

LESBIAN, GAY, BISEXUAL AND TRANSGENDER DOMESTIC VIOLENCE IN 2002

**A Report of the
National Coalition of Anti-Violence Programs**



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EXECUTIVE SUMMARY

This report describes incidents of domestic violence (DV) in the lesbian, gay, bisexual, and transgender (LGBT) community that were reported during the year 2002 to community-based anti-violence organizations in eleven regions throughout the U.S. Additionally, this year's report includes general information about LGBT survivors' stories of domestic violence in their lives, as well as a summary of the legal impact on the ability of LGBT people to access protective orders against DV in light of the June 2003 Supreme Court ruling in Lawrence and Garner v. Texas. The author of this annual report is the National Coalition of Anti-Violence Programs (NCAVP), a network of 26 community-based organizations responding to violence within and against the LGBT and HIV-affected communities.

Fourteen organizations participated in collecting data for this report, eleven of which participated in previous reports. This year, NCAVP also welcomes three new reporting organizations, Wingspan Anti-Violence Project in Tucson, Arizona, The Center for Lesbian & Gay Civil Rights in Philadelphia, Pennsylvania and SafeSpace in Burlington, Vermont. These new report contributors have helped to expand the scope of this report to three new regions of the US. Unfortunately, the Lesbian and Gay Community Services Center of Greater Cleveland, a regular participant in this report for several years, was not able to participate this year due to significant organizational transitions and loss of funding for anti-violence services. All reporting organizations, except one are NCAVP members; Asian Woman's Shelter in San Francisco has been working in a cooperative relationship with NCAVP for several years, which includes contributing to this report. The regions represented by all the contributors to this report are Tucson, AZ; Los Angeles, CA; San Francisco, CA; Colorado; Chicago, IL; Philadelphia, PA; Boston, MA; Minnesota; New York, NY; Columbus, OH; and Burlington, VT.

There was an overall total of 5,092 cases of LGBT DV documented by all eleven regions (fourteen agencies) contributing to this year's report. The eight regions (eleven agencies) who also contributed to this report in previous years documented a total of 4,947 cases, marking a 2% drop in reported cases as compared with 5,034 documented by the same eight regions in 2001.

NCAVP MISSION STATEMENT

The National Coalition of Anti-Violence Programs (NCAVP) addresses the pervasive problem of violence committed against and within the lesbian, gay, bisexual, transgender (LGBT) and HIV-positive communities.

NCAVP is a coalition of programs that document and advocate for victims of anti-LGBT and anti-HIV/AIDS violence/harassment, domestic violence, sexual assault, police misconduct and other forms of victimization.

NCAVP is dedicated to creating a national response to the violence plaguing these communities. Further, NCAVP supports existing anti-violence organizations and emerging local programs in their efforts to document and prevent such violence.

NCAVP MEMBER ORGANIZATIONS

Organizations whose names are in bold type contributed to this report.

ARIZONA

Wingspan Anti-Violence Project

300 E. 6th Street
Tucson, AZ 85705

Office Phone: (520) 624-1779

Hotline: (800) 553-9387

Hotline: (520) 624-0348

www.wingspanaz.org

ARKANSAS

*Women's Project/ Proyecto Mujeres

2224 Main Street

Little Rock, AR 72206

Phone: (501) 372-5113

Phone (Spanish): (501) 907-0529

www.womens-project.org

CALIFORNIA

Community United

Against Violence

160 14th Street

San Francisco, CA 94103

Phone: (415) 777-5500

Hotline: (415) 333-HELP

www.cuav.org

LGBT DV in 2002

NCAVP MEMBER ORGANIZATIONS

L.A. Gay & Lesbian Center/
Anti-Violence Project
1625 North Schrader Blvd.
Los Angeles, CA 90028
Hotline: (800) 373-2227
(victims' line-southern California only)
Phone: (323) 993-7674
www.laglc.org

**L.A. Gay & Lesbian Center
STOP Partner Abuse/DV Program**
Domestic Violence Program
1625 North Schrader Blvd.
Los Angeles, CA 90028
Hotline: (323) 860-5806
Phone: (323) 993-7645
www.laglc.org/domesticviolence

San Diego LGBT Community Center
2313 El Cajon Blvd.
San Diego, CA 92104
Hotline: (619) 260-6380
x107 or 105
Phone: (619) 260-6380
www.thecentersd.org

W.O.M.A.N., Inc.
333 Valencia Street, #251
San Francisco, CA 94103-3547
Hotline: (415) 864-4722
TTY: (415) 864-4765
Phone: (415) 864-4777
www.womaninc.org

COLORADO
Colorado Anti-Violence Program
P.O. Box 181085
Denver, CO 80218
Hotline: (888) 557-4441
Phone: (303) 839-5204
www.coavp.org

CONNECTICUT
Connecticut Womens'
Education and Legal Fund
135 Broad Street
Hartford, CT 06105
Phone: 860-247-6090
www.cwealf.org

As in past years, the largest numbers of reported incidents continued to be from NCAVP members and affiliates in coastal metropolitan areas. Los Angeles (3,434, a <9% decrease from 3,766 in 2001**) lead the group in number of reports, San Francisco followed with 521 (a 25% decrease from 694 in 2001) cases reported by three groups. New York City (433, a >1% increase from 428 in 2001), and Boston (261 cases reported by two groups, a 21% decrease from 329 in 2001) filled out the top four reporting regions. In Colorado reports increased to 143 this year up from 100 reported in 2001 (+43%); newcomer Tucson, AZ showed 96 cases (a 2% increase from 94, in 2001). In Chicago the number of reports dropped dramatically to 74 (from 201 in 2001, a 63% decrease). Reports in Columbus, OH increased to 64 cases (up 46% from 44 in 2001). Of the three remaining regions, first time report contributor, Pennsylvania reported 33 cases (a 106% jump over the 16 cases tracked in 2001) Though the Pennsylvania's increase was substantial, it is contextually not surprising for a new and growing AVP to experience such growth); Minnesota reported 10 cases (-43% from 17 in 2001) and Burlington Vermont's two year-old program reported 16 cases. 2002 is it's first full year of providing direct services.

While these findings reveal something of the magnitude and perhaps even the relative distribution of domestic violence affecting LGBT individuals in the United States, it is not possible to apply them much further. Specifically, changes in the number of domestic violence incidents reported to NCAVP are almost entirely the function of evolving program and organizational capacities, as well as outreach campaigns and program activity focus. Though the overall number of cases examined in the report increased slightly, that increase was largely attributable to the addition of three new reporting regions/programs. In fact, several programs showed significant decreases, each largely a result of organizational transition and funding instability, which resulted in decreased capacity for outreach and service provision.

** This year the LA Center expanded to collect statistics from police precincts which previously had not collected or reported these numbers. This marks tremendous progress in police acknowledgement of LGBT DV as a significant issue, and creates a revised total for LA of 4,218 (+12% from 2001). However, the inclusion of the statistics from these new jurisdictions would heavily and disproportionately impact the overall growth shown in the national numbers, as a result the cases from these new jurisdictions in Los Angeles are not included in the national report totals. Revised data for Los Angeles is available however, in the local summary for this region. For more specific information on Los Angeles's data numbers and the statistics reported by newly contributing police precincts, please refer to the local summary section of this report or contact the LA Center directly.

In addition, it is important to note that there are other community-based programs in some areas of the country addressing and documenting LGBT DV which, for a variety of reasons, including lack of knowledge of our mutual existence, discrepancies in data collection, lack of interest or time and staff resources, do not contribute to this report. However, NCAVP does maintain relationships with several of these agencies and is committed to an ongoing effort to include as much information as possible from the widest representation of service providers doing work in this area and hopes and expects that in future years the number of contributing programs and regions will increase. Nevertheless, these agencies are still few and while a handful of them are well known with long histories within the DV movement, many more struggle with inconsistent capacity to maintain operations and services to LGBT individuals on an ongoing basis.

In part, the purpose of this report is to "bear witness," and give credence to the reality of and voice to some of the individuals within LGBT communities experiencing DV. There remains an extraordinary lack of awareness and level of denial about the existence of this type of violence, both by those who are part of the LGBT community, as well as those in the "mainstream" anti-DV movement, in which services are primarily oriented to heterosexual women. Conversely there are many who misuse and disproportionately exaggerate information about the existence of LGBT DV to further their own causes of blocking and curtailing the rights of LGBT people to equal protection under the law and within society. Both the exaggeration and denial of LGBT DV, and truly of any type of DV, only serves to exacerbate the isolation of survivors and assists to maintain an environment in which intimate partner and family violence is able to flourish within all communities, across all demographic lines.

There is relatively little unique scientific or academic research that has been done on the topic of LGBT DV and its prevalence. However, as service providers and community members we speak with people moving through these experiences every day, and know that many more continue to suffer silently within abusive relationships. As a result of the gap between published documentation and the experience of many within the LGBT and anti-DV movements, NCAVP and contributors to this report have made a commitment to documenting and reporting the cases of DV we see each year. Though this report shows only a fraction of the LGBT intimate partner violence, from it, we can to some degree extrapolate what actually happens around the United States year after year. We hope that our work

NCAVP MEMBER ORGANIZATIONS

ILLINOIS

Horizons Anti-Violence Project

961 W. Montana

Chicago, IL 60614

Hotline: (773) 871-CARE

Phone: (773) 472-6469

www.horizonsonline.org

KENTUCKY

*Kentucky Fairness Alliance

Focus areas:

P.O. Box 3912

Louisville, KY 40201

Phone: (502) 897-1973

LOUISIANA

Hate Crimes Project/ Lesbian & Gay

Community Center of New Orleans

2114 Decatur Street

New Orleans, LA 70116

Hotline: (504) 944-HEAL

Phone: (504) 945-1103

www.lgccno.org

MASSACHUSETTS

Fenway Community Health Center - Violence Recovery Program

7 Haviland Street

Boston, MA 02115

Hotline: (800) 834-3242

Phone: (617) 927-6269

Website: www.fchc.org

The Network/La Red: Ending abuse in lesbian, bisexual women's and transgender communities

P.O. Box 6011

Boston, MA 02114

Hotline: (617) 423-7233

Phone: (617) 695-0877

www.thenetworkklared.org

MICHIGAN

Triangle Foundation

19641 West Seven Mile Road

Detroit, MI 48219

Hotline: (877) 7TRIANGLE

Phone: (313) 537-3323

www.tri.org

NCAVP MEMBER ORGANIZATIONS

MINNESOTA

OutFront Minnesota

310 East 38th Street
Suite 204
Minneapolis, MN 55409
Hotline/office: (800) 800-0350
Hotline: (612) 824-8434

MISSOURI

Kansas City Anti-Violence Project
P.O. Box 411211
Kansas City, MO 64141-1211
Phone: (816) 686-2541
www.kcavp.org

*St. Louis Anti-Violence Project
4557 Laclede Avenue
St. Louis, MO 63108
Phone: (314) 361-2111

NEW YORK

New York City Gay & Lesbian Anti-Violence Project

240 West 35th Street
Suite 200
New York, NY 10001
Hotline: (212) 714-1141
TTY: (212) 714-1134
Phone (office): (212) 714-1184
www.avp.org

OHIO

Buckeye Region Anti-Violence Organization

P.O. Box 82068
Columbus, OH 43202
Hotline: (866) 86-BRAVO
Phone: (614) 268-9622
www.bravoavp.org

*The Lesbian & Gay Community Service Center of Greater Cleveland
6600 Detroit Avenue
Cleveland, Ohio 44102
P.O. Box 6177
Cleveland, Ohio 44101
Phone: (216) 651-5428
Website: www.lgcs.org

compiling these stories and data will inspire other service providers, law enforcement, community leaders, families and friends to begin to pay attention to this vastly under-reported and under-addressed scourge of violence and to begin to work toward further research, development of programs, creation of funding opportunities and community-based solutions.

NCAVP and the contributors to this report look forward to a diminished need for its annual publication. This will result when more researchers, funders, service providers and community members take on LGBT DV and view it as equally important to other issues of violence that affect the LGBT community. This will happen when service providers and community leaders within the LGBT community and the anti-DV movements integrate appropriate and effective services for all DV survivors throughout the country. Until that time we hope that this report will provide the reader with a snapshot of the very real existence of LGBT DV, the experience of survivors, and the work being done in programs in various parts of the country to stop it.

DOMESTIC VIOLENCE & LGBT INDIVIDUALS

An Inclusive Definition of Domestic Violence

Our society has become increasingly cognizant of domestic violence and its social, economic and human costs. This recognition has helped spur many needed responses, including public education campaigns, new and amended laws, police and judicial reforms, and a wide range of victims' services (though recent dramatic government funding cuts have resulted in a rollback of much of this progress by causing education, outreach and services to be curtailed, while some programs have been defunded altogether).

Most of the activity in recent years that has brought attention to DV and the responses to it has been designed to assist women in heterosexual relationships. It is not unusual to encounter definitions of domestic violence that characterize it more or less exclusively as a heterosexual women's problem. Certainly, women in heterosexual relationships account for a very large proportion of the individuals victimized by domestic violence in the world today, for reasons that clearly stem from the longstanding subjugation of women in male-dominated societies.

Still, the patterns of abusive behavior observed in many types of relationships, including those in which partners share the same gender, very often exhibit the same dynamics as those present in abusive intimate heterosexual relationships. We now recognize that in addition to the sexist controls created and perpetuated in the larger patriarchal culture, there is a multitude of ways our society (and the LGBT community) bestows entitlements and control to some people based on various aspects of identity (race, gender expression, ability, immigration status, age, class, etc.) and that this manner of privilege is often used as a means to oppress and maintain control within an abusive relationship.

Domestic violence is defined as a pattern of behaviors utilized by one partner (the abuser or batterer) to exert and maintain control over another person (the survivor or victim) where there exists an intimate, loving and dependent relationship. There is abuse of the survivor by the batterer through the use of coercive and abusive behaviors that result in the batterer's having all - or virtually - all of the control over the resources and decision-making for both parties and for the relationship. It is defined by the lack of ability of the survivor to make independent decisions or exercise agency without harmful consequences from the batterer. This is often marked by the survivor's having feelings of fear and dread much of the time in relation to the anticipated reactions and actions of the batterer. The survivor becomes increasingly isolated and dependent; the world becomes increasingly smaller and more restricted. Types of abusive relationships can vary depending upon the actions utilized by the abuser (tools of abuse) to limit and control the survivor.

Nothing specific is implied by this definition about the marital status, sexual orientation, gender or gender identity, cohabitation, sexual behavior or other attributes of the partners and/or their relationship. Nor does the definition suggest anything about the specific nature of the controlling behaviors, other than their purpose to limit the freedom of action or expression of another. Even the word "relationship" need not signify that the perpetrators and victims are romantically involved, since domestic violence (as defined by NCAVP) may also occur between family members, roommates, caregivers, adult children, or even those who are merely acquaintances (as in some cases of stalking and harassment).

Tools that are used by the batterer to gain and maintain control are

NCAVP MEMBER ORGANIZATIONS

ONTARIO

The 519 Anti-Violence Programme
519 Church Street
Toronto, Ontario Canada M4Y 2C9
Hotline: (416) 392-6877
Phone: (416) 392-6878
www.the519.org

PENNSYLVANIA

The Center for Lesbian & Gay Civil Rights

1211 Chestnut Street
6th Floor
Philadelphia, PA 19107
Hotline: (215) 731-1447, x15
Phone: (215) 731-1447
www.center4civilrights.org

RHODE ISLAND

*Rhode Island Alliance for Lesbian and Gay Civil Rights
41 12th Street
Providence, RI 02906
Phone: (401) 331-6671

TEXAS

Montrose Counseling Center
701 Richmond Avenue
Houston, TX 77006
Phone: (713) 529-0037, x328
www.neosoft.com/~mcc/hatecrim.htm
www.neosoft.com/~mcc/intpartv.htm

VERMONT

SafeSpace
P.O. Box 158
Burlington, VT 05402
Hotline: (866) 869-7341
Phone (office): (802) 863-0003 (V/TTY)
www.safespacevt.org

WISCONSIN

*Milwaukee LGBT Community Center
315 West Court Street
Suite 101
Milwaukee, WI 53212
Phone: (414) 271-2656
www.mkelgbt.org

* Connotes organizations that do not provide direct client services but may be able to make referrals or recommendations regarding local providers.

