt to exit their relationship. It is troubling that few LGBTQ and HIV-affected survivors seek these orders as they can, for some survivors, provide safety from an abusive partner.

[72] Amnesty International (2005). *Op. cit.*

Accessing domestic violence shelters highlights a continuing issue that many mainstream shelters are not equipped to house LGBTQ and HIV-affected survivors.[73] NCAVP members frequently encounter mainstream shelters that have policies that explicitly prohibit men and transgender survivors from their shelters. Policies that exclude LGBTQ and HIV-affected survivors, particularly men and transgender survivors, compel LGBTQ and HIV-affected survivors to seek support from homeless shelters, which may not be equipped to support LGBTQ and HIV-affected IPV survivors' needs, and where already vulnerable LGBTQ and HIV-affected survivors often face bias, discrimination, and violence. Survivors who are being stalked by their abusive partners may not be safe in homeless shelters, which are generally not confidential locations. Homeless shelters may not have IPV specific services such as counseling and support groups, staff who are familiar with LGBTQ and HIV-affected language and culture, access to gender neutral restrooms and accommodations, knowledge of LGBTQ and HIV-affected IPV issues, or institutional policies to prevent discrimination and violence within the shelter for LGBTQ and HIV-affected survivors.[74] The exceedingly low percentage of LGBTQ and HIV-affected survivors seeking shelter demonstrates the need for continued advocacy to increase survivors' access to domestic violence shelters. VAWA 2013 should help increase access, as the law specifically protects LGBTQ people from discrimination by service providers, including shelter providers, based on sexual orientation and gender identity.

Slightly more survivors sought orders of protection in 2012 (nearly 5% up from less than 3%) and, as in 2011, the majority of those who sought an order received one. However, it should be noted that the vast majority of LGBTQ survivors never even seek an order of protection. This could be because the laws in their state explicitly or in practice exclude same-sex couples from receiving IPV-related orders, or it could be that LGBTQ people are unfamiliar with or distrustful of the court system that would issue the order. This could also suggest that LGBTQ and HIV-affected survivors continue to face barriers in seeking support from the police, which is often the first step in obtaining an order of protection as police reports become "evidence" of IPV in court proceedings. Orders of protection may be of great assistance to a survivor trying to increase their safety. Orders of protection can help the survivor distance themselves from their abusive partner, and provide law enforcement and legal support to prevent an abusive partner from returning to their home or the relationship. Conversely, in some cases, orders of protection may not be the support a survivor needs, and can possibly put survivors at additional risk as some abusive partners may increase their abusive tactics in retaliation after an order of protection is filed. The ability to enforce an order of protection can provide some measure of safety to survivors of violence. However, many LGBTQ and HIV-affected survivors may choose not to engage the legal system, understanding that institutional homophobia, biphobia, transphobia and racism might re-victimize the survivor or put their partners at risk of violence themselves. The small percentage of LGBTQ and HIV-affected survivors who access orders of protection also highlights the need to support strategies to create safety for LGBTQ and HIV-affected survivors without relying on the criminal legal system.

Underreported Categories

[73] Kae Greenberg.(2009). *Op. cit.*

[74] *Why It Matters: Rethinking Victim Assistance for LGBTQ Victims of Hate Violence & Intimate Partner Violence*. National Center for Victims of Crime and the National Coalition of Anti-Violence Programs, 2010. Retreived on September 5, 2012, from http://www.avp.org/documents/WhyItMatters.pdf.

Many survivors did not report their HIV, disability, or immigration status to NCAVP. This indicates that survivors could need more support in safely and comfortably disclosing these identities to NCAVP. Advocacy and policy work to specifically address HIV, disability and immigration status needs to continue within these communities in order to ensure access to appropriate services. It may also be possible that given the nature of crisis intervention, some questions, not deemed relevant to immediate safety, are not asked during the course of providing services. NCAVP continues to provide technical assistance to member programs to identify the short- and long-term uses for this data, even if it is not immediately relevant to safety assessments. Given the high percentage of undisclosed answers in these particular categories, NCAVP found it important to look at the potential reasons as to why survivors may not share this information and how to respectfully and safety elicit this information.

HIV STATUS

Consistent with previous years, 63.9% of survivors did not disclose their HIV status in 2012. Stigma against HIV-affected communities, lack of access to appropriate services, and challenges in proving discrimination based on HIV status leads HIV-affected survivors to underreport experiences of violence and discrimination.[75] Many states also have confidentiality laws related to collecting information on HIV status, which can reduce the number of NCAVP programs able to collect information on HIV-affected IPV survivors, particularly smaller programs that may not have the capacity to engage in the rigorous training and documentation required to discuss HIV status. However, HIV-positive survivors can experience specific forms of IPV related to their HIV status and without more data and research we cannot adequately address the needs that arise as a result. NCAVP members regularly see abusive partners use a survivor's HIV-status as a tool to maintain power and control by withholding or threatening to withhold medication as a tactic of power and control, interfering with HIV-related medical appointments, increasing physical violence when HIV-positive survivors are physically-ill, and inflicting HIV-related emotional abuse such as trying to shame a survivor for having HIV, or threatening to out their HIV- status. These abusive tactics can substantially reduce the physical and mental health for HIV-affected survivors. NCAVP will continue to document the experiences of HIV-affected survivors, provide technical assistance to programs that have reduced capacity to engage in collection of this data and call on federal data collection of this information. In addition, mainstream service providers can, and should, collect this data to better understand the impact of HIV across all survivors, including heterosexual cisgender survivors.

IMMIGRATION STATUS

Similar to HIV status, the majority (55%) of all survivors did not disclose their immigration status. Some NCAVP member programs do not collect immigration status information for fear that recording this information may inadvertently put survivors at risk of deportation. This can increase the amount of non-disclosed immigration responses. For many LGBTQ and HIV-affected immigrants, deportation to their home countries often means facing discrimination, bias, imprisonment, violence, and even death, due to homophobic, biphobic, transphobic, and anti-HIV societal norms and laws. Fear of deportation, therefore, can also lead LGBTQ and HIV-affected immigrant survivors to decide not disclose their immigration status to anti-violence programs. Federal immigration programs such as Secure Communities (S-Comm), in which law enforcement tracks and shares immigration status, results in expedited and increased deportations of undocumented immigrants, can deter LGBTQ and HIV-affected IPV immigrant survivors from reporting to law enforcement and anti-violence programs. LGBTQ and HIV-affected immigrant IPV survivors often need specific services and prevention

[75] Lambda Legal —*HIV Stigma and Discrimination in the US: An Evidence-Based Report‖ November 2010*. Retrieved on July 18th, 2013, from http://data.lambdalegal.org/publications/downloads/fs_hiv-stigma-and-discrimination-in-the-us.pdf.

programs to that address the intersections of their sexual orientation, gender identity, and immigration status. Abusive partners of LGBTQ and HIV-affected immigrants can also use a survivor's immigration status as a tactic of power and control by threatening to call Immigration and Customs Enforcement (ICE). NCAVP continues to provide technical assistance to increase outreach and engagement that focuses on immigration status so that we can better document the needs of LGBTQ and HIV-affected immigrants, to increase immigrant survivors' access to safety and culturally competent services.

BEST PRACTICES

Increase Survivor Leadership

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

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

Increase Survivor Safety

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

Most mainstream victim service providers do not have programming that comprehensively meets the needs of LGBTQ and HIV-affected survivors.[76] Mainstream organizations must commit the time, attention and willingness to change policies, procedures, forms and attitudes, to achieve this cultural competency. LGBTQ and HIV-affected -specific anti-violence organizations can support mainstream programs through training and technical assistance to increase their LGBTQ and HIV-affected -specific expertise particularly within direct services, outreach, advocacy, and community organizing. For example, the NCAVP National Training and Technical Assistance Center has a list serve, warmline, conducts training and webinars, and has tools to support these providers to increase the LGBTQ and HIV-affected -inclusivity of their programs. However, this work can deplete the capacity of LGBTQ and HIV-affected-specific organizations to serve survivors of violence and therefore the sole burden for increasing cultural

[76] National Center for Victims of Crime and the National Coalition of Anti-Violence Programs, 2010. *Op. cit*.

competency cannot fall on LGBTQ and HIV-affected-specific organizations. Mainstream providers must increase their cultural competency, and funders must address the needs of LGBTQ and HIV-affected survivors across all programs.

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

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

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

As mentioned in this report, historically LGBTQ and HIV-affected IPV survivors faced discrimination, violence, or criminal charges when engaging law enforcement and the legal system for support. In 2012 less than half of all LGBTQ and HIV-affected IPV survivors reported sought support from law enforcement. This can be due to negative past experiences with law enforcement, having a criminal record, having regular engagement with illegal activities, being an undocumented immigrant, or having other immigration concerns. A small but growing number of organizations are developing skills and best practices on anti-violence work separate from the criminal legal system, which work to hold abusive partners accountable, while supporting survivor safety, self-determination, and empowerment. These strategies are variably called community accountability or transformative justice initiatives. These models are complex as they address intersectional identities, trauma-informed responses to violence and community engagement, and are often effective because of this complexity. LGBTQ and HIV-affected anti-violence programs and mainstream service providers should collaborate with community accountability or transformative justice anti-violence groups to receive training and technical assistance on these models for programming and support.

Prevent Violence

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

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

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

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

Community based organizations and educational institutions should prioritize providing education on the dynamics and warning signs of IPV to youth to increase early intervention of IPV and prevent IPV from developing into long-term cycles of violence. The 19-29-year-old age group comprised the largest percentage of survivors reporting to NCAVP members in 2012, indicating that IPV in LGBTQ and HIV-affected youth and young adults continues to be a serious and pervasive issue. Additionally LGBTQ and HIV-affected youth and young adults experienced disproportionate amounts of injuries and physical violence as compared to overall LGBTQ and HIV-affected survivors. Sexual education curricula often do not include information on LGBTQ and HIV-affected relationships or information on IPV. Comprehensive sexual education must include information on LGBTQ and HIV-affected identities and include LGBTQ and HIV-affected people in discussions about IPV to allow LGBTQ and HIV-affected youth to recognize early warning signs of abuse. These curricula should also educate youth and young adults on changing abusive behavior, provide examples and support towards creating healthy relationships, and youth and young adults in understanding that violent and abusive behavior is unacceptable. NCAVP recognizes that diverse political climates prevent such sexual education curricula from being possible in many areas of the country, and encourage LGBTQ and HIV-affected youth organizations to collaborate with NCAVP members and anti-violence programs in developing these prevention strategies at the community level.

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

Currently there are very few LGBTQ and HIV-affected -inclusive or specific abusive partner, or "batterer," intervention programs in the United States. LGBTQ and HIV-affected organizations should increase their knowledge and expand programs geared toward preventing, reducing, and ending violent behavior within LGBTQ and HIV-affected relationships, focusing on programs that work with abusive partners. Recognizing the large role that ex-partners played in abuse these programs should focus on both current and former partners.

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

IPV is a pattern of behaviors exerted by a partner to assert and maintain power and control over another partner. Cultural and institutional homophobia, biphobia, transphobia, sexism, ableism, racism, classism, ageism, anti-immigrant bias, anti-HIV bias, and other oppressions throughout broader society are also abuses of power where one group of people maintains power and control over another group of people. Cultural and institutional oppression supports the existence of IPV by teaching people that it is desirable to have power over someone else and by using institutional biases to further isolate and control partners. Many NCAVP members and anti-violence organizations recognize that in order to end IPV, they must challenge and the broader culture of oppression and abuses of power. Community-based organizations and anti-violence programs should incorporate anti-oppression analyses, practices, and trainings into their ongoing work in order to challenge a culture that sanctions and condones oppression and abuses of power. Incorporating an anti-oppression framework can include developing an understanding of multiple forms of oppression and working to challenge oppressive behavior within anti-violence organizations, as well as participating in social movements to end oppression throughout the broader society. Organizations can create an internal committee or working group to examine how the organization's policies, practices, and programmatic work can incorporate anti-oppression principles. Organizations can also devote

organizational retreats to developing an anti-oppression framework, or invite outside speakers to provide education on various forms of oppression and strategies to work against oppressive behaviors, practices, and policies. Using an anti-oppression framework can also ensure that an organization is being accountable to the diversity of their communities by targeting outreach and service to traditionally marginalized and underserved communities including LGBTQ and HIV-affected people of color, transgender and gender non-conforming communities, non-English speaking and immigrant LGBTQ and HIV-affected communities, LGBTQ and HIV-affected youth, LGBTQ and HIV-affected people with disabilities, and other communities.

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

NCAVP's 2012 data lacks representation from LGBTQ and HIV-affected elders, HIV-affected communities, LGBTQ and HIV-affected immigrants, Asian Pacific-Islander communities, and Native communities. NCAVP members believe that these communities experience barriers to report and access services as well as a lack of specific in outreach and collaboration with these communities. Anti-violence organizations should prioritize outreach that is inclusive of and specific to under-represented LGBTQ and HIV-affected survivors of IPV and collaborate with organizations within these communities to develop specific and targeted initiatives to best meet the needs of these underserved communities.

FULL RECOMMENDATIONS FOR POLICYMAKERS AND FUNDERS

Prevent

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

Respond

- Policymakers, public, and private funders should increase local, state, and national funding to LGBTQ and HIV-affected -specific anti-violence programs, particularly for survivor-led initiatives.
- OVW should swiftly implement the LGBTQ-inclusive Violence Against Women Act (VAWA) to improve access to services for LGBTQ and HIV-affected survivors of intimate partner violence, dating violence, sexual assault and stalking.
- OVW grantees, including states, courts, mainstream service providers, state coalitions and domestic violence shelters, should fully comply with VAWA's LGBTQ provisions and make all services, including access to police response, orders of protection, supportive services and shelters, available to all survivors of intimate partner and sexual violence.
- All sexual and intimate partner service providers, including institutions, should receive training on screening, assessment and intake that is LGBTQ-inclusive.
- All other laws regarding intimate partner and sexual violence, such as the Victims of Crime Act, should be reauthorized or passed with LGBTQ-inclusive language modeled from VAWA.
- Policymakers should institute LGBTQ and HIV-affected -specific non-discrimination provisions to increase support and safety for LGBTQ and HIV-affected survivors of violence, including in employment, housing, and public accommodations based on sexual orientation, gender identity, gender expression, and HIV-status to protect LGBTQ and HIV-affected survivors from economic and financial abuse, while also eradicating affirmatively discriminatory laws and policies that increase barriers for LGBTQ and HIV-affected IPV survivors when seeking support.

- Policymakers should support LGBTQ and HIV-affected training and technical assistance programs to increase the cultural competency of all victim service providers to effectively work with LGBTQ and HIV-affected survivors.

Reduce Barriers

- Policymakers and funders should fund economic empowerment programs targeted at LGBTQ and HIV-affected communities, particularly LGBTQ and HIV-affected communities of color, transgender communities, immigrant communities, and low-income communities.

- Policymakers should ban discrimination in employment, housing, and public accommodations based on sexual orientation, gender identity, gender expression, and HIV-status to protect LGBTQ and HIV-affected survivors from economic and financial abuse.

- Policymakers should enact compassionate, comprehensive immigration reform to reduce barriers for LGBTQ and HIV-affected immigrant survivors of IPV.

- The Department of Homeland Security should end the 'Secure Communities' detention and deportation program to reduce barriers for LGBTQ and HIV-affected immigrant survivors of IPV.

Research

- Policymakers and funders, following the lead of the Department of Justice's Bureau of Justice Statistics, should increase research and documentation of LGBTQ and HIV-affected intimate partner violence.

- Policymakers should ensure that the federal government collects information on sexual orientation and gender identity, whenever demographic data is requested in studies, surveys, and research, including IPV.

- Policymakers, researchers and advocates should ensure that LGBTQ survivors are included in all prevention assessments, including homicide and lethality assessments, and that coordinated community responses including specific and targeted programming for LGBTQ survivors.

CONCLUSION

LGBTQ and HIV-affected intimate partner violence is as deadly as it is invisible. Violence within LGBTQ and HIV-affected relationships has historically been ignored—both within and outside these communities. This lack of visibility isolates many LGBTQ and HIV-affected survivors of IPV, prevents LGBTQ and HIV-affected communities from taking action on IPV, and makes it more difficult to challenge the re-victimization of LGBTQ and HIV-affected survivors by mainstream IPV service providers. This report strives to raise awareness about LGBTQ-specific IPV and to provide insight into IPV within LGBTQ and HIV-affected communities, to reduce key barriers between survivors and safety.

In 2012, NCAVP saw a second year of double-digit IPV related homicides. This increase in reports of homicides not only gives us a clearer picture of the severity of IPV within LGBTQ and HIV-affected communities, but it also gives us the opportunity to learn from the lethal impacts of the barriers LGBTQ and HIV-affected IPV survivors experience when accessing support systems. Lifesaving resources for IPV survivors, including healthcare, shelter, legal support, counseling, and advocacy have expanded over the past few decades, but are often not accessible to all LGBTQ and HIV-affected survivors. These resources are essential to support survivors' plans to be safe within their relationships, or safe to leave them. LGBTQ and HIV-affected survivors of IPV have been historically underserved by the mainstream support systems created to respond to this violence. The unique experiences of LGBTQ and HIV-affected survivors, within the context of interpersonal and institutional homophobia, biphobia, transphobia, heterosexism, and anti-HIV bias, create barriers that survivors may need support and assistance to navigate. NCAVP members provide that support and assistance, and NCAVP creates this report to highlight these barriers and provide concrete ways to overcome them. NCAVP aims to prevent and eventually eradicate IPV within LGBTQ and HIV-affected communities by utilizing this research to inform direct services, public advocacy, public education, and community organizing.

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

NCAVP writes this report annually to ensure comprehensive and current information on the unique experiences of LGBTQ and HIV-affected survivors is available to inform policy and programming. Policy makers and service providers should use the information provided in this report and the recommendations to inform their decisions about developing, implementing, and evaluating inclusive IPV programming. LGBTQ and HIV-affected community members can use this report to spread awareness of IPV within LGBTQ and HIV-affected communities, a topic rarely talked about within many LGBTQ and HIV-affected organizations and social settings. No community, including LGBTQ and HIV-affected communities, can afford to ignore IPV, when it can exact such a terrible price.

2012
LOCAL SUMMARIES

BUCKEYE REGION ANTI-VIOLENCE ORGANIZATION (BRAVO)

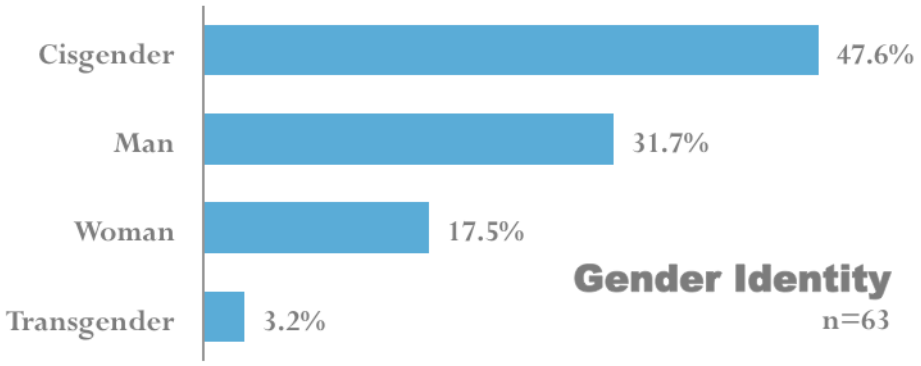
Ohio Statewide

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

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

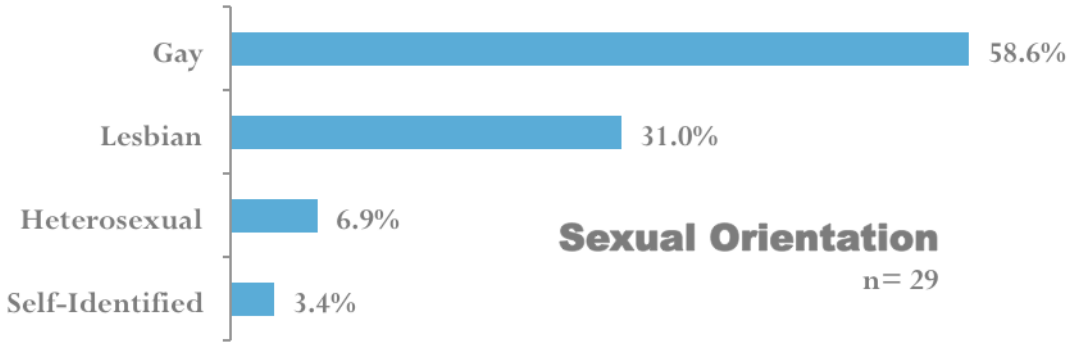
BRAVO is committed to our belief that the best way to reduce violence is to foster acceptance. Only by making people and institutions aware of these issues and "demystifying" LGBTQ people and the issues that LGBTQ people face can we assure quality services to victims and ultimately reduce the incidence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

BRAVO received 34 reports of Intimate Partner Violence (IPV) in 2012, a 13% increase from the previous year, marking a three-year trend of increased reporting. This reporting trend may be attributed to BRAVO continuing to provide the Legal Advocacy for Victims (LAV) program by subcontracting with the Ohio Domestic Violence Network (ODVN). This grant allowed BRAVO to retain a dedicated IPV/SA part-time legal advocate, maintain increased statewide outreach and services for LGBTQ survivors, and provide LGBTQ specific trainings for victim advocates and attorneys throughout the state.

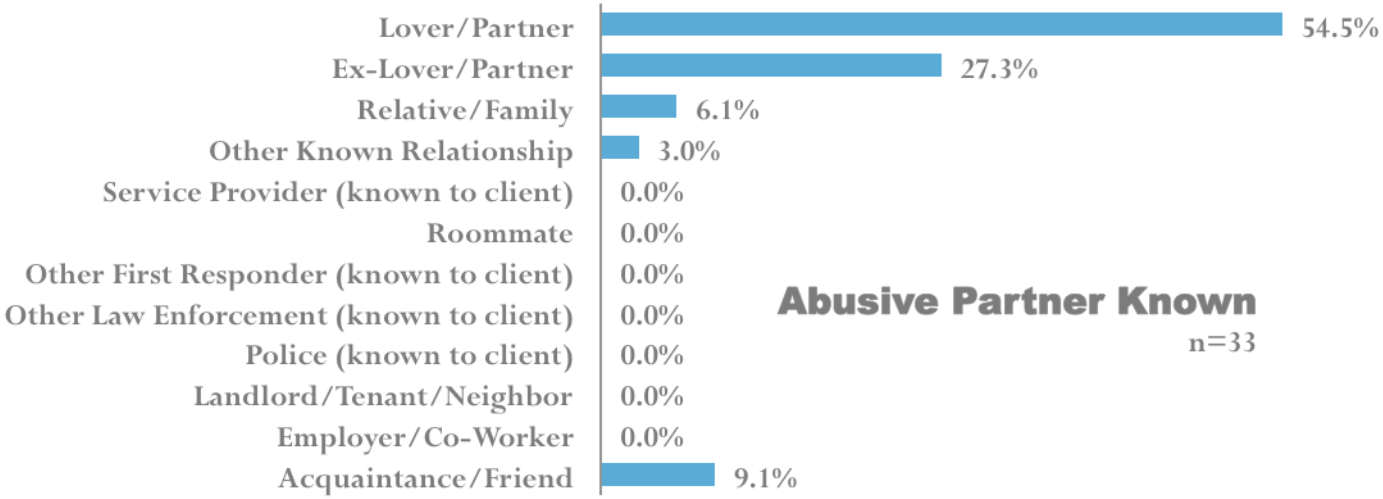


31.7% of callers were male identified and 17.5% were female identified with 3.2% identifying as transgender. The year 2012 saw a 150% increase in men reporting (from 8 in 2011 to 20 in 2012) and a 50% decrease in women reporting. Previous years have shown a much more equitable reporting rate between men and women, with men reporting slightly higher rates of IPV the past four years.

In 2012, of those reporting, 58.6% identified as gay men and 31% as lesbians. 6.9% of survivors identified as heterosexual.



In 2012, approximately 54.5% of reports that specified violence type documented abuse perpetrated by a current lover or partner, while there was an 800% increase in abuse perpetrated by an ex-lover or ex-partner (from 1 report in 2011 to 9 in 2012). Current or former lovers/partners accounted for 54.5% of offenders, and 6.1% were relatives or other family members.



Approximately 17.2% of all reports that specified violence type indicated experiencing physical violence, including one reported attempted murder. Looking at the total reports in 2012, BRAVO has identified a slight decrease of 9.1% in reports of physical violence from 2011. This does not constitute an overall decrease in risk of harm or death as a result of intimate partner violence. Individuals reporting sexual violence within the context of intimate partner violence increased by 200% (from 1 report in 2011 to 3 in 2012). Stalking occurred in 5.2% of reported incidents, which is consistent with trends in 2011. Although reports of verbal harassment decreased in 2012 by 37.5% and reports of harassment (i.e., email, mail, telephone) decreased by 40%, these forms of harassment were still reported in 12.9% and 10/3% of all incidents, respectively. Threats and intimidation were documented in 20.7%% of all reports. Reports of economic abuse, medical abuse (i.e. controlling or withholding access to prescription medicine and medical appointments), isolation, and bullying also increased in 2012. There were three reports that involved violence against a pet within the context of intimate partner violence, including the theft of a survivor's service animal.

Only 32% of survivors interacted with the police, which reflects a 21% decrease from the previous year. Of those who had interactions with police 55.6% reported courteous behavior, which marks a slight increase from 2011 (50%) and 44.4% reported indifferent or hostile attitudes by the police, increasing from 21% in 2011. Additionally, there were two reports of law enforcement arresting the survivor. BRAVO continues to provide outreach, training, and incident response to law enforcement agencies statewide to maintain and increase efforts to improve police attitudes and response to LGBTQI survivors of intimate partner violence.

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

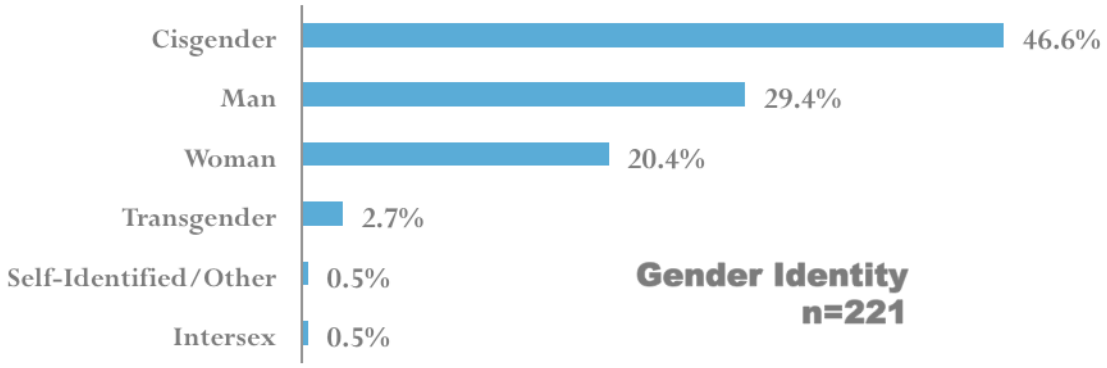
In 2011, the Task Force launched a statewide SafeZone training for domestic and sexual violence programs. In 2012 BRAVO received a Culturally Specific Program grant from the Office on Violence Against Women (OVW) which has allowed BRAVO to fully fund the statewide SafeZone training, which is an initiative to increase safety and resources for survivors of domestic violence, sexual assault, and stalking in the LGBTQI communities. Participants in this project will learn about LGBTQI communities and how to integrate policies and procedures that will ensure safety to survivors. The project is supported by the Ohio Attorney General's Crime Victim Section, Ohio Office of Criminal Justice Services and the Ohio Department of Health. Since the launch of the SafeZone training, multiple shelters across the state have initiated the process to make their services culturally competent LGBTQ survivors of intimate partner violence.

CENTER ON HALSTED ANTI-VIOLENCE PROJECT (COH AVP)

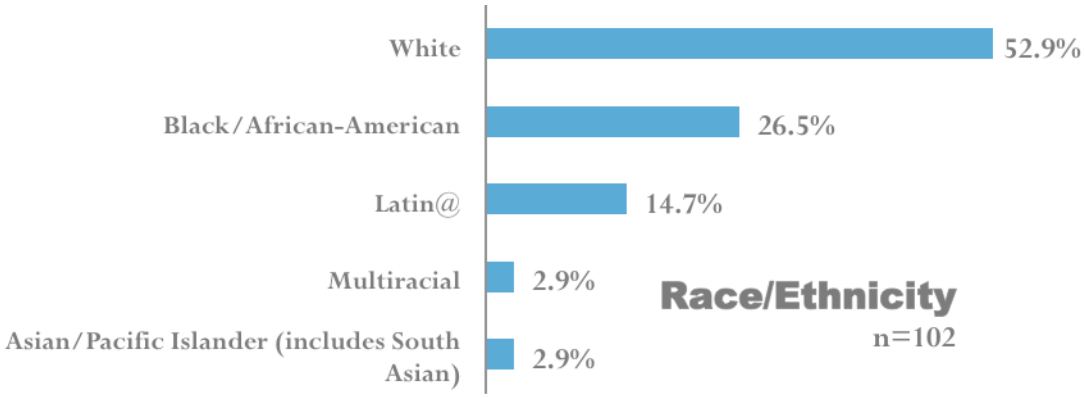
Chicago, IL

Center on Halsted advances community and secures the health and well-being of the LGBTQ people of Chicago. Center on Halsted envisions a thriving lesbian, gay, bisexual, transgender and queer community, living powerfully in supportive, inclusive environments. Center on Halsted's LGBTQ Violence Resource Line responds to LGBTQ hate, domestic, sexual, police, and HIV-related violence across our region, providing direct support and services to survivors and witnesses, including crisis support, counseling, advocacy, safety planning, information and referrals. Our Training program works to decrease the impact of bias in the lives of LGBTQ people, reducing both risk for harm and re-victimization by training emergency responders and other service providers.

In 2012, COH provided support to 126 survivors of intimate partner violence. This is a 32% increase from 2011. During 2012, COH maintained a staff of 2.5 full-time positions, enabling us to continue outreach and provide more rapid response to survivors of violence. We believe our maintained staffing level accounts for the higher number of reports recorded because we are better able to respond with relevant and meaningful services in a timely manner, comprehensively, and with longer-term engagement. In addition, because staffing changed very little between 2011 and 2012, our staff brought a greater wealth of experience to the work, which has contributed to the Center's ability to form strong relationships with the community we serve, as well as organizational partners. This underscores a continuing need for relevant and meaningful capacity development and resources at local violence response programs.



Of the 126 survivors who reported intimate partner violence in 2012, 46.6% identified themselves as cisgender, while 29.4% identified as male, and 52.9% identified as white. These demographics closely match those of the neighborhood in which Center on Halsted is located. This information reflects the limits of COH's current ability to provide service outside of its immediate geographic location, and illustrates the need for improved outreach and diversity among service providers.



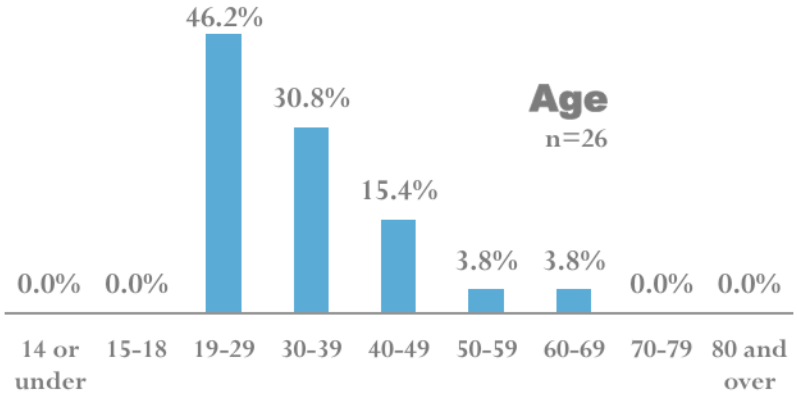
31.8% of survivors who reported on violence type reported experiencing physical violence, representing 100 survivors. While this represents a 117% increase over 2011, physical violence remained the most-reported type of violence. In 2012, reports of sexual violence also increased dramatically, by 263% (from 8 reports in 2011 to 29 in 2012). In fact, most of the data collected in 2012 represents striking increases from 2011, which makes the changes in reports to the police all the more vivid. 12 survivors reported disclosing their incident to the police in 2012, as compared to 21 in 2011, which represents a 43% decrease. However, only 4 survivors noted that they did not report their incident to the police in 2012, as compared to 24 in 2011, a decrease of 83%. Though it is difficult to draw any conclusions from this data, it clearly illustrates the need for improved data collection about survivors' interactions with the police, so that a strong case can be made for survivors' needs.

THE CENTER FOR WOMEN AND FAMILIES

Louisville, KY

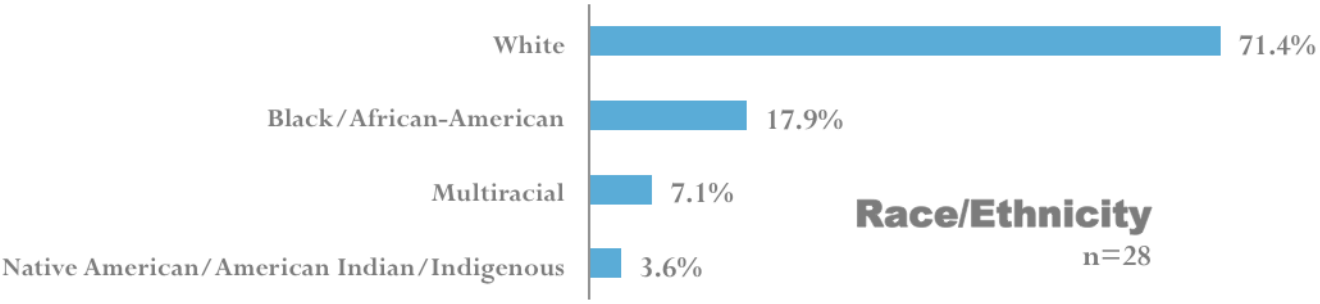
The Center for Women and Families helps victims of intimate partner abuse or sexual violence to become survivors through supportive services, community education, and cooperative partnerships that foster hope, promote self-sufficiency, and rebuild lives. Originally part of the YWCA, The Center for Women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

The Center for Women and Families offers services to all survivors of intimate partner abuse or sexual violence**.** Our clients include men and gay, lesbian, bisexual, and transgender people in addition to women and dependent children. We provide a variety of residential and nonresidential services including emergency shelter, transitional housing, counseling and advocacy. We staff a 24-hour crisis line, as well as have staff on call at all times to respond to sexual assault and domestic violence victims at area hospitals for advocacy and support. In 2012 The Center directly served over 8,000 clients who were affected by intimate partner and sexual violence, including primary victims of violence and the family and friends who are secondary victims, and reached over 30,000 community members through direct services, prevention trainings, and awareness efforts. The Center has an internal LGBTQ committee with the goal to create a safe and inclusive culture for LGBTQ individuals who have experienced intimate partner abuse or sexual violence. Creating and maintaining safety and inclusion for LGBTQ victims of intimate partner abuse or sexual violence is accomplished through raising community awareness, fostering partnerships, educating staff and developing best practices around working with LGBTQ clients. This committee's work includes internal training and resources to increase cultural competency related to LGBTQ populations, outreach efforts to the area's LGBTQ populations, and an effort to help create accessible and affirming space in our shelters and offices for all persons.