NCAVP-AFFILIATED ORGANIZATIONS CONTRIBUTING TO THIS REPORT

Asian Women's Shelter - Queer Asian Women's Services
3543 18th Street, #19
San Francisco, CA 94110
Hotline: (415) 751-0880
Phone (office): (415) 751-7110

involved. It is important in any given DV situation to investigate the way the survivor defines the abuse and understand the ways that behaviors which we may not traditionally see as typically "abusive" can be utilized as such in a context

where DV already exists. However, there are several common ways in which perpetrators of DV abuse and control their victims. These behaviors include combinations of one or more of the following*:

- Verbal abuse including name calling
- Emotional manipulation
- Isolation, including limiting or prohibiting victim's contact with family or friends
- Stealing, limiting access to or destroying victim's property
- Withholding or otherwise controlling or restricting access to finances
- Depriving victim of shelter, food, clothing, sleep, medication or other life sustaining mechanisms
- Limiting or prohibiting victim from obtaining or keeping employment, housing or any other station, benefit or service (including creating circumstances which lead to loss of such things)
- Harming, attempting or threatening to harm, victim physically (including slapping, hitting, punching, biting, pushing, restraint, striking with or throwing an object, stabbing, choking, cutting, drowning, burning, shooting, etc.)
- Harming, attempting or threatening to harm, victim's family, friends, children and/or pets
- Sexually assault or rape (including forced sex work, violating "safe words" or the boundaries of an S/M scene)
- Using intentional exposure to sexually-transmitted and other diseases (includes both forced exposure of victim as well as abuser exposing self to STDs victim has, despite victim's attempts to practice "safer sex," in attempts to obligate victim to stay in the relationship)
- Threats or attempts of suicide or harm to self if victim tries to end a relationship or does not comply with an abuser's demands
- Stalking or harassment
- Use of facets of abuser or survivor's identity including race, gender, class, sexual orientation, national origin, physical ability, religion, level of education, occupation, or legal immigration status, etc., to demean, insult, endanger, isolate, or otherwise oppress.

- Threatening to engage in any of the above behaviors, including threats to do these things to a victim's family, friends, children and/or pets
- Intimidating a victim in any other way

It is important to note that while many abusive relationships exist within the context of cohabitation, such a living arrangement is absolutely not an intrinsic element of DV. The commonly used term "domestic violence" (and one that is used in this report) implies violence within a shared "domicile," however more attention has been focused in recent years on violent dating relationships in which the parties do not, co-habitate or share any legally binding property, relationship or obligations. In some cases, as we know abuse often continues and even escalates after the intimate partnered relationship has been officially severed and a new partner of the victim can also become a victim of the abuser. This further supports the earlier statement about the need to view each abusive relationship within its own context in able to achieve a clear sense of what comprises the behavioral mechanisms and environment of power and control.

The primary focus of this report is on intimate partner violence. While there are some instances recorded or presented herein of other types of familial, roommate or caregiver violence, the majority focus is on violence within intimate partner relationships. This should not be interpreted as a reflection of a lower incidence of or to undermine the existence and danger these other types of violence present. NCAVP encourages those interested in learning more on these types of violence to seek other sources of information on these topics and to contact local member organizations, many of whom are doing work in the areas mentioned in particular on abuse young people face in their families of origin, by caregivers and in school as well as elder abuse.

The Prevalence of LGBT Domestic Violence

While LGBT domestic violence is becoming the focus of increasing research attention, it has thus far not been examined with anything near the thoroughness afforded to heterosexual domestic violence, and attempts thus far have been further limited by lack of resources and unfettered access to LGBT communities and victims. As a result, estimates of the prevalence of LGBT domestic violence remain highly speculative and there is a complete lack of scientific research on domestic violence among transgender and intersex individuals.

Survivor Stories

All names and identifying information has been changed

Norma

Ohio (rural) - 55 year-old, white, butch lesbian, with a disability

I'm a 55 year-old lesbian woman living in rural Southern Ohio. When my life partner of more than 20 years died a few years ago, I felt so lost. My new girlfriend Tammy, who's only 35, moved into my trailer very quickly after we got together.

Over several months Tammy took over all of our finances, including my credit cards and monthly disability check. None of this seemed like a big deal at the time that it happened. Once, after a big fight during which she hit and kicked me, we made up by going out and getting a puppy that I named Sammy.

During our last fight Tammy was drunk, she got out her gun, loaded it in front of me, and started calling for the dog. After an hour of begging her to stay away from the dog she pointed the gun at me. I didn't call the police because I don't think they'd know how to handle it. I'm a butch lesbian, I worked in a factory most of my life. Tammy is a tiny little Avon saleswoman. Sammy and I finally got out and went to a friend's house. When we went back to the trailer the next day, Tammy was gone. I'm afraid that things will get worse when she comes back.

Namir

Arizona (rural) - 22 year-old, Black African immigrant, gay male, political asylee

Moving from another country to find a better life is difficult--being forced to leave your native country by your own father for being gay is worse. I moved to the United States from Africa. My father is an important political figure in Africa. After I told my father that I am gay he disowned me and threatened

to kill me. Fearful for my life, I gathered as much money as I could and fled from my country, leaving behind a tyrant of a father, a loving mother, and a close circle of friends. I came to New York City, knowing I could never return to my country.

Once I arrived, I spent most of my money trying to survive. I applied for political asylum. Soon thereafter, I met "the man of my dreams" on-line. I accepted his offer to move out to Arizona to be with him. He bought me a ticket, and I moved in with this man, in a small rural desert town, about 50 miles outside of the nearest city.

Our honeymoon was brief. Arguments began, soon followed by threats, name-calling, and physical force. He forced me to have sex with him, and he often threatened to call INS. During a trip to the city, he was drinking heavily and getting more and more verbally abusive towards me. When he drove off the highway to a secluded area, I knew I was in trouble.

Luckily, the police stopped by to see what was going on. I told the police my situation and was escorted into the city, while he was arrested for drinking and driving. I used my last dollars to pay for a night at a local hotel. While I was in the room, I skimmed the phone book and saw the number for a 24-hour crisis line for LGBT victims of domestic violence. I called the hotline and told my story to an on-call volunteer. After completing a safety plan over the phone, the volunteer set up an appointment for me to meet with an advocate.

The very next day, I came in and met with an advocate. The advocate discussed the cycle of violence and the power and control wheel to me. Tearfully, I shared my story. I told that advocate that I had left all of my important documents at my boyfriend's house--papers I needed to stay in the U.S. The advocate gathered resources and arranged for a police escort into my boyfriend's house to gather my few belongings and papers. I returned to the city that same day and

The first significant academic study on partner violence among men who have sex with men was released this past year. While these new findings are an exciting addition to the pool of knowledge on this topic, this study's sample of men from large urban areas lacked a representative sample of the racial diversity encompassed in those cities' populations. Even the information on lesbian and bisexual women, once the only group to be examined with regard to this issue, continues to be gathered in small-scale, limited scope surveys, has not been updated in several years and is becoming dated. As is clearly evident, far more research attention to domestic violence in the lives of LGBT people is warranted. However, the data that does exist (some scientifically, and other of it informally and anecdotally gathered) is worthy of assessment and does give some indication of the rate at which intimate partner violence occurs among LGBT people.

The most recent significant study released in 2002, indicated that gay and bisexual men experience abuse in intimate partner relationships at a rate of 2 in 5, one comparable to that of DV experienced by heterosexual women¹. Island and Letellier describe it as "the third most severe health problem facing gay men today," behind HIV/AIDS and substance abuse². Among lesbians, a 1985 study by Gwat-Yong Lie and Sabrina Gentlewarrier reported that slightly more than half of 1,109 respondents had been abused by a woman partner in their lifetime³. Several smaller studies seem to support this finding. Coleman's 1990 study of 90 lesbians, for example, reported that 46.6% had experienced repeated acts of violence, and Ristock's 1994 survey of 113 lesbians reported that 41% been abused in at least one relationship with another woman⁴.

Studies of other populations in the LGBT community have documented even higher rates of abuse over respondents' lifetimes. The Portland, OR based Survivor Project's 1998 Gender, Violence, and

1 Greenwood, Gregory L, PhD, MPH (et. al.), "Battering Victimization Among a Probability-Based Sample of Men Who Have Sex With Men," *American Journal of Public Health*, Vol. 92 , No. 12 , December 2002.

2 Island, D. & P Letellier. *Men Who Beat the Men Who Love Them: Battered Gay Men and Domestic Violence*, Harrington Park Press, New York, 1991, 27.

3 Gwat-Yong Lie and S. Gentlewarrier. 'Intimate Violence in Lesbian Relationships: Discussion of Survey Findings and Practice Implications', (1991) 15 *Journal of Social Service Research* 46, The Haworth Press.

4 Ristock, J. 'And Justice for All?...The Social Context of Legal Responses to Abuse in Lesbian Relationships', (1994) 7 *Canadian Journal of Women and the Law* 420.

Resource Access Survey of transgender and intersex⁵ individuals found that 50% of respondents had been raped or assaulted by a romantic partner, though only 62% of these individuals (31% of the total) identified themselves as survivors of domestic violence when asked⁶.

One might criticize the sample sizes and methodologies of some of these studies, but the remarkable uniformity of their findings strongly suggests that domestic violence is experienced by a large percentage of LGBT individuals at some point in their lives. Consequently, most LGBT domestic violence researchers and service practitioners start from the point of view that domestic violence in LGBT relationships is just as widespread as domestic violence in relationships between heterosexual couples. Rather extensive studies of the latter suggest a prevalence ranging from 20%-35%, depending on the definition of domestic violence used⁷.

Special Issues in LGBT Domestic Violence

While LGBT domestic violence may be as prevalent as heterosexual domestic violence, it is not in all ways identical. Perpetrators often attempt highly specific forms of abuse, including:

- "Outing" or threatening to out a partner's sexual orientation or gender identity to family, employer, police, religious institution, community, in child custody disputes, or in other situations where this may pose a threat.
- Reinforcing fears that no one will help the victim because s/he is lesbian, gay, bisexual or transgender, or that for this reason, the partner "deserves" the abuse
- Alternatively, justifying abuse with the notion that a partner is not "really" lesbian, gay, bisexual or transgender (i.e. the victim

5 Intersex people are those who "naturally (that is, without any medical intervention) develop primary or secondary sex characteristics that do not fit neatly into society's definitions of male or female." The Survivor Project, Guide to Intersex and Trans Terminologies, <http://www.survivorproject.org/basic.html>.

6 Courvant, Diana and Loree Cook-Daniels, 'Trans and Intersex Survivors of Domestic Violence: Defining Terms, Barriers, & Responsibilities', <http://www.survivorproject.org/defbarresp.html>.

7 Lundy, S. 'Abuse That Dare Not Speak Its Name: Assisting Victims of Lesbian and Gay Domestic Violence in Massachusetts', (Winter 1993) 28 New England Law Review 273.

spent the night at a local hotel, which the advocate arranged through the emergency shelter program. The next morning, I again met with the advocate, and we brainstormed all the options I had. I had one friend in San Francisco, so I chose to move there. I was too fearful and too lonely to remain in Arizona. The advocate called his work contacts in San Francisco and secured a bed for me at a shelter. The advocate purchased me a one-way bus ticket to San Francisco. The advocate even helped set up an appointment with an asylum attorney for me once I got to San Francisco.

Caroline

New York City - 19 year-old, African-American, transgender woman

My brother, who's 33 years old, attacked me while I was watching TV in my room. He came home high again and started calling me "faggot." He punched me in my chest and I couldn't breathe for a few minutes. He never used to hit me before, but last year after I started taking hormones, he and his friends started making fun of me and it's just gotten worse since then.

The police were called but they seemed uninterested in helping me. They told me to think about leaving home, and told my brother to go for a walk. I ended up going to stay with a friend, but I couldn't stay there anymore because she has a baby and there wasn't really enough room. After calling a whole bunch of places, someone told me to call the NYC Gay & Lesbian Anti-Violence Project (AVP) hotline. I was beginning to feel desperate. Even though it was late at night when I found out about them and called their hotline, the counselor I talked to told me that AVP was the right place to call. The next day I went to the office to meet with a staff counselor and within a few days the counselor helped me to find safe shelter for victims of domestic violence. The staff at the shelter supports me as a young transgender woman. The AVP

counselor went with me to the precinct and helped me to get police report taken. AVP gave me information about how to get an Order of Protection and ways to stay safe when I'm outside of the shelter. I am now at a place where I can be myself. I'm able to make my own meals with money I am receiving from public assistance. I'm even looking for an apartment where my brother can't find me. Next fall I am thinking about going to beauty school, so I can get a job doing something I really like.

Thomas

San Francisco - 35 year-old, white, queer, transgender female to male

I was referred to the Community United Against Violence (CUAV) crisis line by a friend. My ex-boyfriend, "Brushty," had been stalking me outside my home, place of work, and my therapist's office. The last time I saw him he was waiting for me outside my therapist's office. He grabbed me and forced me to kiss him. The office staff helped me get away from him, but I kept looking over my shoulder as I ran to my bus. During the two years we were together he pressured me constantly to have sex with him; if I declined he forced me to have sex against my will. He also threatened to beat me with a baseball bat, and on one occasion threatened to sexually assault me with a broomstick.

I lived in fear of him hurting me and attempted to leave on several occasions, but each time I left he threatened to kill himself. I was afraid for myself but I also did not know what to do. Eventually, with the help of my CUAV advocate, I managed to get away. CUAV also helped me get a Restraining Order, but I still fear him showing up wherever I go or on my bus.

may once have had, or may still have relationships, or express a gender identity, inconsistent with the abuser's definitions of these terms). This can be used both as a tool in verbal and emotional abuse as well as to further the isolation of a victim from community.

- Telling the partner that abusive behavior is a normal part of LGBT relationships, or that it cannot be domestic violence because it is occurring between LGBT individuals
- Monopolizing support resources through an abuser's manipulation of friends and family supports and generating sympathy and trust in order to cut off these resources to the survivor. This is a particular issue to LGBT people and others living in small insular communities, where there are few community-specific resources, neighborhoods or social outlets.
- Portraying the violence as mutual and even consensual, especially if the partner attempts to defend against it, or as an expression of masculinity or some other "desirable" trait.
- Depicting the abuse as part of sado-masochistic (S/M) activity. DV can exist in S/M relationships but it is not implicit, nor unique to this type of relationship. Domestic Violence is not S/M, nor should any non-consensual violent or abusive acts that take place outside of a pre-arranged scene or in violation of pre-determined safe words or boundaries be considered part of, or justified as, a normal S/M relationship.

There is an additional and uniquely same-sex DV dynamic involving an abuser's contacting a DV service program requesting assistance as the victim. Because most DV programs are not trained in how to work with those in same-sex DV situations, or how to screen for abusers among those requesting services identifying as victims (and most do not do any safety screening for batterers among women seeking services), and will often offer services only to the "first caller" and deny services to the subsequent caller from the same relationship. A batterer, particularly a female one can also take advantage of the lack of screening at a mainstream DV program to gain access to shelter or support group by posing as a victim of another abusive relationship, or a heterosexual domestic violence situation. In short, without proper batterer screening, mainstream DV programs can't be appropriately equipped to provide safety to LGBT people (and arguably place all their clients in danger by leaving open the possibility of admitting a batterer for services or shelter).

This last point merits additional discussion. There is a frequently held

Sylvia

Arizona (rural) - 63 year-old, white, lesbian

I am a psychotherapist in private practice. About two years ago, I fell deeply in love with a woman. However, after some time, I began to wonder if my lover was verbally and emotionally abusive. I went from feeling like a strong, capable woman to someone who tiptoed around and apologized for herself constantly. My self-esteem simply plummeted.

When I made the decision that I didn't feel emotionally safe where I was, my first thought was to talk to someone, to find out if I was just a nutcase or if this really was domestic violence. I just kept thinking, "I'm a highly intelligent, educated professional, and I didn't come from an abusive home, so how could this be? What's wrong with me?"

Through working with an advocate, I learned that regardless of education, socioeconomic background, and age, anyone could be a victim of domestic violence. It was especially helpful to learn that verbal abuse is not a "relationship problem," and it was not my fault – only the perpetrator is to blame for domestic violence.

I was referred to a therapist who specialized in domestic violence, and I attended a support group for lesbians and bisexual women dealing with domestic violence. It was really helpful to hear other women talk about their struggle, and to really validate each other's experiences. The group was also of great support as I went through the long painful legal processes of dividing up the house and land we owned together. I am now on my own and strong again. As a therapist, I have a new sense of empathy for anyone dealing with domestic violence issues in their relationship.

Michael

Minnesota (urban) – 22 year-old, black, gay male

I was assaulted last night by my boyfriend and am now in a hotel room that was given to me by a local

ideology that situations of abuse in same-sex couples cannot contain a power differential due to the lack of a differential in power bestowed on the parties by a sexist society, and that therefore abuse in same-sex relationships must be mutual. This ideology is based on an understanding of domestic violence that is extremely gendered and hetero-centric, and could not be further from the truth.

NCAVP holds – in addition to the understanding of how sex and gender oppression fuel domestic and sexual violence – a broader view, which includes the reality of people's multi-dimensional identities and multiple issues of oppression in that exist in our society and contribute to the building and maintenance of an imbalance of power in an abusive relationship.

The imbalance of power, which is at the epicenter of a relationship in which domestic violence is present, is built and maintained on various issues of identity and social status, many (but not all) of which will be individual to the parties involved and the reality of their community and what "holds currency" for them. Social norms and ideologies that provide access to privilege and entitlement for some and serve to oppress others based on identity without a doubt influence the way power is held and abused in DV situations. It will however manifest in different, and sometimes unexpected ways, in every relationship. Sexism (in all its multiplicity and complexity, particularly in the LGBT community) can be coupled with issues of race, class, educational background, occupational and community status, physical ability, age, etc. All these factors are part of the larger issues of oppression active in society and which are often mirrored and played out in abusive relationships. Nevertheless, because of the misconception that a determination of domestic violence is solely based on the sex of the people in the couple, many service providers, law enforcement officials or others will simply assign the label of "Mutual Abuse" to any situation involving battering in an LGTB relationship.