We recognize that our statistics do not accurately reflect the incidence of intimate partner violence and sexual assault in the local LGBTQ population as a whole, nor the number of LGBTQ persons served by The Center in 2012. Since last year's report we have emphasized to staff the importance of tracking clients' gender identity and sexual orientation. Our client forms and electronic data management system are able to capture gender and sexual identity among the clients we serve. Collecting sexual orientation and gender identity demographics is not currently required, and often has not been an inquiry

of staff upon client intake or not disclosed by clients. Moving forward, The Center aims to improve data collection related to sexual orientation and gender identity so that we can better provide area statistics for LGBTQ populations and contribute to NCAVP research initiatives. We believe our efforts at improving data collection are twofold: we must continue to train and encourage staff to ask clients about their gender identity and sexual orientation and improve our efforts to reach and provide services to local LGBTQ individuals who are victims of domestic violence or sexual assault.



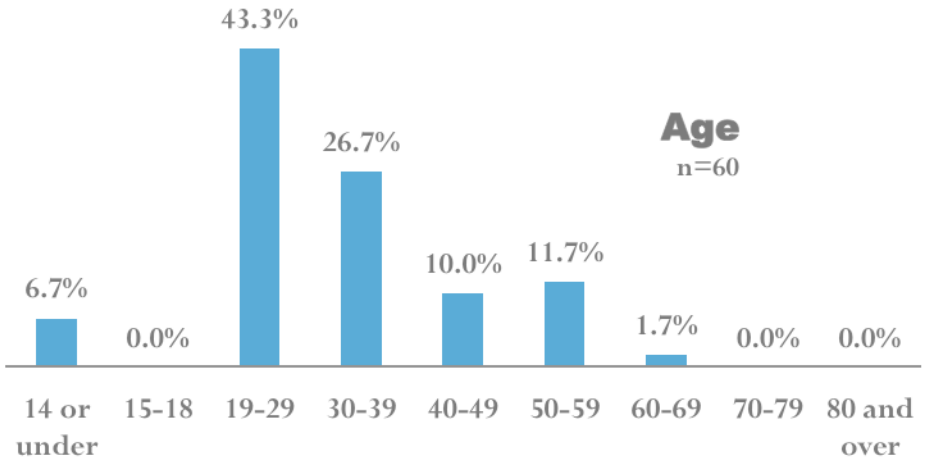
In 2012 we knowingly served 26 persons who identified as being either lesbian, gay, bisexual, transgender, or questioning and all were victims of intimate partner violence, many of whom reported multiple violent behaviors by their perpetrators, including physical violence, sexual assaults, and stalking. Of the 26 cases, 24 identified as female, two as male, and one as transgender. Twenty-five of the 26 cases identified as cisgender. The majority of LGBTQ survivors were between the ages of 19 and 29 (n = 12), followed by 30-39 (n = 8), 40-49 (n = 4), 50-59 (n = 1), and 60-69 (n = 1). This data appears to be consistent with the prevalence of IPV and sexual assault in the general population. The majority of LGBTQ survivors identified as white (n = 20) followed by African-American/Black (n = 5), multiracial (n = 2), and Native American (n = 1). Six of the 26 survivors reported having a disability.

Nearly half of these clients (n = 10) reported that the perpetrator was a current intimate partner, while the others reported the perpetrator was a relative, friend, or other relationship type not specified. Protective orders were sought and granted in eight of the 26 cases of LGBTQ persons who were victims of intimate partner violence. We have no data on how these clients interacted with police or how police treated their cases. We also do not have data on the perpetrators in these cases (e.g., gender identity, sexual orientation, age, race/ethnicity).

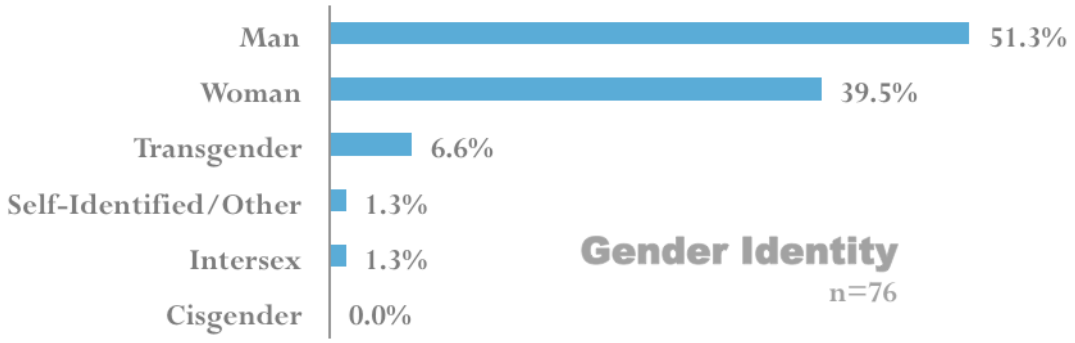
COLORADO ANTI-VIOLENCE PROGRAM (CAVP)

Denver, CO

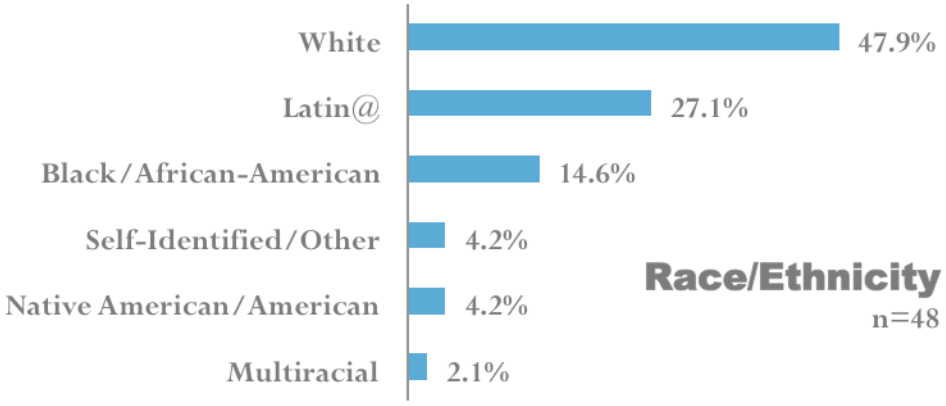
The Colorado Anti-Violence Program (CAVP) works to eliminate violence within and against the lesbian, gay, bisexual, transgender and queer (LGBTQ) communities in Colorado; in addition we seek to provide the highest quality services to survivors. CAVP provides direct services including a 24-hour state-wide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



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



CAVP tracked 79 cases of Intimate Partner Violence in the LGBTQ communities in Colorado in 2012. The highest number of reports came from ages 19-29 (43.3% of total reports). 51.3% of survivors and victims who specified an age identified as men, while 39.5% identified as women. Additionally, of those survivors that specified race or ethnicity, 47.9% identified as white and 27.1% identified as Latin@.



Weapons were involved in 8 cases and survivors were injured in 25 cases. Physical violence was the most common type of violence used as a tactic in intimate partner violence, affecting 37.1% of survivors who provided this information. Financial or economic abuse by a current or ex-partner impacted 9.7% of survivors who specified this information while 6.5% reported stalking in an abusive relationship. Abuse by current lovers or partners accounted for 48.3% of survivors who reported this information, while abuse by an ex-lover or partner accounted for 35% of said survivors.

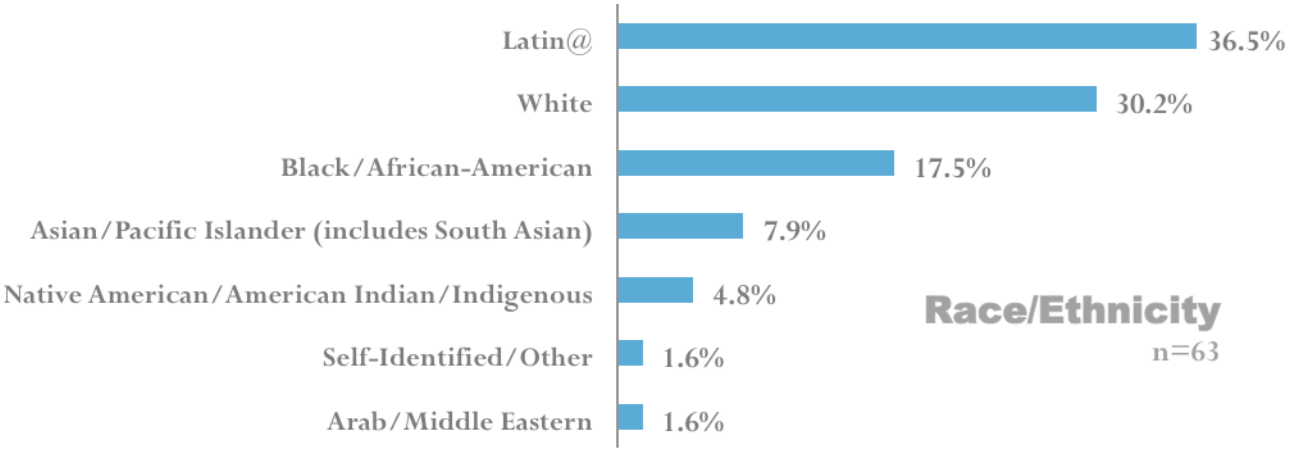
In February of 2012, two people died in a tragic murder-suicide case in Montrose. A 20-year old lesbian, Charity Gilbert, was shot dead by the former husband, Randy Briggs, of her live-in partner, Patricia. Patricia had filed for divorce, had moved out of the Briggs' home, and was living with Charity. She had gone with Charity to pick up her four children from Randy's home, when he came out with a gun and shot Charity and then himself. Reports later indicated that Randy Briggs had a record of domestic violence and his wife had complained of threats from him when she moved out to live with Charity Gilbert. CAVP staff went to Montrose soon after the incident to provide support and technical assistance to local advocates, shelters, and community members.

COMMUNITY UNITED AGAINST VIOLENCE (CUAV)

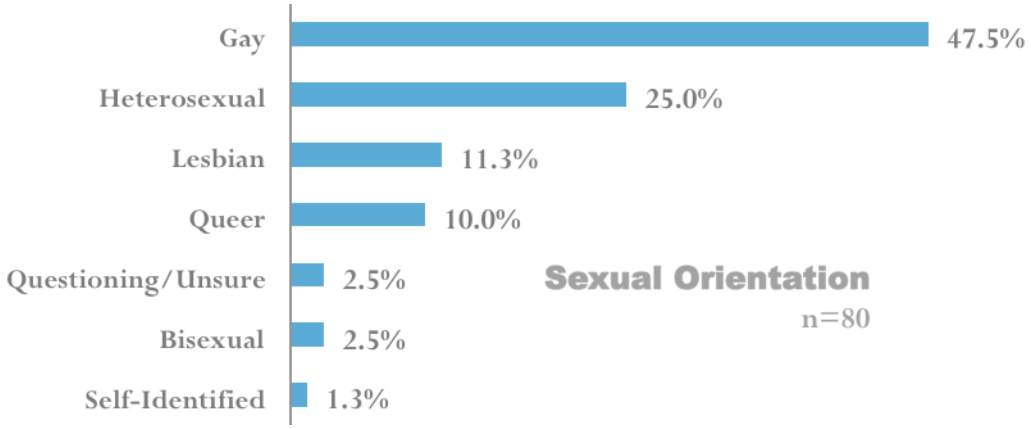
San Francisco, CA

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

CUAV provides services to LGBTQ survivors of violence, most of whom are low- and no-income and people of color, that range from community resources and referrals to peer counseling to case management, including court accompaniment. We also have a participant to member pipeline where survivors have more opportunities to engage with each other around the violence they are experiencing as a community. In 2011, we officially became a bilingual organization. All of our publications, services, and organizing efforts are conducted in both English and Spanish. As an organization, 2012 was a year of transition for CUAV as we said goodbye to two long-time staff members and welcomed in two new individuals. Amidst the transitions though, we continued to build solidarity between Black and Latin@ LGBTQ survivors of violence at events such as May Day, and organized the first-ever domestic violence contingent at Trans March that included representatives from a broad array of domestic violence agencies in the city.



Overall, the numbers of survivors reporting incidents of domestic violence in 2012 decreased by 19% compared to 2011 (149 to 120). This is likely a result of transitions in program structure and documentation processes. CUAV started to implement programming in 2011 that focused on deeper support and leadership development for survivors, which entails decreasing number of individuals reached while increasing our avenues for engagement, healing, and empowerment. Of the people who did report incidents of domestic violence and self-reported their race or ethnicity, the majority of survivors identified as Latin@ (36.5%). This may be because of CUAV's location in a historically Latin@ neighborhood and also because of the high visibility of our work on the merger between federal immigration and local law enforcement known as S-Comm. Additionally, our free, bilingual support creates a safe space for people who want to get support in the language they are most comfortable using.



Of the survivors who reported their gender identity, 22% identified as transgender, a 120% increase from reports in 2011. This increase in reports is likely due to strengthened relationships and outreach amongst transgender communities throughout the city. Additionally, the majority of survivors who self-reported their sexual orientation reported their sexual orientation as gay (47.5%). Gay survivors may make up the highest percentage of respondents due to the lack of domestic violence resources available for gay men in the city, coupled with feelings of fear or shame in reporting to other agencies that do not have a specific LGBTQ focus.

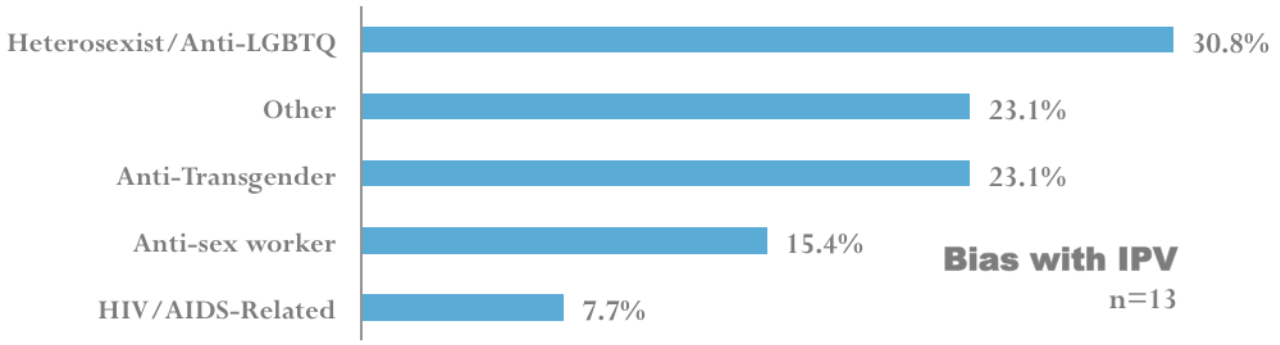
EQUALITY MICHIGAN

Detroit, MI

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

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

Though our DVS has always provided assistance to survivors of IPV, these services have largely been enveloped by our overall anti-violence program. The need for greater resource allocation to IPV services for LGBTQ and HIV-affected people is glaringly evident in our report. Culturally competent and affirming resources and services to LGBTQ and HIV-affected survivors of IPV remain incredibly limited throughout Michigan. This report continues to echo our previous IPV reports, in that there is much work to be done in order to provide quality services to LGBTQ and HIV-affected survivors of IPV.



There were 12 reporting survivors of IPV in 2012, down from 17 in 2011. However, the presence of bias in 92% (11 of 12; 4 anti-LGBT, 2 anti-sex worker, 3 anti-trans, 1 anti-HIV+) reported cases represents a dramatic increase in 2012 from 20% (8 of 22) in 2011. Such biases reflect various power and control tactics specific to LGBT and HIV-affected communities. The percentage of IPV survivors who identified as disabled remained constant in 2012 at 33% (32% in 2011).

Survivors of IPV were evenly divided into three identified groups: gay (4), lesbian (4), and heterosexual (4), with male and female identified victims representing 50% of survivors each (10 survivors identified as cisgender and 2 identified as transgender). 4 survivors identified as Black/African-American, 7 identified as White, and 1 identity is unknown. Survivors reported incidents that range in severity from verbal harassment and threats (7 and 8 reports respectively) to physical and sexual assault (7 and 4 respectively). The most alarming findings of 2012 are the reports of police hostility and

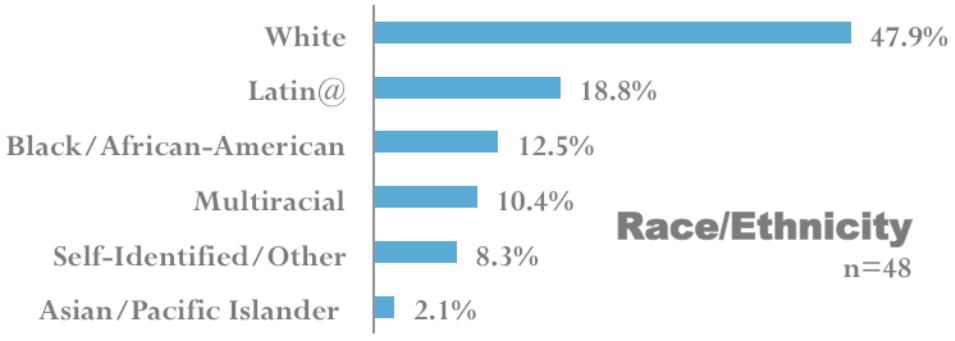
misconduct toward LGBTQ-identified survivors. Of the 6 survivors who reported IPV incidents to the police in 2012, 2 reported excessive force by the police, 1 experienced physical abuse by the police, and 3 reported unjust arrests. This trend of police hostility toward LGBTQ and HIV-affected people underscores an overall trend of increased police misconduct toward LGBT and HIV-affected communities noted in our 2012 Hate Violence Report. Equality Michigan will continue to work with law enforcement agencies in an effort to minimize the secondary trauma experienced by LGBTQ and HIV-affected survivors at the hands our justice system.