The label "Mutual Abuse" is more likely to be used in situations where the victim attempts to fight back in defense against the abuser. We see this misdiagnosis in heterosexual relationships as well, often followed by further mishandling of some cases in which both partners are arrested and brought before the court. The terms "primary" or "dominant aggressor" are also used widely by law enforcement and service providers alike to discuss who is believed to be the batterer. While the screening in these cases is a step in the right direction and clearly well-intentioned, the use of these terms to refer to the batterer or abuser also infers shared responsibility between both parties for the abuse.

Since domestic violence is defined as an imbalance of power in which

one partner aims to control the other partner and thus the relationship, there is no possibility of “Mutual Abuse.” “Mutual Abuse” would imply that both partners in the relationship had equal power, equal access to resources, equal opportunity to exercise agency without harmful or dreaded consequence from the other. When power is shared equally in this way, there can be no assessment of “domestic violence.” This is not to undermine the very real experience of and danger to people who are in dysfunctional or bad relationships which may contain an isolated incident of violence. However this document refers to situations in which an imbalance of power and thus domestic violence is present. It is completely inappropriate and extremely harmful to treat situations of domestic violence as simply “bad relationships” therefore it is necessary to do an assessment for domestic violence in all work with singles, couples and families.

HIV/ AIDS and Domestic Violence

The presence of HIV/AIDS tends to lead to other fairly specific dynamics. For example, the presence of HIV or AIDS can act as a potent emotional stressor that precipitates some incidents of abuse. While the presence of HIV/AIDS in an abusive relationship adds many unique dynamics, there are some issues that those in this situation may have in common with others surviving DV coupled with another chronic or life threatening illness. In addition, the outcomes of domestic violence can become more serious when they directly or indirectly affect the health of an HIV-positive person (or in some examples the health of someone dealing with another life threatening illness) as in some of the examples below:

- The abuser may threaten to tell others that the partner has HIV/AIDS. This is, in some ways, not dissimilar from “outing” of sexual orientation or gender identity, as discussed earlier. However because of additional social stigma attached to HIV regarding drug use and sexuality, as well as the continued bias that people with HIV/AIDS face, this can pose an additional threat even to people who may already be “out” about their sexual orientation and/or gender identity.
- An HIV-positive abuser may suggest that s/he will sicken or die if the partner ends the relationship (or alternatively, that the abused partner’s health will fail). The threat may have the ring of truth, if the HIV-positive partner is dependent on the other for housing, nutrition, health care or other forms of support. The additional power that accompanies this threat is that of the victim not wanting to die alone and also not a partner, who despite abuse the victim usually loves, to die alone. The victim may also fear that family, friends and community who

domestic violence shelter. They have enough money to cover 3 days in the hotel and after that I have to find another place. I have no phone to use, except for the pay phone in the lobby. I have been trying to think of friends that Carl and I don’t have in common so I can go stay with them temporarily.

Tomorrow I will file for an Order for Protection. The advocate from the shelter gave me some forms to fill out tonight but I really have no idea what to write. I will go down and call the shelter to see if they can give me some help.

I thought that after I left, Carl would just leave me alone, but today he called me at least 60 times while I was at work. My employer is frustrated and gave me the day off tomorrow to “straighten things out”. I am worried about having them know about this situation but I had to explain that Carl’s phone calls are not welcome by me and I can’t control him.

I really wish I had more time in the hotel because I really can’t think of where to go after this. Getting an apartment will be hard since I am 22 and have no rental history because the lease was in Carl’s name. The advocate told me after I file the Order for Protection, then I can go and retrieve my personal stuff if an officer is available. I am sure Carl has destroyed everything anyway.

Veronica

Vermont (urban) – 34 year-old, white, transgender male to female

When I first met James I knew that I was questioning my gender identity. I didn’t tell him that I knew inside I was a woman until we had been dating for a year. It was right before we moved in together that I told him that I had been thinking about sex reassignment surgery. He was great at first! He said that he was very progressive and he thought it was “cool”.

James is very friendly, outgoing and active in the queer community but he tends to be judgmental at times and on occasion he loses his temper. That’s

why I was relieved by his reaction because I had really grown to love him over the last year and it was nice to know that he was going to accept me for who I am. After we moved in together things were great for a while. It wasn't until I started taking hormones and making clear plans with my doctor that he began having problems with my decision to transition.

One morning during breakfast we were talking about the whole transition and he started to get extremely angry. He told me that he would leave me if I transitioned and threw scalding water on me. He apologized later and said he would never do anything like that again if I agreed not to have the surgery. I agreed for a while because I knew it was a hard process for him as well.

A few months later I brought it up again and he got so angry that he hit me several times in the face. I'm not sure what I should do because I love him but I want to be able to express who I am. I am currently looking for a safe place to live for a while so I can have a place to recover from my surgery. I am grateful to the advocates at SafeSpace for their support in helping me sort all this out.

Peter

San Francisco – 48 year-old, white, gay male, HIV positive

Peter passed away from AIDS complications just as he began working with Community United Against Violence (CUAV) for the second time.

Peter was a 48-year-old gay man living with AIDS who had first worked with CUAV in 1999 to successfully obtain a three-year restraining order against his partner of seven years. One incident from that period occurred when Peter was in bed, and his partner, Joseph, barged into the bedroom, punched, slapped and kicked him to keep him down, then wrote on Peter's body with magic markers, followed by spray painting on his skin. Peter tried

do not understand or are not aware of the abuse may fault and turn against the victim for leaving someone who may be sick or perceived as vulnerable.

- An abuser may withhold, throw away or hide a partner's medications, cancel medical appointments, or prevent the HIV-positive partner from receiving needed medical care. An HIV-positive abuser may even do the same things to him/herself, in an attempt to blackmail the partner.
- An abuser may take advantage of an HIV-positive partner's poor health by using it as a rationale to limit contact with other individuals, assume sole power over a partner's economic affairs, and foster a partner's utter dependency.
- The threat of physical violence can become more potent to victims living with illness, who may be too weak to defend themselves or may fear the HIV-related complications (easy bruising, infections, slow or difficult healing) that can result from being subjected to physical harm. Additionally the emotional stress associated with surviving an abusive relationship can adversely affect a person's already debilitated immune system, potentially resulting in exacerbated symptoms, and further compromising the health of someone with HIV/AIDS, or another life threatening illness.
- An abuser with HIV/AIDS may infect or threaten to infect a partner, or may use claims that the victim is responsible for the abuser's sero-conversion and use this as a reason why the victim cannot leave.

Barriers to Addressing LGBT Domestic Violence

There are many significant obstacles to addressing LGBT domestic violence (both for service providers and for survivors), some of which are implicit in the observations above. In addition, the widespread belief, exploited by some abusers, that domestic violence does not occur in LGBT relationships, coupled with overall societal homophobia and transphobia creates an atmosphere in which visibility and knowledge about this issue is minimal and survivors experience extreme isolation. Few programs and resources exist for LGBT DV survivors. While some progress has been made in recent years in public awareness and education of those who work with DV survivors, training of law enforcement, health care professionals and other service providers on how to provide appropriate, sensitive and effective intervention for LGBT survivors still remains a vast task in which we have only begun to make the tiniest dent.

In recent years, there has been increased focus by the LGBT community on achieving public recognition for LGBT relationships and families. However, there is still little to no acknowledgement that, unfortunately, where couples and families exist there is also DV. Great pressure is brought to bear on those who bring LGBT DV to the public eye to remain silent. There is fear that an airing of the problems among LGBT people will take away from progress toward equality. Instead, it is the view of NCAVP that addressing DV, and other issues that confront LGBT people, is a way of building a stronger community. The LGBT community is responsible, not only for seeking acknowledgement and equality of rights for LGBT intimate partner relationships and families, but also for creating safe spaces within the community where all intimate relationships and families can live, grow and thrive.

NCAVP, its member organizations, LGBT anti-violence projects and individual activists in various parts of the country have been working to bring the issue of domestic violence to the fore in the LGBT community, but there is still a long way to go. In addition to denial, there are other external obstacles that face survivors attempting to gain assistance and safety from abuse in their relationships. These barriers include:

Poor or inconsistent law enforcement response

In recent years, more law enforcement officers have been trained to recognize and deal with domestic violence in heterosexual relationships. However, there has been little training about how to respond when there is a situation of LGBT DV. Some progress has been made in the few places where an anti-violence project has been able to establish a relationship with local police departments, in a few regions the results have even been quite successful. However, in most areas police response to LGBT DV is still lacking or even poses danger for LGBT people.

Police officers in general are more apt to view violence between LGBT individuals, especially partners of the same gender, as mutual or consensual abuse. Even among those well-meaning officers, few police receive the training necessary to distinguish the actual abuser in incidents of LGBT domestic violence, such that the arrest of the victim or of both parties is not an infrequent occurrence. In addition, many police officers continue to express homophobia themselves or at least act as its instruments in other contexts. Many LGBT people are aware of long histories of negative associations between the LGBT community and the police and hold long-internalized and affirmed fear and mistrust that police will create safety rather than harm. The consequent fear of the police prevents many LGBT vic-

to get away but Joseph followed him, yelling obscenities and throwing rocks and a glass ashtray at him. Joseph then punched a wall mirror as Peter crouched below it. Shards of glass rained down on Peter. This attack started at 2 AM and lasted about an hour. Next, Joseph told Peter he should be killed, but instead he was just going to be tortured. Joseph would not allow Peter to leave the house, instead he would periodically hit Peter or throw a household item and hurl an insult. Then, Joseph urinated on Peter, grabbed a kitchen knife, and threatened castration. Eventually, at around 4 PM the next day, Peter escaped by running out the back door.

Peter obtained a Restraining Order after this and upon its expiration, began to be harassed via telephone and in-person by Joseph. Peter came back to CUAV to get assistance in getting a continuance of his Restraining Order. He now was carrying an oxygen tank with him due to AIDS. A few days before Peter passed away, he left a voicemail message for his CUAV advocate saying Joseph tried to force his way into his apartment.

Mary

Minnesota (suburban) – 38 year-old, white, lesbian

Sheila, my partner of 3 years, was arrested for assaulting me. When the police arrived they didn't recognize us as a couple and treated it as if we were roommates in a mutual fight. My saving grace was the fact that I didn't fight back and so Sheila was eventually arrested after I had to explain our "situation" several times. Being a bi-racial couple, I was worried for Sheila and how she would be treated in jail.

While Sheila was in jail, I contacted a shelter so I would have a safe place after Sheila got released. I felt relieved to have a safe space but soon I realized that I feel like an "outcast". When I talk about my situation in front of the other women, I talk about Sheila as "he". This shelter has a GLBT support group but it won't restart for 2 more

months. I feel that the staff are good with the GLBT issues, but they aren't in the living space where I hear anti-gay remarks.

I have a roommate and we aren't getting along. I think she is using drugs which is hard for me since I am only recently sober. She also doesn't like that fact that she is rooming with a lesbian. I keep searching for a job, but my last reference isn't very good because Sheila repeatedly called for me there and I missed a lot of time because Sheila would make me call in sick or attack me the night before I had to work.

Today my roommate found out I had talked to staff about my drug suspicions. We got into an argument and eventually were asked to leave the shelter. I am now going to go stay with my sister who is very religious and believes that I can be "cured" of my lesbianism. I found a job at a temp agency. Hopefully, it will be consistent and eventually pay enough to make the rental rates in this city so I can get my own place.

Jess

Vermont (rural) – 39 year-old, white, lesbian, cancer survivor

I grew up in a very rural part of Vermont and I've lived there almost my entire life. Beth and I had been friends since high school and we both came out when we were in our late 20's. We moved in together shortly after we both came out. There aren't many lesbians in the town we lived in.

Beth and I had been together for 9 years when I had finally left her. She was physically and emotionally abusive to me for almost the entire time we were a couple. If I think hard I can even recognize some of her controlling behavior in high school. I am also recovering from cancer. Beth did not want to acknowledge the fact that I was sick. She didn't even visit me when I was in the hospital for over a month. When I finally did come home, Beth had a new girlfriend and she had moved into our apartment. I didn't have the resources and I was very ill,

tims of domestic violence from seeking the assistance of law enforcement themselves.

Additionally, many LGBT people do not utilize the police for other reasons including fear of race-based bias or violence, because of the immigration status of either the victim or abuser, or an overall fear for how they or their partner will be treated in police custody because of LGBT identity. Victims of DV want the abuse to stop but, most love their partners and would not want to risk placing them in harm's way, even if it means continuing to experience abuse or even threat to their own lives.

Lack of non-criminal justice based safety options and responses to DV

Many DV survivors, while wanting safety from abuse, do not want to engage the criminal justice system for many reasons. Some reasons stem from fear of bias response or violence based in long histories of entrenched racism, sexism, homo- and transphobia within the police and court system. Even if the individual survivor does not expect or fear direct bias or violence to result from reaching out to the police, the survivor may feel that by calling the police, who may be viewed with mistrust in the survivor's larger community it would be a betrayal to others and to the overall community code against invoking police presence and toward keeping fellow community members safe from police misconduct.

Some survivors are aware that their abusers will not respond to the police and the criminal justice system as a deterrent to violence but rather expect that it will increase the chances and level of risk for further abuse. While other survivors are aware that a police record would jeopardize the abuser's standing in the community, with regard to employment (upon which the survivor may also be dependent), or coupled with previous offenses, will result in a jail term that the survivor does not desire for the abusive partner.

The criminal justice system has a strong emotionally and politically charged meaning for many people. Many are aware that the system is flawed with racist, classist, and sexist overtones and that those who are charged within it are often subjected to violence themselves. Others simply do not believe that prison is an effective tool for behavioral change and that it only makes people more violence after having been imprisoned. There have been an increasing number of batterer treatment programs developed over the past several years (mostly for heterosexual men but a few for LGBT batterers), however such options do not exist for LGBT people in most areas, nor are there any definitive studies showing the effectiveness of these programs in creating behavioral change regarding future abuse for either heterosexual or LGBT batterers.

The fears of many of those who are concerned about racial, ethnic and religious profiling, violence and abuse within the criminal justice system have been greatly exacerbated in the current political climate. During the period since the September 11th attacks and the war in Iraq, the level of profiling and human rights abuses perpetrated by the criminal justice system have soared in the name of patriotism and national security. In addition to race, ethnicity, religion and class, criminal justice personnel are now targeting arrests based on national origin and political affiliation. Many LGBT and other people have strong moral and political opposition to these government policies, as well as fear of how they will impact their lives and day to day freedoms. LGBT people may be wary of calling police to their home where anti-war signs or Muslim religious symbols are on display. While a victim of domestic violence may want safety from abuse, fear that the abusive partner, or both partners, will suffer unjust detention and abuse within the criminal justice system can be a powerful deterrent to seeking safety assistance from police.

Unfortunately there are few effective community responses to domestic violence that have been developed, tested and implemented. Almost none exist that are appropriate, legal and effective as interventions during acute violent incidents. Alternatives to criminal justice models are difficult to find funding toward and are thus not the main, or even a significant emphasis, of the work of most domestic violence organizations. In order for there to be adequate safety options for all survivors dependent on their own situations, needs and preferences, far more time, resource and emphasis must be placed on developing models that both do and don't involve the criminal justice system.

Limited Access to Civil Court orders of protection

Family courts in many jurisdictions adjudicate domestic violence cases only between married and/or heterosexual partners who have a child in common. LGBT victims of domestic violence who seek judicial relief generally must turn to the criminal court system, which is not equipped to respond to their needs. Criminal courts may require, for example, that the abusive partner has been arrested or charged with a crime before considering a victim's petition for an order of protection or its equivalent, and may still deny that petition if the victim cannot present substantial proofs of injury and/or continuing endangerment. Criminal courts also do not provide access to the array of public and private domestic violence services that are considered integral components of many family court systems.

For an analysis and state by state breakdown of the availability of Civil Court protective orders please refer to NCAVP's report, *Lesbian*,

so I had no choice but to live with them. My treatments often made me vomit several times a day. One time when I was in the bathroom throwing up Beth came in to the bathroom and started screaming at me, she called me a faker and started slamming my head on the bathtub until I lost consciousness. The next day when I was lying on my mattress on the floor, I asked Beth to bring me some water. She ran at me and kicked me several times.

Later that evening I called the police. After they arrived and heard both sides of the story they said that they "don't understand lesbian relationships". They told Beth to go take a walk to cool down. I called SafeSpace and they helped me find temporary housing and then more permanent housing in another part of the state. I haven't seen Beth in over a year.

Marla

Colorado (urban) – 45 year-old, African-American, transgender male to female

I lived with two roommates and things weren't going well. One of my roommates was persistently harassing me and I really didn't feel like I can stay there. I tried a homeless shelter I knew of, but the person there said I wouldn't be safe and that they really don't accept transsexuals, so I tried another shelter. They took me in and I stayed there for a little while, but I got in a fight with someone who was harassing me and lost my bed. I tried sleeping in my car for a few nights but I have health problems that make this difficult. I really don't know where else to go.

Larry

Massachusetts (suburban Boston) - 29 year-old, white, gay male

I've been living with Andrew for close to 4 years now. The beginning of our relationship was good, and I really fell in love with him. Its difficult to pinpoint exactly when things changed. I think maybe the abuse started after

Andrew got laid off from his job and started drinking more but I can't be sure. All I know is how things are now. Andrew accuses me of cheating on him all the time. He calls me a slut and a whore, over and over again, even though I assure him I would never cheat on him. No matter how much I try to reassure him, Andrew never believes me. He calls me at work multiple times a day to check on me. If I'm not at my desk, and don't pick up the phone, he uses that as proof that I'm off having an affair.

At this point I'm completely cut off from my friends. I can't do anything without checking with Andrew first. Andrew's family owns the house we rent. My family lives 3 hours away, and I'm only able to talk with them once a month.

About a year ago there was a really bad fight. We were at a bar with Andrew's friends. I was having a good time, but Andrew decided it was time to leave. I said I wanted to stay longer, and one of the other people we were with offered to drive me home. Andrew became furious and started yelling at me in the bar in front of everyone. I started to cry and left with him because I was so embarrassed. Once we got home Andrew began hitting me in the face and the back of the head. I just curled into the fetal position and took it. When Andrew was done hitting me he said, "Go to bed. I don't want to look at you anymore." I never considered calling the police because Andrew is so well known in our community, and has a lot of friends in the police department.

The next day I told Andrew he had really hurt me. He replied by calling me a pussy and a wimp. He insisted he didn't hurt me, and told me it was my fault because I upset him so much.

I got to the point where I felt like I couldn't take it anymore, but I also didn't know how to leave. I knew he wouldn't let me go without a fight, and I was very fearful. I was so isolated I didn't have anyone to turn to for help. That was when I decided to kill myself and ended up in the hospital.

Gay, Bisexual and Transgender Domestic Violence in 2001.

Lack of accessible and sensitive services

Even if more victims of LGBT domestic violence could obtain access to family courts, they might still be denied many services—such as emergency shelter, medical treatment, financial assistance, counseling, job training, legal services and many others—that these forums routinely prescribe for battered heterosexual women. Denial of services to LGBT survivors of DV can happen in a variety of ways. Sometimes there is an outright statement that an agency does not serve/ shelter/ provide support group, etc. for LGBT people. The more common situation usually results from the simple failure of the agency to prioritize these issues, obtain training and provide effective and appropriate services. Unfortunately many agencies also have un-addressed problems with homophobia among staff, resulting in few or no “out” staff, board or volunteers. This sends a strong message to the LGBT community that they are not welcome for services or employment.

The problem of lack and denial of services is especially acute for male and transgender victims of LGBT domestic violence who seek help from organizations that only serve women. But even lesbians are routinely denied access to many mainstream domestic violence organizations, ostensibly because their abusive female partners might too easily infiltrate them. Additionally, many service providers, like police officers, couples counselors and medical personnel, are not adequately trained to recognize the special dynamics apparent in many cases of LGBT domestic violence, or how to determine the abuser, once the existence of DV has been established. Some may even designate as the “victim” whoever seeks their services first, putting other clients at risk by potentially including batterers in survivor service environments like shelters and support groups.

Even well intentioned DV service providers, who attempt to assist an LGBT survivor of DV may not have the knowledge of the special issues facing such survivors and ultimately may not be able to offer services that are truly relevant or effective for an LGBT person. Training is needed to make sure that those providers who have some awareness and interest in helping LGBT DV survivors have the knowledge and tools to do so. Those providers who are less aware and are insensitive or perhaps even hostile to LGBT survivors, need to be made aware of the issues involved and their duty to provide a safe and respectful environment for all DV survivors. In order for DV agency responses to be effective for LGBT people in an ongoing way training, sensitization and implementation of services must be institutionalized at all levels and should not be left to LGBT identified staff, board or volunteers, as is quite commonly the case.

Victim's fears of being "outed" as LGBT and as a DV survivor

The abused partner may fear that coming forward as a victim of LGBT domestic violence will endanger relationships with family members, friends, a landlord, coworkers or an employer. Again, the lack of access by LGBT domestic violence victims to the family court system (where proceedings are generally kept confidential), coupled with the lack of meaningful civil rights protections for LGBT people throughout most of the country, makes the concern a legitimate one. Appearing in criminal court, the victim can obtain no guarantee that his or her situation will not be publicized in a variety of ways.

This fear of "outing" can also apply to someone's fear that their status as a DV survivor will be revealed in the LGBT community and, that this will cause them to lose community supports, status or credibility. As has been mentioned in this report, there is tremendous resistance within the LGBT community to acknowledging or discussing the reality of DV within LGBT relationships.

Victim's hopelessness and/or fear of reprisals

Given the context and dynamics of LGBT domestic violence, victims may become hopeless or fear reprisals by a partner, even for making modest attempts to end the abuse. Many abusers play on this fear when they tell their LGBT victims that no-one will help them. Research and anecdotal information about survivors from DV victim advocates suggest that the most dangerous time for a victim is when s/he seeks assistance or tries to exit an abusive relationship, so the fear is warranted. These primary factors may be joined by several others, including, in the case of victims who live where there are dedicated responses to LGBT domestic violence, ignorance that these services exist. LGBT anti-violence organizations, despite their best attempts generally lack the resources to publicize their services as widely as they might like, especially in the multiple ways needed to assure broad outreach that includes people of color, non-English speaking populations, rural communities, and other traditionally underserved communities.

LEGAL PROTECTIONS FOR LGBT DV SURVIVORS

The Effect of Lawrence and Garner v. Texas on the availability of Civil Court protective orders to LGBT DV Survivors

NCAVP's 2001 report included a section on the availability of Civil

During my hospitalization Andrew told me he would change. He apologized to me, and told me he'd get help. I believed him, and decided to continue to live with him. I loved him. I remembered the good times we'd had in the beginning of our relationship, before things went wrong. I wanted our relationship to work.

Things were better for a little while, but it didn't last. I'm still living with him, but my therapist connected me with a domestic violence advocate at the Violence Recovery Program at Fenway. They are helping me with safety planning, and I'm exploring leaving the relationship with Andrew. Sometimes it's tough because Andrew keeps tabs on everything I do. He tells me which appointments I can attend and which ones I can't. I have to see my advocate at a time when Andrew thinks I'm somewhere else he's approved of.

Things are still hard, but at least I feel like I have more support than I did before. I'm just beginning to have some hope for my future.

Brian

Colorado (rural) – 36 year-old, Latino, gay male, HIV positive

I had been with my partner for almost three years but things just hadn't been going right so I broke off the relationship. Soon after, my ex called to tell me that he had contracted HIV and he was sure he had gotten it from me. I am, in fact, HIV positive but he knew this the whole time we were together. He told me he was going to file criminal charges against me and that he was going to tell everyone I had given him HIV. Soon after, he called my sister and my brother and outed me as gay and HIV positive. He knows I am not out at work and to my family. I continued receiving harassing phone calls from him and started receiving emails from the "Department of Health" which I suspect are really from my ex, who now says that if I 'stick' with him, he'll protect me from the health department. He also

informed me that he has gotten a restraining order against me (though I have never been served with papers) and that if the criminal charges don't work, he will pursue civil. My family, through all the harassing phone calls and emails, has actually been very supportive and helped me find an attorney who referred me to the Colorado Anti-Violence Program. I'm afraid and just trying to figure out what to do next.

Chip

Ohio (suburban) – 21 year-old, white, gay male

I am a 21 year-old police officer in a suburb of Columbus. I moved here from a county down near the West Virginia border. Allen is my first boyfriend, and I fell for him instantly. In the year that we have been together, his drinking problem has gotten worse and worse. Two months ago he was arrested after he hit me with an iron, but I didn't want him to get in trouble. I persuaded the prosecutor not to move forward with the case.

During a fight last week, he got a hold of my duty belt, handcuffed me and beat me with the nightstick. A neighbor called the emergency squad because she heard the noise. This time the police arrested Allen and the prosecutor is going ahead with the case even though I don't want Allen to go to jail. I think he just got out of control— but if the court will make him get treatment for his drinking problem and make him deal with his behavior then I want to go ahead with it.

John

Illinois – mid 40 year-old white male

Shortly after my relationship started, my partner asked if I wanted to relocate to Chicago (he was offered a job transfer). Although it was very early on, I said yes as I thought it was possible to get to know each other after we were living together. Before the move, I saw his potential for

Court protective orders for LGBT survivors of DV around the country. As DV victim advocates know, an order of protection is one of the most important tools in attempting to protect a survivor from further abuse. The analysis and state by state detail created four categories of availability of Civil Court protective orders: states in which protective orders were clearly unavailable, arguably unavailable, neutrally available and affirmatively available. In some cases while the language in the law allowed for the possibility that those in same-sex couples might have access to protective orders if a sexual relationship was acknowledged, the existence of criminal sodomy laws was a clear deterrent.

Alabama, Florida, Idaho, Kansas, Louisiana, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Texas, Utah and Virginia each have statutes criminalizing sodomy. The United States Supreme Court's recent *Lawrence v. Texas*¹ decision effectively invalidates these laws. This decision positively impacts the ability of gay men and lesbians to obtain protection from abuse orders against same-sex partners in North Carolina. The decision has no effect on domestic violence statutes in the other sodomy law states.

In 1997, North Carolina changed the language of its domestic violence statute from "opposite sex"² persons living together to "former and current household members,"³ potentially extending protection to same-sex partners. However, § 50B-8 specifically states that a protection order granted under the statute will not serve as a defense to prosecution for any offense against the public morals, including sodomy⁴. In essence, gay men and lesbians seeking protection under § 50B-1 before the *Lawrence* decision subjected themselves to prosecution under the sodomy statute. *Lawrence's* invalidation of all sodomy statutes means that gay men and lesbians need no longer fear criminal prosecution for sodomy when attempting to obtain protection from abuse orders under § 50B of the North Carolina Code.

YEAR 2002 STATISTICS

Number of Cases Reported

As noted in the introduction to this report, the eleven regions (fourteen agencies) that compiled data for this report documented a total of 5,092 incidents of domestic violence affecting LGBT individuals in 2002. However, the eight regions (eleven agencies) who also contributed to this report in previous years documented a total of 4,947 cases, marking a 2% drop as compared to the 5,034 cases documented by the same eight regions in 2001.

This year's report includes data from three newly contributing agen-

cies from three previously un-covered regions: Wingspan in Tucson, AZ (reporting 96 cases in 2002), The Center for Lesbian & Gay Civil Rights in Philadelphia, PA (33 cases from Pennsylvania), and SafeSpace in Burlington, VT (16 cases). Of the eight regions (eleven agencies) who also contributed to this report in previous years, three

¹ Lawrence v. Texas, 2003 WL 21467086 (U.S. decided June 26, 2003).

² NC. Gen. Stat. § 50B-1 et seq.

³ Id.

⁴ NC. Gen. Stat. 14-177.

reported increases in cases in 2002: Columbus, OH (from 44 to 64, +46%), Colorado (from 100 to 143, +43%), and New York City (from 428 to 433, +1%). Four of these regions showed decreases in the number of reported cases from 2001 to 2002: Chicago (from 201 to 74, -63%), Minnesota (from 30 to 17, -43%), San Francisco (from 694 to 521, -25%), and Boston (from 329 to 261, -21%).

Los Angeles, as noted in the Introduction, is listed with 3,434 cases (a 9% decrease from 2002) in this report. However, expanded data collection from local police precincts, who had never before contributed these numbers, raised the total to 4,218 (this later total is a 12% increase over LA's 2002 total of 3,766 cases). For more information on Los Angeles please refer to the local summary section of this report or contact the LA Center.

The number of anti-violence programs (AVP) showing decreases in reports for 2002 is higher than in years past. While the total number of documented cases from the eight recurring regions that participated in this report decreased by only 2% from 2001 to 2002, the average percentage of change in reports in each of those recurrent regions from 2001 to 2002 showed a marked decrease of -9% (even when LA's revised case total is taken into account, this average only lowers to -6%). This pervasive trend toward decreased reports for local programs is largely due to the difficulty faced by many AVPs and other social service agencies across the country during the current time of extraordinary fiscal challenges. With a depressed economy and reduced government spending for social services, many programs were forced to curtail outreach efforts and reduce staff, resulting in a dramatically lessened capacity to conduct outreach and otherwise respond to community and client need.

It should, however, also be noted that the decrease in overall reports of DV seen by so many organizations across the country in 2002 may also be due in part to individuals' reaction to the current national political climate. In the months after September 11th 2001, reports

violence for the first time. I chose to ignore it thinking it was an "isolated incident". Plans for the move went on.

The second time I saw my partner's temper flare was during the move. Words were exchanged, and for the first time objects were thrown across the room. Within the same week, I was hit for the first time. Again, I chose to ignore it thinking it was the stress of the move. It was at this time I noticed his increasing control over the relationship and of me. He was not only financing the move, but our news lives as well. He chose our new home and paid the bills. He showed an unusual need to be the first to experience new things so he could show me later, including things like public transportation, stores and night-clubs. He knew I wouldn't go anywhere that he was not familiar with.

After a few months, I began to give up on things that I like in a relationship, like affection (except when he wanted it), and getting some kind of acknowledgement when he arrived home at the end of the day. I started to become very resentful.

At the Holiday time, we were having a large cocktail party. An hour before it was to begin, he started a fight with me over the fact that I was taking charge (I'd had to, as he does not know how to entertain). He threw a large ashtray at me, but missed and hit the doorframe causing a large gouge in the woodwork. He painted it as I cleaned up the mess. I presumed it was because he was embarrassed for what he had done. The most dramatic thing about this incident was that he did it while his best friend was in the house.

A couple of months went by with constant yet unpredictable violent episodes. A very violent situation erupted when I insisted on pursuing a friendship with our neighbor, against my boyfriend's wishes. He held my head under his arm, in the door jam and slammed the door repeatedly on my head. This left me so injured that seeing anyone was out of the question. He got what he wanted. It was at that time I began to think of leaving, but did

not know where to go. I had no friends, no money, and my family was far away. I put the idea on the back burner for the time being.

Everything exploded on July 8th when my boyfriend went to a bar by himself, despite the fact that we had plans to get together with friends. When he came home and found out that I'd gone out with our friends, even though he hadn't, he lost control. He began ruining some of my prized antiques and personal possessions, and then he attacked me. He knocked me down and repeatedly kicked my knees and ribs. I attempted to call 911, but he ripped the phone out of the wall. They called back and he told them everything was OK, but they dispatched a car anyway.

When we greeted the officers at the door. The police Lieutenant said, "You guys need to get your shit together or someone is going to jail tonight."

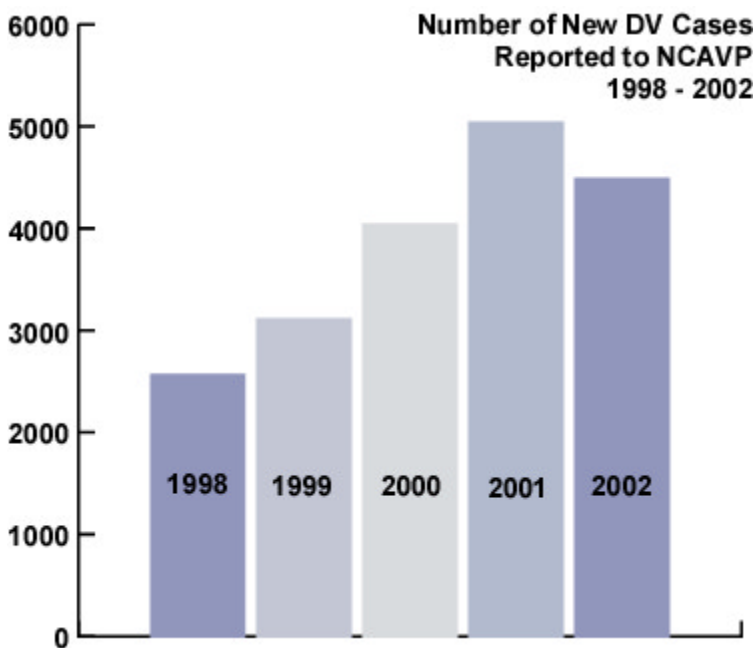
After the police left, things quieted down. I secretly gathered all the cash in the house, my cell phone, the car keys, and quietly left the house. I called 911 from my cell phone and got a gay operator, who was sympathetic to my needs. He convinced me to go home and wait for the police to arrive. While I was waiting, my partner came outside in an attempt to convince me to stop what I was doing. I didn't.

The police interviewed me outside the house and checked my injuries. They went upstairs, and not finding any injuries on my boyfriend, arrested him for domestic violence assault. They asked me to sign the arrest warrant. That was the hardest thing I have ever done. I saw him in the police car looking at me as if to say he was sorry, but something inside me said it wouldn't work. I signed the warrant.

I endured several weeks of legal proceedings. Although I got an "Order of Protection," when it came down to it, I dropped the charges. By that time, I had already moved and just wanted it to be over.