THE VIOLENCE RECOVERY PROGRAM AT FENWAY COMMUNITY HEALTH

Boston, MA

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

The VRP is a program within the larger, multi-disciplinary community health center at Fenway where LGBT people and neighborhood residents receive comprehensive behavioral health and medical care, regardless of ability to pay. The VRP currently serves 300 LGBT clients per year who are victims of recent violence in the forms of domestic violence, sexual assault, hate crimes and police misconduct. Direct services include individual counseling, groups, advocacy and case management. Counselors and advocates provide trauma-informed treatment to help clients to stabilize acute symptoms of posttraumatic stress and to empower clients through education about the impact of violence and the healing process. Violence Recovery Program staff assist survivors to access services and resources, including shelter and housing, public assistance and social services and provide survivors with education and assistance in accessing the criminal justice system. The staff of the VRP assists survivors to file reports and restraining orders; connects survivors to LGBT-sensitive medical and legal services; and advocates on behalf of survivors with police departments, District Attorneys' offices and the Attorney General's Civil Rights and Victim Compensation divisions. Clients of the VRP also participate in psycho educational, support and activity-based groups. Groups offered to VRP clients in 2012 included a trauma education group, trauma-informed yoga class, a nutritional workshop for trauma survivors and group counseling and support for male survivors of sexual violence. In addition to delivering services directly to LGBT survivors, VRP staff provides training and education to healthcare providers, legal and law enforcement personnel and community groups.



In 2012, the Violence Recovery Program (VRP) documented 60 new cases of Intimate Partner Violence (IPV). This represents an 18% increase from 2011, a change that coincides with an increase in VRP outreach to communities affected by

IPV. The VRP also increased the counseling and advocacy services offered through the program, which seemed to have been a draw for survivors to seek services and report their experiences of IPV.

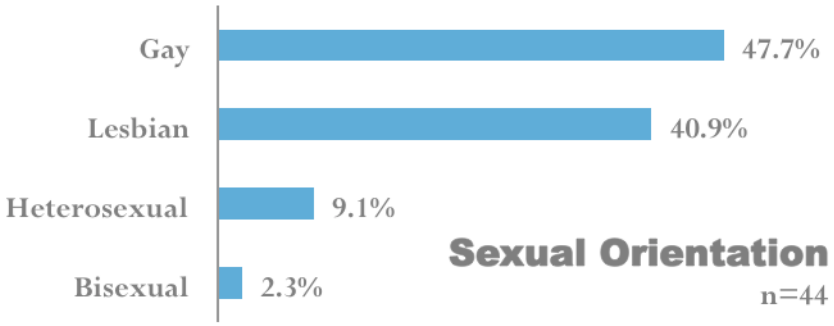
Not only did the VRP see a rise in the number of IPV reported cases, but there was also growth in the number and proportion of people of color (POC) reporting IPV to the Violence Recovery Program in 2012. The number of POC rose from 12 in 2011 to 21 in 2012. This is an increase from 24% to 43% of IPV reports coming from people of color. Also significant is that 18% of total reports of IPV were from Latino/a survivors in 2012. This is a jump from only 2% Latino/as reporting IPV the previous year. This rise in reports of Latino/as and POC is likely due to an organizational collaborative that the VRP spearheaded in 2011, entitled TODAS (Transforming Ourselves through Dialogue Action and Services). Made possible by a grant from the U.S. Department of Justice: Office of Violence against Women, the Violence Recovery Program began a formal partnership with three local organizations to address LGBT domestic violence in Boston-area Black and Latino/a communities. Under this grant in 2012, the VRP hired a bilingual Spanish/English project manager and counselor who provides direct individual and group services to Black and Latino/a survivors and who coordinates with the partnering organizations to enhance outreach to Black and Latino/a communities. The addition of a VRP service provider and the community partnerships has likely contributed to higher numbers of LGBTQ people of color to reporting intimate partner violence to the VRP.

KANSAS CITY ANTI-VIOLENCE PROJECT (KCAVP)

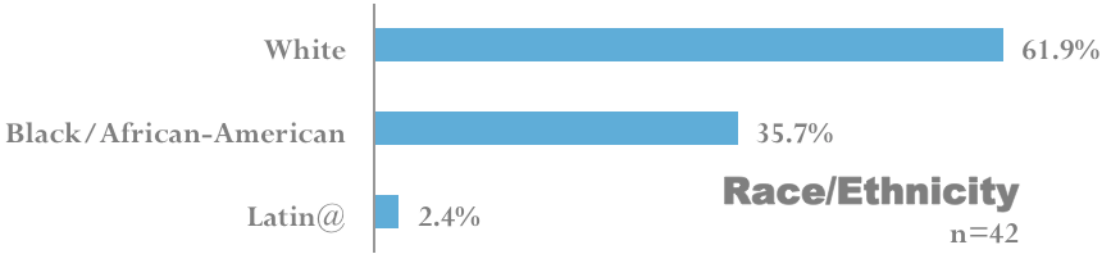
Kansas City, MO

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

In 2012, there was a 15% decrease in survivors contacting KCAVP for services when compared to 2011 (53 in 2011 to 45 in 2012). This may be due to a drop of incidents of IPV in the area, or a change in focus in KCAVP outreach staff from outreach to prevention programming. There was, however, a slight increase in the number of survivors that sought protective orders (12 in 2011 to 13 in 2012).



In 2012, 25.6% of IPV survivor reports that specified gender identity were made by those who identified themselves as women. The next highest percentage was from survivors who identified themselves as men (24.4%), followed by 5.6% who identified themselves as transgender. 47.7% of survivors who reported sexual orientation to KCAVP in 2012 identified themselves as gay, followed by 40.9% who identified as lesbian. 9.1% of survivors identified themselves as heterosexual and 2.3% identified as bisexual.



Of the IPV survivors who reported race or ethnicity to KCAVP in 2012, 61.9% identified themselves as white, 35.7% identified themselves as Black, and 2.4% identified as Latin@. These numbers do not reflect the overall demographics of the Kansas City metropolitan area, but rather may be indicative of the limited capabilities of staff to provide outreach and direct services to non-English speaking communities in the area. KCAVP is continuing to work to increase the language access of KCAVP programs.

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

Miami, FL

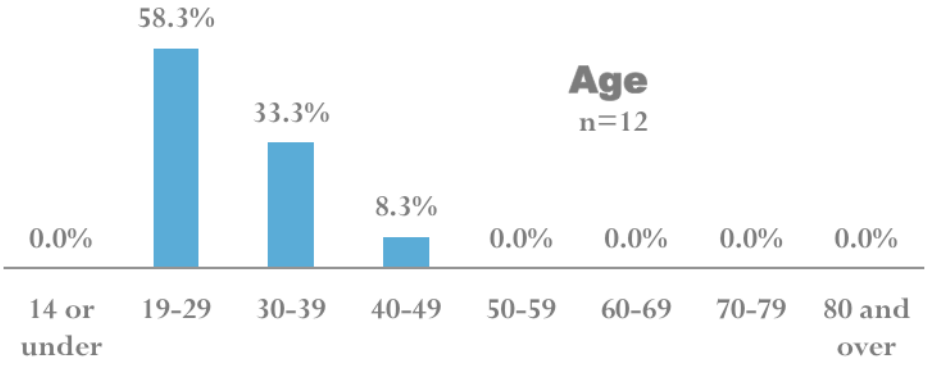
Victim Response, Inc./The Lodge has been a place of renewal, reconnection and safety since 2004. Our mission is to serve as a catalyst of social change to transform our community and champion the human rights of survivors of gender violence and their dependents. This mission is accomplished by our continued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

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

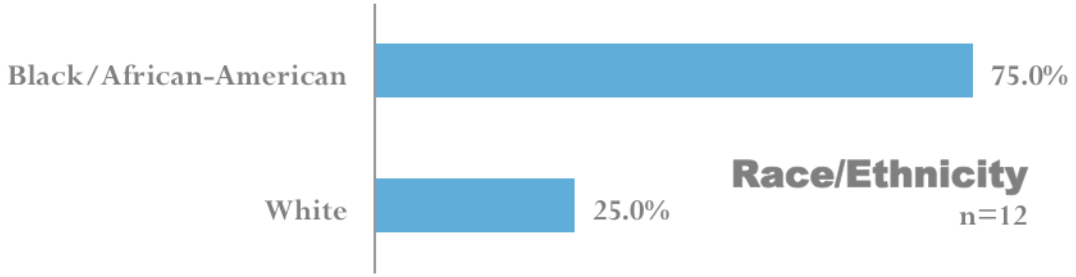
VRI/The Lodge is a 501 (c) (3) not for profit corporation which operates The Lodge, a 40 bed and ten crib domestic violence center. VRI/The Lodge is certified by the State of Florida Department of Children and Families and offers emergency shelter, 24-hour crisis hotline, information and referral, advocacy, case management, safety planning, counseling, and other services to survivors of gender violence and their dependents. VRI/The Lodge also provides technical assistance, training and community education and advocacy with other agencies including, but not limited to, service providers, homeless shelters, community organizations, law enforcement and other community members.

2010 was the first year for VRI/The Lodge to contribute to the NCAVP report and during that reporting period, VRI/The Lodge reported all participants served by our agency during that year. For the 2011 and 2012 report, VRI/The Lodge has reported only LGBTQ survivors served by the agency for the year.

During the 2012 year, of the LGBTQ survivors served at VRI/The Lodge, Transgender and Women were the largest percentage of survivors, with 16.67% Transgender and 75% women. VRI serves a larger percentage of women, because women are most affected by domestic violence. According to the U.S. Department of Justice, Bureau of Justice Statistics, "Family Violence Statistics," June 2005, "The majority (73%) of family violence victims are female. Females were 84% of spousal abuse victims and 86% of abuse victims at the hands of a boyfriend".



VRI served 58.3% of survivors between the ages of 19-29 and 33.33% of survivors between the ages of 30-39, consistent with last year. 8.3% of survivors served were between the ages of 40-49, a decrease from last year. This may be due to less outreach to this specific age group.



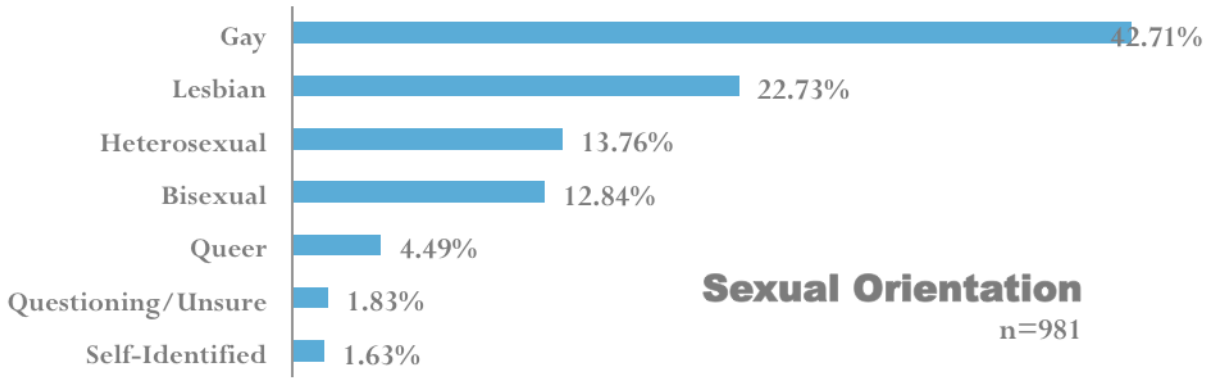
75% of survivors identified as Black and 25% identified as White. There is a possibility that a small percentage of the LGBTQ survivors served by VRI during 2012 that identified themselves as Black or White were also Hispanic. This would explain the large decrease in numbers for Hispanic survivors as compared to last year, as well as explain the discrepancy between participants served and the Miami-Dade census reports.

THE LOS ANGELES GAY & LESBIAN CENTER

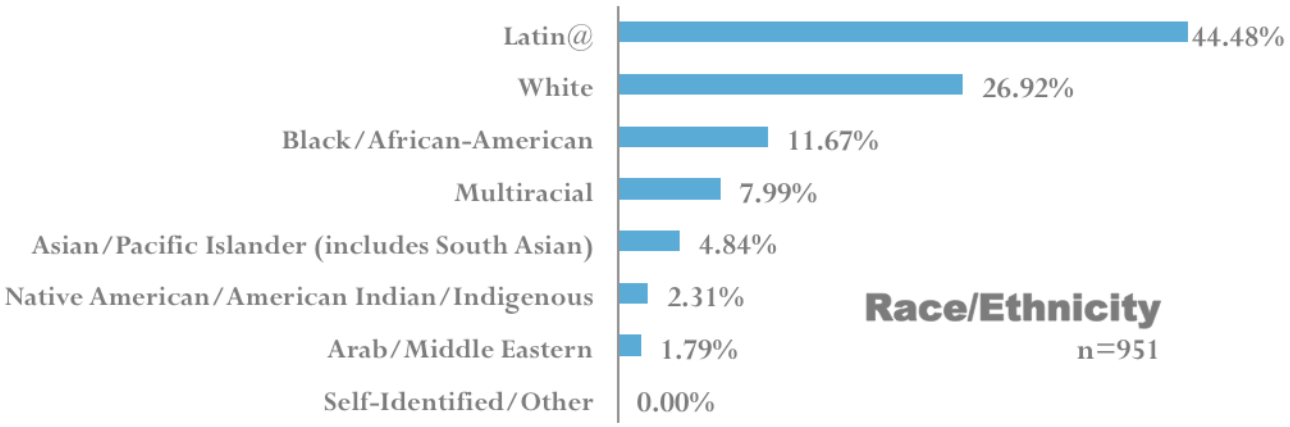
STOP Partner Abuse/Domestic Violence Program (STOP DV)
Domestic Violence Legal Advocacy Project (DVLAP)
Los Angeles, CA

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

Reported cases of LGBTQ domestic violence in the greater (5-county) Los Angeles area reflected a decrease from 1,917 cases in 2011 to 1,228 cases in 2012. These cases were either reported to or assessed by STOP DV (417 unduplicated individuals assessed to be survivors of domestic violence), or DVLAP (143 unduplicated cases), or via STOP DV surveys distributed at LGBT pride festivals throughout L.A. County (668 unduplicated cases) and do not reflect totals of LGBTQ individuals served by mainstream organizations/services. *Note: STOP DV offers services for both domestic violence survivors as well as perpetrators. Only survivors are included in STOP DV's total above.*



While this decrease may be due to an actual reduction in cases in greater L.A., it is more likely due to the following factors: (1) a reduction in the number of survey respondents who were identified within abuse survivor parameters; (2) an increase in the severity of abuse experienced by survivors assisted by STOP DV and the subsequent increase in the number of services and time provided to each individual by the STOP DV program staff; and (3) and programming changes within DVLAP (The Domestic Violence Legal Advocacy Project shifted its service delivery model to the provision of holistic legal services for LGBTQ survivors with an emphasis on serving LGBTQ immigrant survivors of domestic violence, which includes U Visa assistance. This shift led to a substantial increase in mono-lingual Spanish speaking survivors receiving services, many of whom were transgender women. As a result of this shift, the time investment given individually to each client increased leading to a slight reduction in the overall number of clients served).



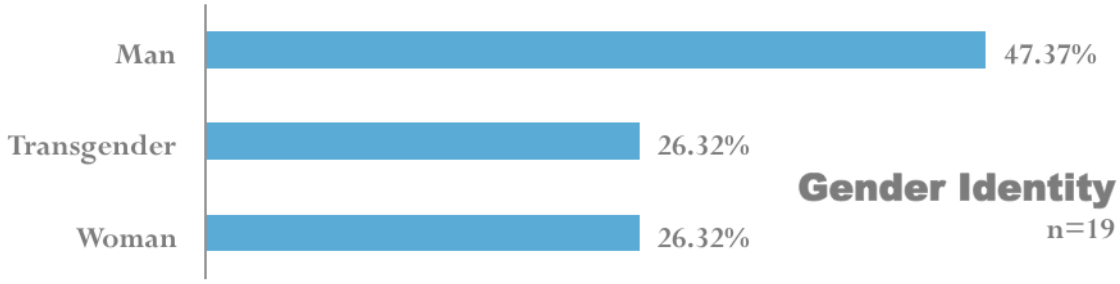
Of the 1,228 reported cases in 2012, females accounted for 455 cases while males accounted for 535 of the total. There were 63 documented transgender cases and 3 intersex cases. The remainder of the total was comprised of individuals with undisclosed gender identities. The majority of cases came from individuals who identified as gay (419), or lesbian (223), while 126 individuals identified as bisexual. Forty-four (44) individuals identified as queer, 18 identified as questioning, and 135 identified as heterosexual. The majority of individuals were between the ages of 19 – 49 and Latin@ (423), White/Caucasian (256), or African American (111).

MONTROSE COUNSELING CENTER

Houston, TX

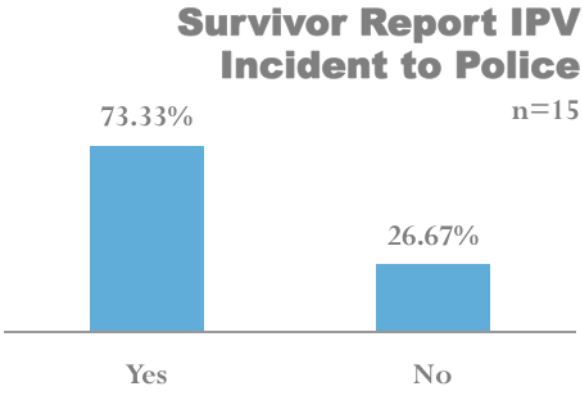
The Montrose Center empowers our community, primarily gay, lesbian, bisexual, transgender individuals and their families to enjoy healthier and more fulfilling lives by providing culturally affirming and affordable behavioral health and preventative services.

The Montrose Center works with survivors of intimate partner violence by providing counseling, case management, advocacy, hospital/police/court accompaniment, and housing to those fleeing same sex domestic violence or those dealing with intimate partner violence issues in counseling. The Montrose Center offers individual counseling as well as group therapy: we have a men's sexual assault group, a women's sexual assault group and a group for survivors of domestic violence run by a specifically trained licensed therapist. We also offer education and training to other agencies in the area which include homeless shelters, law enforcement, schools and other agencies and community support systems. We continue to work on building good relationships with law enforcement and are attending several of their trainings to ensure a better understanding of working with the LGBT community. We have recently started going into juvenile probation and teaching classes on domestic violence, sexual assault and healthy relationship building.



The Montrose Center offered services to 19 survivors of Intimate Partner Violence during the reporting period. In 2012, of the 19 survivors of intimate partner violence assisted, 9 were men, 5 were women and 5 identified as transgender. The number of transgender survivors increased by 400% from the previous year. We believe this increase is due to our increased outreach with the transgender community feeling safer in coming here for services. Of the 19 IPV survivors, 11 identified as gay, 5 identified as lesbian, 1 as heterosexual and 2 as queer. With regards to age, 8 survivors were between 19 and 29, 6 were between 29 and 39, and 5 were between 40 and 49. The Montrose Center serves a targeted population of LGBT clients in the Houston area. We serve a larger population of men since there are so few services offered to men through other agencies. The Montrose Center is filling the gap in dealing with intimate partner violence that other agencies are unable to handle, ensuring services to the LGBT community.

The data analysis also shows that 73.33% of survivors who reported to Montrose also reported to the police. In addition of those survivors who sought an order of protection 100% of survivors were granted one, a 14% increase from 2011. We believe that this is due to our continued involvement with police agencies in our area and our clients feeling safer to make these reports and follow through with them.

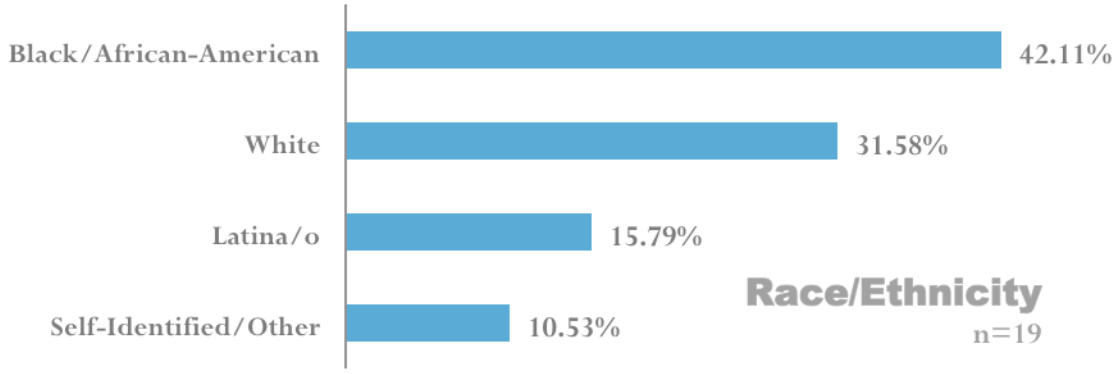


THE NETWORK/LA RED (TN/LR)

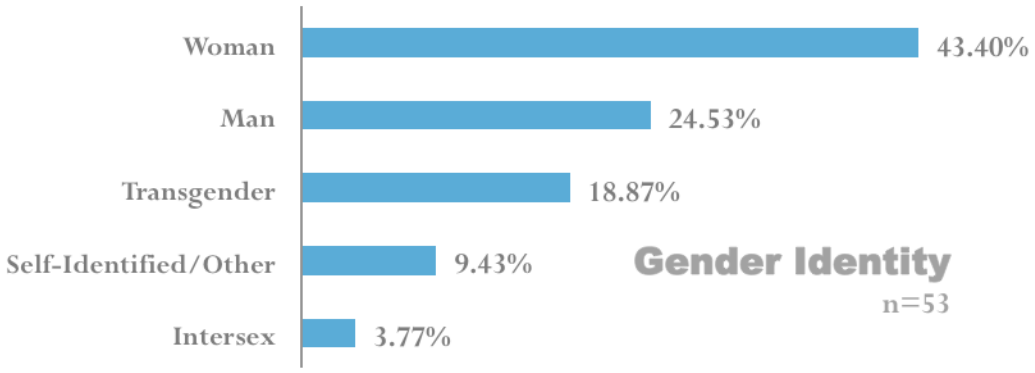
Boston, MA

The Network/La Red is a survivor-led, social justice organization that works to end partner abuse in lesbian, gay, bisexual, transgender, SM, 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 has been providing services since 1989, which have expanded to include hotline, safehome, support groups both in person and phone support group, and advocacy. TNLR also provides technical assistance and training nation-wide to service providers and community organizations on working with LGBTQ communities, LGBTQ partner abuse, and how to screen to determine who is the abuser and who is the survivor.

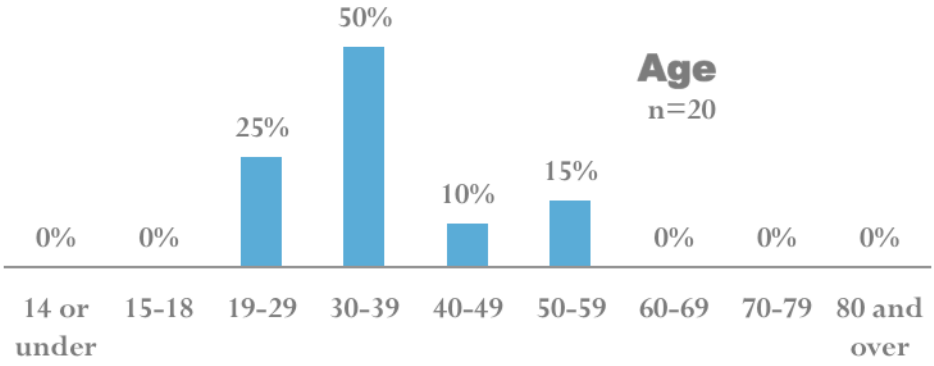
Overall, the numbers of new survivors calling TNLR's hotline for information or advocacy in 2012 decreased dramatically from 2011 (297 to 38). This dramatic decrease can mostly be attributed to our statewide domestic hotline ending the practice of referring straight women caller to our program when our safe home is open. This is the result of our training their advocates to understand that our limited services are specifically tailored to the communities that we serve and that we were beginning to be unable to serve LGBTQ folks due to the constant influx of straight callers who could be served by about 30 other programs in the state. This year's number of 28 is a more accurate picture of the in-depth relationships that we form with the survivors we work with from LGBTQ, SM, and polyamorous communities. In addition this number does not include the ongoing work we did this year with survivors we have worked with from previous years, which totaled 256 survivors.



Of the survivors who identified their race, 42.11% identified as Black, an increase from 2011. This increase is likely due to our participation in the Tod@s collaboration which specifically focuses on reaching Black and Latin@ LGBTQ survivors of partner abuse. This collaboration with Fenway's Violence Recovery Program, the Hispanic Black Gay Coalition, and Renewal House over the past two years has increased our visibility and connection to these communities. Adding together the 15.79% of those survivors who identified as Latin@ (but also keeping in mind that there may be overlap since some survivors identify as both Black and Latin@), the survivors who identified as part of Black and Latin@ communities makes up over half of the survivors we worked with in 2011.



Of the survivors where gender was known, 43.40% identified as women, 24.53% identified as men, 18.87% identified as transgender, and 9.43% identified as self-identified/other. There are several potential reasons for this, one is that many mainstream domestic violence programs target their advertising to women as survivors and are publicize that services exist for them. Therefore it is possible that lesbian, bisexual, and queer women are more likely to reach out for help thinking that these services may include them. The combined total of transgender and self-identified/other gendered people utilizing our services is the second highest percentage at 28.3%, which can be attributed to our strong ties to transgender organizations and community groups in the state. The low number of men utilizing our services might be attributed to the existence of the Gay Men's Domestic Violence Program which has been very visible in gay men's communities and may be the first point of contact for many gay and bisexual men experiencing partner abuse. This may also have to do with the fact that although TNLR has been, in practice, working with gay and bisexual men for many years, gay and bisexual men were only added to our mission statement in 2010 and so the perception by many service providers making referrals is that we only work with lesbian, queer, and bisexual women and transgender individuals.



Finally, our numbers show that 50% of the survivors utilizing our services are between the ages of 30-39 whereas our numbers for youth and elders are far less. To address this issue TNLR has been partnering with a local LGBTQ youth agency, BAGLY, and have been offering co-facilitated trainings on Healthy Relationships and Dating Abuse. TNLR also plans to become more involved with both SAGE, an organization focusing on domestic violence against elders, and the LGBT Ageing Project to reach more LGBTQ elders who experience partner abuse.

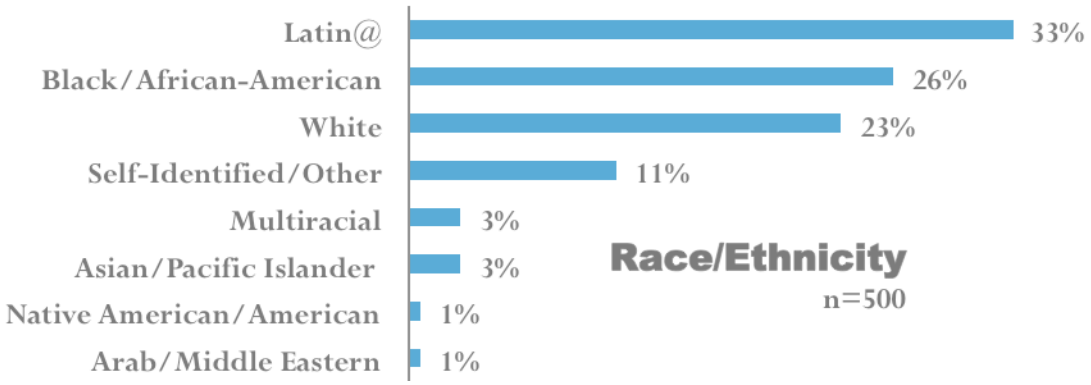
THE NEW YORK CITY ANTI-VIOLENCE PROJECT (AVP)

New York, NY

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

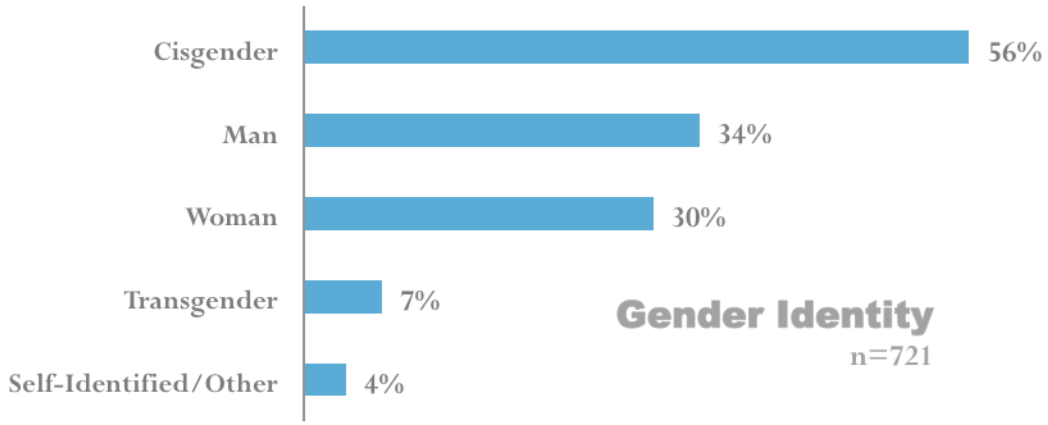
In 2012, the AVP supported a total of 500 new LGBTQ survivors of intimate partner violence. While this represents a slight decrease (8%) from the previous year (546), the violence was increasingly deadly: the number of IPV-related homicides reported to AVP doubled in one year, from two in 2011 to four in 2012. AVP's data supports the overall national trends presented in this report, including the disproportionate impact of intimate partner violence on survivors/victims who identify as men, on LGBTQ and HIV-affected people of color, and on transgender and gender non-conforming (TGNC) people, particularly trans* people of color. In 2012 in New York City, men represented 33% of clients reporting this type of violence, but 75% of homicide victims; LGBTQ and HIV-affected people of color represented over 60% of clients reporting intimate partner violence and 75% of homicide victims.

AVP reported four IPV-related homicides in 2012. **Lorena Escalera**, a Latina transgender woman was fatally suffocated and then her apartment was set on fire. Her boyfriend was questioned by the police, but released, and the investigation is still pending. **Shaun Woolford**, a Black, cisgender gay man, who was killed by his ex-boyfriend in the apartment they shared in Bedford-Stuyvesant, Brooklyn. **Tory Curtis**, a Black, cisgender gay man who was fatally shot by his boyfriend who then fatally shot himself after an agreement in Curtis' apartment. **John Laubach** a White, cisgender gay man was robbed and killed by two men he had met through a dating website.



Race/Ethnicity Of Survivors

Consistent with previous years, the majority of survivors who reported IPV to AVP in 2012 identified as people of color. Also consistent with previous years, the most reported ethnic identity by survivors was Latin@ (32%). The second largest group of survivors identified as Black/African-American (26%), followed by survivors who identified as white (23.3%), and as Multi-Racial/Self-Identified (14%).



Gender Identity of Survivors

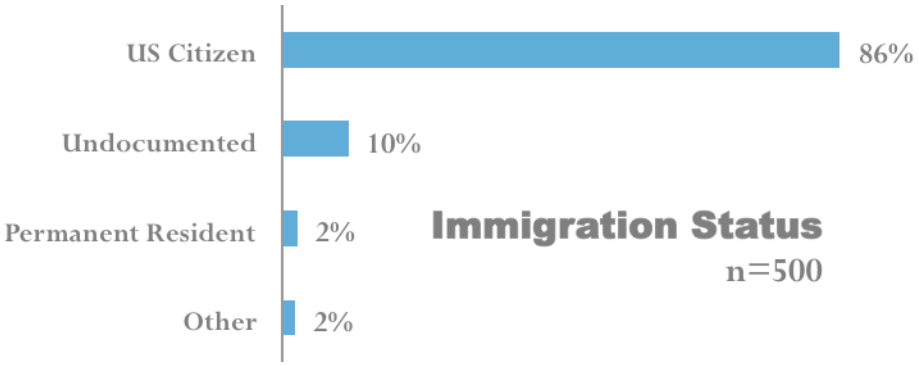
Of those who shared gender identity with AVP, 56% of survivors and victims were non-transgender (cisgender), a 24% decrease from 2011 (from 491 to 375). Survivors identifying as transgender, gender non-conforming, intersex, or self-identified increased by 28% from 2011 (from 55 to 70). These trends likely reflect AVP's community-based programming, which continues to specifically focus on reaching transgender and gender non-conforming communities outside of Manhattan.

Survivors who shared their gender identity as "self-identified" increased significantly in 2012, compared to 2011 (by 300%, from 6 to 24), reflecting that within transgender and gender non-conforming communities, gender identity and the language LGBTQ people use to express it continues to evolve.

A third of survivors reporting to AVP identified as men (34%), with a slight increase over 2011 (8% from 207 to 223), while 30% of survivors identified as women, a 15% decrease from 2011 (from 231 to 197). The high proportion of survivors identifying as men, who along with transgender and gender non-conforming survivors have so few resources within the heteronormative anti-domestic violence service provision arena, and their overrepresentation among IPV-related homicides reporting in 2012, underscores the importance of continued work towards accessibility for services across the spectrum of gender identity.

Sexual Orientation

Consistent with previous years, the most reported sexual orientation for survivors and victims was gay (43%), followed by heterosexual (23%), lesbian (22%), bisexual (5%), with queer and questioning/unsure/self-identified both at 3%.



LGBTQ and HIV-affected Immigrants

In 2012, 14% of survivors reported they were non-citizens, with 10% (31) identifying as undocumented immigrants, a 20% decrease from 2011 (from 39 to 31) and there was a slight increase (13%) in survivors reporting anti-immigrant bias from their abusive partners, from 22 in 2011 to 25 in 2012.

Police Interactions and Response

In 2012 in NYC, fewer survivors reported IPV to the police. There was a 19% decrease from 2011 (from 196 to 159), with more than half (54%) reporting, with a 25% decrease in survivors reporting their complaint was taken by the police (from 196 in 2011 to 159 in 2012). A significant proportion (67.8%) of survivors reported they did not interact with the police at all, which represents an increase from 2011 (42%). Survivors may engage with police even if they don't choose to report, often because an abusive partner makes false complaints against survivors, or because witnesses may reach out to police if they become aware of an incident.

For those that did interact with police, reports of hostile police attitudes about tripled in 2012, with 20 reports, up from 6 in 2011. There was a significant (35.71%) decrease in abusive partner arrests from 98 in 2011 to 63 in 2012, and a small (2%) increase in unjustifiable arrests (from 8 to 10.) A lack of overall engagement may indicate a lack of recognition of LGBTQ IPV, particularly for survivors identified as cisgender men or TGNC, and along with police misconduct may reflect institutional homophobia, biphobia, transphobia in police and first responders. This could also be due to the traditional understanding of domestic violence in which men/masculine presenting partners are viewed as abusive, and women/feminine presenting partners are viewed as victims.