Now, I am still in therapy at Horizons Anti-Violence Project, but my life is so much different. If it weren't

regarding domestic violence fell partly because many victims feared leaving their home and families given the overall feeling that attack could occur at any moment. People living in the US since this time have also increasingly been encouraged to look at the larger political crisis as more important than anything occurring "at home." Victims who, because of ongoing abuse, may already have a distorted view of their own self-worth and feelings of disempowerment, may feel that their own abuse is not as significant enough to request assistance from police or emergency service agencies as dealing with the threat of terrorist attacks and the survivors of September 11th. Additionally, they may also suspect that should they attempt to access assistance, their problems might not be appropriately addressed because law enforcement and emergency personnel are primarily concerned with homeland security concerns. Further, victims may internalize the increased use of violent language in discussions of current events and begin to forget that a heightened level of violence is not a normal state of affairs, nor is it a justifiable condition for one's intimate relationships. Conversely, during times of increased stress such as economic problems, war and concerns about national safety, levels of domestic violence tend to increase. Therefore, while many programs saw a drop in reporting levels in 2002, it should not be assumed that this correlates positively to a drop in the level and rates of domestic violence among LGBT people, or truly in any population.



The current political climate is one in which all people in the US are being implored to draw together "with us" in the name of patriotism. A victim who is already ambivalent about reporting abuse or leaving a

relationship, may be even less likely to feel deserving of doing these things if there is fear of being divisive, taking up the time of emergency personnel with non-terrorist related problems, or acting in opposition to the patriotic ethic of unity.

Murders and DV-Related Deaths

NCAVP documented four DV-related murders in 2002. These cases were recorded by Colorado (1), Boston (1), and New York City (2). This number is down from the seven murders reported in 2001.

It should not be assumed that these were the only LGBT domestic violence-related murders that occurred last year. As with all areas of this report, the cases recorded are limited to the existence, catchment areas and capacity of participating local programs. For instance, NCAVP staff noted a DV-related triple murder in North Carolina. However, since there is no local program in that region participating in this report, those murders are not included as part of the total number reported by NCAVP member programs in 2002.

Many murders and deaths that are fully or partly attributable to domestic violence go unacknowledged for other reasons. Frequently LGBT DV murders are classified solely as hate incidents, even when the perpetrator is a family member. Murders may be portrayed as isolated incidents between virtual strangers or acquaintances rather than intimate partners. Additionally, it is impossible to know how many deaths are hastened by non-lethal levels of abuse (as in the case of people with AIDS, cancer or another life-threatening illness).

NCAVP documented the following DV related deaths in 2002:

A 19-year old Latina woman was stabbed multiple times at Old Navy, her workplace in Boulder, Colorado. The perpetrator, Robert Powers, had been in an intimate relationship with the victim's father for two and a half months; her father had recently terminated the relationship in which he had been abused by Powers. Powers, who confessed to the stabbing, stated, "I would have killed her father for jilting me and returning to his family, but thought that killing his daughter would be more hurtful to him." Robert Powers was convicted in April 2003 and sentenced to life without possibility of parole.

August 24, 2002, a 25-year-old woman was murdered in Boston, Mass. The victim's 26-year old female partner was arraigned and charged with stabbing her to death. In the hours before the murder, the two women met in a hotel room to discuss their relationship. The victim's body was later found in a trash bin; it was discovered she had suffered

for the 911 operator, the State's Attorney District Liaison, the judge, the prosecutor, my therapist, my best friend, his partner, my new landlord and my family, I don't know where I would be. The funny thing is, all of those people were there the whole time; I just had to look and ask.

When I was in court, I filled out a questionnaire. Based on my responses, I was told that my relationship had been at the point where there was risk of someone being killed within 6 months.

I am glad I called 911.

wounds to the neck, abdomen and chest, including her heart and aorta. The defendant was ordered held without bail, and is currently awaiting trial.

Bronx, NY Clergyman, Rev. Angel Colon, was found shot in the head at his home in Yonkers, NY on September 4, 2002. Lee Hernandez was arrested and charged with the murder. Hernandez reported that he had been involved in a three year intimate relationship with the victim, who was also legally married.

Michael Moriarty, 37-years old of Brooklyn NY, was stabbed to death in 1986, by Louis Katz, a NYC business owner. Katz allegedly committed the murder after he reportedly found out that the victim was dating his former companion. Katz was convicted with first degree manslaughter and assault in Moriarty's death in 1989, and subsequently fled the country while out on bail. He was living under an alias in Panama until he was discovered and extradited in February of 2002.

In addition to the murders reported by NCAVP member agencies, NCAVP acknowledges the following incident which is not reported in the total for murders in 2002.

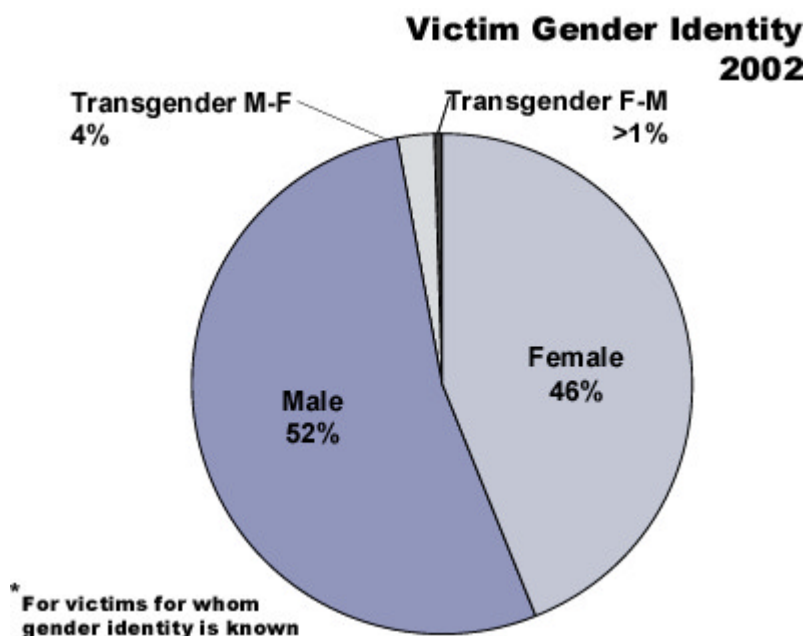
July 1, 2002, in North Carolina, Alan Gates allegedly shot his 24-year old daughter, Valerie Gates, her girlfriend Cordae Lee, and Lee's two-year old son, Kendall Alexander Dianis. Alan Gates was arrested and charged with the three murders. Reportedly the killings took place amidst ongoing domestic violence in the marriage between Alan Gates and his wife Janet who maintained an order of protection against him. Gates reportedly went to his estranged wife's home to look for her and allegedly killed his daughter, Lee and her son when he found them at the home instead. Gates was found with the bodies of the women and child, still holding the gun, waiting for his wife to come home. Reports indicated that growing up Valerie Gates had been very close to her father but that in recent years he had become upset about her "lifestyle;" his feelings were exacerbated by her recent relationship with Cordae Lee who was African-American.

Gender of Victims

In 2002, 2,083 (42%) of the LGBT domestic violence victims reporting incidents in the recurrent eight regions (the regions with programs who have previously contributed to this report) programs identified themselves as female, and 2,447 (51%) as male. An additional 2% identified as transgender (the vast majority male to female), while the gender identity of 4% was reported "unknown." These figures mark

a slight shift as the percentage of reports from individuals identifying as male (+3%) increased by approximately the same proportion as reports from those identifying as female decreased (-4%) from 2001. Additionally reports from male to female-identified transgender people dropped by a significant 34%, while female to male transgender individuals' reports increased by 14% (though this group still comprised a very small proportion all victims, less than 1%). The gender identity of 4% of victims was unknown.

The three new reporting regions combined showed a slightly different gender distribution than that of the eight recurring regions. Those identifying as female made up 53% of documented cases, males 43%, and transgender people (M to F 2%, F to M 1%) were 3% of the total for the three new regions. The gender of 1% of all reports in these regions remained unknown.



It should be noted, that while the slight shift toward a larger percentage of male reports from 2001 is interesting, and the drop in reports from male to female transgender people is troubling, that the relative distribution of gender identity among DV victims reported to NCAVP probably bears little relation to its distribution among LGBT victims generally. Two of the reporting programs (Asian Women's Shelter and W.O.M.A.N, Inc.) primarily serve women. As well, The Network/La Red in Boston only began expanding its program in earnest to serve people of all genders during 2001, and therefore still had a vast majority of reports from women. In general, NCAVP member organizations that provide domestic violence responses to people of every gender encounter a fairly equal number of men and women. Some do note a higher percentage of men than women vic-

tims. Chicago, Pennsylvania, and Burlington all had slightly higher levels of males submitting reports, however the most marked differences in gender distribution toward male reports were in Los Angeles (57% male and 37% female), Fenway Community Health in Boston (54% male and 36% female) and New York City (55% male and 40% female).

The higher number of male reports at LGBT-specific programs is due in part to the fact that that most men and transgender people have no other place to turn while some women do access services at mainstream DV programs that are primarily geared toward heterosexual women. In many of these cases survivors remain closeted about the sex of their abuser being the same as their own in order to safely access services without fear experiencing homophobia from program staff, volunteers or other clients (or in the case of bisexual women seeking support relating to abuse from a male partner, will sometimes identify as heterosexual). This, unfortunately, generally results in the receipt of inappropriate services and additional stress that increases the chances that a victim will choose to return to her abusive partner rather than continue to operate within a stressful “closeted” atmosphere.

Still, the relatively broad distribution of victims across genders demonstrates that gender identity alone has little predictive value in assessing who is likely to seek domestic violence services within the LGBT community. Of course, much more resourceful study is needed to assess whether gender identity plays no significant role in LGBT domestic violence, or whether its role is one that cannot be characterized from the limited data reported to NCAVP reporting agencies.

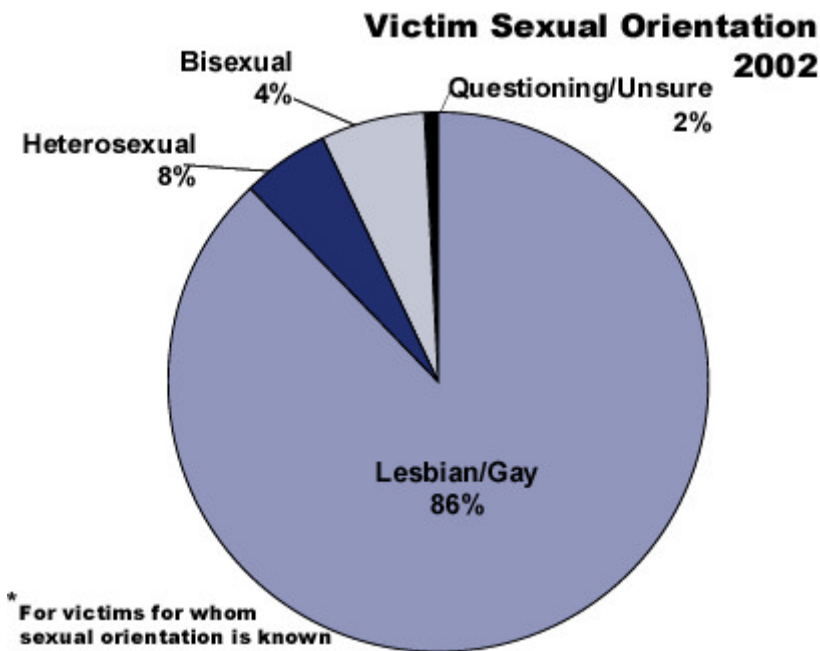
Sexual Orientation of Victims

Among the victims reported to NCAVP in 2002 by the eight regions who also documented data last year, the overwhelming number, 77% (3,820) identified themselves as lesbian or gay. Those self-identifying as bisexual made up 5% (227), as did heterosexuals (221), those who were “questioning/unsure” comprised 1% (36) of the total number of victims, and still 12% (593) of all victims’ sexual orientation was “unknown”. These proportions are fairly consistent with the breakdown of self-reported sexual orientation of victims in these same regions in 2001.

The new reporting regions, as a group, documented a slightly higher proportion of heterosexuals (14%) as well as those identified as “questioning/unsure” (6%). Lesbian and gay identified individuals still made up the largest category (66%) and the proportion of bisexu-

als (5%) was consistent with the eight recurring regions. Sexual orientation was unknown for 10% of those who made reports.

These figures should be approached with caution. Many people who express their sexual orientation in ways that others might describe as “lesbian,” “gay” or “bisexual” often do not choose to use those labels. They may use other terms such as “same-gender loving,” “queer” or “two-spirited” or may opt away from the use of labels entirely. Additionally, some seeking services from LGBT agencies may identify themselves as “lesbian” or “gay” even if they might describe themselves as “bisexual” or “questioning” in most other contexts. Conversely, some individuals who say they are bisexual do so as an alternative to describing themselves as lesbian or gay; identities they may not wish to express for reasons that have little if anything to do with their actual gender or sexual orientation. It is also likely that some bisexual individuals will try to seek assistance from mainstream service providers, particularly if the domestic violence they experience occurs within the context of an opposite sex relationship – so too, may some self-identified lesbian women who experience continuing victimization by past male partners.



Bisexual victims are also likely to be undercounted if the agency from which they seek services “constructs” the sexual orientation of the victim based on the gender identity of the abusive partner, and does not explicitly query victim self-identification. In general, however, NCAVP member agencies strive to avoid such assumptions by asking the victim to self-identify.

Heterosexuals who access domestic violence services at LGBT agencies, do so for a variety of reason. Some are transgender individuals who identify as heterosexuals because they form relationships with those of a different gender. Others are HIV-affected individuals who seek services from LGBT agencies because the latter are better equipped to address the occurrence and consequences of domestic violence involving HIV-affected partners. Finally, some are people who choose to access services at a particular LGBT agency because of its reputation, advertising, location, referral by an LGBT acquaintance or relative, or for other reasons, which may include their questioning their sexual orientation, or that they do not see people like themselves reflected in the public advertising or outreach of other domestic violence service providers.

Age of Victims

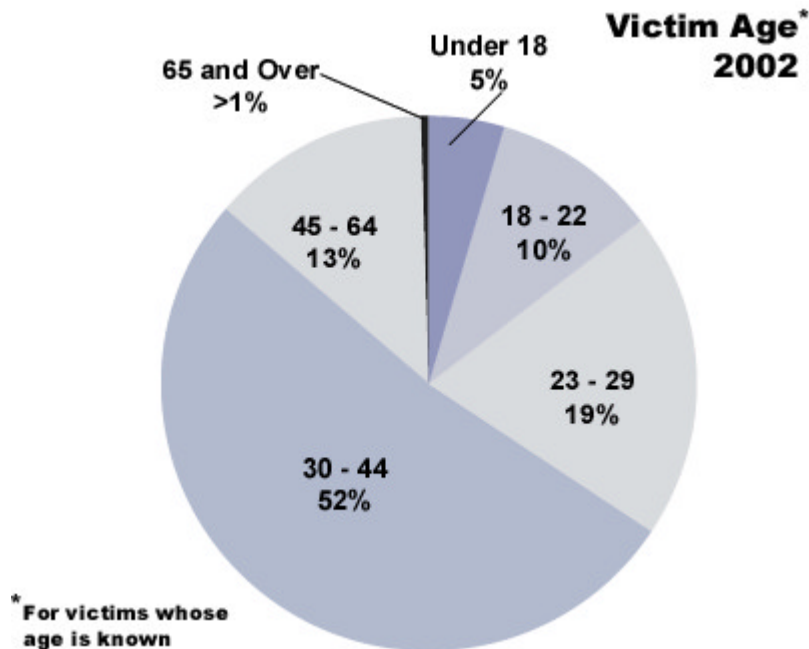
Because of the fact that there was a large number of those for whom age was not known (45% of the total reports), the age tallies remove from the total, the “unknowns;” all percentages are of those for whom age was recorded.

Those in the youngest age categories, while still making up a minority, accounted for a larger percentage of reported cases in 2002 in repeat-reporting regions. Reports from those who were under 18 grew to comprise nearly 5% of those for whom age is known. People in the 18 to 22 age group made up 10%. Reports from those 23-29 years of age dropped slightly and now comprise 20% of all reports. The largest number of victims reporting in 2002 remained those between the ages of 30 and 44 (52% of the total). Victims aged between 45 and 64 remained a fairly consistent proportion of all victims (13%), which was also true of those 65 and over (<1%).

For the three new reporting regions, victims aged 18 to 29 comprised 10% of victims – the same proportion as seen in other areas of the country. The percentage of those in the largest group, 30-44 however, comprised a lower percentage (42%) than the other regions. Accordingly those in the 45 to 64 (20%) and the 65 and over (3%) categories made up a larger proportion of documented cases than in other areas of the nation.

The fact that most of the reporting programs are largely designed to address non-youth and non-senior adult populations has been reflected in the proportions of the age categories through all the years of this report. However, over the past two years those in the under 18 to 22-year old groups have grown to make up almost 15% of all those LGBT victims coming forward to report DV. This can be largely attributed to the increased outreach and dedicated programs for youth

that have been created and facilitated in recent years at several NCAVP member organizations. These programs were designed in recognition of the unique experience young people have regarding intimate partner violence, as well as the realization on the tremendous amount of violence that occurs in the lives of so many LGBT youth in various contexts.



NCAVP believes that in reality, domestic violence affecting younger and older LGBT individuals occurs with much greater frequency than is documented here. It is anticipated that the proportion of young people reflected in this report will continue to grow as more programs seek to reach this group of LGBT people and address the violence in their lives. The type of successes that can be seen in current youth outreach efforts must be duplicated among seniors in the LGBT community, another group of the most vulnerable LGBT people.