In 2012 AVP saw a 20% decrease in survivors reporting they engaged with the police (from 208 in 2011 to 166 in 2012), but a significant increase in reports of police misconduct (1140%, from 5 in 2011 to 62 in 2012.) There was also a 19% increase in reports of hostile or indifferent attitudes of police (from 47 in 2011 to 56 in 2012). These increases may be related to the increase in the number of reports from TGNC people and people of color, who regularly report profiling, harassment, mis-arrest and violence by police based on their perceived gender identity, sexual orientation, and immigration status. It may also be a result of AVP's high profile work on racial profiling and discriminatory stop and frisk practices, which may increase the likelihood that any survivor reporting violence to AVP, including IPV survivors, may feel more comfortable disclosing policy misconduct.

This data suggests that AVP's programmatic strategies, such as community-based intake, coordinated community response, training of first responders and addressing intersectionality in violence prevention, is still necessary. Of note is our work with Communities United for Police Reform (CPR), which addresses the "stop and frisk" policies of the NYPD, that disproportionately impacts marginalized communities, including those who identify as LGBTQ. While this, and other work to stop the use of condoms as evidence in prostitution-related arrests, may seem unrelated to IPV, it is instrumental to addresses the institutional bias that may prevent LGBTQ and HIV-affected survivors from seeking support.

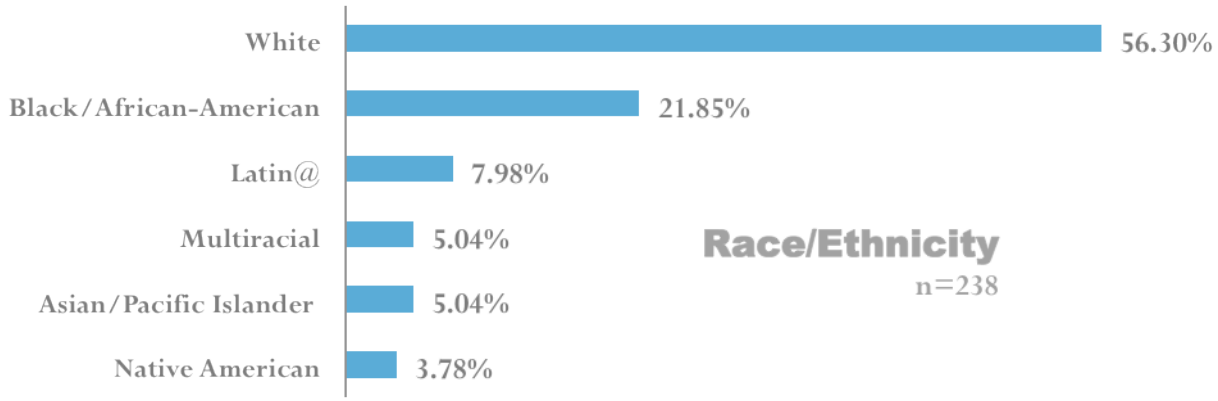
OUTFRONT MINNESOTA

Minneapolis, MN

OutFront Minnesota is the state's leading advocacy organization working with lesbian, gay, bisexual, transgender, queer and allied people. Our mission is to create a state where lesbian, gay, bisexual, and transgender people are free to be who they are, love who they love, and live without fear of violence, harassment or discrimination.

We envision a state where LGBTQ individuals have equal opportunities, protections and rights. We are working toward the day when all Minnesotans have the freedom, power and confidence to make their best choices for their own lives.
Our Anti-Violence Program is committed to honoring the unique needs of LGBTQ crime victims and their friends/families throughout Minnesota. We work to build the safety and power of survivors and community members and to create opportunities for support and healing through the provision of crisis intervention, advocacy, counseling, community education and outreach. To attain equity for LGBTQ survivors, we approach this through an intersectional lens that locates and honors our many layered identities at the heart of our work.

Overall, in 2012, our Anti-Violence Program experienced a 9.6 % increase (301 to 330) in survivors of intimate partner violence accessing our program and services. While we recognize that increased numbers of survivors came forward, we also suspect that many additional survivors felt the impacts of the harsh political spotlight relating to the constitutional amendment battle to define marriage as between one man and one woman facing Minnesotans throughout 2012 and chose not to or felt unable to report their experiences. This seems to be a common trend for LGBTQ intimate partner violence survivors throughout the country (as reported in states with both an Anti-Violence Program AND a constitutional amendment battle). Several survivors discussed with our advocates significant fear and trepidation about getting support outside of the relationship. As one 2012 client stated, "I'm afraid I will make all of us look bad if I get an Order for Protection."

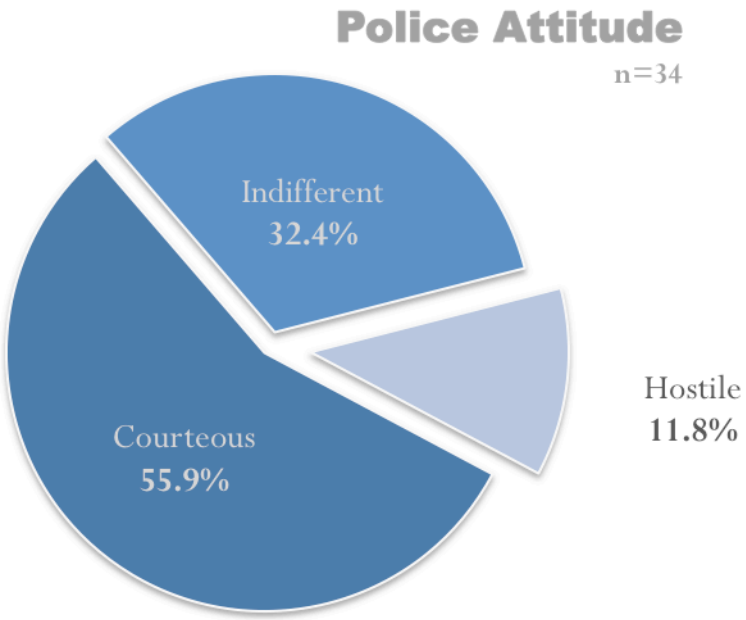


We noted a 16% increase in working with survivors from communities of color (52). Most significantly, we saw a 33% increase in LGBTQ survivors who identified as Asian/Pacific Islander (9 to 12) and a 73% increase in clients who identified as African-American (30 to 52). We believe that much of these increases relate directly to our work with mainstream

domestic violence organizations and state coalitions which we undertook in 2012 as a way of increasing access for traditionally underserved or marginalized communities to our program.

One alarming trend in Minnesota is the increased use of weapons (such as guns, knives and vehicles) in intimate partner violence cases. 11.5% of all reported survivors reported being threatened with or assaulted with a weapon. This represents a 123.5% increase in such incidents (17 to 38 cases) over data collected in 2011. Additionally, while we noticed an overall drop in injuries to survivors requiring medical attention (74 to 38 cases), we did see marked increase in the areas of harassment (51%) and stalking (20%) by current and former partners. These are especially disturbing trends due to the use of emotional and psychological manipulation that can leave survivors feeling universally unsafe in every aspect of their lives. Of particular note, stalking is a nationally recognized potential domestic violence fatality indicator. In response, we have adapted several safety planning tools to include responses to stalking behavior.

While much work has been completed with criminal justice systems and law enforcement professionals, we recognize that we definitely have opportunities for growth in this area in Minnesota. Of the 78 cases reported to the police (a 7 % decrease from 2011), 88.2% of survivors who answered this particular question (34) reported either courteous or indifferent treatment from law enforcement professionals. However, 11.8% of clients reported a hostile response with survivors in 4 incidents reporting verbally abusive language, slurs or bias language used by law enforcement. We recognize that this area is one of tremendous growth potential for our anti-violence work to create safer access for LGBTQ survivors to the criminal justice systems.



SAFESPACE PROGRAM AT RU12? COMMUNITY CENTER

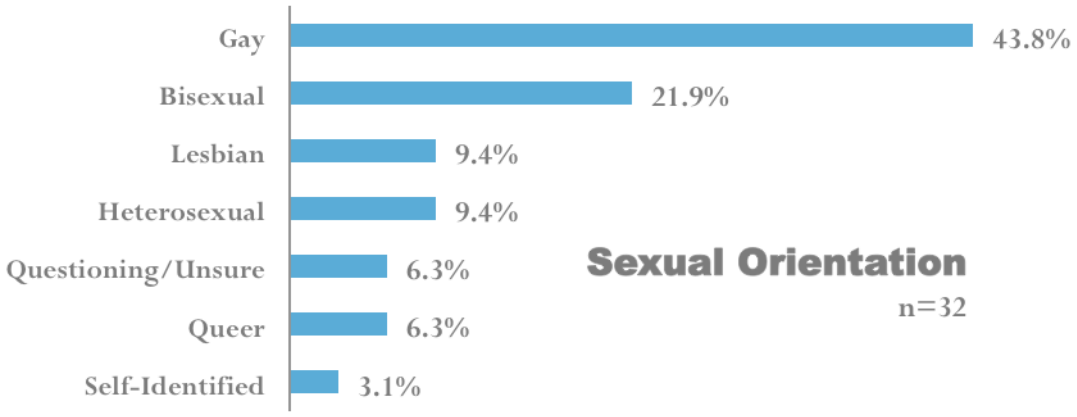
Burlington, VT

The SafeSpace Program at RU12? Community Center 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 HIV-affected (LGBTQH) people. We provide information, support, referrals, and advocacy to LGBTQH survivors of violence and offer education and outreach programs in the wider community.

SafeSpace was founded in 2001 and merged with RU12? Community Center in 2006. RU12? celebrates, educates, and advocates with and for LGBTQH Vermonters. Since anti-violence programs began there have been struggles over where to situate these programs, whether as stand-alone organizations or within larger organizations.

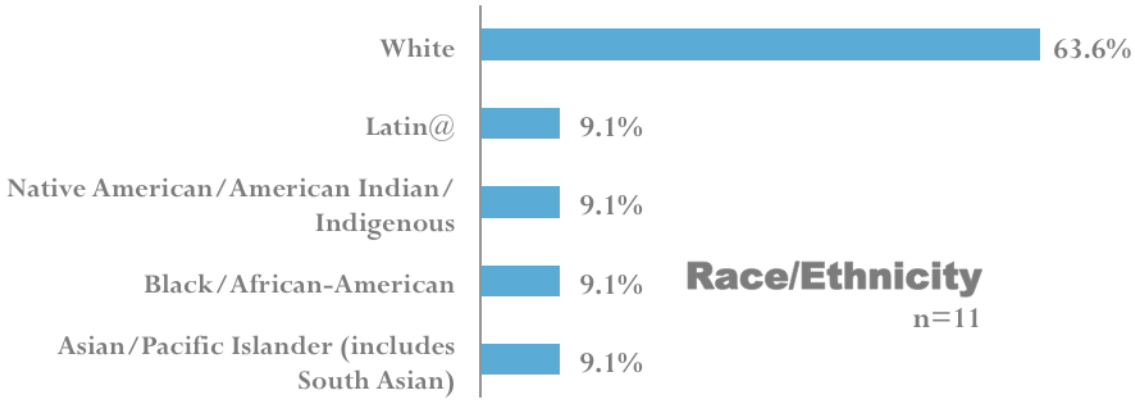
There are pros and cons to SafeSpace being part of a community center. RU12? provides greater visibility and sends a message that IPV is a community issue. When violence occurs on a systemic level a community center informed by a close connection with an anti-violence program can support a more unified and quick response and a show of strength through affinity. It also provides onsite services, reducing travel and the need for contact with multiple agencies. On the other hand, worries arise regarding the confidentiality of survivors walking into SafeSpace through the Center and to what degree a perpetrator can access the community center space. An in depth analysis to expand the list could prove useful and provide insights into how LGBTQ communities organize around issues and culture.

The total number of new IPV reports to SafeSpace increased by 57%. This dramatic rise is most likely a reflection of the increased visibility of SafeSpace through trainings and outreach. In 2012, which represented a transition year for RU12?'s training program, staff provided 36% (from 12 to 33) more trainings to 54% (from 326 to 604) more participants.



Reports indicating sexual orientation showed little variation between 2011 and 2012 for Gay men (43.8%) and Bisexuals (21.9%), who topped the reporting numbers. 9.4%of the reports were by lesbian identified survivors, a decrease from 40% (from 5 to 3) in 2011. RU12? has a strong MSM-focused HIV prevention program, which may impact the visibility of IPV services within gay male communities.

The two primary age categories for new survivor reports where the age was known were 19-29 (50%) and 30-39 (22.7%). In 2012, RU12? Implemented an elders program, through which we hope to reach LGBTQ survivor of IPV within the aging communities. Of the total IPV survivors who specified their gender identity, 36% identified as cisgender and 6% identified as transgender.

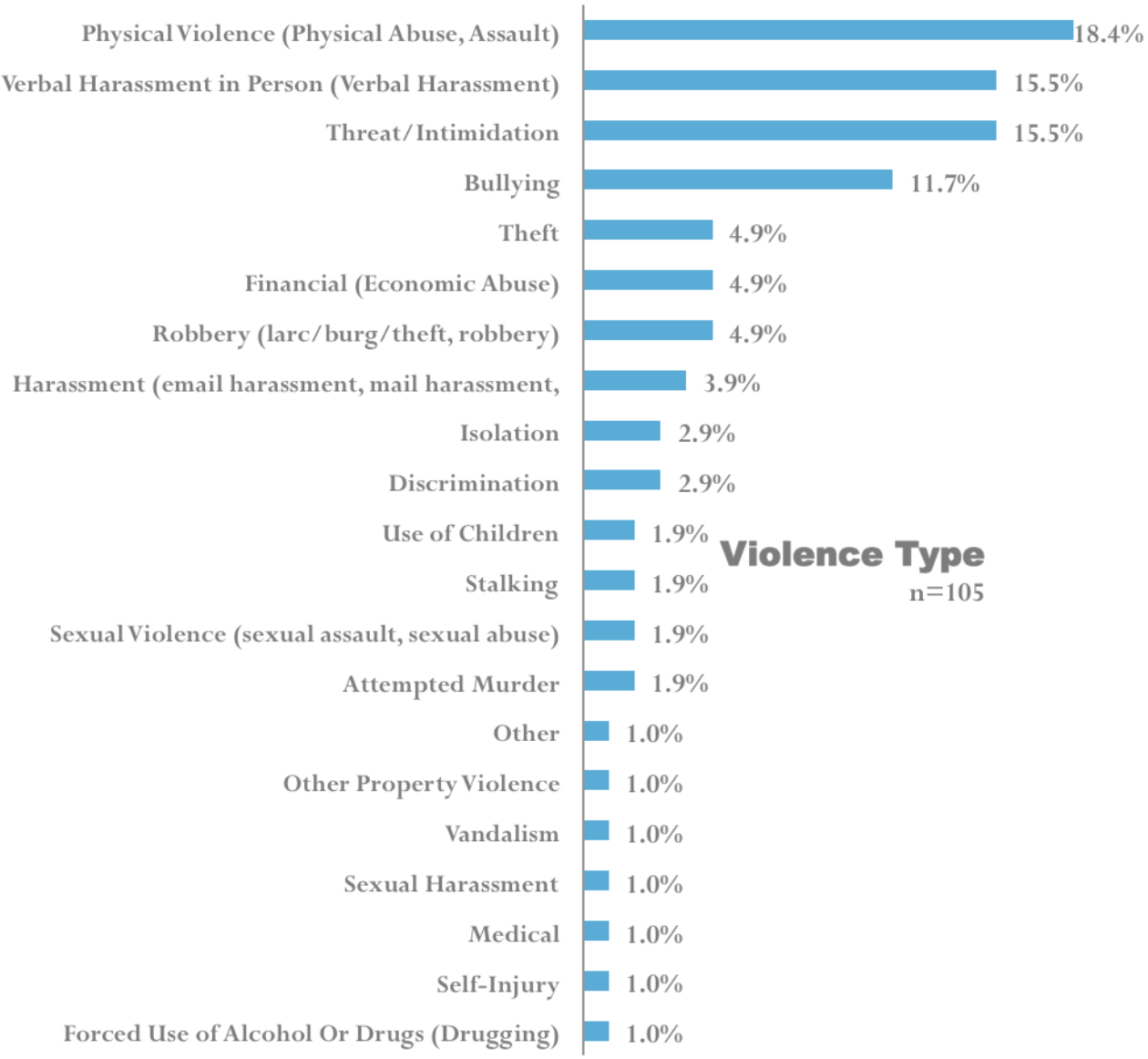


Of those who specified their race or ethnicity, 63.6% were white and 9.1% were Latin@, Native American/Indigenous, Black/African American, and Asian/Pacific Islander each. The census indicates that Vermont is 95.4% white and Chittenden County, where RU12? is located, is 92.3% white.

Over the past three years, RU12? has steadily developed a peer-led LGBTQ Disabilities Support Group, which may relate to the 46.7% increase (2 to 14) in reports by survivors indicating that they have a disability. Often, people have multiple disabilities, making it clear that simply trying to capture whether or not someone has a disability misses work that needs to be done to address vulnerabilities and strengths within the lives of people with multiple disabilities.

A total of 105 types of violence were reported to RU12? in 2012. Reported IPV-related injuries (8 of 30 new reports) rose 26.7% from the previous year. Two of these cases received medical attention through either hospital stays or inpatient care. Multiple forms of violence were reported, reflecting the pervasive opportunities and methods an offender can take to inflict harm. Of those who reported on type of violence, Physical violence was reported most often (18.4%), followed by Verbal Harassment in Person (15.5%), Threats/Intimidation (15.5%) and Bullying (11.7%). Anti-Transgender bias was reported in33.3% of IPV cases that reported on bias type. Transgender populations within Vermont continue to face high rates of stigma and discrimination, creating vulnerabilities that offenders exploit.

Of those survivors that specified on police interaction, over half did not contact law enforcement and 44.4% engaged the police. Of this 44.4%, 13.3% reported that the police were courteous, 7% faced police hostility, and 3.3% found the police to respond indifferently. Anecdotally clients have expressed reluctance to report incidents of IPV to law enforcement due to lack of response historically and/or outing themselves as a couple rather than roommates in a small rural community. RU12? has been working to bring sensitivity and promising practices trainings to the Vermont Police Departments and through the Vermont Police Academy.



Of the 13 survivors who reported an incident of IPV to the police, 11 had their complaints taken and two did not. Of these 13 reports, there were 7 abuser arrests . Seven of the thirty survivors sought Protection Orders and of these, 5 were granted. Of this 5, 3 were Criminal Orders and 2 were DV Orders.

The Types of Services provided by SafeSpace ranged broadly, with 13.3% of survivors who reported this information seeking counseling and 20.3% seeking legal referrals. Shelter (15.3%) and Housing (8.5%) were also greatly needed. Of the six people seeking shelter, a 50% increase from 2011, three were denied shelter, one received shelter, and two were unknown.

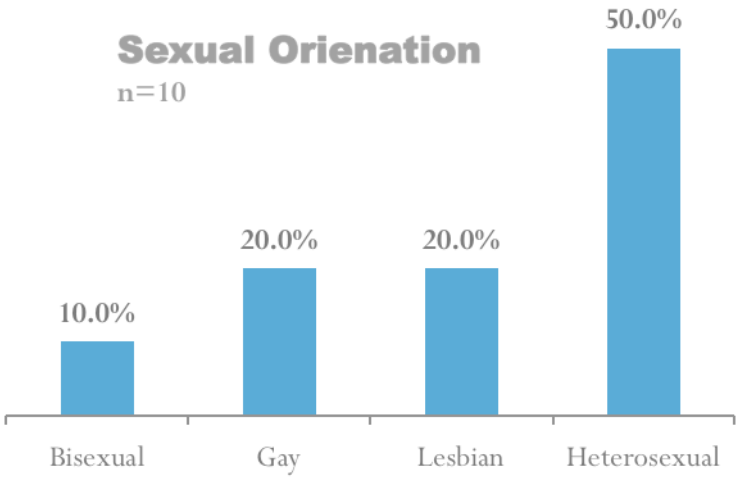
Mental Health advocacy was required by 30.0% of the all IPV clients, a 50% increase from the previous year. Four survivors were provided with court accompaniment. Three received emergency funds, up from 0 in 2011.

SEAN'S LAST WISH

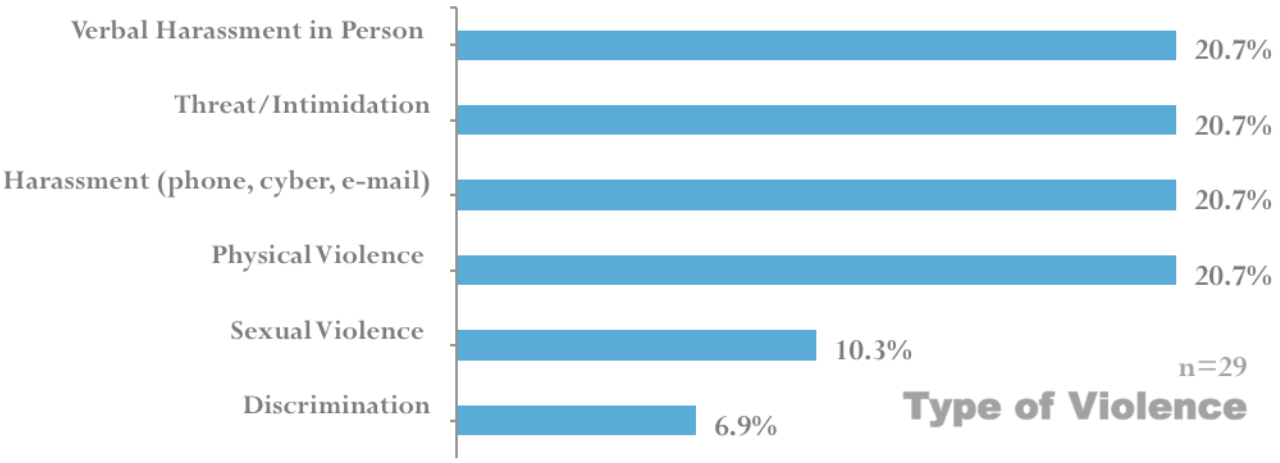
Greenville, SC

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

In 2012 Sean's Last Wish attended countless community events and visited colleges and universities across Georgia, North Carolina, and South Carolina. During these events Sean's Last Wish educated community members about the impact of anti-LGBTQ bullying, LGBTQ domestic violence, and anti-LGBTQ hate violence. Sean's Last Wish also administered a survey at these events asking LGBTQ youth and young adults (primarily ages 13-29) to report their experiences of bullying, hate violence, domestic violence, violence at school, and suicidal ideation. Some respondents also filled out the survey online.



A total of 59 people took the survey with 10 reported cases of intimate partner violence in Georgia, North Carolina, and South Carolina in 2012. Regarding gender identity, 40% of respondents identified as women, and 60% identified as men. Regarding sexual orientation, 10% of survey respondents identified as bisexual, 20% identified as gay, 50% identified as heterosexual, and 20% identified as lesbian.



The majority of intimate partner violence cases reported to Sean's Last Wish were verbal harassment (20.7% of total reports), physical violence (20.7% of total reports), intimidation (20.7% of total reports), threats (20.7% of total reports), and non-verbal harassment including phone, cyber, and e-mail harassment (20.7% of total reports).

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

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

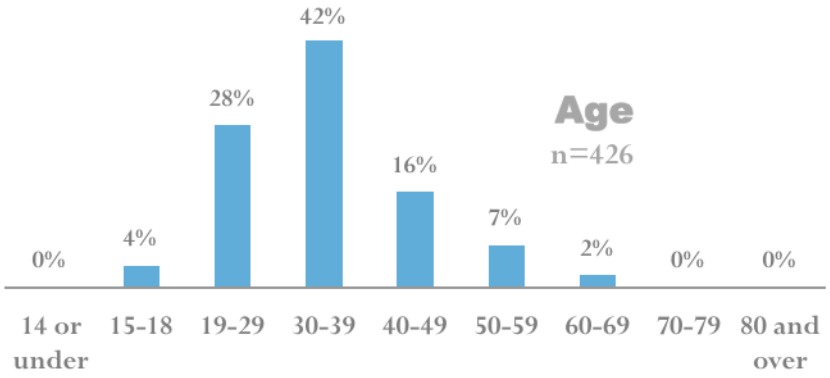
WINGSPAN ANTI-VIOLENCE PROGRAMS

Tuscon, AZ

Wingspan's Anti-Violence Program (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 through our bilingual crisis line. Advocates also provide bilingual information, support, and referrals to LGBT survivors of violence. Additionally, we offer extensive outreach and education programs.

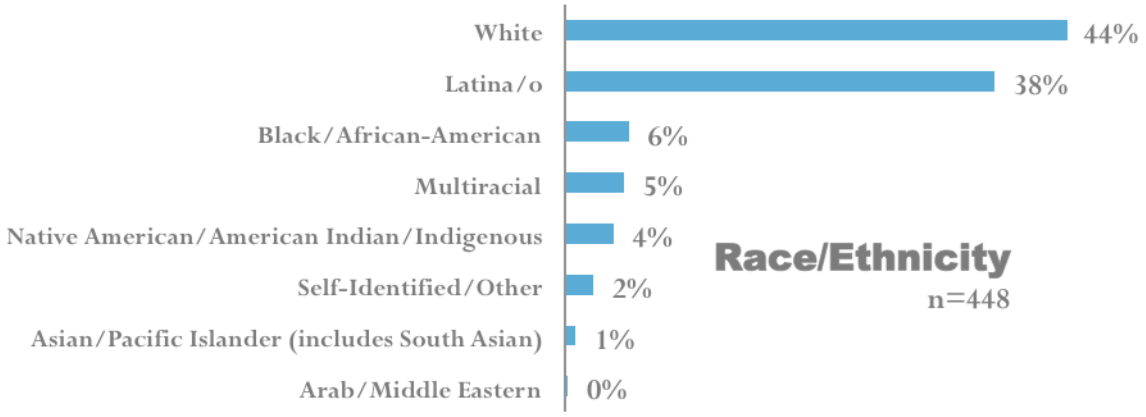
Wingspan is Southern Arizona's LGBTQ community center and our mission is to promote the freedom, equality, safety and well-being of LGBT people. Wingspan has been furthering that mission since 1988 through programs for youth, older adults, Latina/o communities, transgender communities, and survivors of violence. Wingspan provides a Welcome Center, advocacy, peer support groups, social opportunities, and community education and outreach.

In 2012, Wingspan served 460 survivors, up 222% compared to 2011, in which we served 143 survivors, a dramatic increase in survivors served. It is possible at least a percentage of this rise is due to an escalation of incidents across Southern Arizona. Widespread attention to LGBT rights (President Obama stating he is in favor of gay marriage, the 9th Circuit Court of Appeals declares California Prop 8 unconstitutional and several local incidents that also received national attention) have the potential to increase violence against the LGBT community. However, it is unlikely that the whole 222% increase is a result of increased violence. In 2012, Wingspan's AVP engaged a significantly larger staff, more equipped to handle the demand for assistance from advocates. Additionally, 2011 brought about a large outreach and education effort, making Wingspan's services more visible and accessible to the community. Increased visibility in addition to a larger staff in 2012, and a possible genuine upsurge in violence are contributing factors in the upsurge of survivors served.



Wingspan saw a dramatic increase in the percentage of survivors served between the ages of 30-39. In 2012, 42% (181 of 460) were among this age bracket, as compared to 20% (28 of 143) in 2011, a 12% increase. The reason behind an upsurge of this magnitude is unclear; however, a change in Welcome Center hours and location may be a factor. In 2012, Wingspan's Welcome Center changed its on-site location. This is significant because the Welcome Center space was the same space as the youth lounge. The time the Welcome Center was open to the public was limited from 11am-2pm, Monday through Friday. When the youth lounge opened at 3pm, there was not a Wingspan space available to adults over the age of 23. The Welcome Center's move to an adjacent building allowed Wingspan to increase hours to 11am to 5pm. This created a space for people in older age brackets, even after the youth lounge opened, that had not existed in 2011. Though

advocate's hours have always been available until 5pm, offering a space where advocates can interact with the community in-person increases the amount of people that choose to reach out for resources.



In 2012, Wingspan saw a near 3.5% increase in Latina/o survivors served. This is most likely because Wingspan offers bilingual advocacy that was unavailable in 2011. Since the increase of staff in AVP generally, and the hiring of a bilingual advocate, AVP has been able to reach out in more meaningful ways to Latina/o communities. Providing services in Spanish eliminates the language barrier for some of our survivors, enabling Spanish only speakers to utilize services. The bilingual advocate is also able to engage in increased outreach efforts throughout Southern Arizona, making Wingspan services more visible to Latina/o communities. Additionally, our bilingual advocate is a staff representative at Wingspan's volunteer driven project, Puertas Abiertas, which also increases awareness for Wingspan services, and could account for the increase in Latina/o engagement.

STORIES OF LOSS

2012 IPV-Related Homicides

This report was written by the
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INTRODUCTION

The National Coalition of Anti-Violence Programs (NCAVP) presents this collection of stories of lesbian, gay, bisexual, transgender, queer, and HIV-affected (LGBTQ and HIV-affected) intimate partner violence (IPV) homicide victims in 2012 as a supplement to the annual intimate partner violence report. This document provides a snapshot of IPV victims' experiences, and seeks to honor their memory.

In 2012, the National Coalition of Anti-Violence Programs (NCAVP) saw the highest ever reported number of IPV homicides since NCAVP began documenting this violence. NCAVP documented 21 homicides in 2012, which was greater than three times the amount of homicides documented in 2010 and 2 more than reported in 2011. While homicides rose, NCAVP also documented a 31.83% decrease in overall intimate partner violence incidents from 2,679 in 2012 to 3,930 in 2011. NCAVP member programs report that this homicide increase highlights the need to increase funding for LGBTQ and HIV-affected -specific anti-violence programs. 2012's IPV homicides have a disproportionate impact on men and gay men in particular with 47.6% of the homicide victims identifying as men and gay. These findings continue to shed light on the importance of prevention, strategic response, research, and accurate reporting of intimate partner violence as it affects LGBTQ and HIV-affected communities.

This supplemental report brings to light the severity of IPV within LGBTQ and HIV-affected communities, in the hopes of allowing the reader to examine themes in LGBTQ and HIV-affected IPV homicide and to see the diversity of 2012's homicide victims. The report highlights the narratives of twenty-one known LGBTQ and HIV-affected IPV homicides in 2012. Some of these incidents have not been classified by law enforcement as domestic violence. However, NCAVP member programs have carefully selected these stories because they include information that indicates a strong likelihood that IPV either motivated or was related to the homicide. NCAVP wrote these narratives using information from media outlets, family/friends, and local NCAVP members. NCAVP is not responsible for the complete accuracy of these narratives and the specific details pertinent to allegations, police investigations, and criminal trials.

These narratives illustrate the need for the existence and expansion of LGBTQ and HIV-affected anti-violence programs. If you are interested in starting an anti-violence program, becoming a member of the National Coalition of Anti-Violence Programs, or if you would like more information, contact NCAVP at info@ncavp.org or 212.714.1184.

2012 IPV HOMICIDE NARRATIVES

ALPHABETICAL BY STATE

DANIEL TURMAN: 43, White, cisgender, man

Montgomery, AL - December 1, 2012

Zachary Stirewalt, 21, of Cary, North Carolina, fatally shot Daniel Turman, 43, in the head. Stirewalt had been living with Turman, but it is unclear if the two were romantically involved. Stirewalt was last under suicide watch in prison after testifying that God directed him to kill Turman.

DAMON LANCASTER: 37, gay, cisgender, man

Phoenix, AZ - February 25, 2012

Christopher Armendariz, 25, killed his boyfriend Damon Lancaster, 37, after a reported domestic violence physical altercation between the two men in Phoenix, Arizona. Phoenix police found Lancaster's body inside his home. Investigators corroborated reports by declaring his murder a case of domestic violence.

JESSIE MCCASKILL: 50, White, lesbian, cisgender, woman

Phoenix, AZ - August 27, 2012

Dallas Augustine, 32, shot and killed her wife Jessie McCaskill, 50, and then shot and killed herself. Police found evidence inside the home that a fight had taken place before the murder-suicide and in addition to the murder weapon, a handgun, there were packed bags found at the crime scene.

STEVEN "ERIQ" ESCALON: 28, Latino, gay, cisgender, man

San Francisco, CA - June 12, 2012

James Rickleffs, a 45-year-old parolee, was arrested for binding, gagging, and killing Eriq Escalon. They reportedly met at a Castro district bar on June 11 and went home together the next morning. The medical examiner's report indicated that a rag that smelled strongly of amyl nitrate was used to gag Escalon; his legs were tied using a t-shirt with a methodically created knot; his hands were zip-tied together; duct tape was wrapped around his ankles, legs, and torso; and he was found wrapped in a blanket.

CRAIN CONAWAY: 47, Black, transgender, woman

Oceanside, CA - July 18, 2012

Tyree Davon Paschall (29) beat and murdered Crain Conaway (47). On March 19, 2013 Paschall pled guilty to second-degree murder, and one judge reported Paschall would face 20 years to life in jail.

YVONNE MARIE KIRK: 65, Black, heterosexual, cisgender, woman

San Jose, CA - December 30, 2012

Sagal Mohamod Sadiq, 40, attacked and killed her wife's, Minema Kirk's (36), mother, Yvonne Marie Kirk, 65, with a machete in her home. Minema Kirk has reported that she was trying to end her relationship with Sadiq, and that she had experienced prior intimate partner violence from Sadiq. Minema Kirk, according to *The Bay Area Reporter*, was currently trying to end their relationship.

CHARITY KAY GILBERT: 20, lesbian, cisgender, woman

Montrose, CO - February 25, 2012

Randy Briggs, 31, fatally shot Charity Kay Gilbert, 20, and then fatally shot himself at his home in Montrose, Colorado. Gilbert was in a romantic relationship with Patricia Briggs, 26, Randy Briggs' ex-wife. Randy Briggs had a prior history of child abuse and domestic violence charges. Multiple social media sources show pictures and open evidence of Charity Gilbert and Patricia Briggs being engaged, which corroborates Patricia's open admission that the two were in a serious relationship. Charity was shot as the two were returning to pick up their kids.

SHANNON WASHINGTON: 20, Black, lesbian, cisgender, woman

Tallahassee, FL - January 22, 2012

Starquineshia Palmer, 20, fatally stabbed her girlfriend Shannon Washington, 20, in the back and neck during a dispute. Faculty and students at Florida A&M University, where Washington was a women's basketball player, held a vigil for her. The LGBTQA Task Force of Tallahassee held an event to raise awareness of violence in LGBTQ and HIV-affected communities following Washington's death. Local media reports as well as on campus journalism cited the incidence as a clear incidence of domestic violence.

UNKNOWN: 50s, lesbian woman

Miami, FL - March 27, 2012

Maria Linares, 48, and her domestic partner were in the process of ending their relationship when they began fighting. According to Channel 10, Linares and her girlfriend were in the process of ending their relationship, when Linares shot her partner, while her partner stabbed Linares. When police arrived, the unnamed girlfriend was dead on the scene from a bullet wound. Linares was hospitalized in critical but stable condition.