It is important to note that violence in the lives of LGBT people under the age of 18 or over the age of 65 may be characterized somewhat differently. While both groups on either end of the age spectrum experience violence within their intimate partnered relationships, abuse by family of origin, guardians or other care-givers is also of major concern during these stages of life. Teenagers may be reluctant to report violence by any person in their lives for fear that service providers will make reports to child welfare personnel or statutory rape reports to police. Older LGBT people may fear speaking out about the abuse and risk losing a care-giver on whom they are dependent for the most basic of daily life-sustaining needs. Additionally, many seniors suffer from great isolation and loneliness, and those in

abusive situations may understandably feel reluctance in risking being alone by ending a relationship with a partner, family member or caregiver, even an abusive one.

There are additional barriers to charting partner violence among the youngest and oldest members of the LGBT community. For example, anecdotal evidence shows that young people may be the least likely group to respond to outreach using 'domestic violence' terminology. It is clear that the existence of violence in the lives of LGBT youth and seniors is most likely not less than that experienced by those between these stages of life, and may even present more of a threat. Specialized programs need to continue to be developed, such as the successful models being used to reach youth, to address violence experienced during the earlier and later stages of life.

Race/Ethnicity of Victims

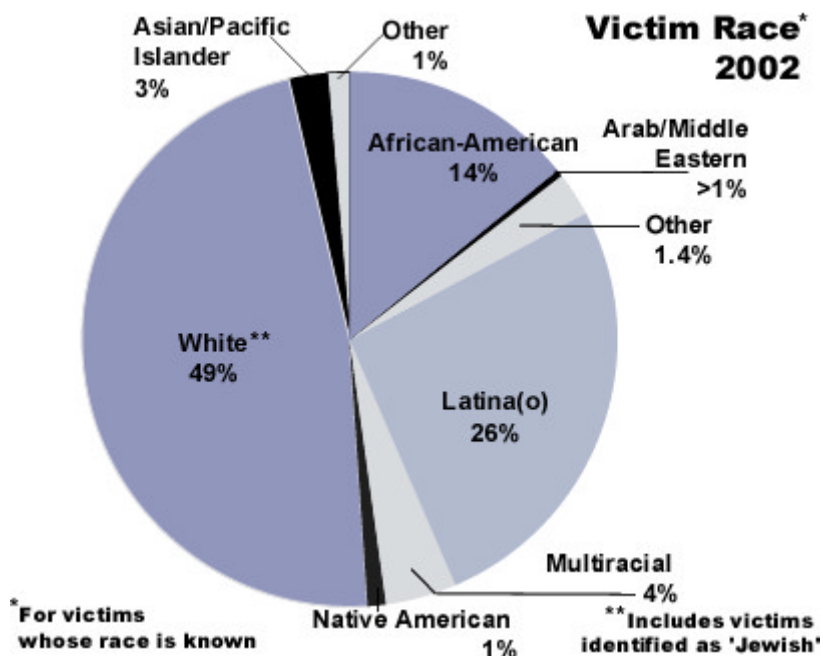
As with age, the race/ethnicity of a large number of reporting survivors was unknown, representing 43% of all reports received in 2002. Therefore race/ethnicity percentage breakdowns will also only take into account the cases in which the race/ethnicity of the survivor was known.

Consistent with previous years, in the eight recurring regions, the greatest number of reports came from those who identified as white, representing 47% (1,334) of victims for whom race was known. This actually represented a slight proportional increase over the percentage in this group from 2001 (43%) and seems to mark a 2002 trend toward lower proportions of reports from people of color. The next largest proportion, 26% (741), of reports came from Latina/o individuals, which is similar to the level of reporting from Latino/a victims in 2001. However, reports from both African Americans (14%, 397 – down from 17% in 2001) and people identifying as Asian/Pacific Islander (3%, 75 – down from 5% in 2001) fell in this reporting period. Reports from each of these three groups had been up in 2001. Interestingly, those identifying in the “multi-racial” category made up a larger percentage (4%, 121) than in 2001 (2%), while individuals classified as “other” dropped (1%, 38) from 2001 (4%).

Members of other racial/ethnic groups continued to account for a very small percentage of domestic violence reports in 2002. These groups included Native Americans (1%), Arab/Middle Easterners (<1%), and individuals identifying as Jewish (2%) (a category which will continue to be tracked by NCAVP because of this population's vulnerability to bias-related violence, but which is being phased out of the race/ethnicity category during 2003). It should be noted that the numbers of Jewish, as well as multiracial victims were almost certainly

underreported, since many may have identified themselves as members of a single race.

Racial and ethnic breakdowns among the three new reporting agencies in 2002, are fairly similar to the proportional distribution of the other eight regions. Those identifying as Latino/a (25%) and White (49%) were at almost exactly the same levels. African-American (9%) and Asian/Pacific Islander (1%) reports were lower in this group. Both multi-racial (9%) and Native-American (4) documented cases were at significantly higher percentages in the group of these three regions than in the previous grouping. There were no recorded cases from individuals identifying as Arab/Middle-Eastern or Jewish.



This trio of new regions, which included Pennsylvania, Tucson, Arizona and Burlington, Vermont, represented quite a diversity of areas with regard to racial makeup. Much of the concentration of certain racial groups was focused fairly predictably, with the majority of the African-American reports in this group emanating from the Philadelphia-based agency, and the majority of known cases in Vermont from victims identifying as white. The presence of Tucson in this group, with a relatively high number of Latino/a and Native-American reports is the clear reason for the higher percentages in these categories among the three new reporting programs.

Several programs that experienced an increase in the diversity of the people they served, or continued success in this area, during 2002 reached out to communities of color through less-conventional methods of outreach and collaborative work, in which increasing DV reporting levels wasn't the primary expected outcome or reason for

participation. Several programs reported increased participation at community events and rallies and actively providing support to various communities around non-DV related issues that were of great mutual import. Also many of the programs that contribute to this report became more actively involved with overall community discussions and activities related to post-September 11th government actions and policies. As a byproduct of this activity, a number of anti-violence programs saw and increased number of victims of bias violence and racial profiling, particularly for Middle-Eastern and Asian people and those perceived to be of these ethnic groups (for more information please see NCAVP's report, *Anti-LGBTH Bias Violence in 2002*).

Generally, few conclusions can be drawn from NCAVP's limited data about the racial/ethnic distribution of LGBT domestic violence victims as a whole. One of the agencies reporting in 2002 serves a specific racial/ethnic constituency (Asian Women's Shelter), while most of the others have varying degrees of capacity to provide culturally and linguistically competent outreach and services to many of the diverse elements of the LGBT community. Barriers to reporting domestic violence in some communities of color may be even greater than described elsewhere in this report, particularly if the victims have additional reason to fear or mistrust the police.

Finally, large numbers of LGBT people in every racial/ethnic community do not necessarily identify themselves using this same language or definitions, nor are they willingly seek services from LGBT-identified organizations. People in some ethnic communities do not feel comfortable utilizing many of the venues traditionally offered by many DV organizations as gateways into services, including hotlines, support groups, etc. These ways of reaching out for assistance or communicating may be less culturally aligned with some particular communities of color.

Other Information Recorded About Incidents

Individual NCAVP member agencies recorded a significant amount of additional data about cases of LGBT domestic violence in 2002, including information about crimes/ offenses, injuries, perpetrators and police response. Because of inconsistencies in the type and method of collecting this information, these data are not reported here, but may nonetheless inform the observations made in some of the local NCAVP member reports that follow. Readers seeking more specific information about the incidence and characteristics of LGBT domestic violence are encouraged to read through all the local reports,

as well as contact individual NCAVP members with specific questions or concerns. In particular, some NCAVP members are preparing much more comprehensive local reports about their domestic violence services in 2002, of which it is only possible to present brief summaries in this document.

LOCAL SUMMARIES

The following local reports were prepared directly by NCAVP members. The first group of summaries is from regions/ programs who contributed statistics to this report. Additionally, there is a summary from an NCAVP member program which is still in the earlier stages of development but will be contributing statistics to this report in the future. All summaries have been edited slightly to ensure consistency of presentation. For more information please feel free to contact the individual member programs.

Regions That Contributed Statistics to this Report

Tucson, Arizona

Wingspan Domestic Violence Project

The Wingspan Domestic Violence Project (WDVP) provided services to 96 victim/survivors of domestic violence in 2002, a slight increase in the number reported in 2001(94). The WDVP is a program of Wingspan, Southern Arizona's Lesbian, Gay, Bisexual, and Transgender Community Center.

The WDVP provides 24-hour crisis intervention, advocacy, and support services geared to lesbian, gay, bisexual, and transgender (LGBT) victim/survivors of domestic violence throughout Southern Arizona. Additionally, the program provides dynamic and interactive presentations to local LGBT community groups, youth, social service agencies, therapists, judges, lawyers, as well as university and community college students. For the first time, in 2002, the WDVP utilized the skills of student interns from local universities, and will continue to serve as a field placement site.

Through community collaborations, the WDVP operates several satellite offices throughout Southern Arizona, including the Southern Arizona AIDS Foundation (SAAF) and the Brewster Center, a mainstream domestic violence service provider. These client-focused collaborations have led to systems-level changes. With the WDVP's technical assistance, SAAF began screening its new clients for domestic violence; in turn, the WDVP will begin asking its new clients if they would like information about free and anonymous HIV testing.

Additionally, the Brewster Center revised its formerly heterosexist mission statement to be more inclusive of the LGBT community.

The WDVP is currently in the process of expanding into a full Anti-Violence Project. In addition to providing crisis intervention and advocacy services, outreach, and education to LGBT victim/survivors of domestic violence, the Project will serve LGBT victim/survivors of bias crimes and harassment. This expanded Project is slated to officially kick-off in October 2003.

San Francisco, California

Community United Against Violence (CUAV)

Queer Asian Women's Services (QAWS) of the Asian Women's Shelter (AWS)

W.O.M.E.N., Inc.

San Francisco reported 521 cases of queer (LGBT) domestic violence in 2002. These findings were compiled through a collaboration of three agencies, Queer Asian Women's Services (QAWS) of the Asian's Women Shelter, the lesbian, bisexual and transgender anti-domestic violence program of W.O.M.A.N., Inc., and Community United Against Violence (CUAV). Although the number of reported incidents were down from the last three years, this was not due to a decrease of actual incidents, but rather can be attributed to staff transition primarily at W.O.M.A.N., Inc. In 2002, there were 399 reports from female identified survivors, 169 reported incidents from male identified survivors and 30 cases from survivors identifying as transgender.

Since the 1980's the three allied agencies have been working to provide LGBTQ domestic violence survivors with in-person counseling, emergency shelter, advocacy and court room accompaniment. In 2002, these same sister agencies creatively continued their commitment to make services available to the LGBTQ community. QAWS held informal dinner parties among circles of friends, who came together to discuss how to support a friend or friends who may be suffering domestic violence. Each of these dinner parties ended with participants making a list of strategies to support friends, as well as safety planning, crises management and domestic violence referrals. W.O.M.A.N., Inc. did a needs assessment of its domestic violence services, to review what steps the agency needs to take to expand its services, and to renew its commitment to existing services. CUAV continued to look at communities traditionally overlooked by the mainstream domestic violence movement, by conducting a series of relationship safety trainings for the transgender community, which were also transgender led. Through its Love and Justice Project, which is a

peer led youth of color program, CUAV is creating safe approaches for queer youth to discuss love, dating, and relationship violence.

The majority of incidents, 326 out of 521, were reported by lesbians and gay men. There were 35 cases from survivors identifying as bisexual and 60 cases from heterosexual survivors. Of the cases where race/ethnicity was known, survivors from communities of color accounted for a slight majority of the cases (37% or 191 out of 521). African-American survivors accounted for 11%; Latino survivors 12%; Asian/Pacific Islander survivors 7%. White survivors accounted for 33% of the cases (171 out of 521).

Survivors from communities of color and transgender/genderqueer individuals still face challenges when seeking services. In San Francisco attempts are being made to address this by expanding culturally appropriate services. For the past six years, Asian Women's Shelter citywide multi-lingual access model has provided multi-lingual advocates to monolingual non-English speaking survivors. CUAV has dedicated Spanish and Chinese speaking staff, who are also bi-cultural. CUAV also provides technical assistance pertinent to queer survivors, youth, and transgender communities to shelters, law enforcement, courts, and community medical and mental health clinics.

The three reporting agencies were assisted in their work by other San Francisco based agencies, including La Casa de las Madres, the Riley Center, LYRIC, Proyecto ContraSIDA Por Vida, the Family Violence Project, and the San Francisco Domestic Violence Consortium. Although these agencies did not contribute findings for this report, they were important allies in key cases.

Finally, in 2002, San Francisco domestic violence survivors expressed fear and hopelessness caused not just from their abusive partners, but also due to the persistent threat of war impacting on their emotions.

Los Angeles, California
The L.A. Gay & Lesbian Center's STOP Partner
Abuse/Domestic Violence Program
(Support, Treatment/Intervention, Outreach/Education,
Prevention)

The L.A. Gay & Lesbian Center's STOP Partner Abuse/Domestic Violence Program provides intervention and prevention services that address the unique needs of youth and adults in the visible lesbian, gay, bisexual and transgender (LGBT) communities; ethnically underserved LGBT populations; and closely aligned populations (people who have sex with members of the same gender but identify as het-

erosexual; lesbians and bisexual women who maintain intimate relationships with men; lesbians and gays whose previous relationships were with members of the opposite gender; LGBT & heterosexual persons impacted by HIV/AIDS; and difficult to reach segments of the community who are isolated by the multiple and complex barriers of domestic violence, fear of disclosure, and the geographic vastness of Southern California) primarily in Los Angeles County but also in the neighboring counties of Orange County, Ventura County, Riverside County, and San Bernardino County. Services of the STOP Program include survivors' groups; a court-approved batterers' intervention program; crisis intervention; short-term and on-going counseling; groups for at-risk youth and adults; criminal justice advocacy; specialized assessment; LGBT training, education and consultation; and a multi-faceted prevention program.

Los Angeles County is one of the nation's largest and most diverse counties with 4,081 square miles and an 81-mile long coastline. It has the largest population of any county in the United States (9,902,700 million as of July 2002) and approximately 29% of California's residents live within it. To increase effectiveness in reaching as many members of the highly diverse LGBT community in a geographic region as vast as Southern California, the STOP Program maintains strong collaborative relationships with other domestic violence organizations. These relationships include the Statewide California Coalition for Battered Women, the Mid-Wilshire Domestic Violence Prevention Collaborative, the L.A. County Domestic Violence Council, the Partner Abuse Education Task Force of the City of West Hollywood, the Gay & Lesbian Community Center of Greater Long Beach, and numerous other organizations devoted to intervening with and preventing domestic violence in California.

Reported cases of domestic violence in greater Los Angeles increased from 3,766 in 2001 to 4,218 in 2002. While the majority of these cases were either reported to or assessed by the L.A. Gay & Lesbian Center, the West Hollywood Sheriff's Department, and the Los Angeles Police Department, other contributors included Another Way, Alternatives to Violence, the Los Angeles Commission on Assaults Against Women, Womenshelter of Long Beach, the YWCA of Glendale's Domestic Violence Project, Sojourn Services for Battered Women and Their Children, Valley Oasis Shelter, the Greater Los Angeles VA Medical Center's Center for the Study and Treatment of Domestic Violence, Village Family Services, Beverly Hills Counseling International, and the City of West Hollywood's Partner Abuse Education Task Force.

Females accounted for 1356 of the total of reported cases and men accounted for 1981 cases. There were 49 documented M - F trans-

gender cases and 7 cases involving F - M transgender individuals. Gender identity for the remainder of the total reported cases was unknown.

The majority of reports (3537) came from individuals who identified as gay or lesbian. 169 individuals identified as bisexual while heterosexuals accounted for 113 of the total, and 24 indicated that they were questioning or unsure of their sexual orientation. Sexual orientation was unknown for 375 of the documented cases. Of those cases in which the ethnicity of the individual was known (1756), 194 identified as African American, 486 identified as Latino/a, and 863 identified as Caucasian. Of those cases in which the age of the individual was known (1795), 962 were between the ages of 30 - 44, 350 in the 23 - 29 age range, and 242 between age 45 - 64.

Since 1996, the STOP Program has seen a consistent increase in the number of LGBT persons who report domestic violence or are assessed to be experiencing it. The increases are attributable to progressively expanded domestic violence programming by the L.A. Gay & Lesbian Center, funding from the California Department of Health Services, Maternal and Child Health Branch for LGBT prevention activities, and a consistent increase in the number of organizations that attempt to track LGBT cases of domestic violence.

Community Survey Results

In an ongoing attempt to assess community needs and awareness of domestic violence, STOP distributes LGBT domestic violence surveys at community events and Pride festivals throughout the year. Self-identified members of the LGBT community completed a total of 1110 surveys during 2002. Of the 2002 respondents, 40.7% identified as male, 51.4% identified as female, and 3% identified as transgender. The majority (69.4%) were between the ages of 22 - 54 and identified as Caucasian (36.7%) and Latino/a (30.9%). 57% indicated that they believed that domestic violence is a significant problem in the LGBT community. While the surveys did not distinguish between self-defensive behaviors, retaliatory behaviors, and primary aggression, 33.9% of the respondents indicated that they had perpetrated psychologically and/or physically aggressive behaviors in an intimate partnership while 44.3% indicated that they had been victimized by a partner. 46.9% reported that they had a friend or family member who had experienced LGBT domestic violence.