CRAIG DOUGLAS WOLFE: 63, gay, cisgender, man

Miami, FL - June 15, 2012

Dwayne Lebarr Jr., 18, strangled and fatally beat Craig Douglas Wolfe, 63, whom he was reportedly in a relationship with. Lebarr was initially on the run from the police after giving inconsistent testimony, failing a polygraph test, and mailing himself the bloody clothes he wore during the attack, a laptop he stole from Wolfe, and a camera he bought with Wolfe's credit card. In September he was finally detained and charged with second degree murder and grand theft.

CHRISTOPHER ASHTON MARTIN: 30, gay, cisgender, man

New Port Richey, FL - May 13, 2012

Marcus Wilson, 18, kicked and fatally shot Christopher Ashton Martin, 30, after Wilson awoke to reported nonconsensual oral sexual activity by Martin. Wilson then cleaned up the campsite they were staying at, took Martin's wallet, and covered Martin's body with a sleeping bag before leaving him there. Although Wilson claims he was sexually assaulted, Martin's father told NCAVP that Wilson and Martin had been in an intimate relationship and were living together. In addition, police reports indicate lethal force was not necessary to fend off the attack.

JOHN E. ATKINSON: 25, Latino, gay, cisgender, man

Chicago, IL - March 6, 2012

During an argument at their apartment, Herbert Stephens, 52, stabbed his boyfriend, John E. Atkinson, 25, 30 times in the chest, which pierced his heart and lungs, and an additional 10 times to the abdomen. Atkinson also suffered multiple

defensive wounds to both hands. Both forearms and was stabbed in the leg, face, neck and back of both arms. Atkinson later died from the injuries. Van Stephens had also been stabbed and was hospitalized, but later recovered. Van Stephens was found guilty of murder in January 2013. The Chicago Tribune identified the murder as an instance of domestic violence, which is also agreed upon by the local community.

MARCEL IVORY: 37, Latino, gay, cisgender, man

New Orleans, LA - October 17, 2012

Marcel Ivory was fatally stabbed by his unnamed boyfriend during a fight in their apartment. According to reports, Ivory became upset with his boyfriend and struck him several times with his fists. The boyfriend moved to the kitchen to get away, but Ivory followed him. The boyfriend grabbed a knife, stabbed Ivory, and then immediately called paramedics who arrived and pronounced Ivory dead. Investigators have said that the boyfriend had blood on his head and lacerations on his right eyebrow. Detectives did not charge the boyfriend for this incident.

JOHN LAUBACH: 57, White, gay, cisgender, man

New York City, NY - March 2, 2012

Edwin Faulkner, 30, and Juan Carlos Martinez-Herrera, 26, confessed to robbing and killing John Laubach, 57. Faulkner confessed to cops he killed Laubach by choking him during sex. Once he was dead, the pair bound Laubach's wrists and ankles with electrical cord and duct tape, then wrapped the cord and tape tightly around his head and mouth before tethering him to his bed, the records show. The men fled Laubach's apartment with a computer, jewelry and his ATM card.

TORY CURTIS: 23, Black, gay, cisgender, man

Brooklyn, NY - April 17, 2012

Jason Lopez, 22, fatally shot his boyfriend Tory Curtis, 23, and then fatally shot himself after an argument in Curtis' apartment. A third man was either forced into or hid in a closet during the shooting, but witnessed the event and survived. *Daily News* and complimentary media sources suspect the three were involved in a gay love triangle. There is however, some contradictory evidence: relatives of Curtis said he was not gay and was not in a romantic relationship with Lopez, and Curtis' barber said that Curtis stated he was going to kick out his roommate/best friend.

LORENA ESCALERA: 25, Latina, transgender, woman

Brooklyn, NY - May 12, 2012

Lorena Escalera was fatally suffocated and then her apartment was set on fire, but after one year there are no leads in the case. Escalera's roommate, who was also in the apartment at the time of the fire, but escaped, was brought to the precinct for questioning and was told by the police that they had surveillance video of a man entering the apartment building earlier that day, but there has never been any follow-up. Friends and family of Escalera, however, believe that she was a victim of intimate partner violence.

SHAUN WOOLFORD: 31, Black, gay, cisgender, man

Brooklyn, NY - November 7, 2012

Devineil Brown, 25, confessed to killing his ex-boyfriend, Shaun Woolford, 31, in the apartment they shared in Bedford-Stuyvesant, Brooklyn. Brown originally claimed that he had arrived home and found Woolford dead, but eventually confessed to his killing. Brown and Woolford had recently separated and Woolford had been looking to move out of the shared apartment.

JEFFREY E. CALDWELL: 56, White, gay, cisgender, man

Columbus, OH - April 6, 2012

John Reed, 54, and Jeffrey E. Caldwell, 56, were longtime intimate partners, and according to reports Reed stated Caldwell had been beating him and he feared for his life. He grabbed his .22-caliber revolver and as Caldwell cornered him in the bathtub, he shot him. Reed called 911 to report the incident and told a dispatcher that Caldwell "was killing me, he was trying to kill me." Reed was arrested and charged with murder. *Channel 10* and other media sources were quick to classify the event as an instance of domestic violence, which was later corroborated by the police.

BRANDY M. STEVENS-ROSINE: 20, White, lesbian, woman

Cochranton, PA - May 17, 2012

Jade N. Olmstead, 18, and girlfriend Ashley M. Barber, brutally murdered and then buried Brandy M. Stevens-Rosine. Olmstead was Stevens-Rosine's ex-girlfriend. According to court documents, Barber and Olmstead admit to punching and kicking Stevens-Rosine; Barber grabbed Stevens-Rosine's head and beat it against a tree stump multiple times; Olmstead hit Stevens-Rosine on the head with a shovel about four times – twice with the flat side to "stun her" and then several times with the sharp edge, crushing the skull and revealing the brain; and Barber looped rope around Steven-Rosine's neck and pulled on it to strangle her. When they thought she was dead, Barber and Olmstead placed Steven-Rosine's body in a grave they had waiting, but realized she was still alive when Barber could see her chest rise and fall. Barber than threw a large rock on Steven-Rosine's face and then poured water onto her face and nose area until the gurgling stopped. Barber and Olmstead then covered her with dirt. They were both charged with criminal homicide, conspiracy to commit criminal homicide and tampering with physical evidence.

JANETTE TOVAR: 43, Latina, transgender, woman

Dallas, TX - October 15, 2013

Jonathan Stuart Kenney, 26, and girlfriend Janette Tovar, 43, got into a fight which ended with Kenney slamming Tovar's head into concrete, killing her. Tovar was described as "an amazing person, and her passing has left a giant hole in many hearts." The couple had had a history of fighting and domestic violence, as reported by Kenney.

DESIREE HARRELL: 43, Black, lesbian, cisgender, woman

Milwaukee, WI - January 2, 2012

Raymond Earl Baker, 35, confessed to shooting and killing Desiree Harrell. In his confession, Baker told police that he was conducting a drug deal in the area when he saw Harrell drive by, and he began following her. He said that when she parked her car, he walked over and shot her. Baker said he was angered by a remark she made, and told police Harrell was the "lover of my wife."

NATIONAL OFFICE

New York City Anti-Violence Project
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New York, NY 10001
Phone: 212-714-1184
Fax: 212-714-2627

NCAVP MEMBER AND AFFILIATE LIST

(ALPHABETICAL BY STATE OR PROVINCE)

The following NCAVP member and affiliate list is current as of February, 2012. If you have corrections, want to learn more about our work, or know of an organization that may be interested in joining NCAVP, please contact the NCAVP Coordinator, at (212) 714–1184 extension 50, or info@ncavp.org.

PROGRAM INFORMATION BELOW IS LISTED AS FOLLOWS:

STATE
CITY
ORGANIZATION NAME
FOCUS AREAS:
- **HV (HATE VIOLENCE)**
- **IPV (INTIMATE PARTNER VIOLENCE)**
- **PM (POLICE MISCONDUCT)**
- **SV (SEXUAL VIOLENCE)**

PHONE NUMBERS
WEB

ARIZONA

TUCSON

WINGSPAN ANTI-VIOLENCE PROGRAMS
HV, IPV, PM, SV
CLIENT: (800) 553-9387
OFFICE: (800) 624-0348
WEB: WWW.WINGSPAN.ORG

CALIFORNIA

LOS ANGELES

LA GAY & LESBIAN CENTER (LAGLC) ANTI-VIOLENCE PROJECT
HV, PM, SV
CLIENT (ENGLISH): (800) 373-2227
CLIENT (SPANISH): (877) 963-4666
WEB: WWW.LAGAYCENTER.ORG

LAGLC DOMESTIC VIOLENCE LEGAL ADVOCACY PROJECT
IPV, SV
OFFICE: (323) 993-7649
TOLL-FREE: (888) 928-7233
WEB: WWW.LAGAYCENTER.ORG

LAGLC STOP DOMESTIC VIOLENCE PROGRAM
IPV, SV
OFFICE: (323) 860-5806
WEB: WWW.LAGAYCENTER.ORG

SAN FRANCISCO

COMMUNITY UNITED AGAINST VIOLENCE
HV, IPV, PM, SV
24 HOUR HOTLINE: (415) 333-HELP
WEB: WWW.CUAV.ORG

COLORADO

DENVER

COLORADO ANTI-VIOLENCE PROGRAM
HV, IPV, PM, SV
CLIENT: (888) 557-4441
OFFICE: (303) 839-5204
WEB: WWW.COAVP.ORG

FLORIDA

BROWARD COUNTY

BROWARD LGBT DOMESTIC VIOLENCE COALITION (NCAVP AFFILIATE)
IPV, SV
OFFICE: (954) 764-5150 X.111

MIAMI

THE LODGE/VICTIM RESPONSE, INC.
IPV, SV
CRISIS LINE: (305) 693-0232
WEB: WWW.THELODGEMIAMI.ORG

TALLAHASSEE

INCLUSIVE LGBTQA TASK FORCE
HV, IPV
E-MAIL: YFAIRELL@HOTMAIL.COM

WILTON MANORS

SUNSERVE SUNSHINE SOCIAL SERVICES
IPV
OFFICE: (954) 764-5150
WEB: WWW.SUNSERVE.ORG

GEORGIA

ATLANTA

SPEAKOUT GEORGIA
HV, IPV, SV
HOTLINE: (678) 861-7867
WEB: WWW.SPEAKOUTGEORGIA.ORG

UNITED4SAFETY
IPV, SV
HELPLINE: (404) 200-5957
WEB: WWW.UNITED4SAFETY.ORG

ILLINOIS

CHICAGO

CENTER ON HALSTED ANTI-VIOLENCE PROJECT
HV, IPV, PM, SV
24 HR CRISIS LINE: (773) 871-CARE
WEB: WWW.CENTERONHALSTED.ORG

ILLINOIS ACCOUNTABILITY INITIATIVE

HV, IPV, PM, SV
OFFICE: (630) 661-4442

KENTUCKY

LOUISVILLE

CENTER FOR WOMEN AND FAMILIES
IPV, SV
24 HR CRISIS LINE: (877) 803-7577
WEB: WWW.THECENTERONLINE.ORG

LOUISIANA

NEW ORLEANS

BREAKOUT!
HV, PM
OFFICE: (504) 522-5435
WEB: WWW.YOUTHBREAKOUT.ORG

HIV/AIDS PROGRAM, LOUISIANA OFFICE OF PUBLIC HEALTH (NCAVP AFFILIATE)
HV, IPV, SV
OFFICE: (504) 568-7474

LGBT COMMUNITY CENTER OF NEW ORLEANS
HV, IPV, PM, SV
OFFICE: (504) 945-1103

MASSACHUSETTS

BOSTON

FENWAY COMMUNITY HEALTH VIOLENCE RECOVERY PROGRAM
HV, IPV, PM, SV
INTAKE: (800) 834-3242
OFFICE: (617) 927-6250
WEB: WWW.FENWAYHEALTH.ORG

THE NETWORK/LA RED
IPV, SV
ENGLISH/SPANISH HOTLINE: (617) 423-7233
WEB: WWW.TNLR.ORG

MICHIGAN

DETROIT

EQUALITY MICHIGAN
HV, IPV, PM
CLIENT: (866) 926-1147
WEB: WWW.EQUALITYMI.ORG

MINNESOTA

MINNEAPOLIS

OUTFRONT MINNESOTA
HV, IPV, PM, SV
HOTLINE: (612) 824-8434
WEB: WWW.OUTFRONT.ORG

MISSOURI

KANSAS CITY

KANSAS CITY ANTI-VIOLENCE PROJECT
HV, IPV, PM, SV
CLIENT: (816) 561-0550
WEB: WWW.KCAVP.ORG

ST. LOUIS

ANTI-VIOLENCE ADVOCACY PROJECT OF ALIVE
HV, IPV, SV
24 HR CRISIS LINE: (314) 993-2777
WEB: WWW.ALIVESTL.ORG

ST. LOUIS VIOLENCE RESPONSE INITIATIVE
HV, IPV, SV, PM
OFFICE: (314) 329-7660
HOTLINE: (314) 329-7668
WEB: WWW.EJUSTMO.ORG

NEVADA

LAS VEGAS

GENDER JUSTICE NEVADA
HV, IPV, SV
HOTLINE: (702) 425-7288

NEW MEXICO

LAS CRUCES

NEW MEXICO GLBTQ CENTERS
OFFICE: (575) 635-4902
WEB: WWW.NEWMEXICOGLBTQCENTERS.ORG

NEW YORK

ALBANY

IN OUR OWN VOICES
HV, IPV, SV
HOTLINE: (518) 432-4341
OFFICE: (518) 432-4341
WEB: WWW.INOUROWNVOICES.ORG

BAYSHORE

LONG ISLAND GLBT SERVICES NETWORK
HV, IPV, SV
OFFICE: (631) 665-2300
LONG ISLAND GAY AND LESBIAN YOUTH, INC.
WEB: WWW.LIGALY.ORG
LONG ISLAND GLBT COMMUNITY CENTER
WEB: WWW.LIGLBTCENTER.ORG

NEW YORK

NEW YORK CITY ANTI-VIOLENCE PROJECT
HV, IPV, PM, SV
24 HR ENGLISH/SPANISH HOTLINE: (212) 714-1141
OFFICE: (212) 714-1184
WEB: WWW.AVP.ORG

ROCHESTER

GAY ALLIANCE OF THE GENESEE VALLEY
HV, IPV, PM, SV
OFFICE: (585) 244-8640
WEB: WWW.GAYALLIANCE.ORG

NORTH CAROLINA

CARY

RAINBOW COMMUNITY CARES, INC.
HV, IPV, PM, SV
OFFICE: (919)342-0897
WEB: WWW.RCCARES.ORG

OHIO

STATEWIDE, COLUMBUS OFFICE

BRAVO (BUCKEYE REGION ANTI-VIOLENCE ORGANIZATION)
HV, IPV, PM, SV

CLIENT: (866) 86 BRAVO
WWW.BRAVO-OHIO.ORG

BLACKLICK

NATIONAL LEATHER ASSOCIATION
IPV (NCAVP AFFILIATE ONLY)
WEB: WWW.NLAIDVPROJECT.US/WEB

ONTARIO

TORONTO

THE 519 ANTI-VIOLENCE PROGRAMME
HV, IPV, PM, SV
CLIENT: (416) 392-6877
WEB: WWW.THE519.ORG

RHODE ISLAND

PROVIDENCE

SOJOURNER HOUSE
HV, IPV, PM, SV
CLIENT: (401) 658-4334
WEB: WWW.SOJOURNERRI.ORG

SOUTH CAROLINA

GREENVILLE

SEAN'S LAST WISH
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OFFICE: (864) 884-5003
WEB: WWW.SEANSLASTWISH.ORG

TENNESSEE

MEMPHIS

TABERNACLE OF LOVE MINISTRIES – MEMPHIS
HV, IPV, PM, SV
OFFICE: (901) 730-6082
WEB: WWW.TABERNACLEOFLOVEMINISTRIES.ORG

TEXAS

DALLAS

RESOURCE CENTER DALLAS
IPV
OFFICE: (214) 540-4455
WEB: WWW.RCDALLAS.ORG

HOUSTON

MONTROSE COUNSELING CENTER
HV, IPV, SV
OFFICE: (713) 529-0037
WWW.MONTROSECOUNSELINGCENTER.ORG

VERMONT

BURLINGTON

SAFESPACE PROGRAM AT THE RU12? COMMUNITY CENTER
HV, IPV, PM, SV
CLIENT: (866) 869-7341
OFFICE: (802) 860-7812
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
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QUEBEC

MONTREAL

CENTRE DE SOLIDARITE LESBIENNE
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WEB: WWW.SOLDARITELESBIENNE.QC.CA

WASHINGTON, D.C

DC TRANS COALITION
HV, IPV, PM, SV
OFFICE: (202) 681-DCTC
WEB: WWW.DCTRANSCOALITION.ORG

GLOV (GAYS AND LESBIANS OPPOSING VIOLENCE)
HV, PM
OFFICE: (202) 682-2245
WEB: WWW.GLOVDC.ORG

RAINBOW RESPONSE COALITION
IPV, SV
OFFICE: (202) 299-1181
WEB: WWW.RAINBOWRESPONSE.ORG

WISCONSIN

APPLETON

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MILWAUKEE

MILWAUKEE LGBT CENTER ANTI-VIOLENCE PROJECT
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OFFICE: (414) 271-2656
WEB: WWW.MKELGBT.ORG

FORGE SEXUAL VIOLENCE PROJECT
SV
OFFICE: (414) 559-2123
WEB: WWW.FORGE-FORWARD.ORG