When asked what respondents believed would be most helpful for LGBT victims of partner abuse and violence, 51.7% identified individual counseling, 39.1% selected group counseling, and 42% indicated couple counseling (It is the position of the STOP program that couples counseling has potential to pose danger in relationships where

DV is present). 53.6% indicated that talking to a friend would be helpful, 20.9% selected talking with family members, and 13.2% chose discussing the situation with clergy. 24% believed that soliciting help from law enforcement was indicated and 29.2% indicated that legal remedies such as restraining orders would be helpful. 17.5% selected shelter as a helpful option.

When asked what respondents believed would be most helpful for addressing LGBT abusers, 57.7% indicated that individual counseling would be helpful, 39.5% selected group counseling, and 40.6% chose couple counseling (as stated earlier, this is often contraindicated and can be dangerous). 32.2% believed that talking to a friend would be helpful; 20.9% selected talking with family members; 12.4% chose discussing the situation with clergy; and 18% selected law enforcement approaches. 27.9% believed that legal remedies such as incarceration, fines, and/or mandated batterers' treatment would be helpful.

When asked what should be done to prevent domestic violence in the LGBT community, 65% indicated that an increase in education and awareness would be helpful. 50.9% wanted to see more counseling services designed specifically for the LGBT community and 34.2% indicated that community mobilization would be useful. 33% indicated stricter laws and legal remedies; 35.7% selected more effective law enforcement response; and 34% indicated shelters designed specifically for the LGBT community.

Consistent with 2000 and 2001, a high number of primary LGBT victims were mandated to attend batterers' treatment in 2002. Additionally, STOP received numerous reports of multiple failures of the criminal justice system to effectively respond to LGBT battering. However, while criminal justice response continued to be problematic in 2002, an increased number of representatives from the criminal justice field participated in activities designed to educate and raise awareness about LGBT domestic violence that were hosted by the STOP Program and its community partners. Participating representatives included a state senator, district attorney, deputy district attorney, city attorney, L.A. and West Hollywood city council members, and various law enforcement personnel representing the Los Angeles Police Department and the L.A. County Sheriff's Department.

During 2002, STOP hosted a well-attended community forum about LGBT domestic violence and a LGBT domestic violence conference for service providers that was attended by over 200 persons representing domestic violence and other social service organizations. In recognition of these events, the City of West Hollywood declared the week beginning July 28 as "LGBT Family Violence Awareness Week." Also in 2002, the STOP Program was one of fifty programs in the

nation selected for inclusion in the National Crime Prevention Council's publication entitled, *50 Strategies to Prevent Violent Domestic Crimes*. Additionally Senate Bill 564, which the STOP Program developed in collaboration with state Senator Jackie Speier, the Statewide California Coalition for Battered Women, and the Junior League was signed into law by Governor Gray Davis. SB564 requires expanded domestic violence training and continuing education for California's mental health students and professionals and includes information about same-gender domestic violence as a curriculum requirement.

Colorado

Colorado Anti-Violence Program (CAVP)

The Colorado Anti-Violence Program (CAVP) reported 143 new domestic violence cases in 2002, a 30% increase over the total (101) reported in 2001. This continued a six-year trend of steady increases in the level of reporting to the agency. These figures are representative only of domestic violence incidents directly reported to, or brought to the attention of, the CAVP. While CAVP encourages other service providers, as well as our community, to report incidents to, CAVP is aware that outreach efforts will only manage to reach a fraction of all LGBT cases in Colorado.

In 2002, (43) 30% of victims identified as female and (66) 70% identified as male, as compared to (42) 42% and (58) 58% in 2001. The number of female identified victims increased by 35%, and the number of male identified victims increased by 41%, consistent with the trend also seen in 2001. It is unclear whether the increase in overall reports can be attributed to actual increases in the size of the community, or simply to more comprehensive outreach resulting in more people being aware of and thus seeking services. The number of transgender male to female identified victims decreased 57% (from 7 to 4). CAVP documented no reports from transgender female to male victims, and 12 victims whose gender identity was not recorded.

CAVP documented a 100% increase in reporting levels from those identifying as African-American (10 to 20), Latino/a (18 to 21), and multi-racial (0 to 2). There was no significant increase in reporting from white victims, and there were 52 victims whose racial/ethnic identity were unknown. These documented increases seem unlikely to represent an increase of domestic violence in LGBTQ communities of color. Rather, the increase in documentation speaks to an increase in perceived accessibility and cultural competency of CAVP services to communities of color. The communities where CAVP lacked increases (Arab/Middle Eastern, Asian/Pacific Islander and Native

American) highlight the work that remains before all of the diverse LGBTQ communities are adequately served.

Some trends were also recorded in reported age categories. Reports from victims under 18 increased 750% (from 2 to 15). Victims ages 30-44 increased 60% (from 9 to 15). Reports from victims age 18-22 dropped 10% (from 10 to 9). There were significant decreases in the number of people in the 23-29 category (from 16 to 7), and in the 46-64 age range (from 7 to 2). Additionally, the increase in youth reporting can be attributed, at least in part, to increased visibility and accessibility to this community.

In August 2002 CAVP hired its first new staff member since becoming a project partner of the Colorado Nonprofit Development Center (an incubator for new nonprofits). The addition of this third staff member, the Direct Services Coordinator, has given CAVP a greater capacity to reach out to the community and serve LGBTQ victims of domestic violence. This may also be a contributing factor to the reason for the 30% increase in domestic violence cases recorded in 2002.

Boston, Massachusetts

Fenway Community Health - Violence Recovery Project The Network/ La Red: Ending abuse in lesbian, bisexual women's, and transgender communities

There were two reporting programs in Massachusetts for 2002: the Violence Recovery Program (VRP) at Fenway Community Health and The Network/La Red: Ending abuse in lesbian, bisexual women's, and transgender communities. The majority of the reported cases came from The Network/La Red. The VRP reported 81 new cases. The Network/La Red reported 180 new cases. The combined total of new cases from both reporting agencies was 261. This number represents a decrease in new reported cases from the past three years, with 289 reports in 1999, 397 reports in 2000 and 329 reports in 2001.

The decrease in total reported new lesbian, gay, bisexual and transgender (LGBT) domestic violence cases may be explained by the fact that The Network/La Red did not have a large visibility campaign in 2002, as they had in 2001. The 2001 campaign, which targeted LGBT and mainstream media, public transportation and distribution of material outside the state, most likely contributed to the larger number of cases in that year. While the total number of new cases decreased, The Network/La Red did not have any significant decreases amongst specific populations.

The VRP had a higher number of new cases in 2002 with 81 reports,

up from 64 in 2001, 62 in 2000 and 60 in 1999. This increase can be explained by several contributing factors. In 2002 the number of VRP staff increased, as well as the number of interns. One intern specifically worked on outreach projects to high schools and colleges, as well as outreach to LGBT establishments. In addition, the VRP is part of a larger community health center. Outreach and increased training to the health center increased the amount of referrals from health center staff.

Both VRP and The Network/La Red continued to provide training and outreach to criminal justice professionals, college groups, mainstream domestic violence programs, and GLBT social groups. The Network/La Red provided significant outreach training to police departments, particularly in Boston. This resulted in an increase in referrals from police departments.

The gender identity breakdown continued to be overwhelmingly female not because of greater frequency of domestic violence in woman to woman relationships, but because The Network/La Red's primary outreach is to lesbian, bisexual women, and transgender communities, while the VRP targets outreach to female as well as male and transgender individuals.

The VRP saw an increase in the number of Latina/o individuals with 14 reported this year verses 8 in 2001. This increase most likely occurred due to increased outreach to the Latina community for a domestic violence group specifically for Latina women.

The cases reported here are only representative of those individuals who came forward to either the VRP or The Network/La Red. The actual number of LGBT victims of domestic violence is most likely much higher than what has been reported to our programs. This assertion stems from our belief that many LGBT victims of domestic violence do not report abuse, do not seek services or have received services from other domestic violence programs not represented in this report.

Minneapolis, Minnesota

OutFront Minnesota

OutFront Minnesota serves Gay, Lesbian, Bisexual, Transgender, Queer, Intersexed and Questioning (GLBTQIQ) survivors of domestic and sexual violence and hate crimes.

A statewide network of program advocates and individuals was re-established to become a "think tank" about service provision in

Minnesota. Areas to be looked at are program policies, heterosexual focused programming, lack of shelter for gay men and transgender people, lack of data recording of GLBTQIQ victim numbers, and prevention.

The Network is also working with the MN Coalition Against Sexual Assault and MN Coalition for Battered Women to develop an advocates' manual on working with GLBTQIQ Survivors of domestic and sexual assault. The targeted completion date is August 2003.

In April 2003, a statewide training on Programming and Policies was provided to domestic violence and sexual assault programs. Technical assistance was provided to four programs who are currently revising policies to become more GLBTQIQ inclusive.

New York City The New York City Gay & Lesbian Anti-Violence Project (AVP)

The New York City Gay and Lesbian Anti-Violence Project (AVP) is a comprehensive crime victims service organization, primarily serving lesbian, gay, transgender, bisexual and HIV affected (LGTBH) victims of hate crimes, domestic violence, pick-up crimes, rape, sexual assault, HIV-related violence, police misconduct and abuse, as well as friends and family members of victims murdered in bias crimes.

In 2002 AVP observed a number of dramatic shifts and fluctuations across nearly every category of reporting. These shifts are distinct from any other year in which this report has been published and appear to be reflective of the impact of on-going trauma following the September 11th terrorist attacks of 2001.

AVP opened 371 new domestic violence cases, a 5% drop, but served 433 new victims constituting a 1% increase in victims from 2001 (cases often involve more than one victim). AVP continued to serve 109 on-going domestic violence victims who had come to the agency for services prior to 2002.

Demographic Highlights for NYC:

Gender:	Male, +12%
	Female, -7%
Age:	Under 18, +23%
	18-22, +13%
	23-29, -29%
	30-44, + 4%
	(traditionally the largest age category)
	45-64, -12%

Race and Ethnicity: African American, -7%
Asian/Pacific Islander, -43%
Latina/o, +19%
White, +6%
Native American, +200%
Arab/Middle-Eastern, +200%
Multi-Racial +109%

Geographic Distribution by Borough and Outlying Areas:

Brooklyn, -20%
Queens, +69%
Manhattan, -9%
Bronx, +8%
Staten Island, +238%
Nassau County, +67%
Suffolk County, +150%
New Jersey, +600%

Initial calls from victims dropped by 4%, while initial contacts by batterers rose by 33%. Crimes and offenses indicated a 12% drop in assaults without weapons, incidents involving weapons had a 14% increase and the number of weapons involved in these incidents rose by 13%. Incidents involving the use of firearms increased 500%. Reports of sexual assault rose by a distressing 133%. Sexual harassment rose 67%, while harassment by mail increased 29%, and telephone harassment increased by 13%. There were two domestic violence-related murders.

In 2002 intra-familial domestic violence jumped 26% and often included anti-LGTB bias and hate motivated violence. Abusive partners injured over a third of their victims and 38% of those injured needed but did not receive medical attention. Previous incidents of abuse were reported by 92% with 50% having experienced at least ten or more incidents.

Only 20% stated that police reports had been made or taken in previous incidents, a 27% drop in police reporting from 2001. Only 30% of incidents were reported to police, down 25% from 2001. In cases where victims did make reports, only 7% of offenders were arrested while 20% of victims were prevented from access to an order of protection because no arrest was made (In NY State an arrest is necessary to obtain an order of protection where there is/was no legal marriage or child in common).

Three percent (3%) of victims were arrested, and for 1% both the victim and offender were arrested. After contact with AVP only an additional 7% of victims stated their intent to report the current incident to the police, down 7% from 2001 and down 12% from 2000.

Victims who did interact with the police reported that police attitude was courteous in only 39% of instances, a 31% decrease from 2001. Police attitude was indicated as indifferent by 35% of victims, while 2% reported experiencing verbal abuse with anti-LGTB bias/hate slurs, and 1% of victims experienced anti-LGTB bias/hate slurs and physical abuse.

The fluctuations noted in this report are significant because otherwise there have been rather consistent statistics by category for each prior year. This included statistics for 2001 where the greatest fluctuation appeared in the large increase in need for added services, advocacy and support.

It is clearly too early to be able to determine what the statistics for this report may indicate for future service and outreach efforts. However, it is likely that some these numbers may reflect several dynamics. The increase in reports by male victims and increase in initial contacts by batterers, may speak to increased levels of aggression within both the context of response to trauma and to United States involvement in the war against Iraq. The decrease in initial contacts by victims and reports by female victims within this same context may reflect the efforts by some to stay within familiar settings or not upset the status quo.

The striking increase in reports by those 18 and under, and increase in reports by those 18-22 with a corresponding plunge in reports by those 23-29 may reflect several issues. AVP has conducted targeted research and outreach to address violence experienced by LGTB youth and developed visibility among youth and youth providers. Aging out of youth services generally occurs around 22-24 years of age depending on various programs. Unlike AVP's general majority of clients ages 30-44, those between 23-29 often do not possess the same resources, community connections or awareness and comfort in navigating and accessing systems and services.

In 2002 a unique survey was conducted at AVP to investigate the reality of being able to practice safe sex within abusive relationships. This survey was conducted with a strong commitment to the safety and quality of service to victims of domestic violence. It allowed staff to assess in greater detail than previously possible the extent of sexual abuse experienced by victims of domestic violence. This may account for the higher number of reported sexual crimes. Both staff and clients experienced this avenue of assessment as beneficial to providing comprehensive service and relevant counseling. To this end some survey-generated questions will be integrated as good practice

methods for regular assessment and counseling.

Columbus, Ohio Buckeye Region Anti-Violence Organization (BRAVO)

Columbus reported 64 incidents of domestic violence in 2002, a 45% increase from the 44 reports collected in 2001. There were 40 reports from females, 16 came from males, and there was 1 report of domestic violence by a transgender person. People who identify as lesbian or gay made 49 reports, and heterosexual people made 10. People who were "questioning/unsure" made 3 reports, and 2 survivors did not identify their sexual orientation.

People reporting who were between 23 and 44 years of age were 42% of the total. There was an increase in reports from young people (under age 22), who made 10% of reports. As in years, past, no reports were made by people aged 65 and above.

In 2002, there was a slight increase in the racial diversity of those who reported domestic violence. Of those whose race was known, 38% were white (down from 59% in 2001) and 19% were African-American, a 5% increase from 2001. In addition, 2 survivors identified as Latina/o, 1 survivor identified as Native American, and 1 as Jewish.

One change in BRAVO's data collection for 2002 is that reports made by heterosexual people who accessed BRAVO's services have been included in this data, even if they were ultimately referred elsewhere for service. This decision reflects a level of increased hotline counseling provided, as BRAVO's toll-free "helpline" number was added to several local resource lists for survivors of domestic violence. In previous years, heterosexual callers were only included if they identified as transgender or received substantial assistance from BRAVO staff or volunteers, generally as a result of the lack of services available for them (ex. A male caller experiencing domestic violence from a female may have limited access to other community resources).

While 2002 marked a dramatic increase in reports from 2001, the number of reports made to BRAVO continues to be much lower than in the previous four years. Because domestic violence among LGBT people continues to be significantly underreported among all age and race groups, this annual report can only be viewed as one small snapshot of domestic violence in Central Ohio.

Locally, more resources are needed that are sensitive and culturally specific for LGBT survivors of domestic violence. BRAVO's bias

crimes' liaison at the Columbus Police Department reports that since he began listing his direct phone number in local gay media, he has received an average of 5 domestic violence calls per month. Some of these survivors also make reports to BRAVO. Collaborations of this nature will enable BRAVO to have a clearer picture of domestic violence in the lives of LGBT people in Central Ohio.

Pennsylvania

The Pennsylvania Anti-Violence Project - The Center for Lesbian and Gay Civil Rights

The Pennsylvania Anti-Violence Project at the Center for Lesbian and Gay Civil Rights is one of the newer members of NCAVP. The Center provides a wide variety of legal services to LGBT Pennsylvanians, including representation of LGBT domestic violence victims in obtaining protection orders and related legal matters. The Center also provides referrals to local, culturally sensitive social service providers.

In 2002, the Center served 33 victims of same-sex domestic violence, an increase from 20 victims in 2001. In 2002, 45% of victims identified as female and 52% identified as male. One victim's gender identity was unknown. Of those victims whose race was identified, 32% identified as African-American, 9% as Latino/a, 4% as multi-racial, and 55% as white.

The increase in reporting of new cases is likely due to the greatly expanded public education and outreach efforts undertaken by the Center. In 2002, the Center initiated a courtroom advocacy program, which created a visible presence in Philadelphia's family courts. Additionally, the Center created and distributed thousands of pieces of new outreach materials throughout Pennsylvania.

The Center also continued to build alliances with area legal and social service providers, presenting trainings on same-sex domestic violence to several local nonprofits. The Center also created and presented a similar training to staff at Philadelphia Family Court.

Burlington, Vermont

SafeSpace

SafeSpace is a social change, social service organization that serves lesbian, gay, bisexual, transgendered, queer, and questioning (LGBTQQ) survivors of domestic violence, sexual assault, and hate crimes. SafeSpace offers a broad range of services including advocacy, a support-line, survivors' groups, emotional support, incident doc-

umentation, and education and outreach to the community.

2002 was the first year that SafeSpace officially began providing direct services to LGBTQQ survivors of violence in Vermont. Two part-time victim advocates were hired in January and began developing and implementing the direct services programs. The support-line, staffed Monday through Friday 10AM - 6PM, opened in April of 2002.

SafeSpace Advocates helped survivors apply for protection orders so they may be safe from abuse in their own homes, and to gain access to a variety of services including: emergency housing and financial assistance when they were forced to leave their home due to violence, free legal service when they could not afford an attorney, medical care and mental health services, and provided emotional support and safety planning during times of crisis. Most of the survivors were referred to SafeSpace by other local and national LGBTQQ organizations, domestic and sexual violence agencies, and AIDS service organizations.

SafeSpace served 16 survivors of domestic violence in 2002. As a new organization in the community many people are just starting to find out that SafeSpace exists. As result, it is difficult to monitor trends during the first service year. However, it is noteworthy to point out that more than half of the survivors served in 2002 identified as low income and 60% identified having a disability. As SafeSpace maintains a strong presence in Vermont and conducts more education and outreach, we hope to reach a larger number of survivors who need services. Through that process, additional notable trends will become evident.

In addition to providing direct service to survivors of violence SafeSpace staff also educates people within the LGBTQQ community as well as staff within the police department, criminal justice system, healthcare profession and collaborating anti-violence organizations, about violence perpetrated against and within our communities.

New or Developing Regions

(This program did not contribute statistics in 2002)

Kansas City, Missouri

Kansas City Anti-Violence Project

The Kansas City Anti-Violence Project (KCAVP) was created in late 2002. The Lesbian and Gay Community Center of Greater Kansas City initially sponsored the same-sex domestic violence project, out of which KCAVP evolved. The program was born out of frustration about the lack of services available for lesbian, gay, bisexual, transgen-

der and questioning (LGBTQ) people in the metropolitan Kansas City area as well as in Missouri, Kansas, Nebraska, or Iowa.

The community at-large has been very supportive of KCAVP. In January 2003, KCAVP sponsored a forum to gather information from those in the community who interact with people affected by same-sex domestic violence and sexual assault. Thirty people attended the forum, representing different areas of the community including mainstream domestic violence and sexual assault providers, state domestic violence coalitions, therapists, clergy, youth groups, AIDS service organizations, and hospitals.

Following the forum, KCAVP members have continued research on existing services and coalition building with other community leaders. Members of KCAVP have been presenting at speaking engagements about same sex domestic violence for different audiences in the Kansas City area. In addition, other NCAVP organizations, including the Colorado Anti-Violence Program, have provided KCAVP with direct training and technical support.

In 2003, KCAVP plans to have a short and long-term marketing plan for services and education. In addition, KCAVP has plans to provide limited services to the metropolitan Kansas City area by the end of the year. These services will include a crisis line and resource directory for KCAVP personnel and volunteers, emergency housing and food assistance for people in crisis, and referrals to providers as well as limited court advocacy, and community education and training.

RECOMMENDATIONS FOR CHANGE

In order to move toward an end to LGBT and all DV, we must continue to work toward overall social and cultural change in all levels of our society. While NCAVP and its member organizations prioritize social change work, it is also necessary to do incremental things to create additional safety and access to services and resources for survivors of DV. Modest changes in government laws and policies, law enforcement practices, funding allocation strategies and service provision standards could result in some of the powerful responses that are currently only available to many heterosexual women being available to LGBT communities.

In pursuit of this end, NCAVP member organizations make the following recommendations to federal, state and local governments, gov-

ernment agencies, funders of domestic violence services and service providers:

Recommendation 1: Enact legally inclusive definitions of family. While some states and localities define families in ways that are inclusive of same sex and other unmarried couples, many do not or have enacted other legislation that prevents these couples from accessing full protections under the law. The lack of recognition for the true diversity of families creates many barriers to addressing domestic violence and ensuring the safety of survivors and their children. For one, the failure to acknowledge the legitimacy of all relationships and families sets a tone for law enforcement, other criminal justice personnel, service providers and government agencies that greatly impedes efforts to identify domestic violence in LGBT relationships. It also hinders the full protection of LGBT people under laws providing for orders of protection and custody.

Obviously, laws or referenda that define marriage as existing between one man and one woman are inconsistent with this recommendation. But where such laws exist and cannot easily be overturned, exceptions must be made to the extent that persons at risk for violence in any relationship can obtain a surety of protection and assistance.

Recommendation 2: Enact LGBT-inclusive non-discrimination legislation. It is essential to offering equal access to services and shelter for LGBT people that non-discrimination laws governing housing, public accommodation, social services, etc., include provisions relating to sexual orientation and gender identity and expression.

Recommendation 3: Increase access to public and private funding for LGBT domestic violence services and research. It is imperative to the development of more capable services and research in response to LGBT domestic violence that new and continuing funding initiatives include the LGBT community as a priority audience. NCAVP applauds the small number of public agencies, private corporation and foundations that have taken this step in recent years, and calls on others to do the same.

Recommendation 4: Adopt LGBT-inclusive standards of service. Consistent with the third recommendation, government agencies responsible for funding, licensing, regulating or certifying domestic violence services should create and enforce general service standards that detail appropriate responses to LGBT individuals who present with a domestic violence-related concern. These standards should prohibit discrimination against LGBT individuals, as well as set out minimum responsibilities for crisis intervention and referrals to longer-term support. NCAVP stands ready to work with the relevant

public agencies and the entire domestic violence service community in order to develop these standards in an open and inclusive way.

Recommendation 5: Train more service providers about LGBT domestic violence concerns. While LGBT people are affected by domestic violence in many of the same ways as other individuals, some aspects of the violence many experience are specific to their LGBT identities. All those working to fight domestic violence, ranging from police officers to courtroom personnel and general domestic violence service practitioners, need to understand these issues in order to provide the most appropriate response. Training programs are one highly effective way to foster this broader awareness, and NCAVP stands ready to help design and implement them.

Finally, since most of the readers of this report are likely to be domestic violence service providers themselves, NCAVP offers the following supplemental recommendation:

Recommendation 6: Utilize training resources offered by LGBT agencies. Throughout many areas of the country, LGBT community-based anti-violence organizations will gladly offer training and other technical assistance to help general domestic violence service providers learn about and better respond to the needs of LGBT individuals. For more information, readers are encouraged to contact NCAVP members in their areas or contact NCAVP directly.

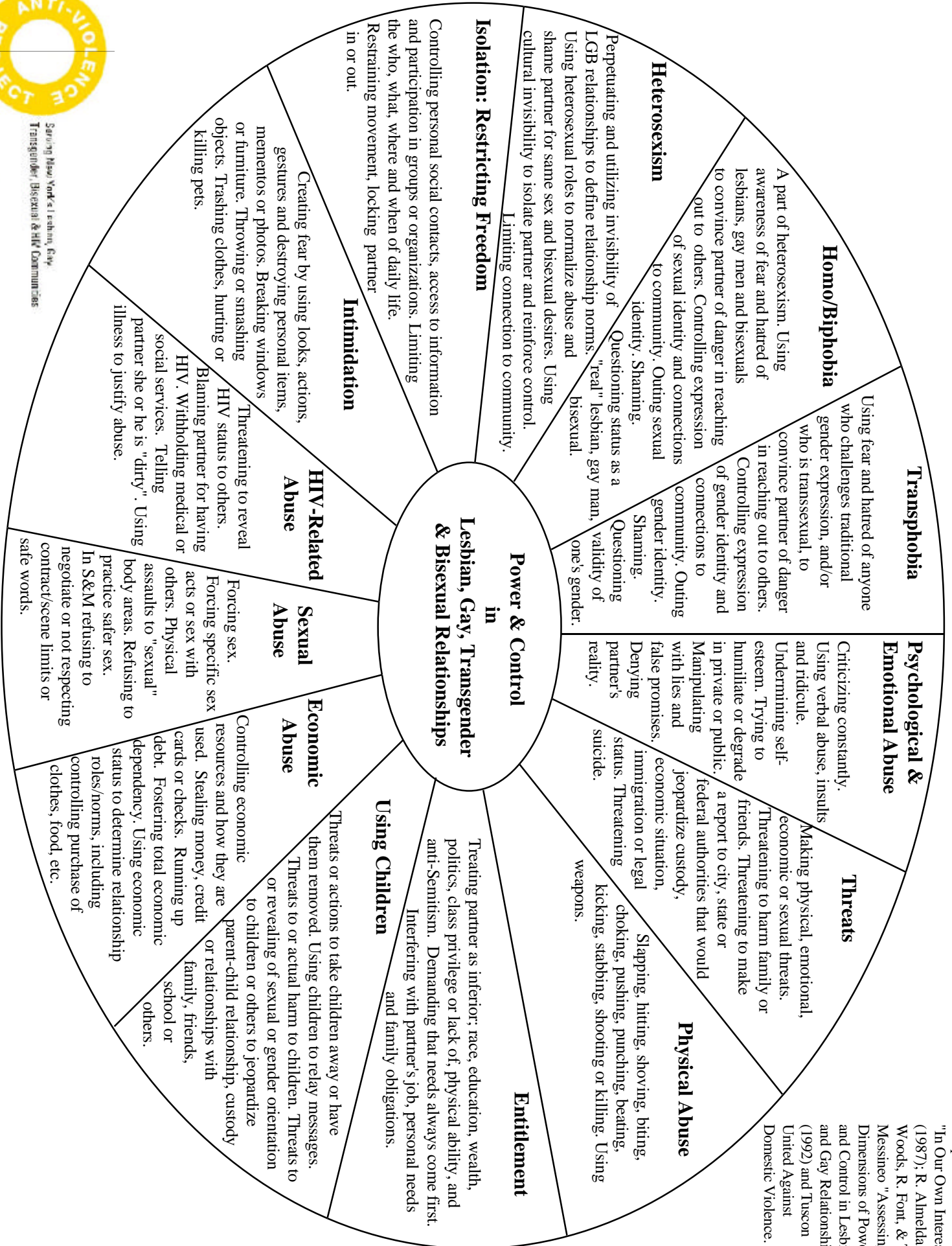
**Appendix A:
Comprehensive Data**

	Wingspan	CUAV, AWS, WOMAN Inc	LA Gay & Lesbian Center	Colorado A-V Program	Horizons Community Services	The Center for Civil Rights	The Network/La Red	Fenway Community Health	Boston Totals
Total New Cases	96	521	3434	143	74	33	180	81	261
Gender									
Female	56	322	1272	66	33	15	139	29	168
Male	37	169	1941	61	36	17	7	44	51
Transgender M – F	2	23	44	4	1	0	19	1	20
Transgender F – M	0	7	6	0	0	0	7	0	7
Unknown	1	0	171	12	4	1	8	7	15
Total	96	521	3434	143	74	33	180	81	261
Sexual Orientation									
Lesbian/Gay	63	291	2891	87	56	19	72	50	122
Bisexual	5	35	163	1	4	1	5	2	7
Heterosexual	17	60	102	20	6	2	24	9	33
Questioning/Unsure	8	2	24	0	1	0	0	1	1
Unknown	3	133	254	35	7	11	79	19	98
Total	96	521	3434	143	74	33	180	81	261
Age									
Under 18	4	11	39	15	4	0	0	0	0
18 – 22	8	13	197	9	5	1	6	3	9
23 – 29	21	60	350	7	15	1	16	9	25
30 – 44	28	172	960	15	19	9	16	35	51
45 – 64	18	56	241	2	3	1	5	7	12
65 and over	3	3	5	1	0	0	0	0	0
Unknown	14	206	1642	94	28	21	137	27	164
Total	96	521	3434	143	74	33	180	81	261
Race/Ethnicity									
African – American	2	58	180	20	12	7	10	2	12
Arab/Middle – Eastern	0	3	5	0	0	0	0	0	0
Asian/Pacific Islander	0	38	27	0	1	0	1	0	1
Latina/o	27	64	484	21	7	2	16	14	30
Multi – racial	9	18	72	2	1	1	3	2	5
Native American	4	10	16	0	0	0	0	1	1
White	40	171	859	48	26	12	43	36	79
Jewish	0	1	61	0	0	0	0	0	0
Other	3	1	29	0	0	0	0	0	0
Unknown	11	157	1701	52	27	11	107	26	133
Total	96	521	3434	143	74	33	180	81	261
Deaths	0	0	0	1	0	0	0	1	1
Incidents Month-to-Month									
January	10		305	6	12	4	28	5	33
February	11		114	10	2	3	24	8	32
March	7		157	15	5	2	10	6	16
April	8		94	14	3	1	11	9	20
May	6		553	10	3	2	9	9	18
June	6		349	9	4	2	14	6	20
July	7		78	19	6	6	7	7	14
August	6		149	17	14	6	17	9	26
September	5		121	6	2	1	17	5	22
October	9		77	11	5	5	18	4	22
November	12		57	10	8	0	12	7	19
December	9		137	16	10	1	13	6	19
Unknown	0		1243	0	0	0	0	0	0
Total	96	0	3434	143	74	33	180	81	261
Incidents Year-to-Year									
1997	0	533	903	46	37	1	140	0	140
1998	0	667	948	68	28	8	173	63	236
1999	0	741	1356	81	46	22	229	60	289
2000	0	680	2146	88	109	23	335	62	397
2001	0	694	3766	100	201	16	265	64	329
2002	94	521	3434	143	74	33	180	81	261

	OutFront Minnesota	NYC Gay & Lesbian AVP	Buckeye Region Anti-Violence Organization	Safe Space VT	2001 Totals	2002 Totals - Regions Reporting in 2001 & 2002 Only	% Change - Regions Reporting in 2001 & 2002 Only	2002 Totals - Including Programs Reporting Only in 2002
Total New Cases	17	433	64	16	5034	4947	-2%	5092
Gender								
Female	9	173	40	6	2179	2083	-4%	2160
Male	8	236	23	8	2447	2525	3%	2587
Transgender M – F	0	20	1	1	172	113	-34%	116
Transgender F – M	0	4	0	1	21	24	14%	25
Unknown	0	0	0	0	215	202	-6%	204
Total	17	433	64	16	5034	4947		5092
Sexual Orientation								
Lesbian/Gay	14	310	49	13	3639	3820	5%	3915
Bisexual	0	17	0	1	320	227	-29%	234
Heterosexual	1	39	10	1	188	271	44%	291
Questioning/Unsure	1	4	3	0	74	36	-51%	44
Unknown	1	63	2	1	813	593	-27%	608
Total	17	433	64	16	5034	4947		5092
Age								
Under 18	2	53	1	1	66	125	89%	130
18 – 22	2	35	5	1	477	275	-42%	285
23 – 29	4	70	10	1	857	541	-37%	564
30 – 44	2	190	17	9	1334	1426	7%	1472
45 – 64	1	43	5	3	344	363	6%	385
65 and over	0	4	0	0	15	13	-13%	16
Unknown	6	38	26	1	1941	2204	14%	2240
Total	17	433	64	16	5034	4947		5092
Race/Ethnicity								
African – American	3	100	12	1	509	397	-22%	407
Arab/Middle – Eastern	0	3	0	0	8	11	38%	11
Asian/Pacific Islander	0	8	0	1	148	75	-49%	76
Latina/o	0	133	2	0	763	741	-3%	770
Multi – racial	0	23	0	1	75	121	61%	132
Native American	0	3	1	1	63	31	-51%	36
White	7	119	25	5	1314	1334	2%	1391
Jewish	0	2	1	0	67	65	-3%	65
Other	0	8	0	0	115	38	-67%	41
Unknown	7	34	23	7	1972	2134	8%	2163
Total	17	433	64	16	5034	4947		5092
Deaths	0	2	0	0	7	4		4
Incidents Month-to-Month								
January	3	52	12	5		423		442
February	2	27	5	0		192		206
March	0	26	4	2		223		234
April	0	22	7	1		160		170
May	1	25	7	2		617		627
June	1	32	5	1		420		429
July	0	37	4	1		158		172
August	0	44	7	2		257		271
September	0	35	4	0		190		196
October	0	27	7	1		149		164
November	5	25	2	1		126		139
December	5	19	0	0		206		216
Unknown	0	62	0	0		1305		1305
Total	17	433	64	16		4426		4571
Incidents Year-to-Year								
1997	22	426	92	0				2200
1998	17	511	81	0				2564
1999	5	510	87	0				3137
2000	36	471	91	0				4041
2001	30	428	44	1				5609
2002	17	433	64	16				5090

**Appendix B:
Power and Control Wheel**

Adapted from E. Pence,
 "In Our Own Interest
 (1987); R. Almeida, R.
 Woods, R. Font, & T.
 Messineo "Assessing
 Dimensions of Power
 and Control in Lesbian
 and Gay Relationships
 (1992) and Tuscon
 United Against
 Domestic Violence.



Serving New York's Lesbian, Gay, Transgender, Bisexual & HIV Communities